

Vermont Behavioral Risk Factor Surveillance System 2025 Statewide Report

November 2026

VERMONT
DEPARTMENT OF HEALTH

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About the BRFSS

About the BRFSS

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.

The BRFSS is an important public health tool for measuring adult health and collects information on:

- Demographics
- Health status
- Social determinants of health
- Health care access
- Chronic disease
- Healthy behaviors and prevention
- Behaviors that contribute to injury, violence and safety
- Substance and tobacco use

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. Completion of the BRFSS depends on a participant's ability to independently complete an over-the-phone survey with a personal cellphone or on a landline phone in a private residence. Adults who are incarcerated, living in congregate housing, don't have a personal phone, or who have hearing impairments or other physical, emotional, or cognitive disabilities that preclude their ability to independently complete such a survey may not be adequately represented in this data.

Results are weighted to represent the adult population of the state. 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.

Trend estimates in this report are provided for all years in which data were collected since 2016.

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

www.healthvermont.gov/brfss

www.cdc.gov/brfss



Executive Summary

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 2025, BRFSS surveys were completed among 6,468 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.

Health Status

Overall, most Vermont adults report good to excellent general health, with only 15% reporting fair or poor health. This is statistically lower than the 19% of U.S. adults. Disparities are seen in general health. Fair or poor health is more common among adults with less education or lower income, LGBTQ+ adults and those with a disability.

Thirteen percent of Vermont adults report poor physical health. Poor physical health is more common among adults with less education or lower income, LGBTQ+ adults and those with a disability. Seventeen percent of adults report poor mental health. Poor mental health is more common among females, younger adults, those with less education or lower income, BIPOC adults, LGBTQ+ adults and those with a disability. Among Vermont adults, the rate of poor mental health has significantly increased from 2016 to 2025 (12% vs. 17%).

More than six in 10 Vermont adults report poor sleep (61%), statistically lower than the 64% of U.S. adults. Not participating in any leisure time physical activity is statistically lower among Vermont adults than U.S. adults (17% vs. 23%) and is more common among adults with less education or lower income and those with a disability. More than two in 10 Vermont adults identify as caregivers (22%). Caregiving is more common among females and those with a disability.

Social Determinants of Health

New in 2025, adults were asked about their incarceration history. Four percent of adults have ever been incarcerated after age 18. Incarceration is more common among males, adults with less education or lower income, BIPOC adults and those with a disability.

Executive Summary (continued)

Health Care Access

Ninety-four percent of Vermont adults ages 18-64 have health plan coverage, statistically higher than the 89% of U.S. adults of the same age. Males, adults with less education or lower income and BIPOC adults are less likely to have health plan coverage. Nine in 10 Vermont adults have a personal health care provider (91%), statistically higher than the 84% of U.S. adults. Eight in 10 adults have had a routine health checkup in the past year (81%), statistically higher than in 2016 (70%). Males and BIPOC adults are less likely to have a personal health care provider or have a recent routine health checkup.

Eight percent of Vermont adults say there was a time in the past year that they did not go to a provider because of cost, statistically lower than the 13% of U.S. adults. Adults with less education, BIPOC adults, LGBTQ+ adults and those with a disability are more likely to delay health care due to cost.

Chronic Disease

Compared to the U.S., Vermont adults have statistically lower rates of chronic kidney disease (3% vs. 4%), diabetes (10% vs. 13%), and high cholesterol (36% vs. 39%). Vermont adults have statistically higher rates of other chronic diseases when compared to U.S. adults, including: arthritis (30% vs. 27%), asthma (13% vs. 10%), non-melanoma skin cancer (7% vs. 6%), and other non-skin cancer including melanoma (12% vs. 9%). Nine percent of Vermont adults have cardiovascular disease, 7% have chronic obstructive pulmonary disease, 12% have prediabetes and 34% have hypertension. 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 (27% vs. 21%). Depressive disorders are more common among females, younger adults, those with lower income, LGBTQ+ adults and those with a disability.

Among Vermont adults, the rate of asthma significantly increased from 2016 to 2025 (10% vs. 13%). Similarly, the rate of prediabetes significantly increased from 2017 to 2025 (7% vs. 12%).

Healthy Behaviors and Prevention

The flu vaccination rate among adults ages 65 and older is statistically higher for Vermont than the U.S. (73% vs. 57%). Adults with less education or lower income are less likely to receive a flu vaccine. Compared to the U.S., Vermont adults ages 65 and older are statistically more likely to have ever had a pneumococcal vaccine (73% vs. 69%). Adults with less education are less likely to receive a pneumococcal vaccine. Compared to the U.S., Vermont adults are statistically more likely to have had a tetanus vaccine in the past 10 years (81% vs. 65%). Adults with less education, BIPOC adults and those with a disability are less likely to receive a tetanus vaccine.

Eighteen percent of Vermont adults say they eat five or more fruits and vegetables per day, statistically higher than the 14% of U.S. adults However, the Vermont rate has statistically decreased from 26% in 2017. Males and adults with less education are less likely to eat five or more fruits and vegetables per day.

Executive Summary (continued)

Healthy Behaviors and Prevention (continued)

Eighty-six percent of Vermont adults with a health checkup in the past year were asked about their alcohol use. Adults with less education or lower income, BIPOC adults and those with a disability are less likely to be asked about their use. Three in 10 adults received information about what level of drinking is harmful or risky for their health (29%). Females and older adults are less likely to receive information about alcohol use.

New in 2025, adults with a health checkup in the past year were asked about their cannabis use. More than seven in 10 adults say they were asked about their cannabis use (72%). Adults with less education and those with a disability are less likely to be asked about their use.

Cholesterol screening among Vermont adults is statistically lower than U.S. adults (87% vs. 89%), and is less common among males, younger adults, those with less education, BIPOC adults and LGBTQ+ adults. Vermont adults are statistically more likely to have ever been tested for HIV than U.S. adults (46% vs. 42%), but less likely to have recently been tested for HIV than U.S. adults (10% vs. 12%). HIV testing in general is less common among white, non-Hispanic adults and heterosexual and cisgender adults.

Injury, Violence and Safety

Among Vermont adults with a firearm in the home, one in five have a loaded firearm (19%). Storing a loaded firearm in the home is more common among males.

Substance and Tobacco Use

Alcohol use (59%), heavy drinking (7%) and binge drinking (16%) are reported at statistically higher rates in Vermont than among U.S. adults (49%, 5%, and 14%, respectively). Alcohol use is more common among males, adults with more education or higher income, white, non-Hispanic adults and those with no disability.

One-quarter of Vermont adults use cannabis (26%). Cannabis use is more common among males and LGBTQ+ adults. Eighteen percent of adults using cannabis drove within three hours of use at least once in the past month. Driving after cannabis use is more common among males. Cannabis use has more than doubled from 2016 to 2025 (12% vs. 26%).

Six percent of Vermont adults use e-cigarettes. 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. One in 10 adults smoke cigarettes (10%). Cigarette smoking is more common among adults with less education or lower income, BIPOC adults and those with a disability. Half of Vermont adults who smoke cigarettes have tried to quit in the past year (49%). Three percent of Vermont adults use smokeless tobacco. Smokeless tobacco use is more common among adults with less education.

New in 2025, adults were asked about their cigar and nicotine pouch use. Two percent of adults smoke cigars and 3% use nicotine pouches. Nicotine pouch use is more common among males.



Understanding and Using the BRFSS

Vermont Department of Health

Understanding the BRFSS Results

This document is organized into chapters or topics including health status, social determinants of health, health care access, chronic disease, healthy behaviors and prevention, injury, violence and safety, and substance and tobacco use.

Throughout this report, responses from all questions are broken down into yes/no responses. For each indicator, the overall 2025 Vermont prevalence rate as well as demographic breakdowns are shown.

Understanding and Interpreting the Results

The results in this report are weighted in order to compensate for incomplete surveys, non-response and non-coverage (households without telephones). The weighting allows the results to be fully representative of Vermont adults. Weighting permits us to draw inferences about the adult population in Vermont.

Throughout this report, statistically significant differences are noted. Statistical significance is calculated by comparing the 95% confidence intervals of two or more values. If the confidence intervals overlap, the percentages are not different. In other words, the two groups are not statistically different from one another. If the confidence intervals do not overlap, there is a statistical difference between the two groups.

A 95% confidence interval is a range of values and can vary due to the size of a particular population or how consistently adults responded to a question. Sometimes, when comparing the responses of two or more groups, the overall percent may look very different, but the two numbers are not statistically different. Other times, the two values may be very close but do differ statistically.

While this report notes statistical differences, we encourage you to consider *meaningful differences*: does the disparity merit a targeted intervention, show a real change in health, or otherwise mean something important to the community (statistics aside).

Understanding the BRFSS Results

Comparisons Between Groups

Some subgroups have a higher prevalence or rates of health risk behaviors that might place them at risk for unnecessary or premature mortality, negative health outcomes and social problems.

While this report cannot depict all subgroups of adults who experience disparities, this report does include differences among adults by sex, age, education, household income, race and ethnicity, sexual orientation and gender identity, and disability status. To draw as many statistically meaningful comparisons among groups as possible, some populations have been grouped together. Additional demographic "Populations in Focus" reports are available www.healthvermont.gov/brfss.

Specifically, in this report, all Black, Indigenous and adults of color were grouped into a "BIPOC" category to compare to white, non-Hispanic adults. Similarly, all lesbian, gay, bisexual, pansexual, queer, asexual, questioning, another non-heterosexual orientation and transgender adults were grouped into a "LGBTQ+" category to compare to heterosexual and cisgender (HetCis) adults. We acknowledge that this grouping method strengthens statistical comparative power while also diminishing how precisely we can report the results among the distinct, diverse sub-populations within these groupings.

Statistical differences are noted in the text. These are primarily noted throughout the report as one group being statistically more likely to report the behavior than another group.

Trend Data

In addition to showing adults' behaviors and experiences in 2025, this report also highlights changes from 2016 to 2025 and how the data has changed over the past 10 years. Changes from 2016 to 2025 tend to show the most recent signs of progress, stability or concern.

Data Availability

For some questions, U.S. estimates are not available since not all states asked the question. In those instances, "NA" is in place of a percentage indicating "no national estimate available."

Data Suppression

For some questions, not enough adults respond to be able to report an estimate. In those instances, "NA" is in place of a percentage indicating "too few adults." Reportable estimates include a numerator of at least five adults and a relative standard error of 30 or below. Statistical comparisons are not completed on suppressed values.

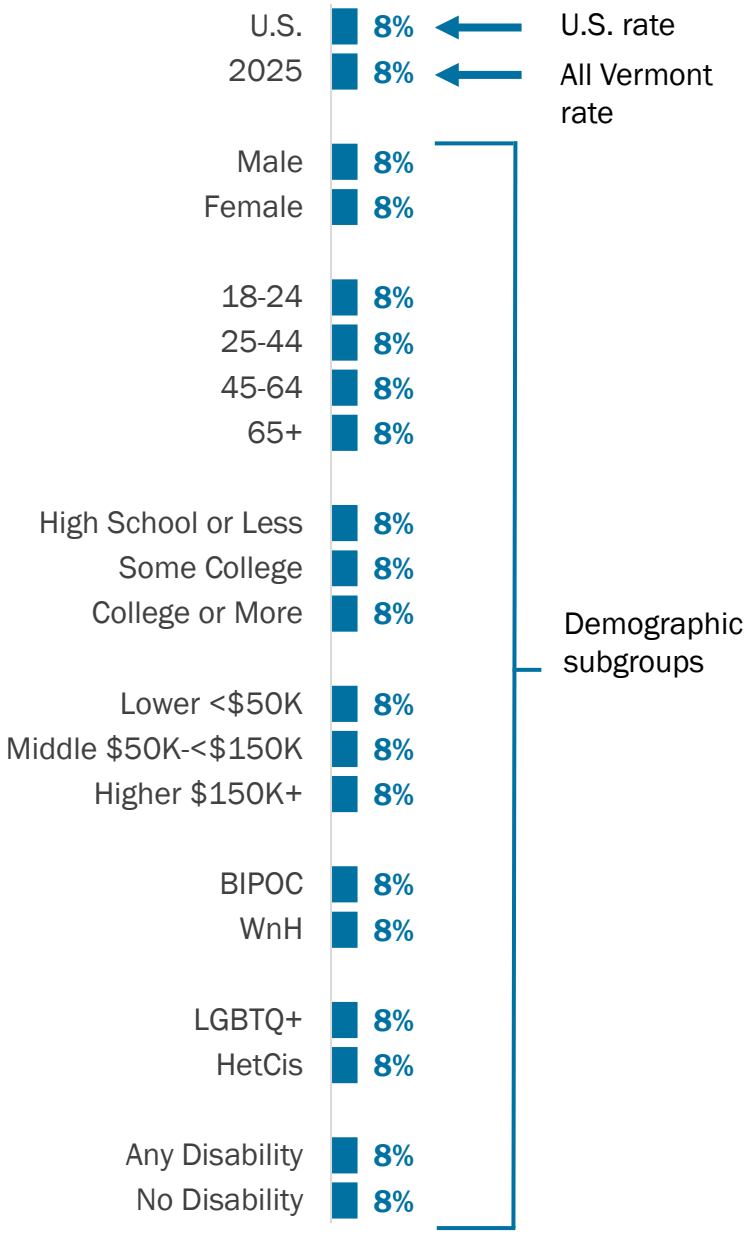
How to Read This Report

The Health Department developed a new report format for the 2025 BRFSS results. Regular readers and partners may notice this change, but the data and content are the same.

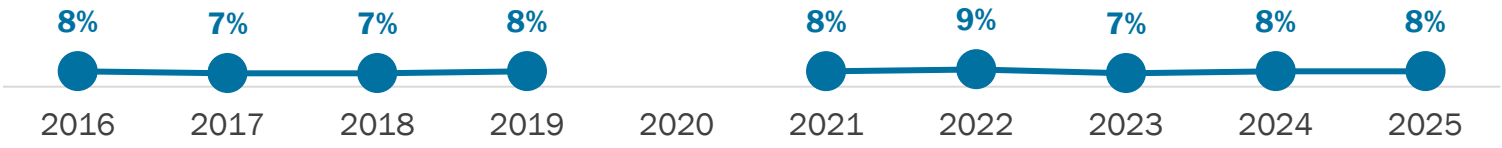
- This report contains narrative, bar charts, and other graphs describing survey results for the 2025 questionnaire.
- Each chart graphically describes the weighted prevalence rate (%) of adults that report a certain behavior.
- Prevalence rates are reported by demographic subgroups including sex, age, education, household income, race and ethnicity, sexual orientation and gender identity, and disability status. See the chart on the right half of this page for an example. Statistically significant differences by demographic groups are noted in the text, if they exist.

The trend line below shows prevalence rates for this question over time. Questions are not asked every year, so there may be gaps.

Example of prevalence rates by demographic subgroups



Results over the past decade or when a question was first asked



New in 2025

The 2025 Vermont BRFSS questionnaire included new questions on:

- **Caregiving Burden**
  - In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings?
- **Incarceration**
  - After age 18, have you served time in a prison, jail or other correctional facility?
  - After age 18, how many times have you served in a prison, jail or other correctional facility?
  - Altogether, after age 18, about how much time have you served in a prison, jail or other correctional facility?
- **Cannabis Screening**
  - You told me earlier that your last routine checkup was [within the past year OR within the past 2 years]. At that checkup, were you asked in person or on a form if you use marijuana or cannabis?
- **Cigar Smoking**
  - How often do you use cigars, cigarillos, or little cigars? Everyday, some days, or not at all?
- **Nicotine Pouch Use**
  - How often do you use nicotine pouches? Everyday, some days or not at all?

Vermont Behavioral Risk Factor Surveillance System 2025 Results



Vermont Department of Health

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Survey Sample and Demographics

Demographics

Sex. The BRFSS asks adults, "Are you male or female?".

Age. The BRFSS asks adults, "What is your age?". In this report responses are grouped into four categories: 18-24, 25-44, 45-64, and 65 and older.

Education. The BRFSS asks adults, "What is the highest grade or year of school you completed?". In this report responses are grouped into three categories:

High School or Less. This group includes adults who responded that they completed grade 12 or a GED, or have less education.

Some College. This group includes adults who responded that they completed one to three years of college or technical school.

College or More. This group includes adults who responded that they completed four years or more of college.

Household Income. The BRFSS asks adults, "Is your annual household income from all sources…?". In this report responses are grouped into three categories:

Lower <$50K. This group includes adults who responded that their annual household income is less than $50,000.

Middle $50K-<$150K. This group includes adults who responded that their annual household income is at least $50,000 but less than $150,000.

Higher $150K+. This group includes adults who responded that their annual household income is less than $150,000 or more.

Race and Ethnicity. The BRFSS asks adults, "Which one or more of the following would you say is your race?" and "Are you Hispanic, Latino/a or Spanish origin?". The BRFSS allows adults to select one or more races. In this report responses are grouped into two categories:

BIPOC. This group includes adults who responded that they are (1) Black or African American, American Indian or Alaska Native, Asian or Pacific Islander or (2) Hispanic, Latino/a or Spanish origin.

White non-Hispanic (WnH). This groups includes adults who responded that they are (1) White and (2) not Hispanic, Latino/a or Spanish origin.

Demographics

Sexual and Gender Identity. The Vermont BRFSS asks adults, "Which of the following best represents your sexual orientation?" and "Do you consider yourself to be transgender?". In this report responses are grouped into two categories:

LGBTQ+. This group includes adults who responded that they (1) describe themselves as lesbian, gay, bisexual, pansexual, queer, asexual, questioning or another non-heterosexual orientation or (2) are transgender.

Heterosexual and Cisgender (HetCis). This group includes adults who responded that they (1) describe themselves as heterosexual and (2) are not transgender.

Disability. The BRFSS asks adults six questions about disability:

(1) "Are you deaf or do you have serious difficulty hearing?"

(2) "Are you blind or do you have serious difficulty seeing, even when wearing glasses?"

(3) "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?"

(4) "Do you have serious difficulty walking or climbing stairs?"

(5) "Do you have difficulty dressing or bathing?"

(6) "Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?".

In this report responses are grouped into two categories:

Any Disability. This group includes adults who responded yes to having any disability.

No Disability. This group includes adults who responded no to all disability questions.

Demographics

Total Unweighted N*	6,468

Demographic		Unweighted N*	Weighted %
Sex	Female	3,402	51%
	Male	3,066	49%
Age	18-24	229	11%
	25-44	1,223	30%
	45-64	2,031	30%
	65+	2,872	29%
Education	High School or Less	1,541	33%
	Some College	1,424	27%
	College or More	3,470	40%
Household Income	Lower <$50K	1,614	31%
	Middle $50K-<$150K	2,763	52%
	Higher $150K	885	17%
Race and Ethnicity	White	5,947	89%
	Multi-racial	101	4%
	Hispanic	103	3%
	Asian, Native Hawaiian, Pacific Islander	64	2%
	Black	59	1%
	Alaskan Native, American Indian	40	1%
	Another Race	35	1%

Note: Due to rounding, percentages may not add up to one hundred.
*Unweighted number of adults who completed the survey or question. Adults are not required to answer all questions on the BRFSS. Therefore, totals by specific demographics may not equal the overall total.

Demographics

Total Unweighted N*	6,468

Demographic		Unweighted N*	Weighted %
Sexual Orientation	Heterosexual	4,707	87%
	Bisexual or Pansexual	223	7%
	Lesbian or Gay	123	3%
	Queer	59	2%
	Questioning or Another Sexual Orientation	56	1%
	Asexual	39	1%
Transgender Status	Transgender	31	1%
	Not Transgender	5,483	99%
Gender Identity	Female	2,875	50%
	Male	2,546	48%
	Non-Binary or Another Gender Identity	61	2%
Disability	Any Disability	1,661	26%
	No Disability	4,479	74%
Pregnancy	Pregnant	21	2%
	Not Pregnant	864	98%
Veteran	Veteran	675	9%
	Non-Veteran	5,753	91%

Note: Due to rounding, percentages may not add up to one hundred.
*Unweighted number of adults who completed the survey or question. Adults are not required to answer all questions on the BRFSS. Therefore, totals by specific demographics may not equal the overall total.

Demographics

Total Unweighted N*	6,468

Demographic		Unweighted N*	Weighted %
Employment	Employed	3,272	59%
	Retired	2,315	24%
	Unable to Work	325	5%
	Student	111	5%
	Unemployed	186	4%
	Homemaker	123	2%
Marital Status	Married	3,548	50%
	Never Married	898	22%
	Divorced	857	11%
	Unmarried Couple	371	8%
	Widowed	619	7%
	Separated	108	2%
Homeowner Status	Own	5,016	77%
	Rent	1,194	18%
	Other Arrangement	223	6%
Children Under 18 Years in the Home	No Children	5,189	75%
	One Child	537	11%
	Two Children	470	10%
	Three Children	112	3%
	Four or More Children	61	1%

Note: Due to rounding, percentages may not add up to one hundred.
*Unweighted number of adults who completed the survey or question. Adults are not required to answer all questions on the BRFSS. Therefore, totals by specific demographics may not equal the overall total.

Demographics

Total Unweighted N*	6,468

Demographic		Unweighted N*	Weighted %
County	Addison	403	6%
	Bennington	369	6%
	Caledonia	315	5%
	Chittenden	1,627	26%
	Essex	46	1%
	Franklin	441	7%
	Grand Isle	92	1%
	Lamoille	267	4%
	Orange	330	5%
	Orleans	274	4%
	Rutland	489	9%
	Washington	524	9%
	Windham	495	7%
	Windsor	519	9%

Note: Due to rounding, percentages may not add up to one hundred.
*Unweighted number of adults who completed the survey or question. Adults are not required to answer all questions on the BRFSS. Therefore, totals by specific demographics may not equal the overall total.



Health Status

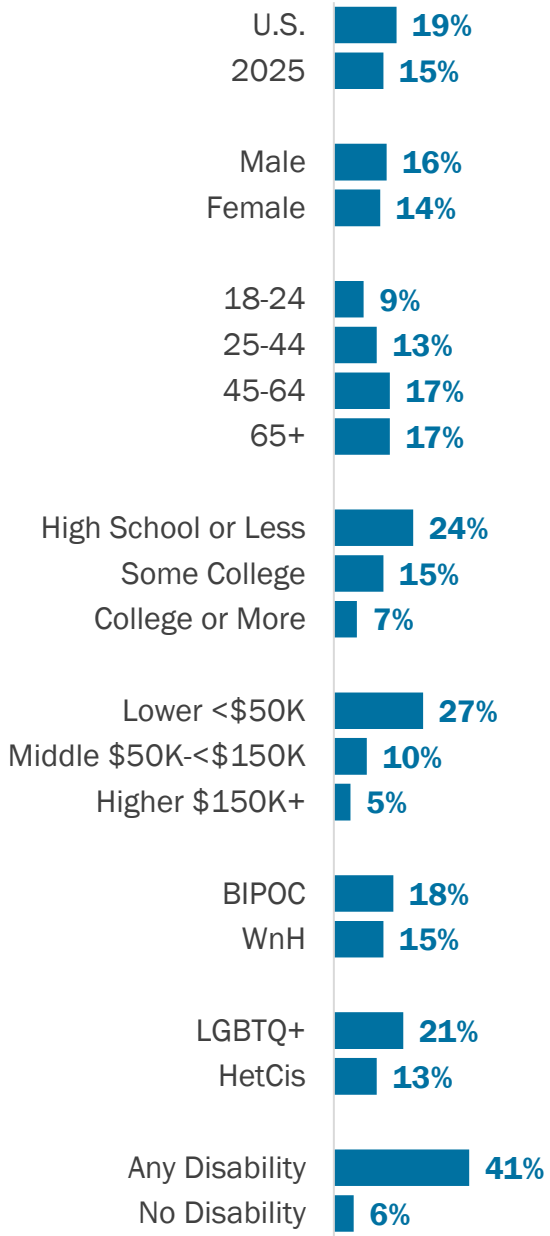
General Health

Fifteen percent of Vermont adults report fair or poor general health, statistically lower than the 19% of U.S. adults.

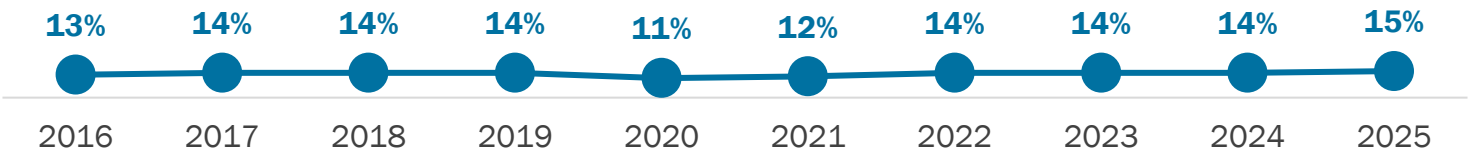
- Males and females report statistically similar rates of fair or poor health.
- Adults 45 and older are statistically more likely to report fair or poor health than those 18-24.
- Fair or poor health statistically decreases with education level and household income level.
- There are no statistical differences in fair or poor health by race and ethnicity.
- LGBTQ+ adults are statistically more likely to report fair or poor health.
- Adults with a disability are almost seven 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 2024 and 2016.

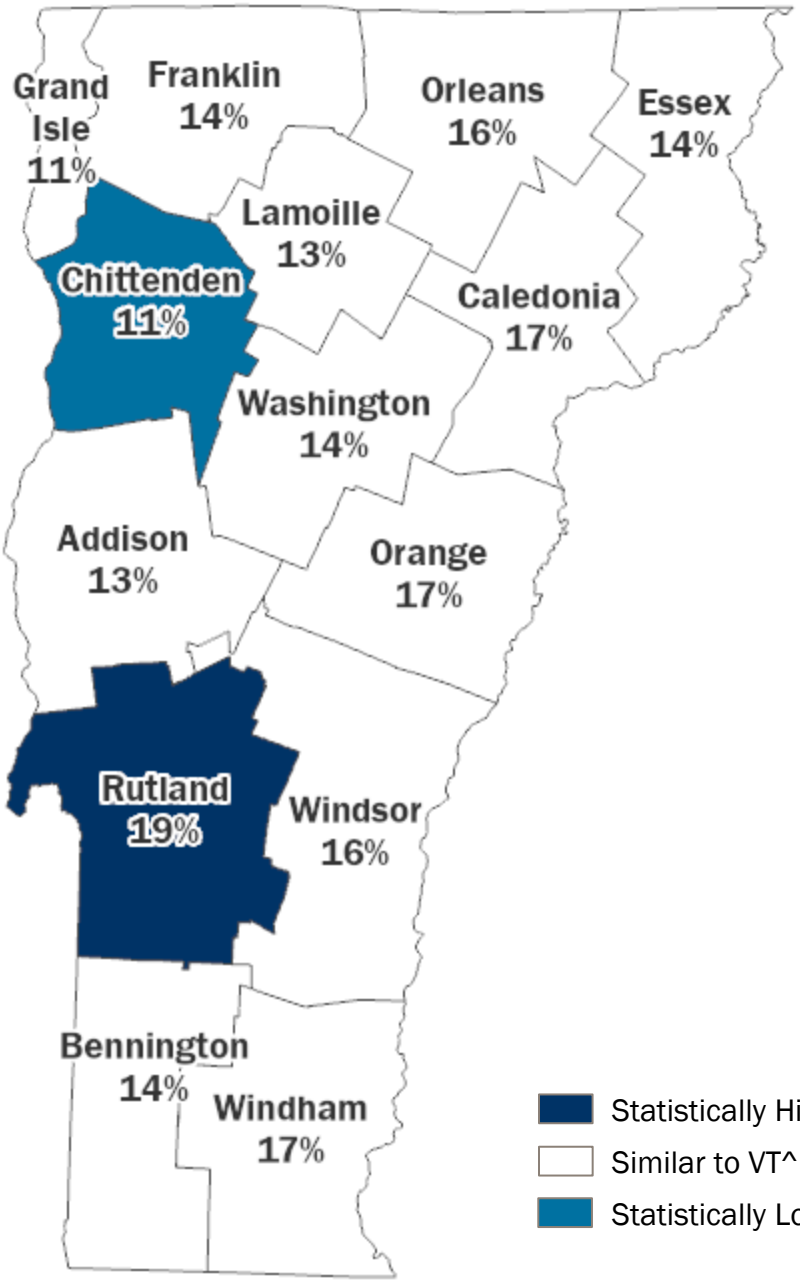
Vermont Adults with Fair or Poor General Health



Vermont Adults with Fair or Poor Health



Vermont Adults with Fair or Poor Health by County, 2024-2025



- Almost two in 10 adults in Rutland County have fair or poor health (19%). This is statistically higher than the percent of all Vermont adults.
- More than one in 10 adults in Chittenden County have fair or poor health (11%). This is statistically lower than the percent of all Vermont adults.
- All other counties have similar rates of fair or poor health compared to Vermont overall.

^Vermont estimate represents two years of data.

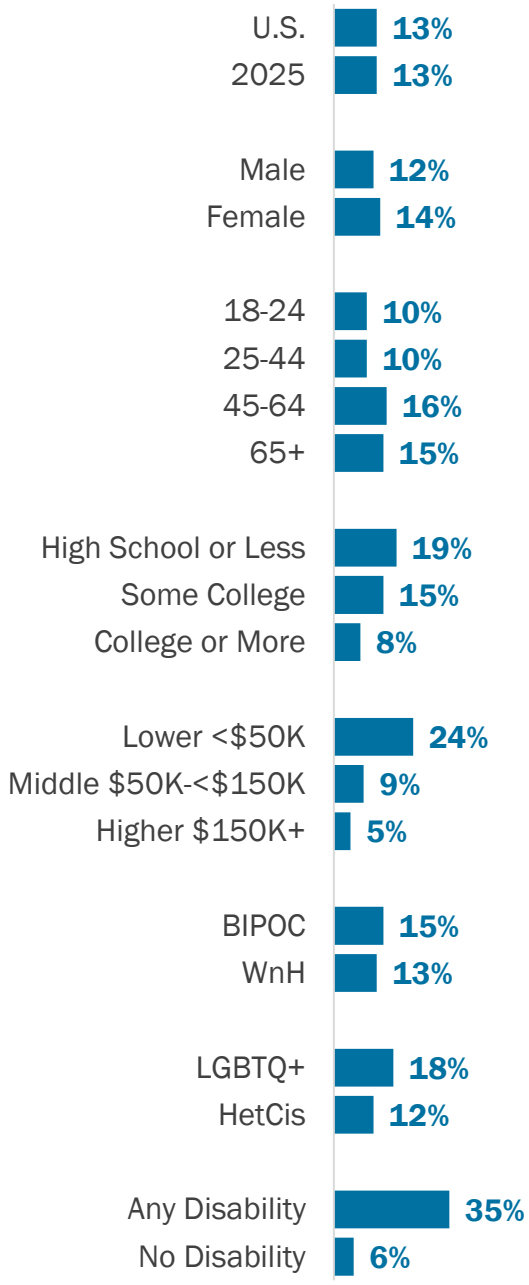
Physical Health

Thirteen percent of Vermont adults report poor physical health°, the same as U.S. adults.

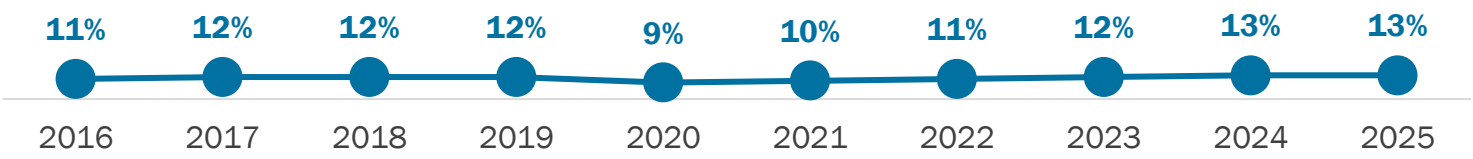
- Poor physical health is reported at statistically similar rates for males and females.
- Adults 45 and older are statistically more likely to report poor physical health than adults 25-44.
- Adults with less education and lower household incomes are more likely to report poor physical health.
  - Poor physical health is statistically higher among adults with some college education or less.
  - Poor physical health statistically goes down with household income level.
- There are no statistical differences in physical health by race and ethnicity.
- LGBTQ+ adults are statistically more likely to report poor physical health.
- Adults with a disability are almost six 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 2024 and 2016.

Vermont Adults with Poor Physical Health

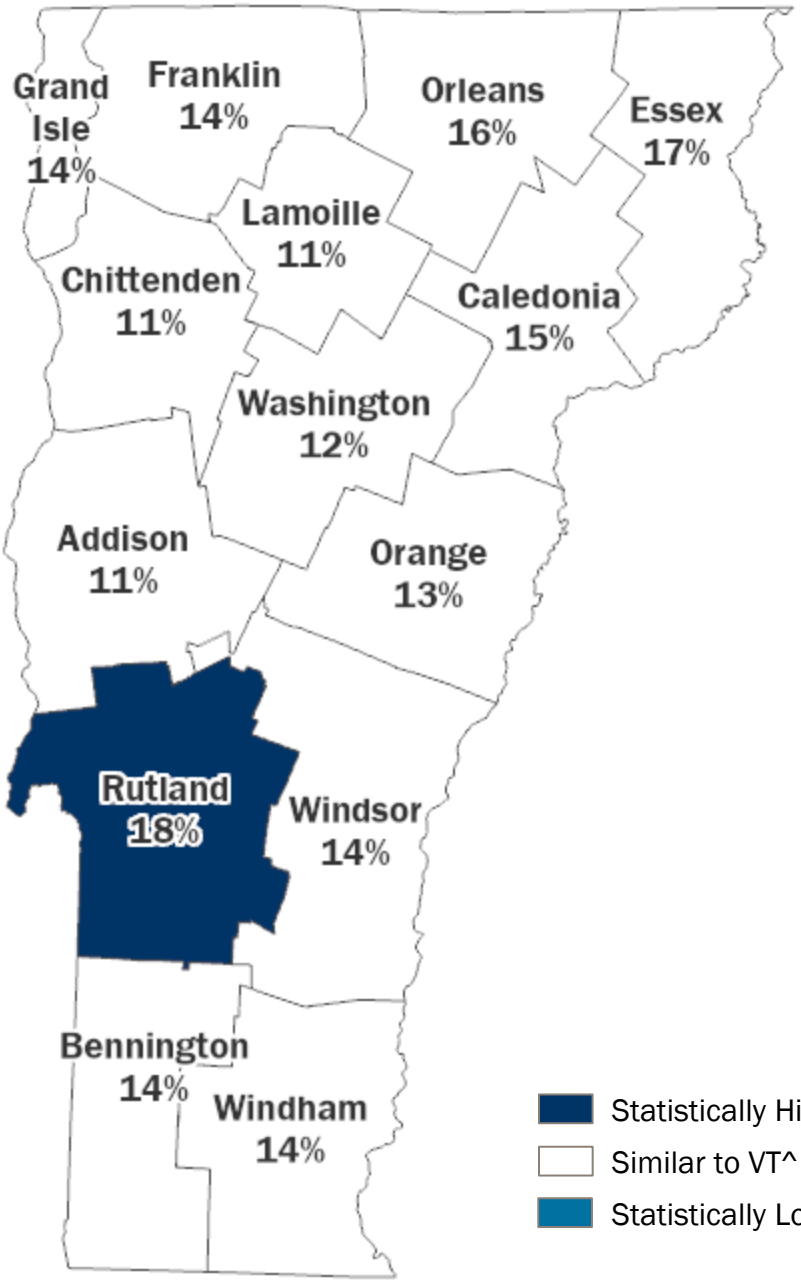


Vermont Adults with Poor Physical Health



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

Vermont Adults with Poor Physical Health by County, 2024-2025



- Eighteen percent of adults in Rutland County had 14 or more poor physical health days in the past month. This is statistically higher than the percent of all Vermont adults.
- All other counties report poor physical health at a similar rate to all Vermont adults.

^Vermont estimate represents two years of data.

