



Behavioral Risk Factor Surveillance System

2024 Report

Division of Health Statistics and Informatics
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Table of Contents

	Page		Page
<u>Introduction, Methodology, and New in 2024</u>	3	<u>Risk Factors and Behaviors</u>	
<u>Executive Summary</u>	4	<u>Alcohol Consumption</u>	57
<u>Demographics</u>	7	<u>Cannabis Use</u>	63
<u>Health Status Indicators</u>		<u>Tobacco Use</u>	68
<u>General Health Status</u>	13	<u>BMI-Defined Obesity</u>	76
<u>Medical Health Plan Coverage</u>	15	<u>BMI-Defined Overweight</u>	78
<u>Medical Health Care Access</u>	18	<u>Employment Insecurity</u>	80
<u>Quality of Life</u>	22	<u>Food Insecurity</u>	82
<u>Life Satisfaction</u>	26	<u>Housing Insecurity</u>	84
<u>Loneliness</u>	28	<u>Transportation Insecurity</u>	86
<u>Social and Emotional Support</u>	29	<u>Neighborhood Safety</u>	88
<u>Disability</u>	31	<u>HIV Transmission Risk</u>	89
<u>Chronic Conditions</u>		<u>No Leisure Time Physical Activity</u>	91
<u>Arthritis</u>	35	<u>Suicide Ideation</u>	93
<u>Asthma</u>	37	<u>Preventive Behaviors and Screenings</u>	
<u>Non-Melanoma Skin Cancer</u>	39	<u>Family Planning</u>	96
<u>Cancer (including Melanoma)</u>	41	<u>Immunizations</u>	99
<u>Cardiovascular Disease</u>	43	<u>Routine Doctor Visits</u>	104
<u>Chronic Kidney Disease</u>	45	<u>Dental Visits</u>	106
<u>COPD</u>	47	<u>Tooth Extraction</u>	108
<u>Depressive Disorder</u>	49	<u>Breast Cancer Screening</u>	110
<u>Diabetes</u>	51	<u>Colorectal Cancer Screening</u>	111
<u>Subjective Cognitive Decline</u>	54	<u>Prostate Cancer Screening</u>	113
		<u>HIV Screening</u>	114
		<u>Household Water & Testing</u>	118

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.

Methodology

In Vermont, each year, more than 6,000 Vermont residents 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.

Trend estimates in this report are provided for all years in which data were collected since 2015.

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.

Weights were calculated by the CDC using an iterative proportional fitting or raking methodology, which allows for the data to accurately represent the adult population. The weighting method incorporates and adjusts for select demographic variables, including age, race and ethnicity, sex, education, marital status, home ownership, subgeography and phone ownership.

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 2024

The 2024 Vermont BRFSS questionnaire included new questions on:

- Sexual orientation and gender identity
- Loneliness
- Neighborhood Safety
- Tested Private Water for Arsenic

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 2024, BRFSS surveys were completed among 6,520 adults from across the state. These results are weighted to be representative of the entire Vermont 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 recognizes that many social, economic and environmental inequities made worse by structural oppression, marginalization and racism influence the data we collect and report. We are continuously working to better collect and share data that reflect the lived experiences of all Vermonters. If you have questions or concerns on how this data was sourced or analyzed that are not addressed in the report, please refer to our [BRFSS Webpage](#). For more information on different data sources managed by the Health Department, including what indicators are available and who to contact to find out more, please check our [Data Encyclopedia](#).

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 common among adults with less education, lower household income and those with a disability.

More than nine in ten adults ages 18-64 have health care coverage (94%). Adults with less education or lower household income are less likely to have health plan coverage. Nine in ten adults have a personal health care provider (90%). Males, younger adults, those with less education or lower household income and BIPOC adults are less likely to have a personal health care provider. Only 8% of 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 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.

Thirteen percent of Vermont adults report poor physical health. Poor physical health is more common among adults ages 45 and older, adults with less education or lower income and those with a disability. Fifteen percent of adults report poor mental health. Poor mental health is more common among younger adults, those with less education or lower income, BIPOC adults, LGBTQ+ adults and those with a disability.

Five percent of adults report being dissatisfied or very dissatisfied 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.

Executive Summary

Health Status Indicators (continued)

New in 2024, adults were asked how often they feel lonely. Five percent of adults report always or usually feeling lonely. Younger adults, those with less education or lower income, LGBTQ+ adults and those with a disability are more likely to report loneliness.

Six percent of adults rarely or never get the social and emotional support they need. Males, adults with less education or lower income, BIPOC adults and LGBTQ+ adults are more likely to report a lack of social and emotional support.

Chronic Conditions

Compared to the U.S., Vermont adults have statistically lower rates of chronic kidney disease (3% vs. 4%) and diabetes (9% vs. 13%). Vermont adults have statistically higher rates of other chronic conditions when compared to U.S. adults, including: arthritis (30% vs. 27%), asthma (12% vs. 10%), skin cancer (7% vs. 6%), and non-skin cancer or melanoma (10% vs. 8%). Higher rates of chronic disease are generally reported among older Vermont adults, adults with less education or lower income, heterosexual and cisgender adults and those with a disability.

Vermont adults report a higher rate of depressive disorders than U.S. adults (26% vs. 21%). Depressive disorders are more common among females, younger adults, those with less education or lower income, LGBTQ+ adults and those with a disability.

One in six Vermont adults ages 45 and older have experienced subjective cognitive decline in the past year (16%). Subjective cognitive decline is more common among adults with lower income, BIPOC adults and those with a disability.

Risk Factors and Behaviors

Alcohol use (62%) and heavy drinking (8%) are reported at statistically higher rates in Vermont than among U.S. adults (51%, and 6%, respectively). Alcohol use is more common among males, adults 25-64, those with more education or higher income, white, non-Hispanic adults and those with no disability.

One-quarter of Vermont adults use cannabis (25%). Cannabis use is more common among males, adults 25-44, and LGBTQ+ adults.

E-cigarette use among Vermont adults is statistically lower than U.S. adults (6% vs. 8%). E-cigarette use is more common among younger adults, adults with less education or lower income, BIPOC adults, LGBTQ+ adults and those with a disability. More than one in ten adults report smoking cigarettes (11%). Cigarette smoking is more common among adults with less education or lower income, BIPOC adults and those with a disability.

BMI-defined obesity among Vermont adults ages 20 and older is statistically lower than U.S. adults of the same age (30% vs. 34%), but higher BMI is more common among adults with less education, lower income and who have a disability.

Executive Summary

Risk Factors and Behaviors (continued)

In the past year, 9% of Vermont adults experienced employment insecurity, 8% experienced food insecurity, 7% experienced housing insecurity and 5% experienced transportation insecurity. New in 2024, adults were asked how safe they consider their neighborhood to be from crime. Four percent of adults consider their neighborhood to be unsafe or extremely unsafe from crime. Higher rates of negative social determinants of health are generally reported among younger adults, those with less education or lower income, BIPOC adults, LGBTQ+ adults and those with a disability.

Five percent of Vermont adults participated in a behavior that is high-risk for HIV during the past year. Younger adults, BIPOC adults, LGBTQ+ adults and those with a disability are more likely to participate in high-risk HIV transmission behaviors.

Not participating in any leisure time physical activity is statistically lower among Vermont adults than U.S. adults (16% vs. 23%), and is more common among females, adults ages 45 and older, those with less education or lower income and those with a disability.

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

Preventive Behaviors and Screenings

Eighty-eight 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.

The flu vaccination rate among adults ages 65 and older is statistically higher for Vermont than the U.S. (73% vs. 63%). Adults with less education or lower income are less likely to receive a flu vaccine.

Vermont adults have statistically higher rates of visiting the dentist in the past year than U.S. adults (70% vs. 66%). Males, younger adults, those with less education or lower income, BIPOC adults, LGBTQ+ adults and those with a disability are less likely to visit the dentist. Compared to U.S. adults of the same age, Vermont adults ages 45-64 have a statistically lower rate of having any teeth extracted (42% vs. 49%). Adults 45-64 with less education, lower income and who have a disability are more likely to have had any teeth extracted.

Meeting colorectal cancer screening recommendations is statistically higher among Vermont adults than U.S. adults (76% vs. 70%), but is less common among males, adults with less education and LGBTQ+ adults.

Recent testing for HIV is statistically lower among Vermont adults than U.S. adults (6% vs. 11%), and is less common among older adults, white, non-Hispanic adults and heterosexual and cisgender adults.

New in 2024, adults with a private water source coming into their home were asked when they last tested their water for arsenic. Forty-seven percent of adults tested their private water for arsenic within the past five years.

Demographics

Demographics

Using weighted BRFSS data, the next few pages describe the demographics of Vermont adult residents. Due to rounding, percentages may not add up to one hundred.

About half of Vermont adults are female (51% vs. 49%). Twelve percent of adults are ages 18-24, and 29% are ages 25-44. Thirty percent of adults are between 45 and 64, and 28% are 65 and older.

Thirty-four percent of adults have a high school education or less. Twenty-eight percent have some college education and 38% of adults have a college education or more.

Thirty-one percent of adults live in households earning less than \$50,000 annually. More than half of adults live in homes earning \$50,000 to less than \$150,000 annually (52%), and 17% live in homes earning \$150,000 or more.

Twenty-six percent of Vermont adults have a disability.

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.

Characteristic	Category	Percent
Sex	Male	49%
	Female	51%
Age	18-24	12%
	25-44	29%
	45-64	30%
	65+	28%
Education Level	High School or Less	34%
	Some College	28%
	College or More	38%
Household Income Level	Lower (<\$50K)	31%
	Middle (\$50K-<\$150K)	52%
	Higher (\$150K+)	17%
Disability	Any Disability	26%
	No Disability	74%

Demographics

Eighty-nine percent of Vermont adults identify as white, non-Hispanic. Three percent of adults are multi-racial; and Hispanic. Less than two percent of adults identify as Black; Asian, Native Hawaiian or Pacific Islander; and another race. Less than one percent of adults are Alaskan Native or American Indian.

Eighty-seven percent of adults are heterosexual. Six percent of adults are bisexual or pansexual. Two percent are lesbian or gay; queer; and another sexual orientation. Less than one percent of adults are asexual; and questioning their sexual orientation.

Transgender status describes a person’s relationship to their sex at birth. Two percent of adults identify as transgender.

Gender identity describes a person’s sense of self in relation to gender and may or may not be aligned with their sex at birth. Forty-eight percent of adults identify as male, 50% identify as female and two percent use a different term.

Note: The number of sampled adults of each race (other than white, non-Hispanic) does not allow for analysis with strong statistical confidence. 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 adults.

For similar reasons, lesbian, gay, bisexual, pansexual, queer, another sexual orientation, asexual, questioning and transgender adults were grouped into a “LGBTQ+” category to compare to heterosexual and cisgender (HetCis) adults.

Characteristic	Category	Percent
Race/Ethnicity	White	89%
	Multi-racial	3%
	Hispanic	3%
	Black	2%
	Asian, Native Hawaiian, Pacific Islander	1%
	Another Race	1%
	Alaskan Native, American Indian	1%
Sexual Orientation	Heterosexual	87%
	Bisexual or Pansexual	6%
	Lesbian or Gay	2%
	Queer	2%
	Another Sexual Orientation	2%
	Asexual	1%
	Questioning	1%
Transgender Status	Transgender	2%
	Not Transgender	98%
Gender Identity	Male	48%
	Female	50%
	Use a Different Term	2%

Demographics

Three percent of Vermont females 18-49 were pregnant in 2024.

Nine percent of adults have ever been on active duty in the military. 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, 12% are divorced, 7% are widowed and 7% are part of an unmarried couple. Few are separated (2%).

Sixty percent of Vermont adults are employed, which includes those employed for wages or self-employed. Twenty-three percent of adults are retired. Six percent of adults are students, 5% are unable to work, 4% are unemployed and 3% are homemakers.

About three-quarters of Vermont adults own their home (76%). Eighteen percent rent and 6% have some other arrangement.

Nearly three-quarters of Vermont adults have no children under the age of 18 in their home (73%). Twelve percent have one child and 10% have two children in their home. Three percent have three children and 2% have four or more children in their home.

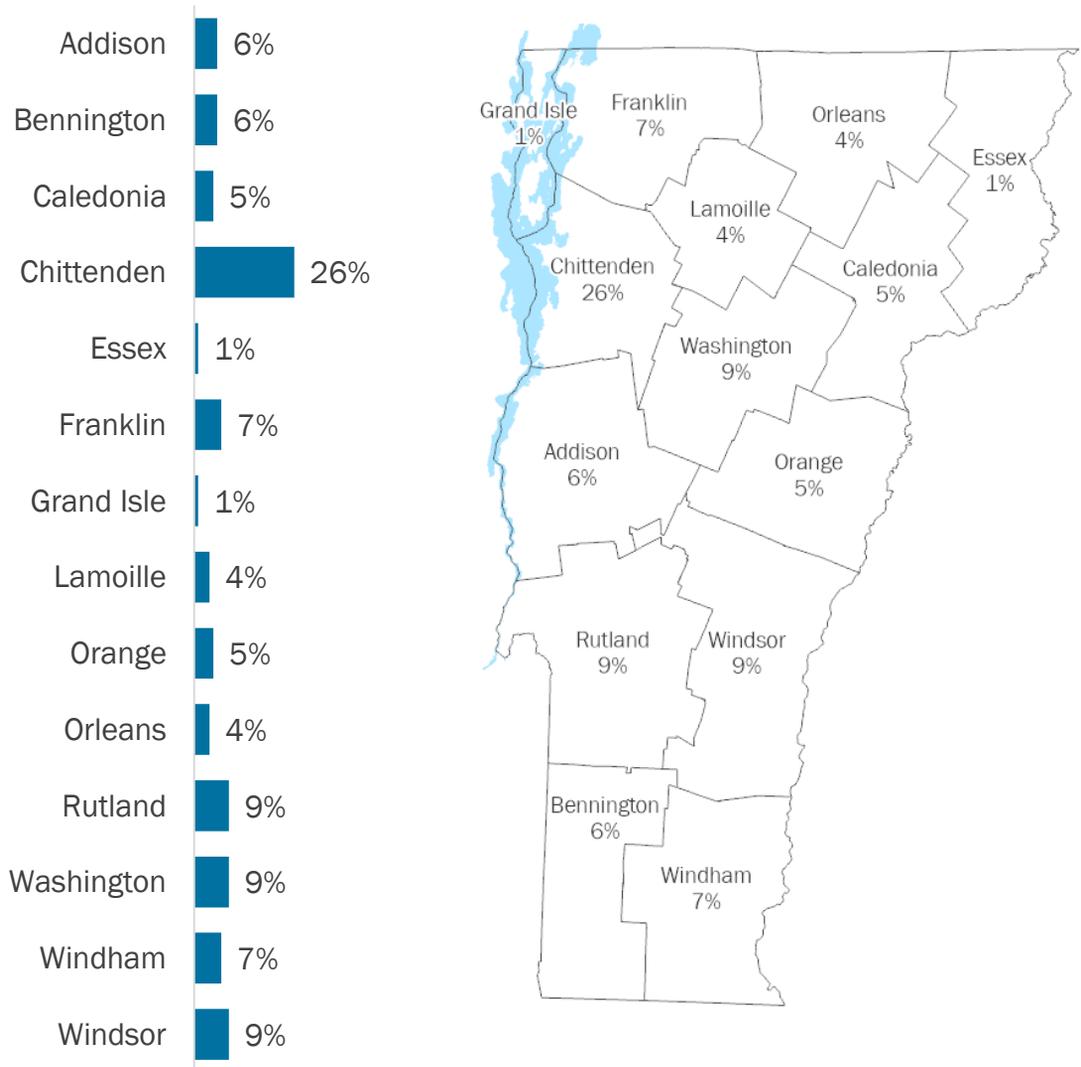
Characteristic	Category	Percent
Pregnancy Status	Pregnant	3%
	Not Pregnant	97%
Veteran Status	Veteran	9%
	Non-Veteran	91%
Marital Status	Married	50%
	Never Married	23%
	Divorced	12%
	Widowed	7%
	Unmarried Couple	7%
	Separated	2%
Employment Status	Employed	60%
	Retired	23%
	Student	6%
	Unable to Work	5%
	Unemployed	4%
	Homemaker	3%
Homeowner Status	Own	76%
	Rent	18%
	Other Arrangement	6%
Children Under 18 Years in the Home	No Children	73%
	One Child	12%
	Two Children	10%
	Three Children	3%
	Four or More Children	2%

Demographics

About one-quarter of Vermont adults live in Chittenden County (26%).

Nine percent live in Rutland, Washington and Windsor counties. Between 5% and 7% live in: Franklin, Windham, Bennington, Addison, Caledonia and Orange counties. Four percent or less live in Lamoille, Orleans Grand Isle and Essex counties.

County of Residence, 2024



Health Status Indicators

General Health Status

One in seven Vermont adults report fair or poor general health (14%), statistically lower than the 20% of U.S. adults.

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

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

Adults with a high school education or less are more than three times as likely to report fair or poor health than those with a college degree or more. Adults with some college are more than two times as likely to report fair or poor health than those with a college degree or more. Both are statistical differences.

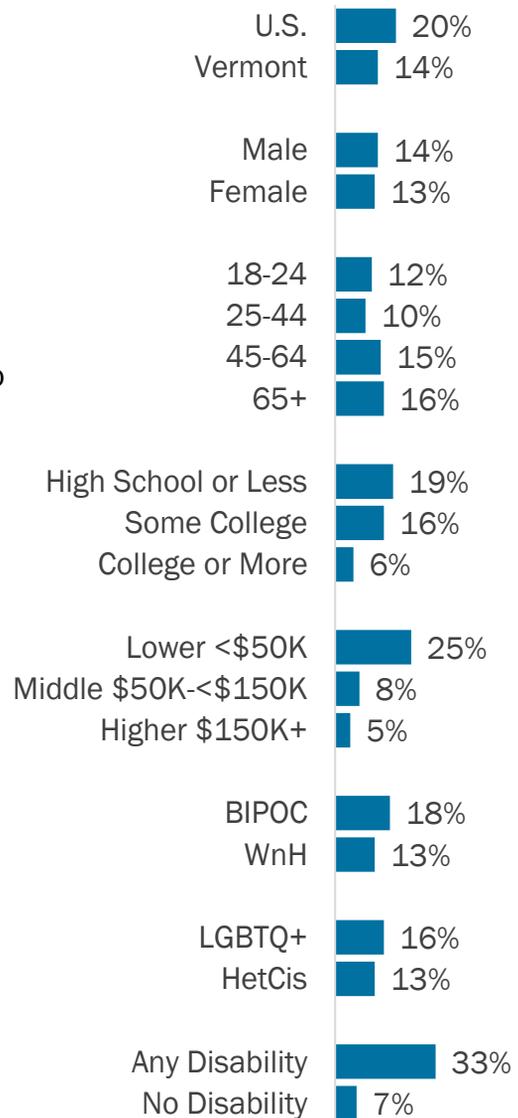
Adults in lower income homes are over three times as likely to have fair or poor health than those in middle income homes, and five times as likely than those in higher income homes. Both are statistical differences.

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

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

The percent of Vermont adults with fair or poor health is statistically similar to 2023 and 2015.

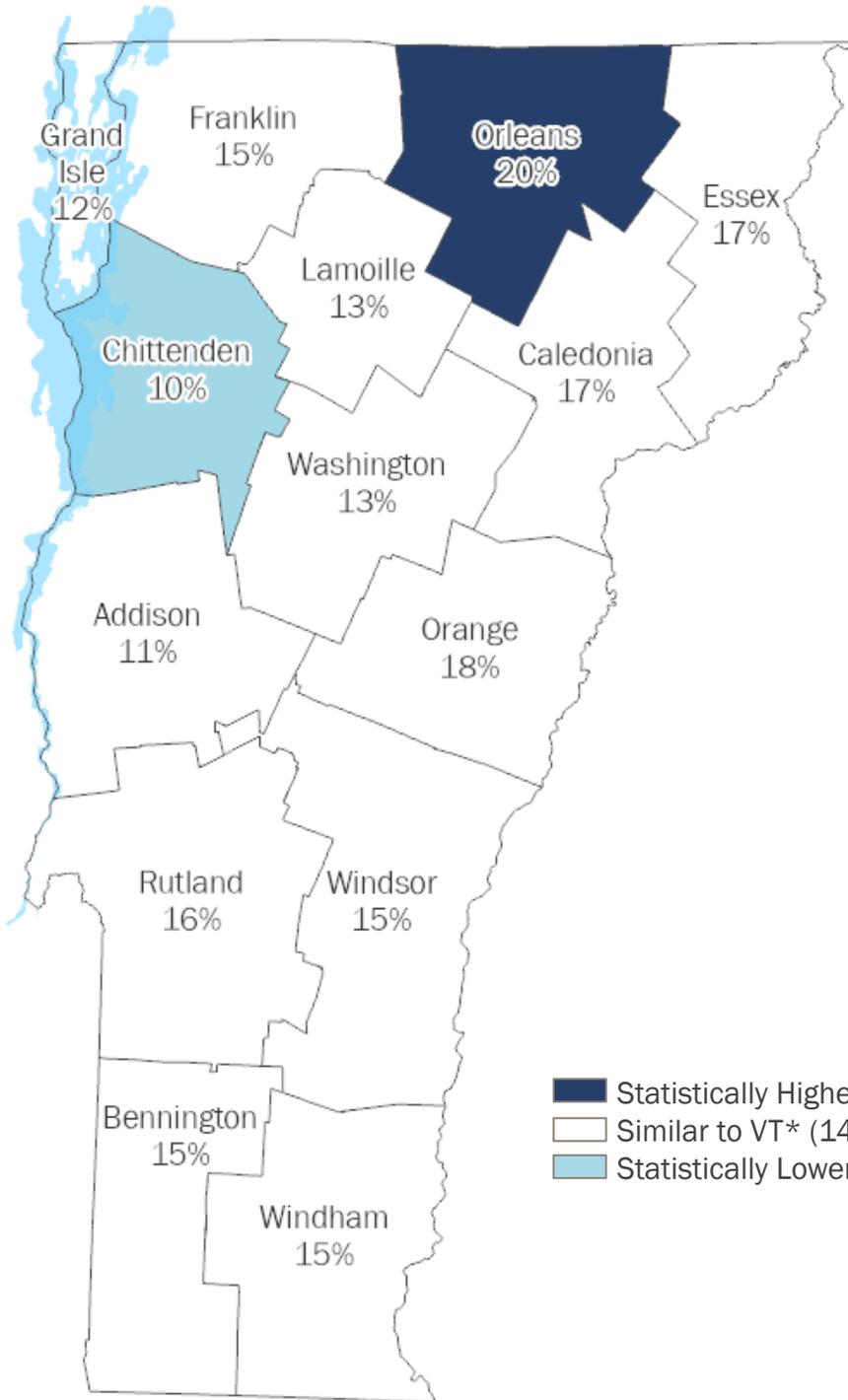
Vermont Adults with Fair or Poor Health, 2024



Vermont Adults with Fair or Poor Health



Vermont Adults with Fair or Poor Health by County, 2023-2024



One in ten adults in Chittenden County have fair or poor health (10%). This is statistically lower than the percent of all Vermont adults.

Two in ten adults in Orleans County have fair or poor health (20%). This is statistically higher than the percent of all Vermont adults.

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

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

*Vermont estimate represents two years of data.

Medical Health Plan Coverage, Adults 18-64

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

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

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

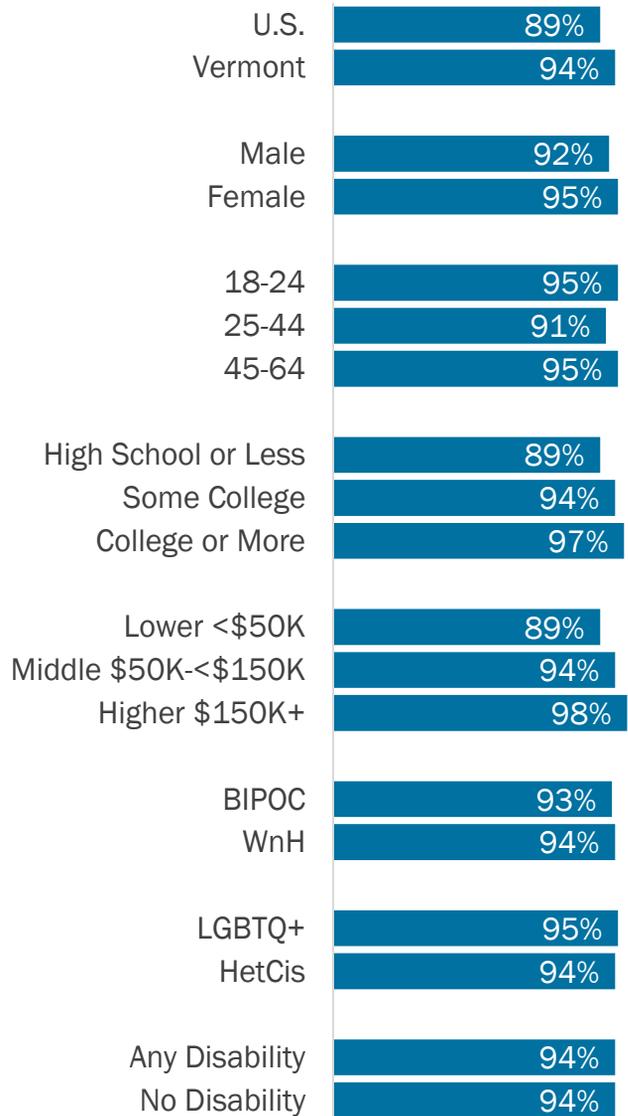
Adults with some college education or more are statistically more likely to have a health plan than adults with a high school education or less.

Health plan coverage statistically increases with household income level.

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

The percent of Vermont adults reporting health plan coverage is statistically similar to 2023 and 2015.

Vermont Adults 18-64 with a Medical Health Plan, 2024

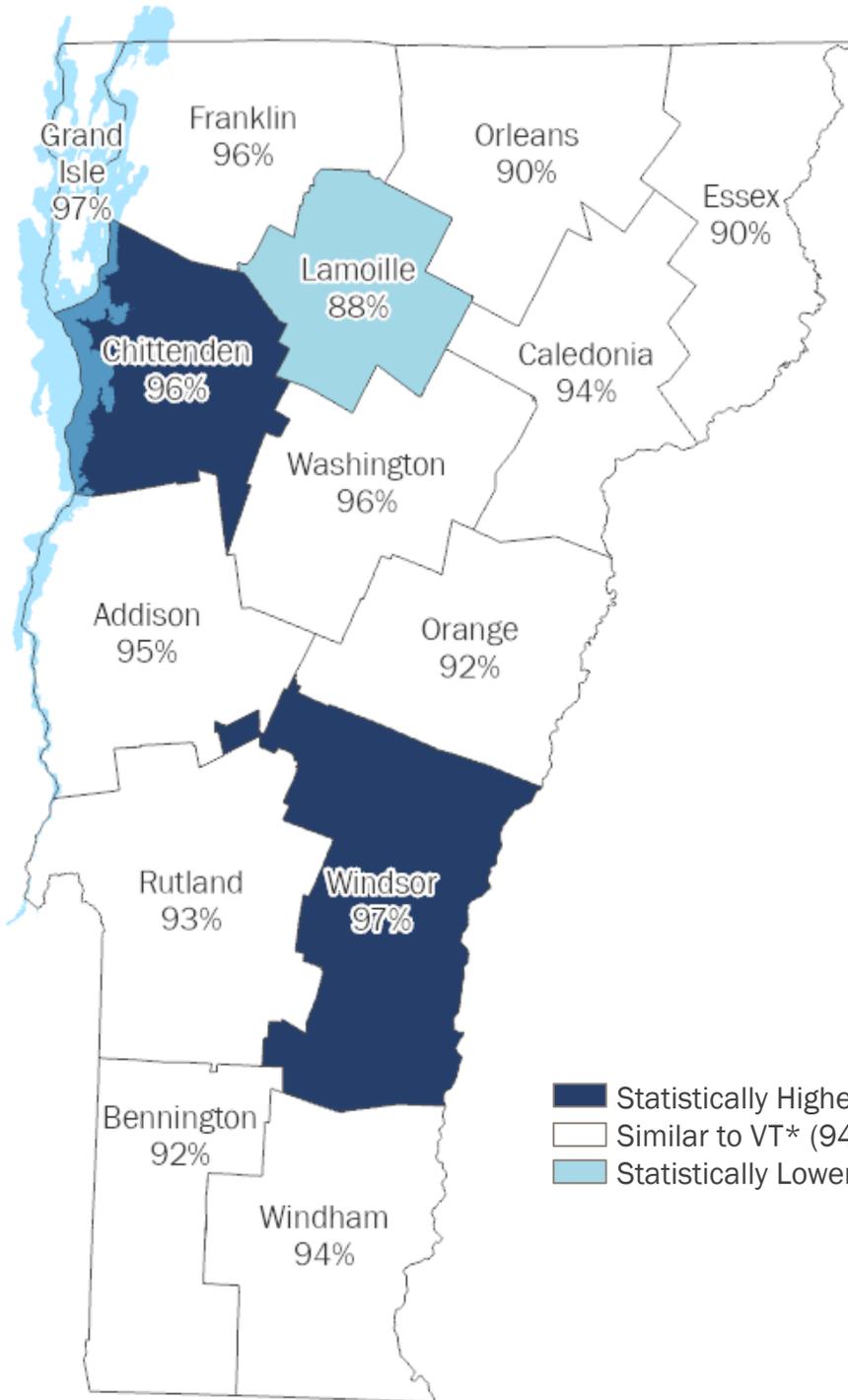


Vermont Adults 18-64 with a Medical Health Plan



2015 2016 2017 2018 2019 2020 2021 2022 2023 2024

Vermont Adults Ages 18-64 with a Medical Health Plan by County, 2023-2024



Ninety-seven percent of adults 18-64 in Windsor County and 96% of adults 18-64 in Chittenden County have a medical health plan. These are statistically higher than the percent of all Vermont adults of the same age.

Eighty-eight percent of adults 18-64 in Lamoille County have a medical health plan. This is statistically lower than the percent of all Vermont adults of the same age.

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

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

*Vermont estimate represents two years of data.

Medical Health Plan Coverage – Source

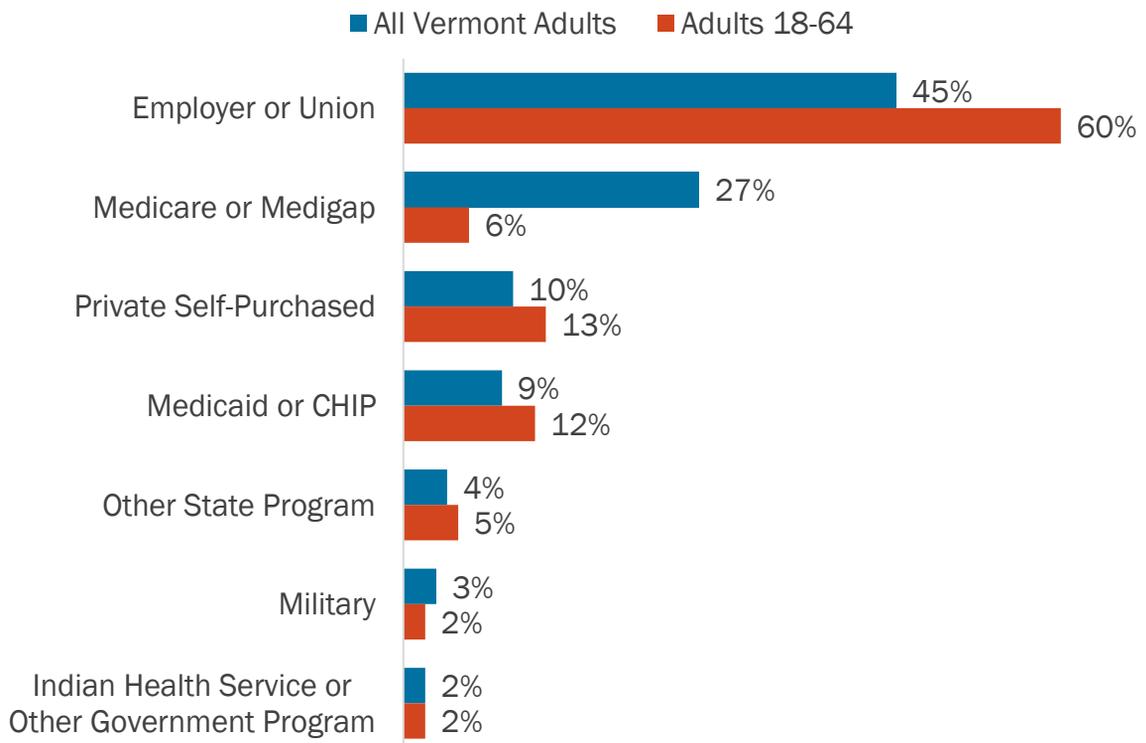
Among Vermont adults with a health plan, regardless of age:

- Forty-five percent have a plan purchased through their or someone else’s employer or union.
- Twenty-seven percent have Medicare or Medigap.
- Ten percent purchased a private health plan themselves. This is statistically higher than the 8% in 2023.
- Nine percent have Medicaid or Children’s Health Insurance Program (CHIP). This is statistically lower than the 11% in 2023.
- Other health plans include state programs (4%), military related health care (3%), and 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 (60%), a private self-purchased plan (13%), or Medicaid or CHIP (12%). The percent of adults 18-64 with a private self-purchased plan, or Medicaid or CHIP is also statistically higher than the 10% and 15%, respectively, in 2023.
- Are statistically less likely to have Medicare or Medigap (6%). This is the same as the 6% of adults 18-64 in 2023.
- Are statistically just as likely to have some other state program (5%), military related health care (2%), or Indian Health Service or some other government program (2%) as their primary source of coverage.

Vermont Adults with a Medical Health Plan, 2024



Medical Health Care Access – Provider

Nine in 10 Vermont adults report having a personal health care provider (PCP) (90%), statistically higher than the 83% of U.S. adults.

Females are statistically more likely to have a PCP.

Adults 65 and older are statistically more likely to have a PCP than younger adults. Adults 45-64 are statistically more likely to have a PCP than adults 25-44.

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

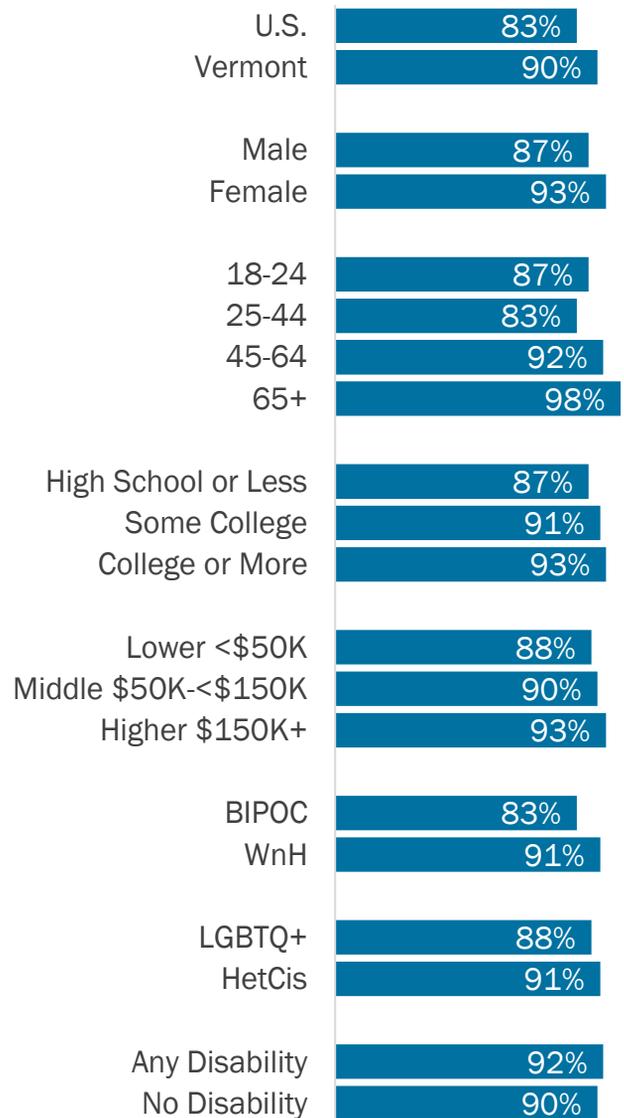
Adults in higher income homes are statistically more likely to have a PCP than those in lower income homes.

White, non-Hispanic adults are statistically more likely to have a PCP.

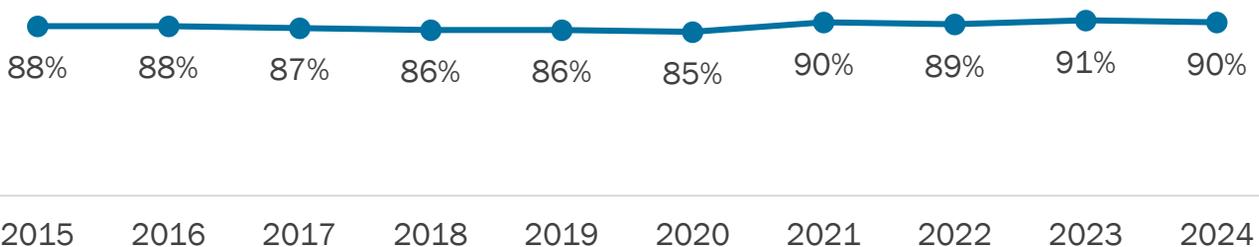
Having a PCP is not statistically different by sexual orientation and gender identity, or disability status.

The percent of Vermont adults with a PCP is statistically similar to 2023, but statistically higher than 2015.

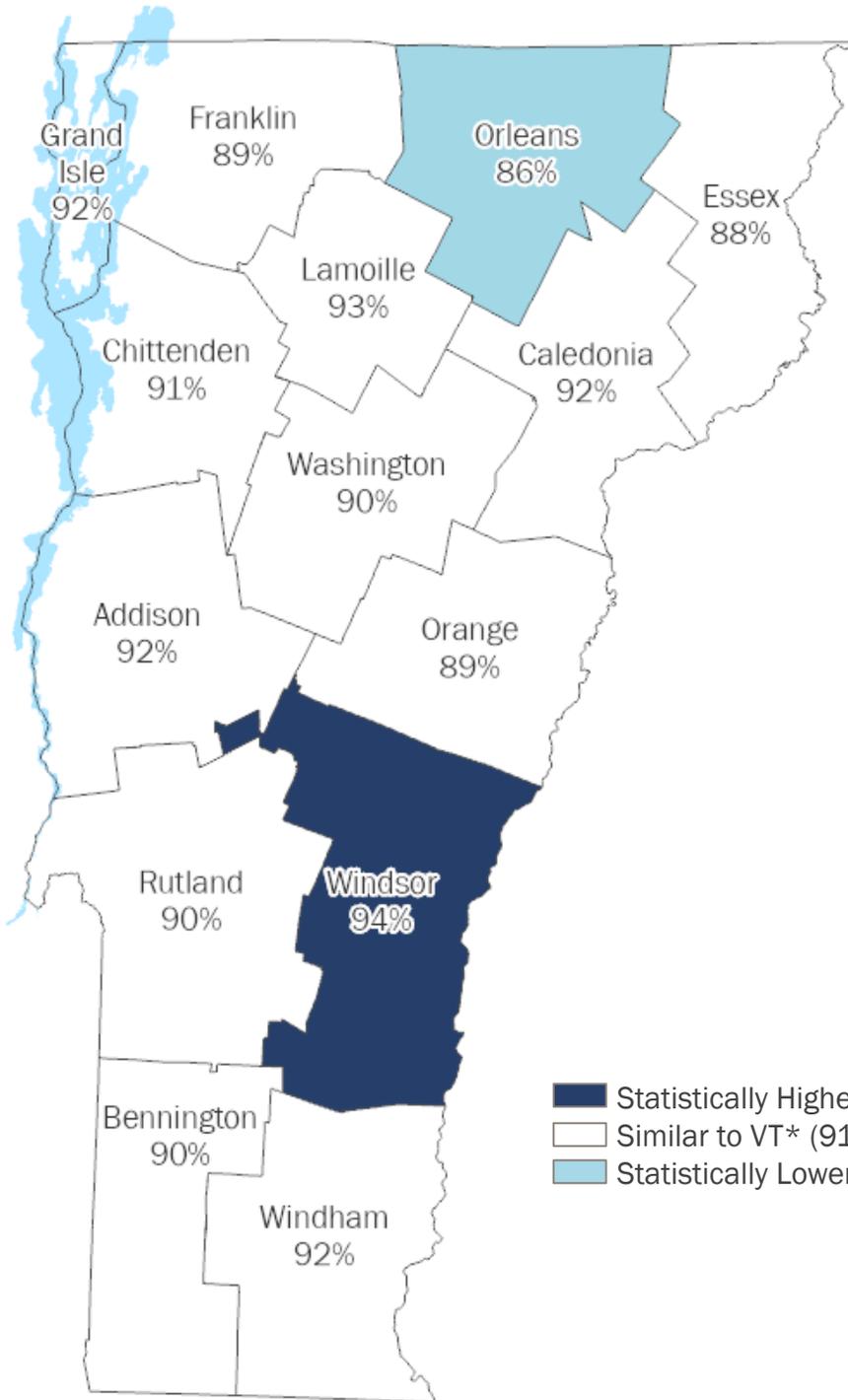
Vermont Adults 18-64 with a Personal Health Care Provider, 2024



Vermont Adults with a Personal Health Care Provider



Vermont Adults with a Personal Health Care Provider by County, 2023-2024



Ninety-four percent of adults in Windsor County have a personal health care provider. This is statistically higher than the percent of all Vermont adults.

Eighty-six percent of adults in Orleans County have a personal health care provider. This is statistically lower than the percent of all Vermont adults.

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

*Vermont estimate represents two years of data.

Medical Health Care Access – Delay Due to Cost

Eight 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 12% of U.S. adults.

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

Adults 25-44 are statistically more likely to delay medical care due to cost than those 45-64. Adults 65 and older are statistically less likely to delay medical care due to cost than younger adults.

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

Adults in lower income homes are statistically more likely to delay care due to cost than those in middle income homes.

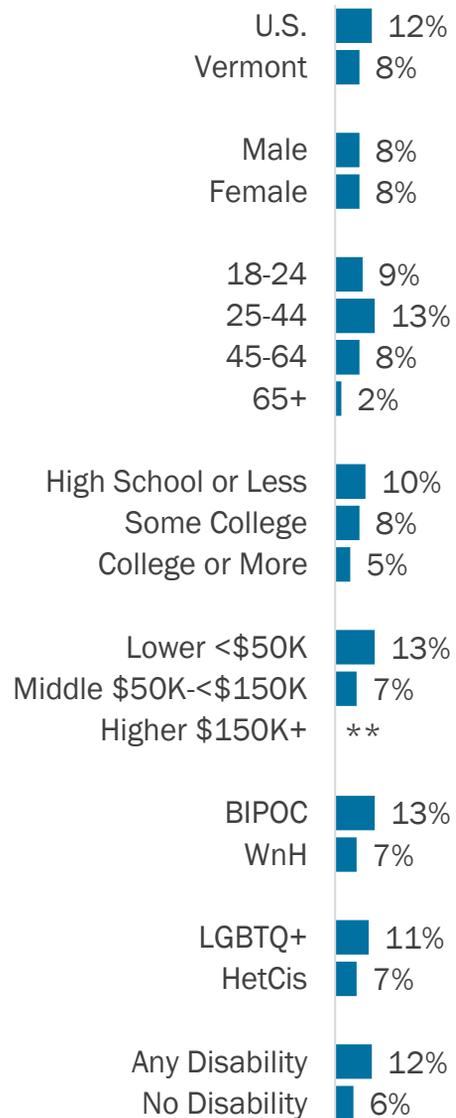
BIPOC adults are nearly two times as likely to delay care due to cost than white, non-Hispanic adults. This is a statistical difference.

LGBTQ+ adults are statistically more likely to delay care due to cost than HetCis adults.

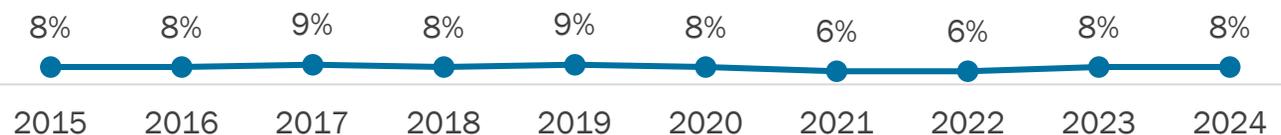
Adults with a disability are two times as likely to delay care due to cost than adults with no disability. This is a statistical difference.

The percent of Vermont adults delaying medical care due to cost is the same as 2023 and 2015.