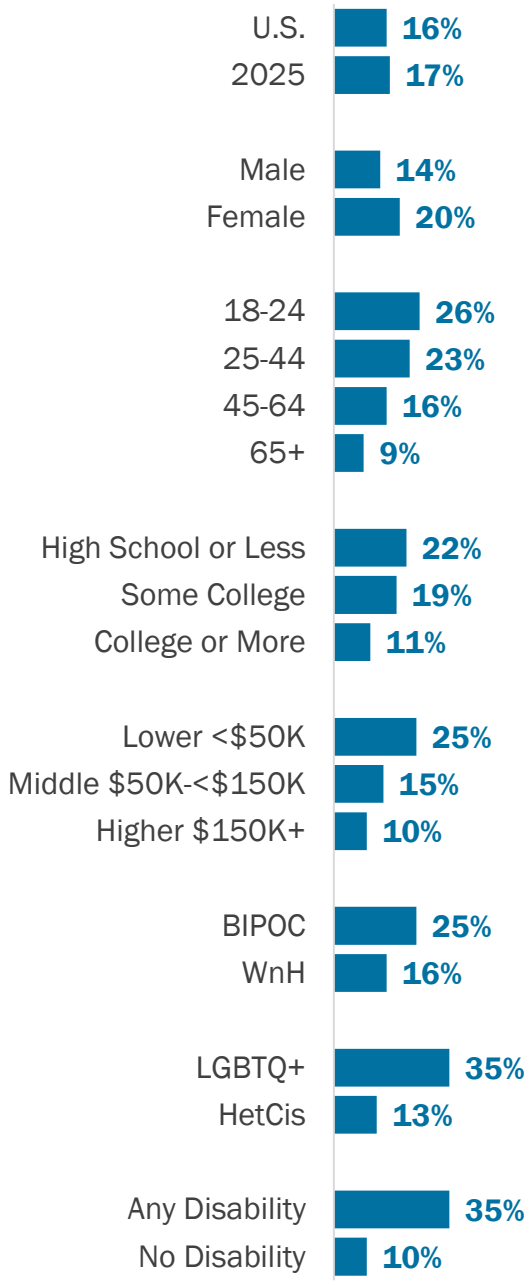
Mental Health

One in six Vermont adults report poor mental health° (17%), statistically similar to the 16% of U.S. adults.

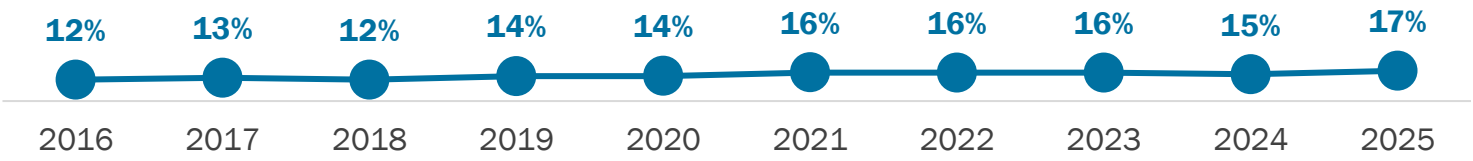
- Females are statistically more likely to report poor mental health.
- Poor mental health statistically goes down with age.
- Adults with some college education or less are statistically more likely to report poor mental health.
- Poor mental health statistically goes down with household income level.
- BIPOC adults are statistically more likely to report poor mental health.
- 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 2024, but statistically higher than 2016.

Vermont Adults with Poor Mental Health

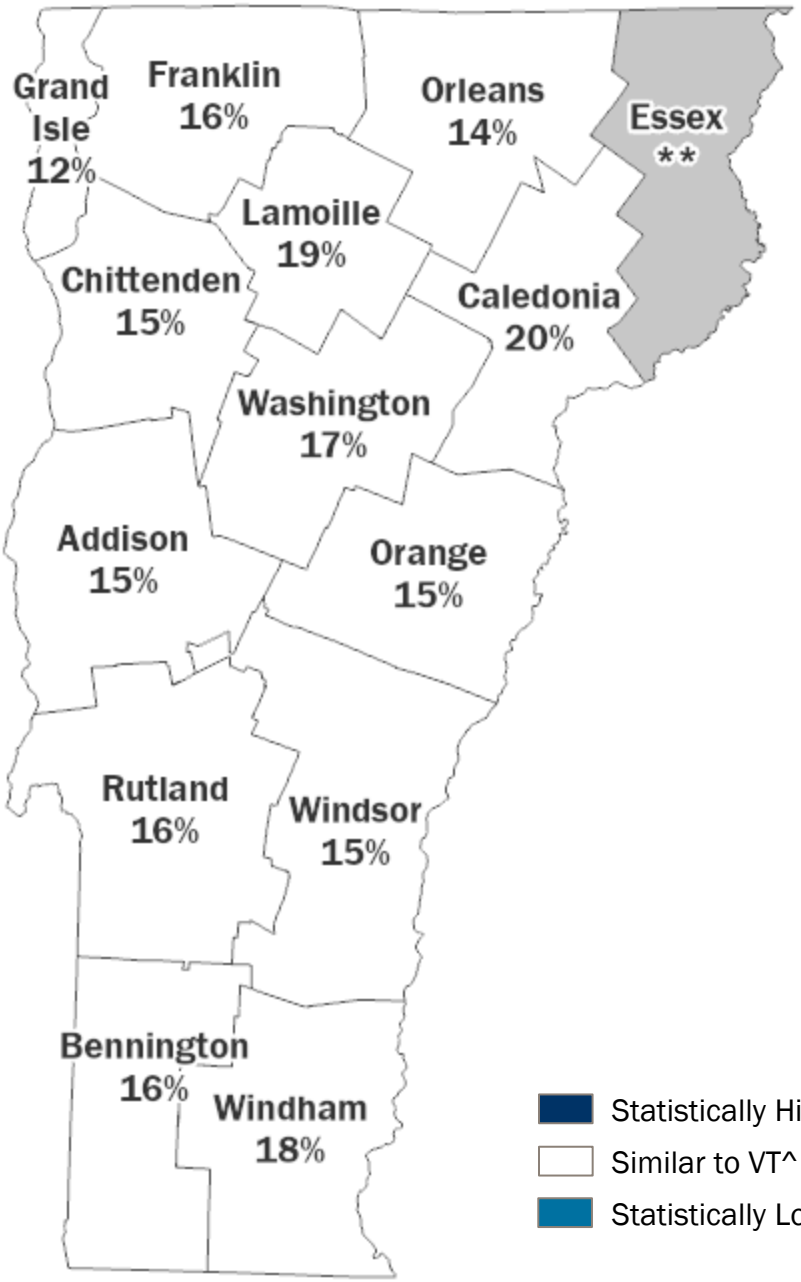


Vermont Adults with Poor Mental Health



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

Vermont Adults with Poor Mental Health by County, 2024-2025



- All counties report poor mental health 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.

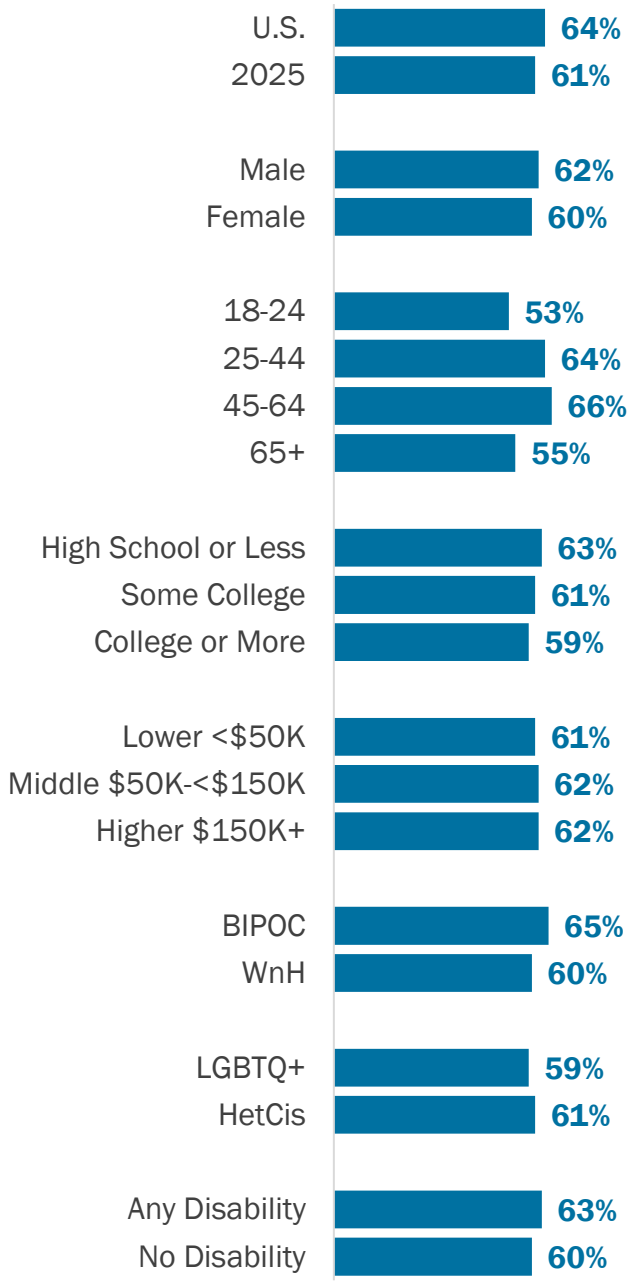
Sleep

More than six in 10 Vermont adults report poor sleep° (61%). This is statistically lower than the 64% of U.S. adults.

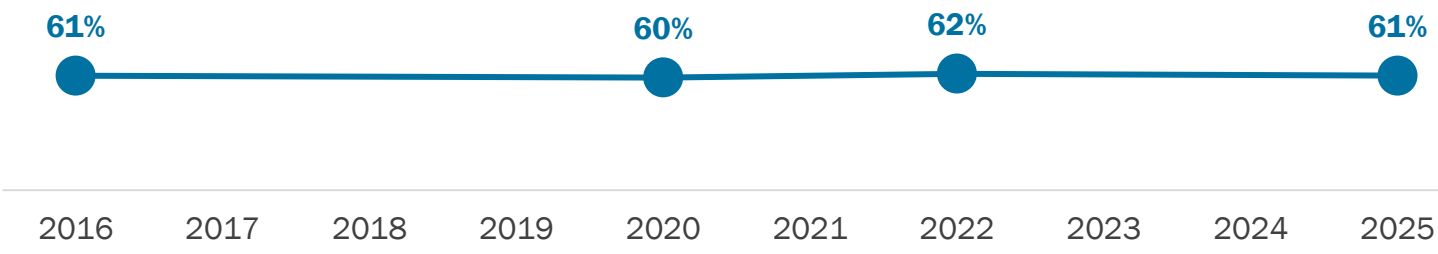
- Vermont adults receive 7 hours of sleep on average.
- Poor sleep is reported at statistically similar rates for males and females .
- Adults 25-64 are statistically more likely to report poor sleep than younger or older adults.
- There are no statistical differences in poor sleep by education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The percent of Vermont adults who report they get poor sleep is statistically similar to 2022 and 2016.

Vermont Adults with Poor Sleep

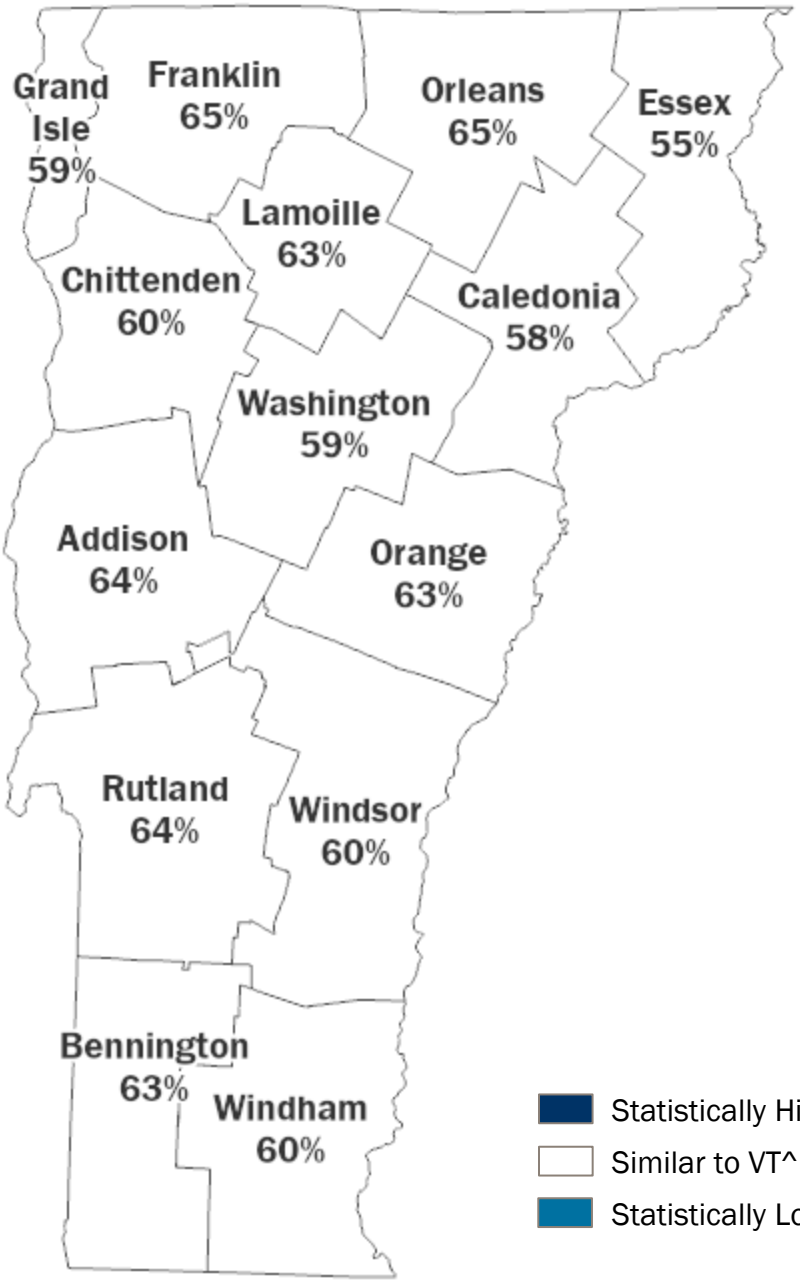


Vermont Adults with Poor Sleep



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

Vermont Adults with Poor Sleep by County, 2022, 2025



- All counties report poor sleep at a similar rate to all Vermont adults.

^Vermont estimate represents two years of data.

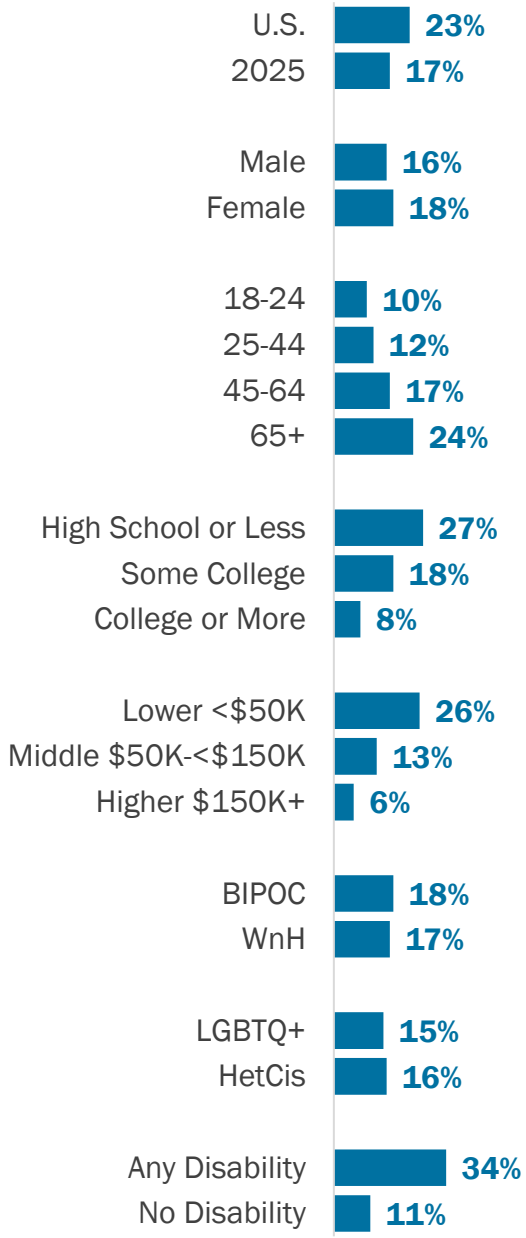
No Leisure Time Physical Activity

One in six Vermont adults say they did not participate in any leisure time physical activity during the previous month (17%). This is statistically lower than the 23% of U.S. adults.

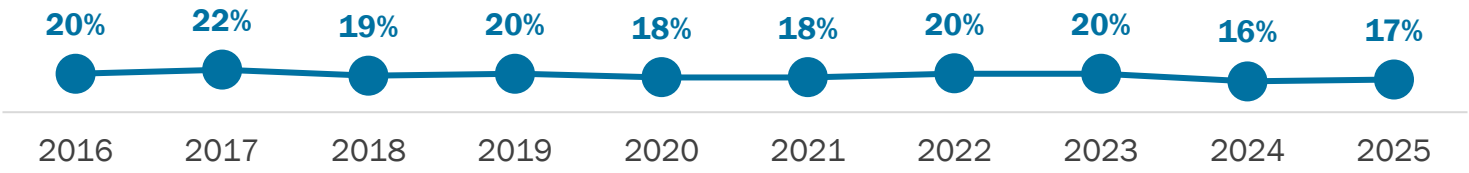
- No leisure time physical activity is reported at statistically similar rates for males and females.
- Adults 45 and older are statistically more likely to not participate in leisure time physical activity than adults 25-44. Adults 65 and older are also more likely to not participate in leisure time physical activity than adults 18-24.
- No leisure time physical activity statistically goes down with education level and household income level.
- 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 three 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 similar to 2024, but statistically lower than 2016.

Vermont Adults with No Leisure Time Physical Activity

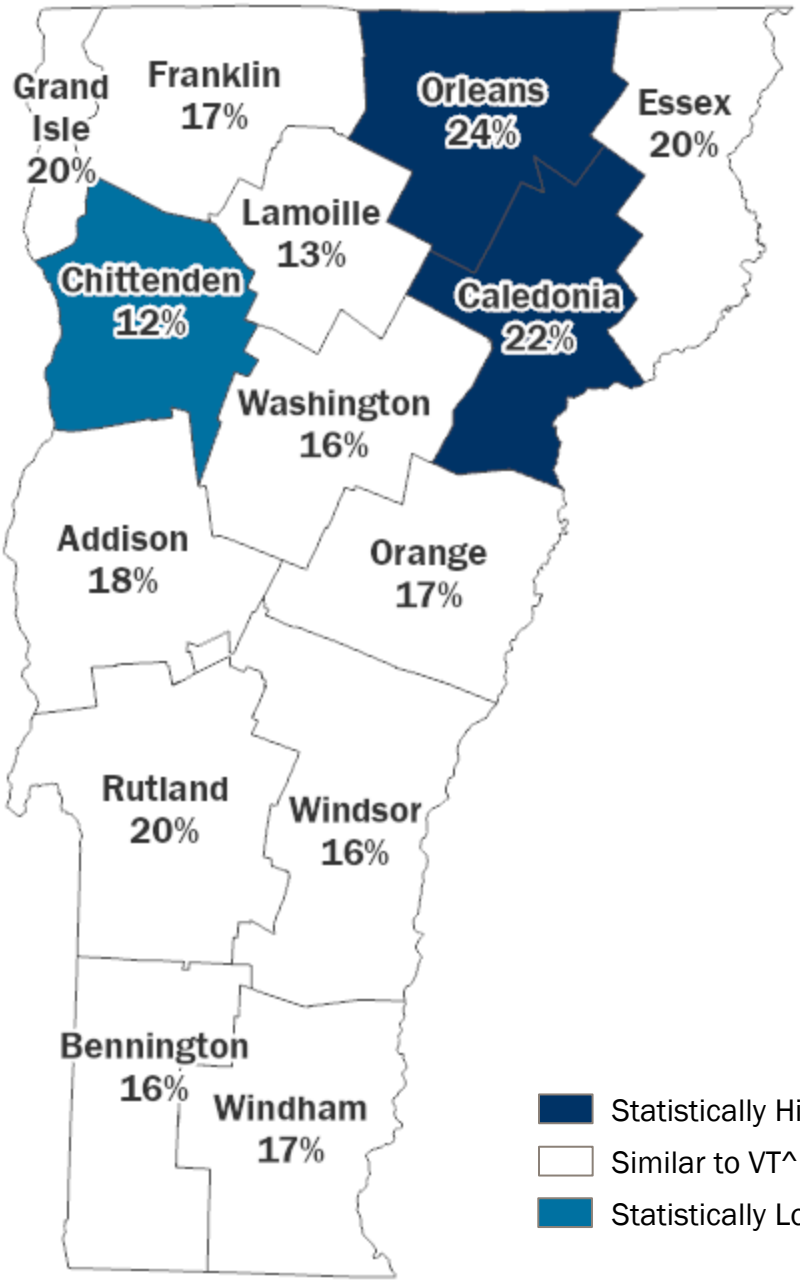


Vermont Adults with No Leisure Time Physical Activity



Note: This measure is a Healthy Vermonters 2030 indicator.

Vermont Adults with No Leisure Time Physical Activity, by County, 2024-2025



- Adults in Orleans (24%) and Caledonia (22%) counties report not participating in any leisure time physical activity at statistically higher rates than the statewide rate.
- Twelve 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.

Caregiving

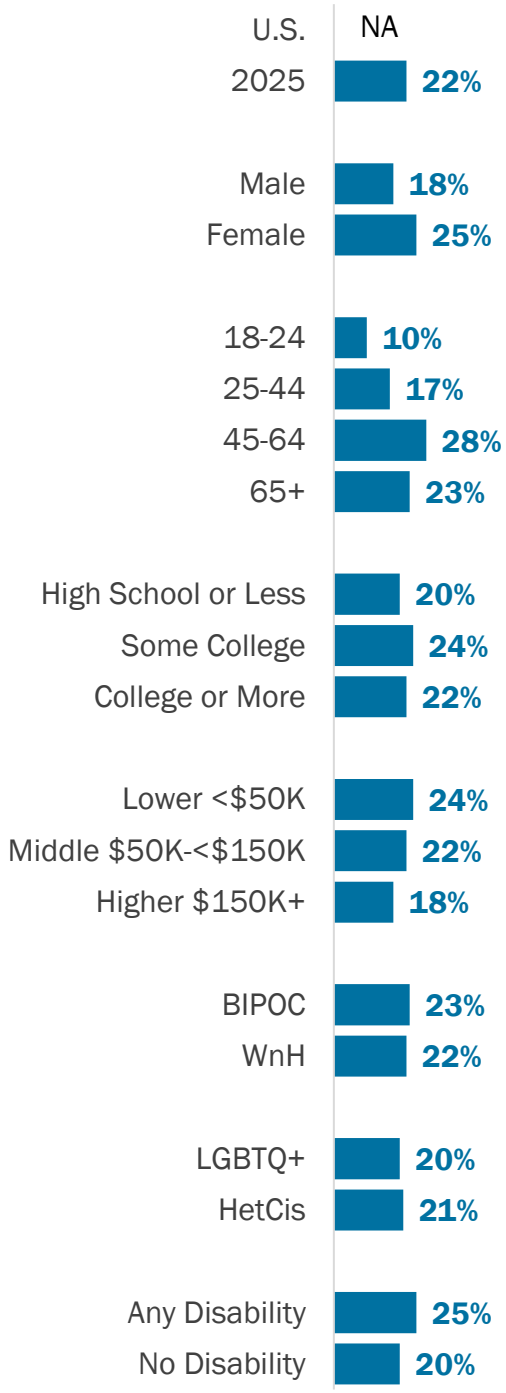
More than one in five Vermont adults say they provided regular care or assistance to a friend or family member with a health problem or disability in the past month (22%).

- Females are statistically more likely to provide care.
- All differences in caregiving by age are statistically significant except between adults 18-24 and 25-44.
- There are no statistical differences in caregiving by education level, household income level, race and ethnicity, or sexual orientation and gender identity.
- Adults with a disability are statistically more likely to provide care.

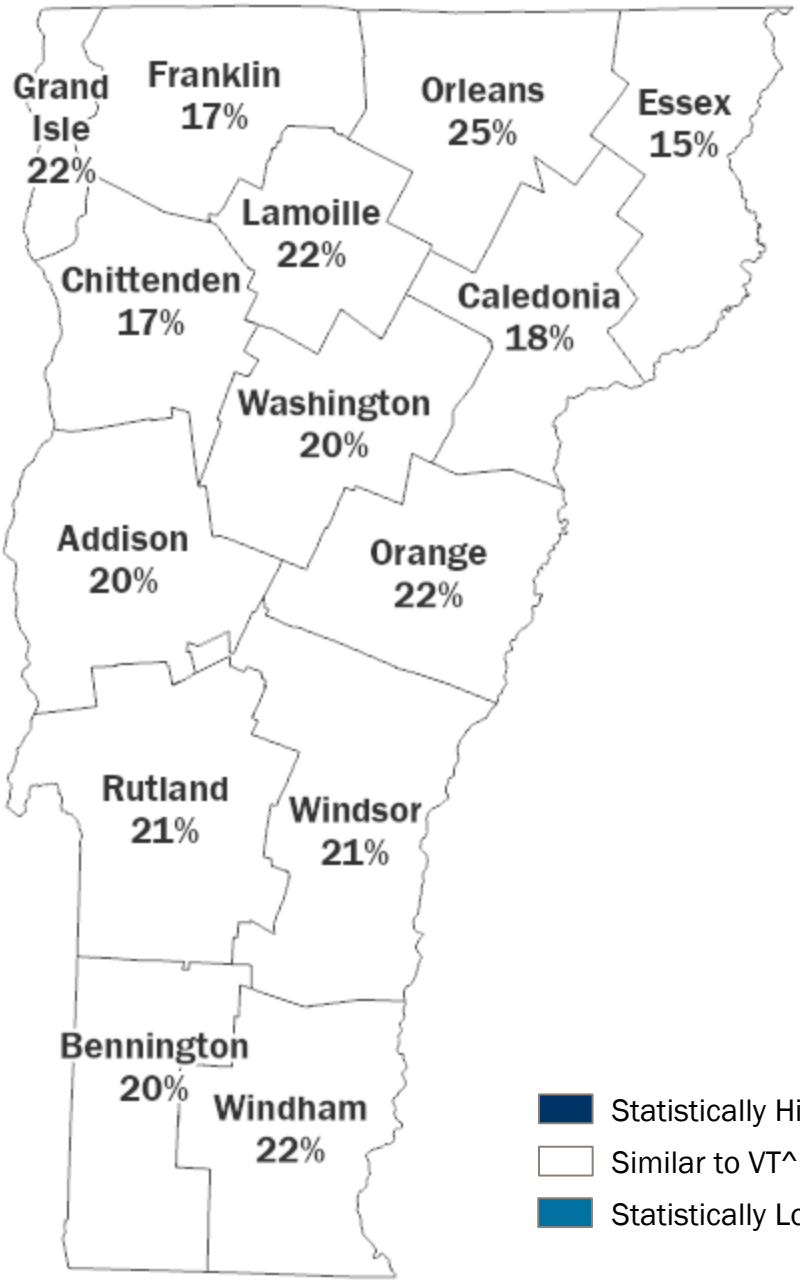
The percent of Vermont adults who provide regular care or assistance to a friend or family member is statistically higher than the 18% in 2021.

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

Vermont Adults Who Provide Regular Care or Assistance



Vermont Adults Who Provide Regular Care or Assistance, by County, 2021, 2025



- All counties have a similar percent of adults who caregive compared to all Vermont adults.

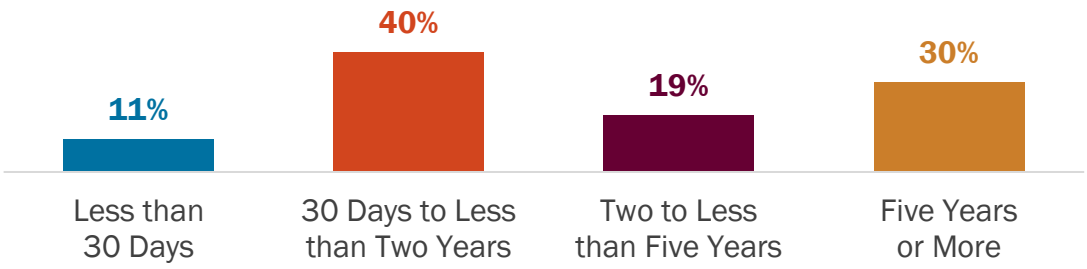
^Vermont estimate represents two years of data.

Caregiving Burden – Tasks, Time and Hours

Among Vermont adults who provide regular care or assistance to a friend or family member who has a health problem or disability:

- Seventeen percent provide care by helping with nursing or medical tasks such as injections, wound care or tube feedings.
- Thirty-four percent manage personal care such as bathing, getting to the bathroom or helping to eat.
- Eighty-two percent manage household tasks such as help with transportation, shopping or managing money.
- Eleven percent have provided care for less than 30 days.
- Forty percent have provided care for 30 days to less than two years.
- Nineteen percent have provided care for two to less than five years.
- Thirty percent have provided care for five years or more.

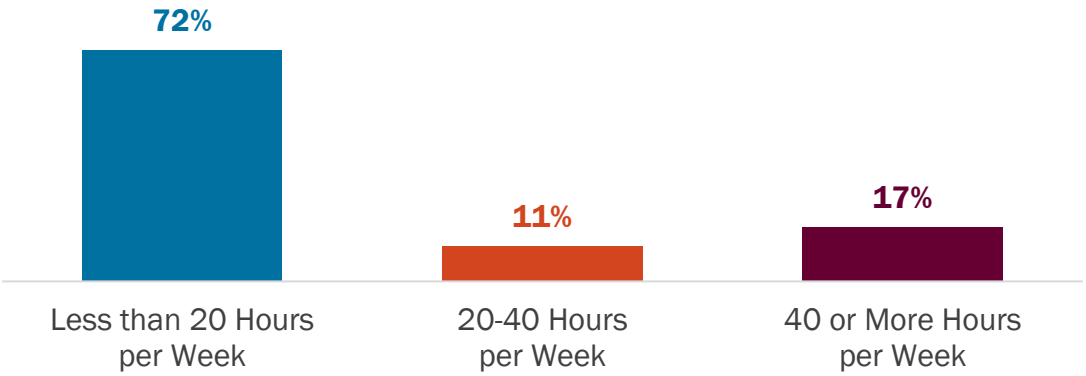
Length of Time Caregiving among Vermont Adults Who Provide Regular Care



Among Vermont adults who provide regular care or assistance to a friend or family member who has a health problem or disability:

- More than seven in 10 provide care for less than 20 hours per week (72%).
- More than one in 10 provide care for 20 to 40 hours per week (11%).
- Seventeen percent provide care for 40 or more hours per week.

Hours of Caregiving in Average Week among Vermont Adults Who Provide Regular Care

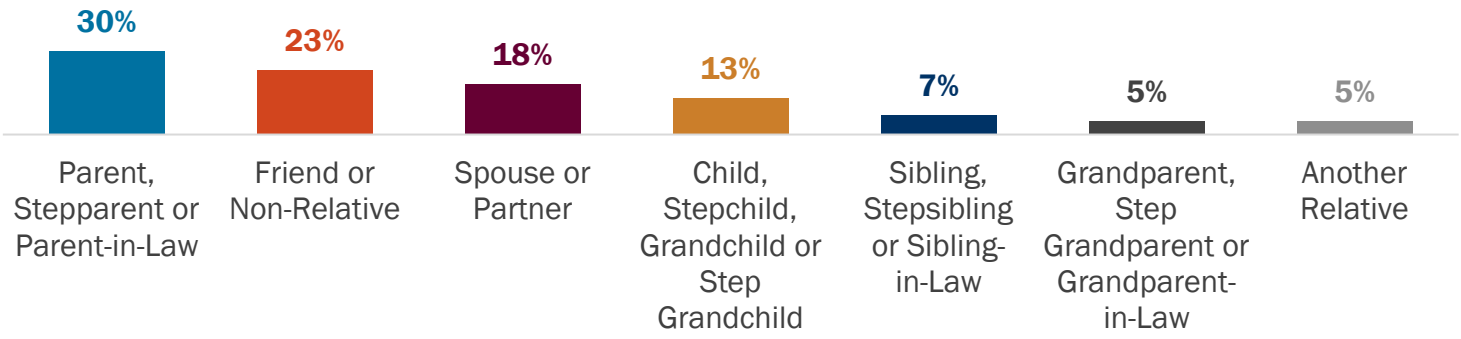


Caregiving Burden – Relation and Health Problem

Among the people that caregivers provide regular care or assistance for:

- Three in 10 care for a parent, stepparent or parent-in law (30%).
- Twenty-three percent care for a friend or non-relative.
- Eighteen percent care for a spouse or partner.
- Thirteen percent care for a child, stepchild, grandchild or step grandchild.
- Seven percent care for a sibling, stepsibling or sibling-in-law.
- Five percent care for a grandparent, step grandparent or grandparent-in-law.
- Five percent care for another relative.

Relation to Person Providing Care For among Vermont Adults Who Provide Regular Care



Among the people that caregivers provide regular care or assistance for, the main health problems or disabilities reported are:

- Alzheimer's disease, dementia or some other cognitive impairment (13%).
- Old age, infirmity or frailty (12%).
- Cancer (9%).
- Movement disorders such as Parkinson's, a spinal cord injury, multiple sclerosis or cerebral palsy (8%).
- Developmental disorders such as autism, Down syndrome, or spina bifida (7%).
- Heart disease, hypertension, or a stroke (6%).
- Diabetes (6%).
- Injuries including broken bones or a traumatic brain injury (5%).
- Mental illness such as depression, anxiety or schizophrenia (5%).
- Respiratory conditions such as asthma, emphysema or chronic obstructive pulmonary disease (3%).
- Arthritis or rheumatism (2%).
- Hearing or vision loss (2%).
- Some other health problem (22%).

Fourteen percent of caregivers care for a person who also has Alzheimer's disease, dementia or some other cognitive impairment disorder, in addition to their main health problem or disability.

Disability

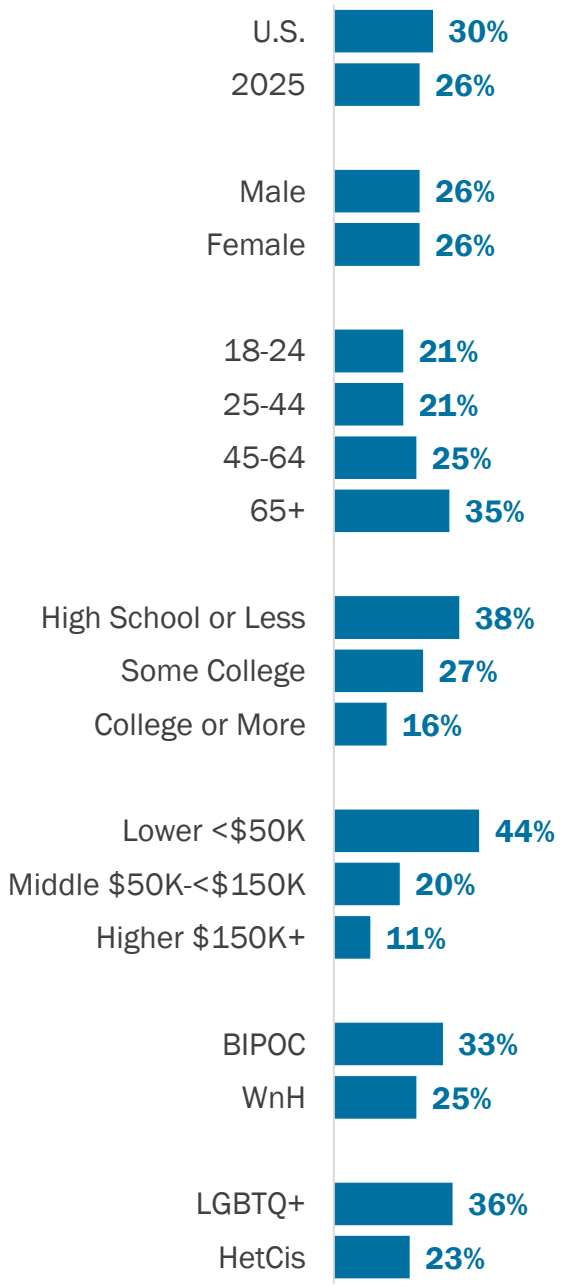
Disability includes anyone who has serious difficulty walking or climbing stairs, concentrating or making decisions, hearing, seeing, dressing or bathing, or who, because of a physical, mental, or emotional condition, has difficulty doing errands alone.