Vermont Adults Who Did Not Visit Doctor Due to Cost, 2024



Vermont Adults Who Did Not Visit Doctor Due to Cost

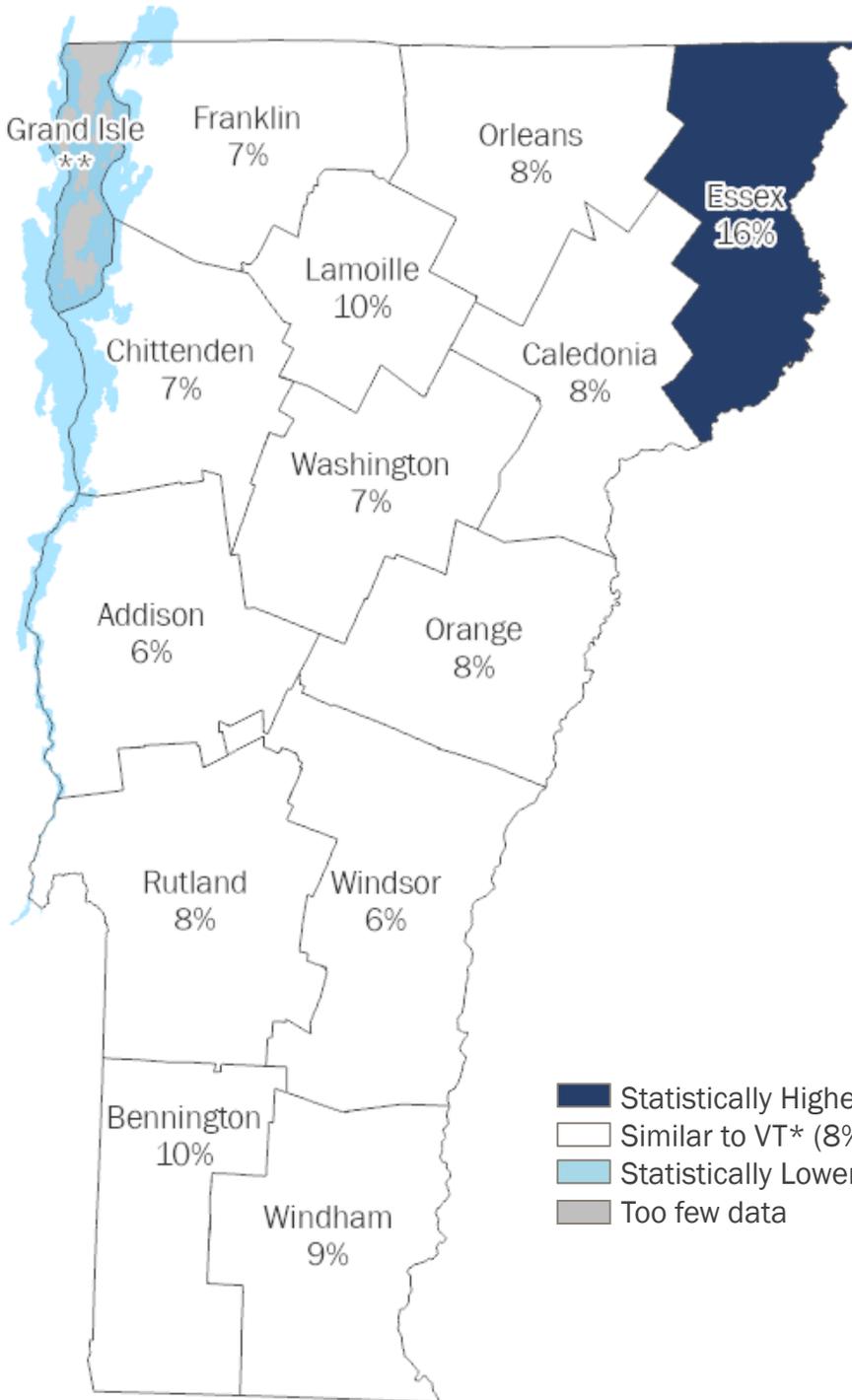


Note: This measure is a Healthy Vermonters 2030 indicator.

**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 Did Not Visit Doctor Due to Cost by County, 2023-2024



Sixteen percent of adults in Essex County delayed medical care due to cost. This is statistically higher than the percent of all Vermont adults.

Adults in all other counties delay medical care due to cost at a similar rate 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

Thirteen percent of Vermont adults report poor physical health^o, the same as 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 younger adults. Adults 65 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.

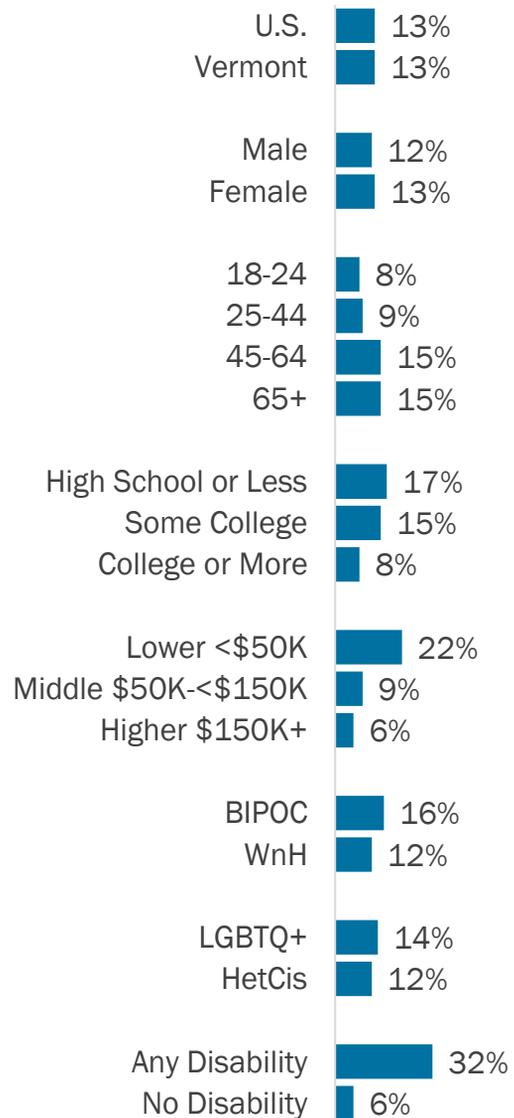
- Poor physical health is statistically higher among adults with some college or less.
- Adults in homes with lower incomes are statistically more likely to report poor physical health.

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. This is a statistical difference.

The percent of Vermont adults with poor physical health is statistically similar to 2023 and 2015.

Vermont Adults with Poor Physical Health, 2024

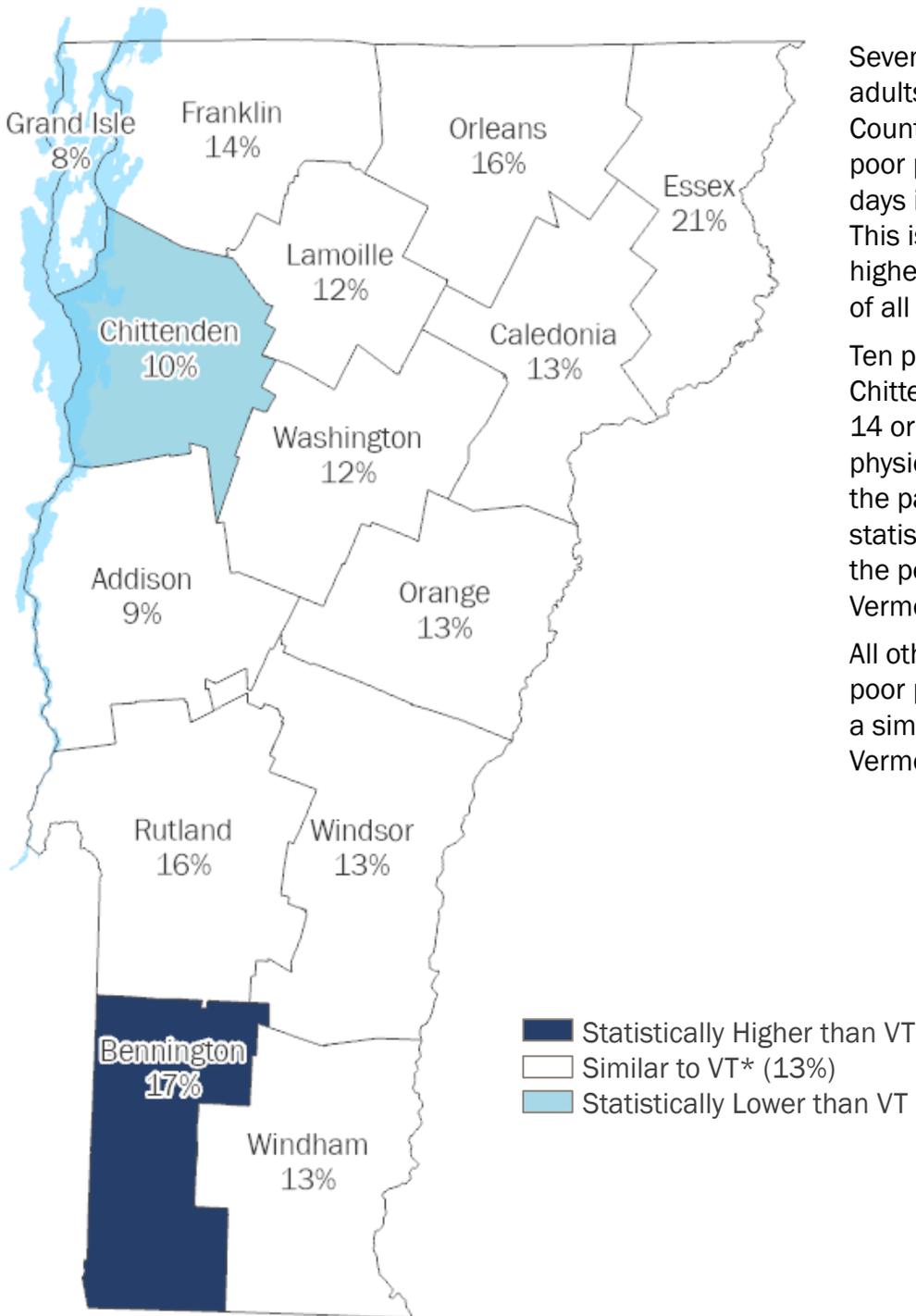


Vermont Adults with Poor Physical Health



^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, 2023-2024



Seventeen percent of adults in Bennington County had 14 or more poor physical health days in the past month. This is statistically higher than the percent of all Vermont adults.

Ten percent of adults in Chittenden County had 14 or more poor physical health days in the past month. This is statistically lower than the percent of all Vermont adults.

All other counties report poor physical health at a similar rate 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

Fifteen percent of Vermont adults report poor mental health^o, statistically similar to the 16% of U.S. adults.

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

Poor mental health decreases with age. All differences by age are statistically significant, except between adults 18-24 and 25-44.

Adults with some college or less are statistically more likely to report poor mental health.

Prevalence of mental health statistically goes down as household income increases.

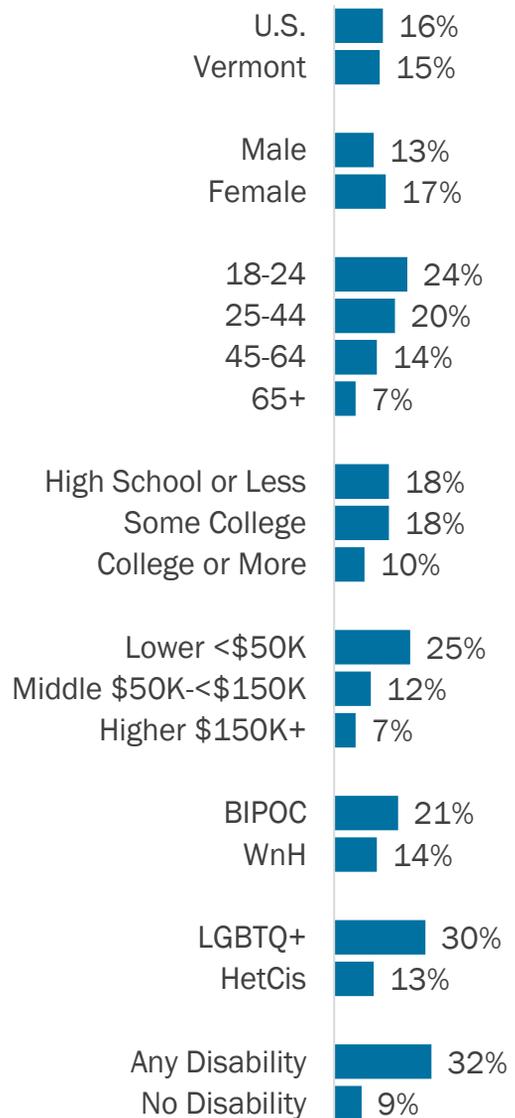
BIPOC adults are statistically more likely to report poor mental health than white, non-Hispanic adults.

LGBTQ+ adults are more than two times as likely to report poor mental health than HetCis adults. This is a statistical difference.

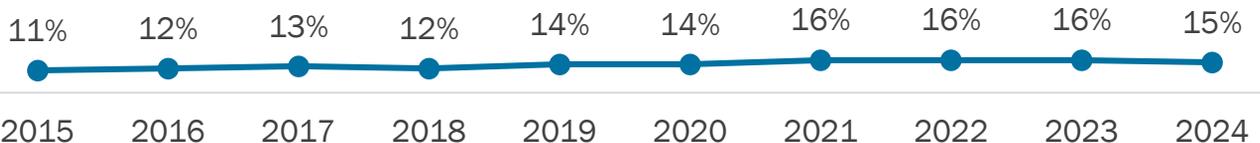
Adults with a disability are more than three times as likely to report poor mental health than adults with no disability. This is a statistical difference.

The percent of Vermont adults reporting poor mental health is statistically similar to 2023, but statistically higher than 2015.

Vermont Adults with Poor Mental Health, 2024

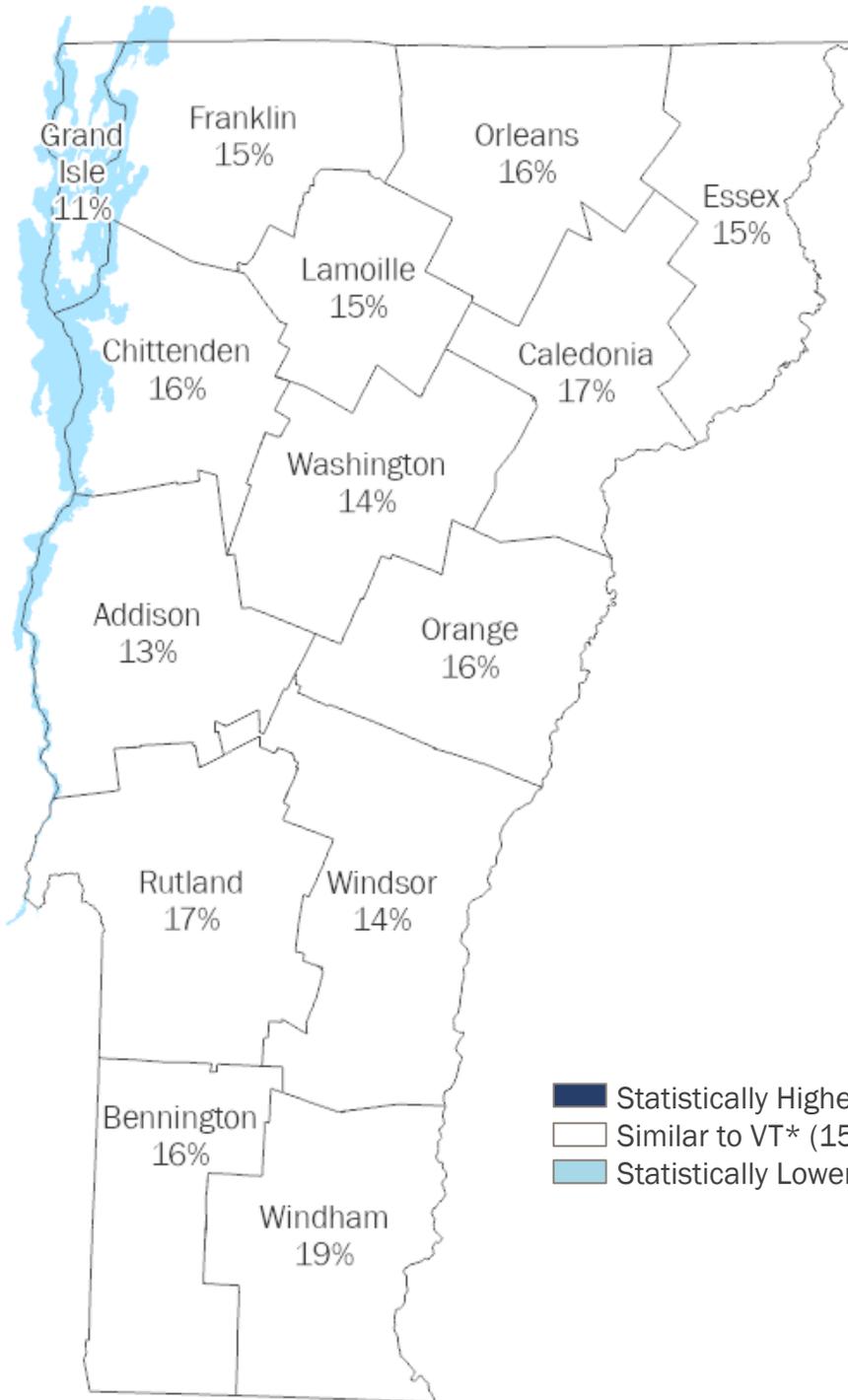


Vermont Adults with Poor Mental Health



^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, 2023-2024



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

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

Life Satisfaction

Five percent of Vermont adults report being dissatisfied or very dissatisfied with their lives.

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

There are no statistical differences in dissatisfaction with life by age.

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

- Adults with some college or less are statistically more likely to report dissatisfaction with life than those with a college degree or more.
- Adults in lower income homes are more than three times as likely to report dissatisfaction with life than those in middle income homes, a statistical difference.

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

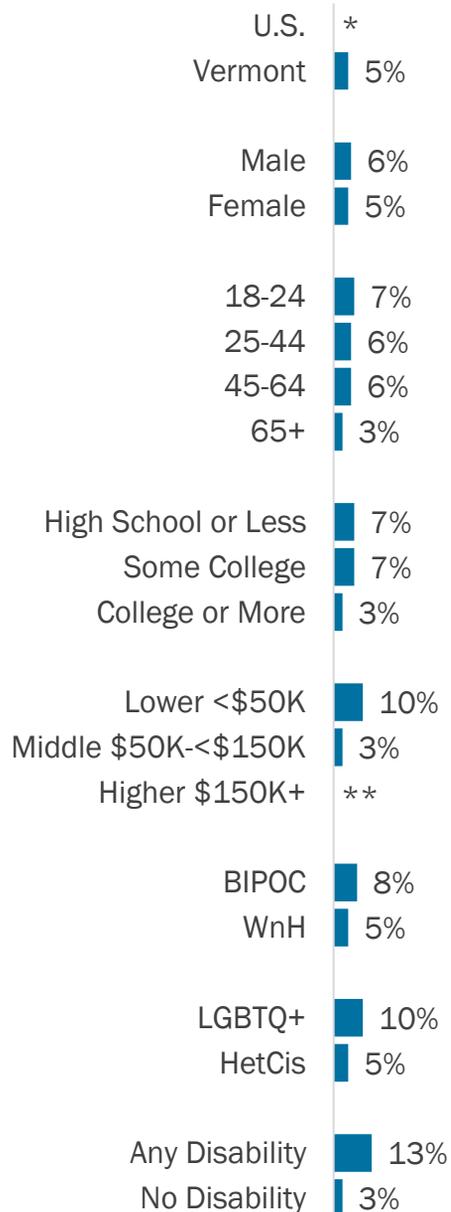
LGBTQ+ adults are two times as likely to report dissatisfaction with life than HetCis adults, a statistical difference.

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

The percent of Vermont adults reporting dissatisfaction with life is statistically similar to the 6% in 2022.

Note: Due to this question only be asked in two survey years, a trend line is not provided.

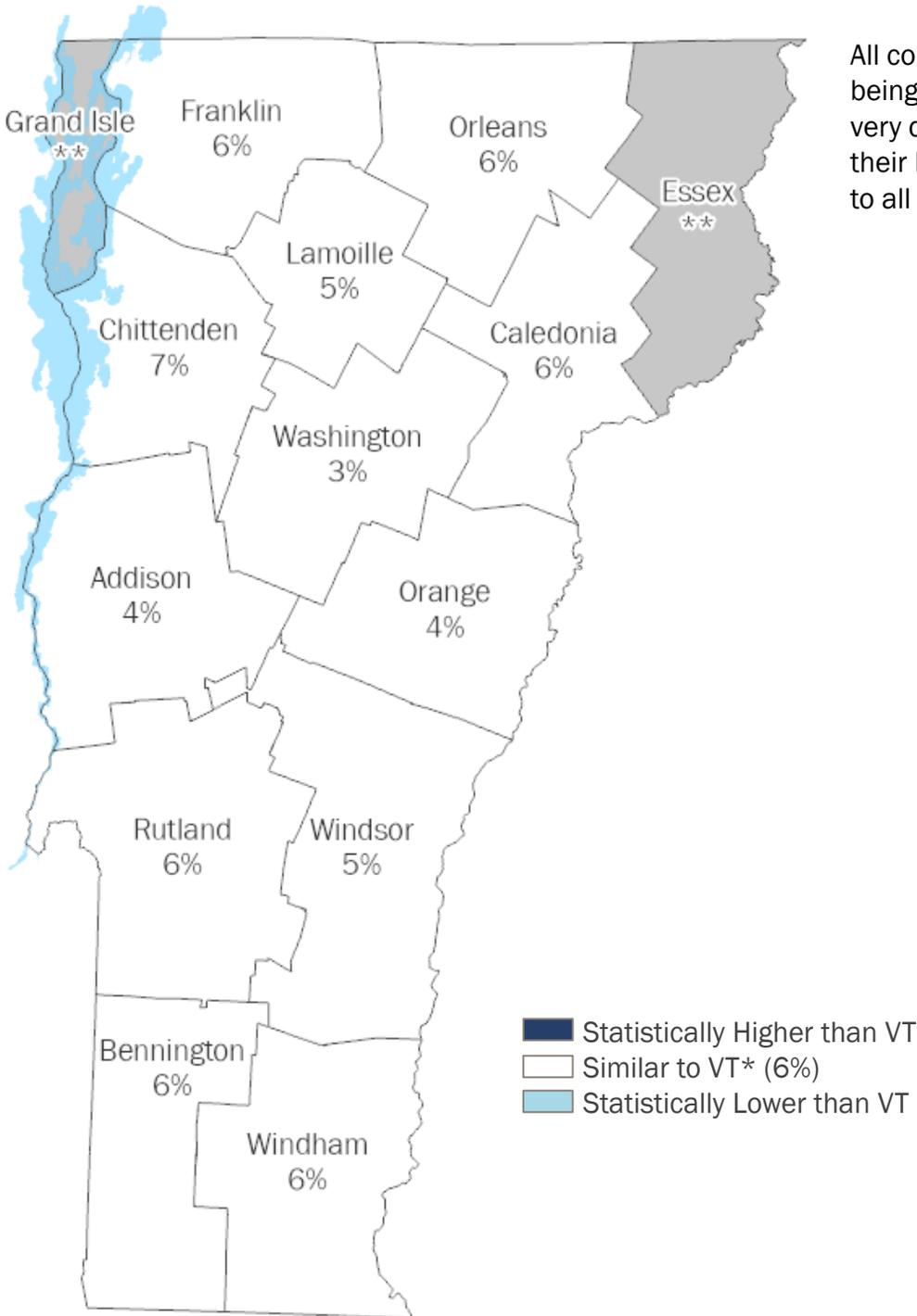
Vermont Adults Who are Dissatisfied/ Very Dissatisfied with Life, 2024



*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 are Dissatisfied or Very Dissatisfied with Life, by County, 2022, 2024



All counties report poor being dissatisfied or very dissatisfied with their life at a similar rate to all Vermont adults.

*Vermont estimate represents two years of data.

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

Loneliness

Five percent of Vermont adults report always or usually feeling lonely.

Males and females report statistically similar rates of loneliness.

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

Adults with less education and lower household incomes are more likely to report always or usually feeling lonely.

- Loneliness statistically decreases as education level increases.
- Adults in lower income homes are statistically more likely to report loneliness than those in middle income homes.

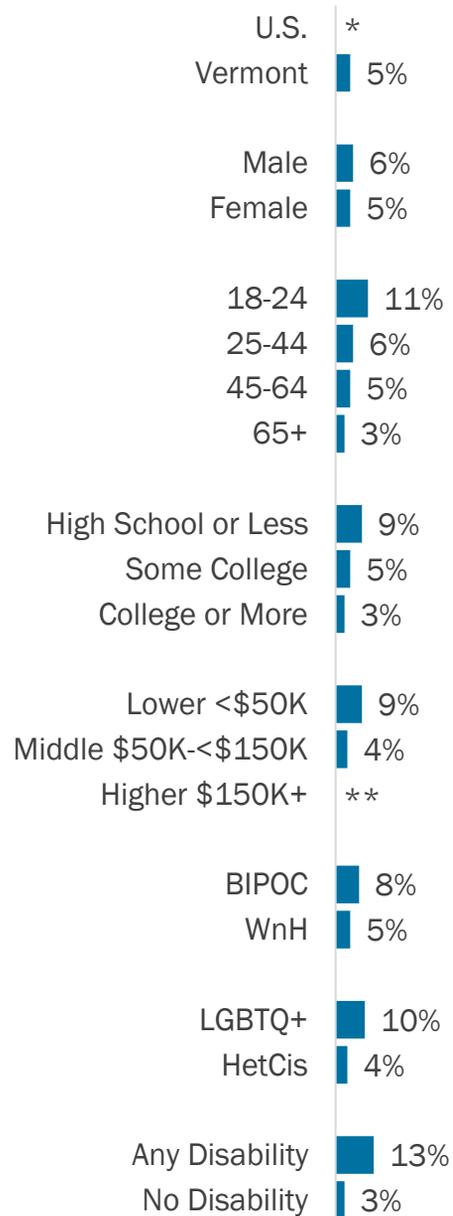
There are no statistical differences in loneliness by race and ethnicity.

LGBTQ+ adults are more than two times as likely to report loneliness than HetCis adults. This is a statistical difference.

Adults with a disability are more than four times as likely to report loneliness than those with no disability. This is a statistical difference.

Note: 2024 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 Lonely, 2024



*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.

Social and Emotional Support

Six 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.

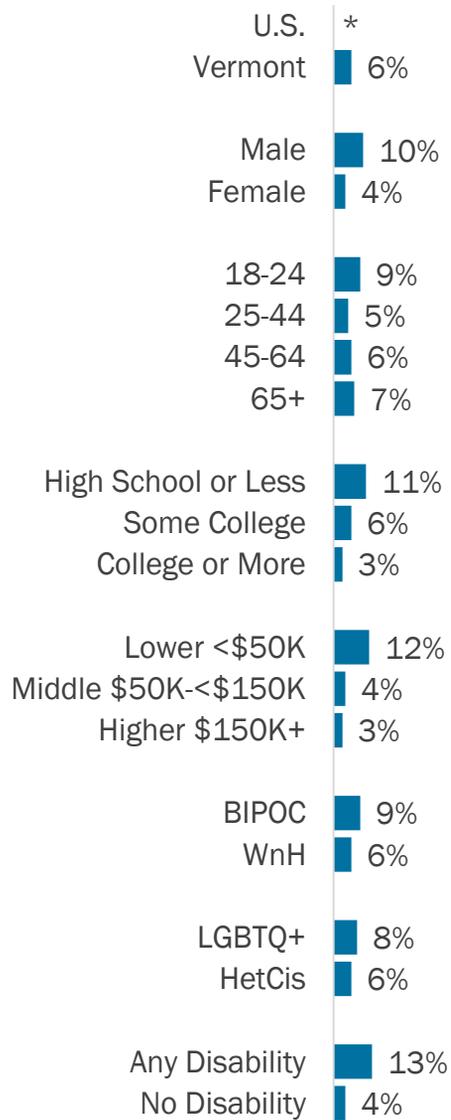
- All differences by education level are statistically significant.
- Adults in lower income homes are statistically more likely to rarely or never get the social and emotional support needed, compared to those in middle to higher income homes.

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.

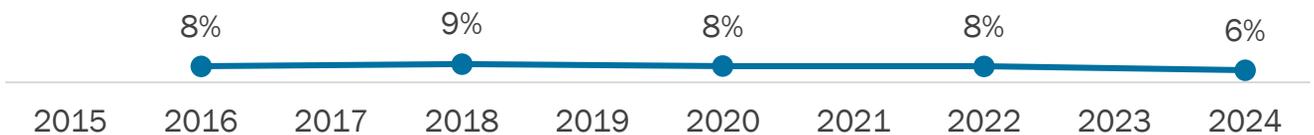
Adults with a disability are more than three times as likely to not get needed social and emotional support than those with no disability. This is a statistical difference.

The percent of Vermont adults rarely or never getting the social and emotional support they need is statistically similar to 2022 and 2016.

Vermont Adults Who Rarely/Never Get Social and Emotional Support, 2024

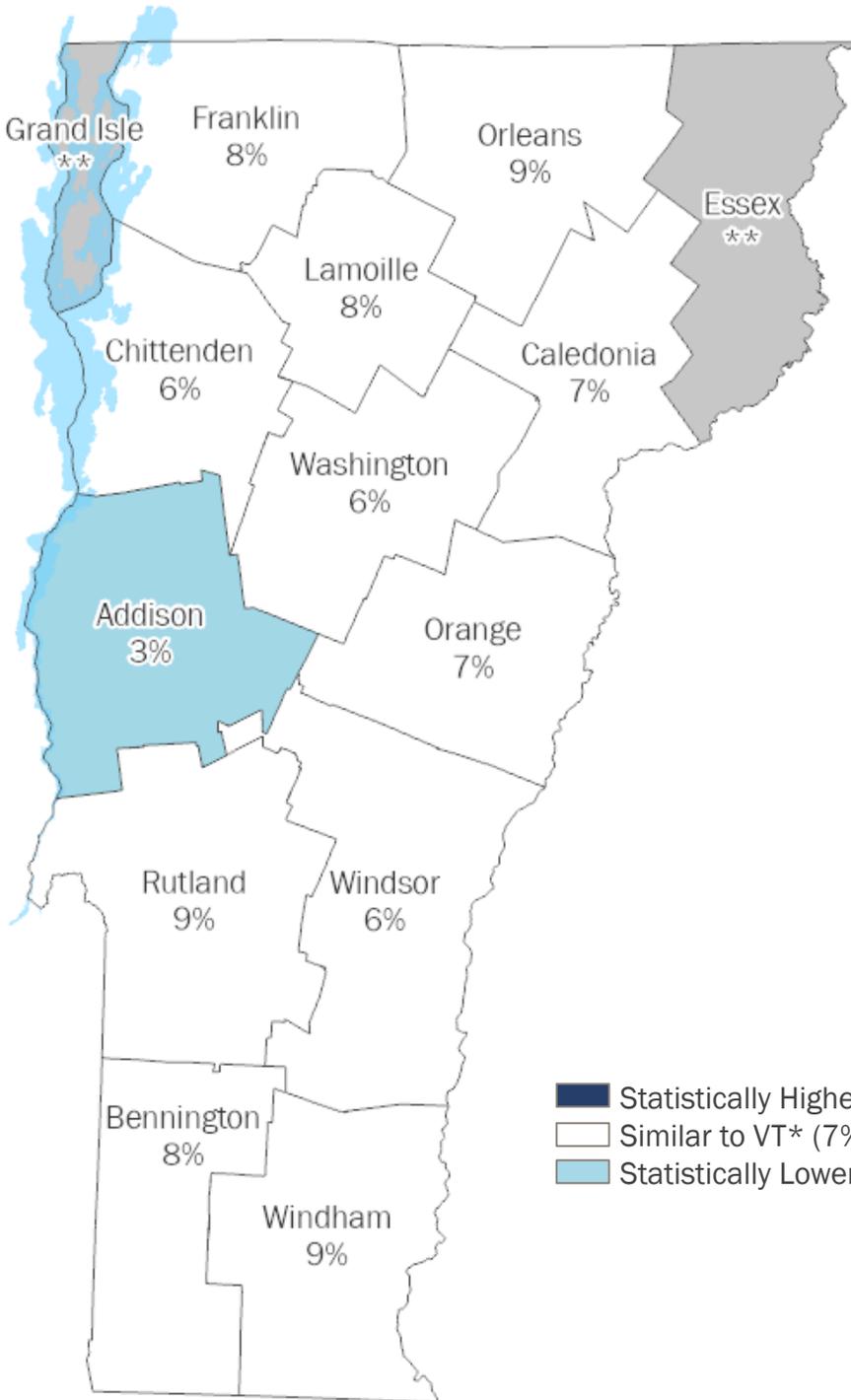


Vermont Adults who Rarely/Never Get Social and Emotional Support



*No national estimate available.

Vermont Adults Who Rarely or Never Get Social and Emotional Support, by County, 2022, 2024



Three percent of adults in Addison County rarely or never get the social and emotional support they need. This is statistically lower than all Vermont adults.

All other counties report rarely or never getting the social and emotional support they need at a similar rate to all Vermont adults.

*Vermont estimate represents two years of data.

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

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.

About one-quarter of Vermont adults have a disability (26%). This is statistically lower than the 30% of U.S. adults.

Males and females report statistically similar rates of disability.

Adults 65 and older are statistically more likely to have a disability than those 25-64. Adults 18-24 are statistically more likely to have a disability than those 25-44.

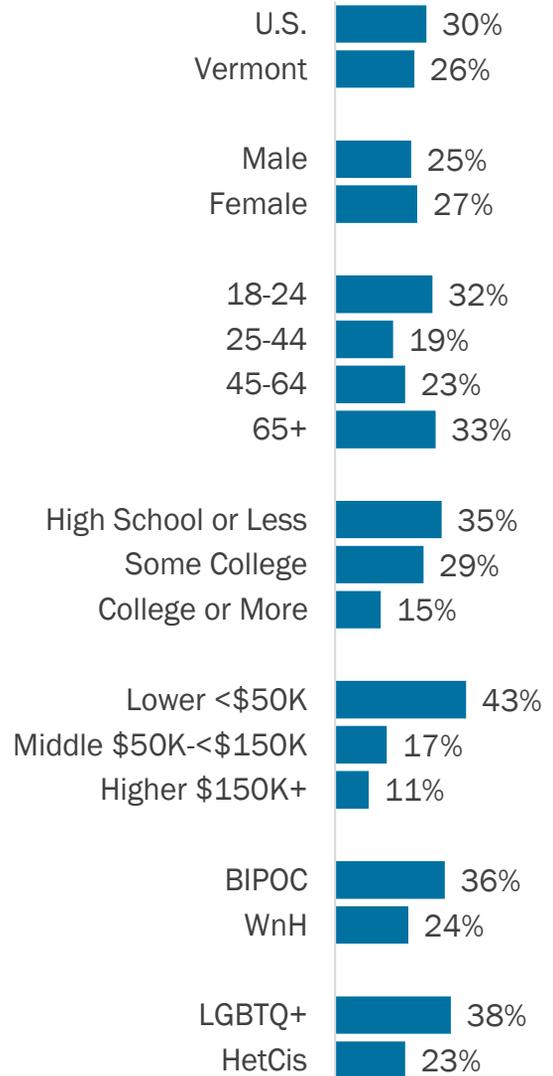
Adults with less education and lower household incomes are more likely to report a disability.

- Adults with some college or less are statistically more likely to have a disability than those with a college degree or more.
- All differences in disability by household income level are statistically significant.

BIPOC adults and LGBTQ+ adults are statistically more likely to report a disability white, non-Hispanic adults and HetCis adults.

The percent of Vermont adults with a disability is statistically similar to 2023, but statistically higher than 2016.

Vermont Adults with Any Disability, 2024

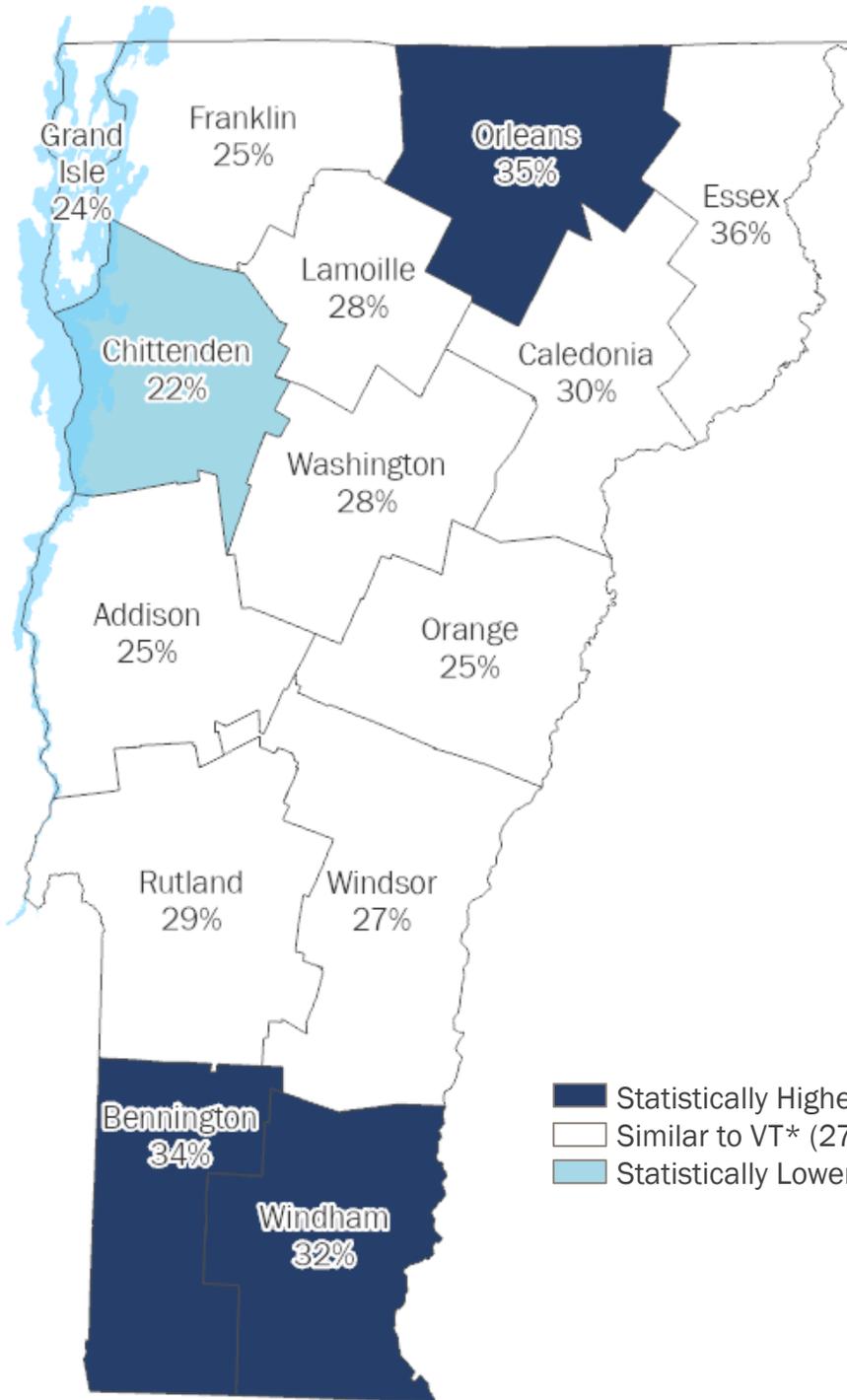


Vermont Adults with Any Disability



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, 2023-2024



More than one-third of adults in Orleans (35%) and Bennington (34%) counties have a disability. Nearly one-third of adults in Windham County have a disability (32%). These rates are statistically higher than all Vermont adults.

More than two in ten adults in Chittenden County have a disability (22%). This is statistically lower than all Vermont adults.

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

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

^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.

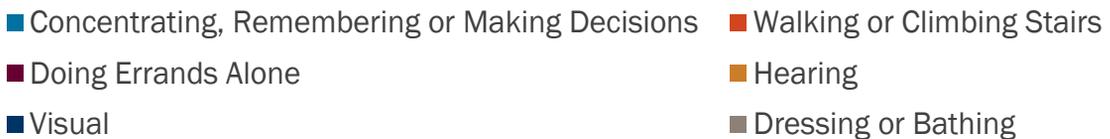
Disability – Type

Individual questions are asked about specific disabilities or challenges that adults may face. Some adults may report experiencing more than one type of disability.

- Twelve percent of Vermont adults have serious difficulty concentrating, remembering or making decisions due to a physical, mental or emotional condition. This is statistically higher than the 9% in 2015.
- Ten percent have serious difficulty walking or climbing stairs.
- Six percent are deaf or have serious difficulty hearing. This is statistically lower than the 8% in 2023.
- Seven percent have difficulty doing errands alone.
- Three percent are blind or have serious difficulty seeing.
- Three percent have difficulty dressing or bathing.

The percent of Vermont adults with all other types of disability are statistically similar to 2023 and 2015.

Type of Disability among Vermont Adults



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

Chronic Conditions

Arthritis

Three in 10 Vermont adults have arthritis (30%). This is statistically higher than the 27% of U.S. adults.

Females are statistically more likely to have arthritis.

Arthritis prevalence statistically increases with age.

The prevalence of arthritis is statistically higher among adults with some college or less.

The prevalence of arthritis statistically decreases as household income increases.

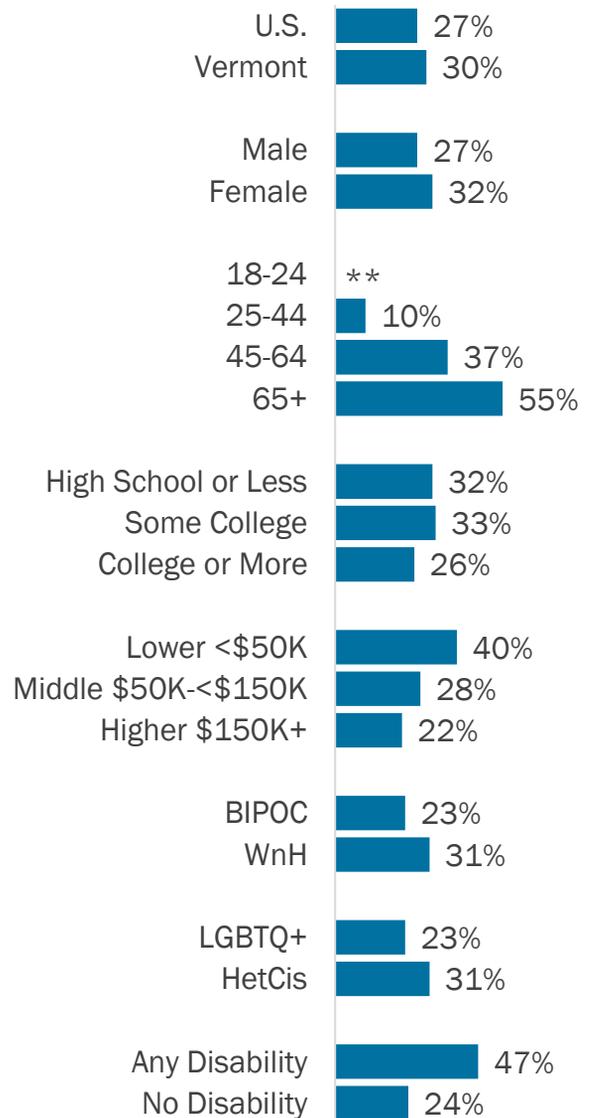
White, non-Hispanic adults and HetCis adults are statistically more likely to report having arthritis.

Adults with a disability are nearly two times as likely to report having arthritis than adults with no disability. This is a statistical difference.

The percent of Vermont adults with arthritis is statistically similar to 2023, but statistically higher than 2015.

Nearly seven in ten adults with arthritis have had a doctor suggest physical activity or exercise to help with their arthritis or joint symptoms (68%). This is statistically similar to the 66% in 2021.

Vermont Adults with Arthritis, 2024

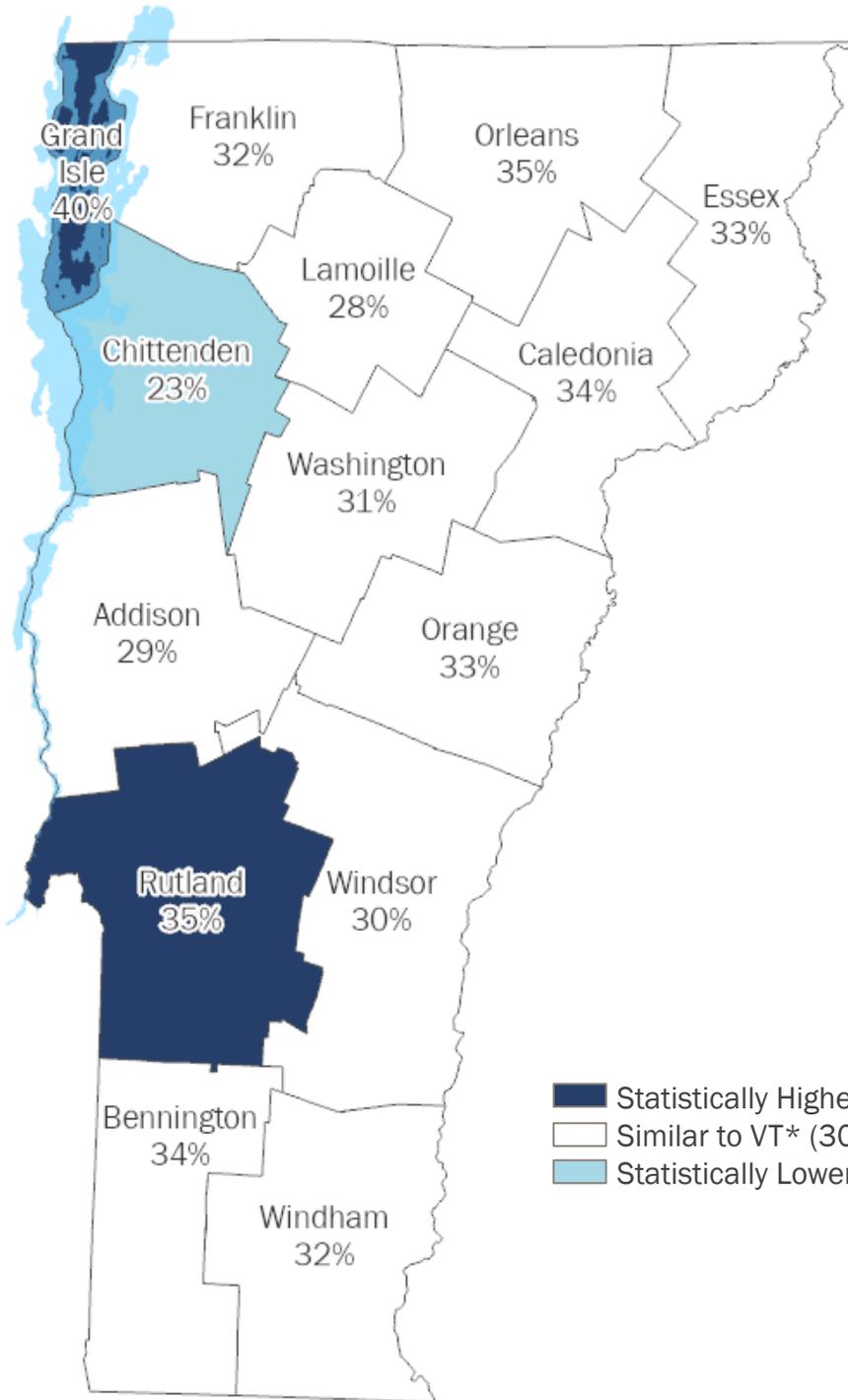


Vermont Adults with Arthritis



**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, 2023-2024



Four in 10 adults in Grand Isle County have arthritis (40%). More than one-third of adults in Rutland County have arthritis (35%). These rates are statistically higher than all Vermont adults.

Twenty-three percent of adults in Chittenden County have arthritis. This is statistically lower than all Vermont adults.

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

*Vermont estimate represents two years of data.

Asthma

Twelve percent of Vermont adults currently have asthma. This is statistically higher than the 10% of U.S. adults.

Females are statistically more likely to have asthma.

Adults 45-64 are statistically more likely to have asthma than those 65 and older.

Asthma prevalence is statistically higher among adults with some college than those with a college degree or more.

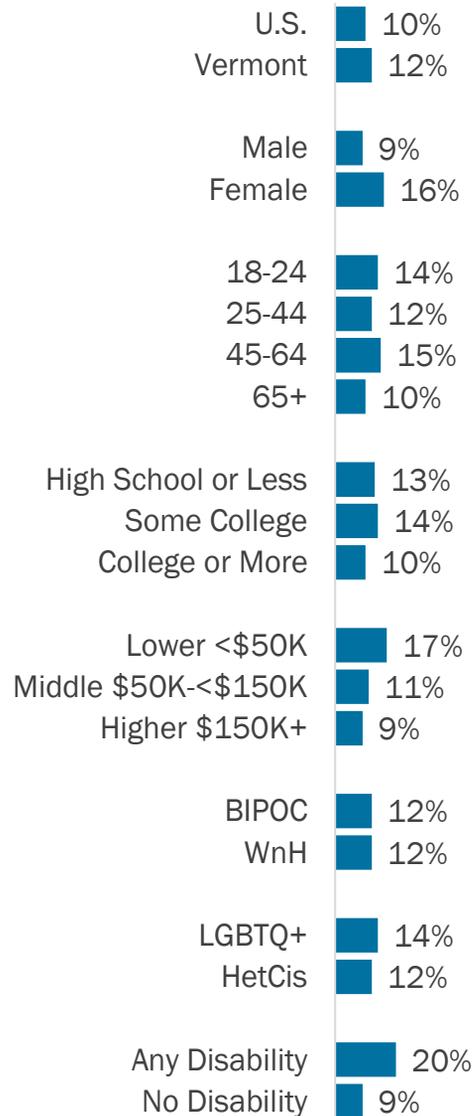
Adults with lower household incomes are statistically more likely to have asthma.

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

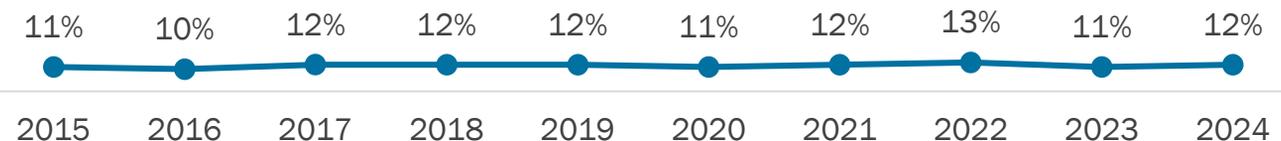
Adults with a disability are more than two times as likely to have asthma than those with no disability. This is a statistical difference.

The prevalence of asthma among Vermont adults is statistically similar to 2023 and 2015.

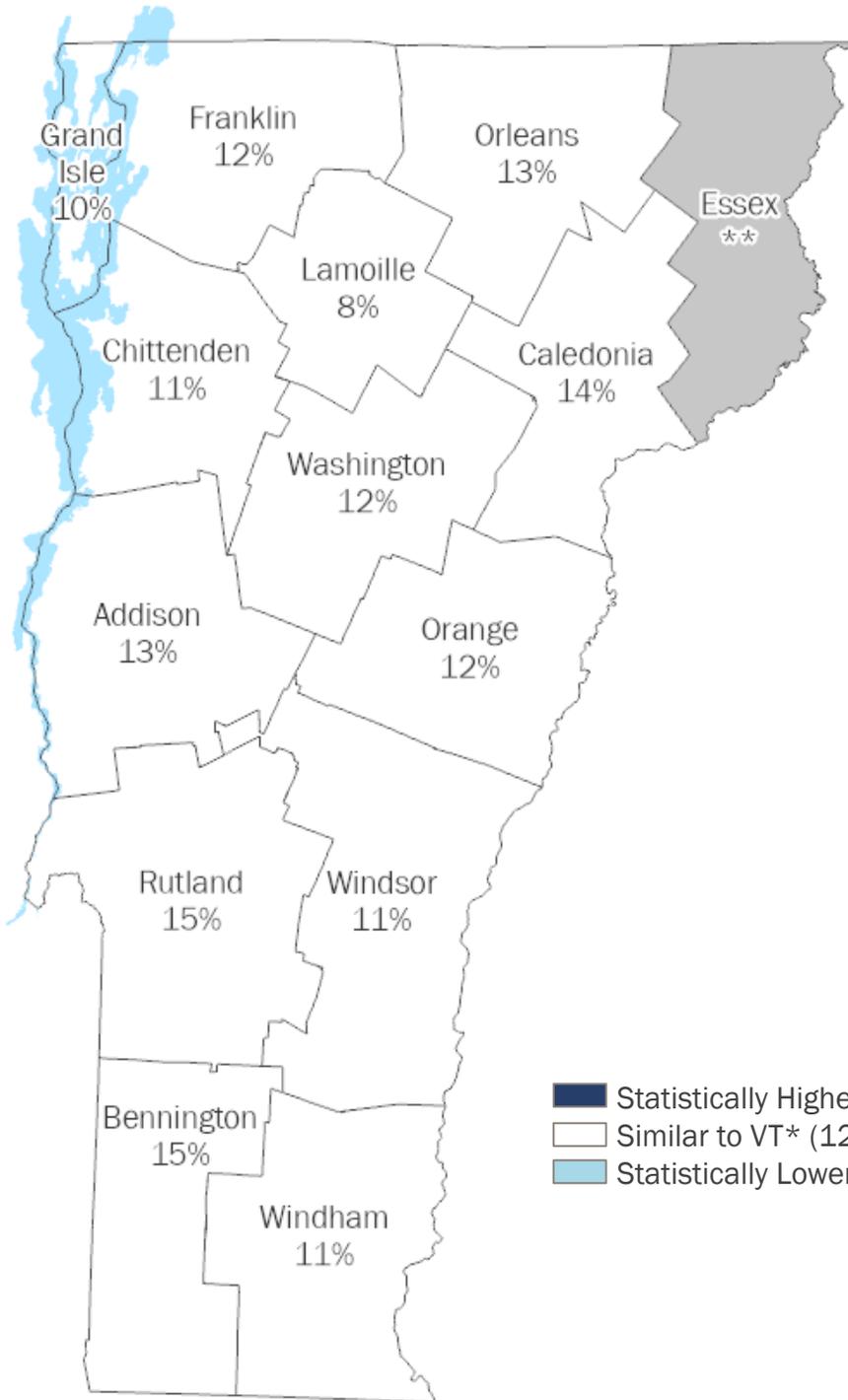
Vermont Adults with Asthma, 2024



Vermont Adults with Asthma



Vermont Adults with Asthma by County, 2023-2024



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

*Vermont estimate represents two years of data.

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

Non-Melanoma Skin Cancer

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

Males and females report statistically similar rates of skin cancer.

Adults 65 and older are more than two times as likely to be diagnosed with skin cancer than those 45-64. This is a statistical difference.

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

There are no statistical differences in skin cancer prevalence by household income level or disability status.

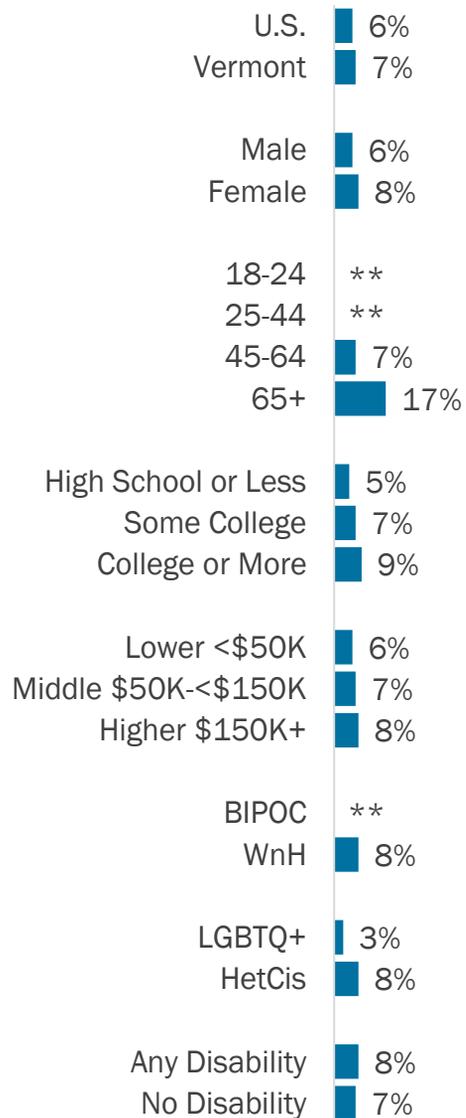
Statistical comparisons were not made for skin cancer prevalence by race and ethnicity due to data suppression.

HetCis adults are statistically more likely to have ever had skin cancer than LGBTQ+ adults.

The prevalence of skin cancer among Vermont adults is the same as 2023, but statistically higher than 2022.

Note: Due to changes in the question in 2022, comparisons to prior years cannot be made.

Vermont Adults Ever Diagnosed with Non-Melanoma Skin Cancer, 2024

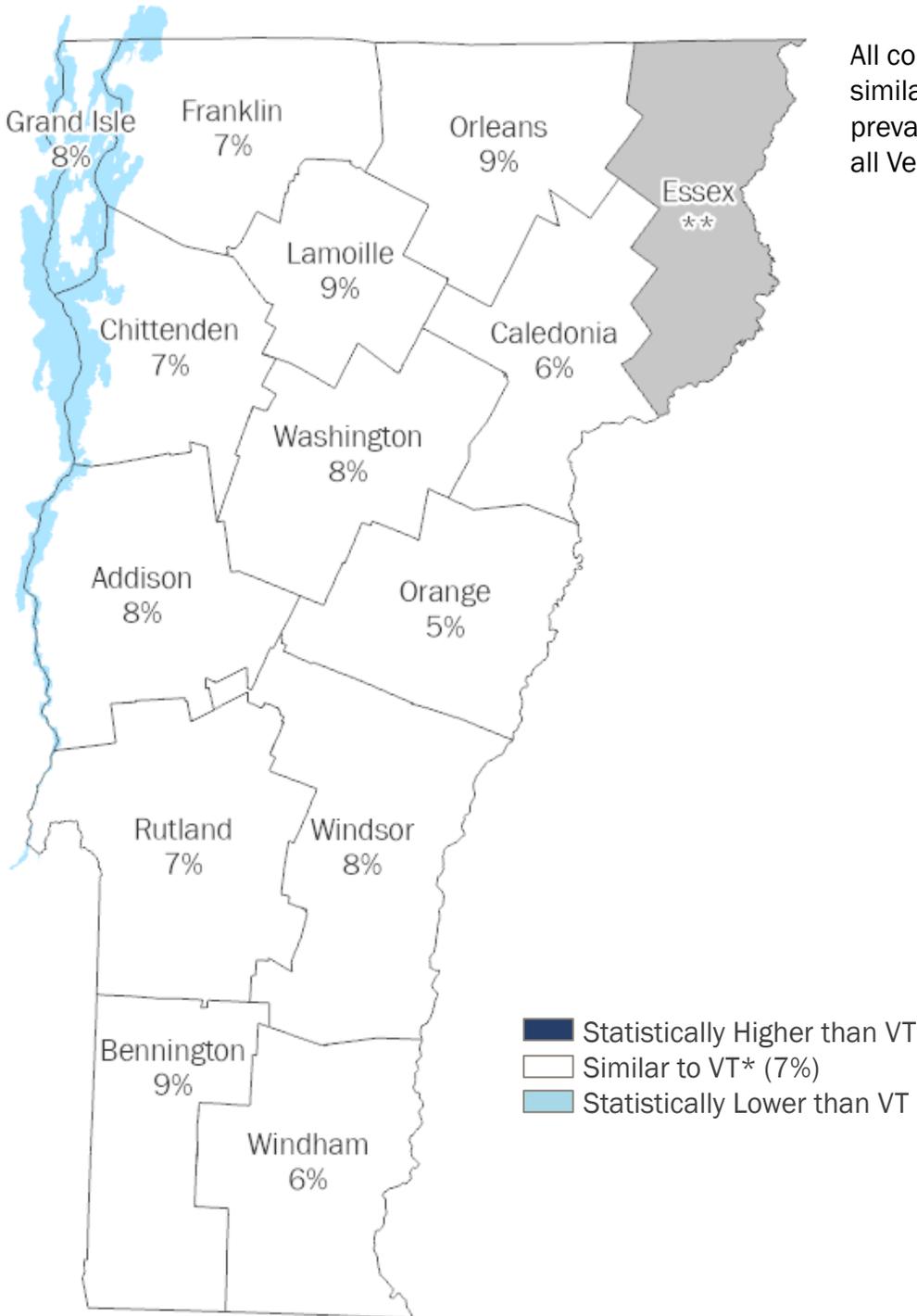


Vermont Adults Ever Diagnosed with Non-Melanoma Skin Cancer



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

Vermont Adults with Non-Melanoma Skin Cancer by County, 2023-2024



All counties have a similar skin cancer prevalence compared to all Vermont adults.

*Vermont estimate represents two years of data.

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

Cancer (including Melanoma)

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

This definition includes all cancers except non-melanoma skin cancers.

Males and females report statistically similar rates of cancer.

The prevalence of cancer statistically increases with age.

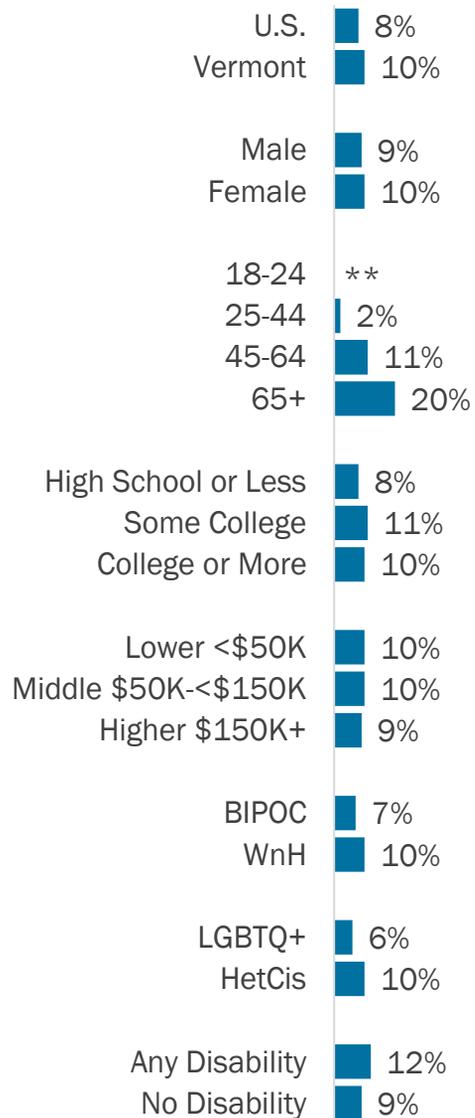
There are no statistical differences in cancer prevalence by education level, household income level, or race and ethnicity.

HetCis adults and adults with a disability are statistically more likely to have ever had cancer.

The prevalence of cancer among Vermont adults is the same as 2023 and 2022.

Note: Due to changes in the question in 2022, comparisons to prior years cannot be made.

Vermont Adults Ever Diagnosed with Cancer, 2024

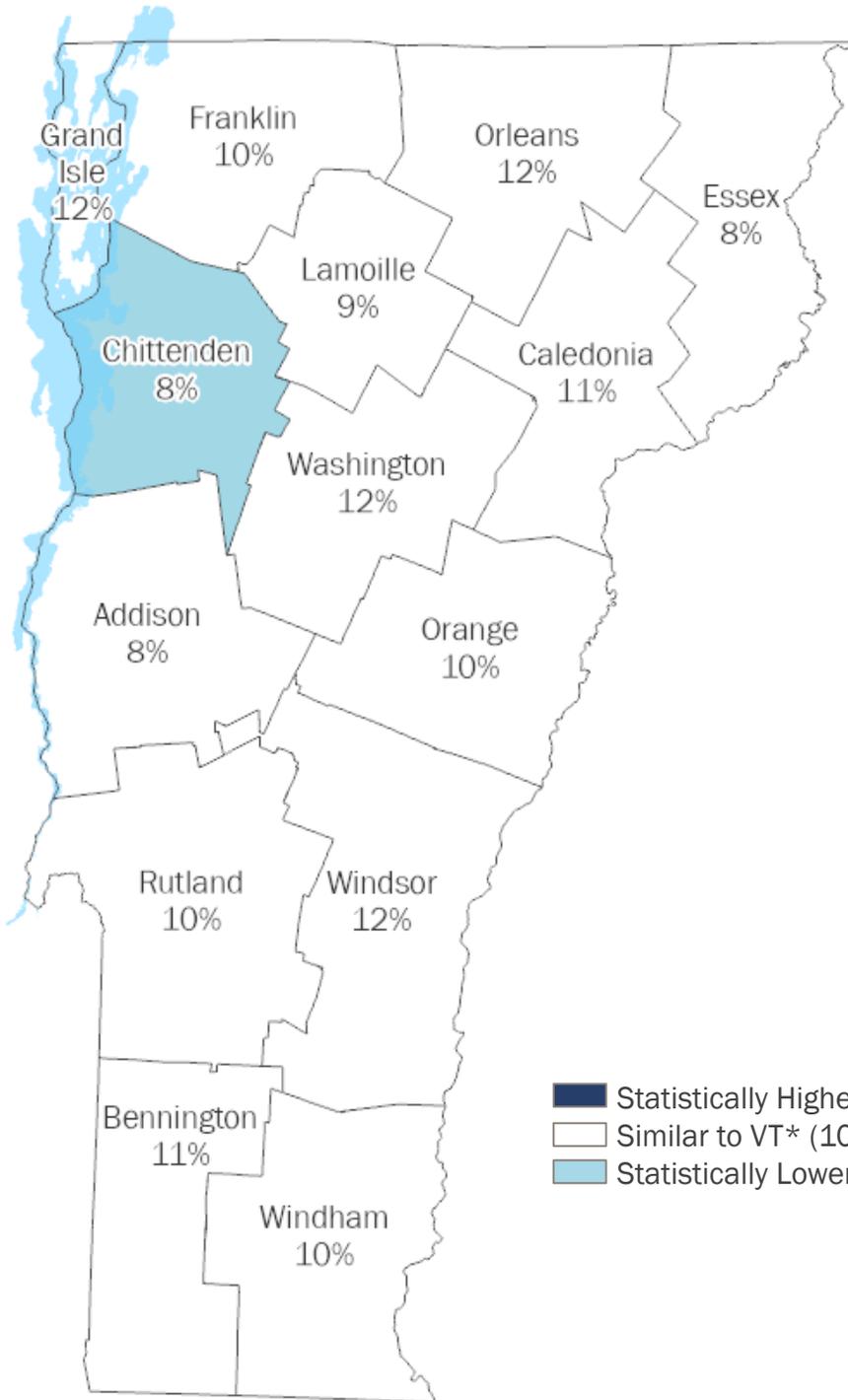


Vermont Adults Ever Diagnosed with Cancer



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

Vermont Adults with Cancer (including Melanoma) by County, 2023-2024



Eight percent of adults in Chittenden County have cancer. This is statistically lower than all Vermont adults.

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

- Statistically Higher than VT
- Similar to VT* (10%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

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.

- Specifically, five 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.

The prevalence of CVD statistically increases with age.

Adults with some college education or less are statistically more likely to have CVD.

Adults in lower income households are three times more likely to have CVD than those in homes with middle and higher incomes. These are both statistical differences.

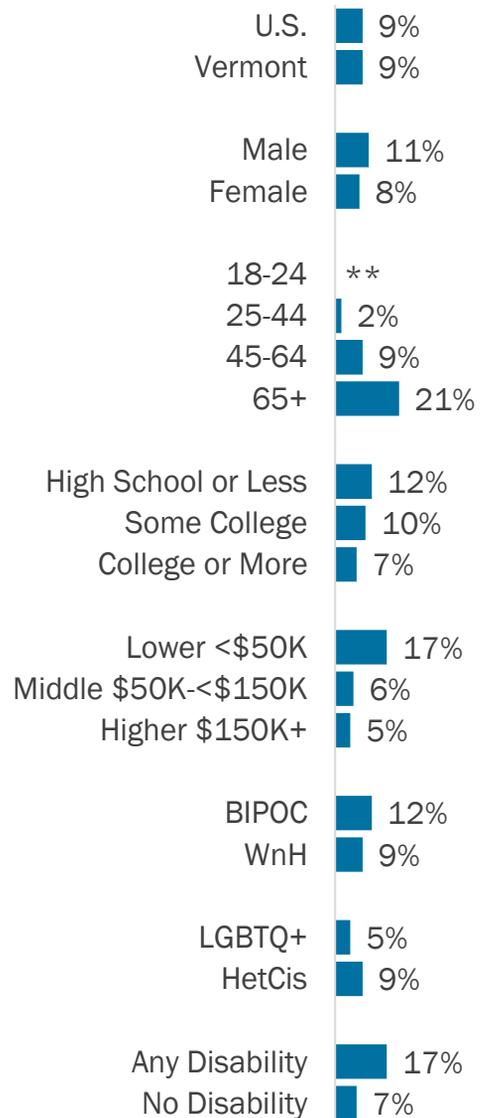
There are no statistical differences in CVD prevalence by race and ethnicity.

HetCis adults are nearly two times as likely to report having CVD than LGBTQ+ adults. This is a statistical difference.

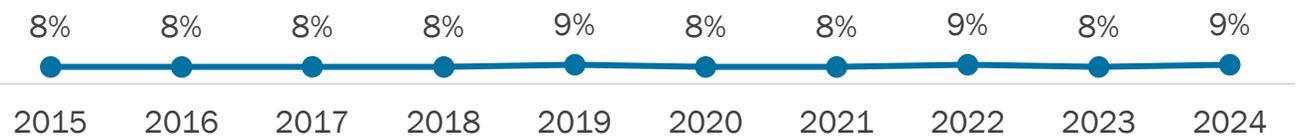
Adults with a disability are more than two times as likely to report having CVD than adults with no disability. This is a statistical difference.

The prevalence of CVD among Vermont adults is statistically similar to 2023 and 2015.

Vermont Adults with Cardiovascular Disease, 2024

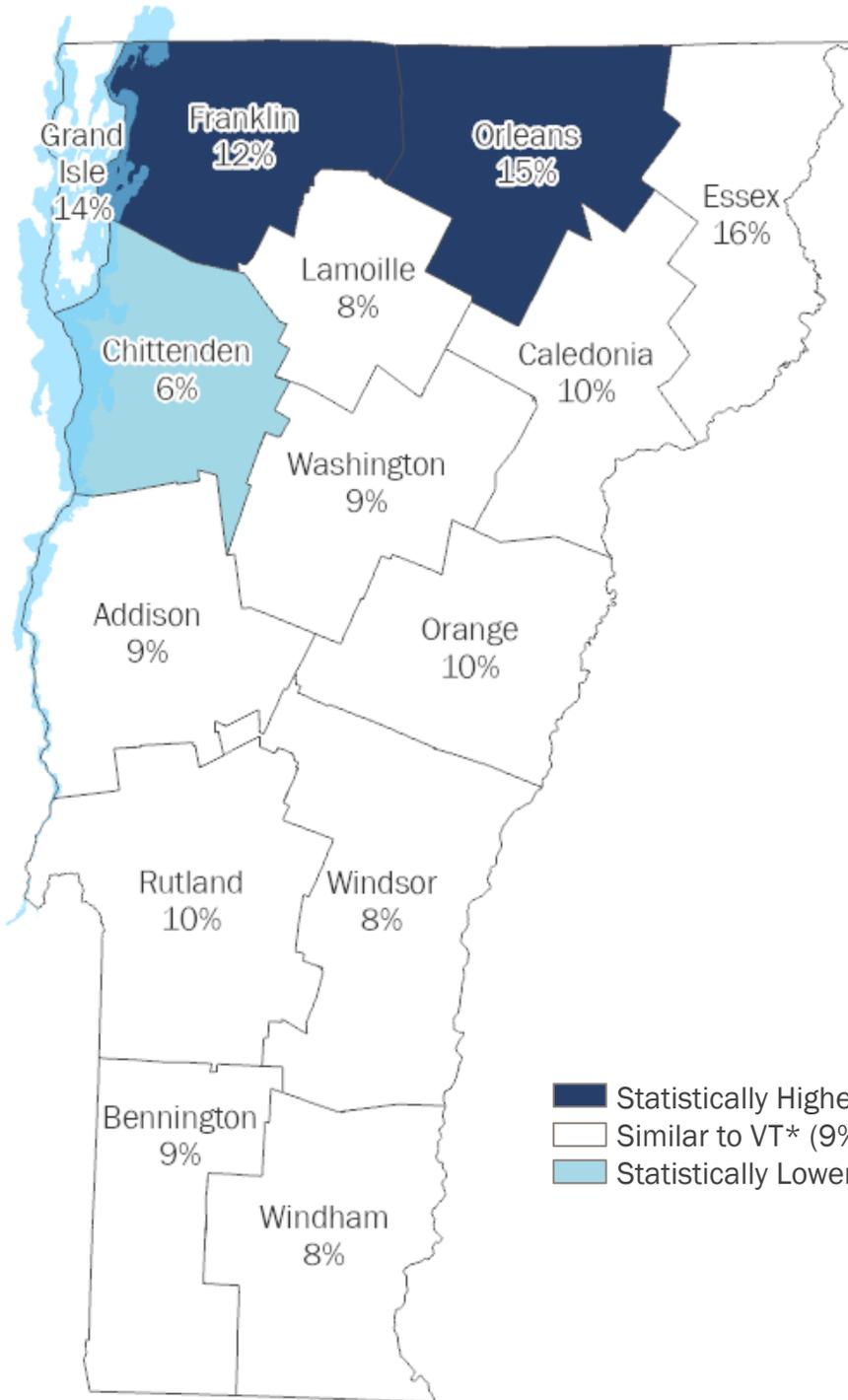


Vermont Adults with Cardiovascular Disease



**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^o by County, 2023-2024



Fifteen percent of adults in Orleans County and 12% of adults in Franklin County have CVD. These rates are statistically higher than all Vermont adults.

Six percent of adults in Chittenden County have CVD. This is statistically lower than all Vermont adults.

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

- Statistically Higher than VT
- Similar to VT* (9%)
- Statistically Lower than VT

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

*Vermont estimate represents two years of data.

Chronic Kidney Disease

Three percent of Vermont adults have chronic kidney disease. This is statistically lower than 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.

The prevalence of chronic kidney disease statistically increases with age.

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

Adults in homes with lower incomes are statistically more likely to have chronic kidney disease than those in homes with middle and higher incomes.

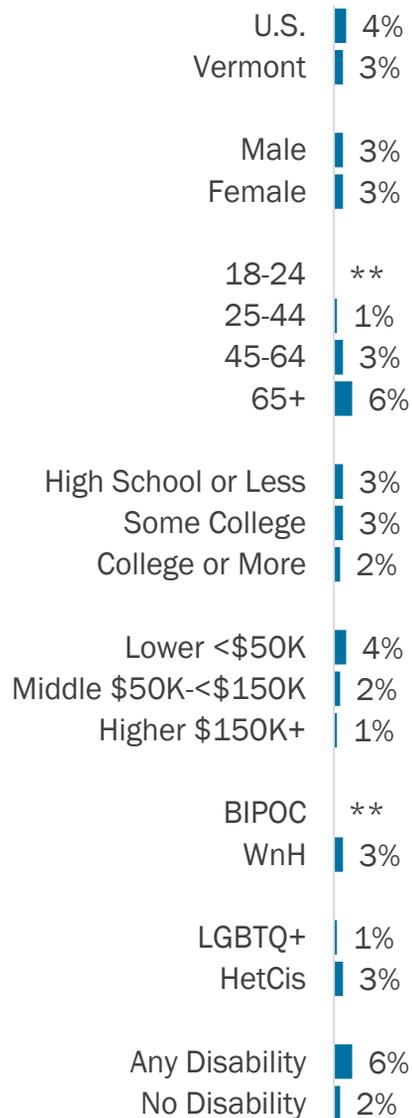
Statistical comparisons by race and ethnicity were not made due to small numbers and data suppression.

HetCis adults and adults with a disability are three times as likely to have chronic kidney disease than LGBTQ+ adults and those with no disability, both statistical differences.

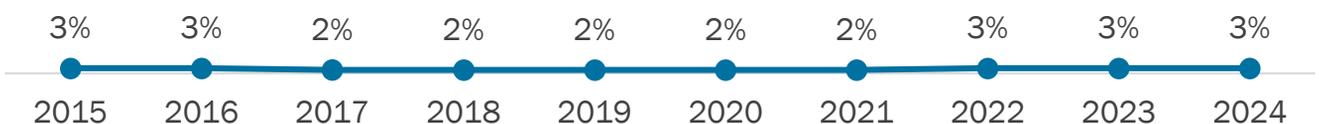
The percent of Vermont adults with chronic kidney disease is statistically similar to 2023 and 2015.

Chronic kidney disease is a concern for adults with diabetes. Among adults with diabetes, 12% have chronic kidney disease, statistically higher than the 2% of Vermont adults without diabetes.

Vermont Adults with Chronic Kidney Disease, 2024

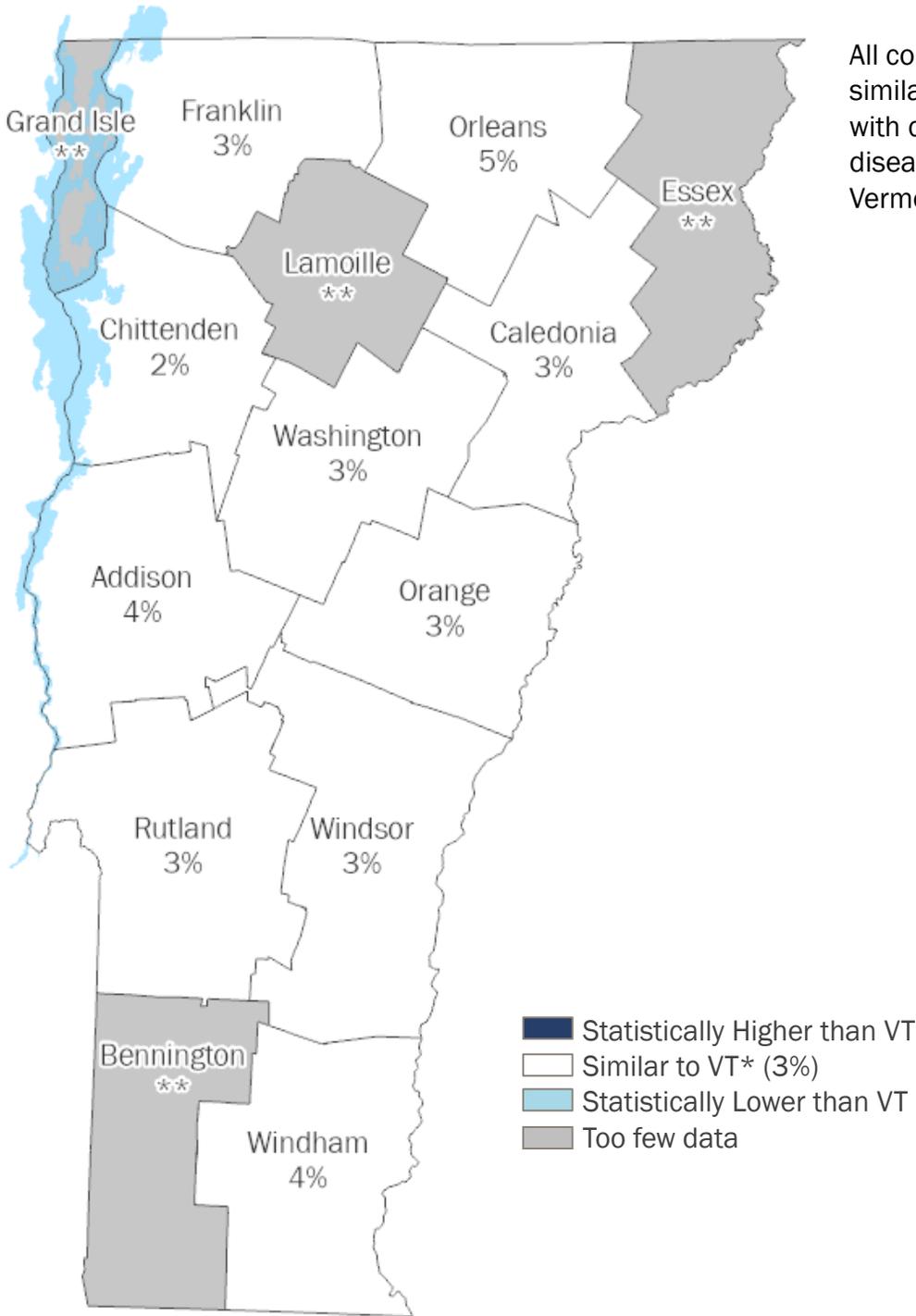


Vermont Adults with Chronic Kidney Disease



**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, 2023-2024



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)

Six percent of Vermont adults have ever been told they have chronic obstructive pulmonary disease (COPD). This is the same rate as U.S. adults.

Males and females report having COPD at statistically similar rates.

Adults 45 and older are statistically more likely to have COPD than adults 25-44.

Adults with some college education or less are three to four times more likely to have COPD than adults with a college degree or more. These are both statistical differences.

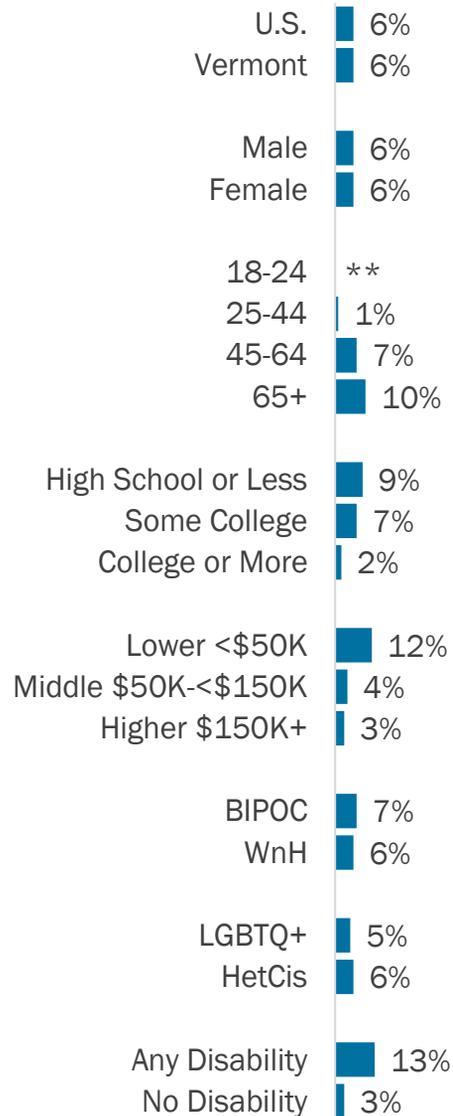
Adults in homes with lower incomes are three to four times more likely to have COPD than adults in homes with middle and higher incomes. These are both statistical differences.

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

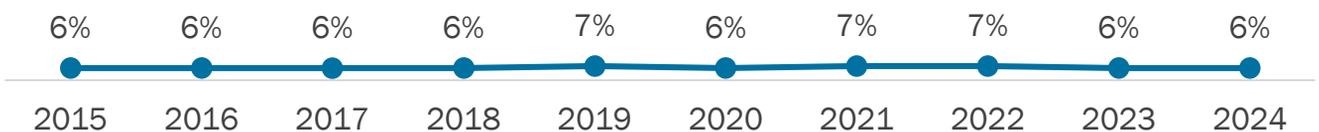
Adults with a disability are more than four times as likely to report having COPD than adults with no disability. This is a statistical difference.

The percent of Vermont adults with COPD is the same as 2023 and 2015.

Vermont Adults with COPD, 2024

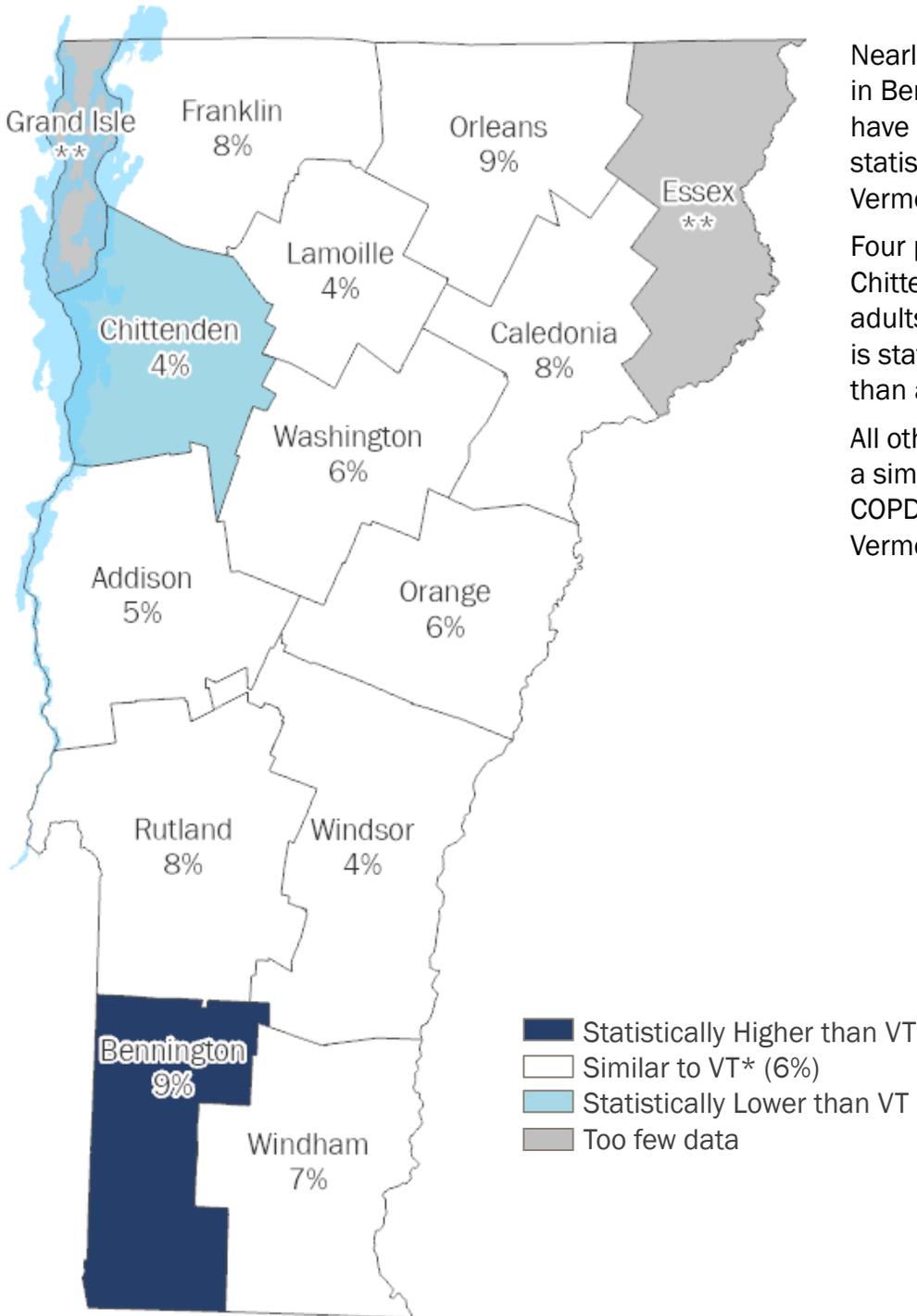


Vermont Adults with COPD



**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, 2023-2024



Nearly one in ten adults in Bennington County have COPD. This is statistically higher than Vermont overall.

Four percent of Chittenden County adults have COPD. This is statistically lower than all Vermont adults.

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

*Vermont estimate represents two years of data.

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

Depressive Disorder

More than one-quarter of Vermont adults report ever being told they have a depressive disorder (26%). This is statistically higher than the 21% of U.S. adults.

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

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

Adults 18-64 are statistically more likely to have a depressive disorder compared to older adults.

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

The prevalence of depressive disorders statistically goes down with household income level.

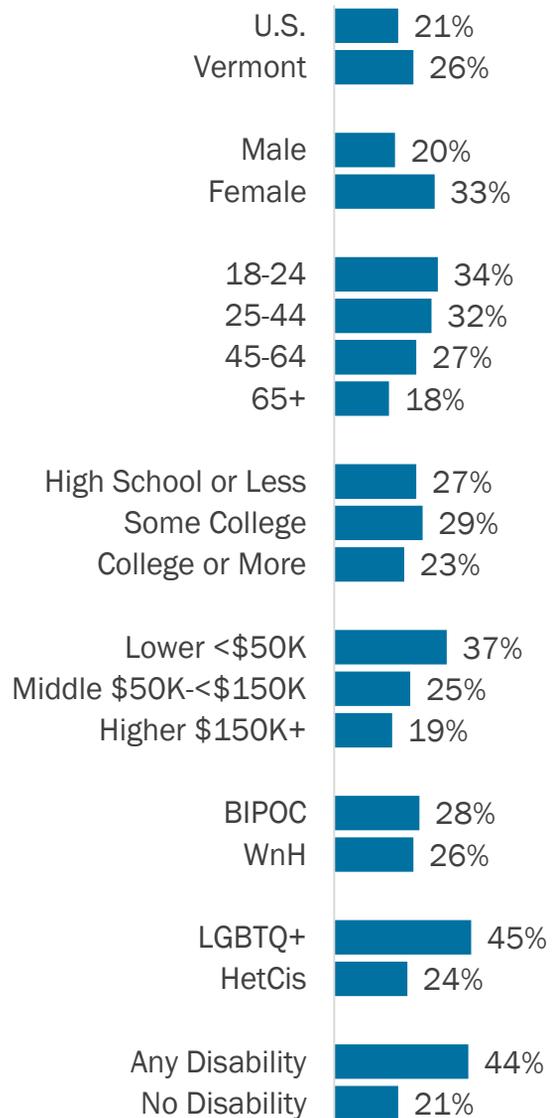
There are no statistical differences in the prevalence of depressive disorders by race and ethnicity.

LGBTQ+ adults are nearly two times as likely to have a depressive disorder than HetCis adults. This is a statistical difference.

Adults with a disability are more than two times as likely to have a depressive disorder than those with no disability. This is a statistical difference.

The prevalence of depressive disorders among Vermont adults is the same as 2023, but statistically higher than 2015.

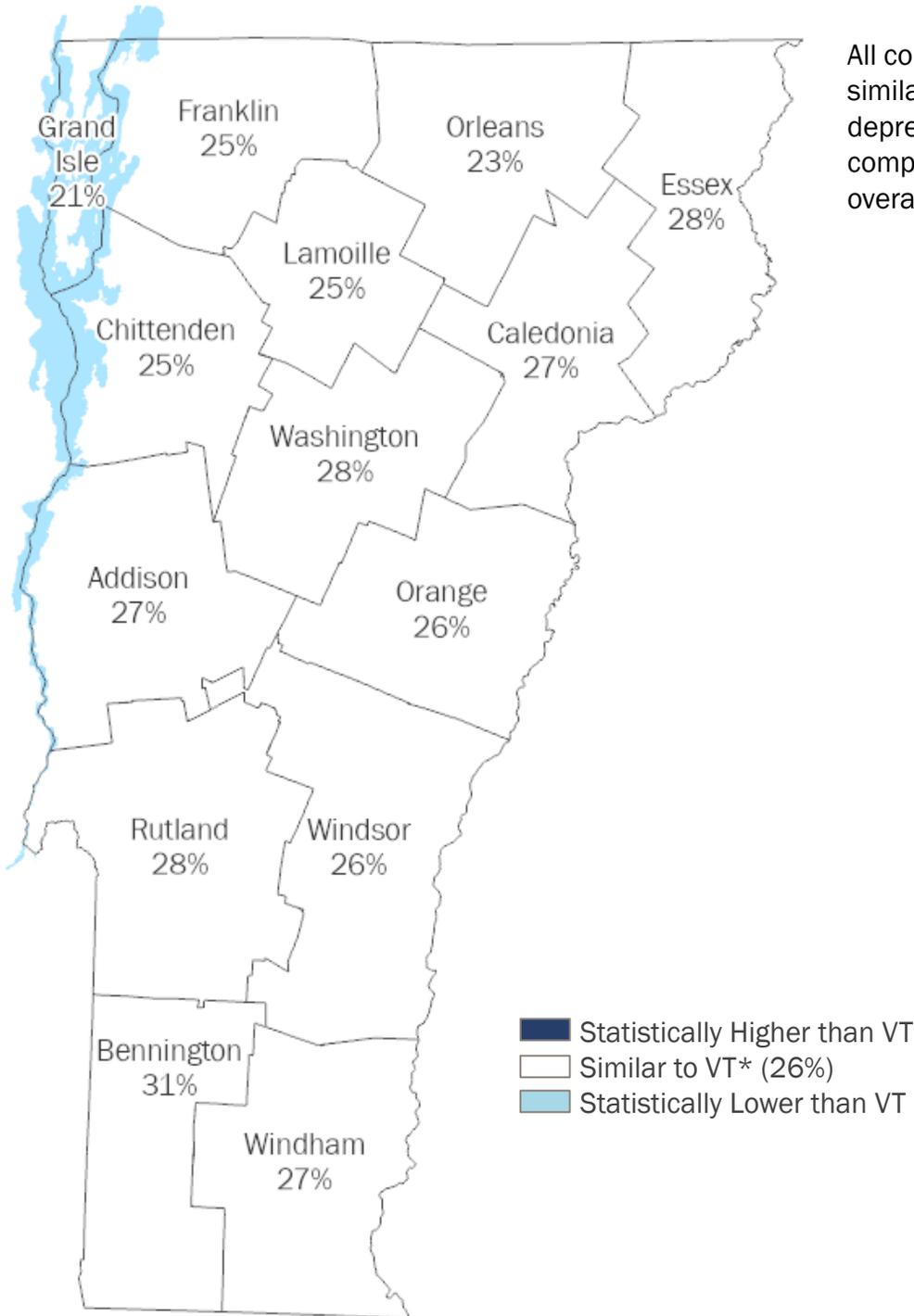
Vermont Adults with a Depressive Disorder, 2024



Vermont Adults with a Depressive Disorder



Vermont Adults with a Depressive Disorder by County, 2023-2024



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

*Vermont estimate represents two years of data.