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

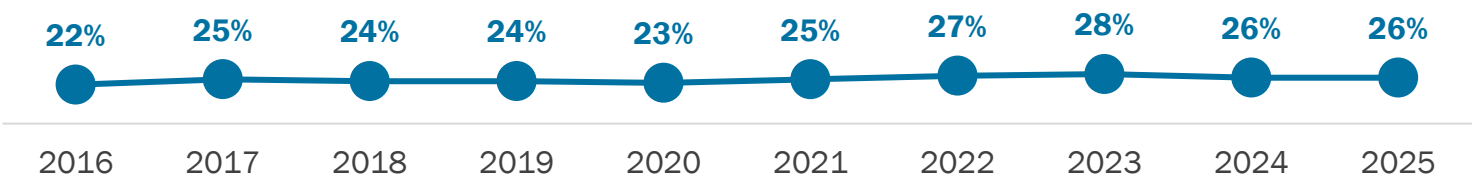
- Males and females report statistically similar rates of disability.
- Adults 65 and older are statistically more likely to have a disability than younger adults.
- Having a disability statistically goes down with education level and household income level.
- BIPOC adults and LGBTQ+ adults are statistically more likely to have a disability.

The percent of Vermont adults with a disability is statistically similar to 2024, but statistically higher than 2016.

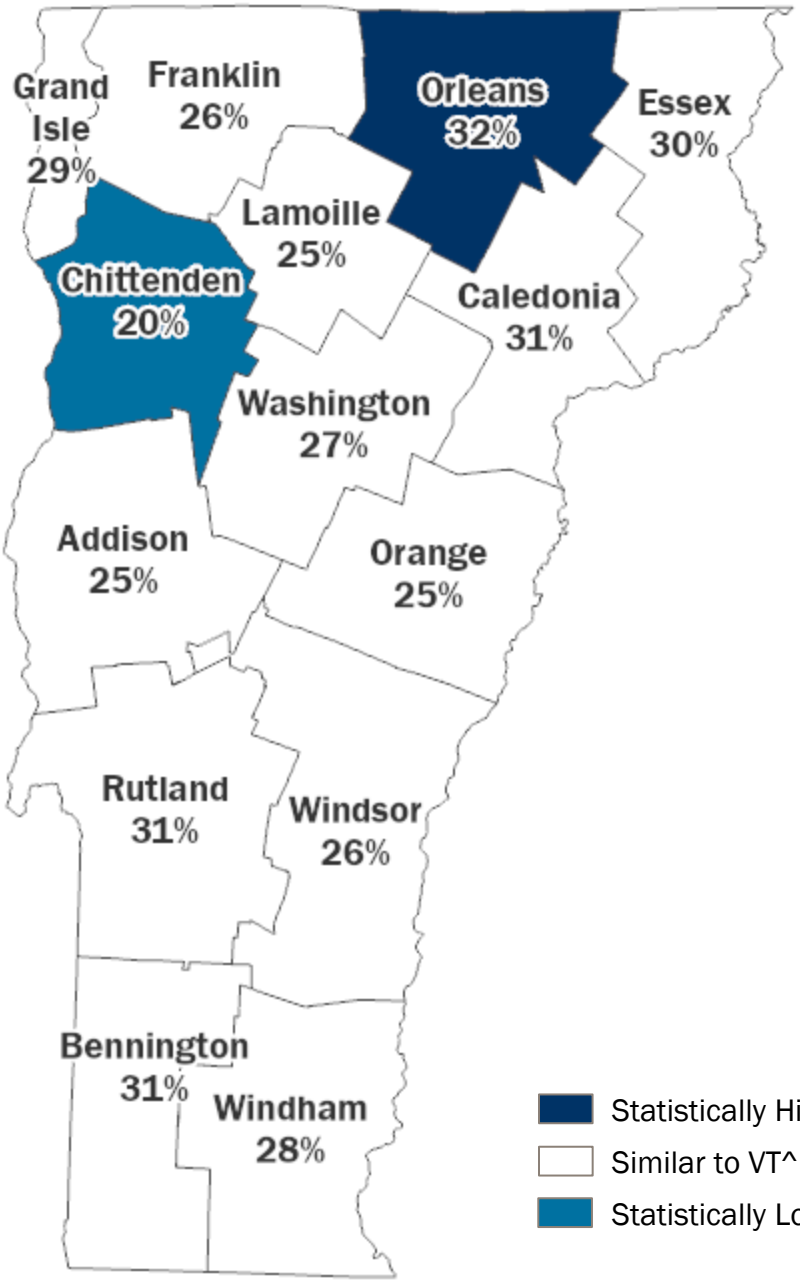
Vermont Adults with Any Disability



Vermont Adults with Any Disability



Vermont Adults with Any Disability° by County, 2024-2025



- Almost one-third of adults in Orleans County have a disability (32%). This is statistically higher than all Vermont adults.
- Two in 10 adults in Chittenden County have a disability (20%). This is statistically lower than all Vermont adults.
- All other counties have a similar percent of adults with a disability compared to Vermont overall.

°Disability includes anyone who has 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.

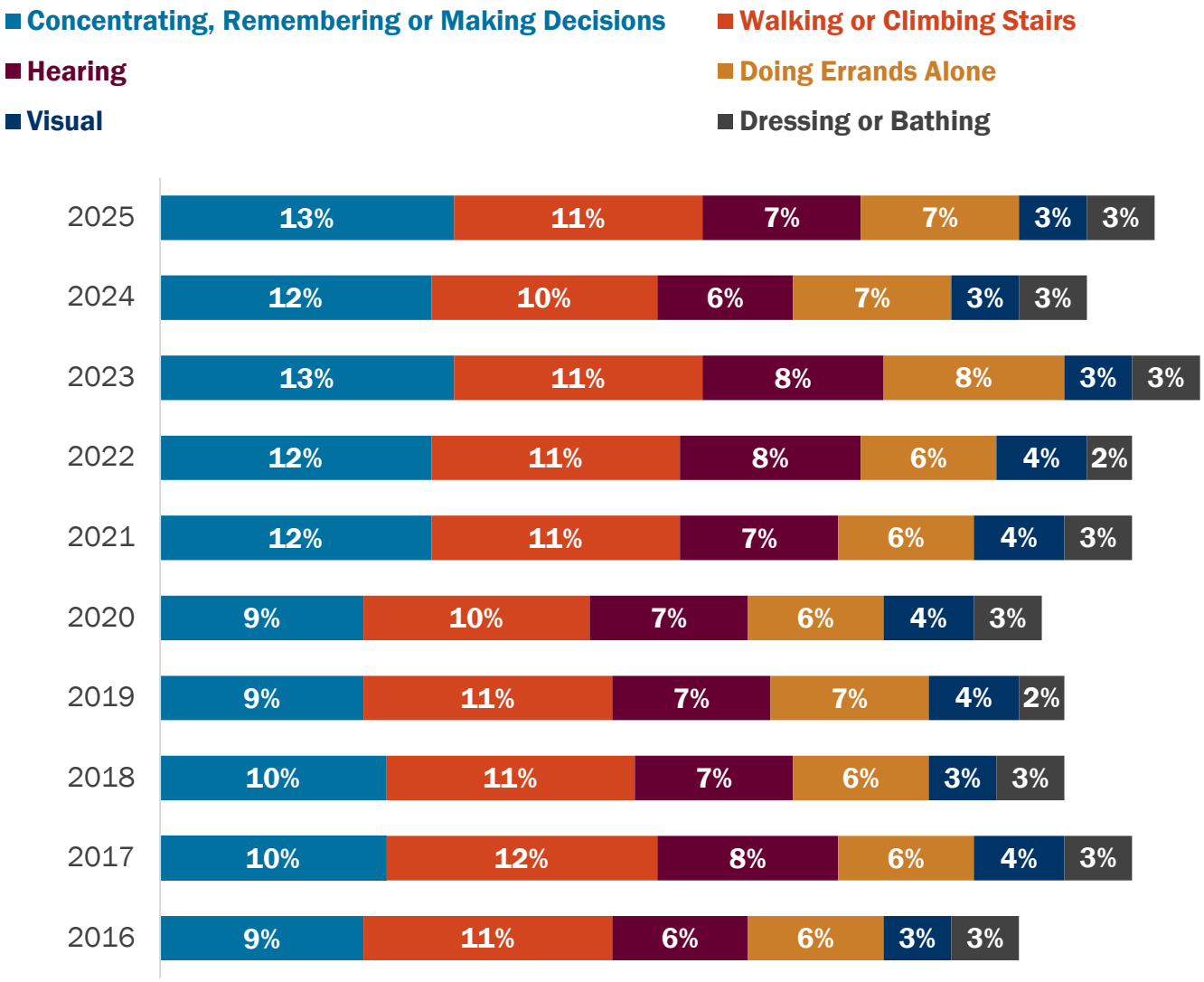
Disability – Type

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

- Thirteen 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 2016.
- Eleven percent have serious difficulty walking or climbing stairs.
- Seven percent are deaf or have serious difficulty hearing.
- 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 2024 and 2016.

Type of Disability among Vermont Adults



BMI-Defined Obesity, Adults 20+

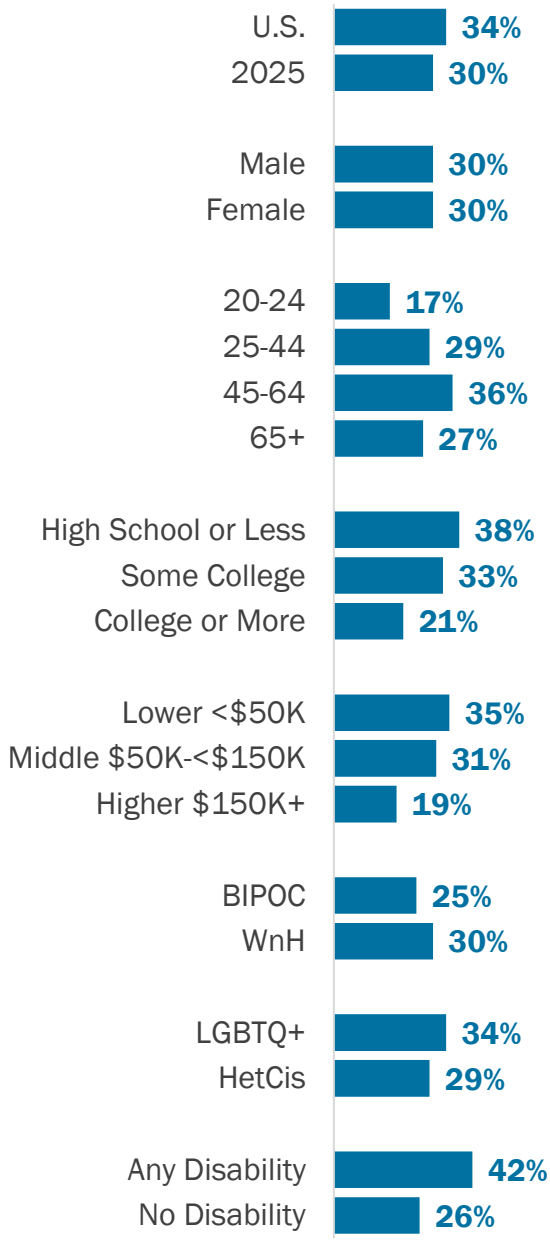
Obesity status is defined as a body mass index (BMI) of 30 or greater. BMI is a singular, indirect indicator of body fat meant to identify weight-related health risk. Though useful at the population level, BMI has limited usefulness at the individual level.

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.

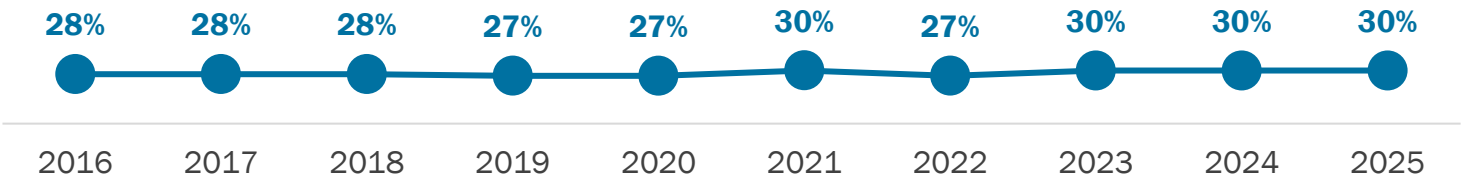
- Males and females report statistically similar rates of obesity.
- All differences in rates of obesity are statistically significant, except between adults 20-44 and those 65 and older.
- Adults with some college education or less are statistically more likely to have obesity.
- Adults in homes with lower to middle incomes are statistically more likely to have obesity than those in homes with higher incomes.
- There are no statistical differences in obesity status by race and ethnicity or sexual orientation and gender identity.
- Adults with a disability are statistically more likely to have obesity.

The prevalence of obesity among Vermont adults 20 and older is statistically similar to 2024 and 2016.

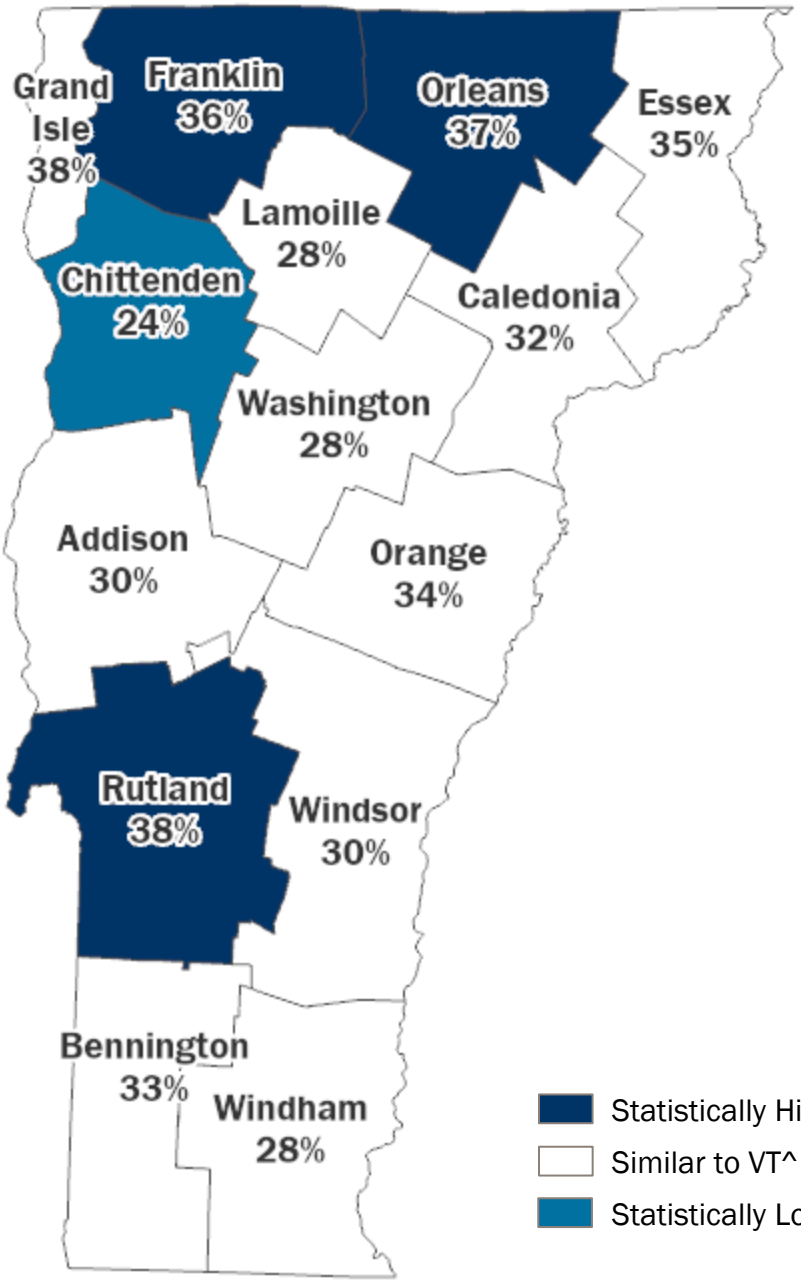
Vermont Adults 20+ with BMI-Defined Obesity



Vermont Adults 20+ with BMI-Defined Obesity



Vermont Adults 20+ with BMI-Defined Obesity by County, 2024-2025



- Rutland (38%), Orleans (37%), and Franklin (36%) counties have statistically higher rates of obesity compared to all Vermont adults 20 and older.
- Almost 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

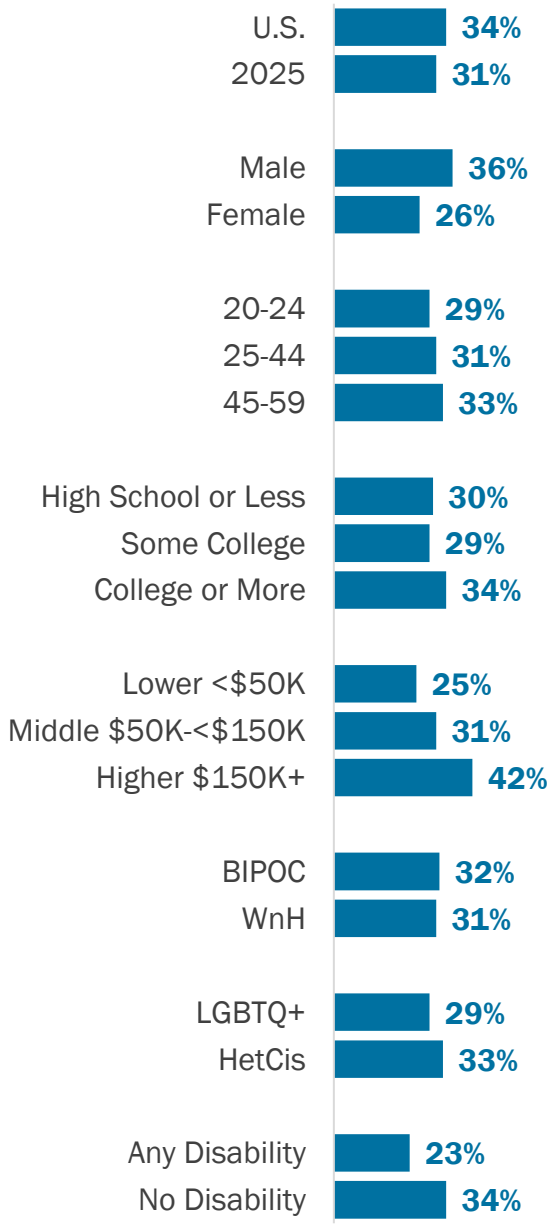
Overweight status is defined as a body mass index (BMI) of 25 to less than 30. BMI is a singular, indirect indicator of body fat meant to identify weight-related health risks. Though useful at the population level, BMI has limited usefulness at the individual level.

One in three Vermont adults ages 20-59 are overweight (31%) according to their BMI. This is statistically the same as the 34% of U.S. adults of the same age.

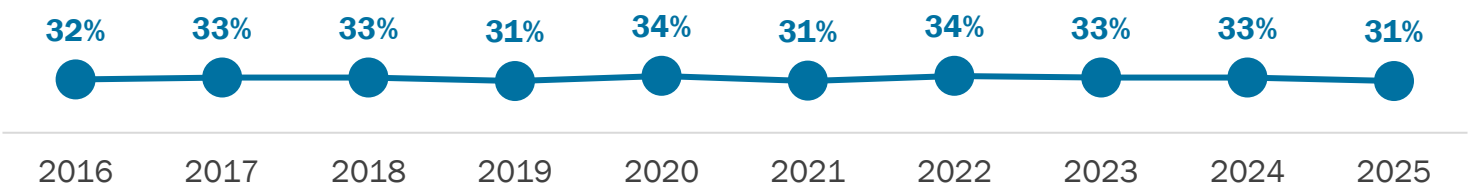
- Males are statistically more likely to be overweight.
- Adults in homes with higher incomes are statistically more likely to be overweight than those in homes with lower to middle incomes.
- There are no statistical differences in overweight status by age, education level, race and ethnicity, or sexual orientation and gender identity.
- Adults with no disability are statistically more likely to be overweight.

The prevalence of being overweight among Vermont adults ages 20-59 is statistically similar to 2024 and 2016.

Vermont Adults 20-59 with BMI-Defined Overweight Status

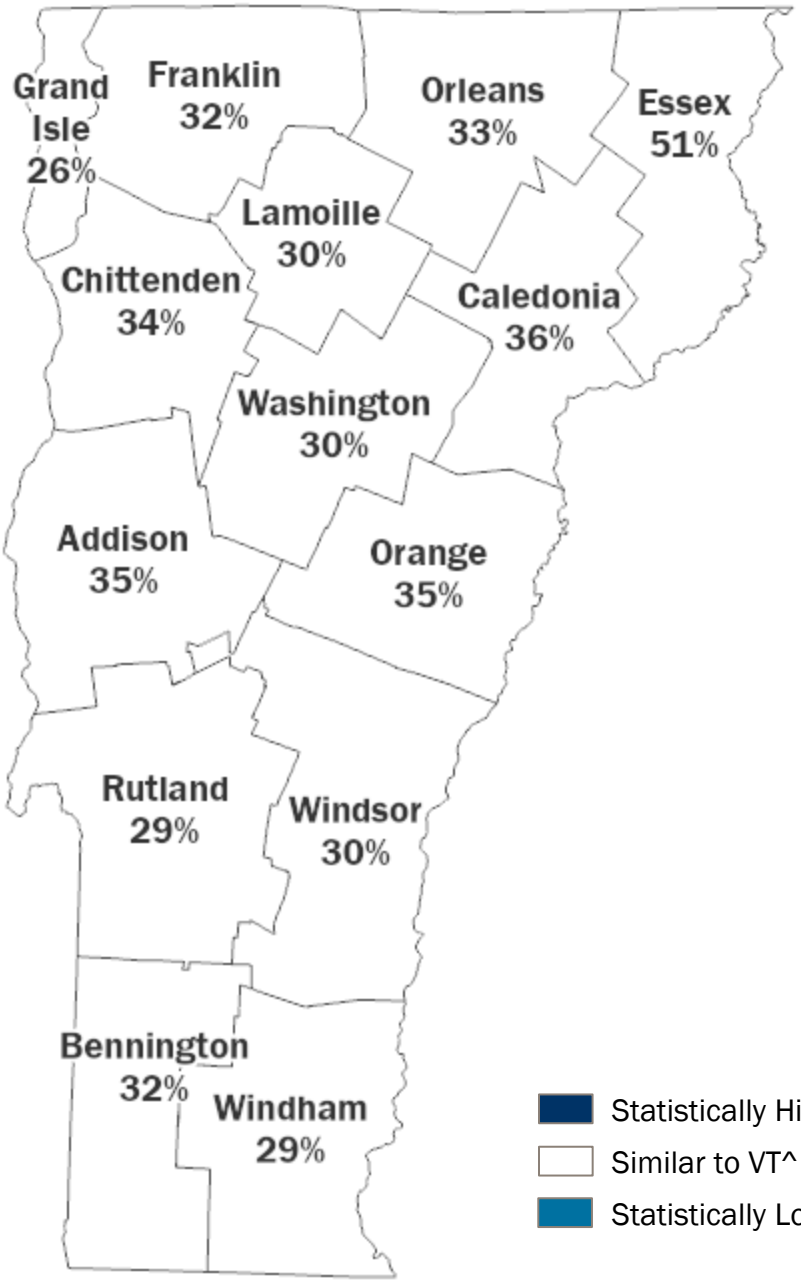


Vermont Adults 20-59 with BMI-Defined Overweight Status



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

Vermont Adults 20+ with BMI-Defined Overweight Status, by County, 2024-2025



- 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.



Social Determinants of Health

Incarceration

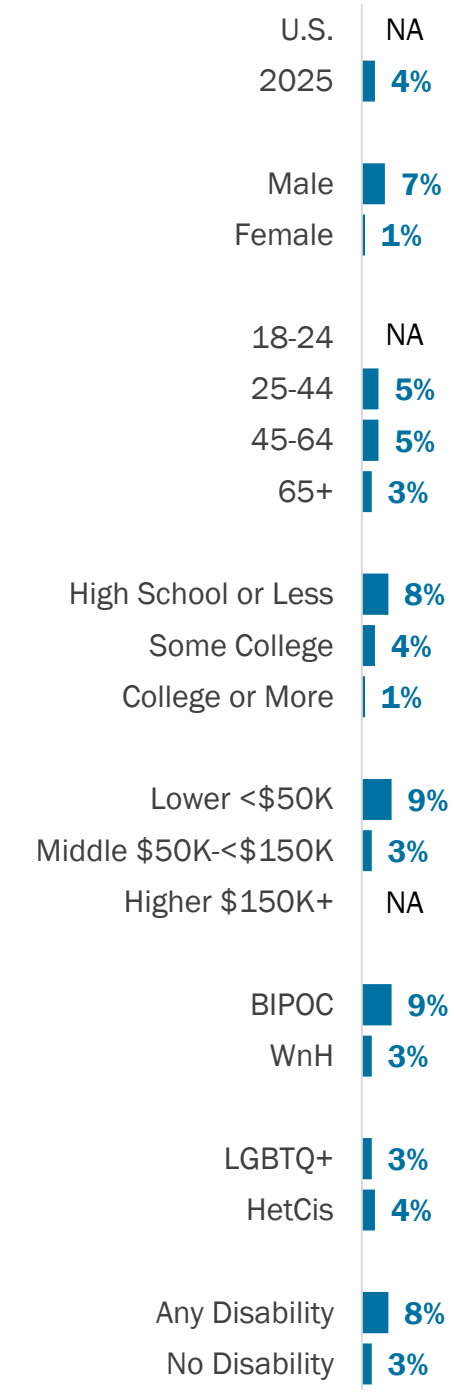
Incarceration is defined as having served time for 24 hours or longer in a prison, jail or other correctional facility after age 18.

Four percent of Vermont adults have ever been incarcerated after age 18. Among those who have ever been incarcerated, 23% have been incarcerated within the last five years and 77% have been incarcerated more than five years ago.

- Males are statistically more likely to have ever been incarcerated.
- Adults 25-64 are statistically more likely to have ever been incarcerated than adults 65 and older.
- The prevalence of incarceration statistically goes down with education level.
- Adults in homes with lower incomes are statistically more likely to have ever been incarcerated than those in homes with middle incomes.
- BIPOC adults are three times as likely to have ever been incarcerated than white, non-Hispanic adults. This is a statistical difference.
- There are no statistical differences in the prevalence of incarceration by sexual orientation and gender identity.
- Adults with a disability are almost three times as likely to have ever been incarcerated than adults with no disability. This is a statistical difference.

Note: 2025 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults Who Have Ever Been Incarcerated

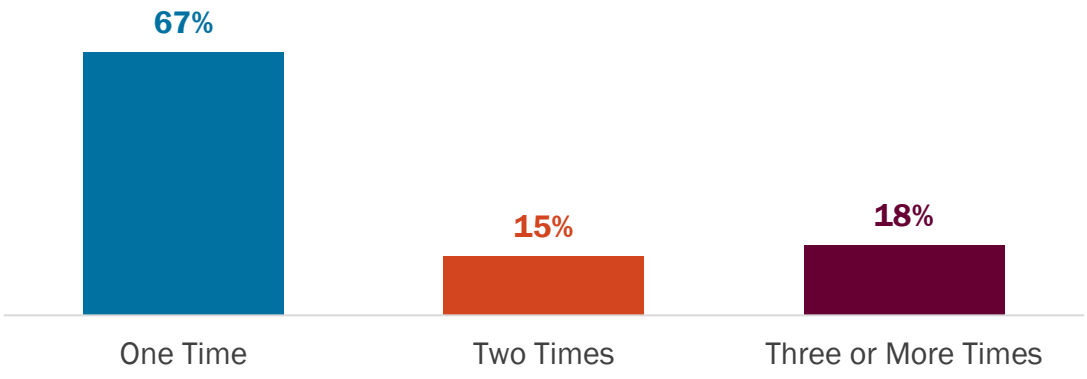


Incarceration – Time

Vermont adults who have ever been incarcerated after age 18 were asked about how many times they have served time in a prison, jail or other correctional facility:

- Two-thirds of adults have been incarcerated one time (67%).
- Fifteen percent have been incarcerated two times.
- Eighteen percent have been incarcerated three or more times.

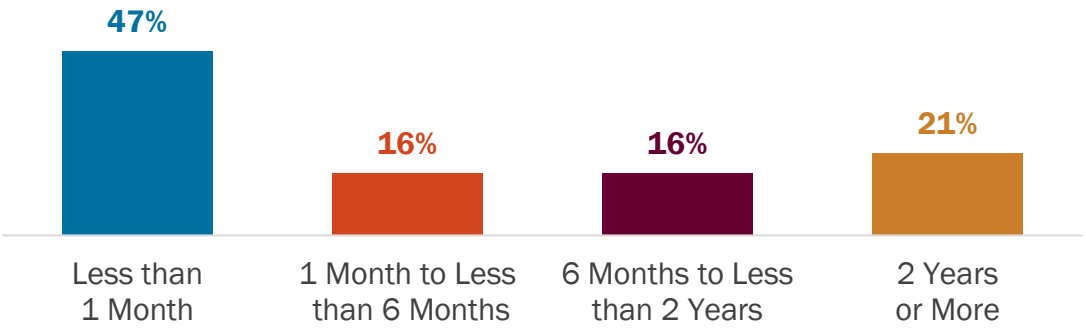
Number of Times Served among Vermont Adults Who Have Ever Been Incarcerated



Vermont adults who have ever been incarcerated after age 18 were asked about the total amount of time ever served in a prison, jail or other correctional facility:

- Almost half have been incarcerated for less than one month in total (47%).
- Sixteen percent have been incarcerated between one month and less than six months in total.
- Sixteen percent have been incarcerated between six months and less than two years in total.
- More than two in 10 have been incarcerated for two years or more in total (21%).

Total Amount of Time Ever Served among Vermont Adults Who Have Ever Been Incarcerated





Health Care Access

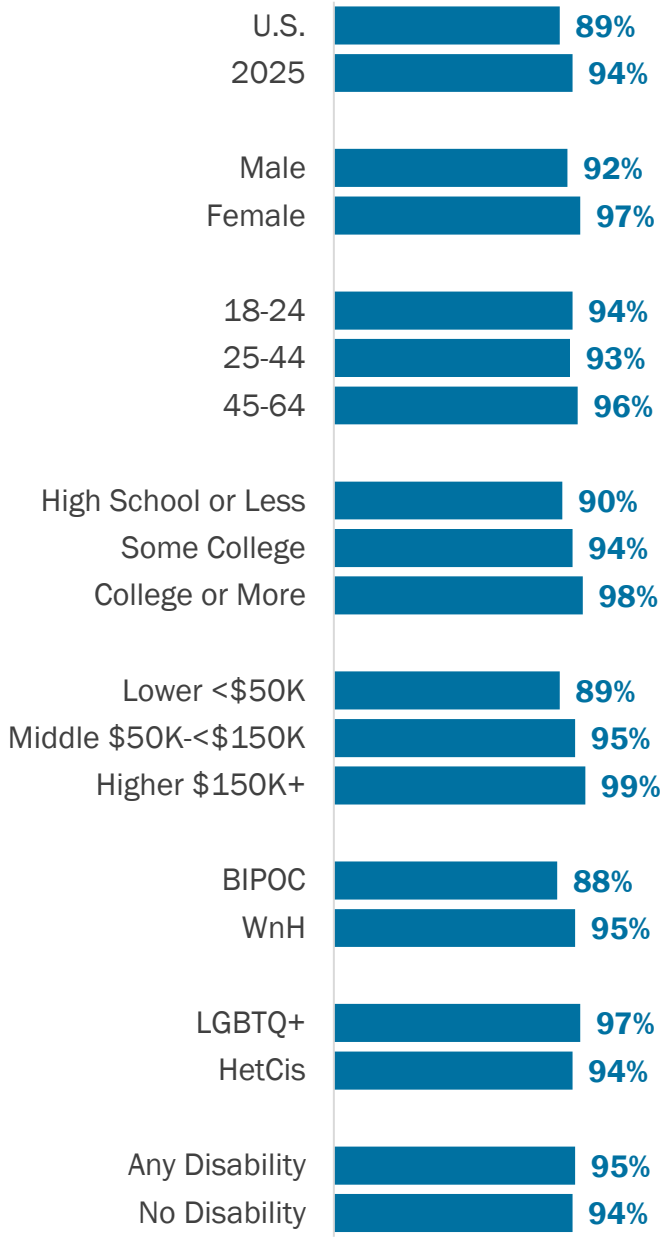
Medical Health Plan Coverage, Adults 18-64

Ninety-four percent of Vermont adults ages 18-64 have health plan coverage. This is statistically higher than the 89% of U.S. adults ages 18-64.

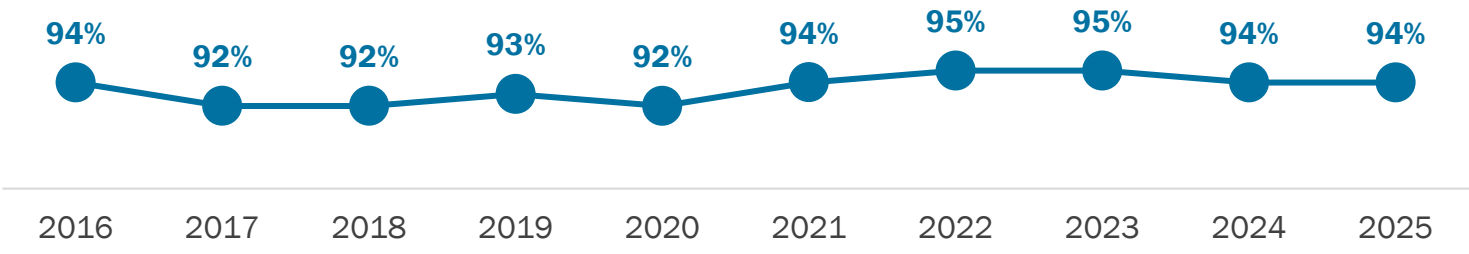
- Females are statistically more likely to have a health plan.
- Adults 45-64 are statistically more likely to have a health plan than those 25-44.
- Adults with a college degree or more are statistically more likely to have a health plan.
- Health plan coverage statistically goes up with household income level.
- White, non-Hispanic adults are statistically more likely to have a health plan.
- There are no statistical differences in health plan coverage by sexual orientation and gender identity, or disability status.

The percent of Vermont adults with health plan coverage is statistically similar to 2024 and 2016.

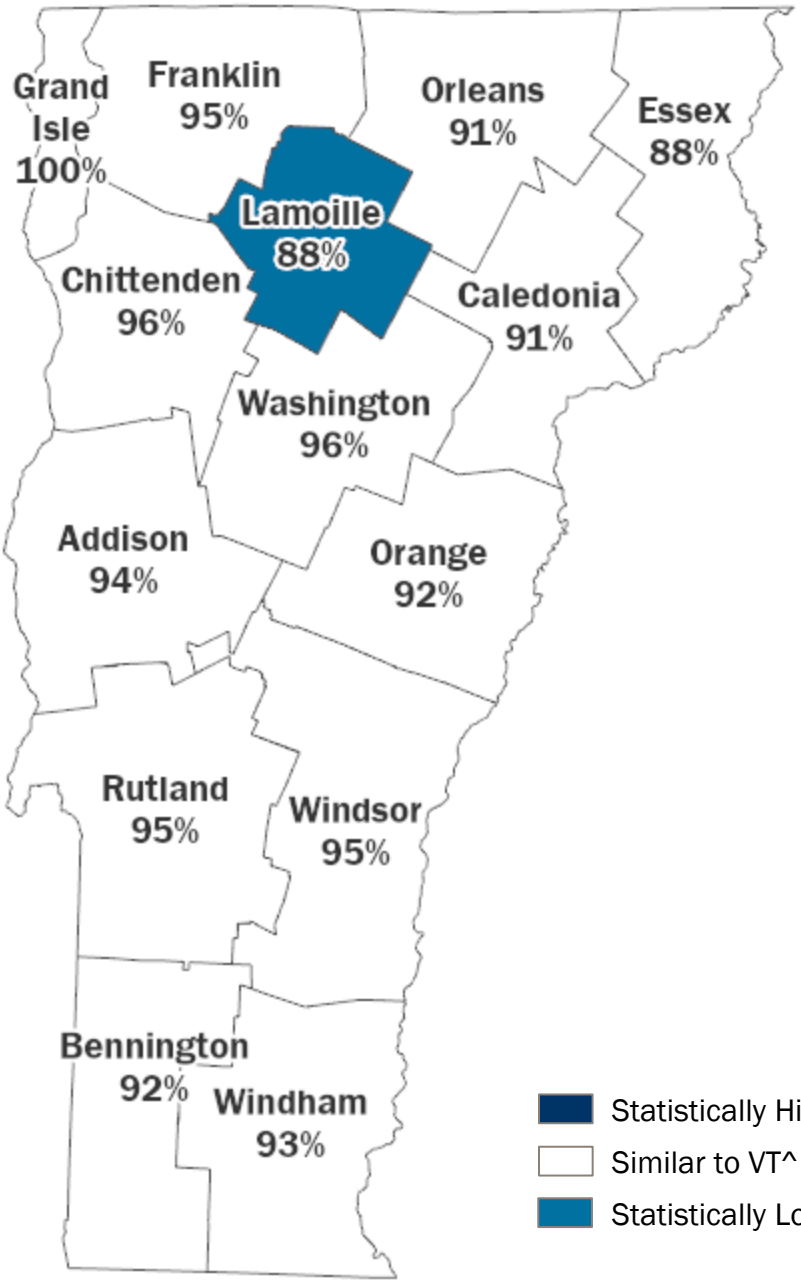
Vermont Adults 18-64 with a Medical Health Plan



Vermont Adults 18-64 with a Medical Health Plan



Vermont Adults 18-64 with a Medical Health Plan, by County, 2024-2025



- Almost nine in 10 adults 18-64 in Lamoille County (88%) 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.

^Vermont estimate represents two years of data.

Medical Health Plan Coverage – Source

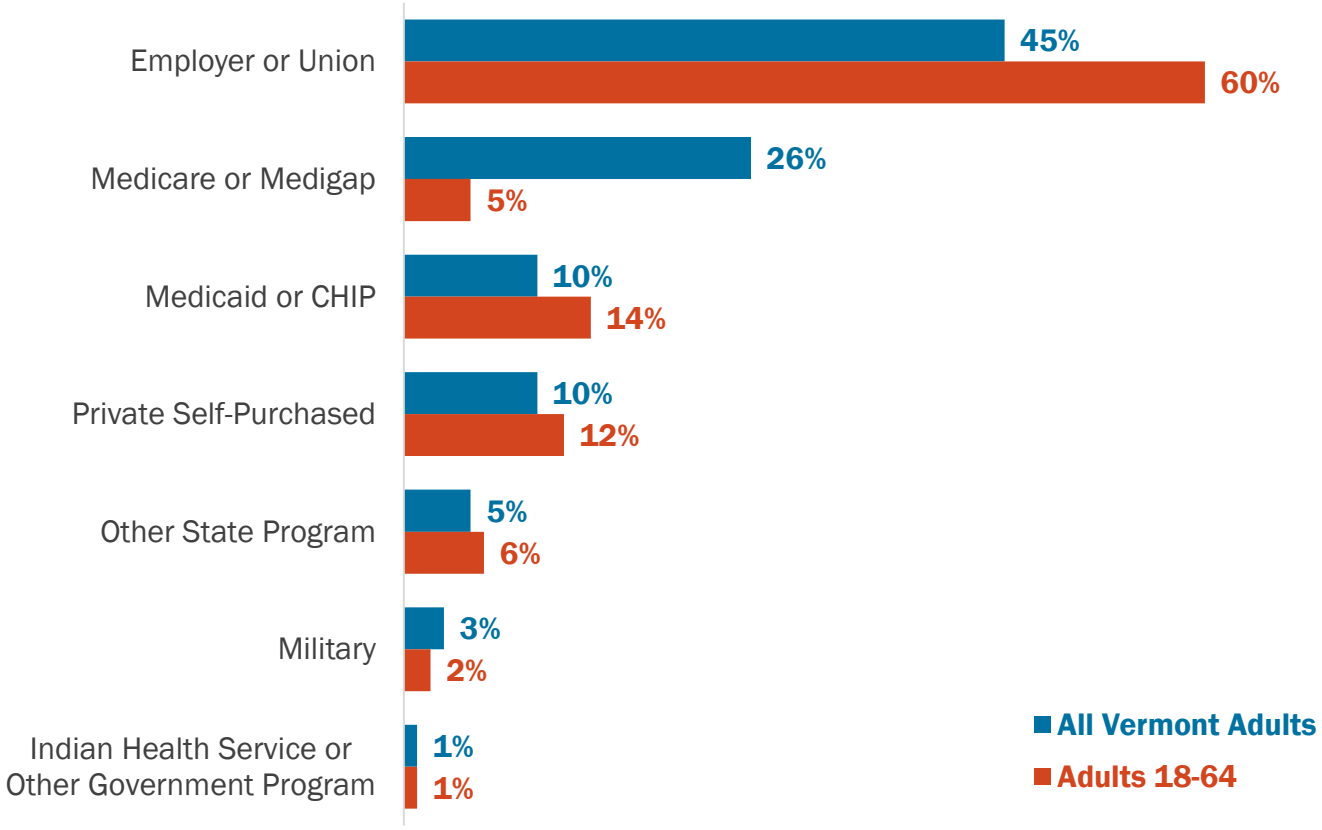
Among Vermont adults with a health plan, regardless of age:

- Forty-five percent have a plan purchased through their or someone else's employer or union.
- Twenty-six percent have Medicare or Medigap.
- Ten percent have Medicaid or Children's Health Insurance Program (CHIP).
- Ten percent purchased a private health plan themselves.
- Other health plans include state programs (5%), military related health care (3%), and Indian Health Service or some other government program (1%).
- The percent of Vermont adults with all types of plans are statistically similar to 2024.

Compared to all Vermont adults, those 18-64:

- Are statistically more likely to have an employer or union purchased health plan (60%) or Medicaid or CHIP (14%).
- Are statistically less likely to have Medicare or Medigap (5%).
- Are statistically just as likely to have a private self-purchased plan (12%), some other state program (6%), military related health care (2%), or Indian Health Service or some other government program (1%) as their primary source of coverage.
- The percent of Vermont adults 18-64 with all types of plans is statistically similar to 2024.

Vermont Adults with a Medical Health Plan, 2025



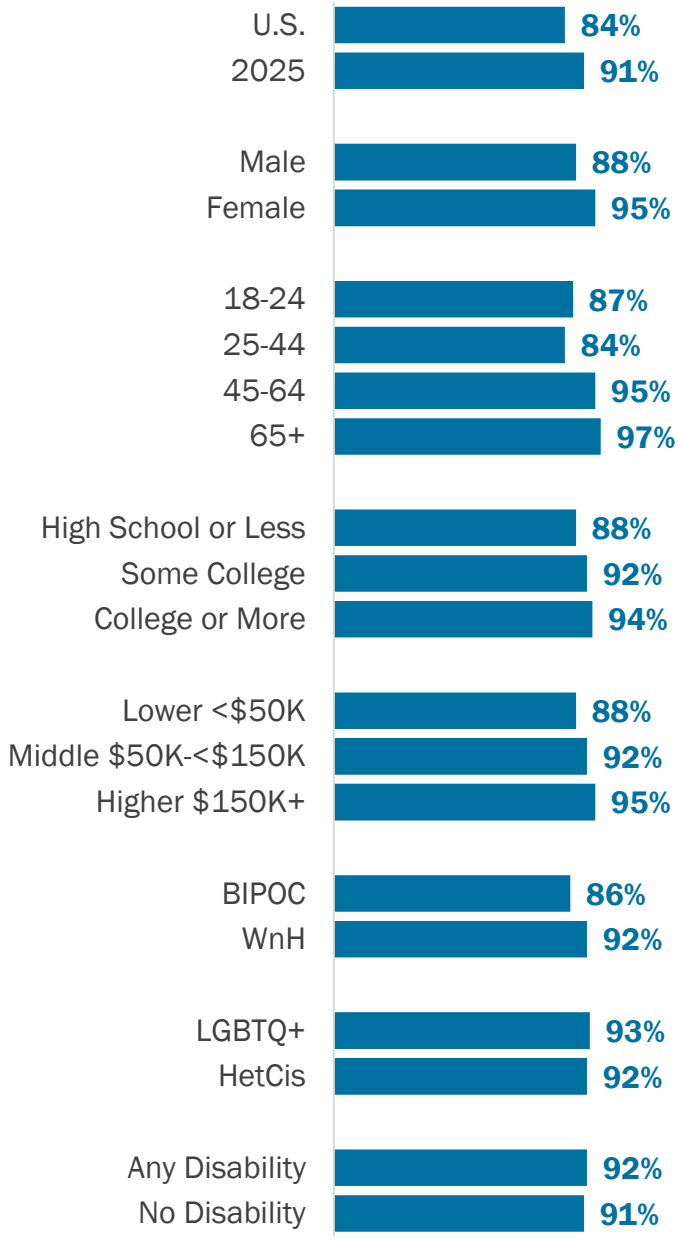
Personal Health Care Provider

Nine in 10 Vermont adults have one person or a group of doctors that they think of as their personal health care provider (PCP) (91%), statistically higher than the 84% of U.S. adults.

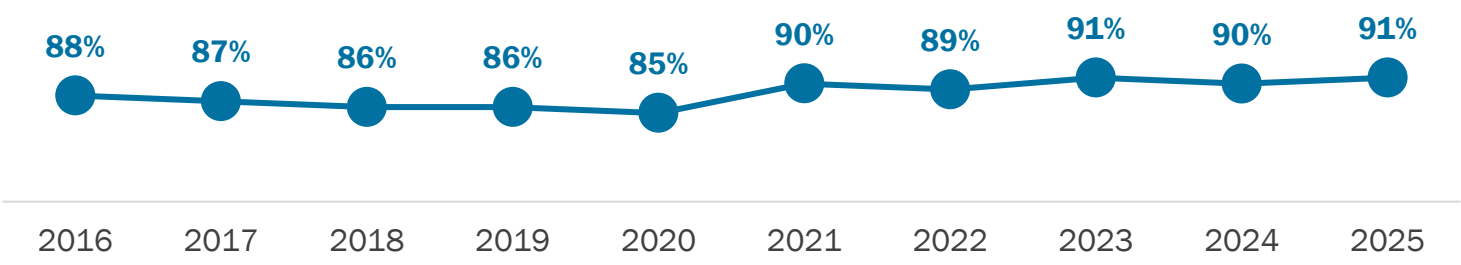
- Females are statistically more likely to have a PCP.
- Adults 45-65+ are statistically more likely to have a PCP than younger adults.
- Adults with a college degree or more are statistically more likely to have a PCP than those with a high school education or less.
- Adults in higher income homes are 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 2024, but statistically higher than 2016.

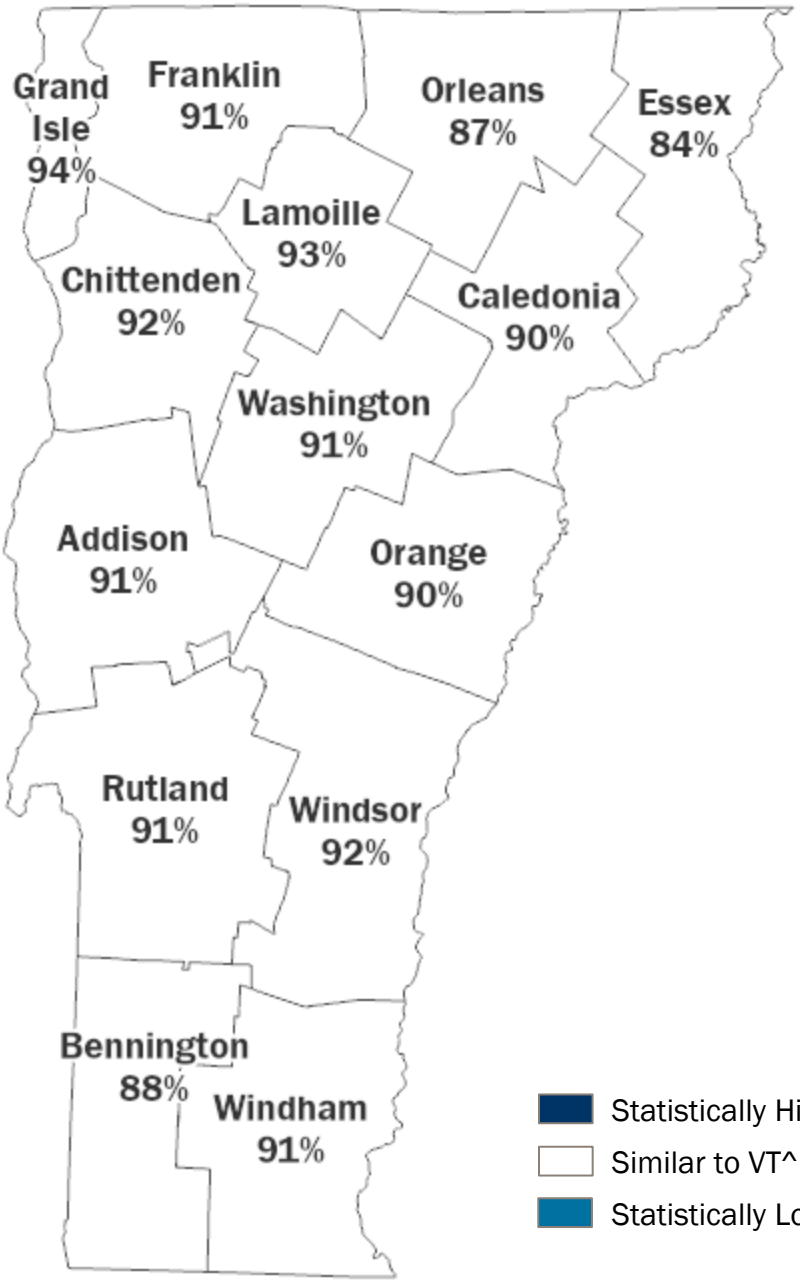
Vermont Adults with a Personal Health Care Provider



Vermont Adults with a Personal Health Care Provider



Vermont Adults with a Personal Health Care Provider, by County, 2024-2025



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

^Vermont estimate represents two years of data.

Routine Health Checkup

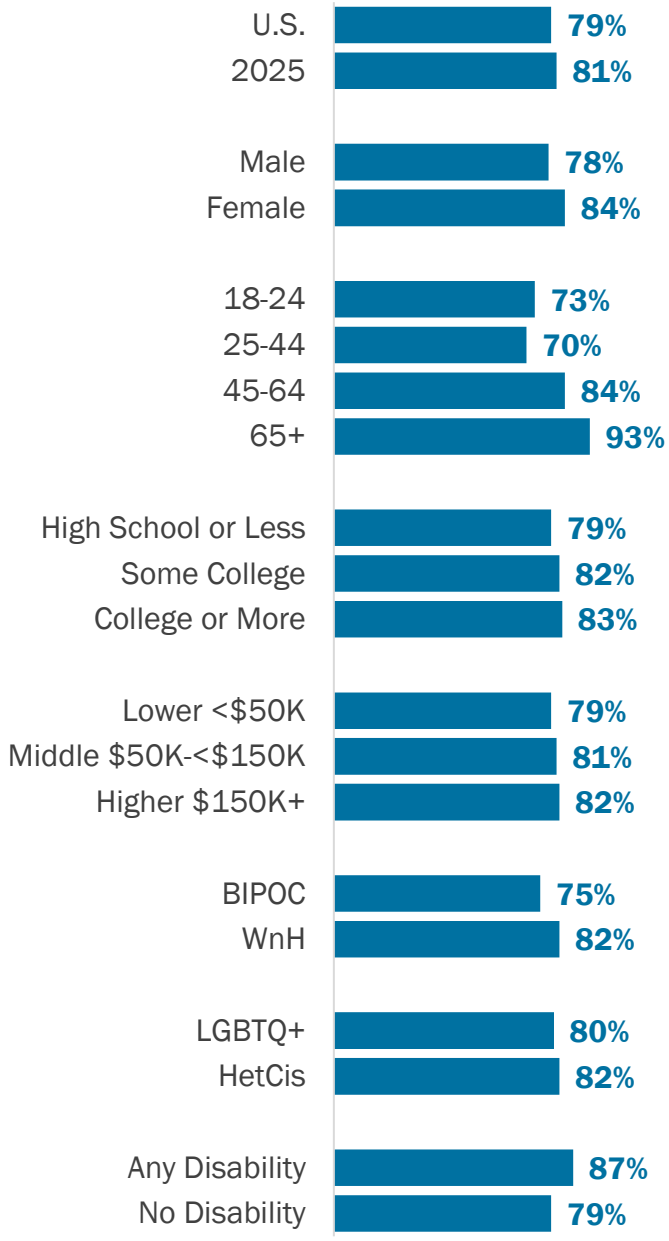
A routine health checkup is defined as visiting a doctor for a general physical exam, not an exam for a specific injury, illness or condition.

Eight in 10 Vermont adults had a routine health checkup with a doctor in the past year (81%). This is statistically higher than the 79% of U.S. adults.

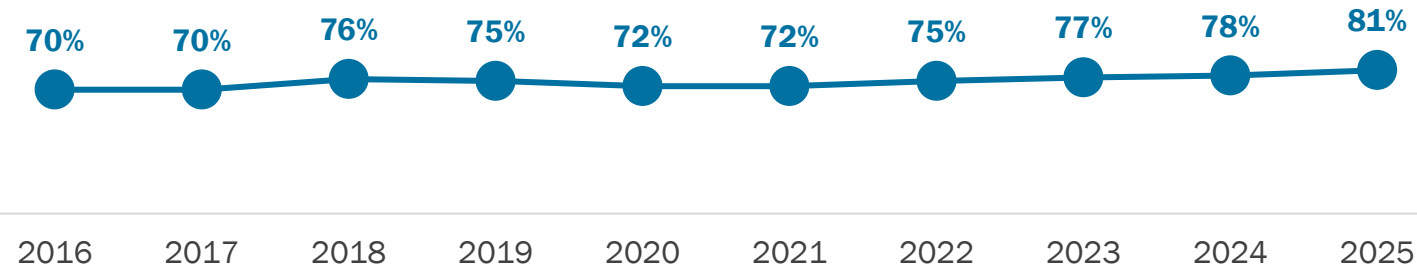
- Females are statistically more likely to have routine health checkup in the past year.
- All differences in routine health checkups by age are statistically significant, except between adults 18-24 and 25-44.
- There are no statistical differences in routine health checkups by education level, household income level or sexual orientation and gender identity.
- White, non-Hispanic adults are statistically more likely to have routine health checkup in the past year.
- Adults with a disability are statistically more likely to have routine health checkup in the past year.

The percent of Vermont adults who had a routine health checkup in the past year is statistically higher than 2024 and 2016.

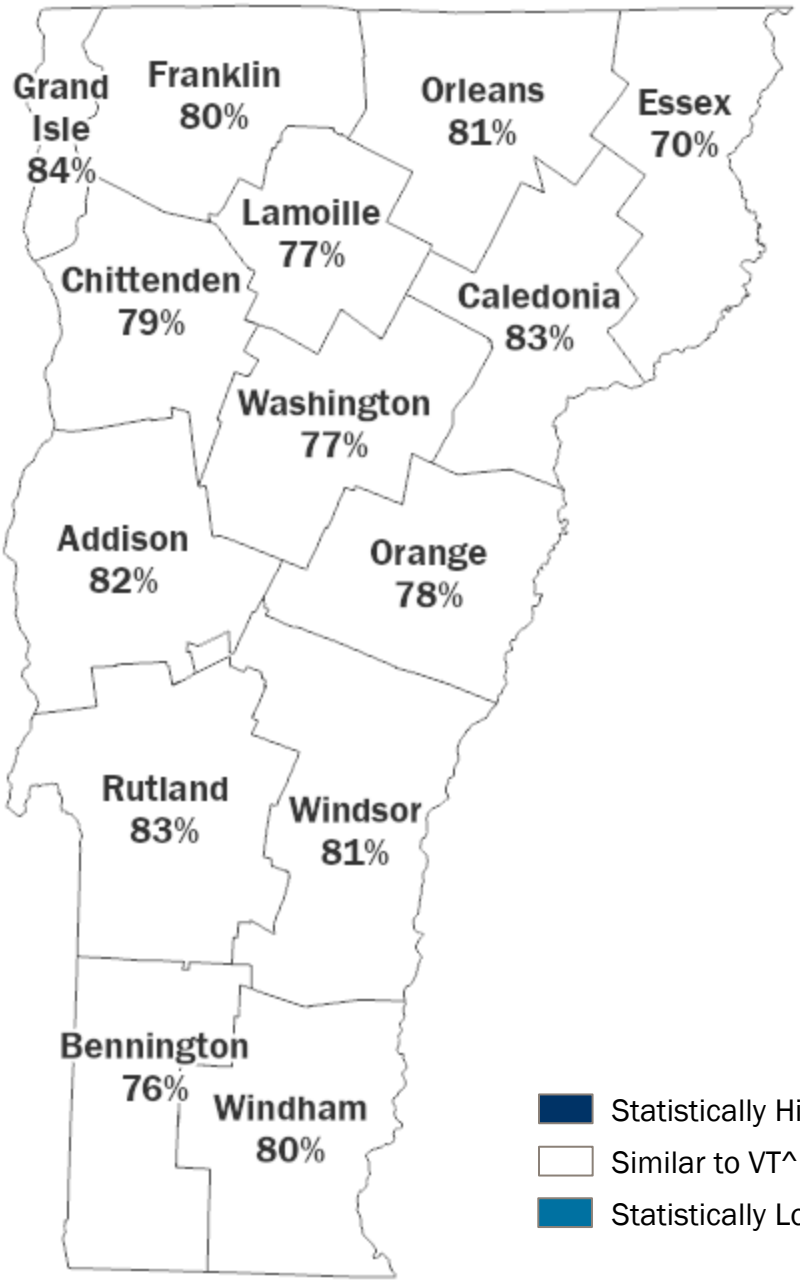
Vermont Adults Who Had a Routine Health Checkup



Vermont Adults Who Had a Routine Health Checkup



Vermont Adults Who Had a Routine Health Checkup, by County, 2024-2025



- All counties report a similar rate of having a routine health checkup in the past year compared to Vermont adults.

^Vermont estimate represents two years of data.

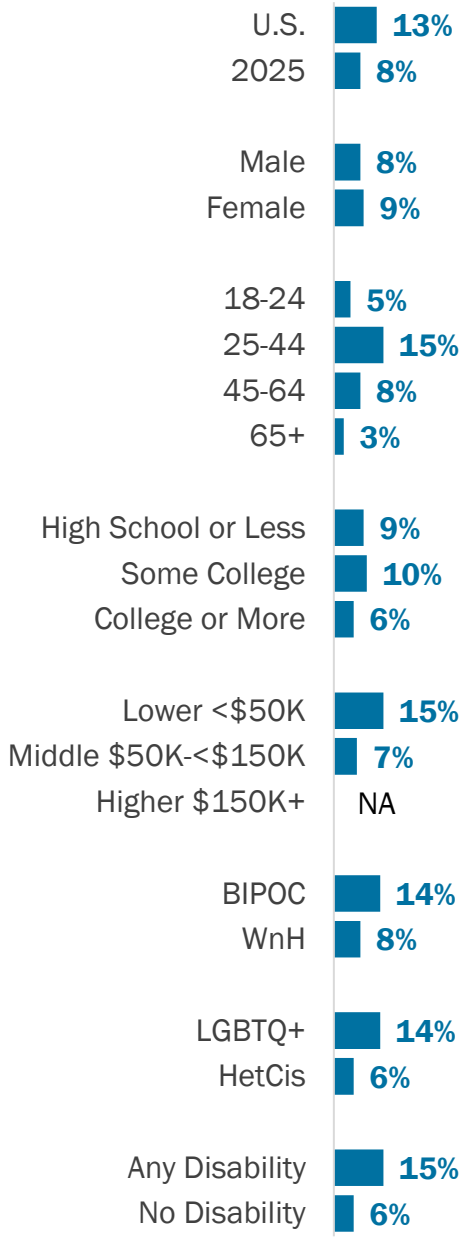
Delayed Health Care Due to Cost

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 13% of U.S. adults.

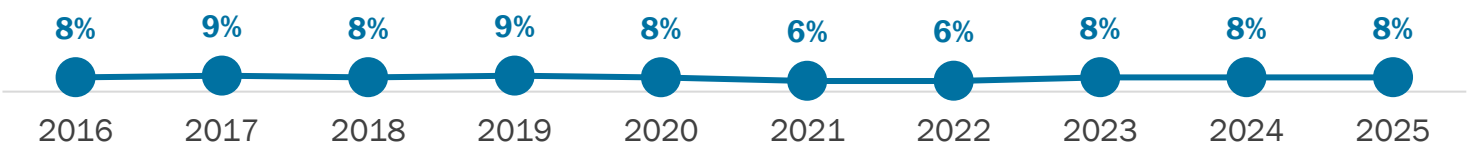
- Males and females report not seeing a doctor due to cost at statistically similar rates.
- Adults 25-44 are statistically more likely to delay medical care due to cost than younger adults and those 45 and older. Adults 45-64 are statistically more likely to delay medical care due to cost than those 65 and older.
- Adults with some college education or less are statistically more likely to delay medical care due to cost.
- Adults in lower income homes are statistically more likely to delay care due to cost than those in middle income homes.
- BIPOC adults are almost two times as likely to delay care due to cost than white, non-Hispanic adults. This is a statistical difference.
- LGBTQ+ adults are more than two times as likely to delay care due to cost than HetCis adults. This is a statistical difference.
- Adults with a disability are more than 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 2024 and 2016.

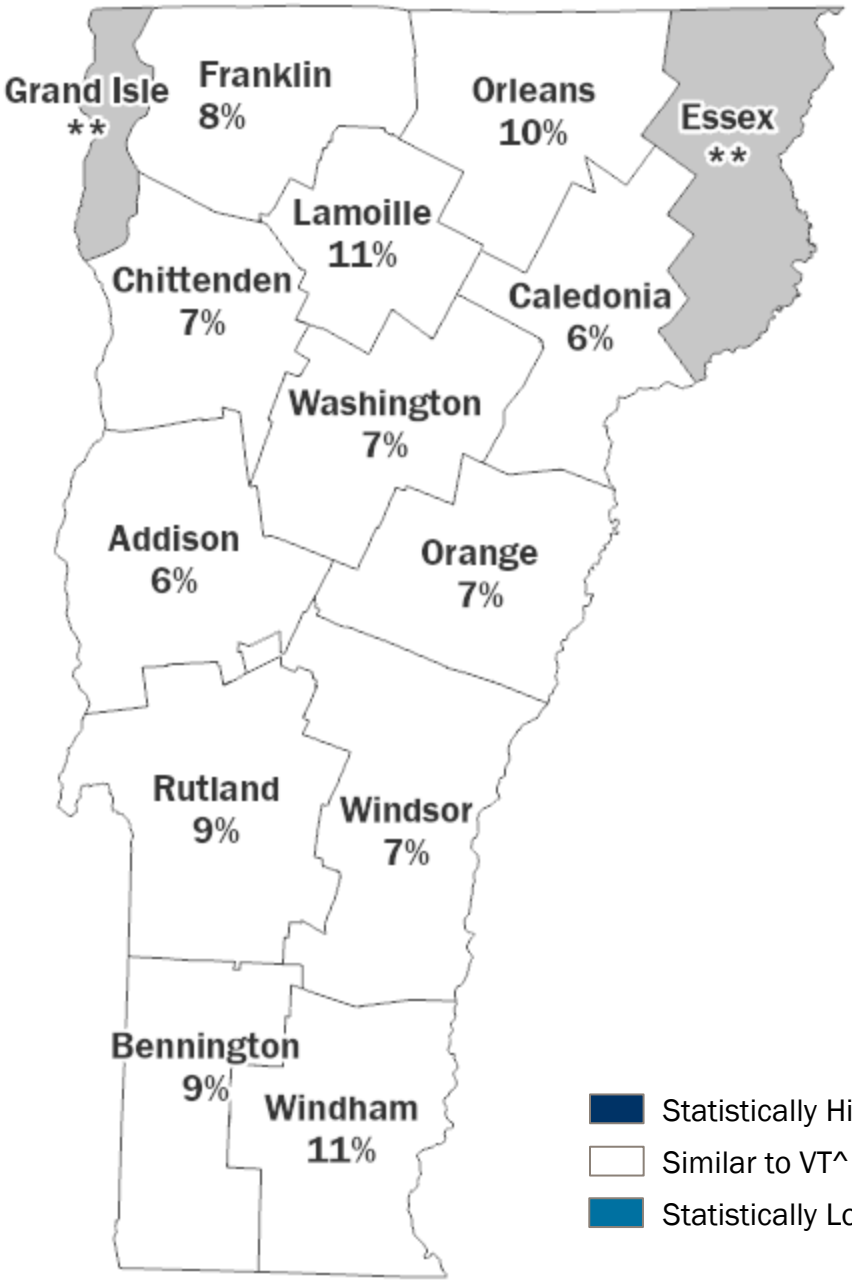
Vermont Adults Who Delayed Health Care Due to Cost



Vermont Adults who Delayed Health Care Due to Cost



Vermont Adults Who Delayed Health Care Due to Cost, by County, 2024-2025



- Adults in all 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.



Chronic Disease

Arthritis

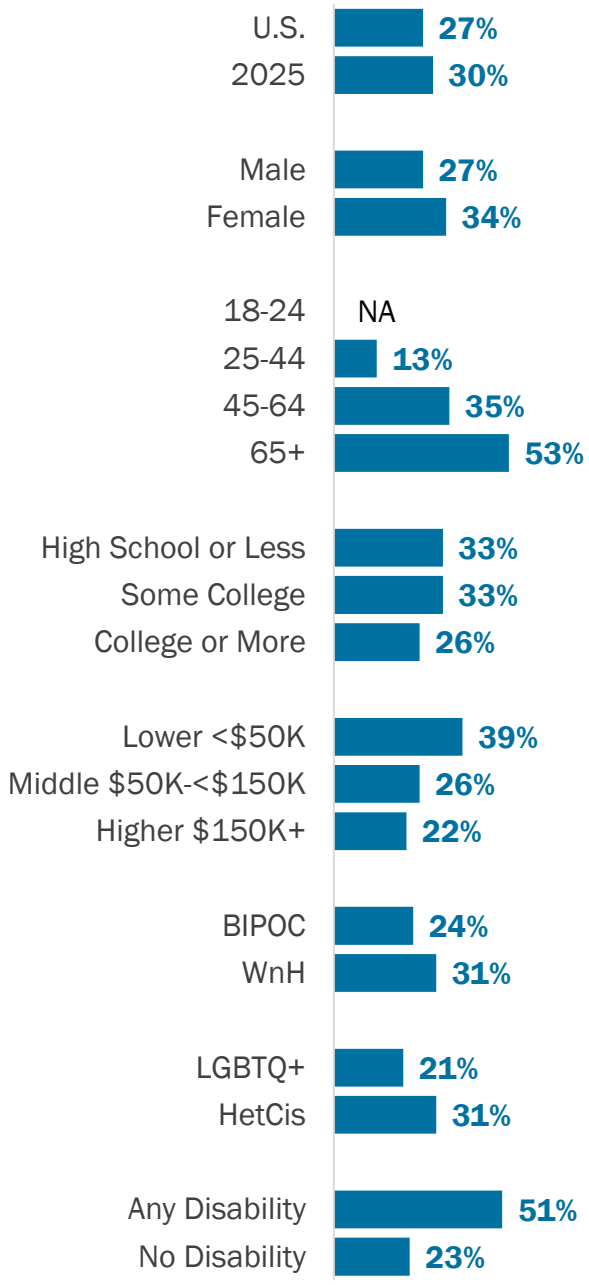
Three in 10 Vermont adults have arthritis (30%). This is statistically higher than the 27% of U.S. adults.

- Females are statistically more likely to have arthritis.
- Arthritis prevalence statistically goes up with age.
- The prevalence of arthritis is statistically higher among adults with some college education or less.
- Adults in lower income homes are statistically more likely to have arthritis.
- There are no statistical differences in arthritis prevalence by race and ethnicity.
- HetCis adults are statistically more likely to have arthritis.
- Adults with a disability are more than two times as likely to have arthritis than adults with no disability. This is a statistical difference.

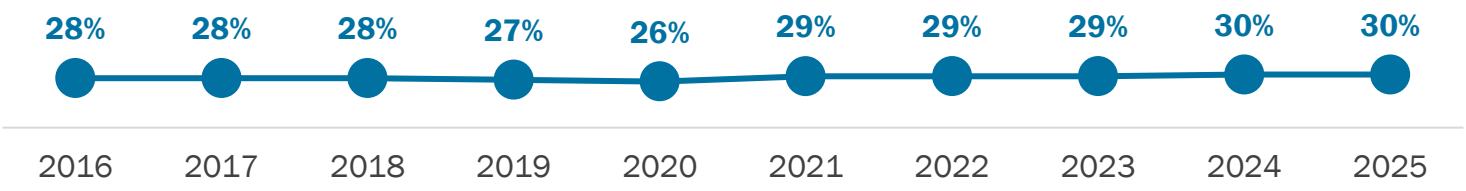
The percent of Vermont adults with arthritis is statistically similar to 2024 and 2016.

Two thirds of adults with arthritis have had a doctor suggest physical activity or exercise to help with their arthritis or joint symptoms (66%). This is statistically similar to the 68% in 2024.