Diabetes

Nine percent of Vermont adults have ever been diagnosed with diabetes, statistically lower than the 13% of U.S. adults.

- The average age of overall diabetes diagnosis in Vermont is 48 years old.
- 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 are statistically more likely to report having diabetes.

The prevalence of diabetes statistically increases with age.

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

- Adults with some college education or less are statistically more likely to have diabetes than those with a college degree or more.
- The prevalence of diabetes statistically decreases as household income level increases.

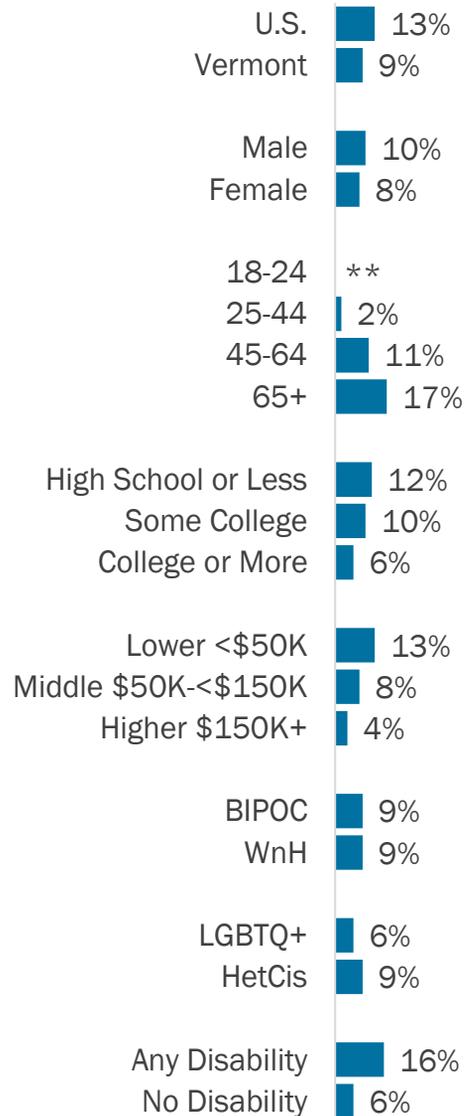
There are no statistically significant differences in diabetes prevalence by race or ethnicity.

HetCis adults are statistically more likely to have diabetes than LGBTQ+ adults.

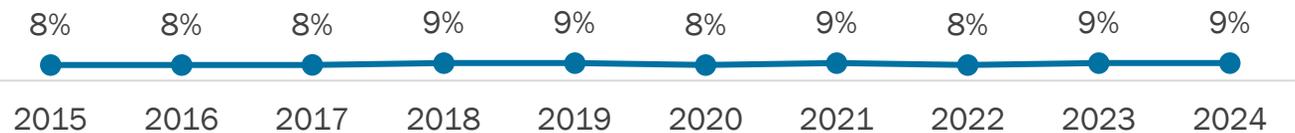
Adults with a disability are more than two times as likely to report having diabetes than those with no disability. This is a statistical difference.

The prevalence of diabetes among Vermont adults is the same as 2023 and statistically similar to 2015.

Vermont Adults with Diabetes, 2024

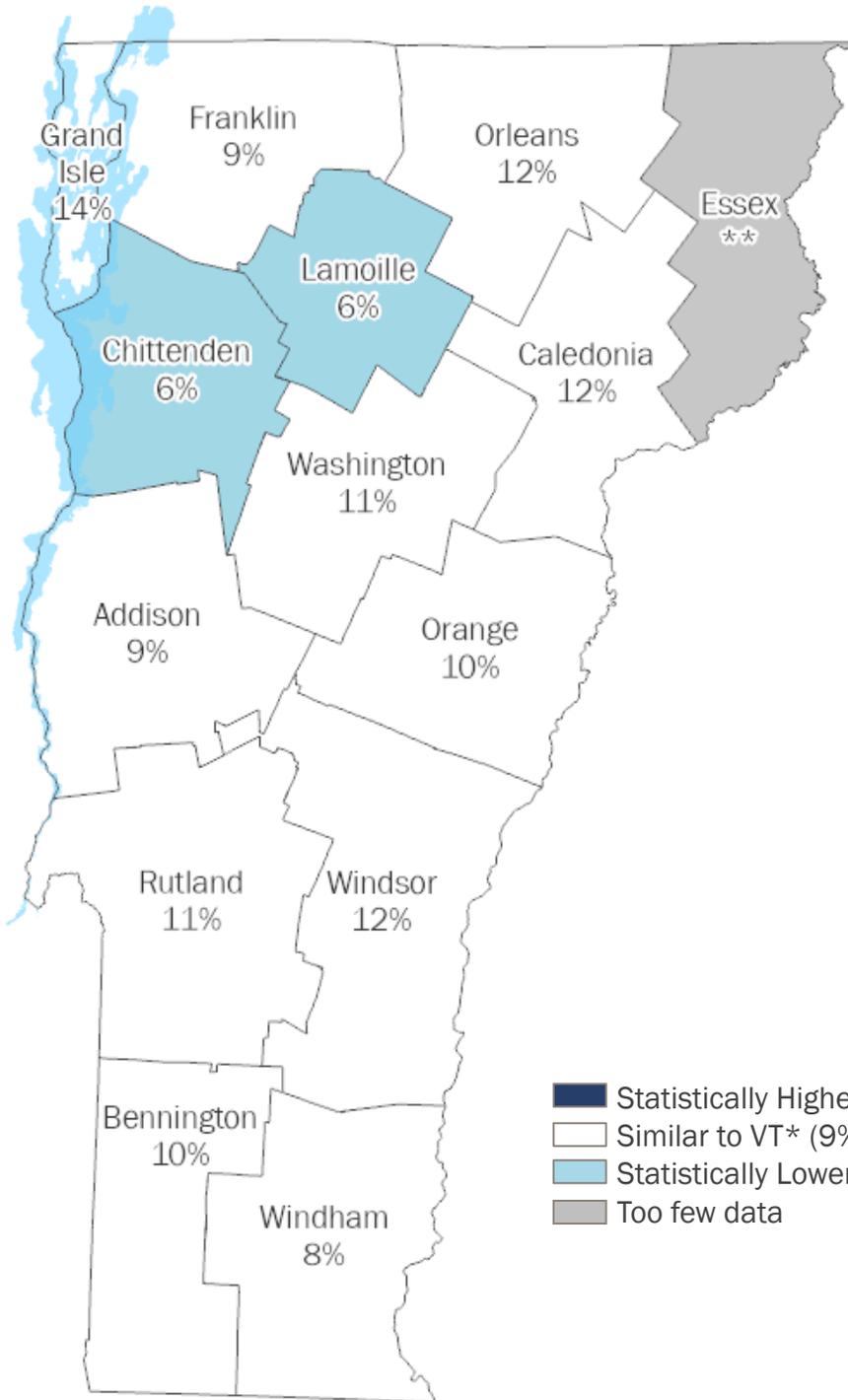


Vermont Adults with Diabetes



**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, 2023-2024



Six percent of adults in Chittenden and Lamoille counties have diabetes. These rates are statistically lower 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

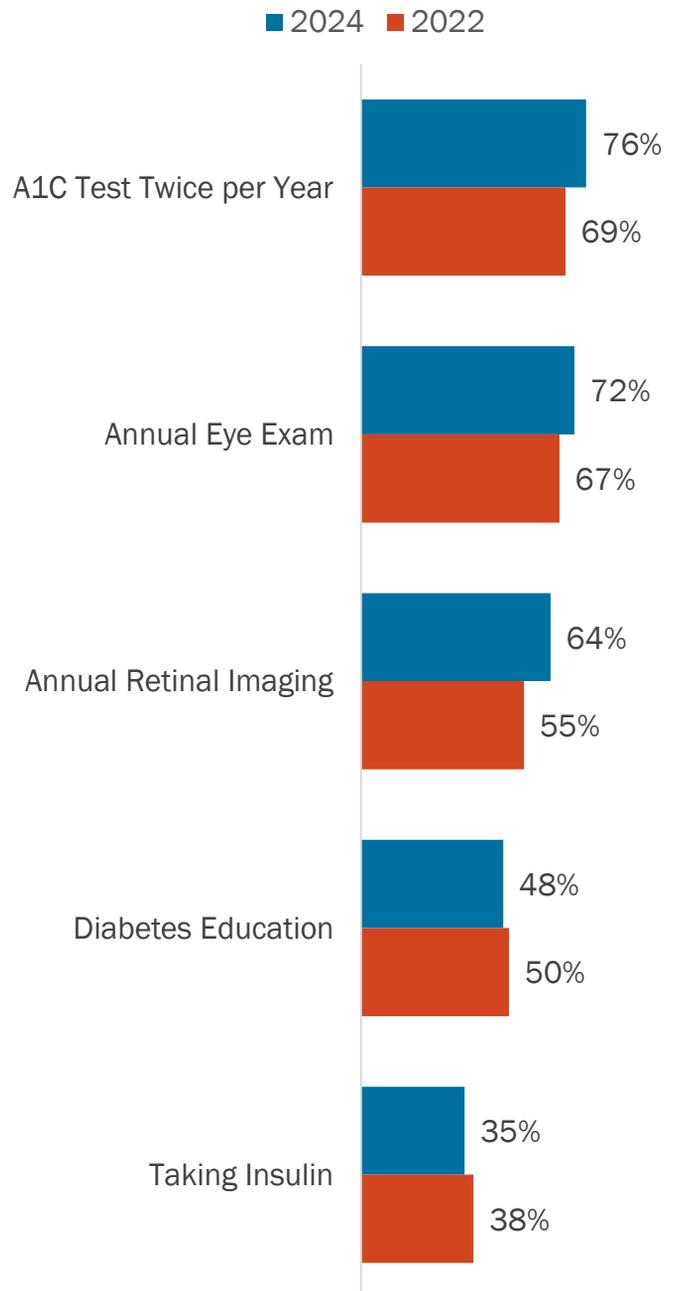
Adults with diabetes should receive specialized care from their physicians.

Vermont adults with diabetes reported the following:

- More than three-quarters received a test for their A1C, which measures blood sugar levels over the past three months, at least twice in the past year (76%).
- More than seven in 10 had an annual eye exam, where their eyes were dilated, in the past year (72%).
- Sixty-four percent had annual retinal imaging, where a photo was taken of the back of their eye with a specialized camera, in the past year.
- Nearly half have ever taken a course or class on managing their diabetes (48%).
 - Twenty-six percent took a course in the past year.
 - Thirty-six percent took a course in the past five years.
 - Twelve percent took a course in the past 10 years.
 - Twenty-five percent took a course 10 or more years ago.
- Thirty-five percent are taking insulin to manage their diabetes.

The percent of Vermont adults receiving specialized care for their diabetes is statistically similar to 2022.

Vermont Adults with Diabetes Who Receive Appropriate Care, 2024



Subjective Cognitive Decline, Adults 45+

Subjective cognitive decline is the self-reported experience of worsening or more frequent difficulties with thinking or memory.

One in six Vermont adults ages 45 and older report experiencing subjective cognitive decline in the past year (16%).

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

There are no statistically significant differences in cognitive decline between adults aged 45-64 and 65 and older.

Adults with a high school education or less are statistically more likely to experience cognitive decline than adults with a college degree or more.

Adults in homes with lower incomes are statistically more likely to experience cognitive decline than those in homes with middle and higher incomes.

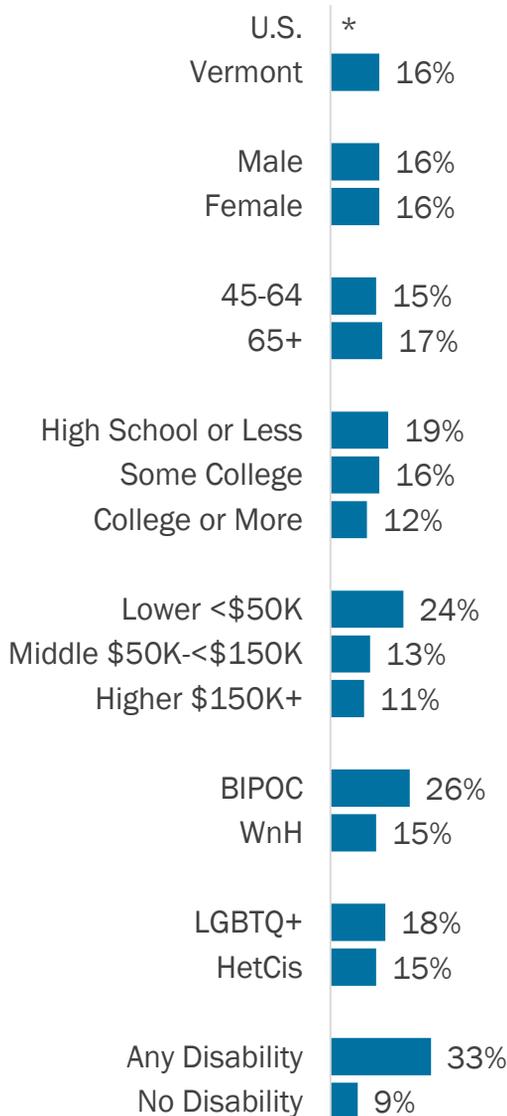
BIPOC adults are statistically more likely to experience cognitive decline than white, non-Hispanic adults.

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

Adults with a disability are more than three times as likely to experience cognitive decline than adults with no disability. This is a statistical difference.

Note: Due to changes in the question in 2024, comparisons to prior years cannot be made.

Vermont Adults 45+ with Subjective Cognitive Decline, 2024



*No national estimate available.

Subjective Cognitive Decline Burden

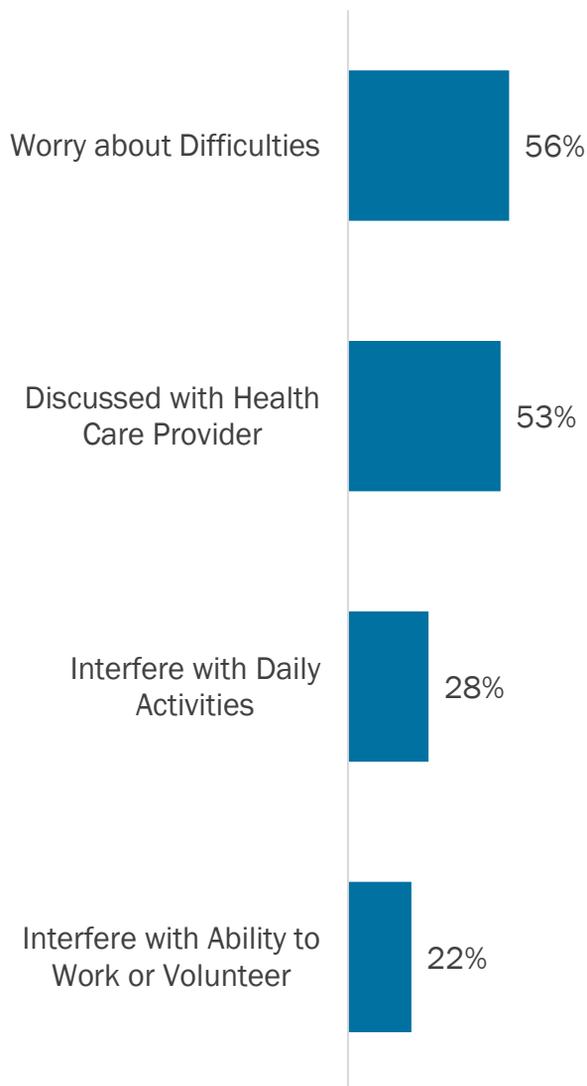
Adults 45 and older who reported experiencing subjective cognitive decline in the past year were asked about the impact of their difficulties with thinking or memory.

Vermont adults with subjective cognitive decline reported the following:

- More than half worry about their difficulties with thinking or memory (56%).
- More than half say they or someone else has discussed their difficulties with their health care provider (53%).
- Nearly three in 10 say their difficulties interfere with daily activities, such as managing medications, paying bills or keeping track of appointments (28%).
- More than two in 10 say their difficulties interfere with their ability to work or volunteer (22%).

Note: Due to changes in the questions in 2024, comparisons to prior years cannot be made.

Vermont Adults 45+ with Subjective Cognitive Decline Who are Impacted, 2024



Risk Factors and Behaviors

Alcohol Consumption – Any in Past Month

More than six in 10 Vermont adults had any alcohol in the past month (62%). This is statistically higher than the 51% of U.S. adults.

Males report using alcohol at a statistically higher rate.

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

The prevalence of alcohol use is higher among adults with more education and higher household incomes.

- Adults with a college degree or more are statistically more likely to use alcohol.
- Alcohol use statistically increases with household income level.

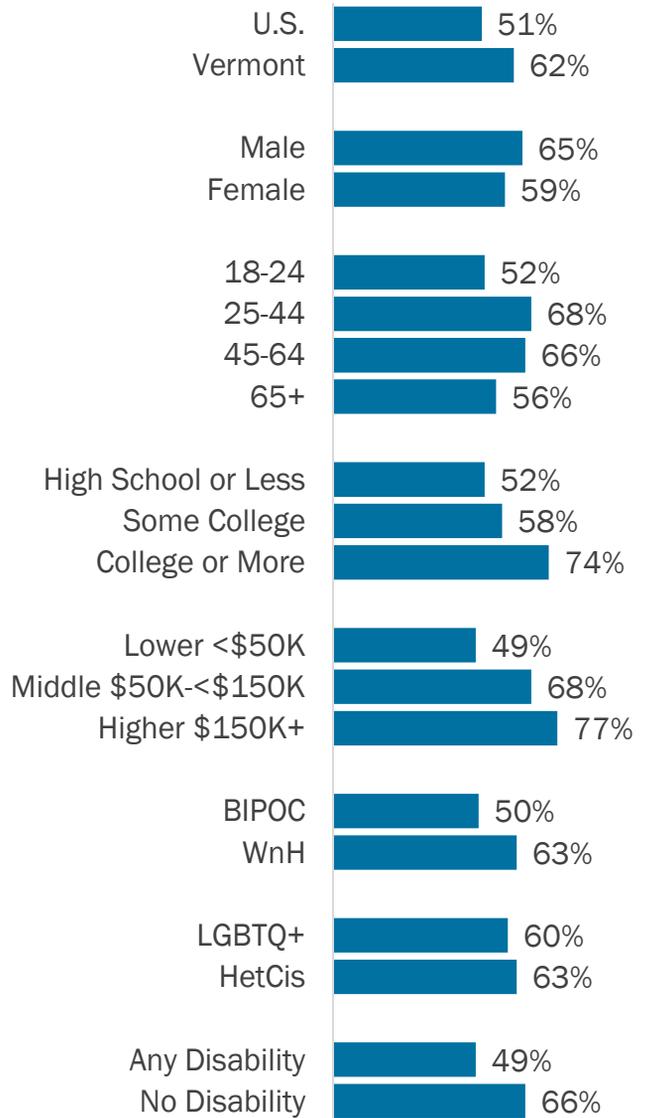
White, non-Hispanic adults are statistically more likely to use alcohol than BIPOC adults.

There are no statistical differences in alcohol use by sexual orientation and gender identity.

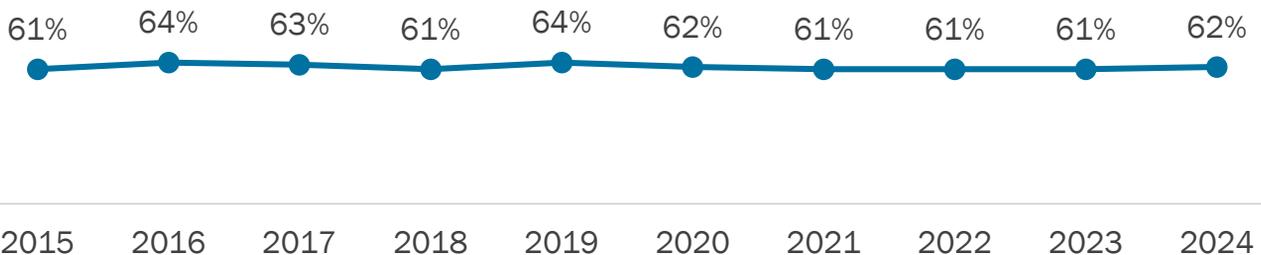
Adults with no disability are statistically more likely to use alcohol than those with a disability.

The prevalence of alcohol use among Vermont adults is statistically similar to 2023 and 2015.

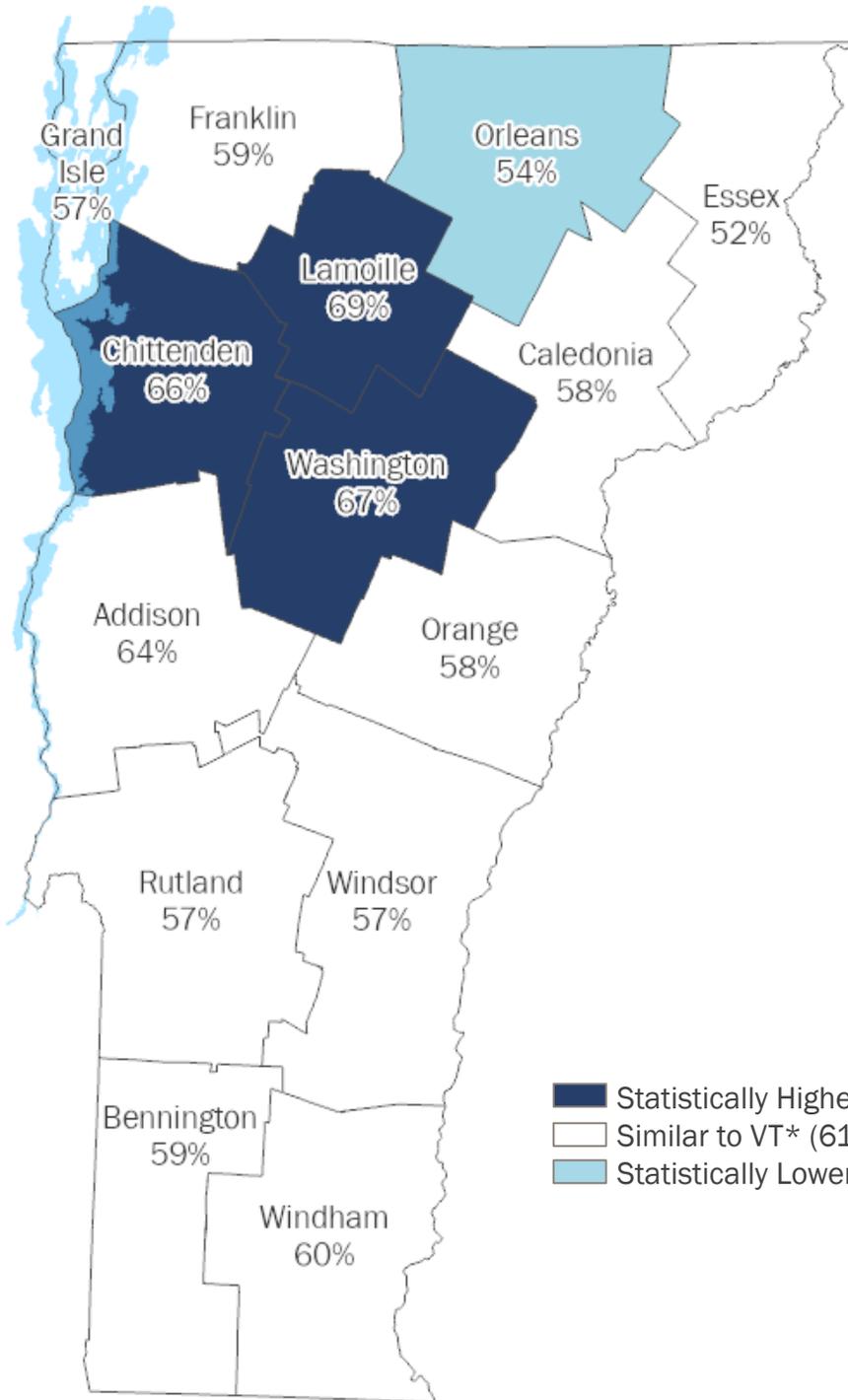
Vermont Adults with Any Alcohol Consumption, 2024



Vermont Adults with Any Alcohol Consumption



Vermont Adults with Any Alcohol Consumption by County, 2023-2024



Nearly seven in ten adults in Lamoille (69%) and Washington (67%) counties consumed alcohol in the past month. Sixty-six percent of adults in Chittenden County consumed alcohol in the past month. These rates are statistically higher than Vermont overall.

Fifty-four percent of adults in Orleans County consumed any alcohol in the past month. This is statistically lower than Vermont overall.

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

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

*Vermont estimate represents two years of data.

Alcohol Consumption – Binge Drinking

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

Seventeen percent of Vermont adults report binge drinking in the past month, statistically similar to the 15% of U.S. adults.

Males are statistically more likely to binge drink.

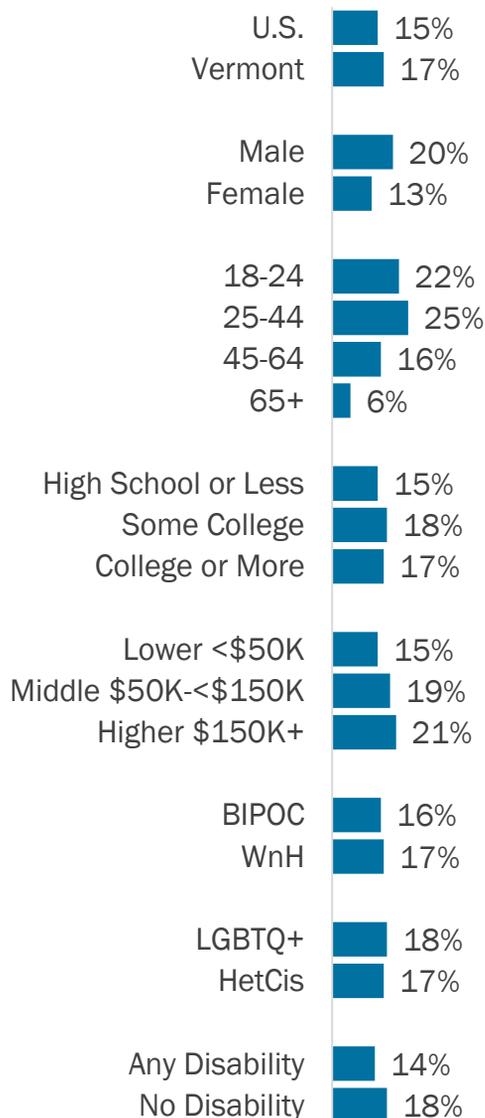
Adults 18-64 are statistically more likely to binge drink than older adults. Adults 25-44 are statistically more likely to binge drink than adults 45-64.

Adults in homes with higher incomes are statistically more likely to binge drink than those in homes with lower incomes.

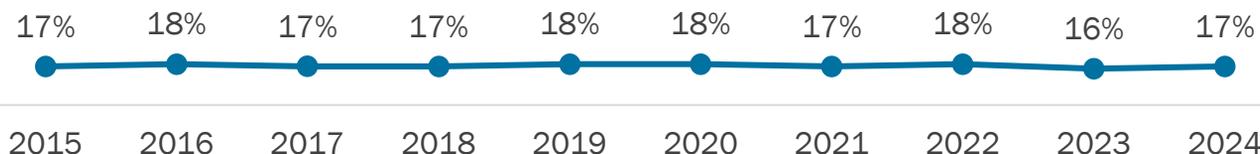
There are no statistical differences in binge drinking by education level, race and ethnicity, sexual orientation and gender identity, or disability status.

The percent of Vermont adults binge drinking is statistically similar to 2023 and 2015.

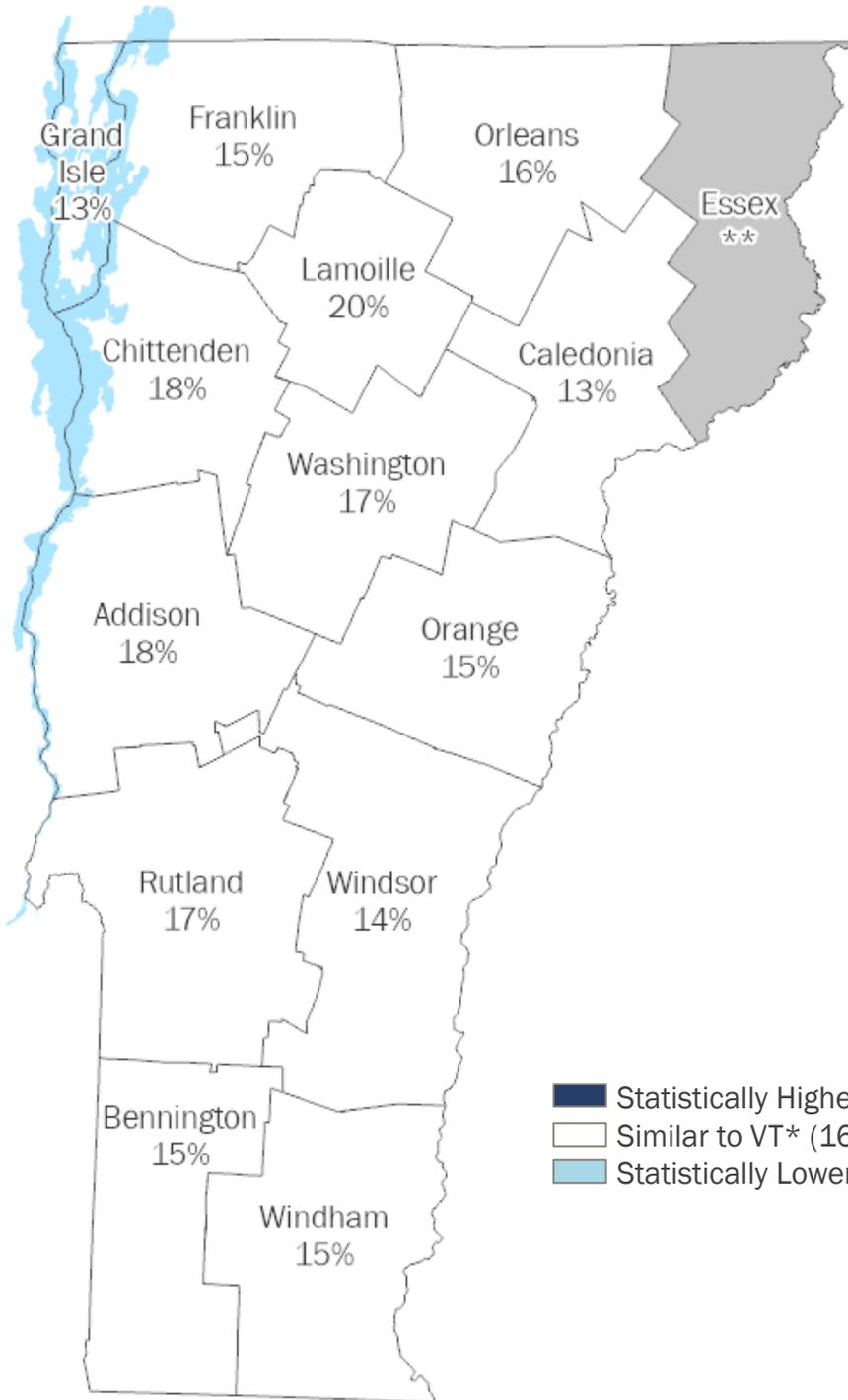
Vermont Adults Who Report Binge Drinking, 2024



Vermont Adults Who Report Binge Drinking



Vermont Adults Who Report Binge Drinking^o by County, 2023-2024



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

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

^oBinge drinking is defined as five or more drinks on an occasion for males and four or more for females.
*Vermont estimate represents two years of data.

Alcohol Consumption – Heavy Drinking

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

Eight percent of Vermont adults report drinking heavily in the past month, statistically higher than the 6% of U.S. adults.

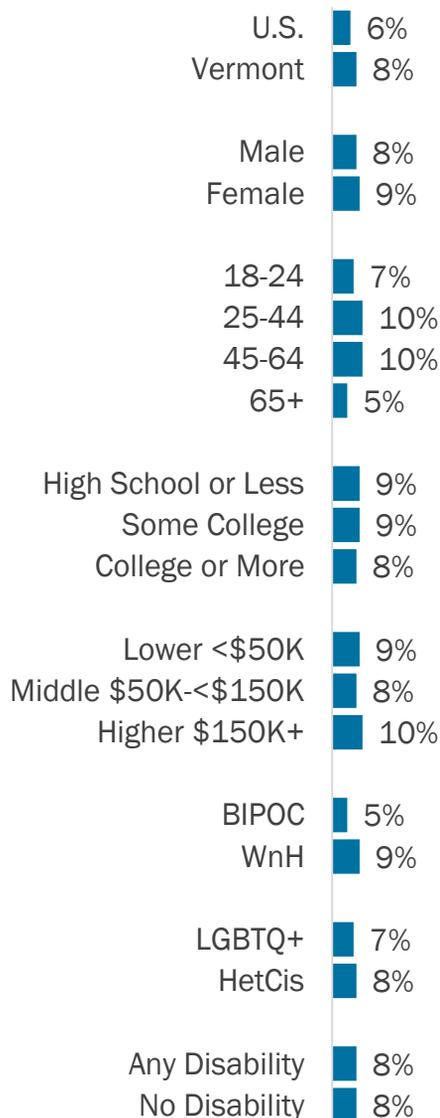
Males and females report statistically similar rates of heavy drinking.

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

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

The percent of Vermont adults drinking heavily is the same as 2023 and 2015.

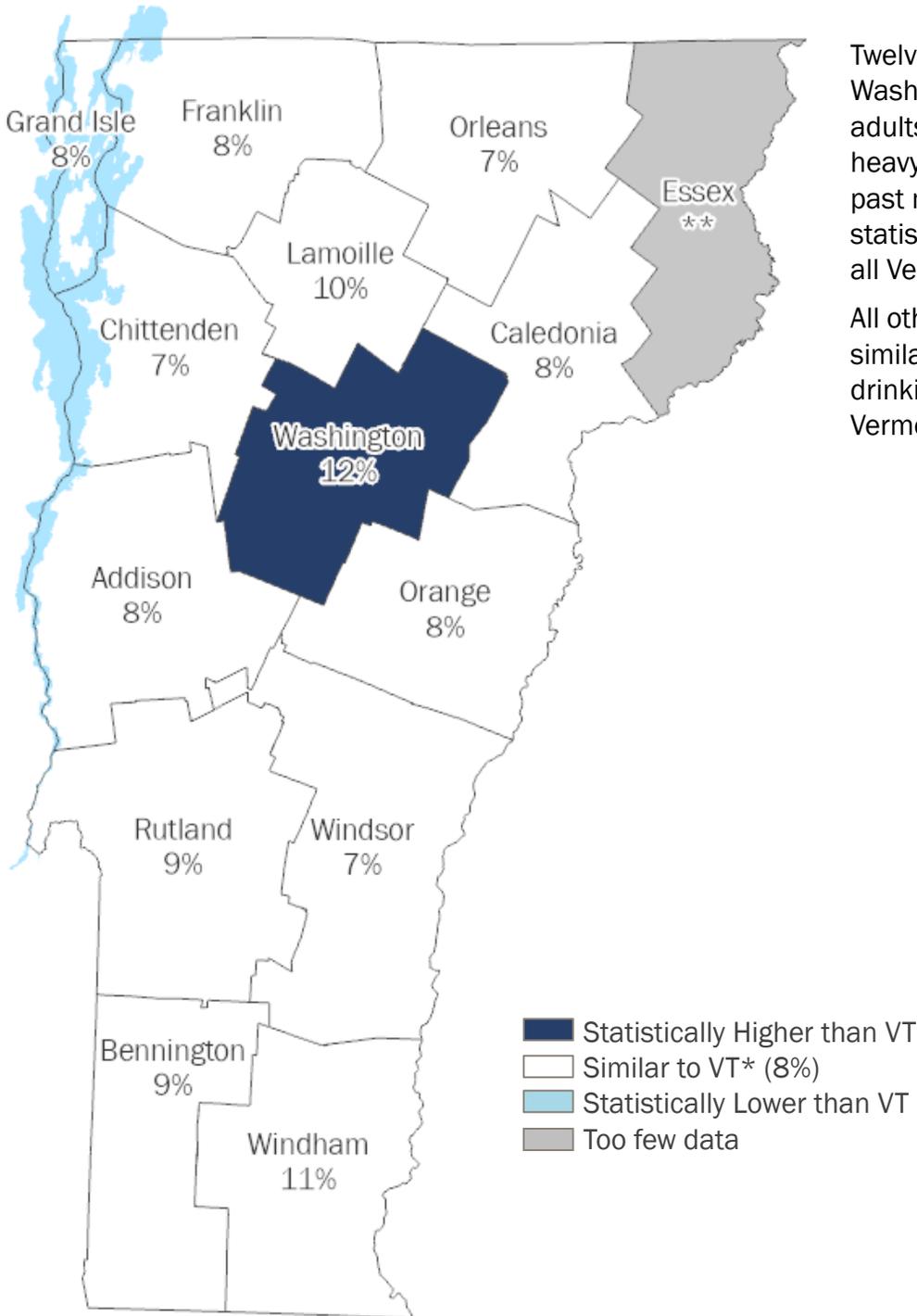
Vermont Adults Who Report Heavy Drinking, 2024



Vermont Adults Who Report Heavy Drinking



Vermont Adults Who Report Heavy Drinking^o by County, 2023-2024



Twelve percent of Washington County adults report heavy drinking in the past month. This is statistically higher than all Vermont adults.

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

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

*Vermont estimate represents two years of data.

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

Statistical comparisons are not completed on suppressed values.

Cannabis Use

One-quarter of Vermont adults report using cannabis in the past month (25%).

Males are statistically more likely to use cannabis.

Adults 25-44 are statistically most likely to use cannabis. All differences in cannabis use by age are statistically significant, except between adults 18-24 and those 45-64.

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

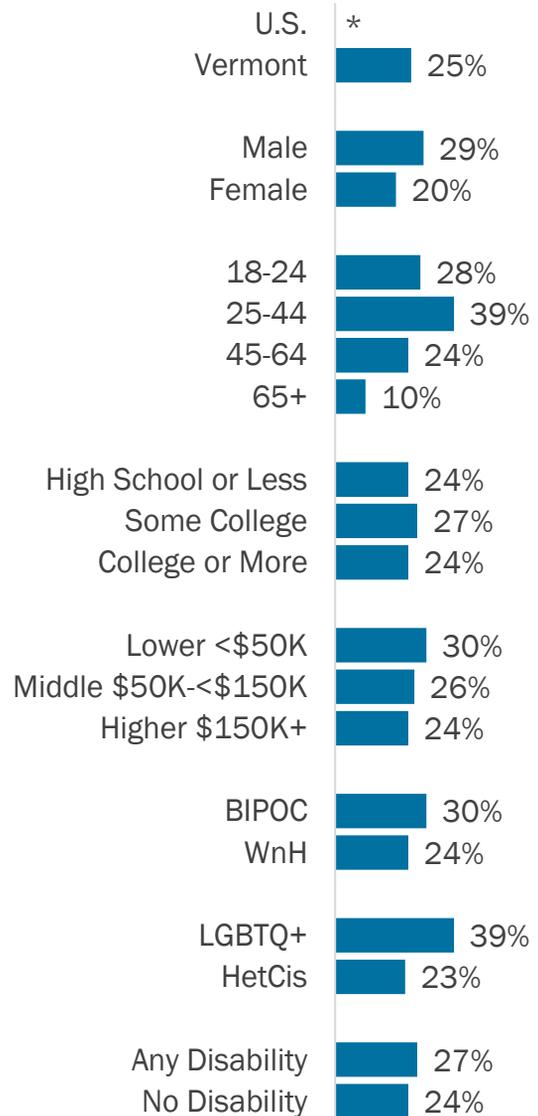
LGBTQ+ adults are statistically more likely to use cannabis than HetCis adults.

The prevalence of cannabis use among Vermont adults is statistically similar to 2023, but statistically higher than in 2015.

Among all Vermont adults, in the past month:

- Three-quarters did not use cannabis (75%).
- Thirteen percent report using cannabis some of the time (1-19 days).
- Four percent report using cannabis nearly every day (20-29 days).
- Eight percent report using cannabis daily.

Vermont Adults Who Use Cannabis, 2024

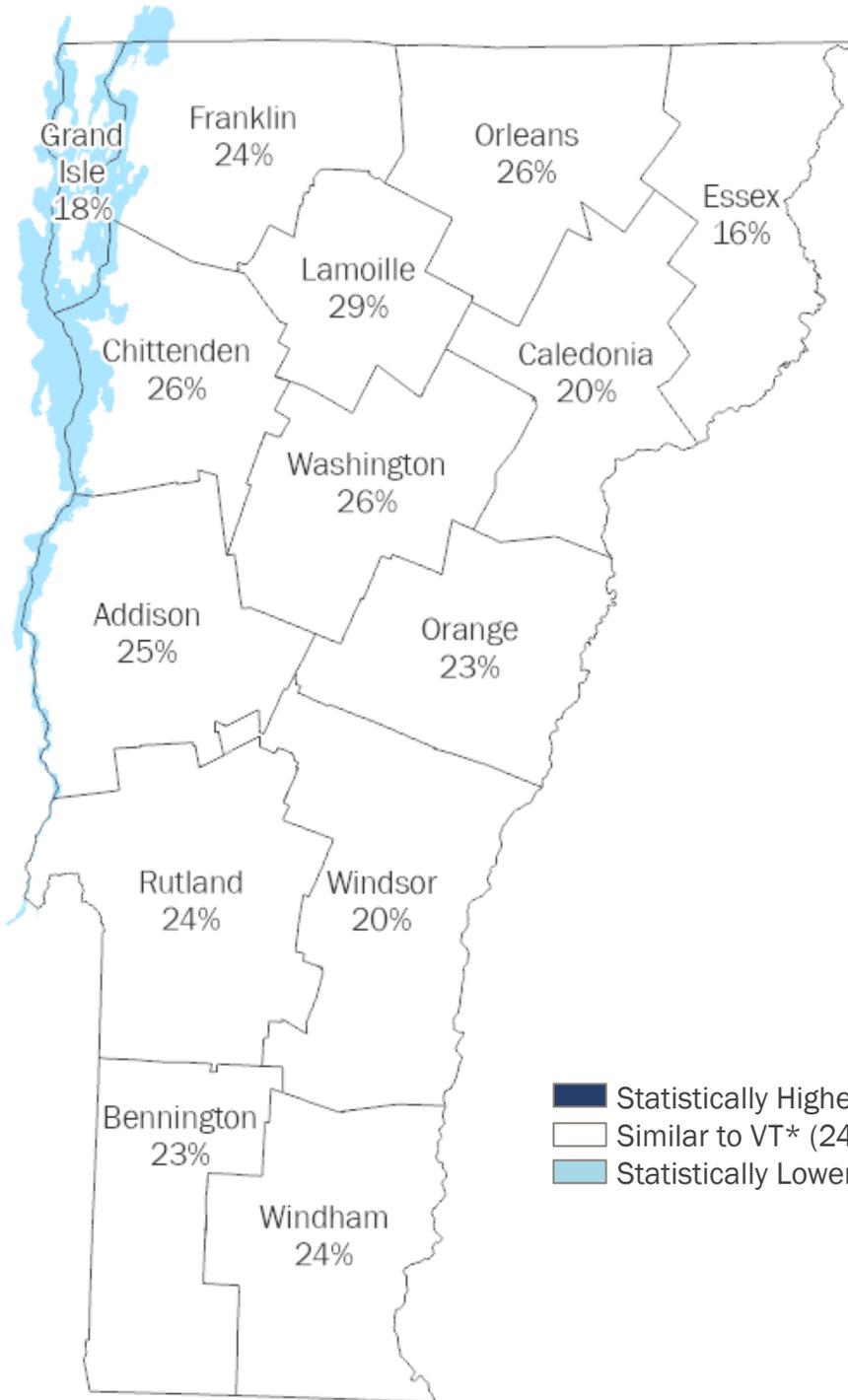


Vermont Adults Who Use Cannabis



*No national estimate available.

Vermont Adults Who Use Cannabis by County, 2023-2024



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

*Vermont estimate represents two years of data.