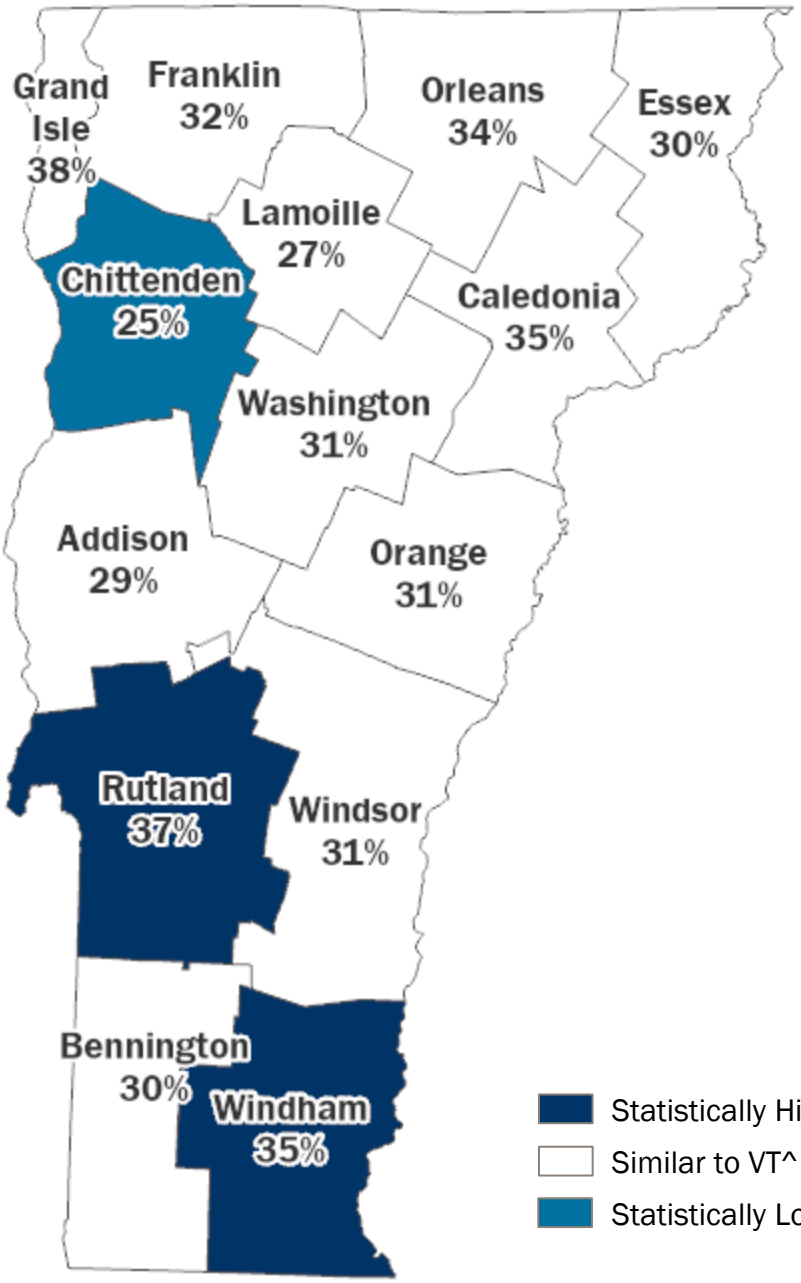
Vermont Adults with Arthritis



Vermont Adults with Arthritis



Vermont Adults with Arthritis by County, 2024-2025



- Rutland (37%) and Windham (35%) counties have statistically higher rates of arthritis compared to all Vermont adults.
- One-quarter of adults in Chittenden County have arthritis (25%). This is statistically lower than all Vermont adults.
- All other counties have a similar arthritis prevalence compared to all Vermont adults.

^Vermont estimate represents two years of data.

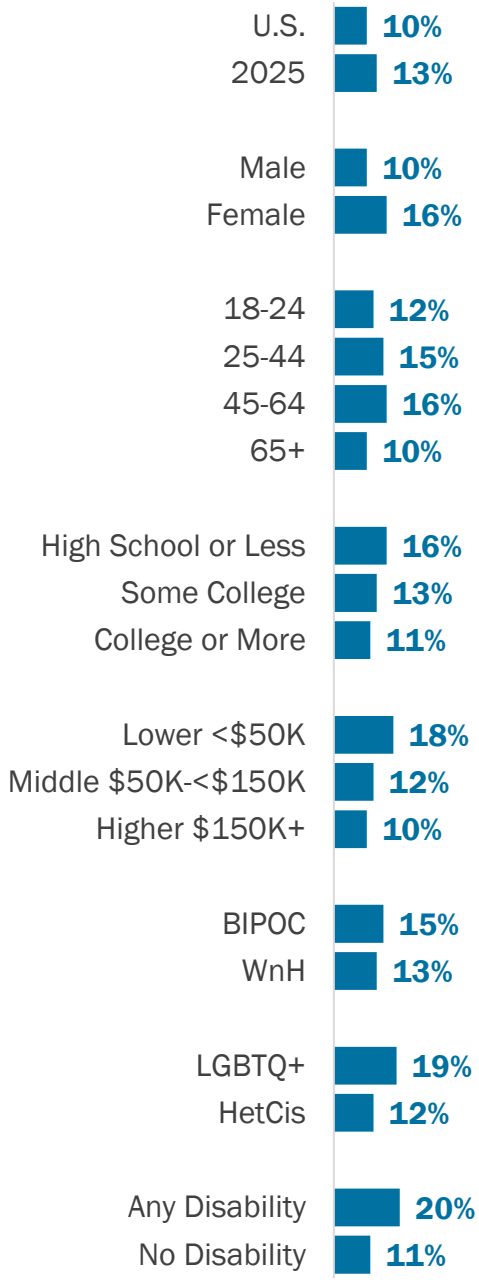
Asthma

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

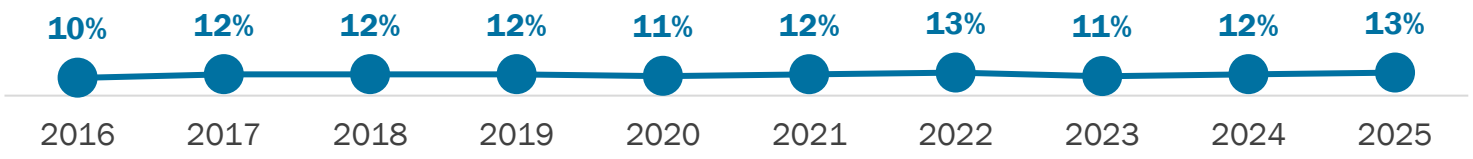
- Females are statistically more likely to have asthma.
- Adults 25-64 are statistically more likely to have asthma than those 65 and older.
- Asthma prevalence is statistically higher among adults with a high school education or less than those with a college degree or more.
- Adults with lower income homes are statistically more likely to have asthma.
- There are no statistical differences in asthma prevalence by race and ethnicity.
- LGBTQ+ adults are statistically more likely to have asthma.
- Adults with a disability are almost 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 2024, but statistically higher than 2016.

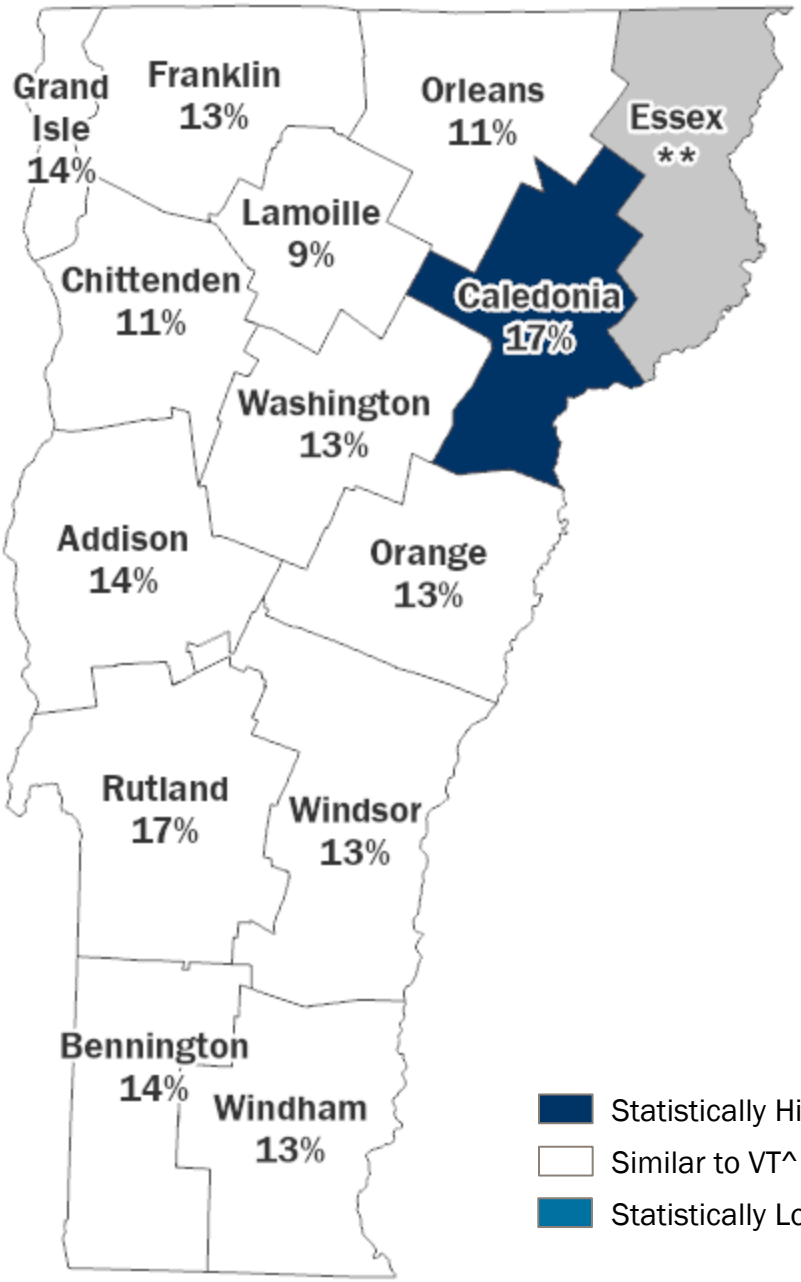
Vermont Adults with Asthma



Vermont Adults with Asthma



Vermont Adults with Asthma by County, 2024-2025



- One in six adults in Caledonia County have asthma (17%). This is statistically higher than all Vermont adults.
- All other 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

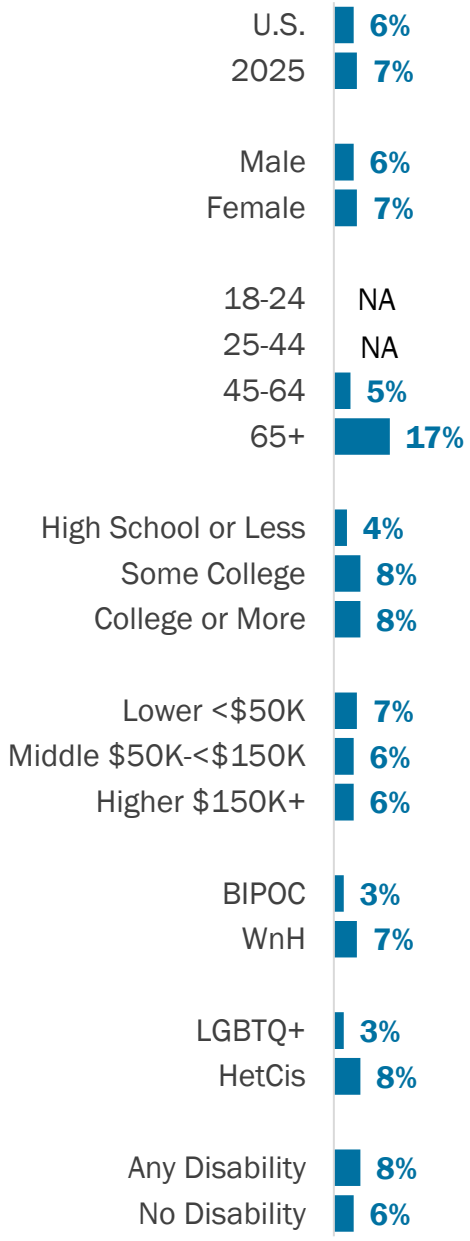
Seven percent of Vermont adults have ever been diagnosed with non-melanoma skin cancer. This is statistically higher than the 6% of U.S. adults.

- Males and females report statistically similar rates of skin cancer.
- Adults 65 and older are more than three times as likely to be diagnosed with skin cancer than adults 45-64. This is a statistical difference.
- Adults with a college degree or more are statistically more likely to be diagnosed with 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.
- White, non-Hispanic adults are more than two times as likely to be diagnosed with skin cancer than BIPOC adults. This is a statistical difference.
- HetCis adults are almost three times as likely to be diagnosed with skin cancer than LGBTQ+ adults. This is a statistical difference.

The prevalence of skin cancer among Vermont adults is statistically similar to 2024 and 2022.

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

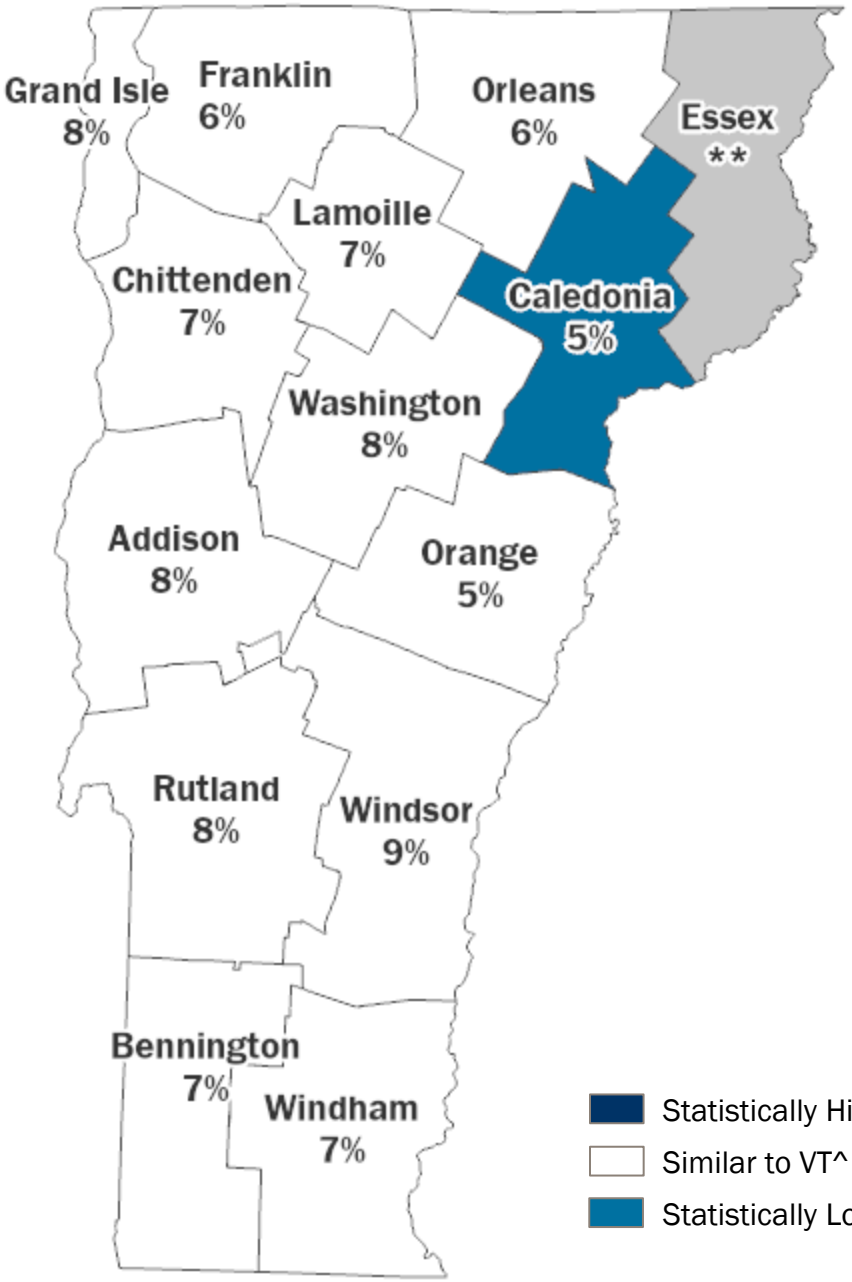
Vermont Adults Ever Diagnosed with Non-Melanoma Skin Cancer



Vermont Adults Ever Diagnosed with Non-Melanoma Skin Cancer



Vermont Adults with Non-Melanoma Skin Cancer, by County, 2024-2025



- Five percent of adults in Caledonia County have ever been diagnosed with non-melanoma skin cancer. This is statistically lower than all Vermont adults.
- All other 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)

Twelve percent of Vermont adults have ever been diagnosed with cancer, statistically higher than the 9% of U.S. adults.

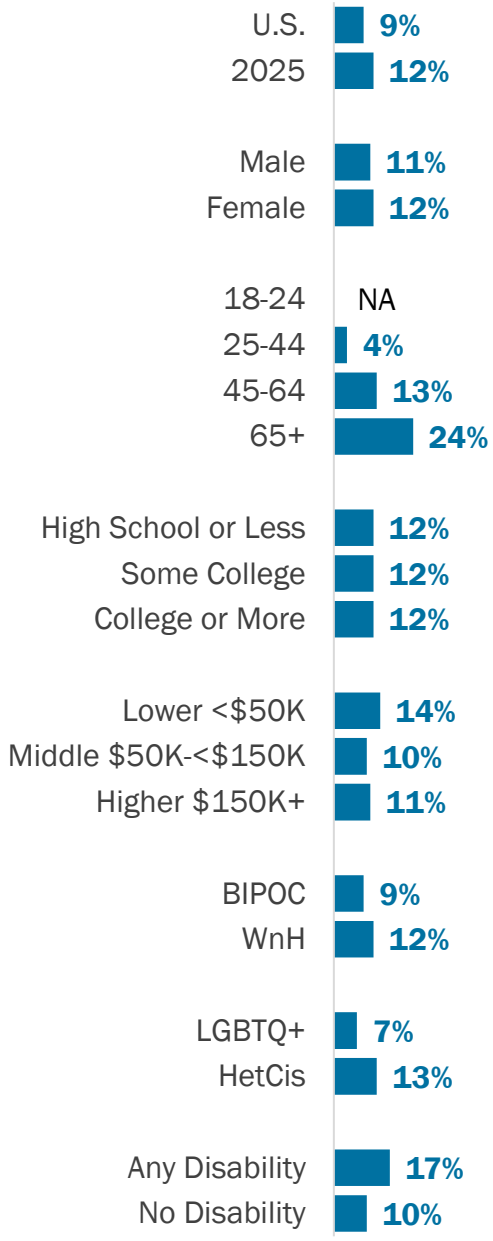
This definition includes all cancers except non-melanoma skin cancers.

- Males and females report statistically similar rates of cancer.
- The prevalence of cancer statistically goes up with age.
- There are no statistical differences in cancer prevalence by education level or race and ethnicity.
- Adults in lower income homes are statistically more likely to be diagnosed with cancer than adults in middle income homes.
- HetCis adults are almost two times as likely to be diagnosed with cancer than LGBTQ+ adults. This is a statistical difference.
- Adults with a disability are statistically more likely to be diagnosed with cancer.

The prevalence of cancer among Vermont adults is the statistically higher than 2024, but statistically similar to 2022.

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

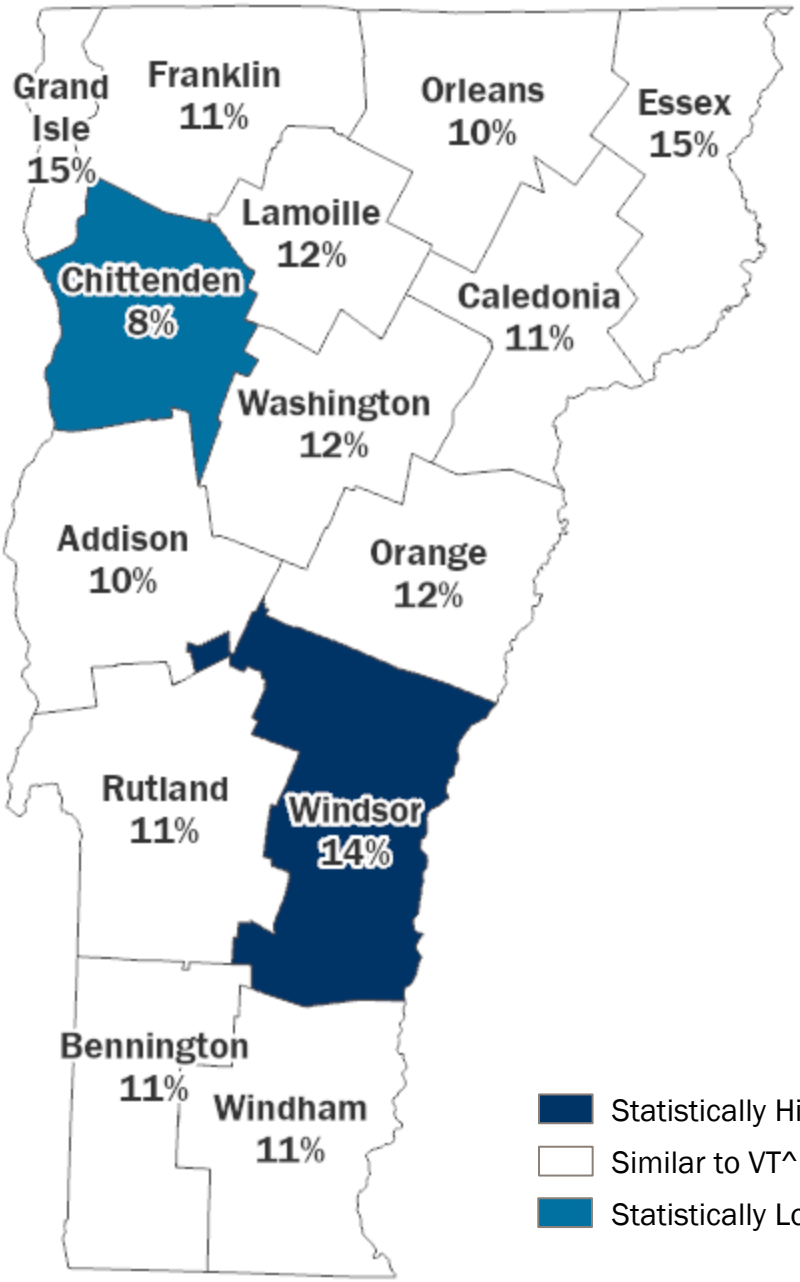
Vermont Adults Ever Diagnosed with Cancer



Vermont Adults Ever Diagnosed with Cancer



Vermont Adults with Cancer (including Melanoma), by County, 2024-2025



- Fourteen percent of adults in Windsor County have ever been diagnosed with cancer. This is statistically higher than all Vermont adults.
- Eight percent of adults in Chittenden County have been diagnosed with cancer. This is statistically lower than all Vermont adults.
- All other counties have a similar cancer prevalence compared to all Vermont adults.

^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.

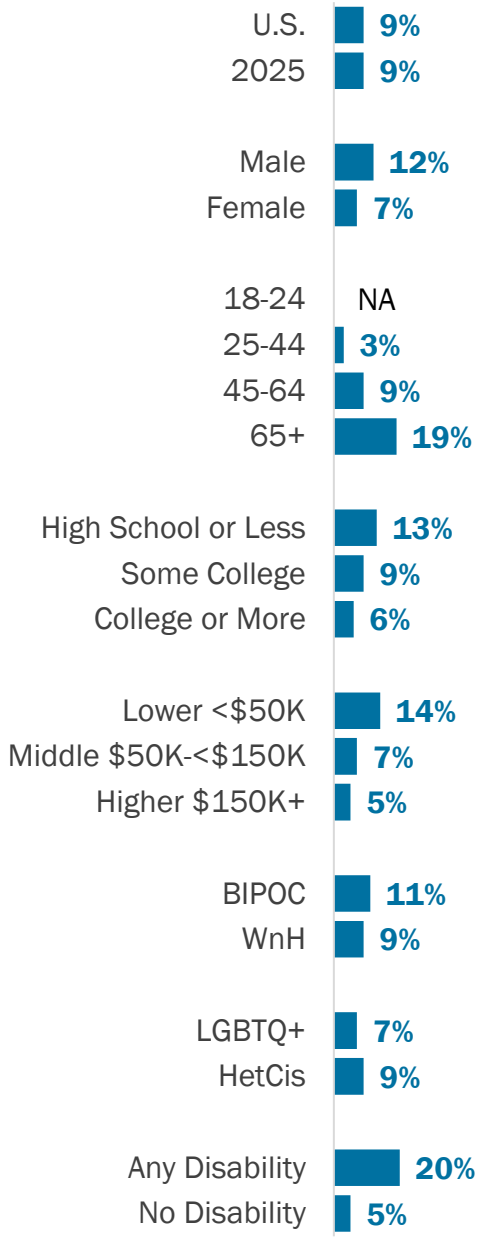
Nine percent of Vermont adults have ever been diagnosed with CVD, the same as U.S. adults.

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

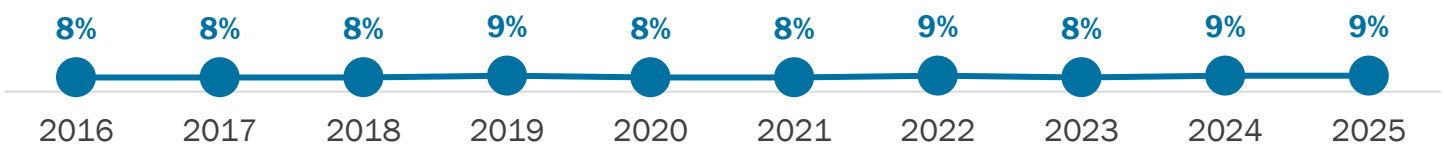
- Males are statistically more likely to have CVD.
- The prevalence of CVD statistically goes up with age.
- Adults with some college education or less are statistically more likely to have CVD.
- Adults in lower income homes are statistically more likely to have CVD.
- There are no statistical differences in CVD prevalence by race and ethnicity or sexual orientation and gender identity.
- Adults with a disability are four times as likely to have CVD than adults with no disability. This is a statistical difference.

The prevalence of CVD among Vermont adults is statistically similar to 2024 and 2016.

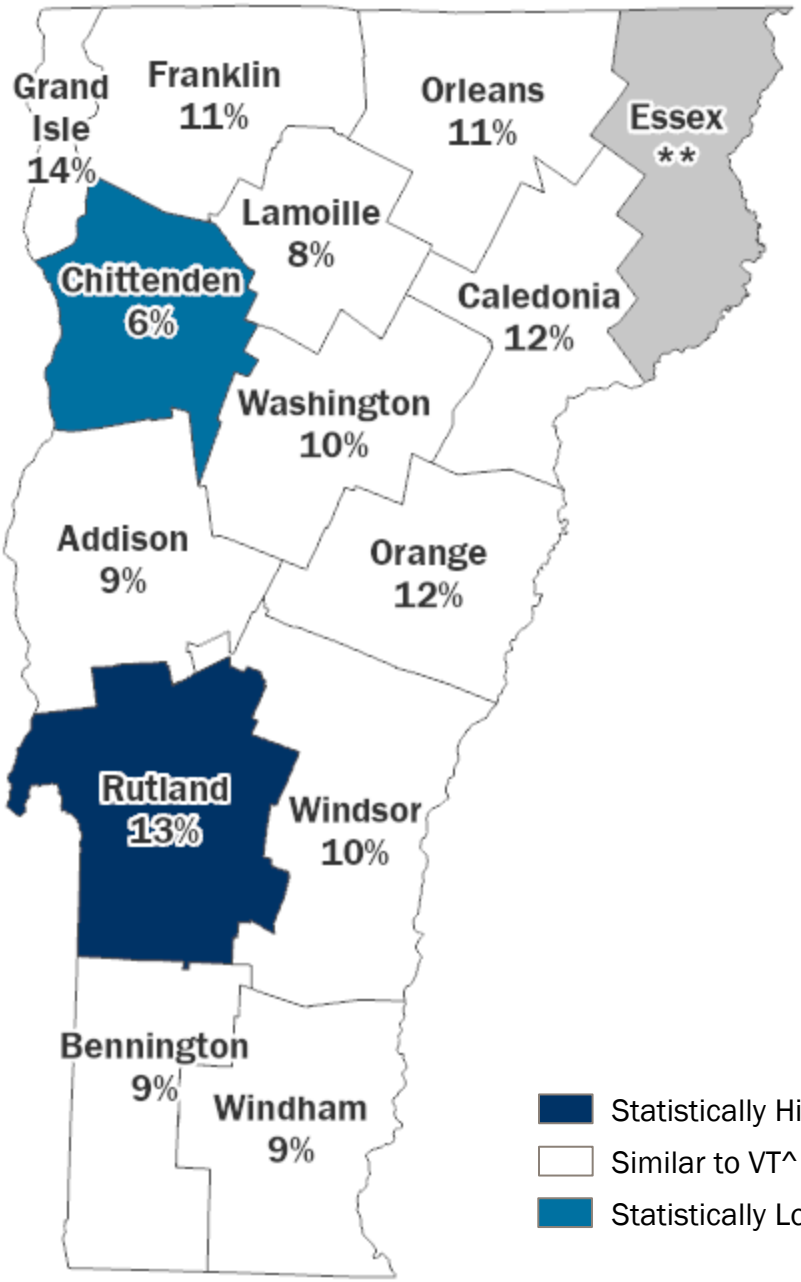
Vermont Adults with Cardiovascular Disease



Vermont Adults with Cardiovascular Disease



Vermont Adults with Cardiovascular Disease by County, 2024-2025



- Thirteen percent of adults in Rutland County have cardiovascular disease (CVD). This is 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.

^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 Kidney Disease

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

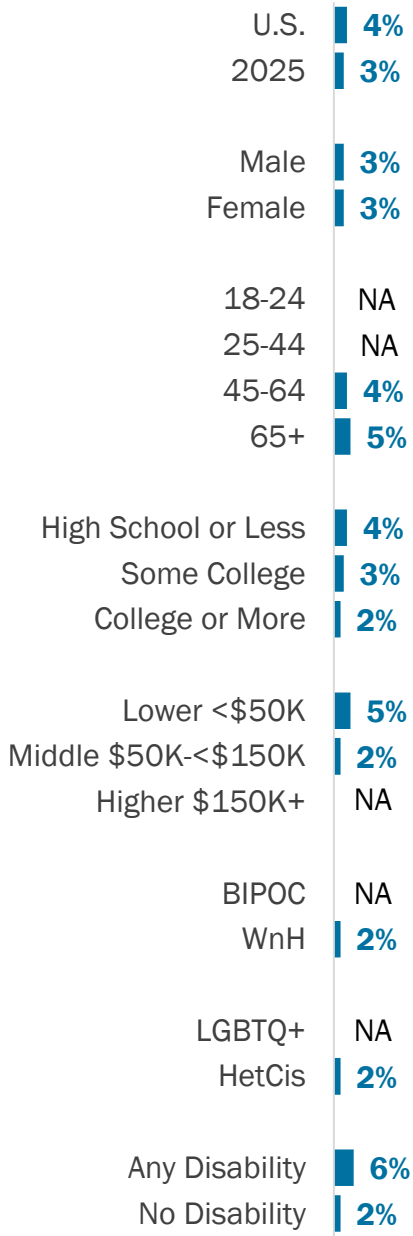
Excluded from chronic kidney disease are kidney stones, bladder infections and incontinence.

- Males and females report having chronic kidney disease at statistically similar rates.
- There are no statistical differences in the prevalence of chronic kidney disease by age.
- Adults with some college education or less are statistically more likely to have chronic kidney disease.
- Adults in lower income homes are statistically more likely to have chronic kidney disease than adults in middle income homes.
- Statistical comparisons by race and ethnicity or sexual orientation and gender identity were not made due to data suppression.
- Adults with a disability are three times as likely to have chronic kidney disease than adults with no disability. This is a statistical difference.

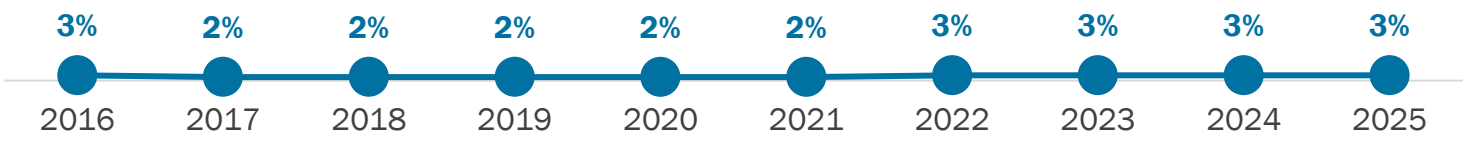
The percent of Vermont adults with chronic kidney disease is the same as 2024 and 2016.

Chronic kidney disease is a concern for adults with diabetes. Among adults with diabetes, 15% have chronic kidney disease, statistically higher than the one percent of Vermont adults without diabetes.

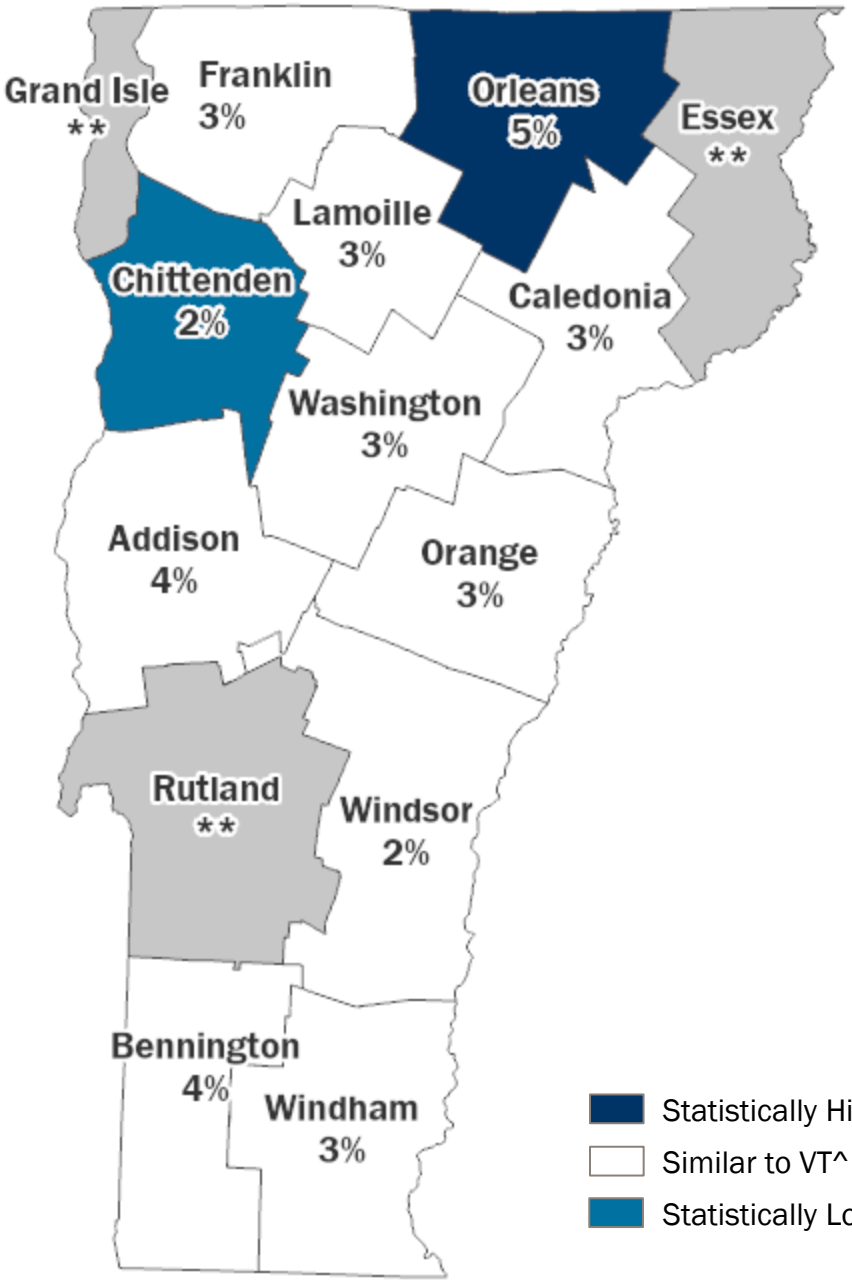
Vermont Adults with Chronic Kidney Disease



Vermont Adults with Chronic Kidney Disease



Vermont Adults with Chronic Kidney Disease by County, 2024-2025



- Five percent of adults in Orleans County have chronic kidney disease. This is statistically higher than all Vermont adults.
- Two percent of adults in Chittenden County have chronic kidney disease. This is statistically lower than all Vermont adults.
- All other 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

Seven percent of Vermont adults have ever been told they have chronic obstructive pulmonary disease (COPD). This is statistically the same as the 6% of U.S. adults.

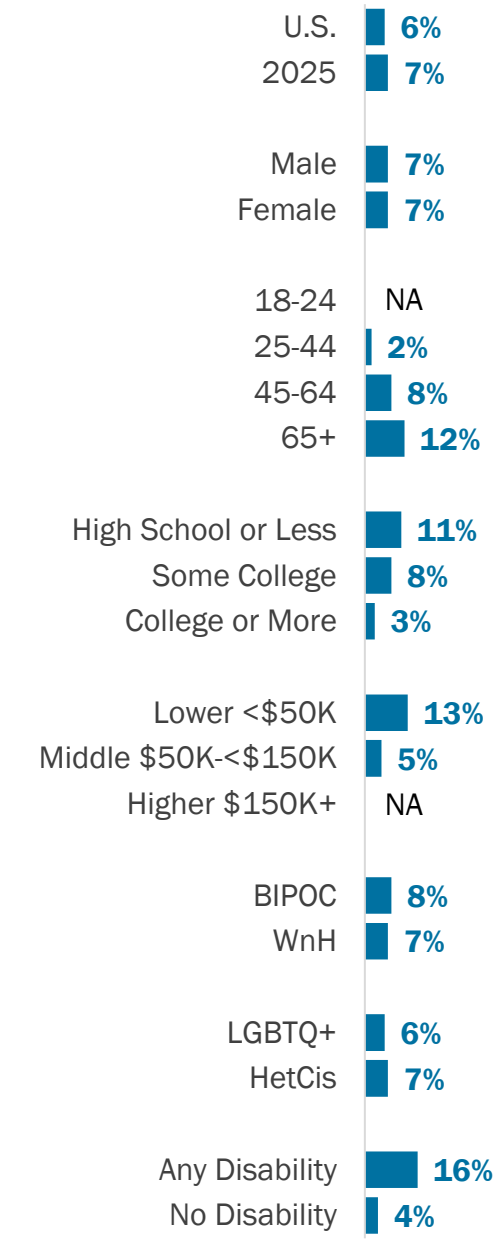
- Males and females report having COPD at statistically similar rates.
- The prevalence of COPD statistically goes up with age.
- The prevalence of COPD statistically goes down with education level.
- Adults in lower income homes are almost three times as likely to have COPD than adults in middle income homes. This is a statistical difference.
- There are no statistical differences in the prevalence of COPD by race and ethnicity or sexual orientation and gender identity.
- Adults with a disability are four times as likely to have COPD than adults with no disability. This is a statistical difference.

The percent of Vermont adults with COPD is statistically similar to 2024 and 2016.

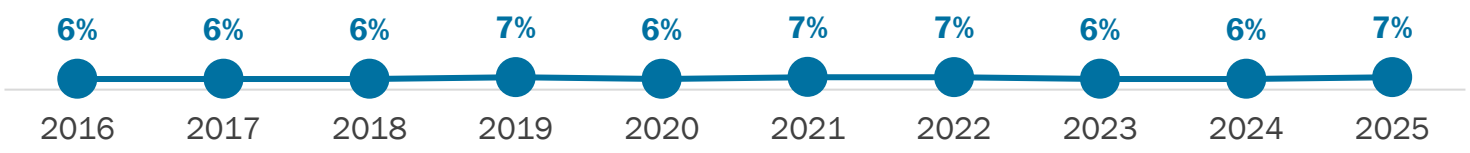
Adults with COPD were asked how much they limited their usual activities due to shortness of breath in the past month:

- Twenty-two percent limited their activities a lot.
- Seventeen percent limited their activities a moderate amount.
- Twenty-five percent limited their activities a little.
- Thirty-six percent did not limit their activities at all.

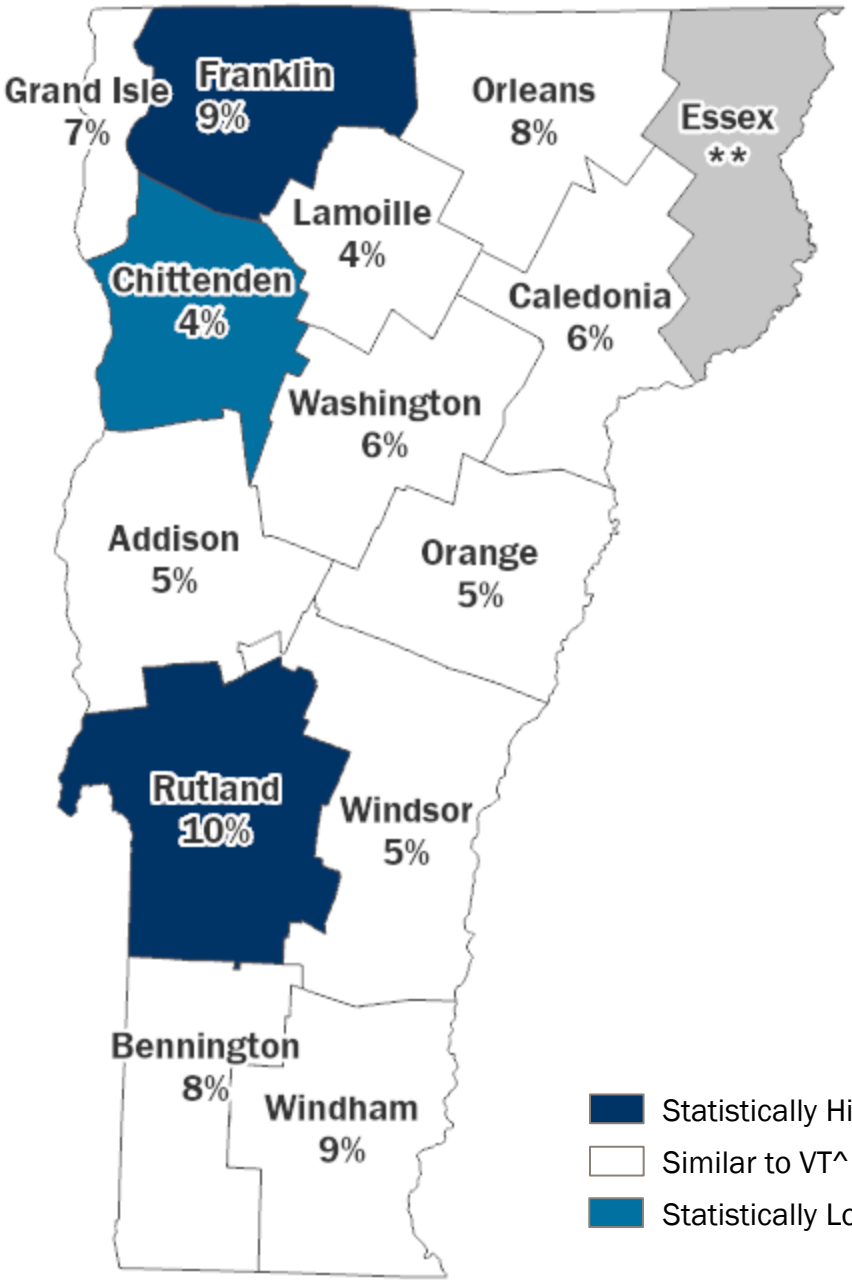
Vermont Adults with Chronic Obstructive Pulmonary Disease



Vermont Adults with Chronic Obstructive Pulmonary Disease



Vermont Adults with Chronic Obstructive Pulmonary Disease, by County, 2024-2025



- One in 10 adults in Rutland County have chronic obstructive pulmonary disease (COPD) (10%). Almost one in 10 adults in Franklin County have COPD (9%). These are 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

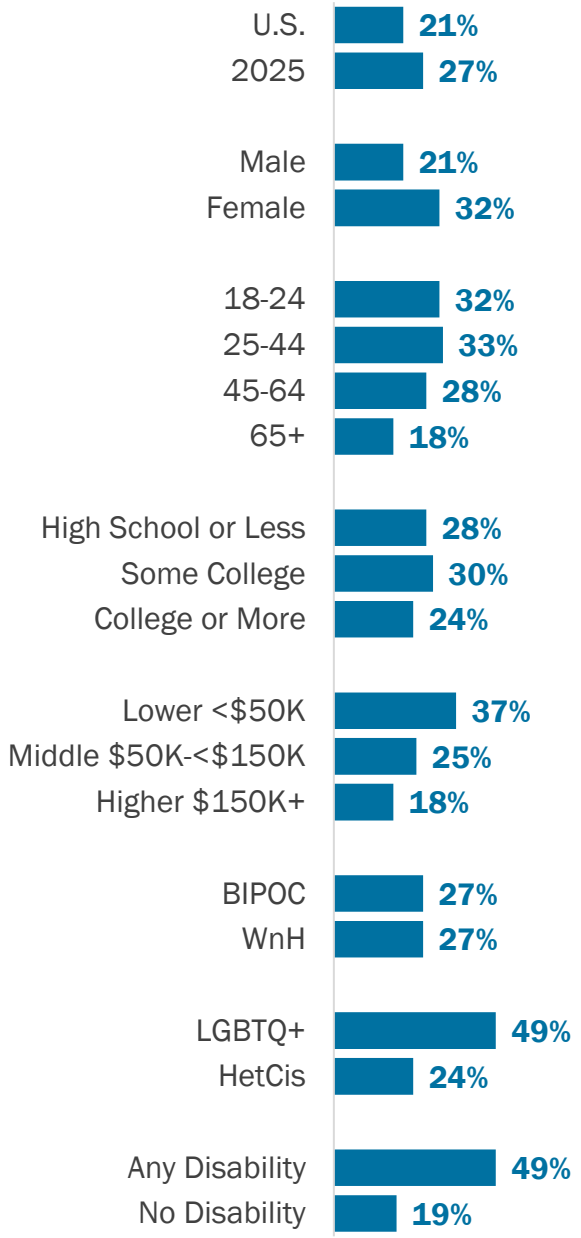
More than one-quarter of Vermont adults have ever been told they have a depressive disorder (27%). This is statistically higher than the 21% of U.S. adults.

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

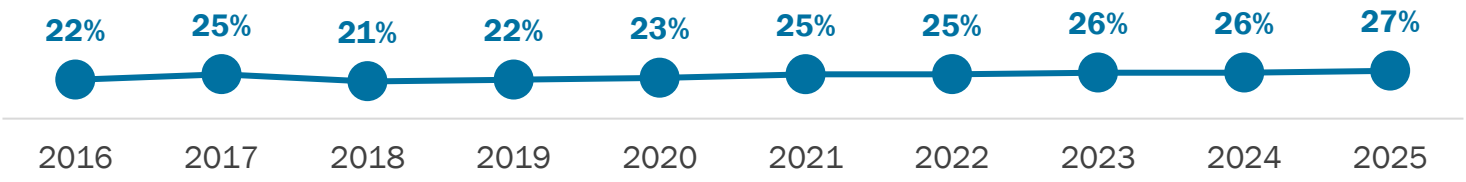
- Females are statistically more likely to have a depressive disorder.
- Adults 18-64 are statistically more likely to have a depressive disorder.
- Adults with some college education are statistically more likely to have a depressive disorder than those with a college degree or more.
- The prevalence 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 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 statistically similar to 2024, but statistically higher than 2016.

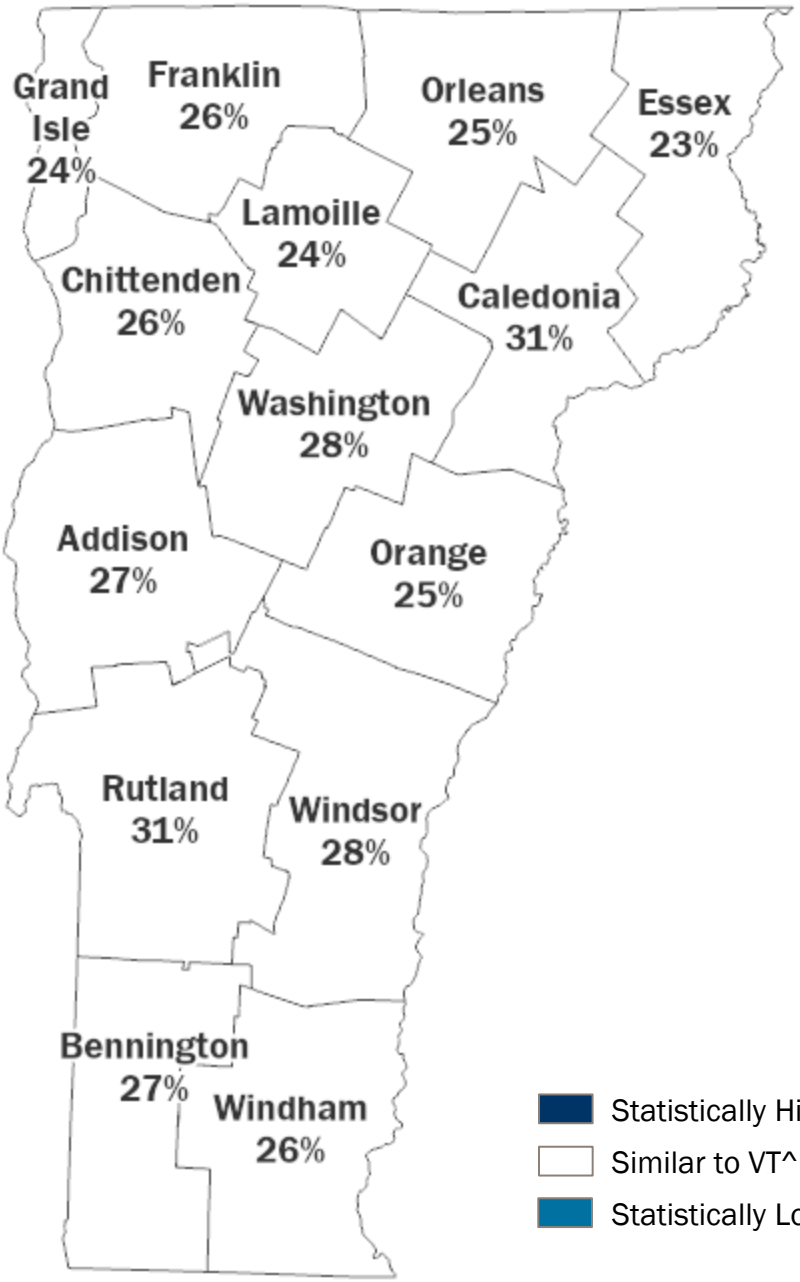
Vermont Adults with a Depressive Disorder



Vermont Adults with a Depressive Disorder



Vermont Adults with a Depressive Disorder by County, 2024-2025



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

^Vermont estimate represents two years of data.

Prediabetes

Twelve percent of Vermont adults have ever been diagnosed with borderline or prediabetes.

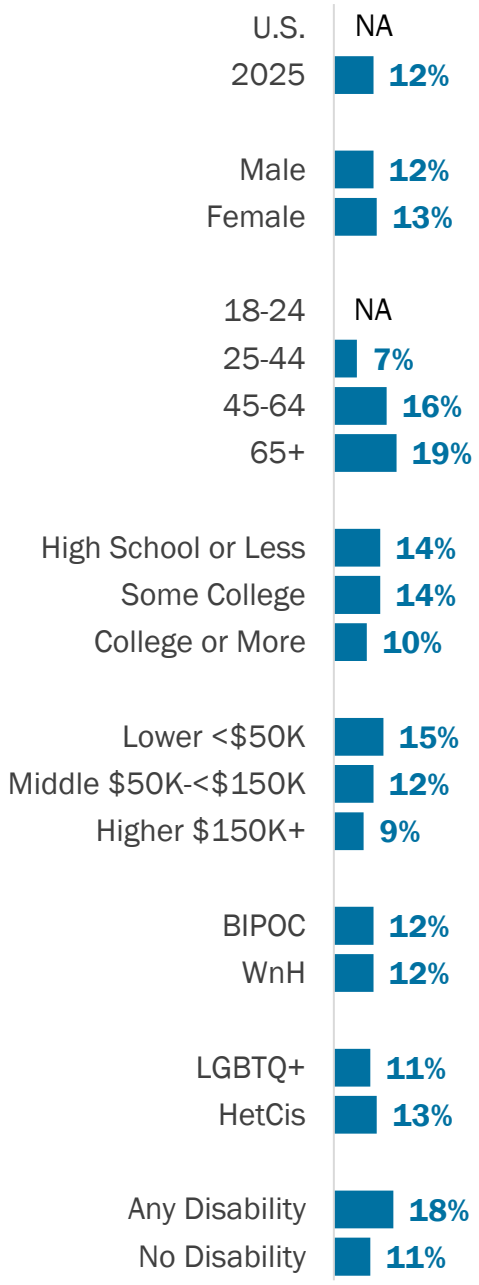
- Males and females report statistically similar rates of prediabetes.
- Adults 45 and older are statistically more likely to have prediabetes than adults 25-44.
- Adults with some college education or less are statistically more likely to have prediabetes.
- Adults in lower income homes are statistically more likely to have prediabetes than those in higher income homes.
- There are no statistical differences in prediabetes prevalence by race and ethnicity or sexual orientation and gender identity.
- Adults with a disability are statistically more likely to have prediabetes.

The prevalence of diabetes among Vermont adults is statistically higher than 2023 and 2017.

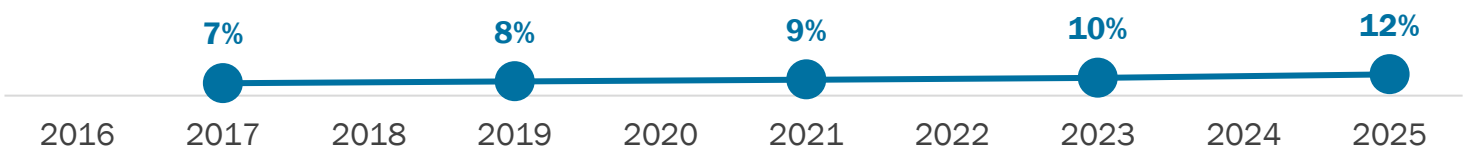
Prediabetes is likely underreported due to a relatively low rate of testing. Seventy-eight percent of Vermont adults were tested for diabetes or high blood sugar in the prior three years.

Twelve percent of adults with prediabetes have participated in a lifestyle change program to improve their health or prevent diabetes.

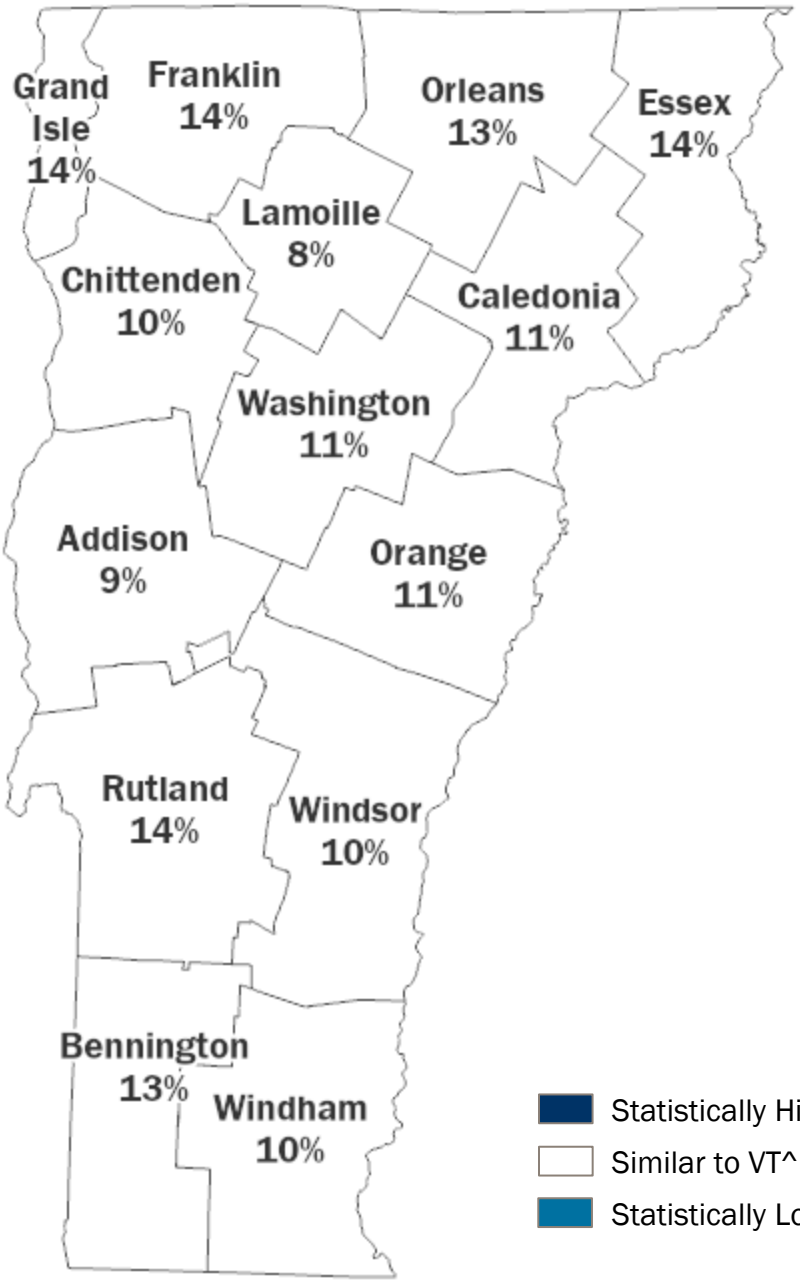
Vermont Adults with Prediabetes



Vermont Adults with Prediabetes



Vermont Adults with Prediabetes by County, 2023, 2025



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

^Vermont estimate represents two years of data.

Diabetes

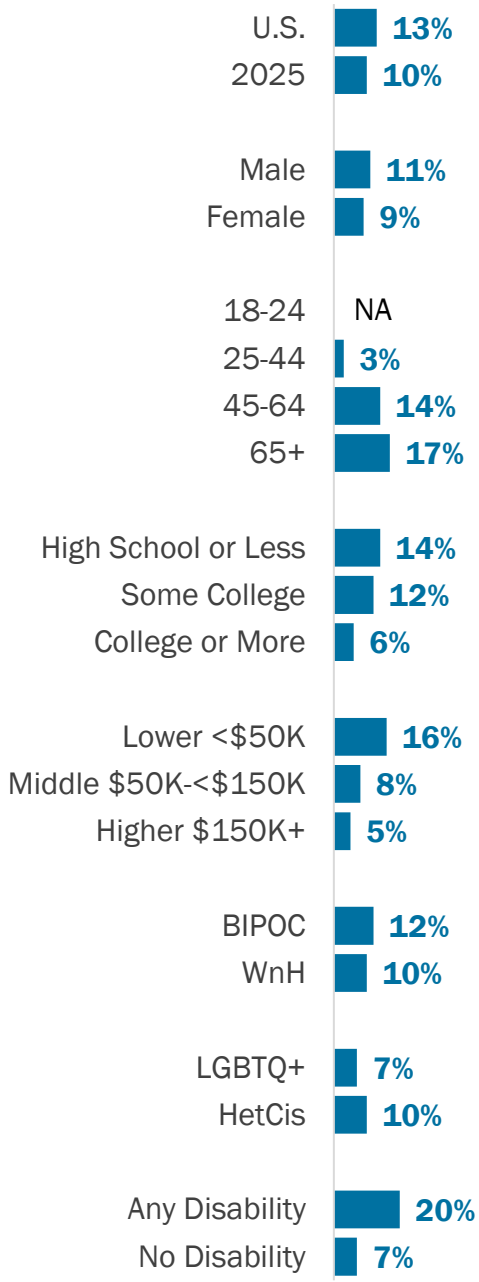
One in 10 Vermont adults have ever been diagnosed with diabetes (10%), statistically lower than the 13% of U.S. adults.

The average age of overall diabetes diagnosis in Vermont is 47 years old.

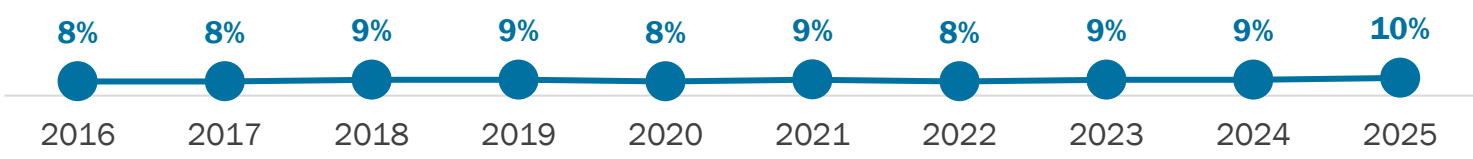
- Males are statistically more likely to have diabetes.
- Adults 45 and older are statistically more likely to have diabetes than adults 25-44.
- Adults with some college education or less are statistically more likely to have diabetes.
- Adults in lower income homes are statistically more likely to have diabetes.
- There are no statistically significant differences in diabetes prevalence by race and ethnicity or sexual orientation and gender identity.
- Adults with a disability are almost three times as likely to have diabetes than those with no disability. This is a statistical difference.

The prevalence of diabetes among Vermont adults is statistically similar to 2024 and 2016.

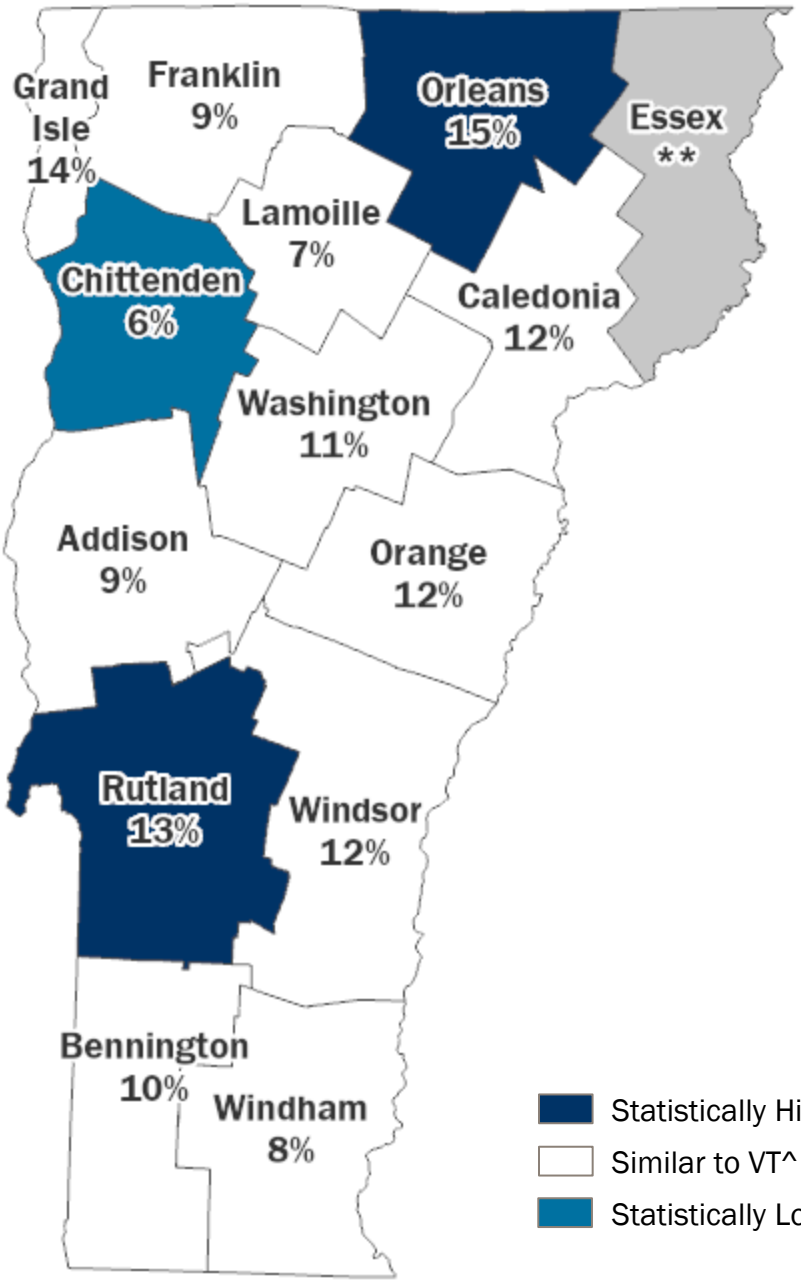
Vermont Adults with Diabetes



Vermont Adults with Diabetes



Vermont Adults with Diabetes by County, 2024-2025



- Fifteen percent of adults in Orleans County and 13% of adults in Rutland County have diabetes. These are statistically higher than Vermont overall.
- Six percent of adults in Chittenden County have diabetes. This is 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.

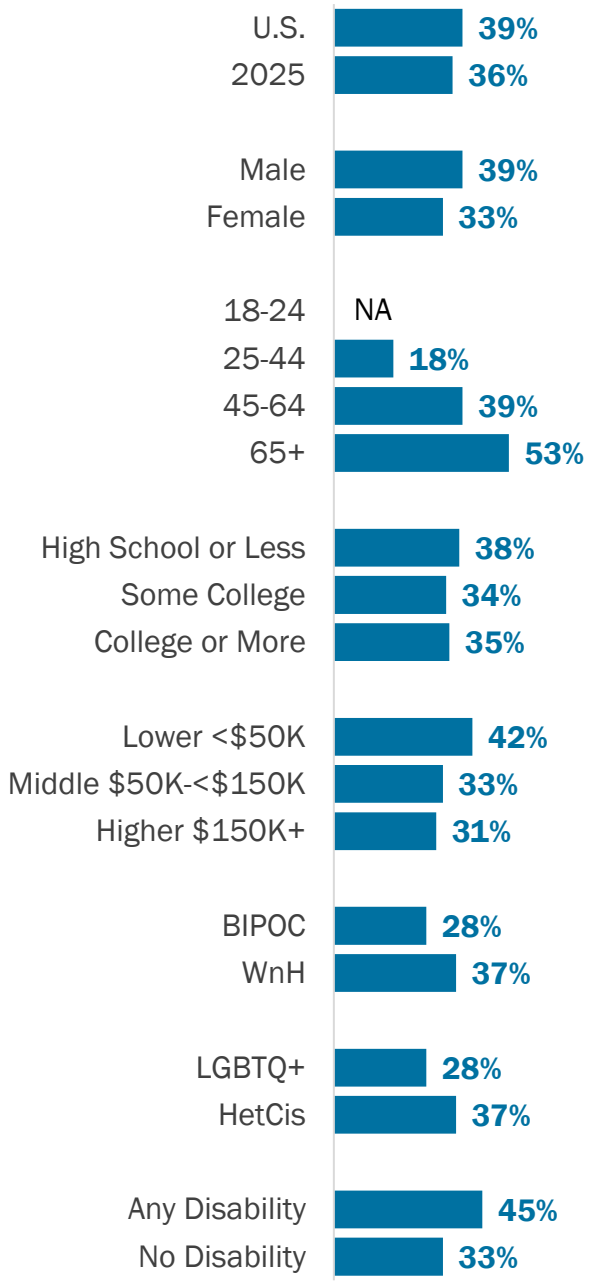
High Cholesterol

Thirty-six percent of Vermont adults have ever been told they have high cholesterol. This is statistically lower compared to 39% of U.S. adults.

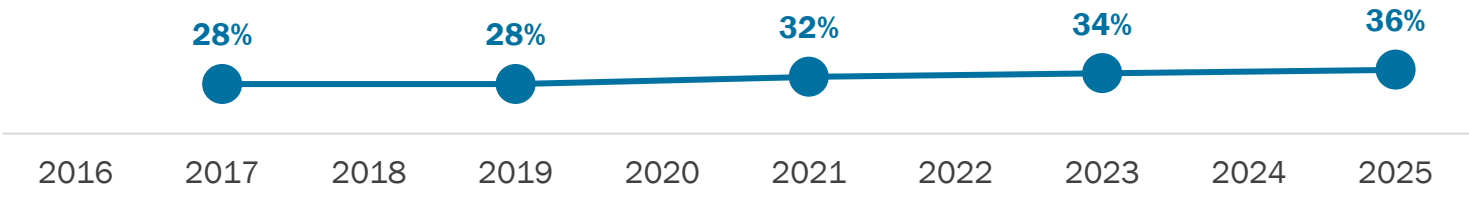
- This is likely an underestimate as only 87% of adults have had their cholesterol checked in the last five years.
- More than six in 10 adults with high cholesterol are taking medication to reduce it (62%).
- Males are statistically more likely to have high cholesterol.
- The prevalence of high cholesterol statistically goes up with age.
- There are no statistical differences in high cholesterol prevalence by education level or race and ethnicity.
- Adults in lower income homes are statistically more likely to have high cholesterol.
- HetCis adults and adults with a disability are statistically more likely to have high cholesterol.

The prevalence of high cholesterol among Vermont adults is statistically similar to 2023, but statistically higher than 2017.

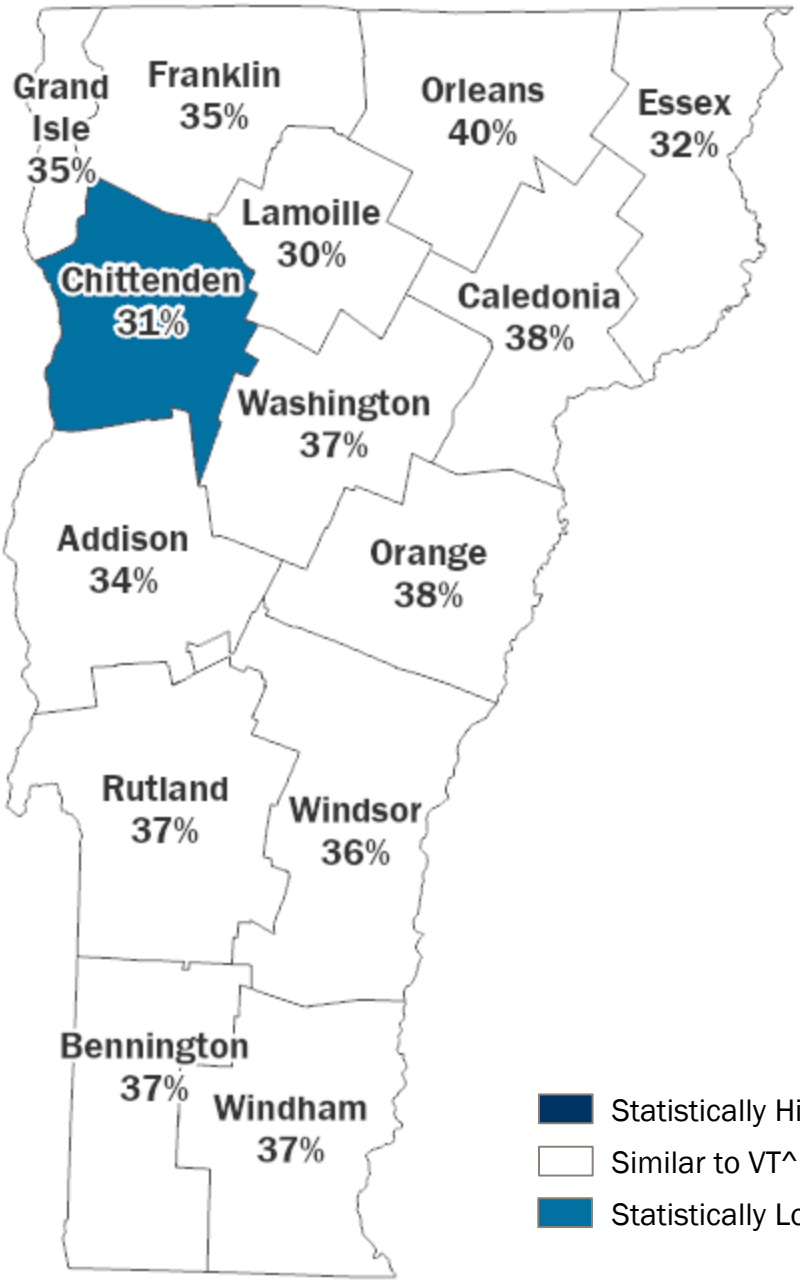
Vermont Adults with High Cholesterol



Vermont Adults with High Cholesterol



Vermont Adults with High Cholesterol by County, 2023, 2025



- About three in 10 Chittenden County adults have high cholesterol (31%). This is statistically lower than Vermont overall.
- All other counties have a similar prevalence of high cholesterol compared to Vermont overall.