Cannabis Use – Method and Reason

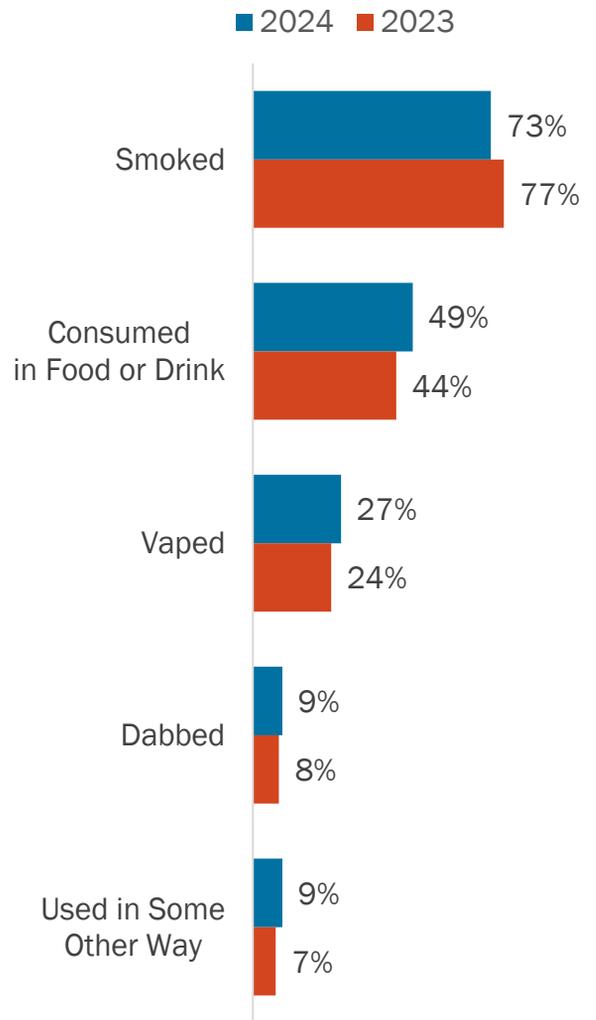
Vermont adults using cannabis in the past month were asked about their methods of use:

- Nearly three-quarters smoked it (73%).
- Nearly half have consumed it in food or drink (49%).
- Twenty-seven percent report vaping it (27%).
- Nine percent dabbled it.
- Nine percent used it in some other way.
- All methods of use are statistically similar to 2023.

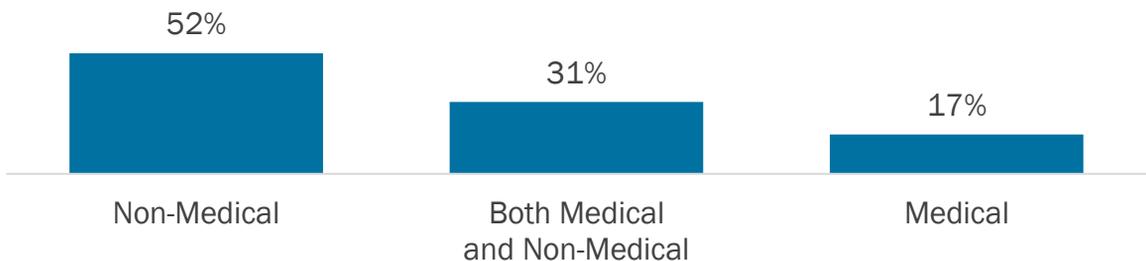
Vermont adults using cannabis in the past month were asked about their reasons for use:

- More than half say it is usually for non-medical reasons (52%).
- More than three in 10 mainly use it for both medical and non-medical reasons (31%).
- Seventeen percent mainly use it for medical reasons.
- All reasons for use are statistically similar to 2023.

Method of Cannabis Use among Vermont Adults Using in the Past Month, 2024



Reason for Cannabis Use among Vermont Adults Using in the Past Month, 2024



Note: The methodology of analysis for method of cannabis use has been updated from primary method of cannabis use to any method of cannabis use.

Cannabis Use – Driving Under the Influence

Nineteen percent of adults using cannabis drove within three hours of use at least once in the past month.

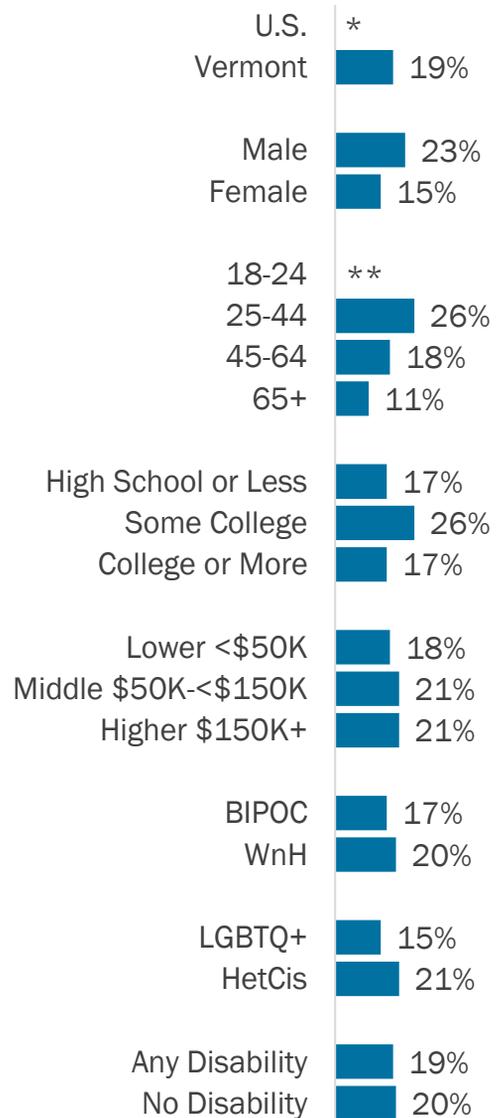
Males and females report statistically similar rates of driving after using cannabis.

Adults 25-44 are more than two times as likely to drive after using cannabis than adults 65 and older. This is a statistical difference.

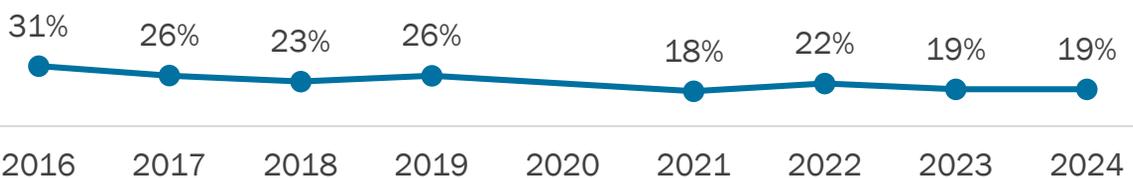
There are no statistical differences in driving after cannabis use by education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The prevalence of driving after cannabis use among Vermont adults is the same as 2023, but statistically lower than 2016.

Vermont Adults Who Report Driving After Using Cannabis, 2024



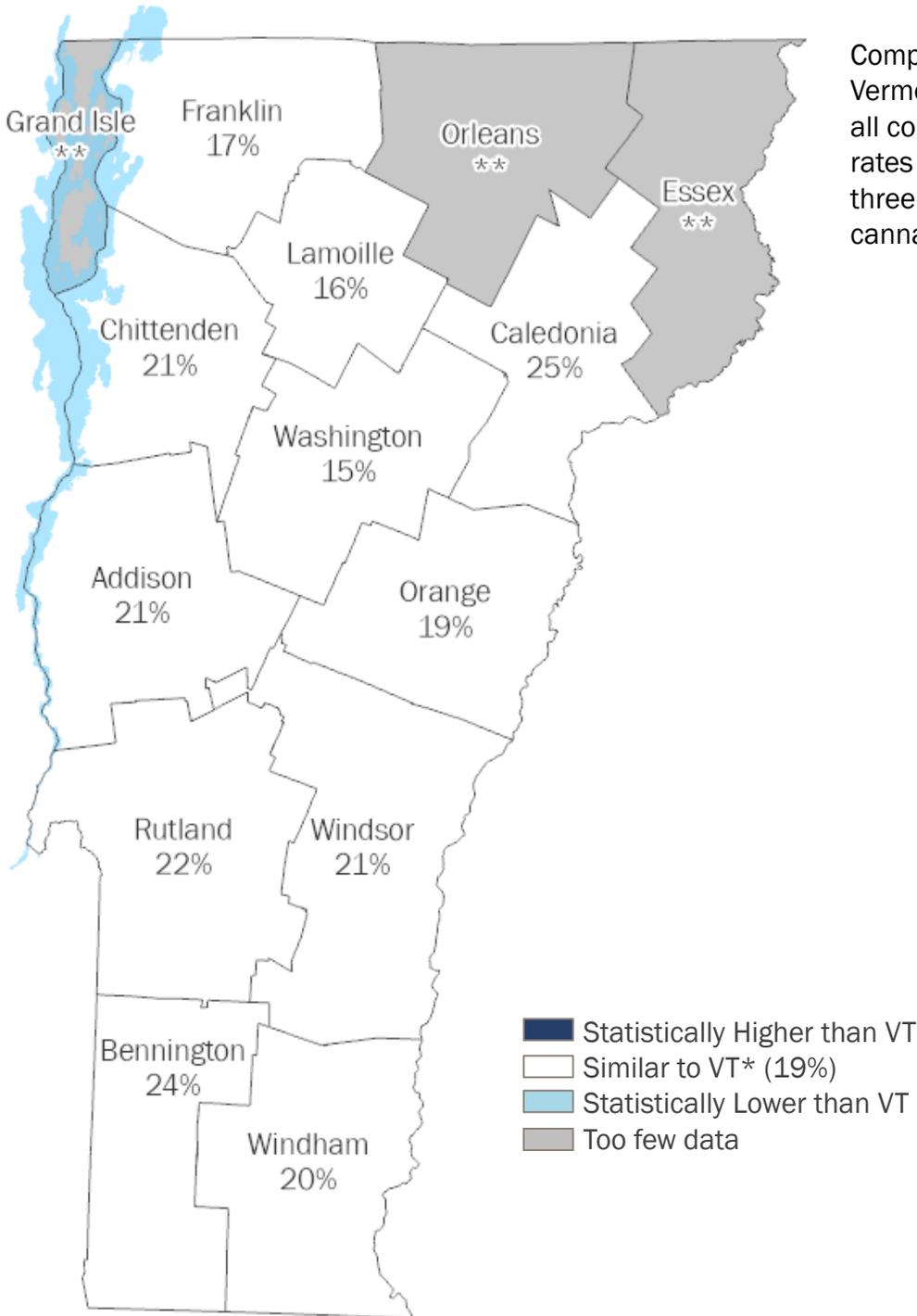
Vermont Adults Who Report Driving After Using Cannabis



*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 Report Driving After Using Cannabis by County, 2023-2024



Compared to the Vermont rate, 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 than the 8% of 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 a college degree or more.

Adults in lower income homes are statistically more likely to use e-cigarettes than those in middle to higher income homes.

BIPOC adults are more than two times as likely to use e-cigarettes than white, non-Hispanic adults. This is a statistical difference.

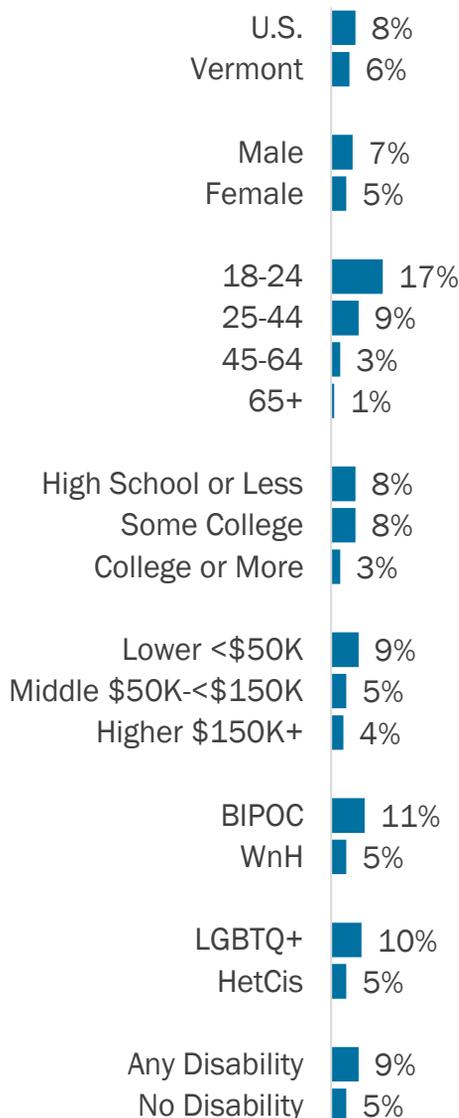
LGBTQ+ adults are two times as likely to use e-cigarettes than HetCis adults. This is a statistical difference.

Adults with a disability are nearly two times as likely to use e-cigarettes than adults with no disability. This is a statistical difference.

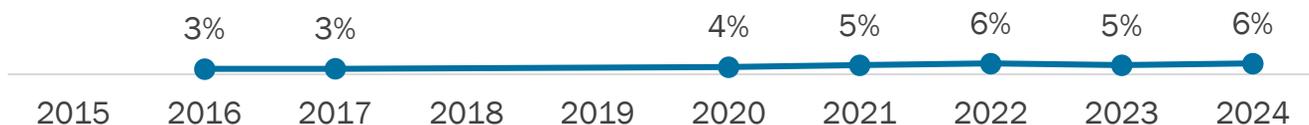
The rate of e-cigarette use among Vermont adults is statistically similar to 2023, but statistically higher than 2016.

Among adults who currently use e-cigarettes, 22% report usually smoking menthol e-cigarettes. This is statistically similar to the 17% in 2023.

Vermont Adults Who Currently Use E-Cigarettes, 2024

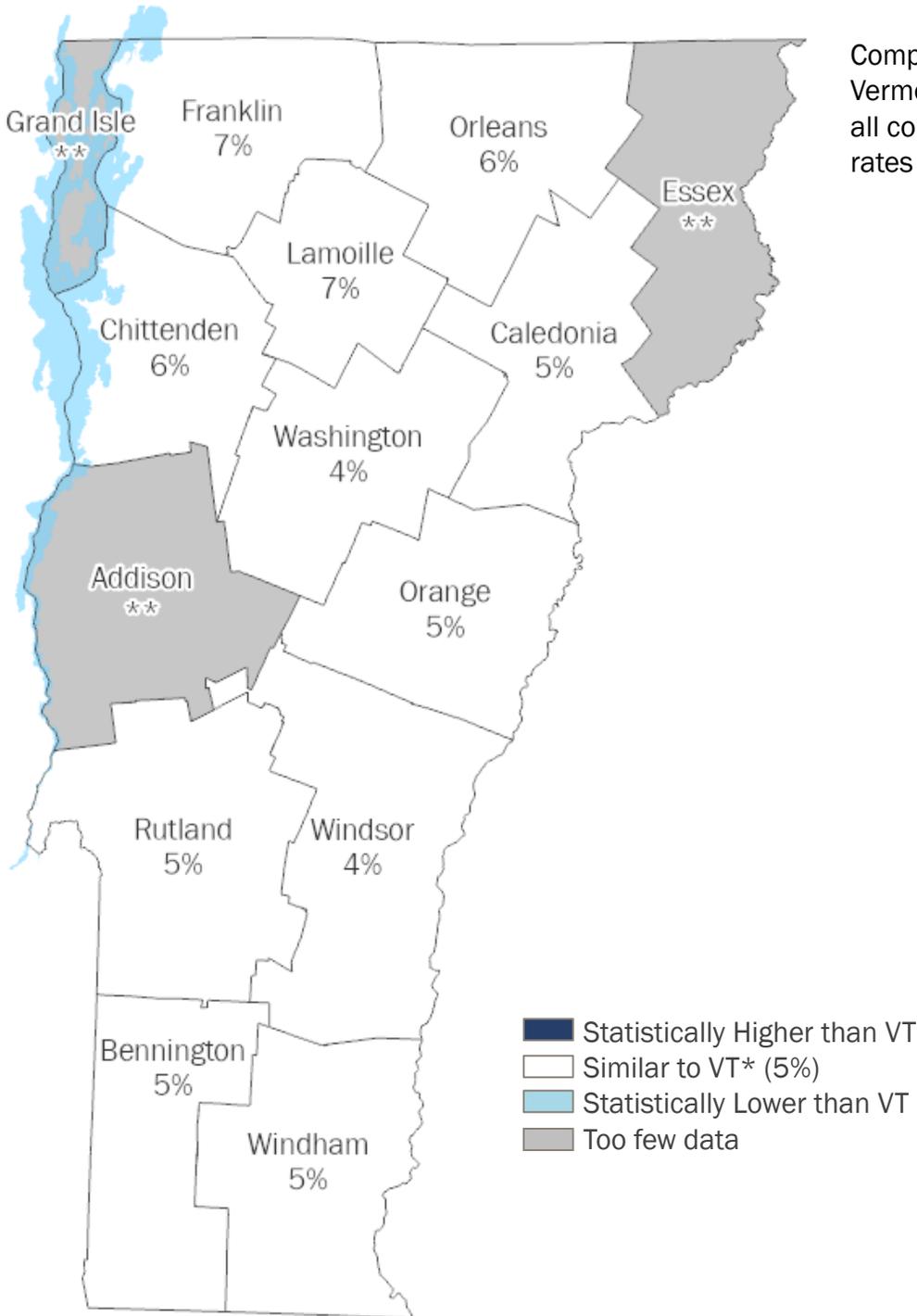


Vermont Adults Who Currently Use E-Cigarettes



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, 2023-2024



Compared to the Vermont rate, 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

Two percent of Vermont adults use smokeless tobacco. This is statistically similar to the 3% of U.S. adults.

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

Adults 25-64 are statistically more likely to use smokeless tobacco compared to older adults.

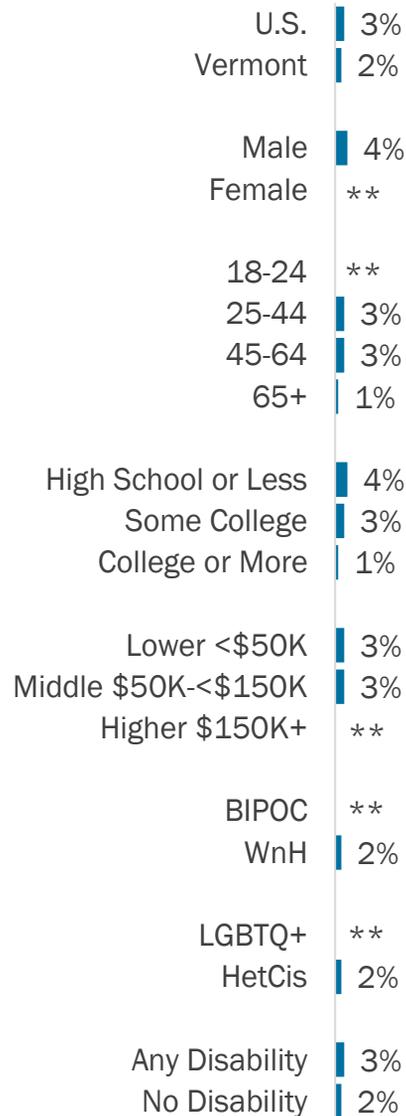
Adults with some college education or less are statistically more likely to use smokeless tobacco than adults with a college degree or more.

There are no statistical differences in smokeless tobacco use by household income level or disability status.

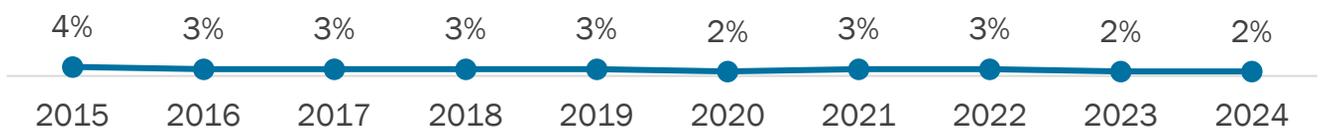
Statistical comparisons were not made for smokeless tobacco use by sex, race and ethnicity, or sexual orientation and gender identity due to small numbers and data suppression.

The percent of Vermont adults using smokeless tobacco is the same as in 2023 and statistically similar to 2015.

Vermont Adults Who Use Smokeless Tobacco, 2024

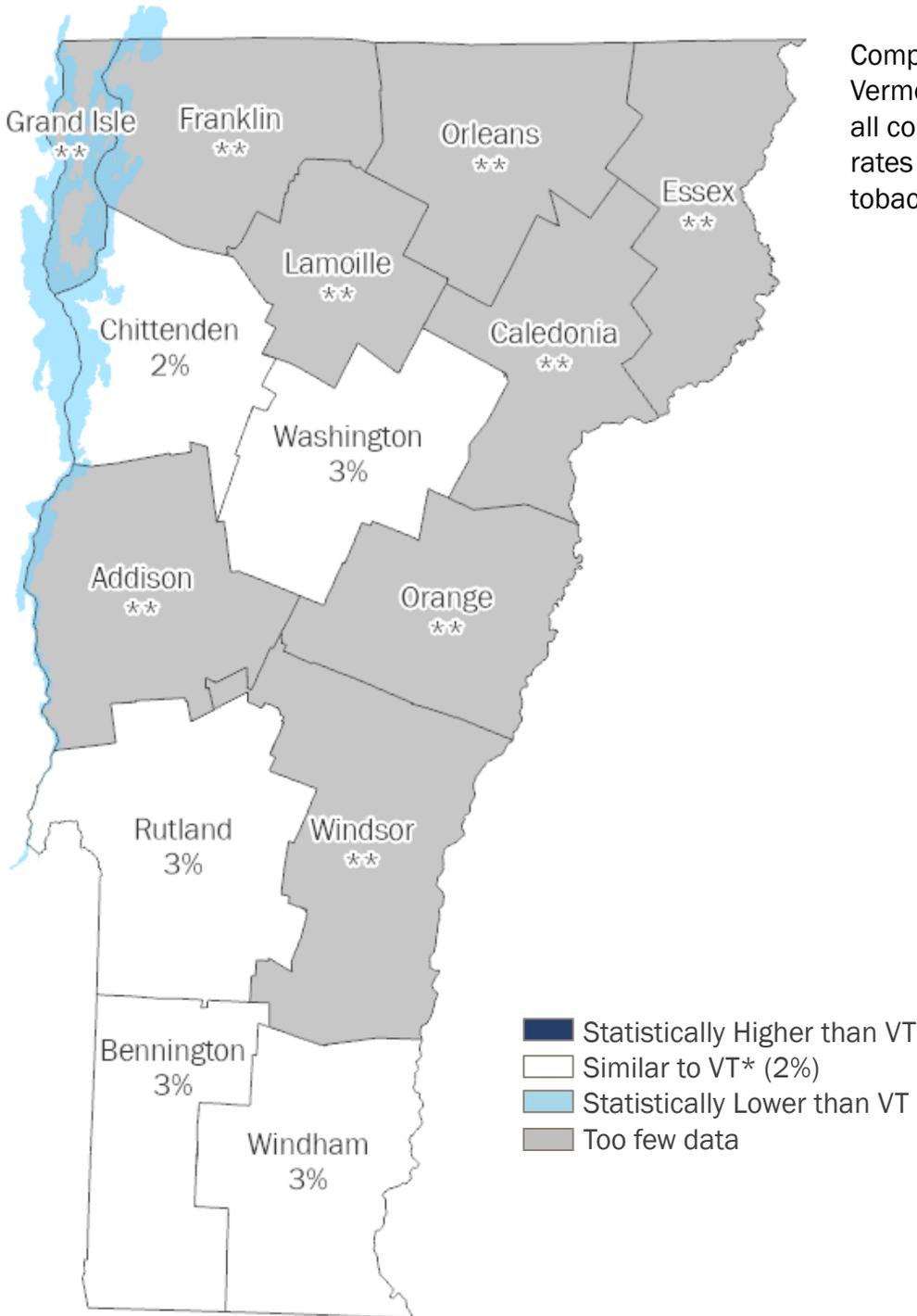


Vermont Adults Who Use Smokeless Tobacco



**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, 2023-2024



Compared to the Vermont rate, 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

More than one in 10 Vermont adults report smoking cigarettes (11%). This is the same rate as 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 65 and older.

Smoking statistically decreases as education and household income levels increase.

- Compared to adults with a college degree or more, those with some college education or less are three to four times more likely to smoke cigarettes.
- Compared to adults in higher income homes, adults in lower income homes are more than six times as likely to smoke cigarettes. Adults in middle income homes are nearly three times as likely.

BIPOC adults are statistically more likely to smoke cigarettes than white, non-Hispanic adults.

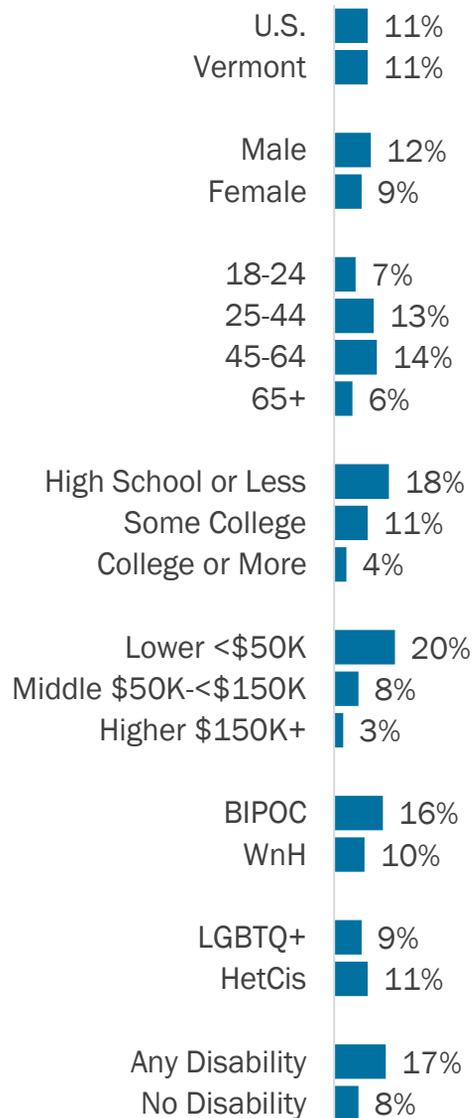
There are no statistical differences in smoking by sexual orientation and gender identity.

Adults with a disability are more than two times as likely to smoke cigarettes than adults with no disability. This is a statistical difference.

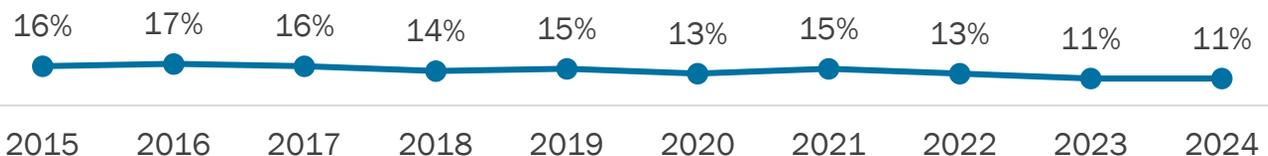
The smoking rate among Vermont adults is statistically similar to 2023, but statistically lower than in 2015.

Among adults who currently smoke, 21% report usually smoking menthol cigarettes. This is statistically similar to the 16% in 2023.

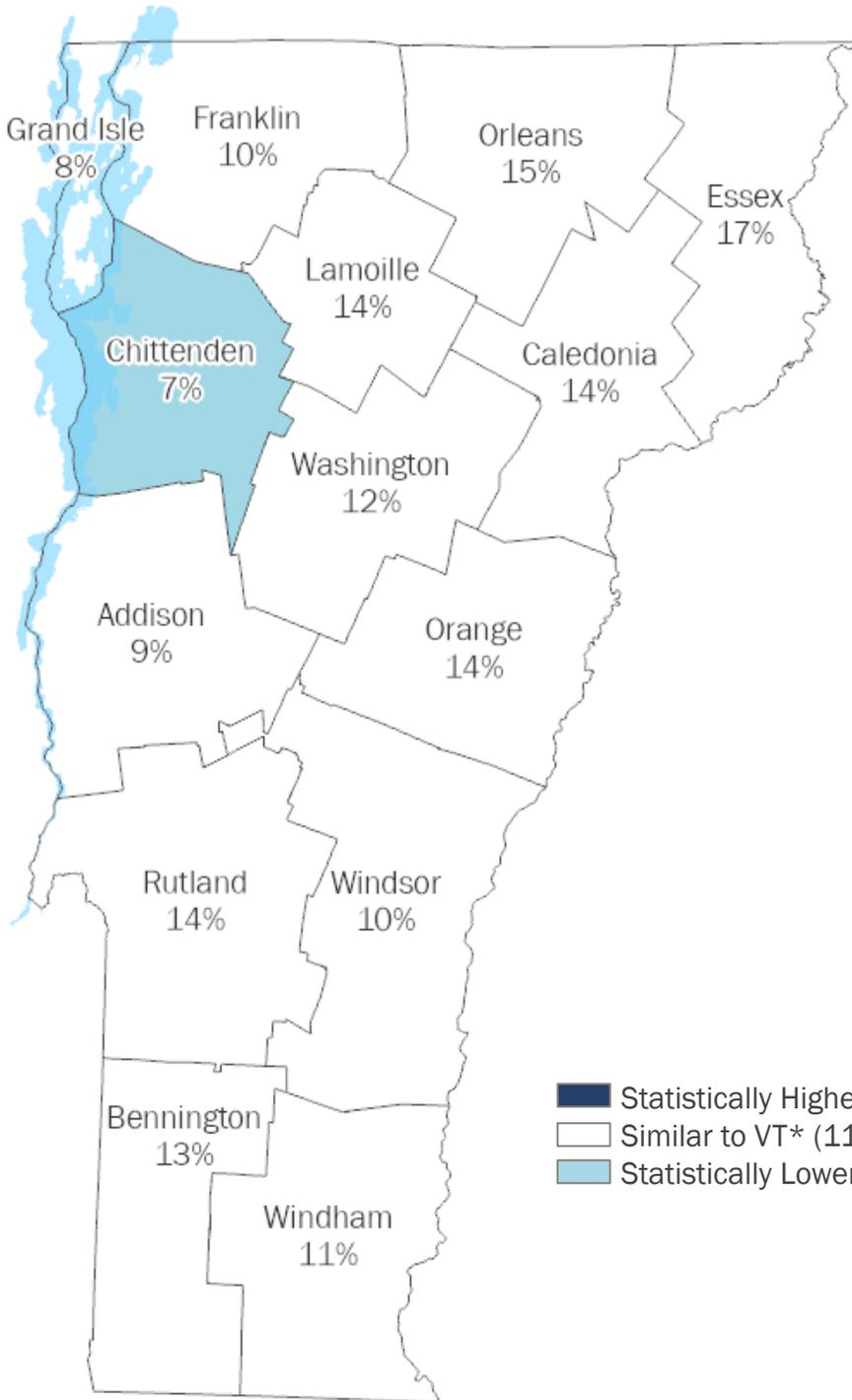
Vermont Adults Who Currently Smoke Cigarettes, 2024



Vermont Adults Who Currently Smoke Cigarettes



Vermont Adults Who Currently Smoke Cigarettes by County, 2023-2024



Seven percent of adults in Chittenden County smoke cigarettes, statistically less than Vermont adults overall. All other counties have smoking rates similar to Vermont.

*Vermont estimate represents two years of data.

Tobacco Use – Quit Attempts

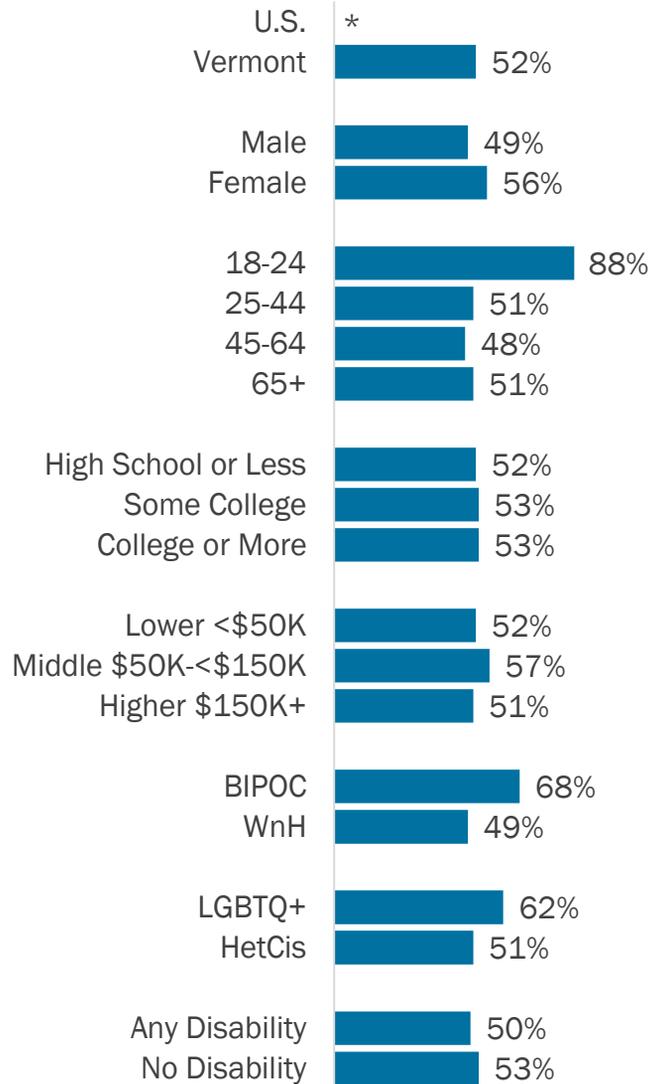
More than half of Vermont adults who smoke cigarettes have tried to quit smoking in the past year (52%).

Adults 18-24 are statistically more likely to try to quit smoking than adults 25 and older.

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

The percent of Vermont adults who smoke cigarettes and have tried to quit is statistically similar to 2023 and 2015.

Vermont Adults Who Tried to Quit Smoking, 2024

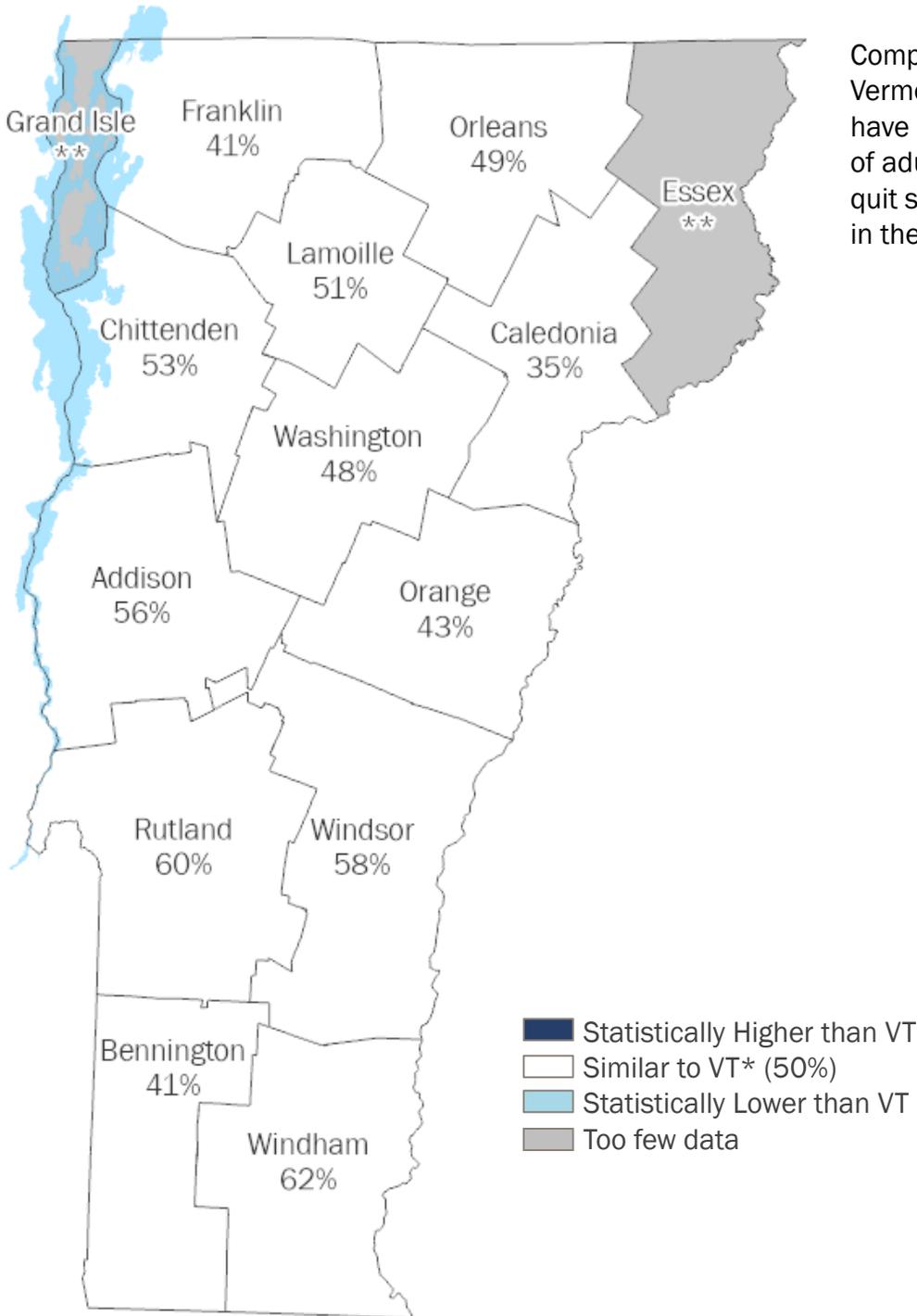


Vermont Adults Who Tried to Quit Smoking



*No national estimate available.

Vermont Adults Who Tried to Quit Smoking by County, 2023-2024



Compared with Vermont, all counties have a similar percent of adults who tried to quit smoking cigarettes in the last 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.

BMI-Defined Obesity, Adults 20+

Obesity status is defined as a body mass index (BMI) of 30 or greater. BMI is 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.

Three in 10 Vermont adults ages 20 and older have BMI-defined obesity (30%). This is statistically lower than the 34% among U.S. adults of the same age.

Males and females report statistically similar rates of obesity.

Adults 45-64 are statistically more likely to have obesity than adults 20-24 and 65 and older.

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

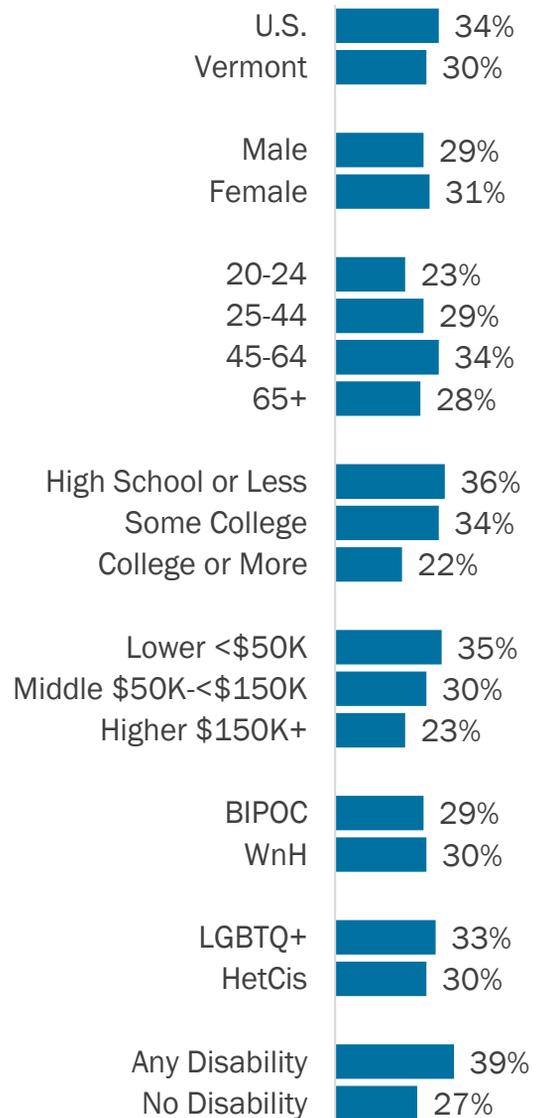
The prevalence of obesity statistically decreases as household income level increases.

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.

The prevalence of obesity among Vermont adults 20 and older is the same as in 2023, but statistically higher than 2015.

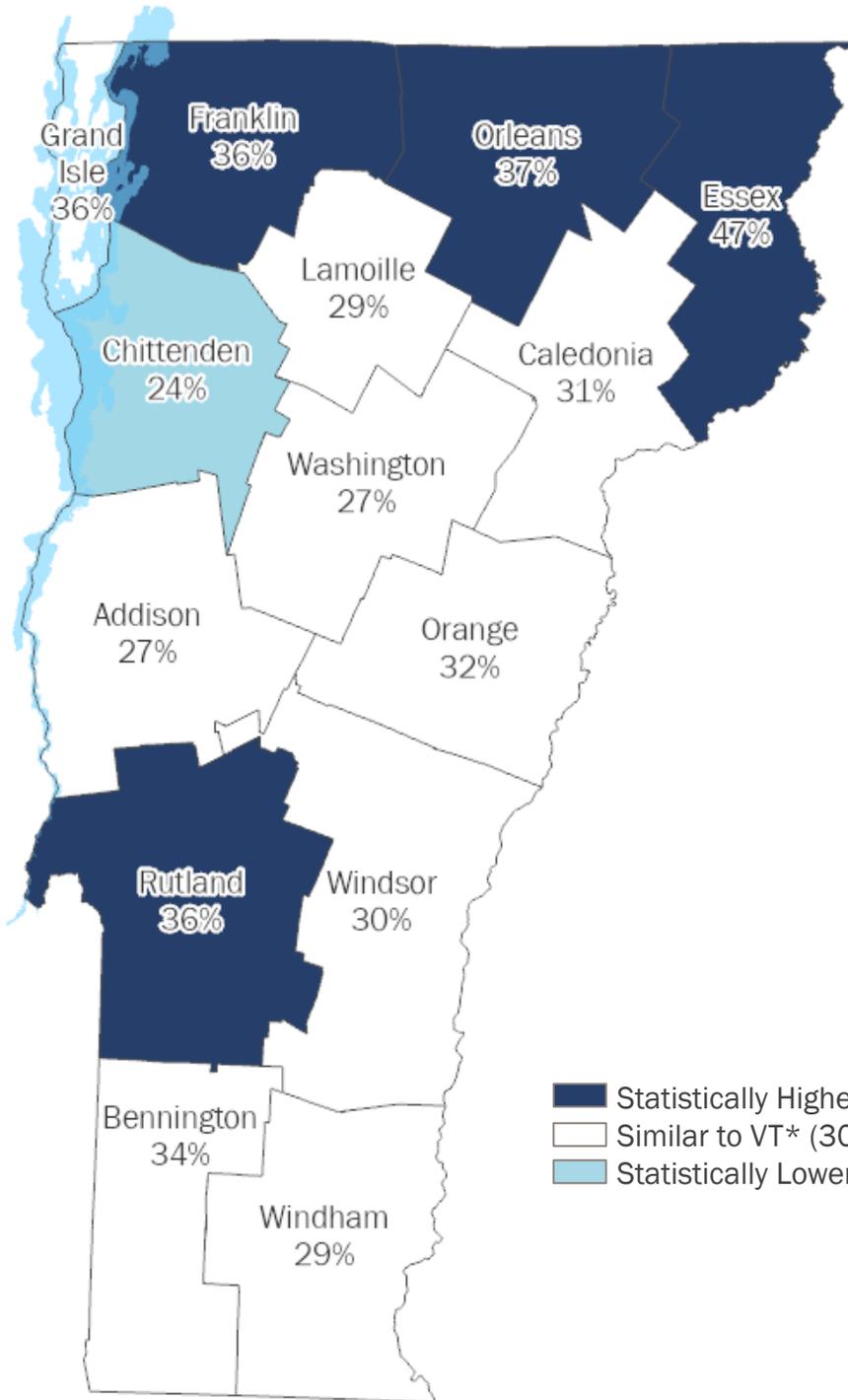
Vermont Adults 20+ with BMI-Defined Obesity, 2024



Vermont Adults 20+ with BMI-Defined Obesity



Vermont Adults Ages 20+ with BMI-Defined Obesity by County, 2023-2024



Essex (47%), Orleans (37%), Franklin (36%), and Rutland (36%) counties have statistically higher rates of obesity compared to all Vermont adults 20 and older.

Nearly one-quarter of Chittenden County adults 20 and older have obesity (24%). This is statistically lower than all Vermont adults of the same age.

All other counties have a similar percent of adults 20 and older with obesity compared to the Vermont rate.

*Vermont estimate represents two years of data.

BMI-Defined Overweight, Adults 20-59

Overweight status is defined as a body mass index (BMI) of 25 to less than 30. BMI is a singular, indirect indicator of body fat meant to identify weight-related health risks. Though useful at the population level, BMI has limited usefulness at the individual level.

One-third of Vermont adults ages 20-59 are overweight (33%) according to their BMI. This is the same as U.S. adults of the same age.

Males are statistically more likely to be overweight.

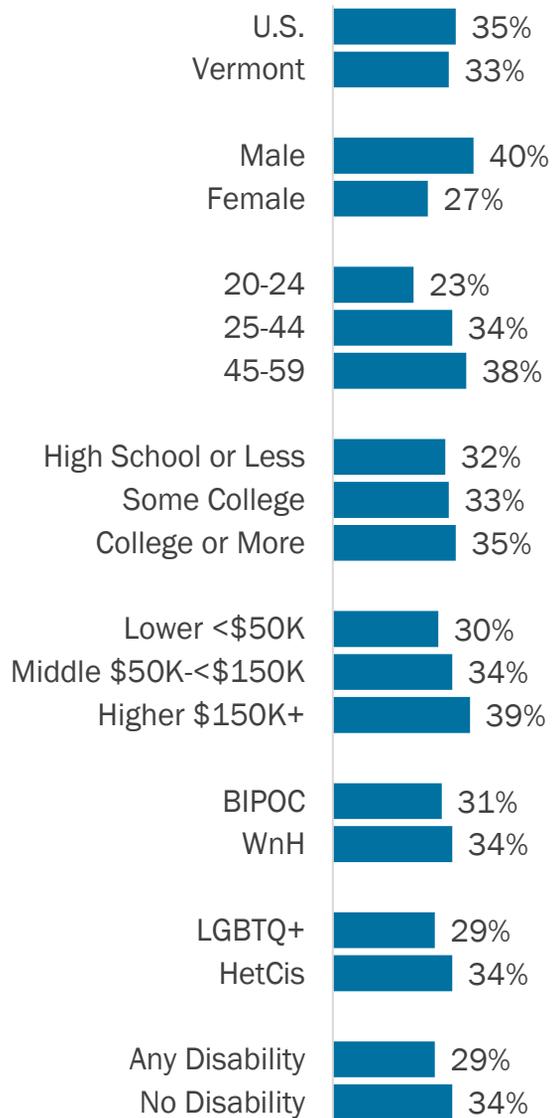
Adults 25 and older are statistically more likely to be overweight than those 20-24.