^Vermont estimate represents two years of data.

Hypertension

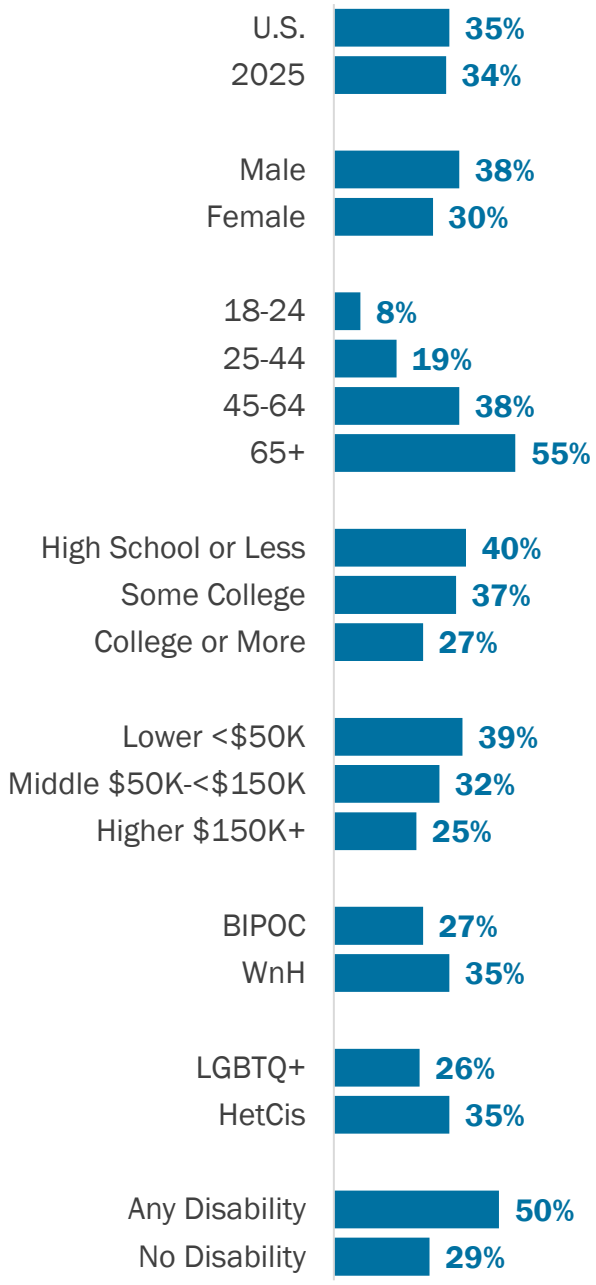
One-third of Vermont adults have been told they have hypertension, also known as high blood pressure (34%). This is statistically similar to the 35% of U.S. adults.

Among diagnosed adults, 74% are taking prescription medicine for their hypertension.

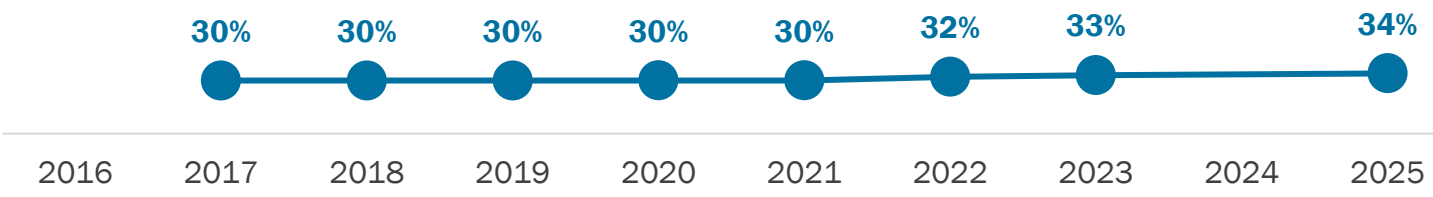
- Males are statistically more likely to have hypertension.
- Hypertension statistically goes up with age.
- Adults with some college education or less are statistically more likely to have hypertension.
- Hypertension statistically goes down with household income level.
- White, non-Hispanic adults, HetCis adults and adults with a disability are statistically more likely to have hypertension.

The prevalence of hypertension among Vermont adults is statistically similar to 2023, but statistically higher than 2017.

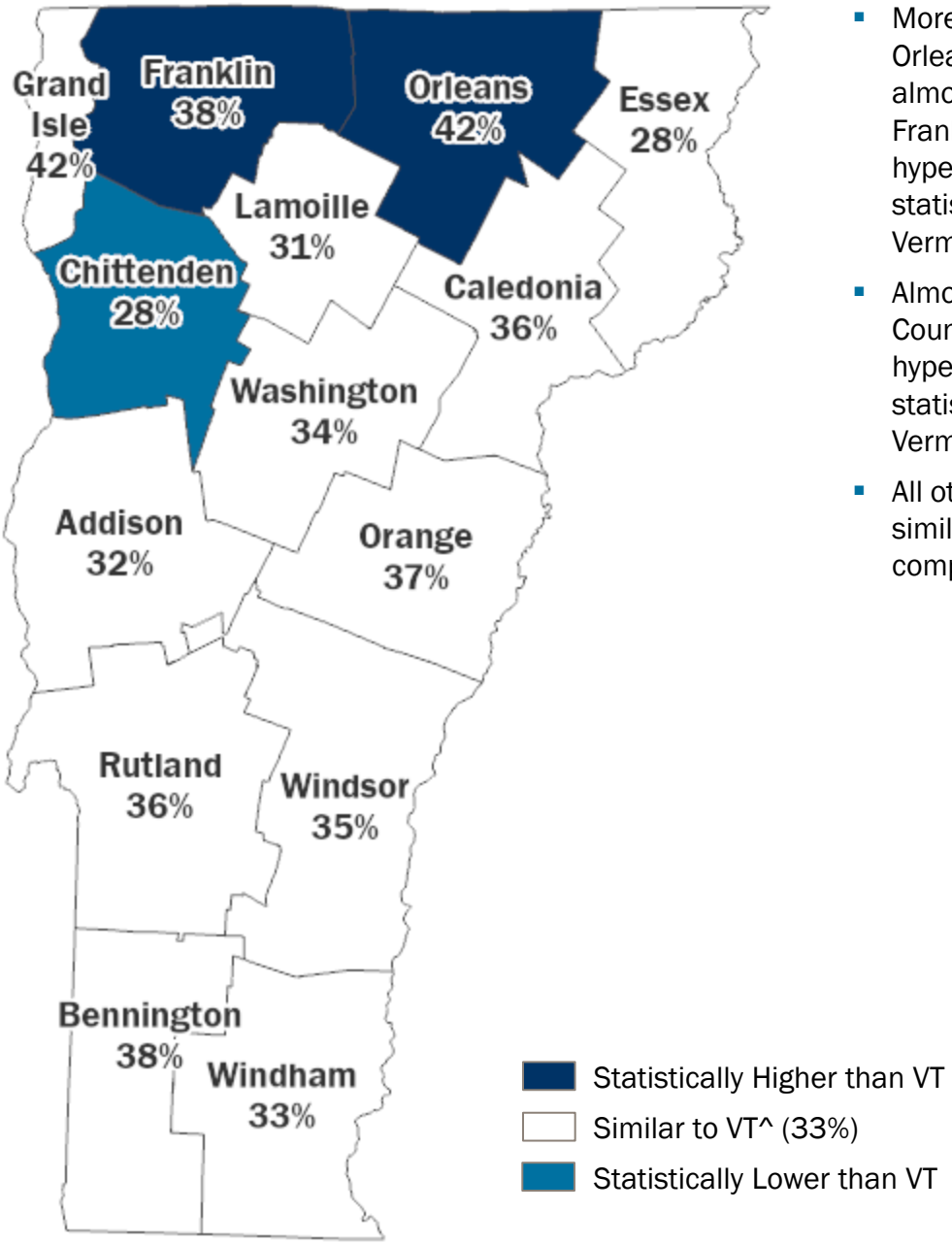
Vermont Adults with Hypertension



Vermont Adults with Hypertension



Vermont Adults with Hypertension by County, 2023, 2025



- More than four in 10 adults in Orleans County (42%) and almost four in 10 adults in Franklin County (38%) have hypertension. These are statistically higher than Vermont overall.
- Almost three in 10 Chittenden County adults have hypertension (28%). This is statistically lower than Vermont overall.
- All other counties have a similar rate of hypertension compared to Vermont overall.

^Vermont estimate represents two years of data.

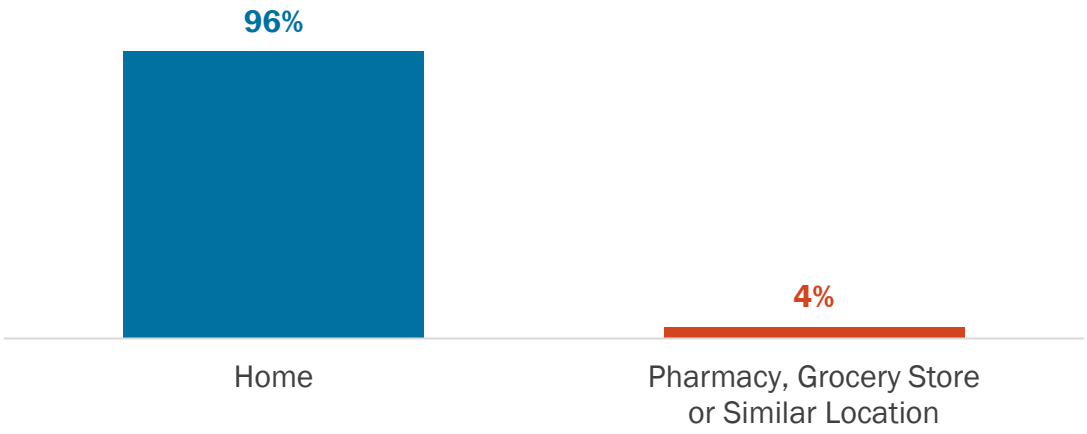
Hypertension Self-Management

Almost seven in 10 Vermont adults with hypertension have been told by a health care professional to check their blood pressure outside of the office or at home (69%), and 48% say that they do.

Among Vermont adults with hypertension that regularly check their blood pressure outside of the office or at home:

- Ninety-six percent check it at home.
- Four percent check it on a machine at a pharmacy, grocery store or similar location.

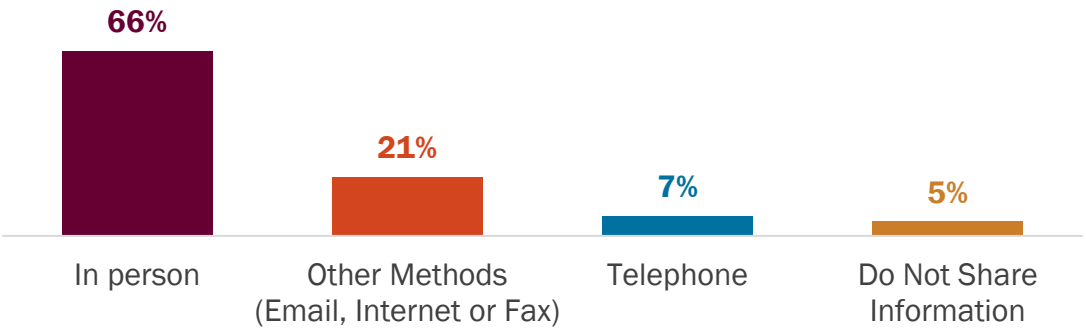
Location of Checking Blood Pressure among Vermont Adults with Hypertension



Vermont adults with hypertension that regularly check their blood pressure outside of the office or at home share their blood pressure results with their health care professional in the following ways:

- Sixty-six percent share in person.
- Twenty-one percent share by telephone.
- Seven percent share by other methods such as email, internet or fax.
- Five percent do not share their information.

Methods of Sharing Blood Pressure Results among Vermont Adults with Hypertension





Healthy Behaviors and Prevention

Flu Vaccine, Adults 65+

Almost three-quarters of Vermont adults ages 65 and older had a flu vaccine in the past year (73%). This is statistically higher than the 57% 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.

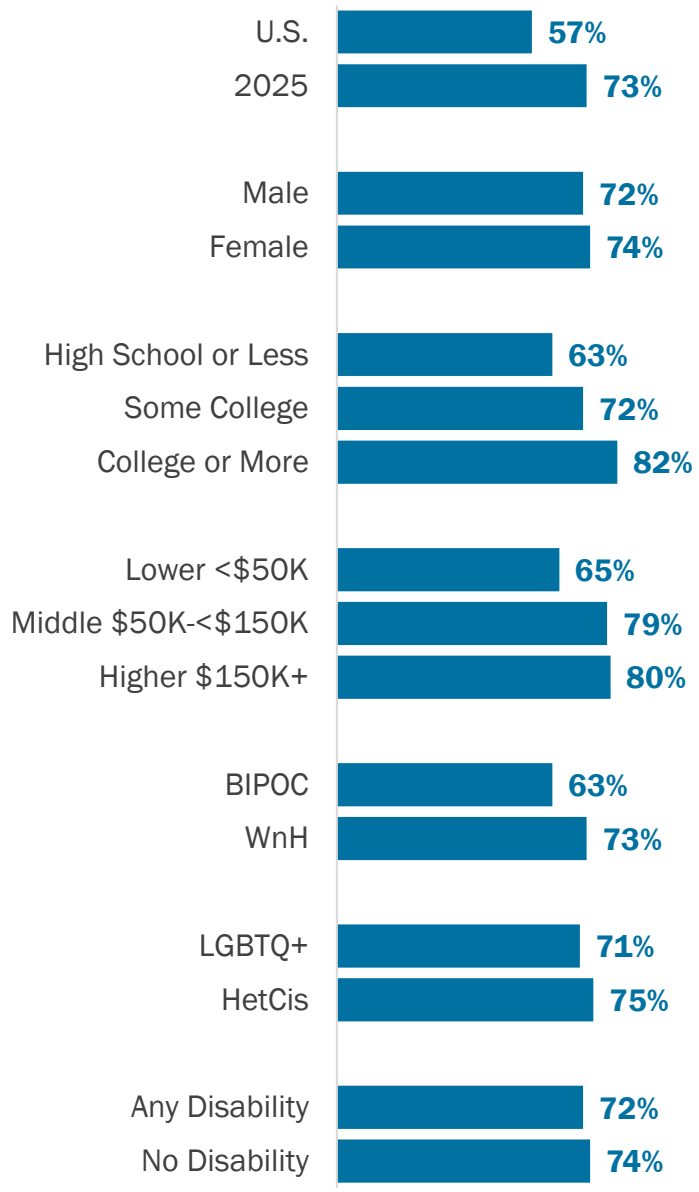
- Males and females 65 and older report getting a recent flu vaccine at statistically similar rates.
- Older adults with a college degree or more are statistically more likely to get a flu vaccine.
- Older adults in homes with middle to higher incomes are statistically more likely to get a flu vaccine.
- 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 the same as 2024, but statistically higher than 2016.

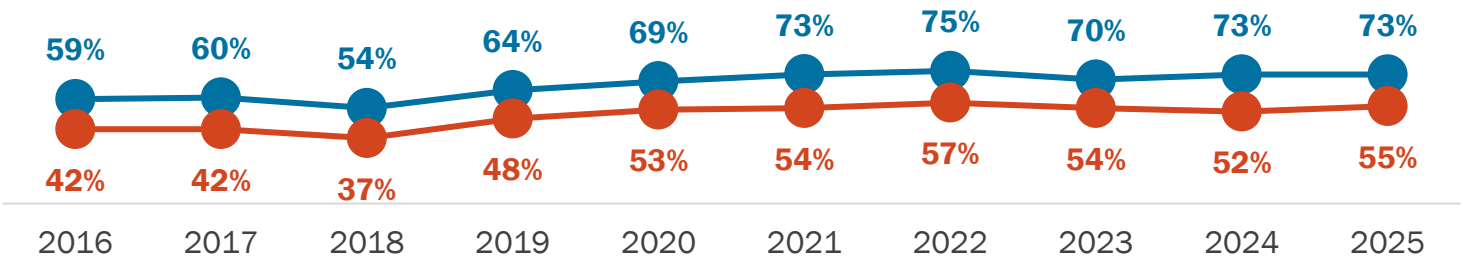
Flu Vaccine, All Adults

The 55% of all Vermont adults who received a flu vaccine in the past year is statistically similar to 2024 but higher than 2016.

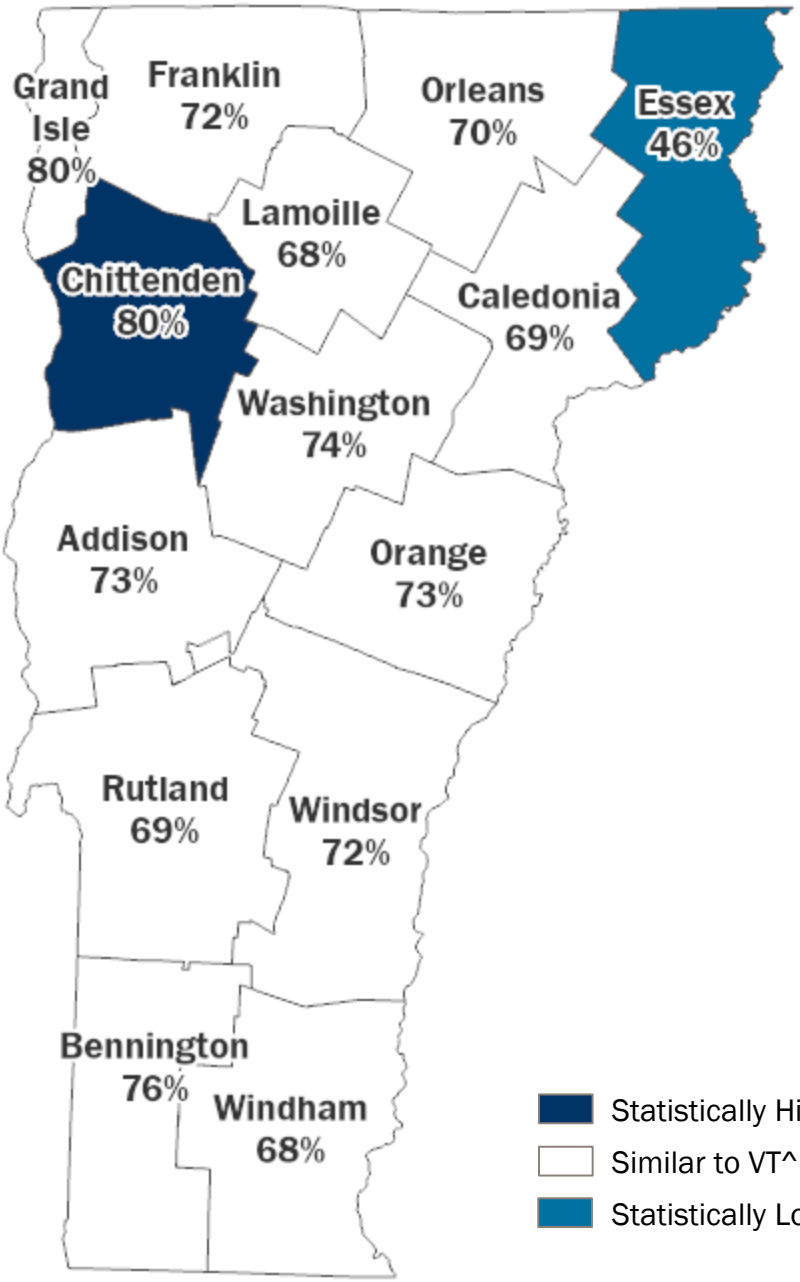
Vermont Adults 65+ Who Had a Flu Vaccine in Past Year



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



Vermont Adults 65+ Who Had a Flu Vaccine in Past Year, by County, 2024-2025



- Eight in 10 Chittenden County adults 65 and older had a flu vaccine in the past year (80%). This is statistically higher than all Vermont adults of the same age.
- Forty-six percent of Essex County adults 65 and older had 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.

^Vermont estimate represents two years of data.

Pneumococcal Vaccine, Adults 65+

Almost three-quarters of Vermont adults ages 65 and older have ever received a pneumococcal vaccine (73%). This is statistically higher than the 69% of U.S. adults ages 65 and older.

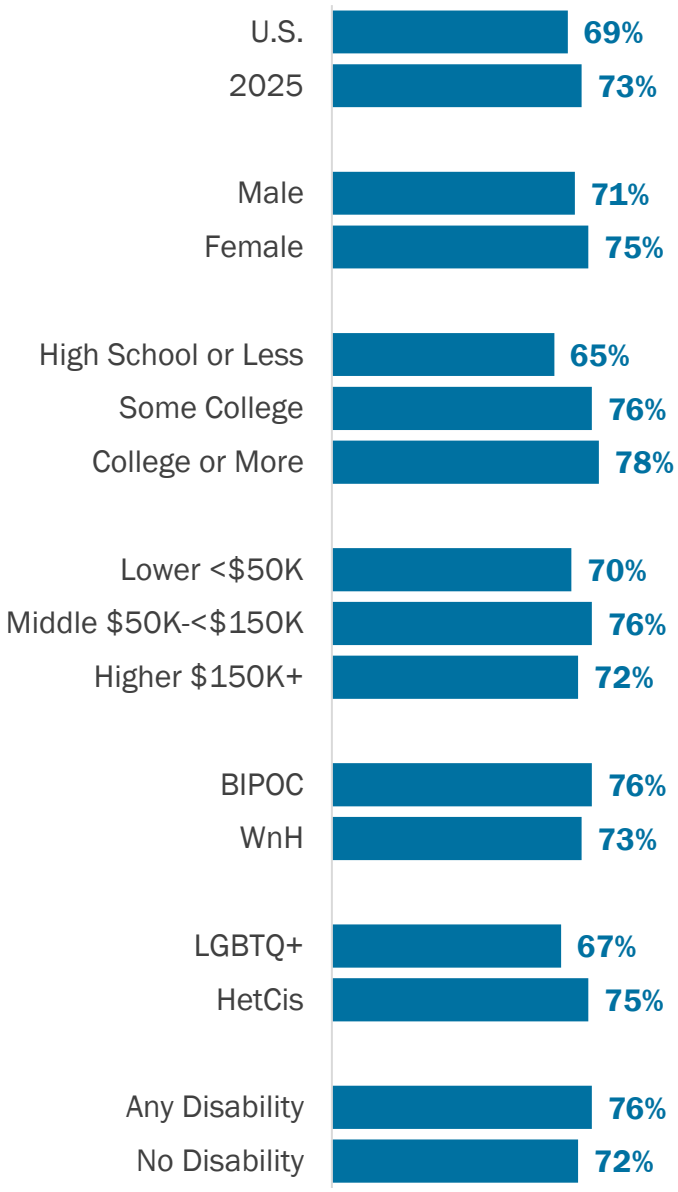
- Males and females 65 and older report getting a pneumococcal vaccine at statistically similar rates.
- Older adults with some college or more are statistically more likely to get a pneumococcal vaccine.
- There are no statistical differences in pneumococcal vaccination among older adults by household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The percent of Vermont adults 65 and older who have ever received a pneumococcal vaccine is statistically similar to 2024 and 2016.

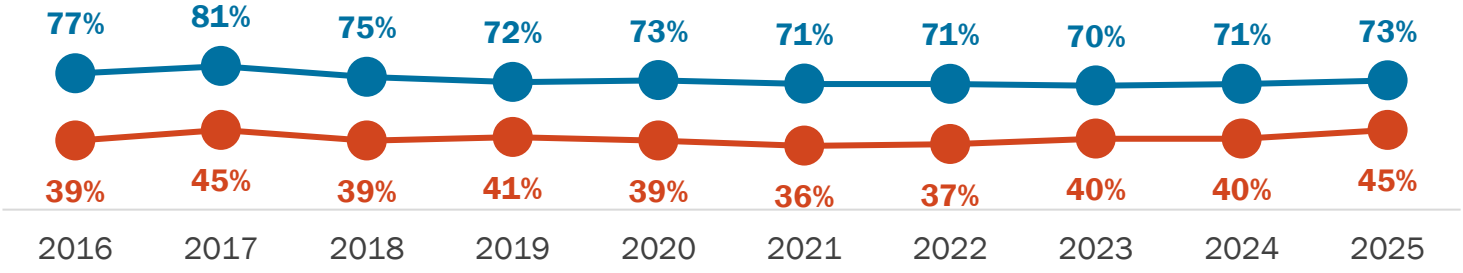
Pneumococcal Vaccine, All Adults

The 45% of all Vermont adults who have ever had a pneumococcal vaccine is statistically higher than in 2024 and 2016.

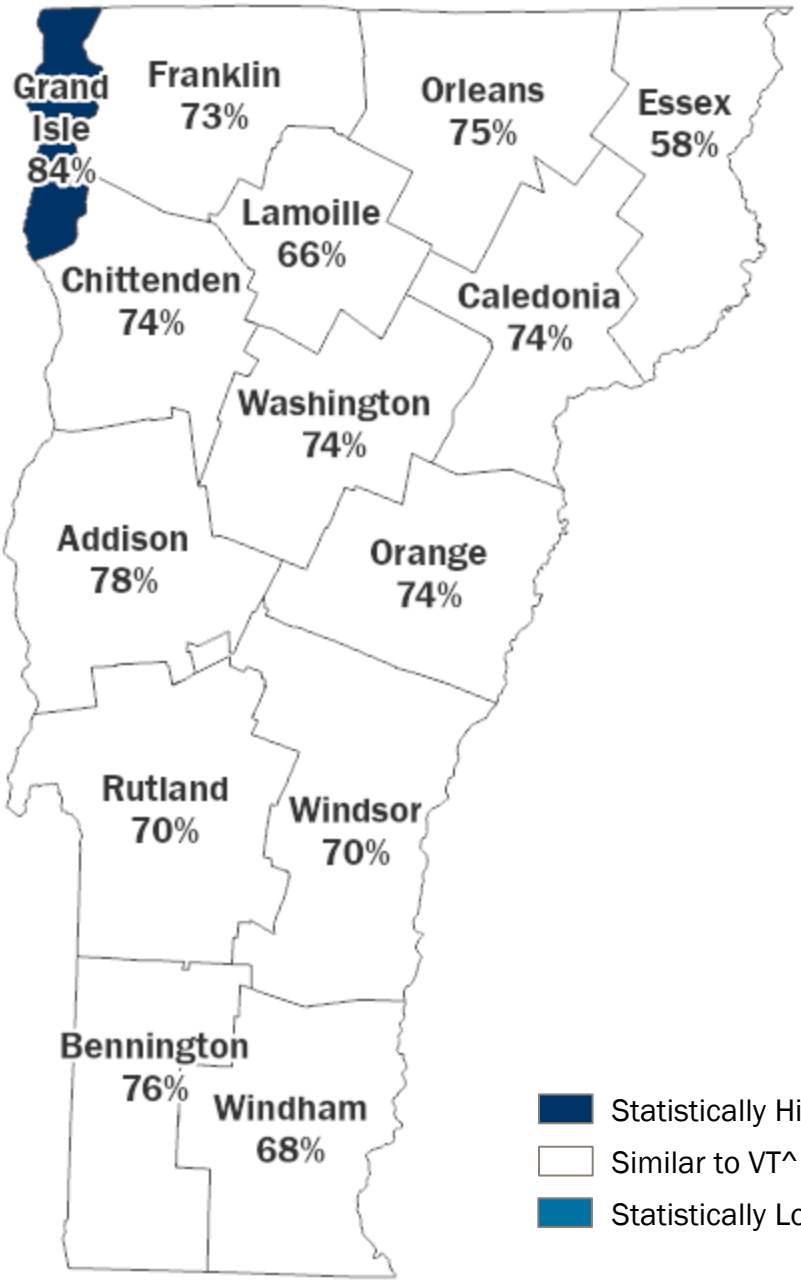
Vermont Adults 65+ Who Ever Had a Pneumococcal Vaccine



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



Vermont Adults 65+ Who Ever Had a Pneumococcal Vaccine by County, 2024-2025



- Eighty-four percent of Grand Isle County adults 65 and older have ever had a pneumococcal vaccine. This is statistically higher than all Vermont adults of the same age.
- Pneumococcal vaccination rates among adults 65 and older in all other counties are similar to Vermont adults of the same age.

^Vermont estimate represents two years of data.

Tetanus Vaccine

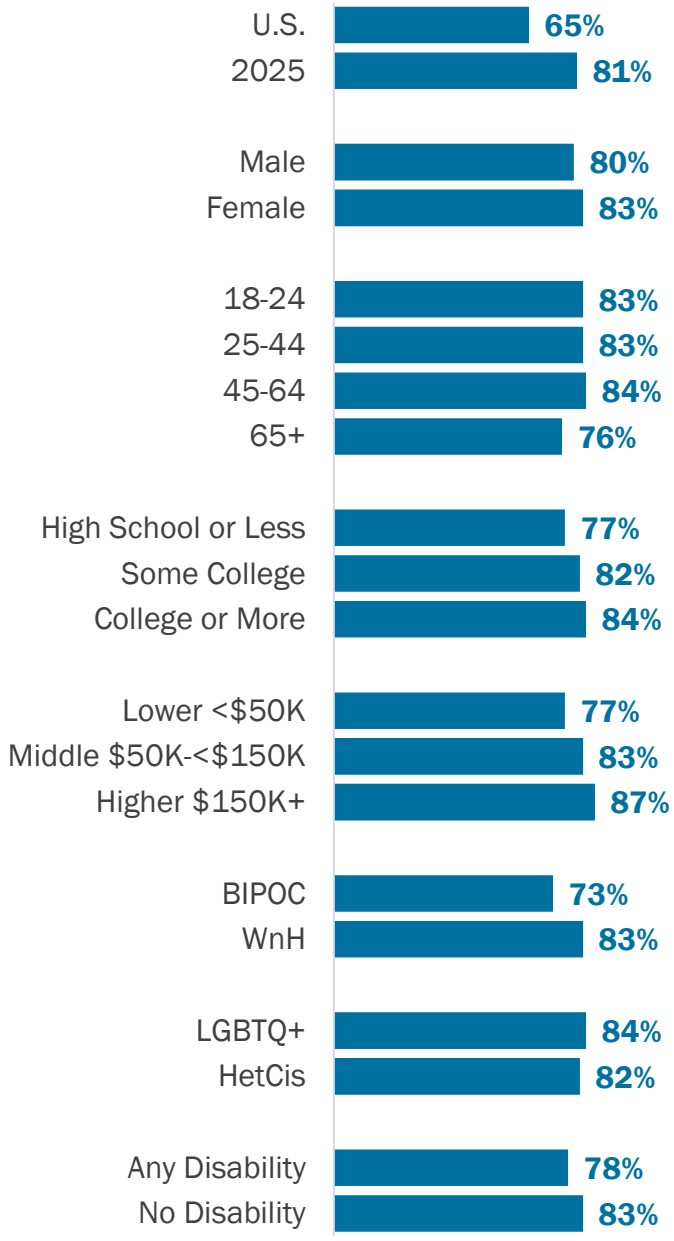
Eight in 10 Vermont adults said they had a tetanus vaccine in the past 10 years (81%). This is statistically higher compared to the 65% of U.S. adults.

Forty-four percent said their tetanus shot included Tdap and 10% said it did not. An additional 46% did not know whether their tetanus shot included Tdap.

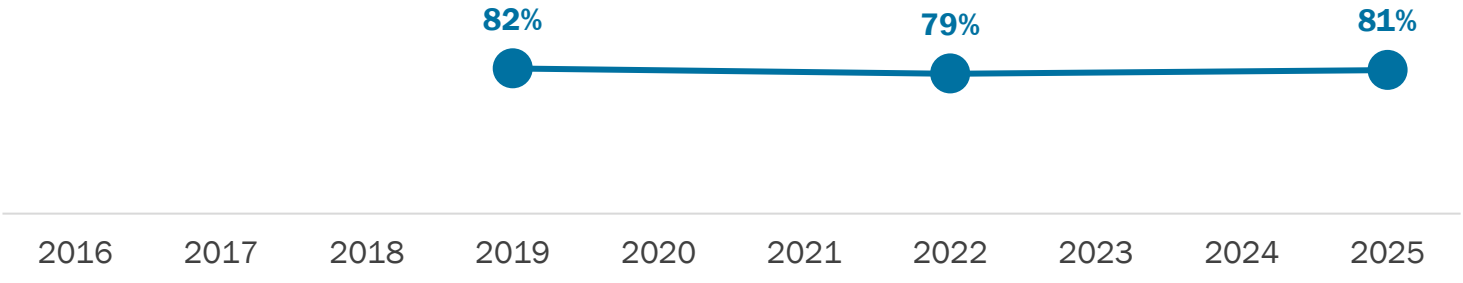
- Males and females report getting a tetanus vaccine in the past 10 years at statistically similar rates.
- Adults ages 25-64 are statistically more likely to get a tetanus vaccine than adults 65 and older.
- Adults with a college degree or more are statistically more likely to get a tetanus vaccine than those with a high school education or less.
- Adults in middle to higher income homes are statistically more likely to get a tetanus vaccine.
- White, non-Hispanic adults and adults with no disability are statistically more likely to get a tetanus vaccine.
- There are no statistical differences in getting a tetanus vaccine by sexual orientation and gender identity.

The percentage of Vermont adults receiving a tetanus vaccine in the past 10 years is statistically higher than 2022, but statistically similar to 2019.

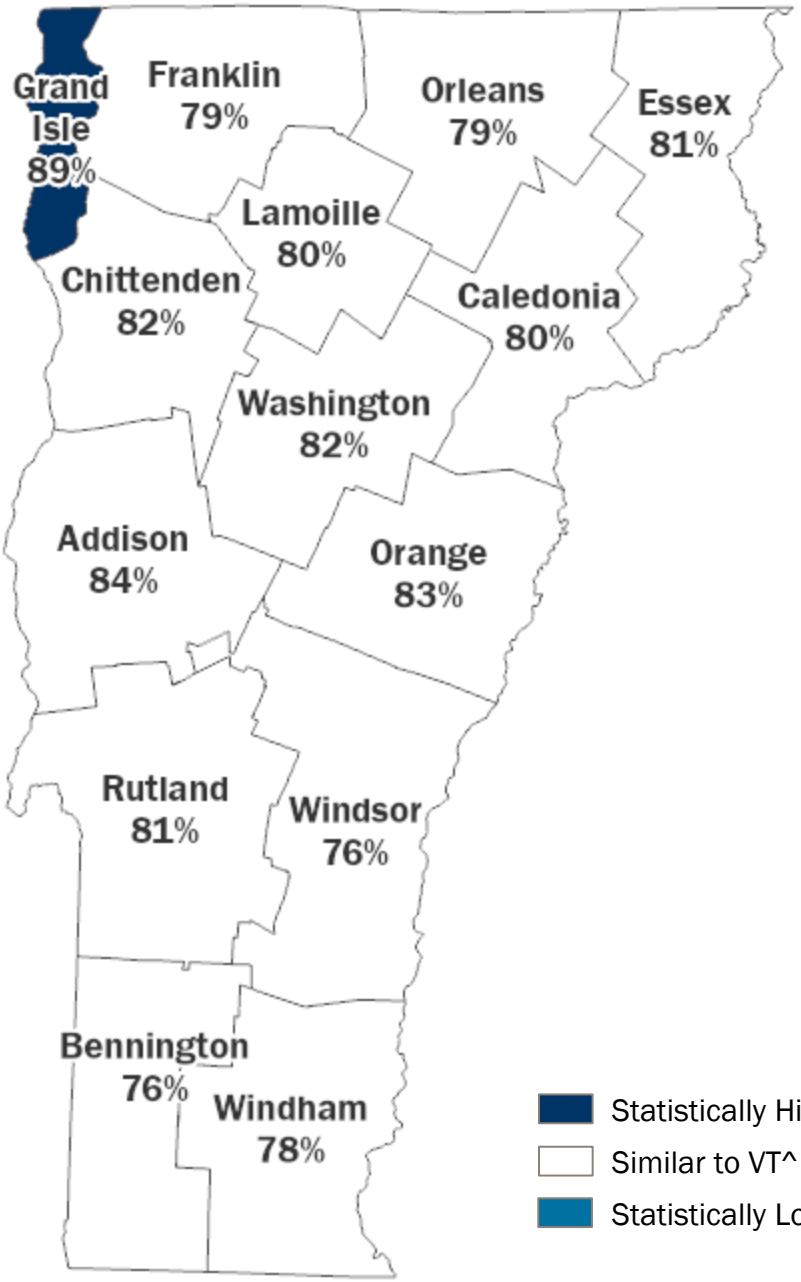
Vermont Adults Who Had a Tetanus Vaccine in Past 10 Years



Vermont Adults Who Had a Tetanus Vaccine in Past 10 Years



Vermont Adults Who Had a Tetanus Vaccine in Past 10 Years, by County, 2022, 2025



- Almost nine in 10 Grand Isle County adults have had a tetanus vaccine in the past 10 years (89%). This is statistically higher than Vermont overall.
- All other counties have a similar rate of tetanus vaccination compared to Vermont overall.