Adults in homes with higher incomes are statistically more likely to be overweight than those in homes with lower incomes.

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

The prevalence of being overweight among Vermont adults ages 20-59 is statistically similar to 2023 and 2015.

Vermont Adults 20-59 with BMI-Defined Overweight Status, 2024

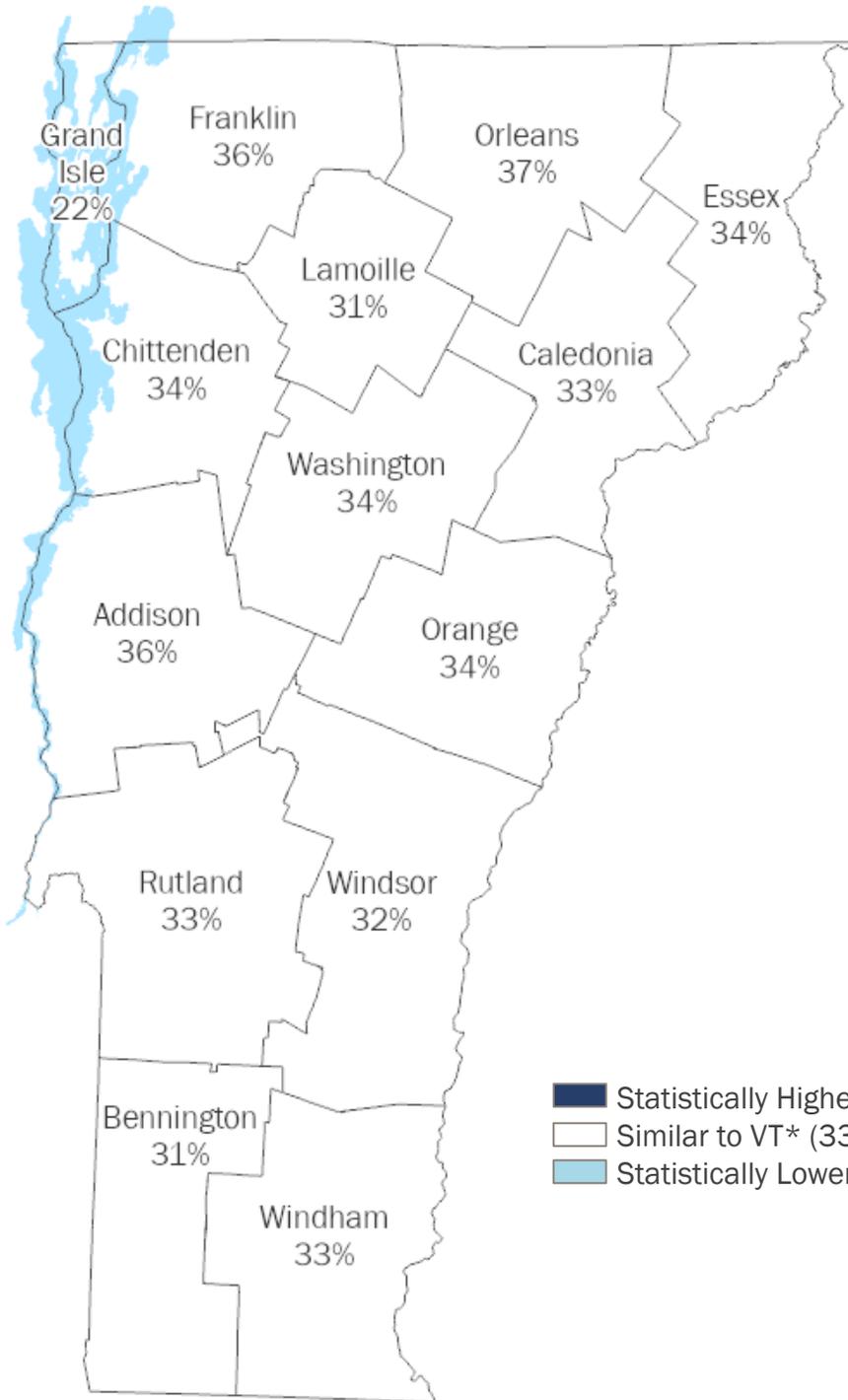


Vermont Adults 20-59 with BMI-Defined Overweight Status



Note: [Current research](#) has found a protective effect of overweight BMIs in adults 60 and older compared to younger adults.

Vermont Adults Ages 20-59 with BMI-Defined Overweight Status, by County, 2023-2024



All counties have a similar percent of adults ages 20-59 who are overweight according to their BMI, compared to Vermont adults of the same age.

*Vermont estimate represents two years of data.

Employment Insecurity

Nearly one in 10 Vermont adults lost employment or had their hours at work reduced in the past year (9%).

Males and females report statistically similar rates of employment insecurity.

Employment insecurity decreases as age, education level and household income level increase.

- Adults 18-64 are statistically more likely to experience employment insecurity than older adults. Adults 18-24 are also statistically more likely to experience employment insecurity than adults 45-64.
- Adults with a high school education or less are statistically more likely to have lost employment or had their hours reduced compared to those with a college degree or more.
- Adults in lower income homes are two to three times more likely to experience employment insecurity than adults in middle to higher income homes.

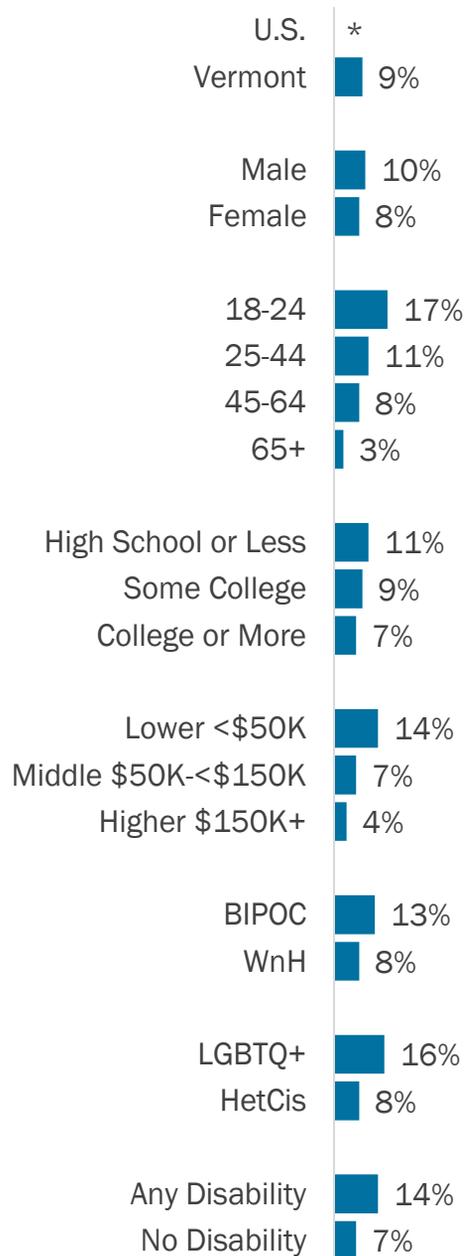
There are no statistical differences in employment insecurity by race and ethnicity.

LGBTQ+ adults and adults with a disability are two times as likely to experience employment insecurity than HetCis adults and those with no disability. These are both statistical differences.

The percent of Vermont adults experiencing employment insecurity is statistically similar to the 10% in 2022.

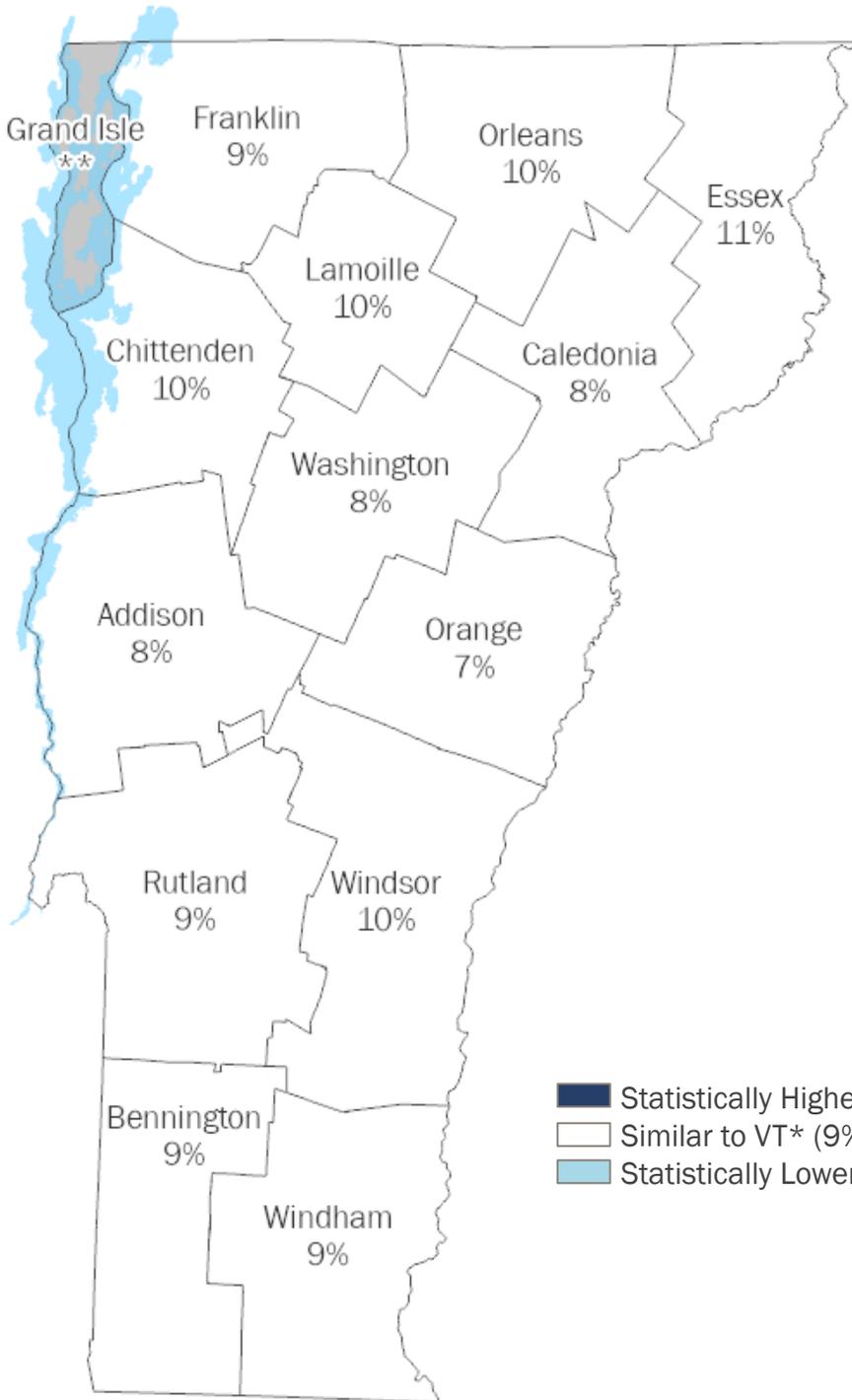
Note: Because this question was asked only in two survey years, a trend line is not provided.

Vermont Adults Who Lost Employment or Had Hours Reduced, 2024



*No national estimate available.

Vermont Adults Who Lost Employment or Had Hours Reduced by County, 2022, 2024



All counties report experiencing employment insecurity at a similar rate to all Vermont adults.

- Statistically Higher than VT
- Similar to VT* (9%)
- Statistically Lower than VT

*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.

Food Insecurity

Eight 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, 7% of adults report that they received food stamps or Supplemental Nutrition Assistance Program benefits in the past year. This is statistically lower than the 10% in 2022.

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.

Adults 18-64 are statistically more likely to experience food insecurity than older adults.

Food insecurity statistically decreases as education level increases.

- Compared to adults with a college degree or more, adults with a high school education or less are more than six times as likely to experience food insecurity. Adults with some college education are more than three times as likely to be food insecure. Both are statistical differences.

Adults in lower income homes are more than six times as likely to experience food insecurity than those in middle income homes. This is a statistical difference.

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

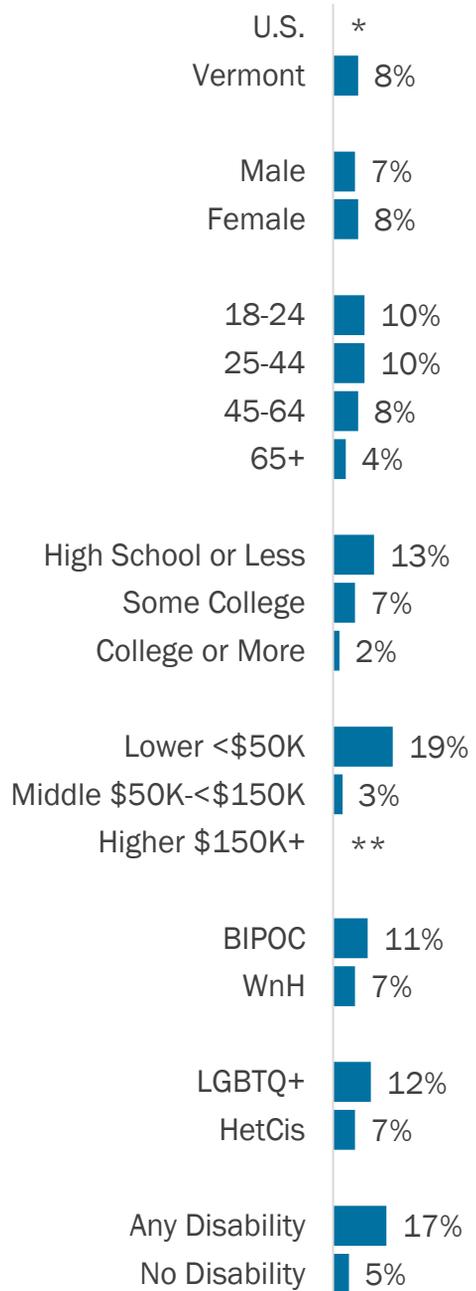
LGBTQ+ adults are statistically more likely to experience food insecurity than HetCis adults.

Adults with a disability are more than three times as likely to experience food insecurity than those with no disability. This is a statistical difference.

The percent of Vermont adults experiencing food insecurity is statistically similar to the 7% in 2022.

Note: Due to this question only being asked in two survey years, a trend line is not provided.

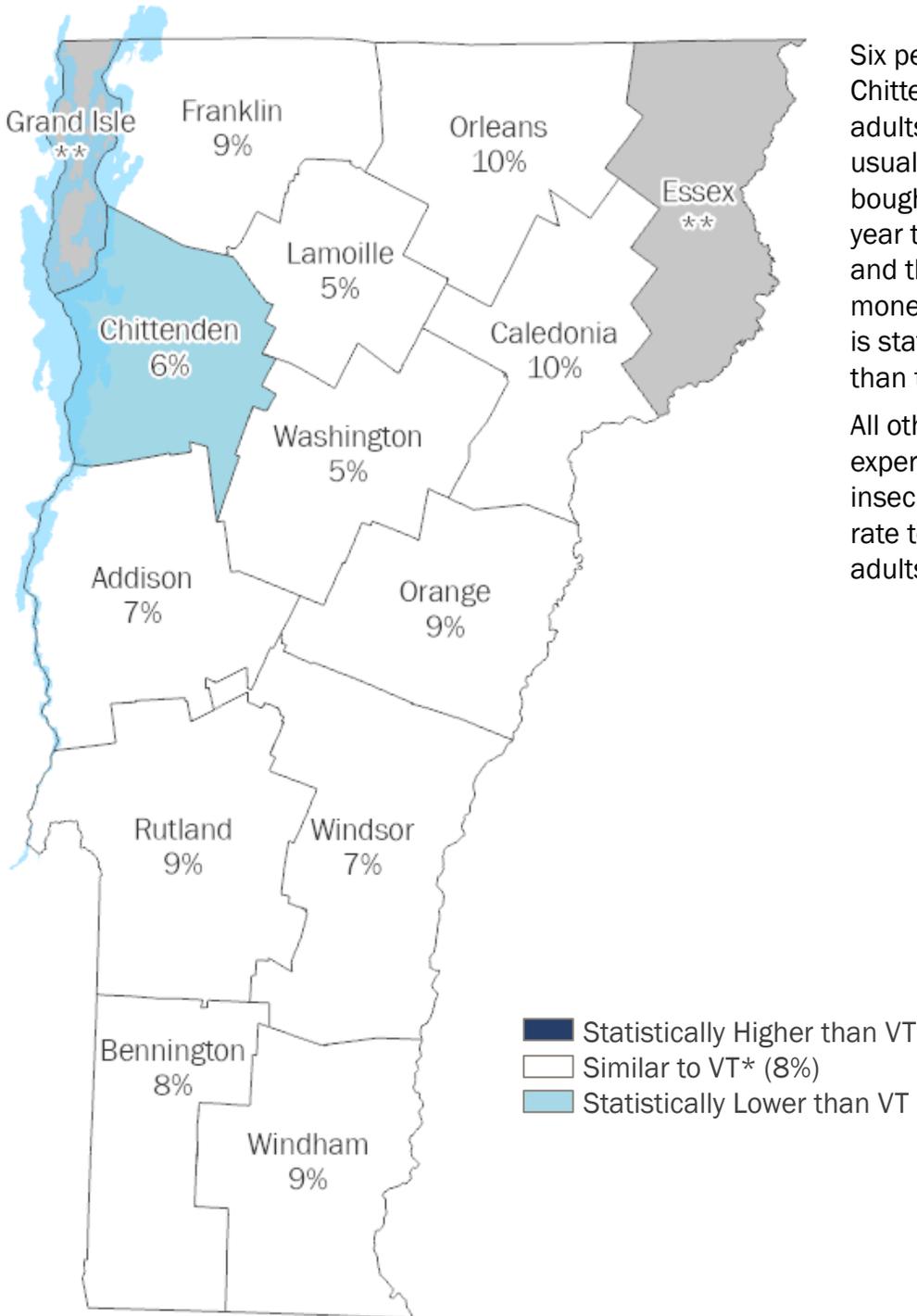
Vermont Adults Who Always/Usually/Sometimes Bought Food that Did Not Last, 2024



*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 Always, Usually or Sometimes Bought Food that Did Not Last, by County, 2022, 2024



Six percent of Chittenden County adults have always, usually or sometimes bought food in the past year that did not last and they did not have money to get more. This is statistically lower than the Vermont rate.

All other counties report experiencing food insecurity at a similar rate to all Vermont adults.

*Vermont estimate represents two years of data.

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

Housing Insecurity

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

- Additionally, 6% of adults report there was a time when an electric, gas, oil or water company threatened to shut off their services. This is statistically similar to the 5% in 2022.

Males and females report statistically similar rates of housing insecurity.

Adults 18-64 are statistically more likely to experience housing insecurity than older adults. Adults 25-44 are statistically more likely to experience housing insecurity than those 45-64.

Adults with some college education or less are statistically more likely to experience housing insecurity than those with a college degree or more.

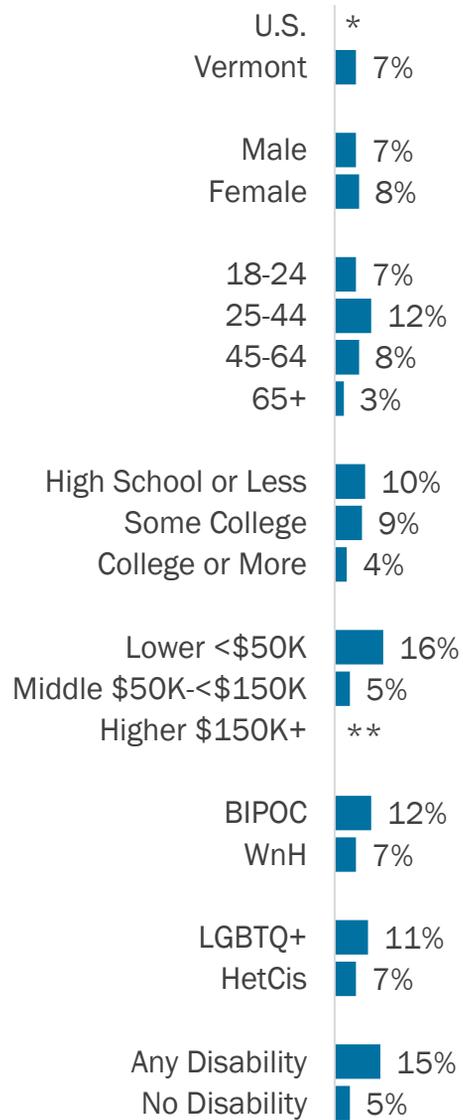
Adults in lower income homes are more than three times as likely to experience housing insecurity than adults in middle income homes.

BIPOC and LGBTQ+ adults are statistically more likely to experience housing insecurity than white, non-Hispanic and HetCis adults.

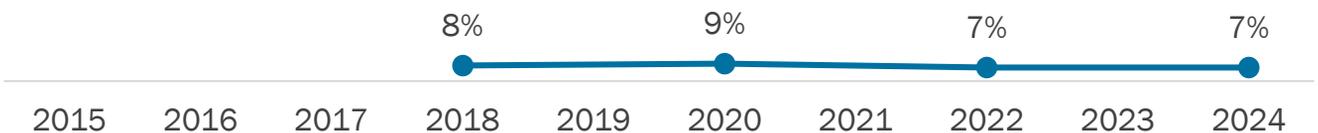
Adults with a disability are three times as likely to experience housing insecurity than those with no disability, a statistical difference.

The percent of Vermont adults experiencing housing insecurity is the same as 2022 and statistically similar to 2018.

Vermont Adults Unable to Pay Mortgage, Rent or Utilities, 2024



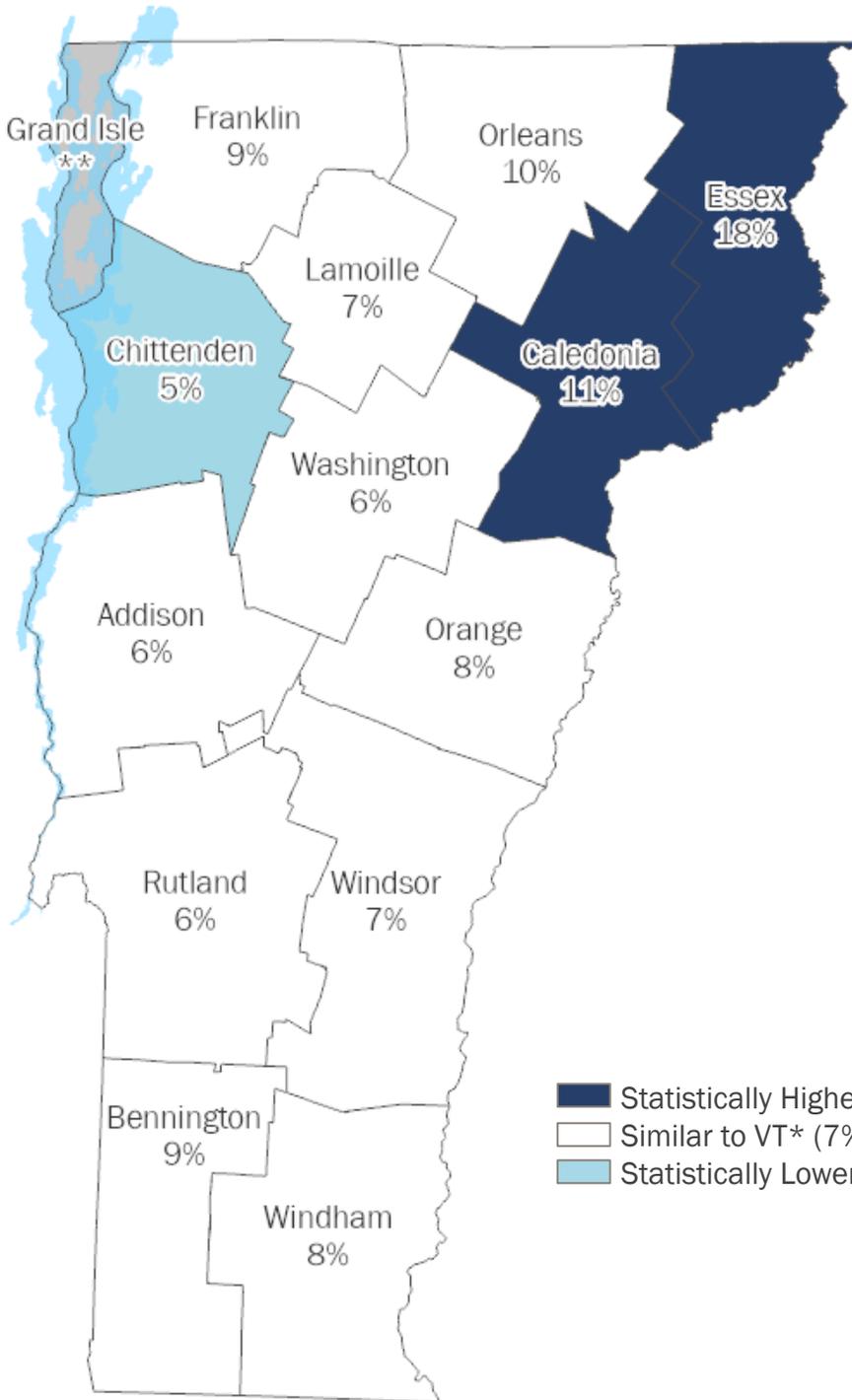
Vermont Adults Unable to Pay Mortgage, Rent or Utilities



*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 Unable to Pay Mortgage, Rent or Utilities in Past Year, by County, 2022, 2024



Nearly two in 10 Essex County adults (18%) and more than one in 10 Caledonia County adults (11%) have been unable to pay their mortgage, rent or utilities in the past year. These rates are statistically higher than all Vermont adults.

Five percent of Chittenden County adults experience housing insecurity. This is statistically lower than all Vermont adults.

All other counties have a similar percent of adults experiencing housing insecurity compared to all Vermont adults.

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

*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.

Transportation Insecurity

Five 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.

Adults with some college education or less are statistically more likely to report a lack of reliable transportation than those with a college degree or more.

Adults in lower income homes are six times as likely to experience transportation insecurity than adults in middle income homes. This is a statistical difference.

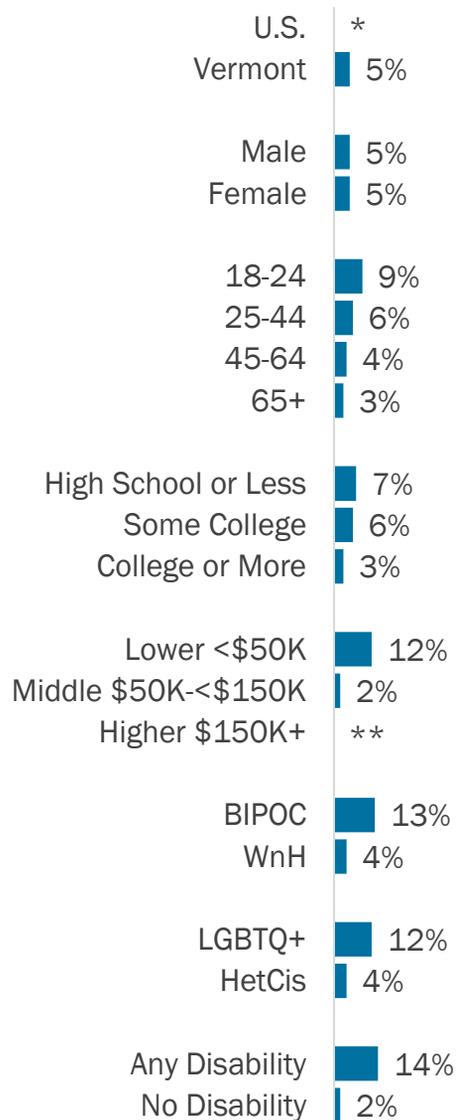
BIPOC and LGBTQ+ adults are three times as likely to experience a lack of reliable transportation than white, non-Hispanic and HetCis adults. These are both statistical differences.

Adults with a disability are seven times more likely to experience transportation insecurity than those with no disability. This is a statistical difference.

The percent of Vermont adults experiencing transportation insecurity is statistically similar to the 6% in 2022.

Note: Due to this question only being asked in two survey years, a trend line is not provided.

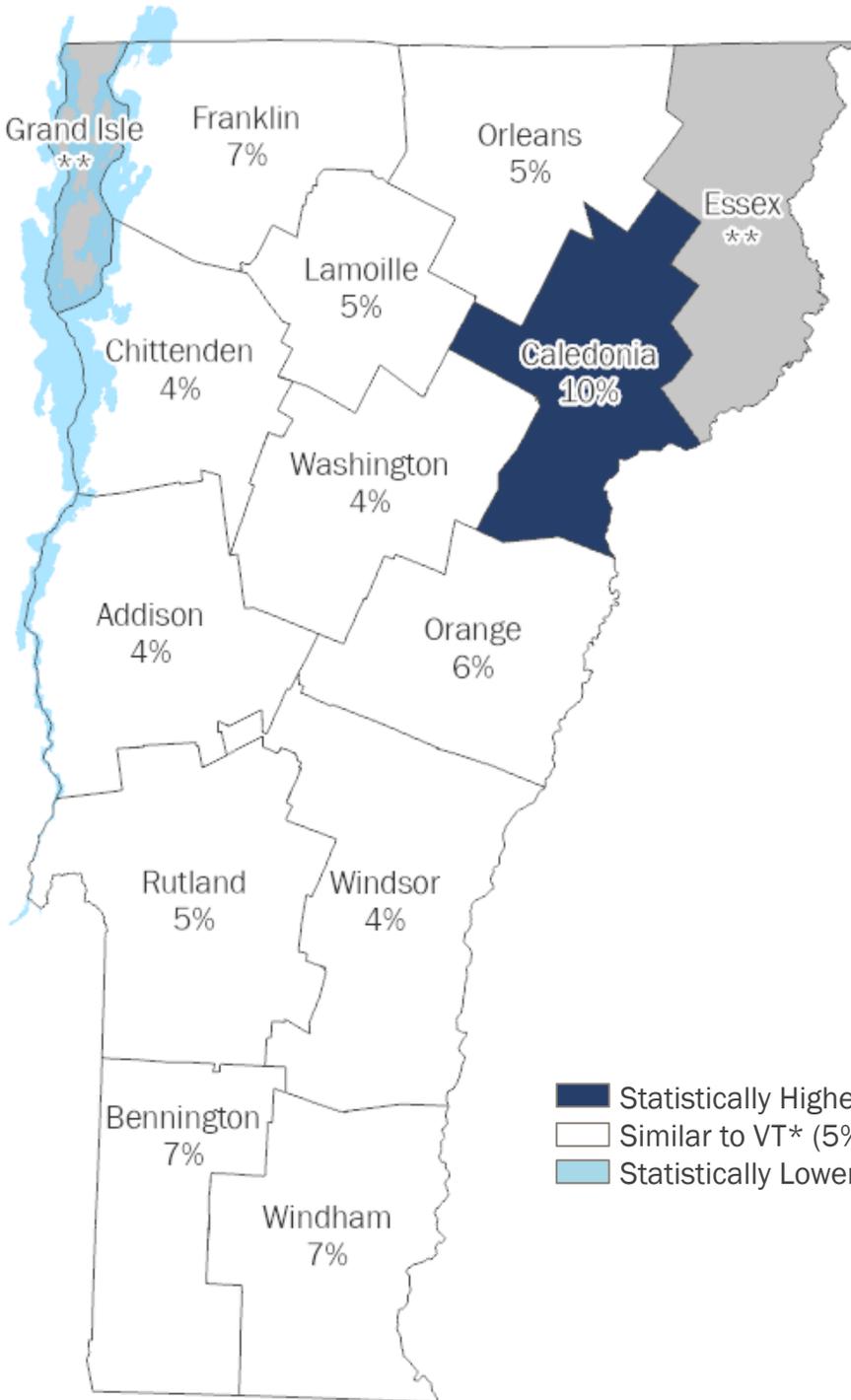
Vermont Adults with Lack of Reliable Transportation, 2024



*No national estimate available.

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

Vermont Adults with Lack of Reliable Transportation by County, 2022, 2024



One in 10 adults in Caledonia County report experiencing transportation insecurity in the past year (10%). This is statistically higher than all Vermont adults.

All other counties have a similar percent of adults experiencing transportation insecurity compared to all Vermont adults.

- Statistically Higher than VT
- Similar to VT* (5%)
- Statistically Lower than VT

*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.

Neighborhood Safety

Four percent of Vermont adults consider their neighborhood to be unsafe or extremely unsafe due to crime.

Males and females report statistically similar rates of considering their neighborhood unsafe or extremely unsafe due to crime.

Adults 18-44 are statistically more likely to consider their neighborhood unsafe or extremely unsafe due to crime, compared to adults 65 and older.

Compared to adults with a college degree or more, adults with some college or less are more than two times as likely to consider their neighborhood unsafe or extremely unsafe due to crime. This is a statistical difference.

Compared to adults in middle income homes, adults in lower income homes are more than three times as likely to consider their neighborhood unsafe or extremely unsafe due to crime. This is a statistical difference.

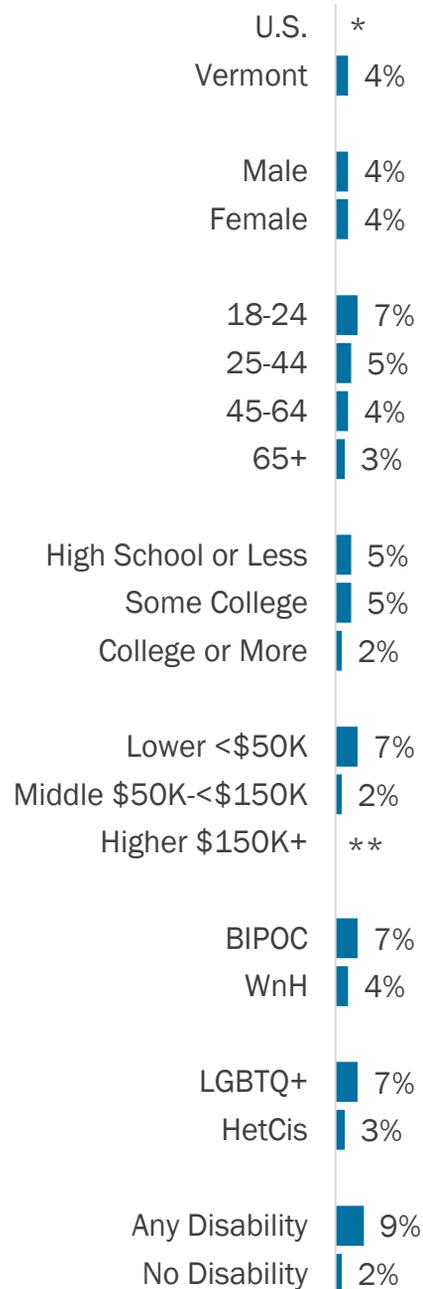
BIPOC adults are nearly two times as likely to consider their neighborhood unsafe or extremely unsafe due to crime than white, non-Hispanic adults. This is a statistical difference.

LGBTQ+ adults are more than two times as likely to consider their neighborhood unsafe or extremely unsafe due to crime, compared to HetCis adults. This is a statistical difference.

Adults with a disability are more than four times as likely to consider their neighborhood unsafe or extremely unsafe due to crime, compared to those with no disability. This is a statistical difference.

Note: 2024 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults Who Say Their Neighborhood is Unsafe or Extremely Unsafe Due To Crime, 2024



*No national estimate available.

HIV Transmission Risk

Five percent of Vermont adults participated in a high-risk behavior for HIV during the past year. This is statistically similar to the 6% of 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 high-risk behaviors for HIV.

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

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

Adults with a high school education or less are statistically more likely to participate in high-risk behaviors than those with a college degree or more.

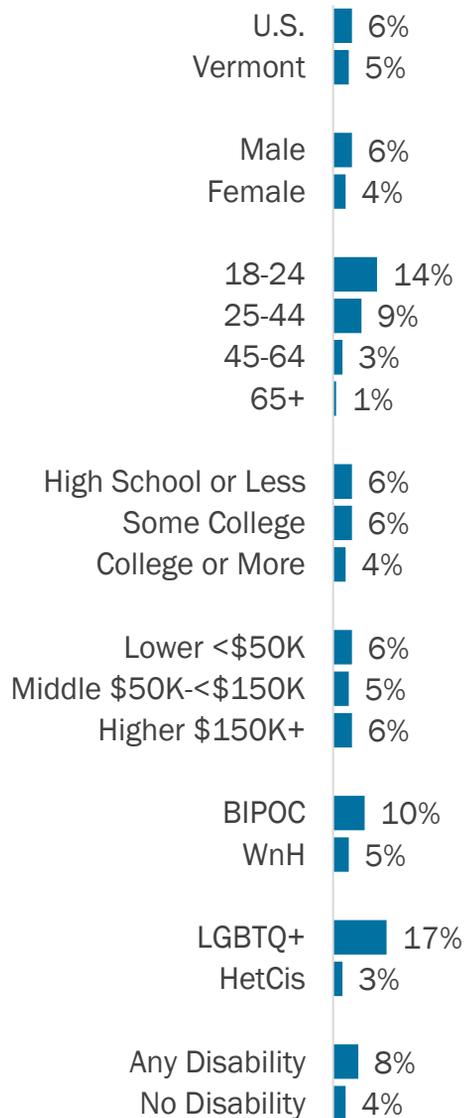
There are no statistical differences by household income level.

BIPOC adults and adults with a disability are two times as likely to participate in high-risk behaviors than white, non-Hispanic adults and those with no disability, both statistical differences.

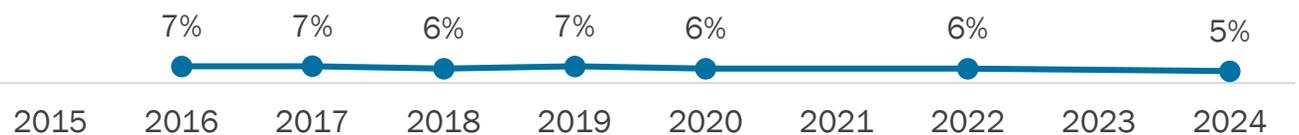
LGBTQ+ adults are nearly six times as likely to participate in high-risk behaviors than HetCis adults. This is a statistical difference.

The percent of Vermont adults participating in high-risk HIV transmission behaviors is statistically similar to 2022 and 2016.

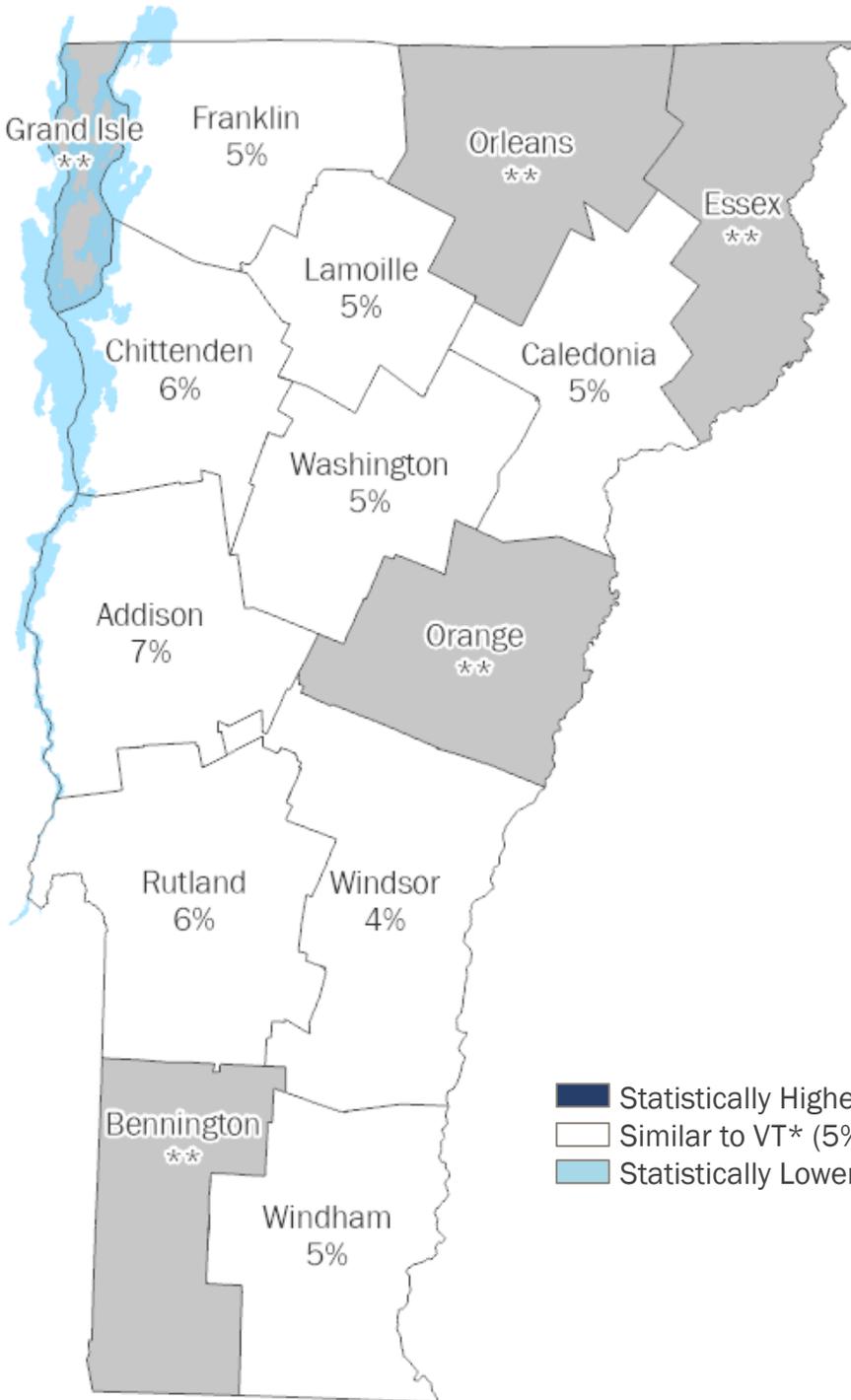
Vermont Adults with High-Risk HIV Transmission Behaviors, 2024



Vermont Adults with High-Risk HIV Transmission Behaviors



Vermont Adults with High-Risk HIV Transmission Behaviors by County, 2022, 2024



All counties have a similar rate of participation in at least one high-risk HIV transmission behavior compared to all Vermont adults.

*Vermont estimate represents two years of data.

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

No Leisure Time Physical Activity

One in six Vermont adults report they did not participate in any leisure time physical activity during the previous month (16%). This is statistically lower than the 23% of U.S. adults.

Females are statistically more likely to not participate in leisure time physical activity.

Adults 45 and older are statistically more likely to not participate in leisure time physical activity than adults 25-44.

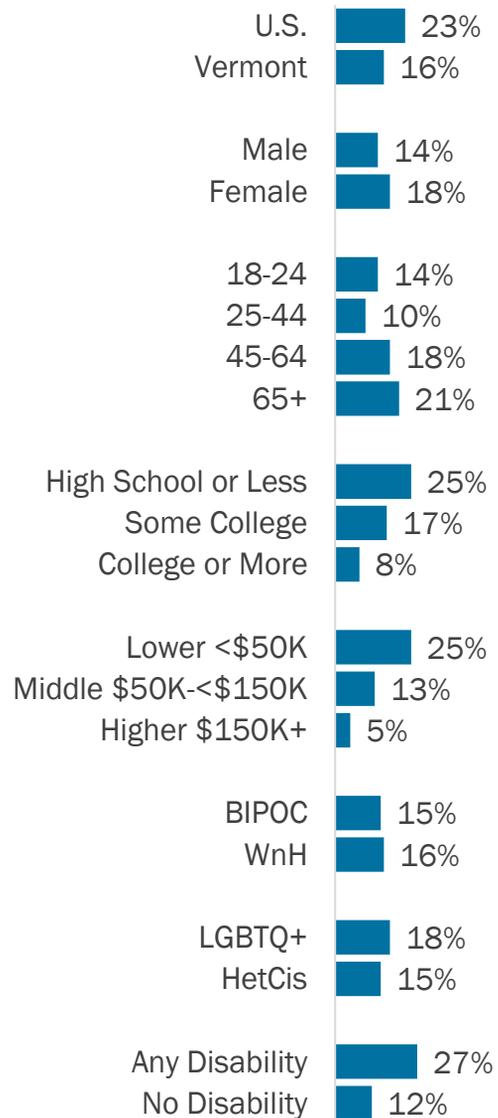
No leisure time physical activity statistically decreases as the education level and household income level increase.

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

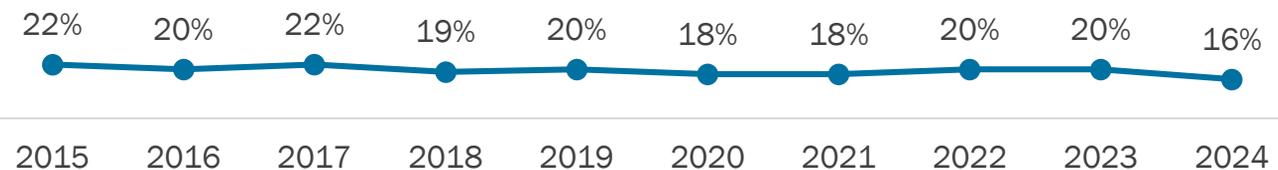
Adults with a disability are more than two times as likely to report no leisure time physical activity than those with no disability, a statistical difference.

The percent of Vermont adults not participating in leisure time physical activity is statistically lower than 2023 and 2015.

Vermont Adults with No Leisure Time Physical Activity, 2024

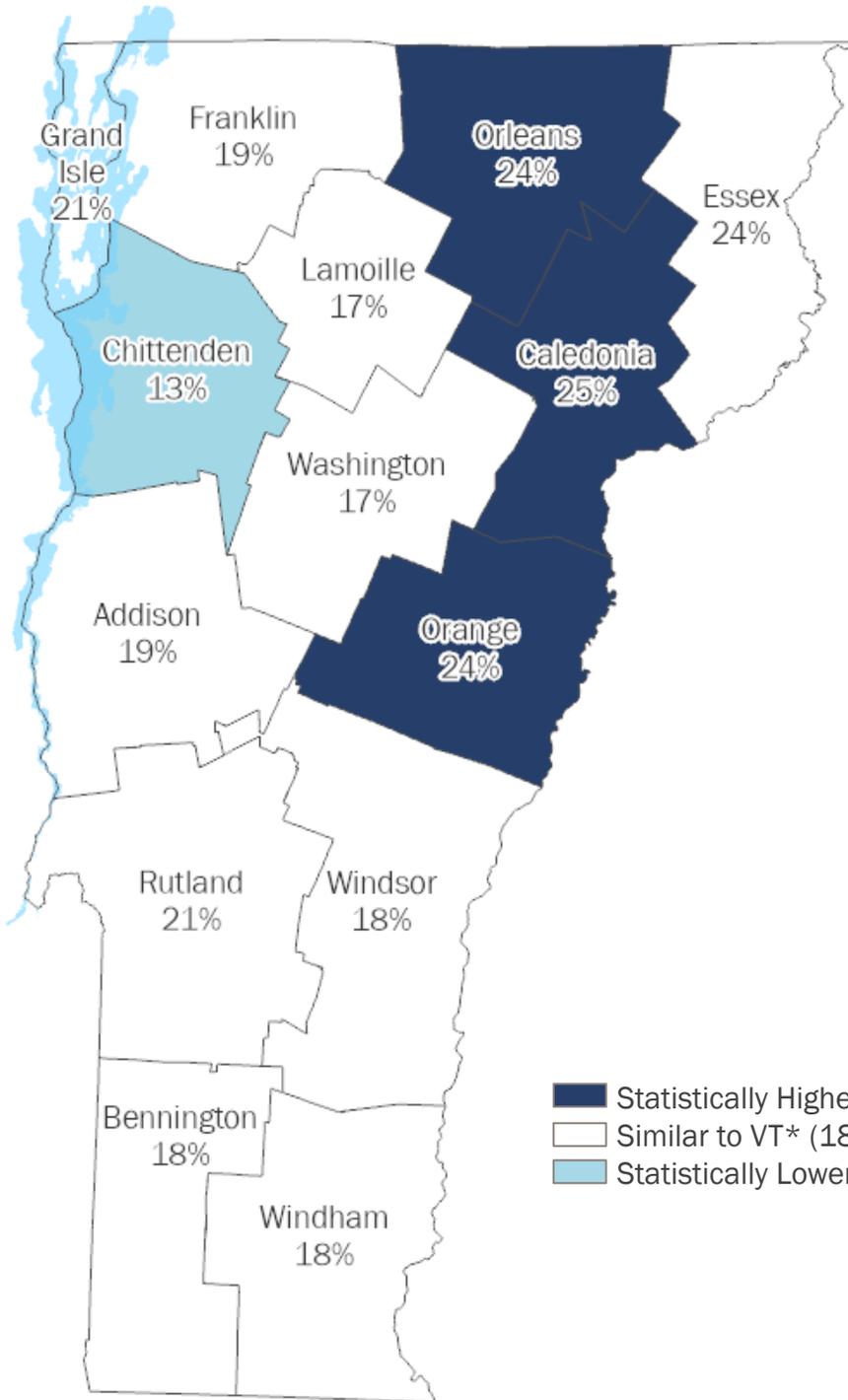


Vermont Adults with No Leisure Time Physical Activity



Note: This measure is a Healthy Vermonters 2030 indicator.

Vermont Adults with No Leisure Time Physical Activity by County, 2023-2024



Adults in Caledonia (25%), Orange (24%), and Orleans (24%) counties report not participating in any leisure time physical activity at statistically higher rates than the statewide rate.

Thirteen percent of adults in Chittenden County do not participate in any leisure time physical activity. This is statistically lower than the Vermont rate.

All other counties have a similar percent of adults reporting no leisure time physical activity compared to Vermont overall.

*Vermont estimate represents two years of data.

Suicidal Thoughts

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

Males and females report seriously considering suicide at the same rates.

The percent of adults seriously considering suicide decreases with age. All differences by age are statistically significant, except between adults 18-24 and 25-44.

Adults with some college education or a high school education or less are two times as likely to seriously consider suicide than those with a college degree or more. These are both statistical differences.

Adults in lower income homes are two times as likely to seriously consider suicide than adults in middle income homes. This is a statistical difference.

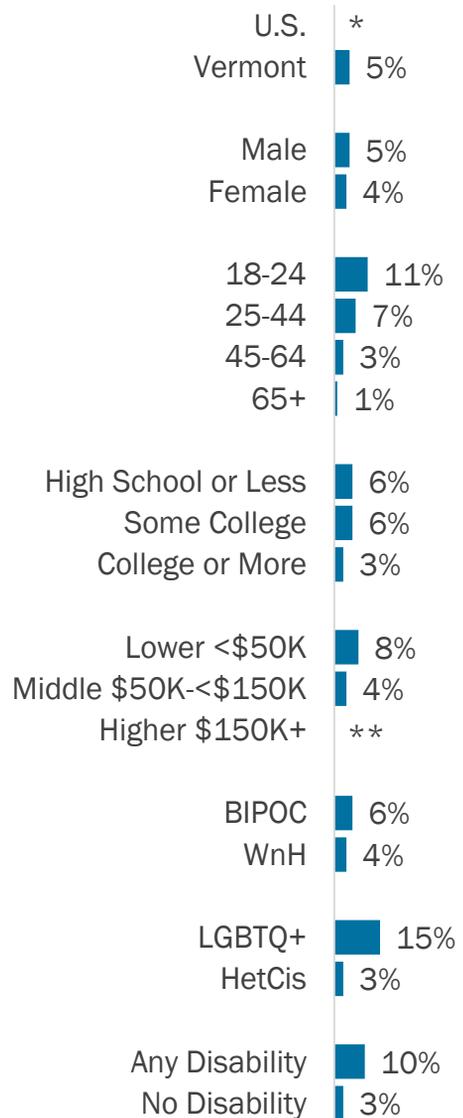
There are no statistical differences in seriously considering suicide by race and ethnicity.

LGBTQ+ adults are five times as likely to seriously consider suicide than HetCis adults. This is a statistical difference.

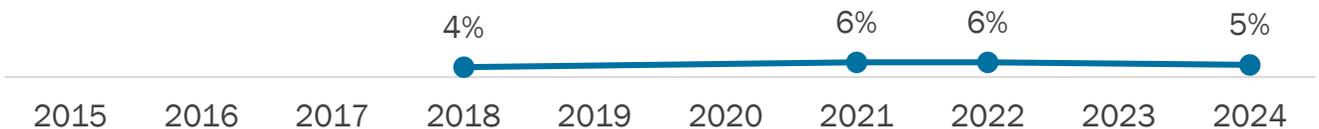
Adults with a disability are more than three times as likely to seriously consider suicide than adults with no disability. This is a statistical difference.

The percent of Vermont adults seriously considering suicide in the past year is statistically similar to 2022 and 2018.

Vermont Adults Who Seriously Considered Suicide, 2024



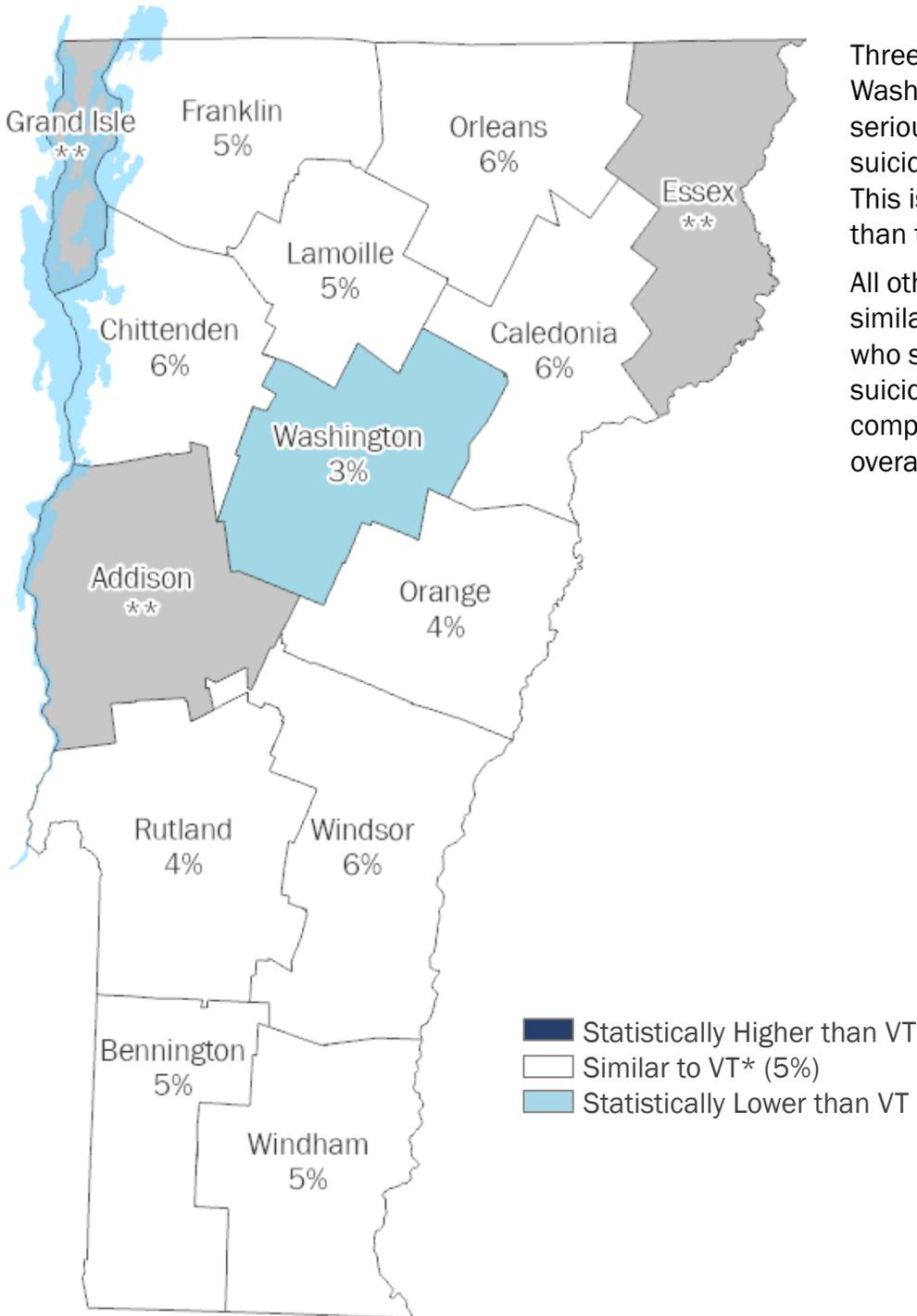
Vermont Adults Who Seriously Considered Suicide



*No national estimate available.

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

Vermont Adults with Suicidal Thoughts in Past Year by County, 2022, 2024



Three percent of adults in Washington County seriously considered suicide in the past year. This is statistically lower than the Vermont rate.

All other counties have a similar percent of adults who seriously considered suicide in the past year 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.

Preventive Behaviors and Screenings

Family Planning – Birth Control Use

Eighty percent of Vermont females 18-49° report having sexual intercourse in the past 12 months.

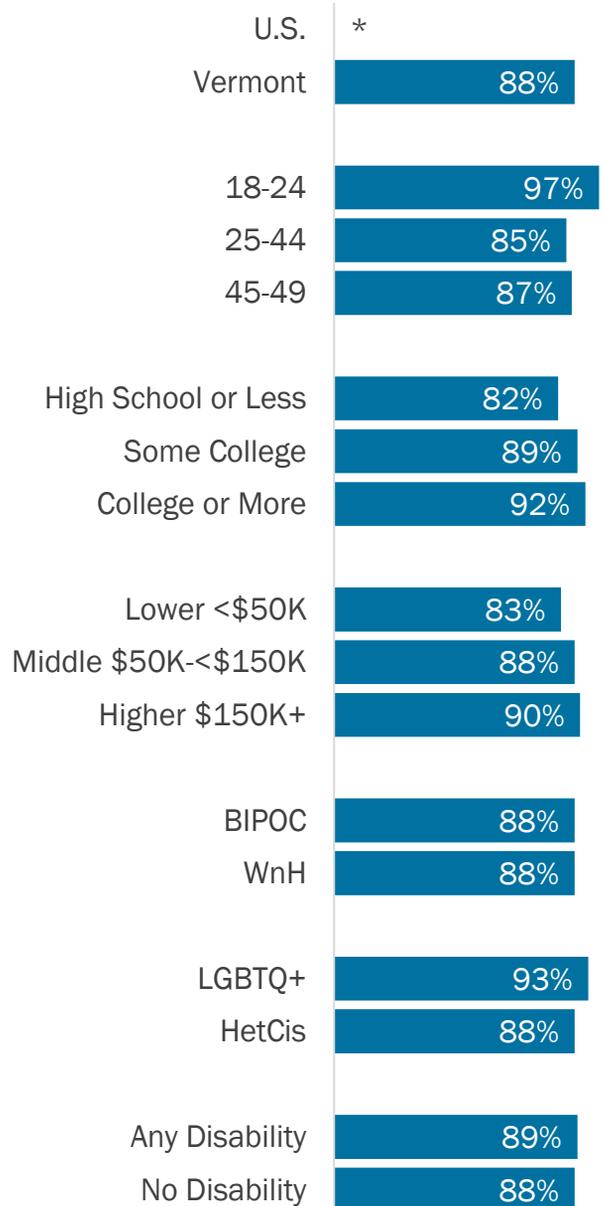
Among them, 88% report using a birth control method to prevent pregnancy the last time they had sexual intercourse.

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.

The percent of Vermont females ages 18-49 using birth control is statistically similar to the 87% in 2022.

Note: Due to this question only be asked in two survey years, a trend line is not provided.

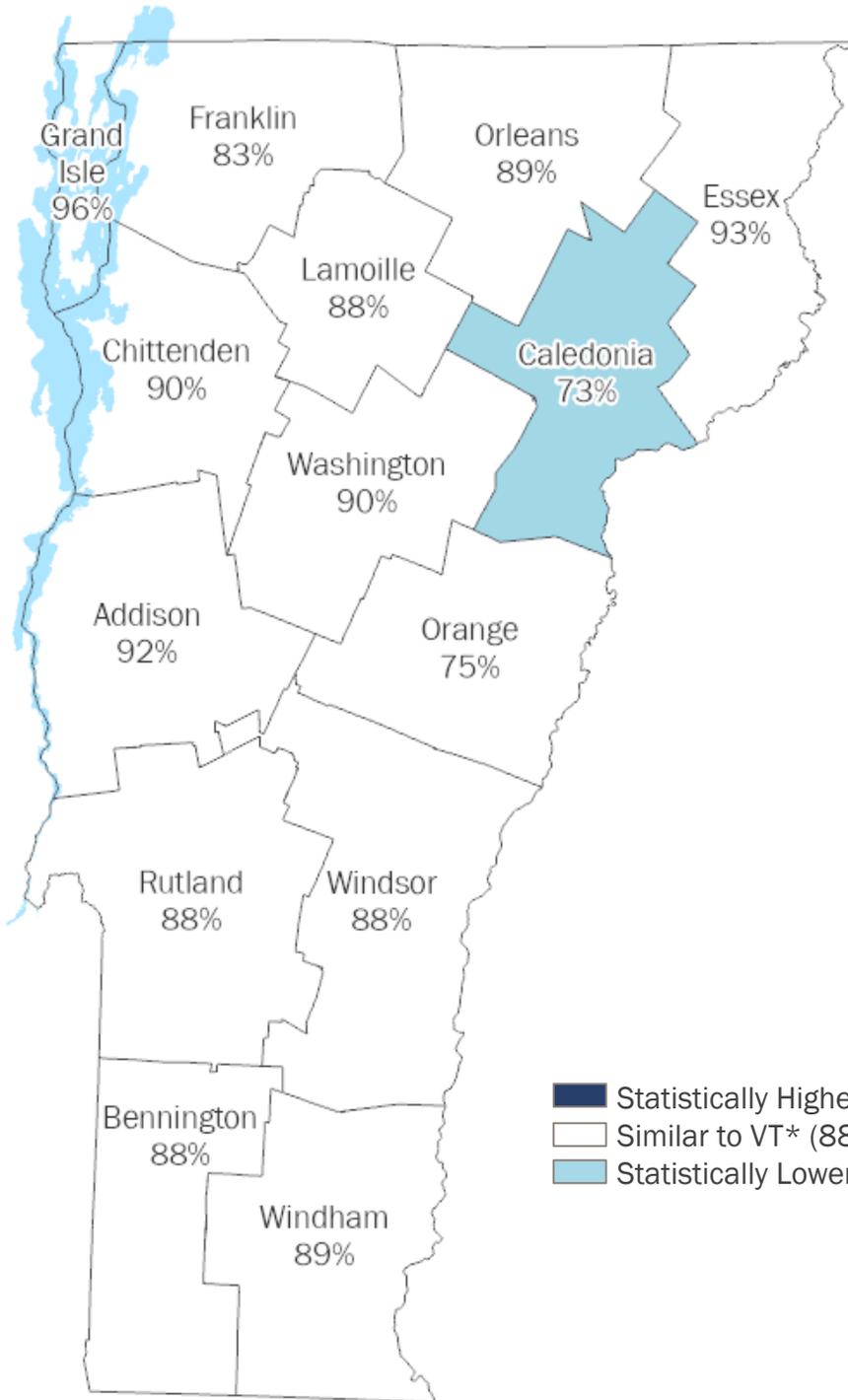
Vermont Females 18-49 Who Use Birth Control, 2024



° Questions were asked among females ages 18-49 who a) were not currently pregnant or did not know or refused to answer if they were pregnant, and b) never had a hysterectomy or did not know or refused to answer if they had a hysterectomy.

*No national estimate available.

Vermont Females 18-49 Who Use Birth Control by County, 2022, 2024



Nearly three-quarters of Caledonia County females 18-49 report using birth control (73%). This is statistically lower than all Vermont females in the same age range.

All other counties have a similar percent of females 18-49 who report using birth control compared to the Vermont rate.

*Vermont estimate represents two years of data.

Family Planning – Birth Control Type and Reason for No Use

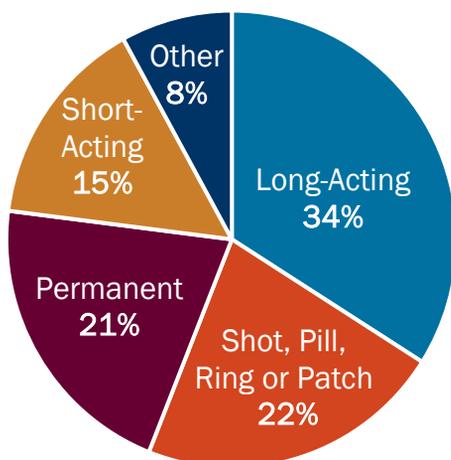
Females 18-49 who are using a birth control method to prevent pregnancy were asked what method they use:

- More than one-third use a long-acting method, such as a contraceptive implant or IUD (34%).
- More than one in five use shots, a birth control pill, contraceptive ring or patch (22%).
- More than one in five use a permanent method, such as a vasectomy or tubal ligation (21%).
- Fifteen percent use a short-acting method, such as a condom, diaphragm, cervical cap, sponge, foam, jelly, film, cream or emergency contraception.
- Eight percent use some other method, including but not limited to withdrawal or fertility awareness.

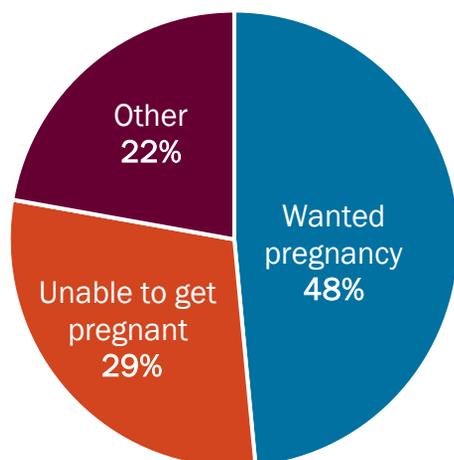
Females 18-49 who are not using a birth control method to prevent pregnancy were asked about their main reason:

- Nearly half wanted a pregnancy (48%).
- Nearly three in 10 were unable to get pregnant, including those who did not think they or their partner could get pregnant, or they or their partner had a vasectomy or tubal ligation (29%).
- Twenty-two percent report other reasons as why they are not using birth control. These include not caring if they become pregnant, not planning to have sex, or not having a regular partner, not wanting to use birth control, having trouble getting or paying for birth control, breastfeeding, or just had a baby, or other reasons not listed here.

**Type of Birth Control Used
among Vermont Females 18-49, 2024**



**Reason to Not Use Birth Control
among Vermont Females 18-49, 2024**



Immunizations – Flu Vaccine, Adults 65+

Nearly three-quarters of Vermont adults ages 65 and older had a flu vaccine in the past year (73%). This is statistically higher than the 63% 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 receiving a recent flu vaccine at statistically similar rates.

Older adults with a college degree or more are statistically more likely to get a flu vaccine.

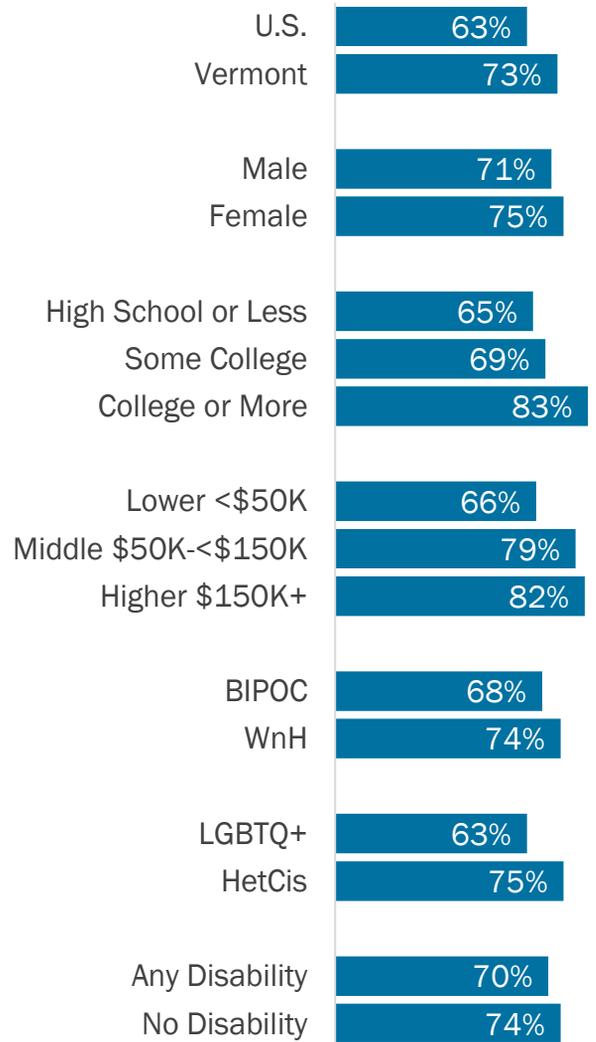
Older adults in homes with middle to higher incomes are statistically more likely to get a flu vaccine.

There are no statistical differences in recent flu vaccination among older adults by race and ethnicity, sexual orientation and gender identity, or disability status.

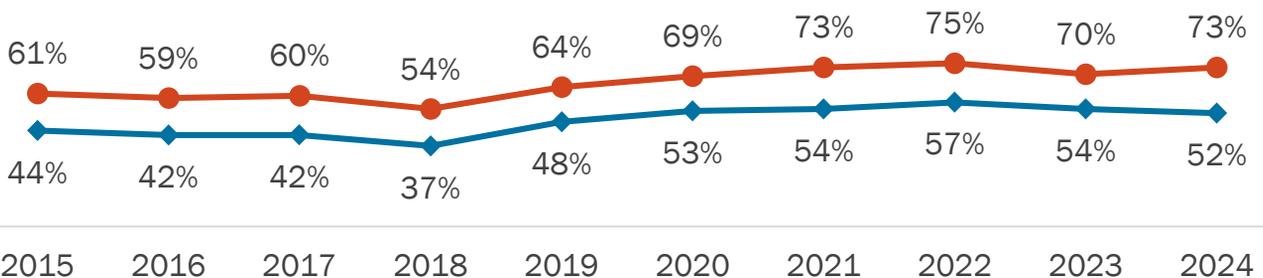
The percent of Vermont adults 65 and older who received a flu vaccine in the past year is statistically similar to 2023, but statistically higher than 2015.

The 52% of all Vermont adults who received a flu vaccine in the past year is statistically similar to 2023 but higher than 2015.

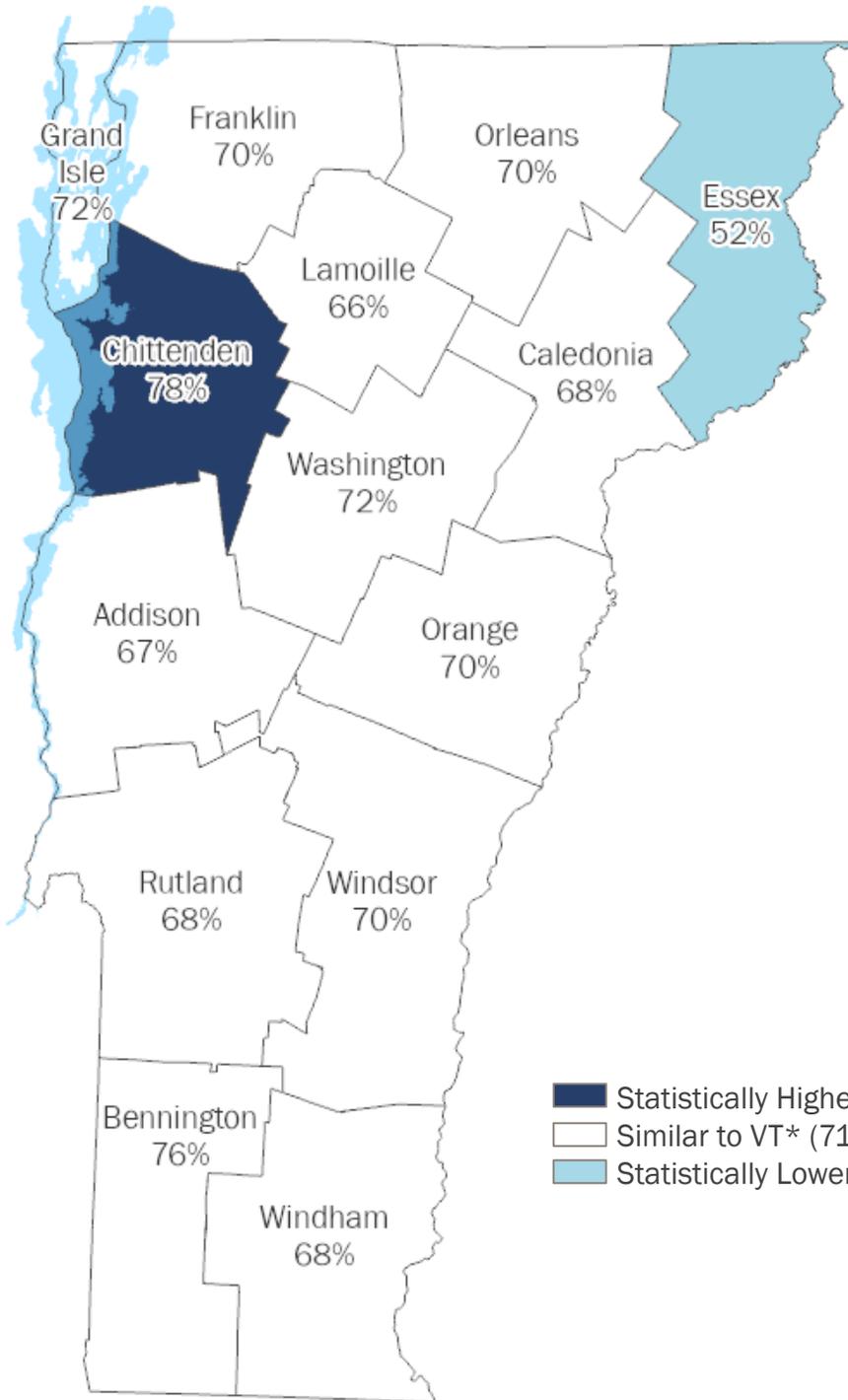
Vermont Adults 65+ Who Had a Flu Vaccine in Past Year, 2024



Vermont Adults and Adults 65+ Who Had a Flu Vaccine in Past Year



Vermont Adults Ages 65+ Who Had a Flu Vaccine in Past Year by County, 2023-2024



Nearly eight in 10 Chittenden County adults 65 and older received a flu vaccine in the past year (78%). This is statistically higher than all Vermont adults of the same age.

Fifty-two percent of Essex County adults 65 and older received a flu vaccine in the past year. This is statistically lower than all Vermont adults in the same age group.

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

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

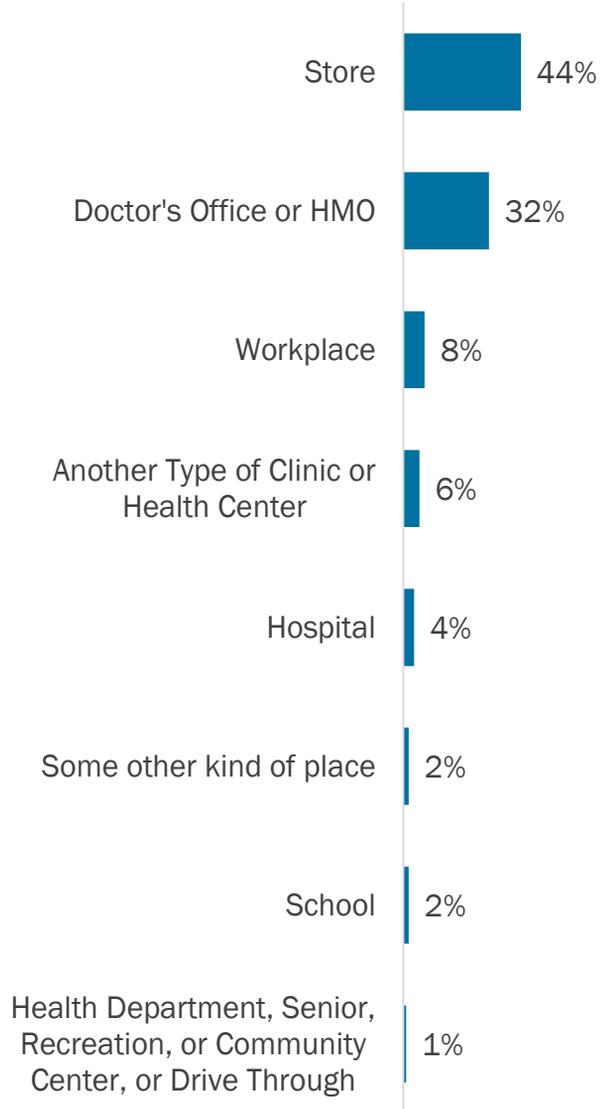
*Vermont estimate represents two years of data.

Flu Vaccine Location

All Vermont adults who received a flu vaccine in the past year were asked about the type of place they received it.

- Forty-four percent received their last flu vaccine at a store, such as a supermarket or drug store.
- Nearly one-third received their vaccine at a doctor's office or health maintenance organization (HMO) (32%).
- Eight percent received it at their workplace.
- Six percent received it at another type of clinic or health center, such as a community health center.
- Four percent received it at a hospital.
- Two percent received it at some other kind of place.
- Two percent received it at a school.
- One percent received it at a health department, senior, recreation or community center, or a drive-through location at some other place than those listed.

Location of Flu Vaccine in Past Year among Vermont Adults, 2024



Immunizations – Pneumococcal Vaccine, Adults 65+

More than seven in 10 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.

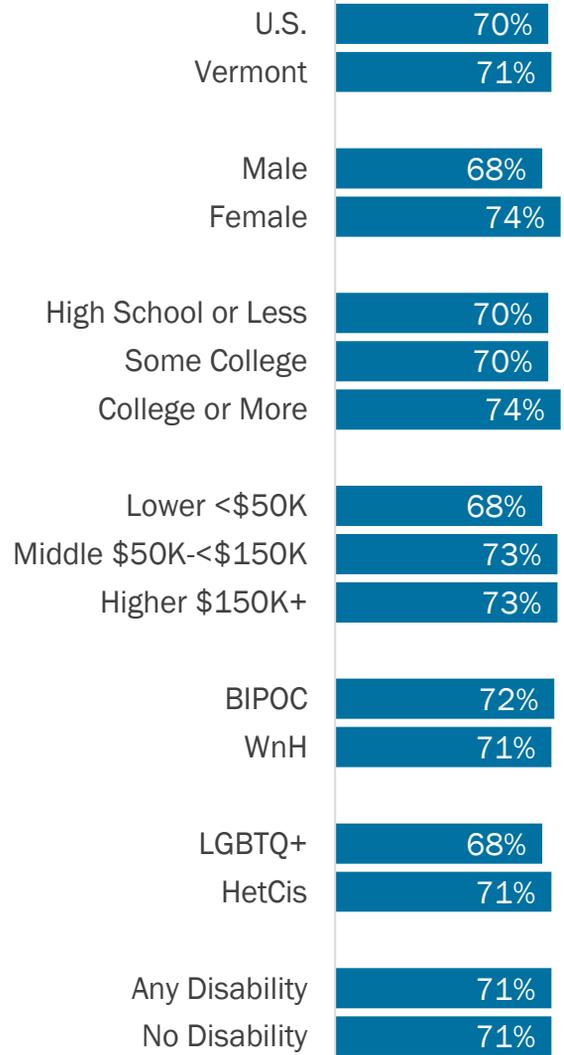
Males and females 65 and older report getting a pneumococcal vaccine at statistically similar rates.

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

The percentage of Vermont adults 65 and older who have ever received a pneumococcal vaccine is statistically similar to 2023 but lower than 2015.

The 40% of all Vermont adults who have ever had a pneumococcal vaccine is the same as in 2023 and statistically similar to 2015.

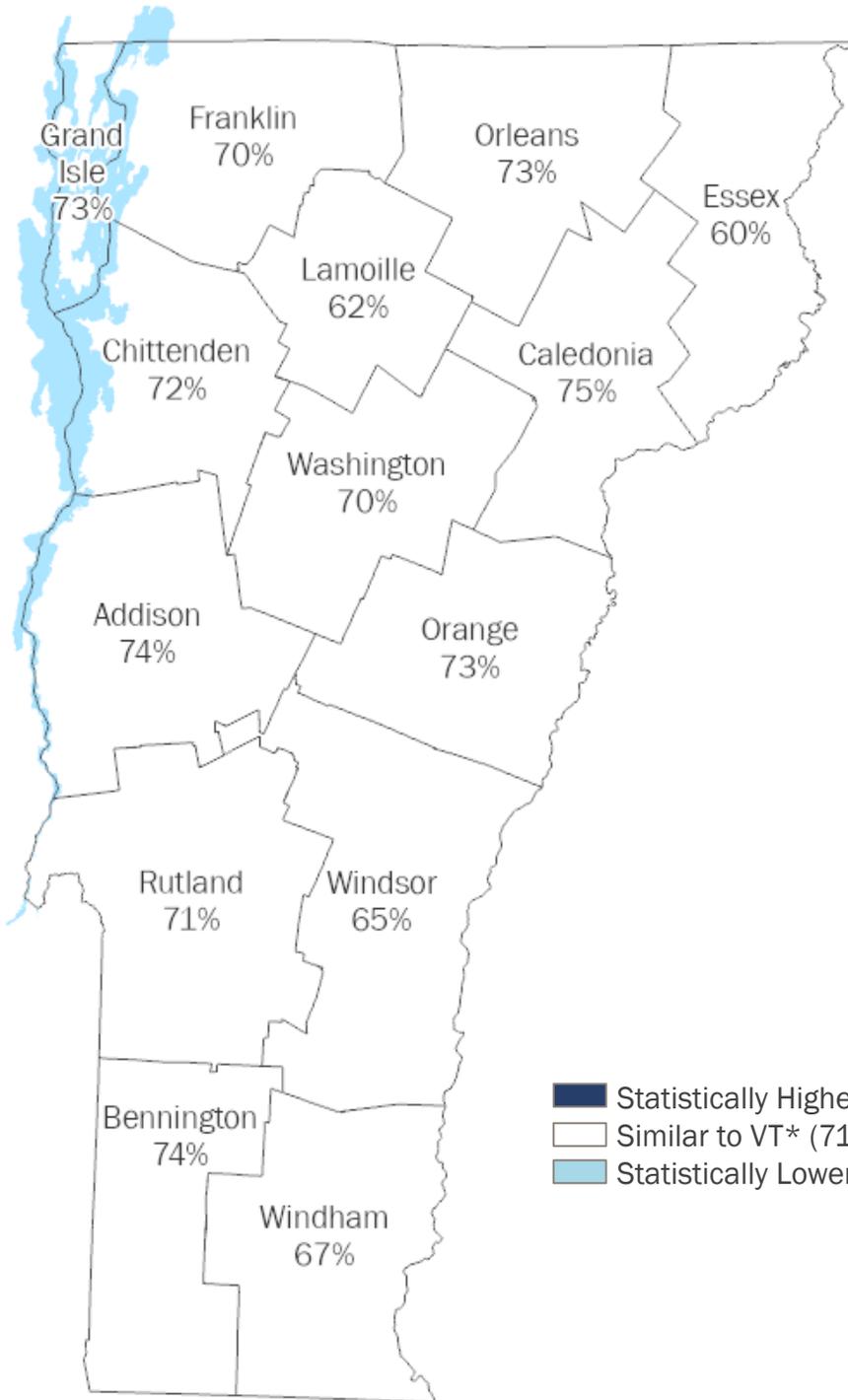
Vermont Adults 65+ Who Ever Had a Pneumococcal Vaccine, 2024



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



Vermont Adults Ages 65+ Who Ever Had a Pneumococcal Vaccine, by County, 2023-2024



Pneumococcal vaccination rates among adults 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.

Routine Doctor Visits

More than three-quarters of Vermont adults had a routine doctor visit in the past year (78%). This is the same rate as U.S. adults.

Females are statistically more likely to have routine doctor visit in the past year.

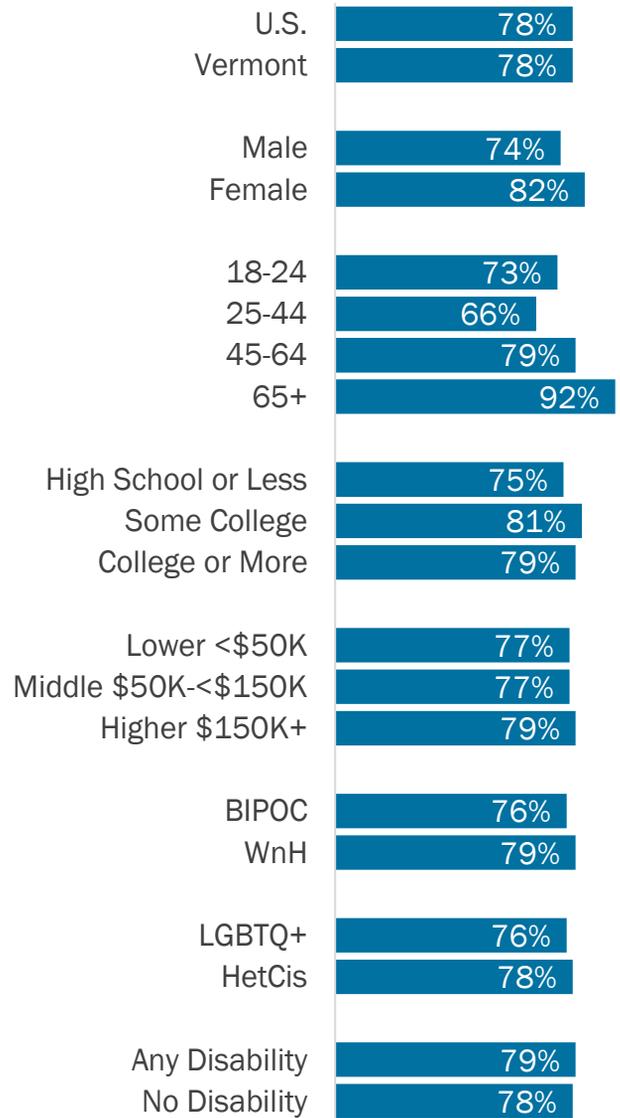
Adults 65 and older are statistically more likely to have a routine doctor visit in the past year than younger adults. Adults 45-64 are statistically more likely to have a routine doctor visit than those 25-44.

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

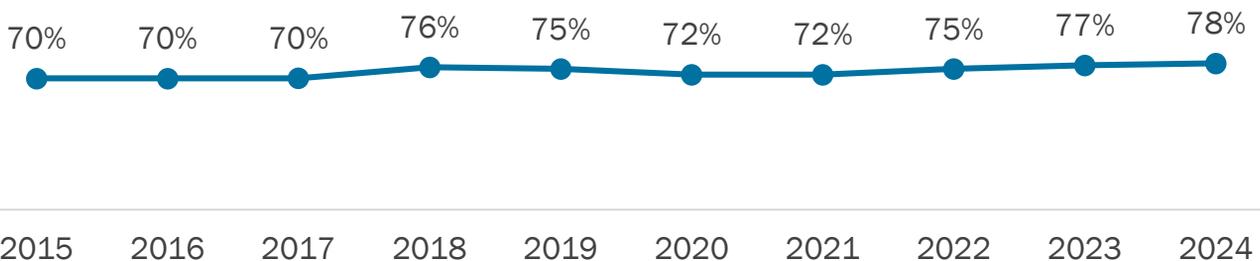
There are no statistical differences in doctor visits by household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The percent of Vermont adults who had a routine doctor visit in the past year is statistically similar to 2023, but statistically higher than 2015.

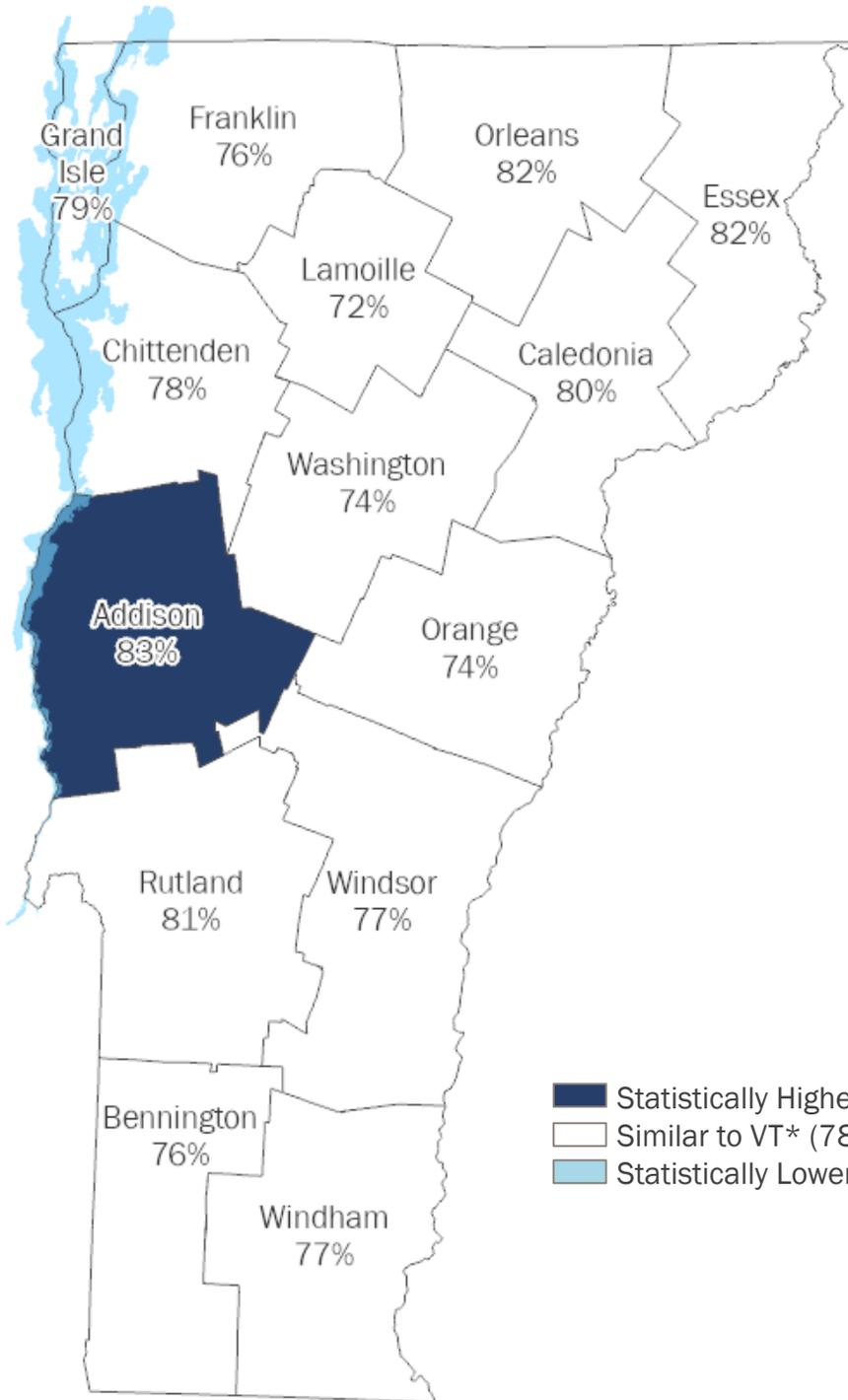
Vermont Adults Who Had a Routine Doctor Visit in Past Year, 2024



Vermont Adults Who Had a Routine Doctor Visit in Past Year



Vermont Adults Who Had a Routine Doctor Visit in Past Year by County, 2023-2024



More than eight in 10 adults in Addison County had a doctor visit in the past year (83%). This is statistically higher than the Vermont rate.

All other counties report a similar rate of having a routine doctor visit in the past year to Vermont adults.

- Statistically Higher than VT
- Similar to VT* (78%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Visited Dentist in Past Year

Seven in 10 Vermont adults saw a dentist for any reason during the previous year (70%). This is statistically higher than the 66% of U.S. adults.

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

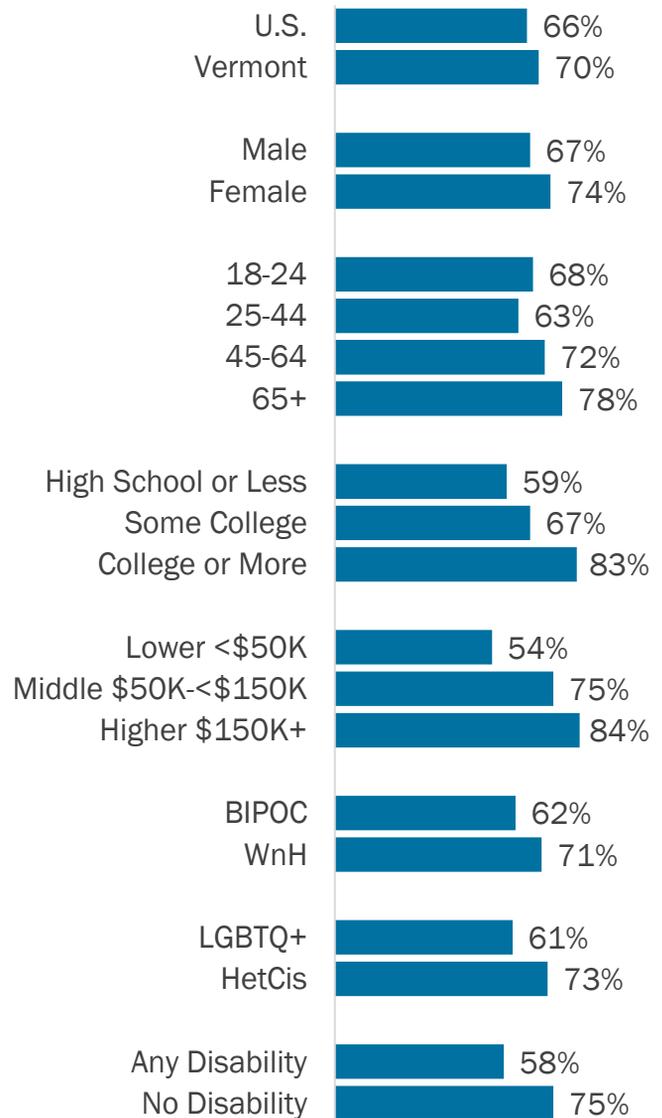
Adults 65 and older are statistically more likely to have visited a dentist in the past year than younger adults. Adults 45-64 are statistically more likely to have visited a dentist than those 25-44.

Dentist visits statistically increase with education and household income level.

Adults who are white, non-Hispanic, HetCis and do not have a disability are statistically more likely to have visited a dentist in the past year than BIPOC adults, LGBTQ+ adults and those with a disability.

The percent of Vermont adults who visited a dentist in the past year is statistically similar to 2022 and 2016.

Vermont Adults Who Visited Dentist in Past Year, 2024

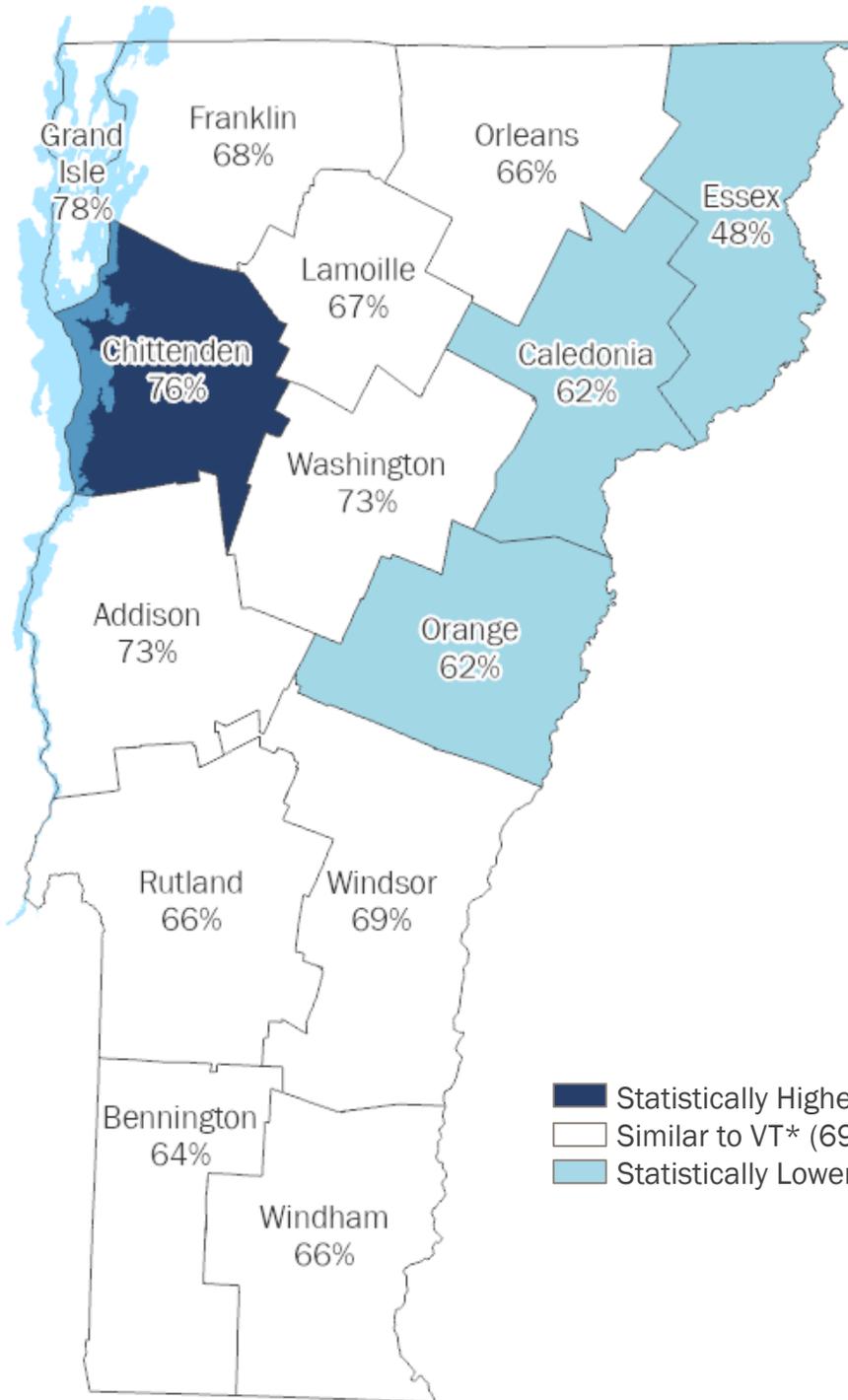


Vermont Adults Who Have Visited a Dentist in the Past Year



2015 2016 2017 2018 2019 2020 2021 2022 2023 2024

Vermont Adults Who Have Visited a Dentist in Past Year by County, 2022, 2024



More than three-quarters of Chittenden County adults have visited the dentist in the past year. This is statistically higher than all Vermont adults.

Sixty-two percent of adults in Caledonia and Orange counties and 48% in Essex County have recently visited the dentist. These rates are statistically lower than all Vermont adults.

All other counties report visiting the dentist in the past year at a similar rate to all Vermont adults.

- Statistically Higher than VT
- Similar to VT* (69%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Teeth Extracted, Adults 45-64

Forty-two percent of adults ages 45-64 have had at least one permanent tooth removed due to tooth decay or gum disease. This is statistically lower than the 49% of U.S. adults.

Males and females ages 45 to 64 report statistically similar rates of tooth extraction.

The prevalence of tooth extraction among adults 45-64 statistically decreases as education and household income level increase.

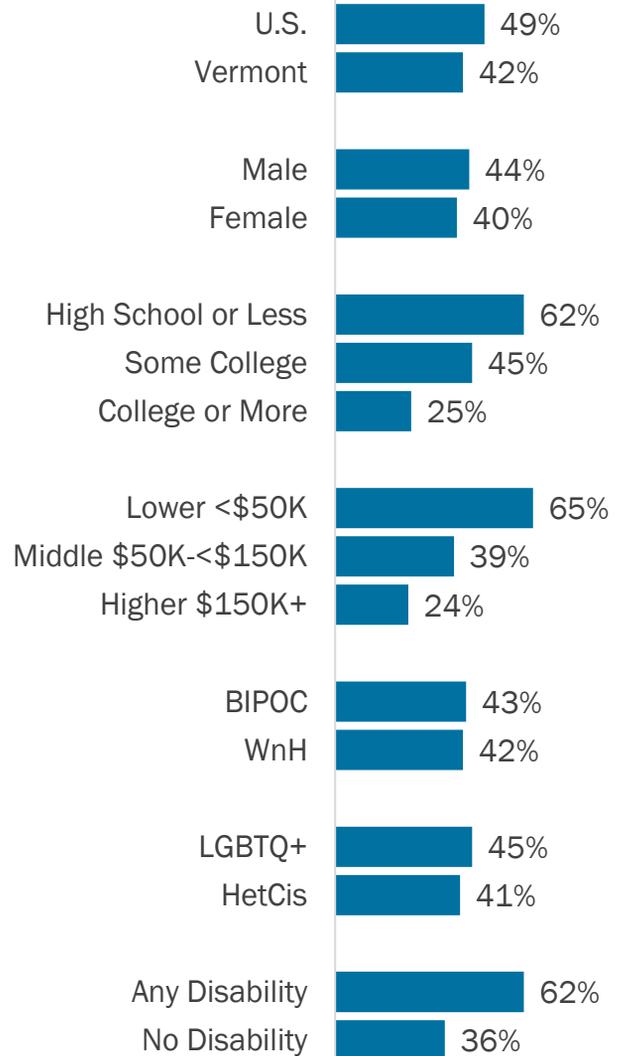
- Adults 45-64 with a high school education or less are two and a half times as likely to have any teeth extracted than those with a college degree or more. This is a statistical difference.
- Adults 45-64 in lower income homes are more than two and a half times as likely to have any teeth extracted than those in higher income homes. This is a statistical difference.

There are no statistical differences in tooth extraction among adults 45-64 by race and ethnicity, or sexual orientation and gender identity.

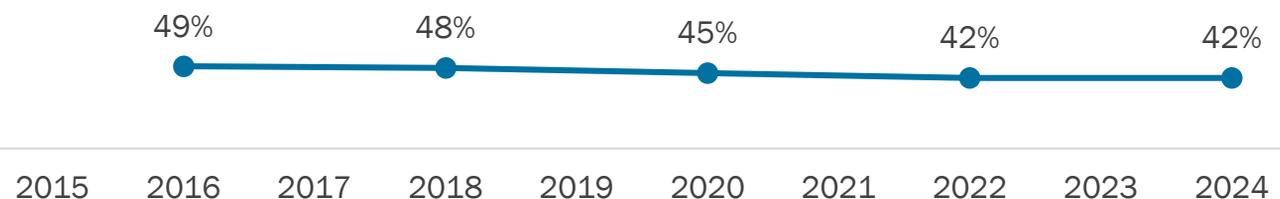
Adults 45-64 with a disability are statistically more likely to have a tooth extracted than adults with no disability.

Tooth extraction among Vermont adults 45-64 is statistically similar to 2022, but statistically lower than 2016.

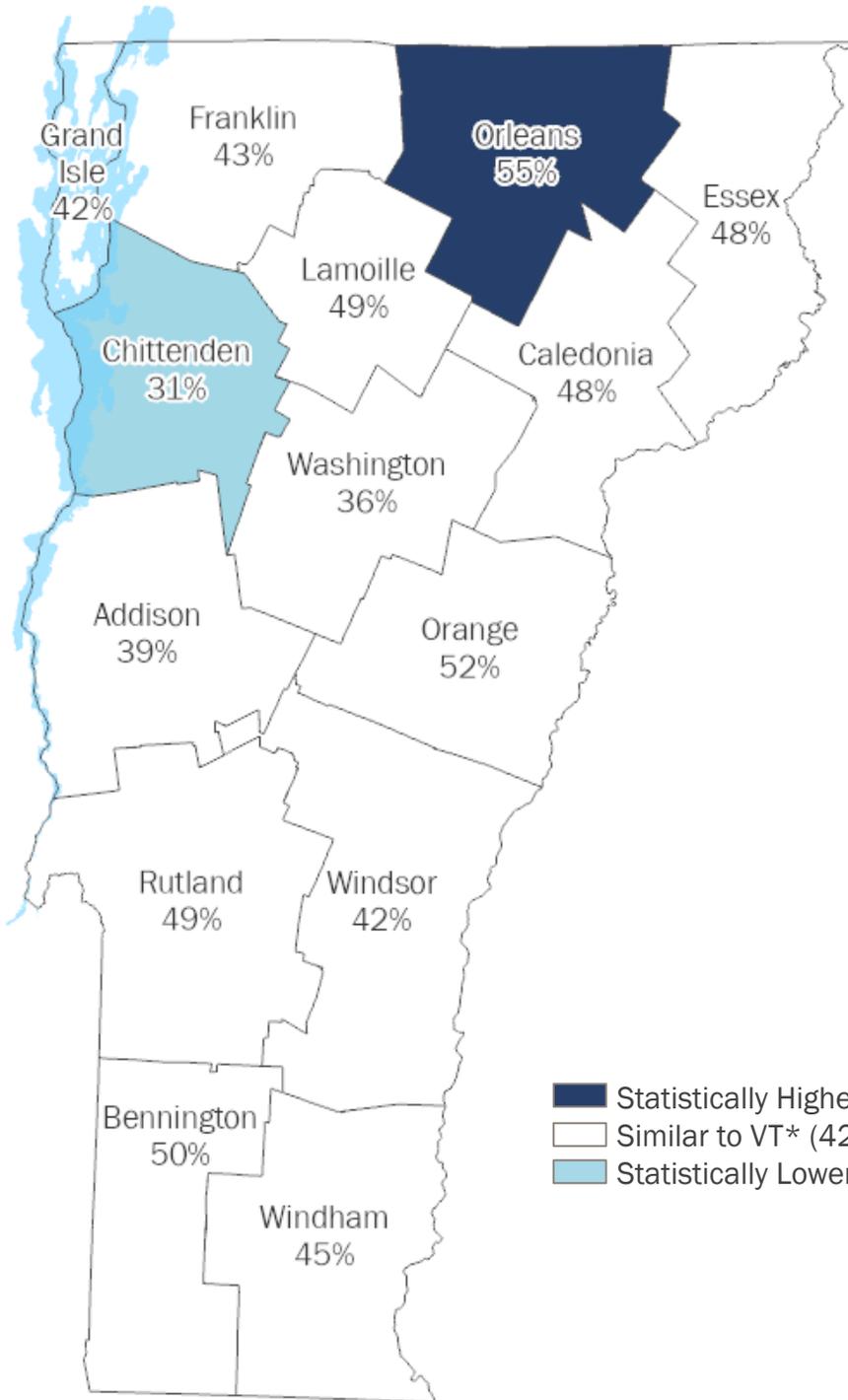
Vermont Adults 45-64 Who Have Had Any Teeth Extracted, 2024



Vermont Adults 45-64 Who Have Had Any Teeth Extracted



Vermont Adults 45-64 Who Have Had Any Teeth Extracted by County, 2022, 2024



More than five in 10 adults 45-64 in Orleans County have ever had a tooth extracted (55%). This is statistically higher than all Vermont adults of the same age.

More than three in 10 adults 45-64 in Chittenden County have ever had a tooth extracted (31%). This is statistically less than all Vermont adults of the same age.

All other counties have a similar rate of tooth extraction among adults aged 45-64 compared with Vermont overall.

- Statistically Higher than VT
- Similar to VT* (42%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Breast Cancer Screening, Females 40-74

Three-quarters of Vermont females ages 40-74 had a mammogram in the past two years (75%). This is statistically the same as U.S. females 40-74.

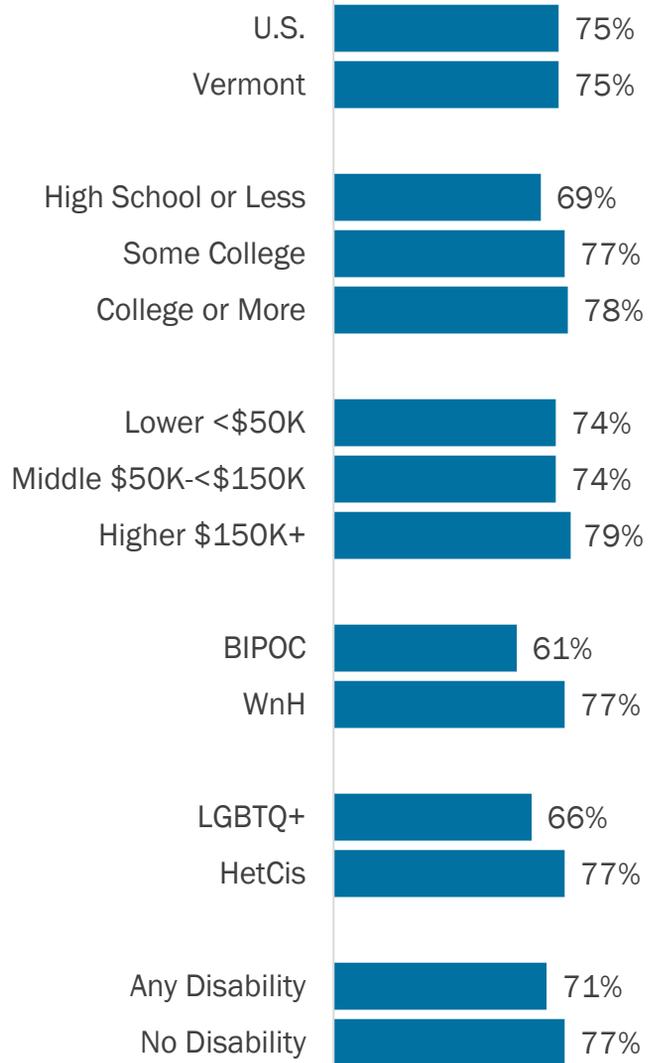
Females 40-74 with a college degree or more are statistically more likely to get a mammogram than those with a high school education or less.

There are no statistical differences in breast cancer screening among females 40-74 by household income level or disability status.

White, non-Hispanic, and HetCis females 40-74 are statistically more likely to get a mammogram than BIPOC or LGBTQ+ females of the same age.

Note: The USPSTF recommendations for who should be screened for breast cancer changed in 2024, so trend and county-level data are not available.

Vermont Females 40-74 Who Meet Breast Cancer Screening Recommendations, 2024



This page reflects the current breast cancer screening recommendations, which were updated in 2024. For additional information, refer to the [USPSTF Breast Cancer Screening Recommendations](#).

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

More than three-quarters of Vermont adults ages 45-75 meet colorectal cancer screening recommendations (76%). This is statistically higher than the 70% of U.S. adults of the same age.

Females 45-75 are statistically more likely to meet colorectal cancer screening recommendations than males.

Adults 45-75 with a college degree or more are statistically more likely to have had a colorectal cancer screening than those with a high school education or less.

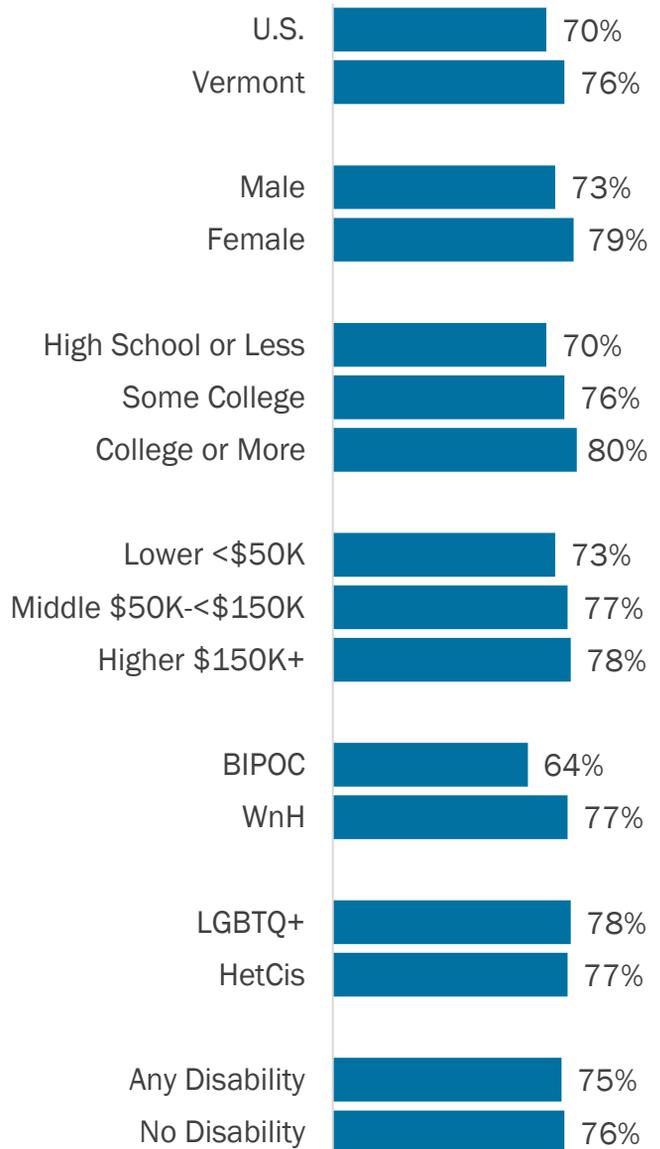
There are no statistical differences in colorectal cancer screening among adults 45-75 by household income level, sexual orientation and gender identity, or disability status.

White, non-Hispanic adults 45-75 are statistically more likely to meet colorectal cancer screening recommendations than BIPOC adults of the same age.

Meeting colorectal cancer screening recommendations among Vermont adults 45-75 is statistically higher than the 70% in 2022.

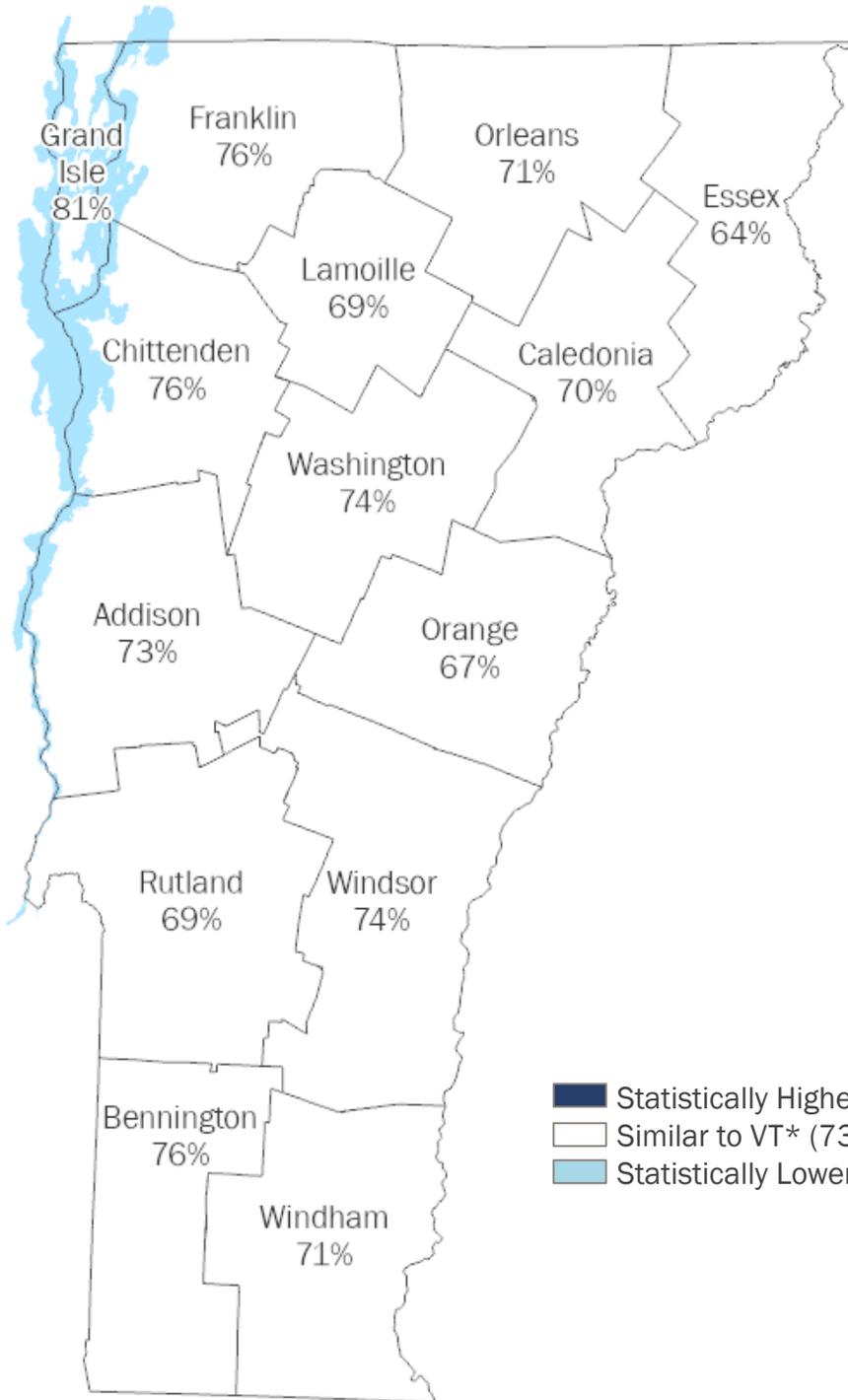
Note: Due to this question only being asked in two survey years, a trend line is not provided.

Vermont Adults 45-75 Who Meet Colorectal Cancer Screening Recommendations, 2024



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

Vermont Adults 45-75 Who Meet Colorectal Cancer Screening Recommendations, by County, 2022, 2024



All counties have a similar rate of adults 45-75 who meet colorectal cancer screening recommendations compared to Vermont overall.

- Statistically Higher than VT
- Similar to VT* (73%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Prostate Cancer Screening, Males 55-69

Protein-specific antigen (PSA) testing for prostate cancer has advantages and disadvantages for individual health. The U.S. Preventive Services Task Force (USPSTF) recommends that men ages 55-69 speak with a trusted health care provider about the test in the context of their medical history to make an informed decision on whether to undergo periodic PSA testing for prostate cancer.

Thirty-six percent of males ages 55-69 have discussed both the advantages and disadvantages of a PSA test with a health care provider. This is statistically similar to the 31% of U.S. adults.

With a health care provider:

- Twelve percent have discussed either only the advantages or the disadvantages.
- Fifty-two percent have discussed neither the advantages nor the disadvantages.

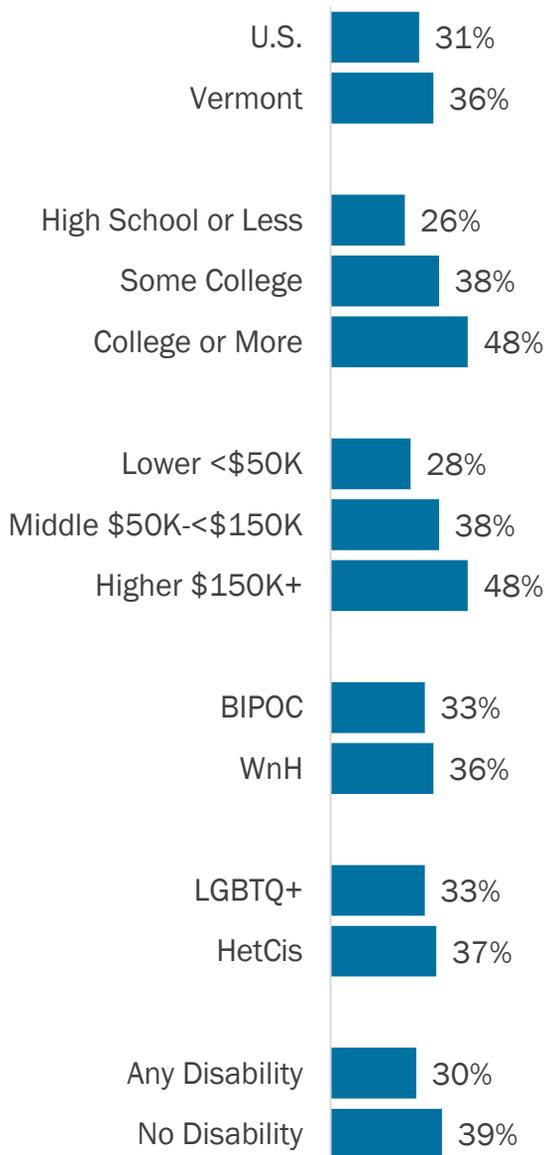
Males 55-69 with a college degree or more are nearly two times as likely to have discussed both the advantages and disadvantages with a provider compared to those with a high school education or less. This is a statistical difference.

Males 55-69 in higher income homes are statistically more likely to have discussed both the advantages and disadvantages with a provider compared to those in lower income homes.

There are no statistical differences among males 55-69 by race and ethnicity, sexual orientation and gender identity, or disability status.

Note: Due to changes in the question in 2024, comparisons to prior years cannot be made.

Vermont Males 55-69 Who Discussed Both Advantages and Disadvantages of PSA Test with Health Provider, 2024



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

HIV Screening – Ever

Nearly four in 10 Vermont adults have ever been tested for HIV (39%).

- This increases to 45% for adults ages 18-64.

Vermont adults report a statistically similar rate of ever being tested for HIV compared to the 40% of U.S. adults.

- Adults 18-64 report being tested for HIV at the same rate as U.S. adults in that age group.

Among all Vermont adults, regardless of age, males and females report ever testing for HIV at statistically similar rates.

Adults 25-64 are statistically more likely to report ever testing for HIV than adults 18-24 and 65 and older.

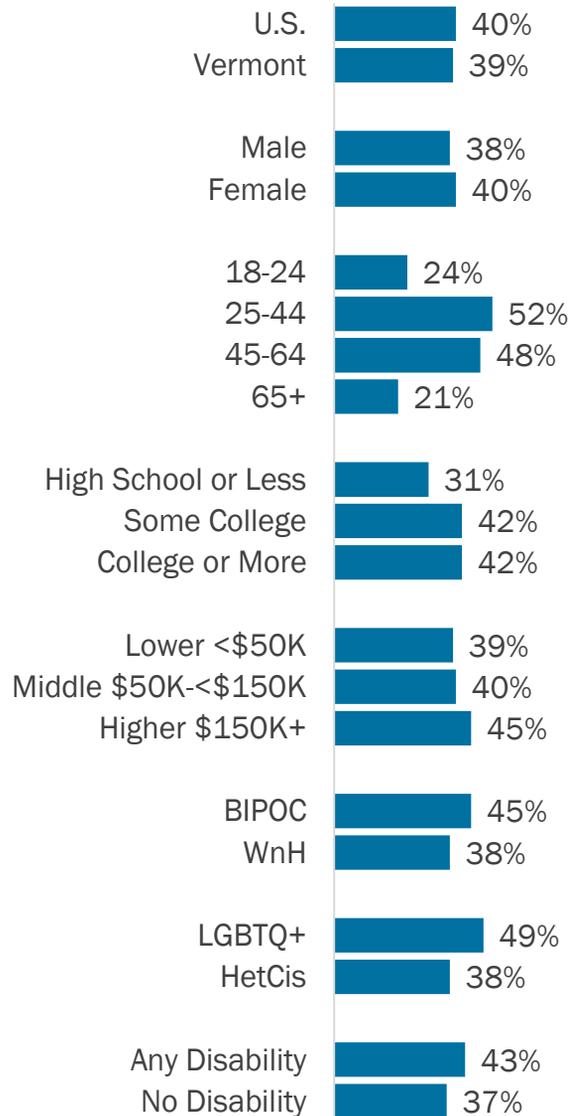
Adults with some college education or more are statistically more likely to have ever had an HIV test.

There are no statistical differences in HIV testing by household income level, or race and ethnicity.

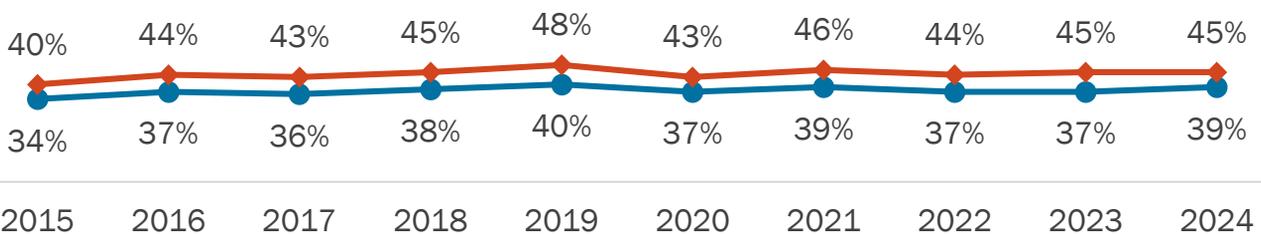
LGBTQ+ adults and adults with a disability are statistically more likely to have ever had an HIV test than HetCis adults and those with no disability.

HIV testing among all Vermont adults and those 18-64 is statistically similar to 2023, but statistically higher than 2015.

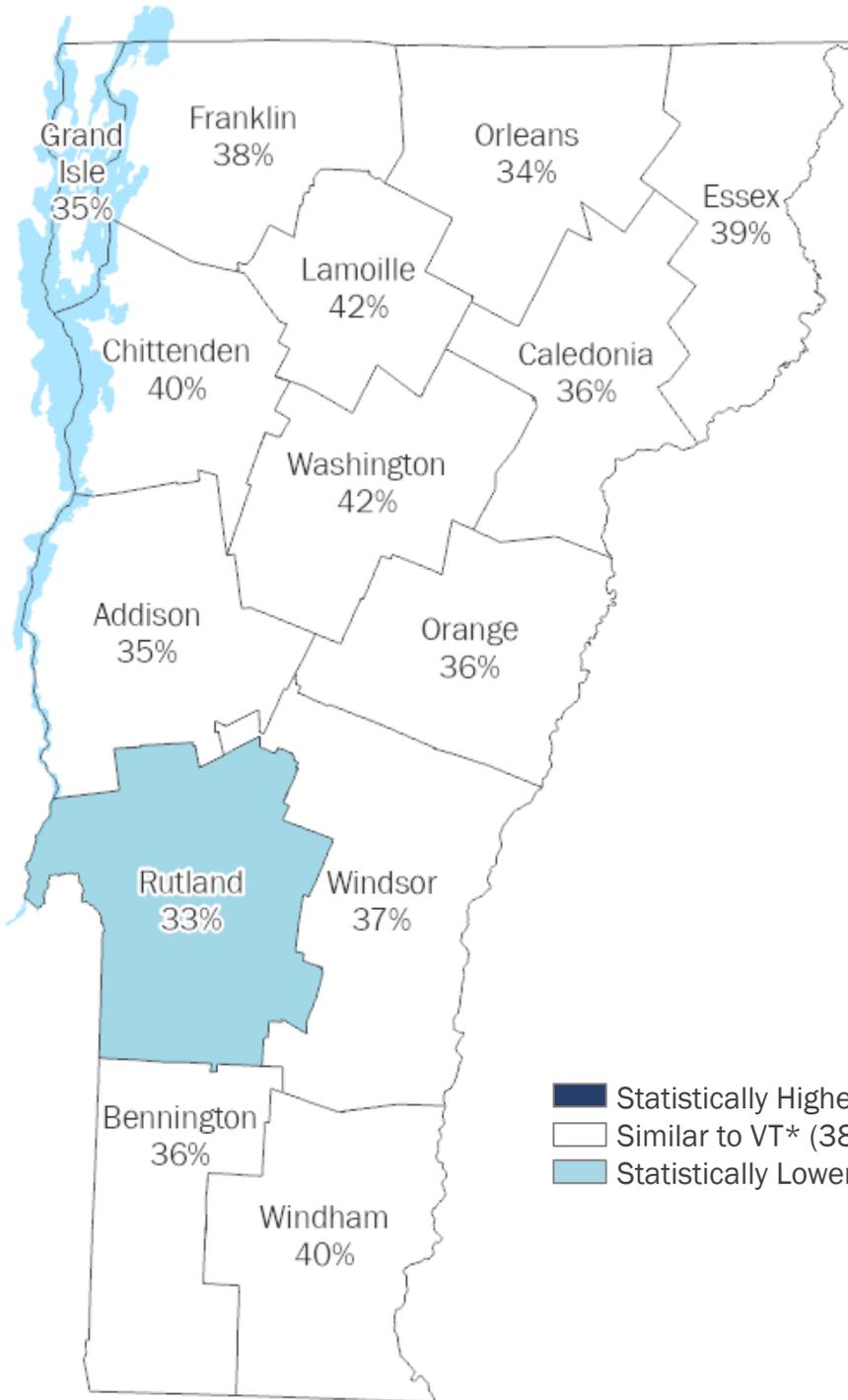
Vermont Adults Ever Tested for HIV, 2024



Vermont Adults and Adults 18-64 Ever Tested for HIV



Vermont Adults Who Have Ever Been Tested for HIV by County, 2023-2024



One-third of adults in Rutland County have ever been tested for HIV (33%). This is statistically lower than all Vermont adults.

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

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

*Vermont estimate represents two years of data.

HIV Screening – In Past Year

Six percent of adults have had an HIV test in the past year. This increases to 8% for adults ages 18-64.

Recent HIV testing is statistically lower among Vermont adults compared to all U.S. adults (11%) and U.S. adults 18-64 (14%).

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.

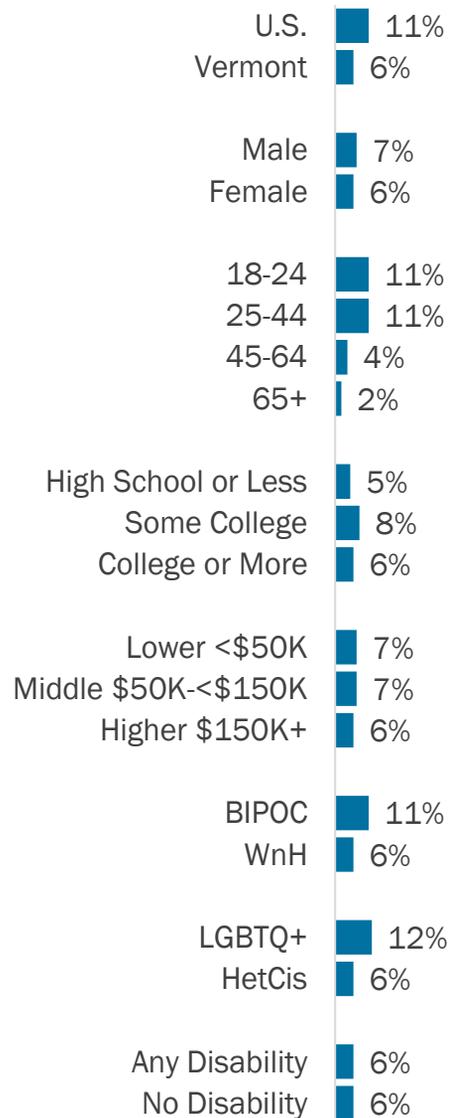
There are no statistical differences in past year HIV screening by education level, household income level, or disability status.

BIPOC adults are nearly two times as likely to have had an HIV test in the past year than white, non-Hispanic adults. This is a statistical difference.

LGBTQ+ adults are two times as likely to have had an HIV test in the past year than HetCis adults. This is a statistical difference.

HIV screening in the past year among all Vermont adults and those 18-64 is statistically similar to 2023 and 2015.

Vermont Adults Tested for HIV in Past Year, 2024



Vermont Adults and Adults 18-64 Tested for HIV in Past Year



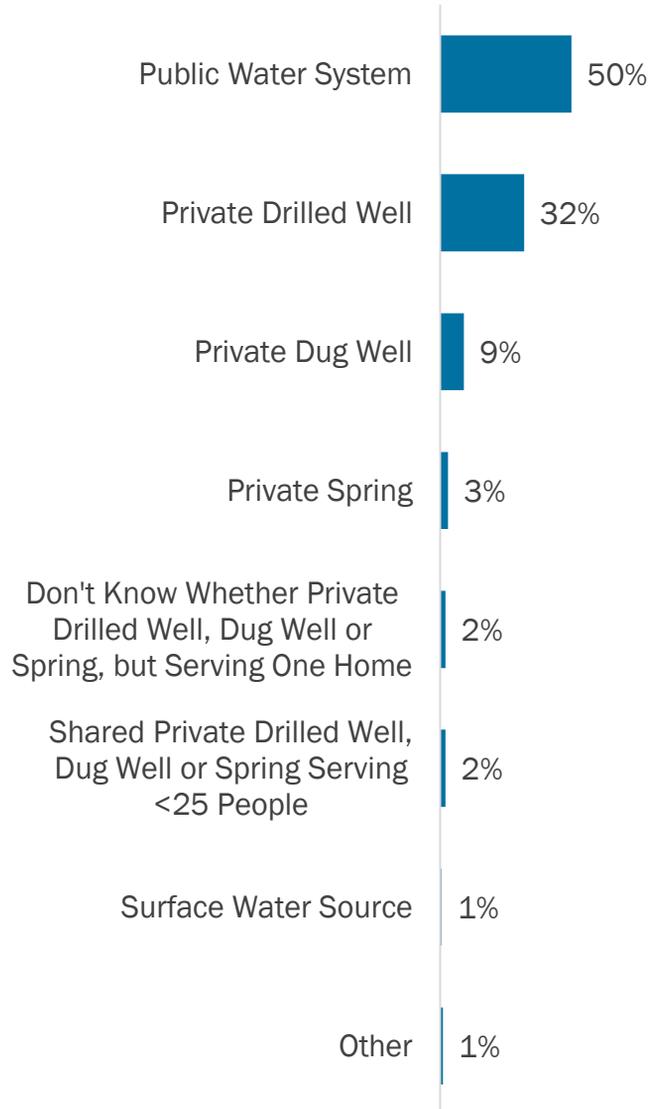
Household Water – Main Source

Half of Vermont adults report having a public water system as their main water source (50%), and half have a private water source (50%). These are statistically similar to the 50% reported for both sources in 2022.

Adults with a private water source include:

- A private drilled well, serving a single-family home (32%).
- A private dug well, serving a single-family home (9%).
- A private spring, serving a single-family home (3%).
- Don't know whether drilled well, dug well, or spring, but serving a single-family home (2%).
- A shared private drilled or 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 (1%).

Main Water Source in Home among Vermont Adults, 2024



Household Water and Arsenic Testing

Among Vermont adults who own their home and have a private water source as their main water source^o:

- Twenty percent tested their private water for arsenic within the past year.
- Twenty-five percent tested more than one year ago but within the past five years.
- Thirty-two percent tested more than five years ago.
- Twenty-three percent have never tested their private water for arsenic.

Males and females report testing their private water for arsenic in the past five years at statistically similar rates.

Adults 18-64 are statistically more likely to have tested their private water for arsenic in the past five years than older adults. Adults 25-44 are statistically more likely to have tested their private water for arsenic than those 45-64.

Adults with a college degree or more are statistically more likely to have tested their private water for arsenic in the past five years than those with a high school education or less.

Adults in higher income homes are statistically more likely to have tested their private water for arsenic in the past five years than those in lower income homes.

There are no statistically significant differences in testing private water for arsenic over the past five years by race and ethnicity or disability status.

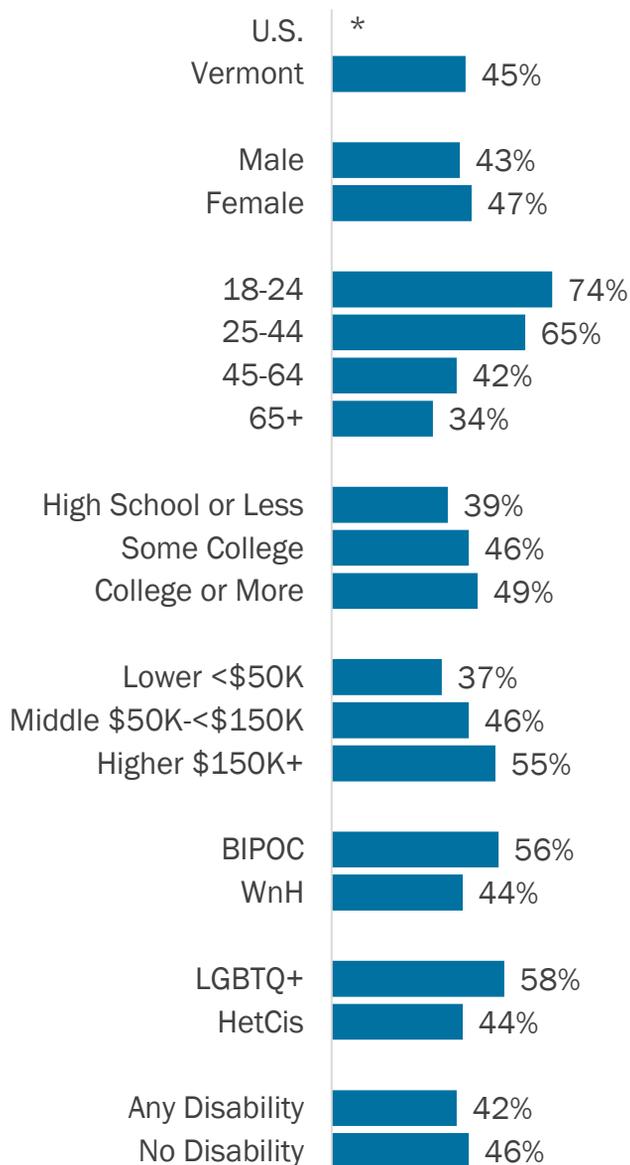
LGBTQ+ adults are statistically more likely to have tested their private water for arsenic in the past five years than HetCis adults.

Note: 2024 is the first year data was collected for this measure, so trend and county-level data are not available.

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

*No national estimate available.

Vermont Adult Homeowners Who Tested Private Water for Arsenic in Past Five Years, 2024





Report Prepared By:

Vermont Department of Health
Division of Health Statistics and Informatics
280 State Drive Waterbury, Vermont 05671

For More Information:

Visit: www.healthvermont.gov/brfss
Email: ahs.vdhbrfss@vermont.gov
Call: (800) 869-2871