^Vermont estimate represents two years of data.

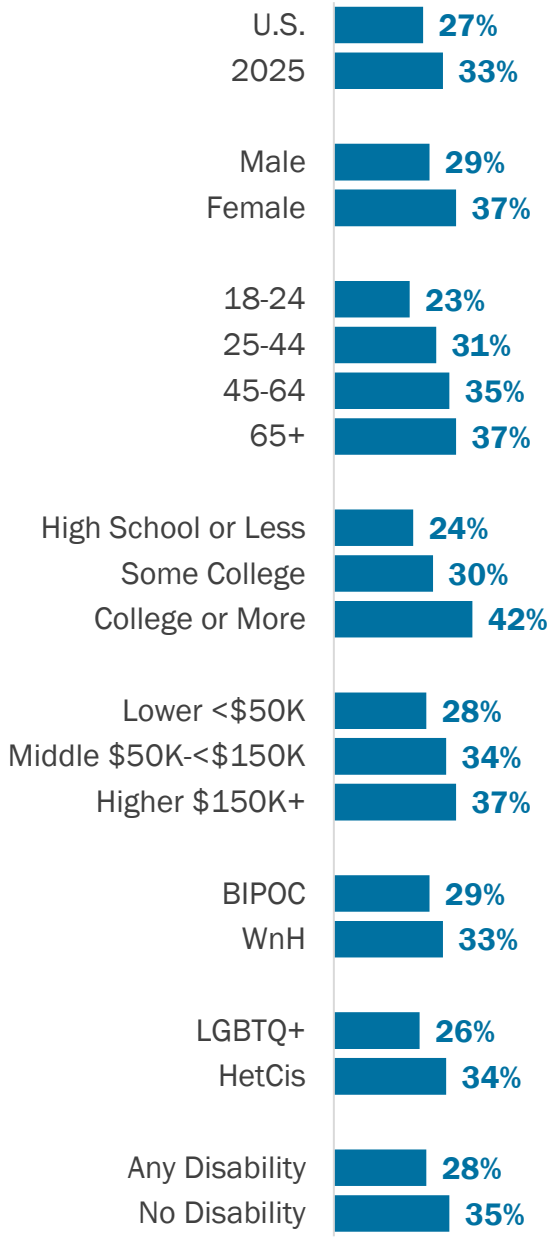
Fruit Consumption

One-third of Vermont adults eat at least two or more fruits per day (33%). This is statistically higher than the 27% of U.S. adults.

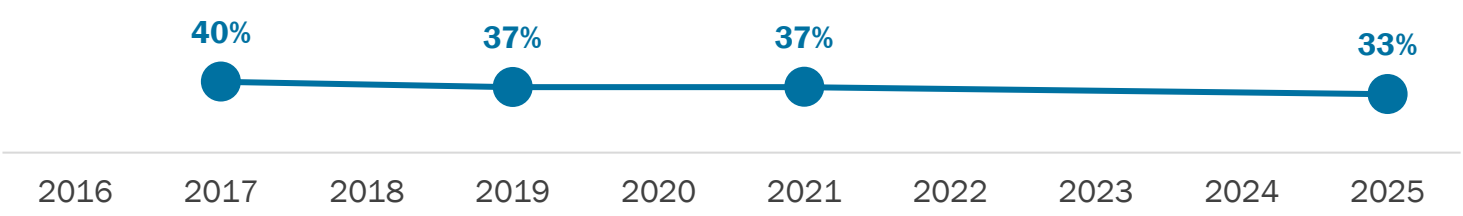
- Females are statistically more likely to eat two or more fruits per day.
- Adults 45-64 are statistically more likely to eat two or more fruits per day than adults 18-24. Adults 65 and older are statistically more likely to eat two or more fruits per day than adults 18-44.
- Adults with a college degree or more are statistically more likely to eat two or more fruits per day.
- Adults in middle to higher income homes are statistically more likely to eat two or more fruits per day.
- There are no statistical differences in daily fruit consumption by race and ethnicity.
- HetCis adults and adults with no disability are statistically more likely to eat two or more fruits per day.

The percent of Vermont adults eating two or more fruits per day is statistically lower than 2021 and 2017.

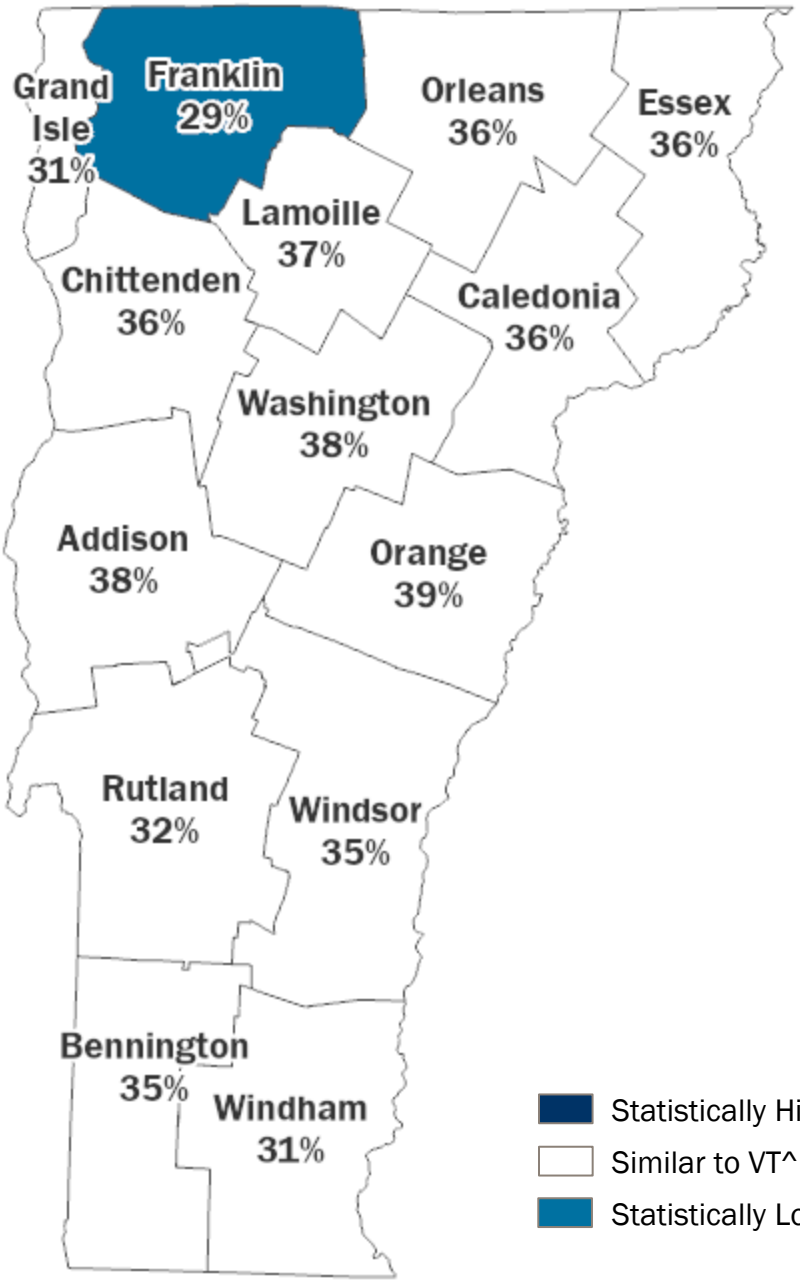
Vermont Adults Who Eat Two or More Fruits Per Day



Vermont Adults Who Eat Two or More Fruits Per Day



Vermont Adults Who Eat Two or More Fruits Per Day, by County, 2021, 2025



- Almost three in 10 Franklin County adults eat two or more fruits per day (29%). This is statistically lower than Vermont overall.
- All other counties have a similar percent of adults eating two or more fruits per day compared to Vermont overall.

^Vermont estimate represents two years of data.

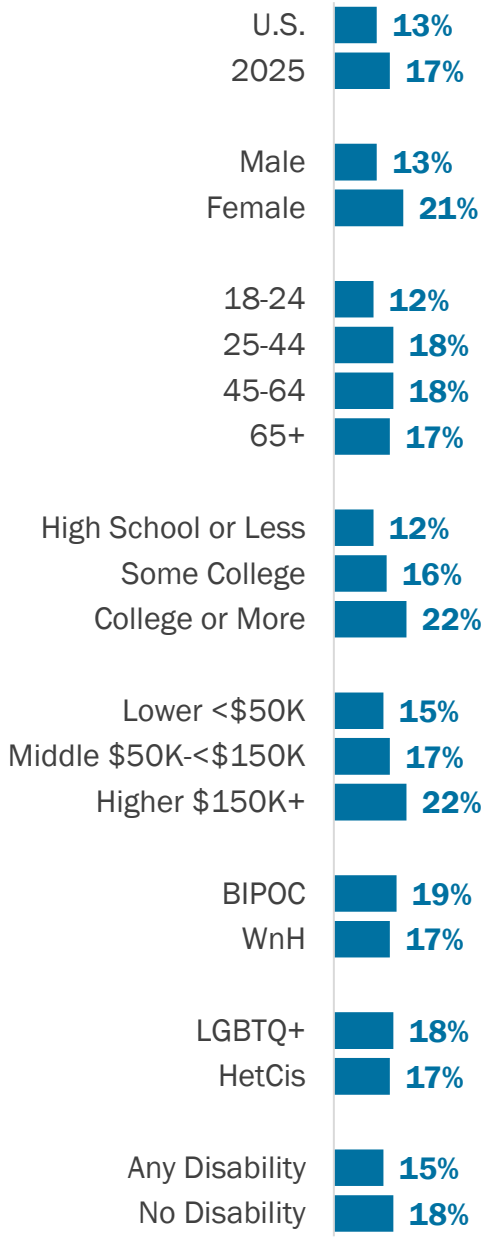
Vegetable Consumption

One in six Vermont adults eat at least three or more vegetables per day (17%). This is statistically higher than the 13% of U.S. adults.

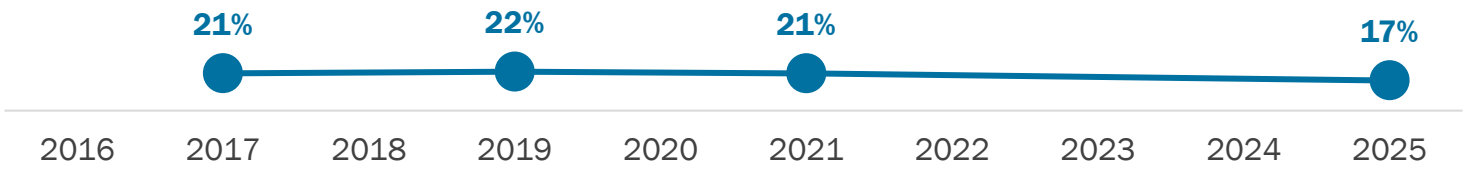
- Females are statistically more likely to eat three or more vegetables per day.
- There are no statistical differences in daily vegetable consumption by age, race and ethnicity, sexual orientation and gender identity, or disability status.
- Adults with a college degree or more are statistically more likely to eat three or more vegetables per day.
- Adults in higher income homes are statistically more likely to eat three or more vegetables per day than those in lower income homes.

The percent of Vermont adults eating three or more vegetables per day is statistically lower than 2021 and 2017.

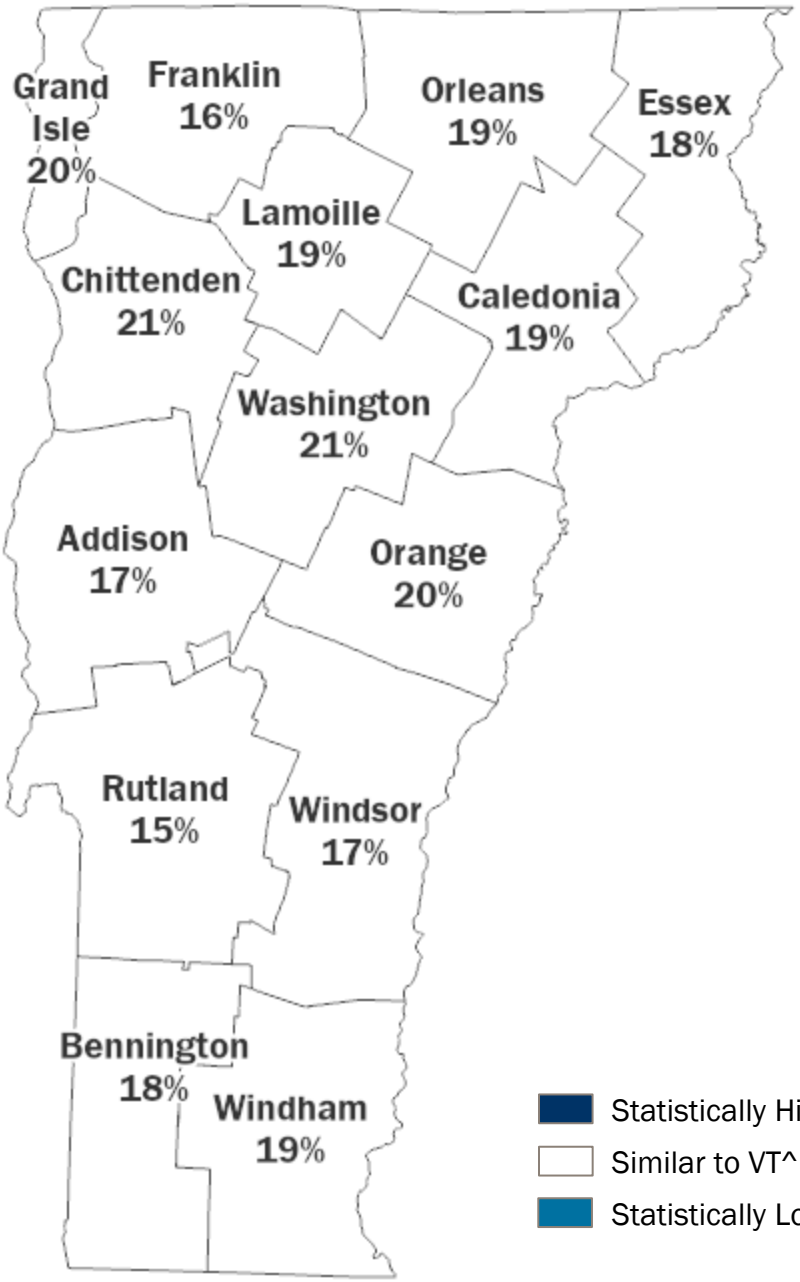
Vermont Adults Who Eat Three or More Vegetables Per Day



Vermont Adults Who Eat Three or More Vegetables Per Day



Vermont Adults Who Eat Three or More Vegetables Per Day, by County, 2021, 2025



- All counties have a similar percent of adults eating three or more vegetables per day compared to Vermont overall.

^Vermont estimate represents two years of data.

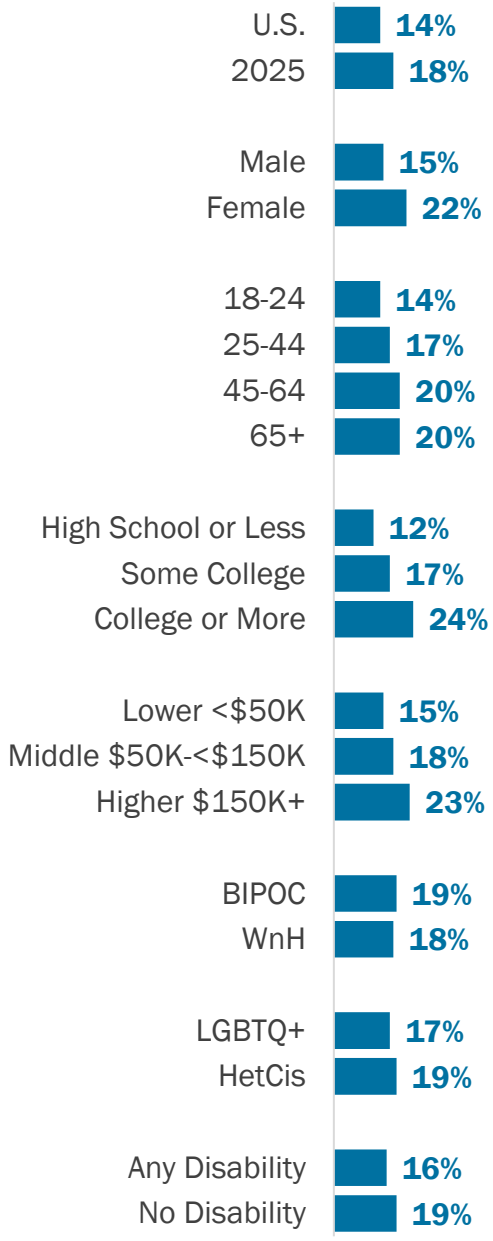
Fruit and Vegetable Consumption

Eighteen percent of Vermont adults eat at least five or more fruits and vegetables per day. This is statistically higher than the 14% of U.S. adults.

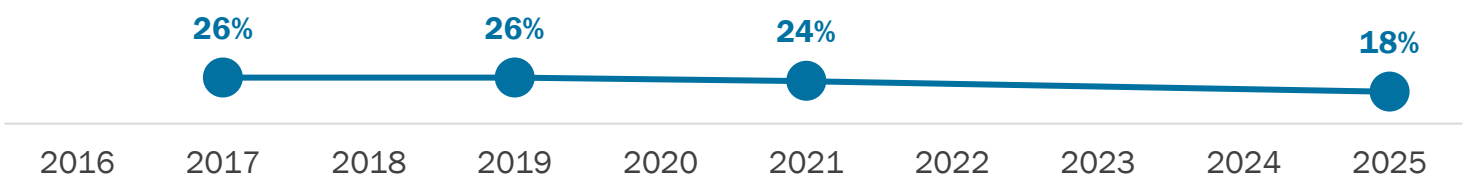
- Females are statistically more likely to eat five or more fruits and vegetables per day.
- There are no statistical differences in daily fruit and vegetable consumption by age, race and ethnicity, sexual orientation and gender identity, or disability status.
- Daily fruit and vegetable consumption statistically goes up with education level.
- Adults in higher income homes are statistically more likely to eat five or more fruits and vegetables per day than those in lower income homes.

The percentage of Vermont adults eating five or more fruits and vegetables per day is statistically lower than 2021 and 2017.

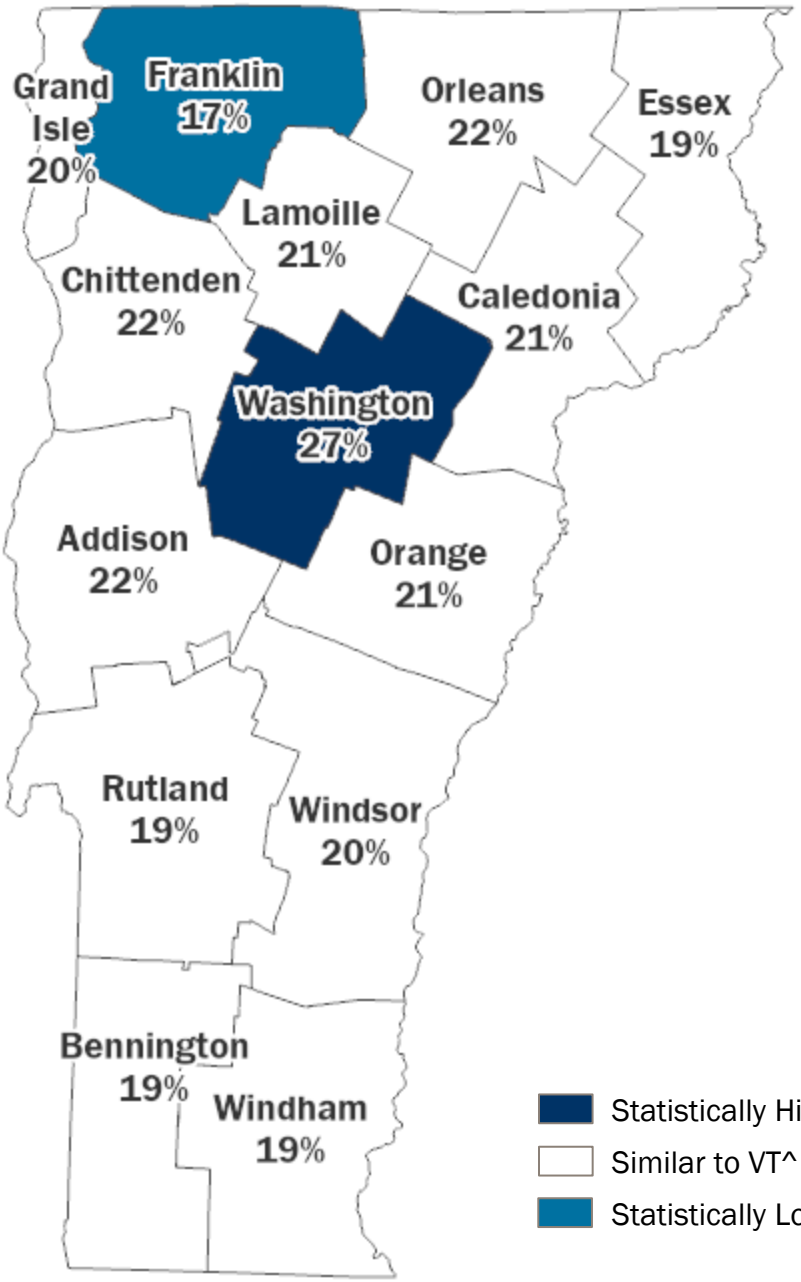
Vermont Adults Who Eat Five or More Fruits and Vegetables Per Day



Vermont Adults Who Eat Five or More Fruits and Vegetables Per Day



Vermont Adults Who Eat Five or More Fruits and Vegetables Per Day, by County, 2021, 2025



- More than one-quarter of Washington County adults eat five or more fruits and vegetables per day (27%). This is statistically higher than Vermont overall.
- One in six Franklin County adults eat five or more fruits and vegetables per day (17%). This is statistically lower than Vermont overall.
- All other counties have a similar percent of adults eating five or more fruits and vegetables per day compared to Vermont overall.

^Vermont estimate represents two years of data.

Alcohol Screening – Asked About Use

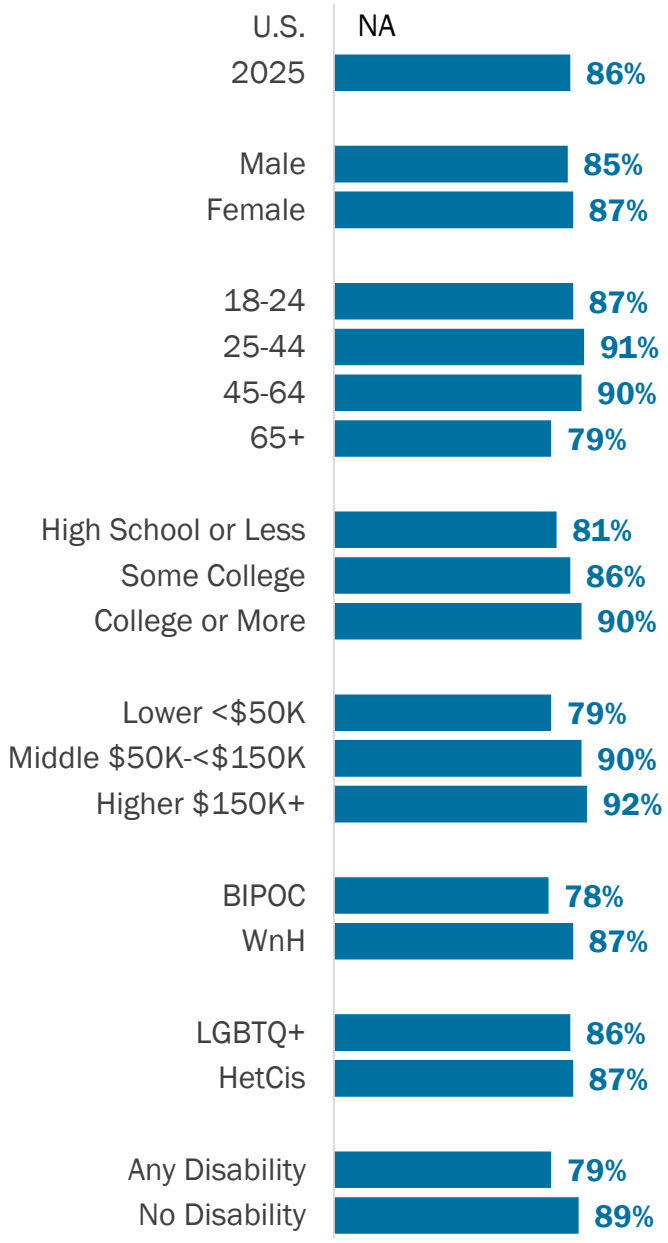
Eighty-six percent of Vermont adults with a health checkup in the past year say they were asked about alcohol use during that appointment. This includes both questions asked in person or on a form.

- Males and females report being asked about alcohol use at statistically similar rates.
- Adults 25-64 are statistically more likely be asked about alcohol use than adults 65 and older.
- Adults with a college degree or more are statistically more likely to be asked about alcohol use.
- Adults in middle to higher income homes are statistically more likely to be asked about alcohol use.
- White, non-Hispanic adults and adults with no disability are statistically more likely to be asked about alcohol use.
- There are no statistical differences in being asked about alcohol use by sexual orientation and gender identity.

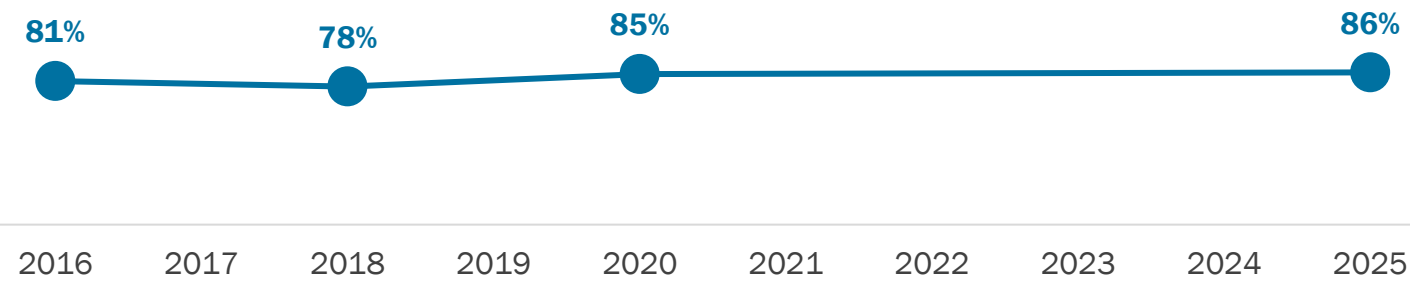
The percent of adults with a health checkup in the past year who say they were asked about alcohol use is statistically similar to 2020, but statistically higher than 2016.

Note: 2020 was the most recent previous year data was collected for this measure, so county-level data are not available.

Vermont Adults Who Were Asked About Alcohol Use at Health Checkup in Past Year



Vermont Adults Who Were Asked About Alcohol Use at Health Checkup in Past Year



Alcohol Screening – Received Information

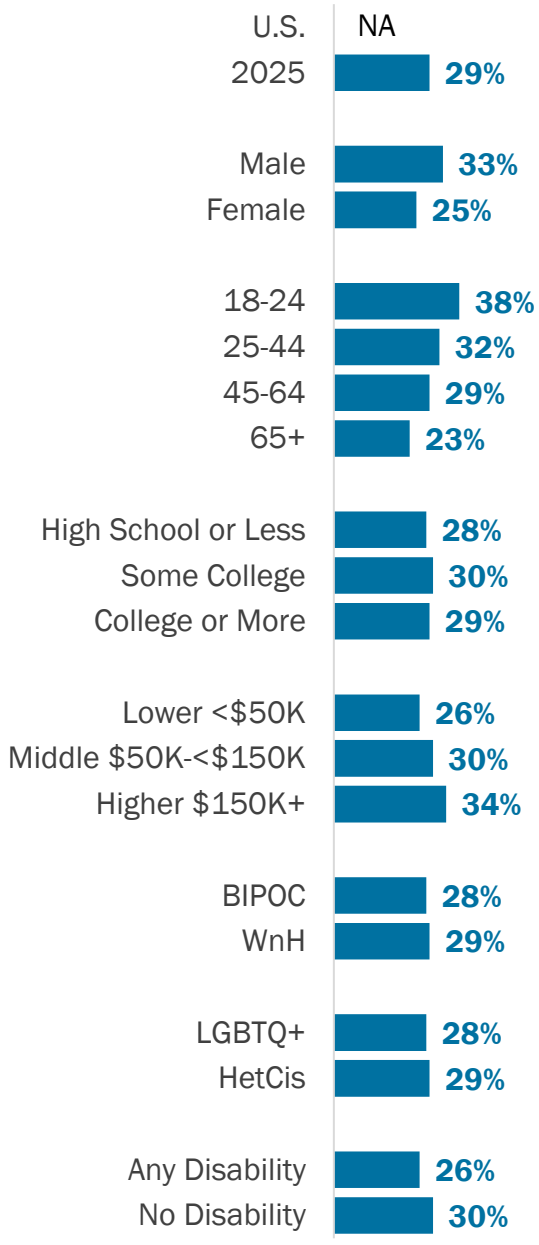
Three in 10 Vermont adults with a health checkup in the past year were provided information about what level of drinking is harmful or risky for their health (29%).

- Males are statistically more likely to receive information about harmful or risky levels of drinking.
- Adults 18-64 are statistically more likely to receive information about harmful or risky levels of drinking.
- There are no statistical differences in receiving information about harmful or risky levels of drinking by education level, race and ethnicity, sexual orientation and gender identity, or disability status.
- Adults in higher income homes are statistically more likely to receive information about harmful or risky levels of drinking than adults in lower income homes.

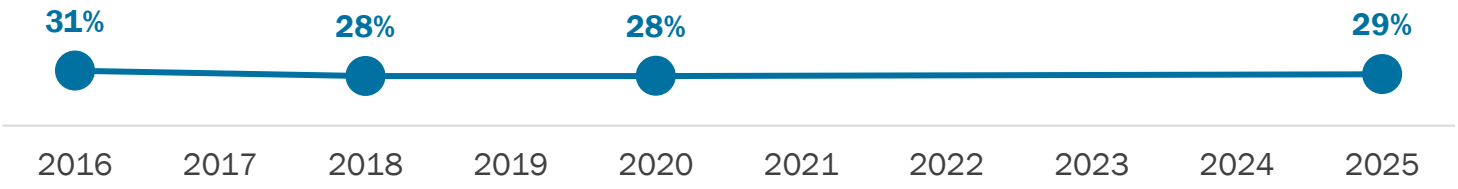
The percent of adults with a health checkup in the past year who were provided information about what level of drinking is harmful or risky for their health is statistically similar to 2020 and 2016.

Note: 2020 was the most recent previous year data was collected for this measure, so county-level data are not available.

Vermont Adults Who Received Information About Alcohol at Health Checkup in Past Year



Vermont Adults Who Received Information About Alcohol at Health Checkup in Past Year



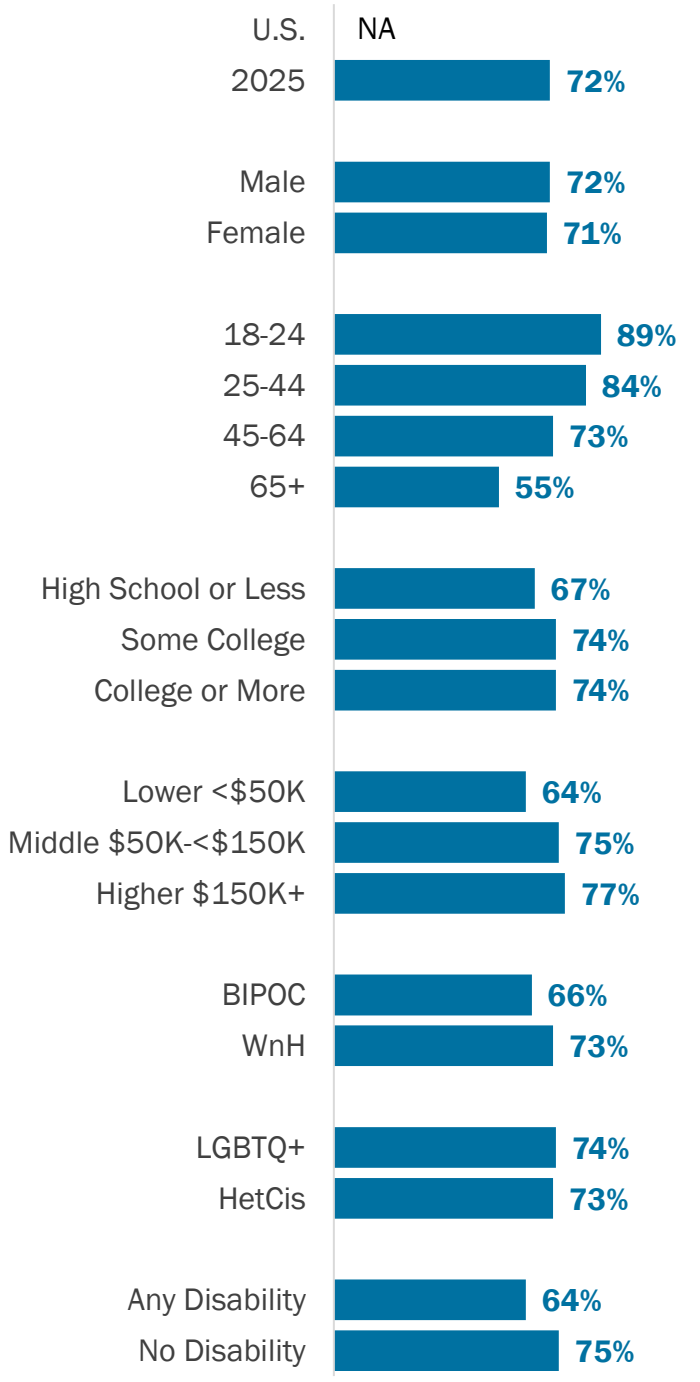
Cannabis Screening – Asked About Use

More than seven in 10 Vermont adults with a routine health checkup in the past year say they were asked about cannabis use during that appointment (72%). This includes both questions asked in person or on a form.

- Males and females report being asked about cannabis use at statistically similar rates.
- All differences by age are statistically significant, except between adults 18-24 and adults 25-44.
- Adults with a college degree or more are statistically more likely to be asked about cannabis use than those with a high school education or less.
- Adults in middle to higher income homes are statistically more likely to be asked about cannabis use.
- There are no statistical differences in being asked about alcohol use by race and ethnicity or sexual orientation and gender identity.
- Adults with no disability are statistically more likely to be asked about cannabis use.

Note: 2025 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults Who Were Asked About Cannabis Use at Health Checkup in Past Year



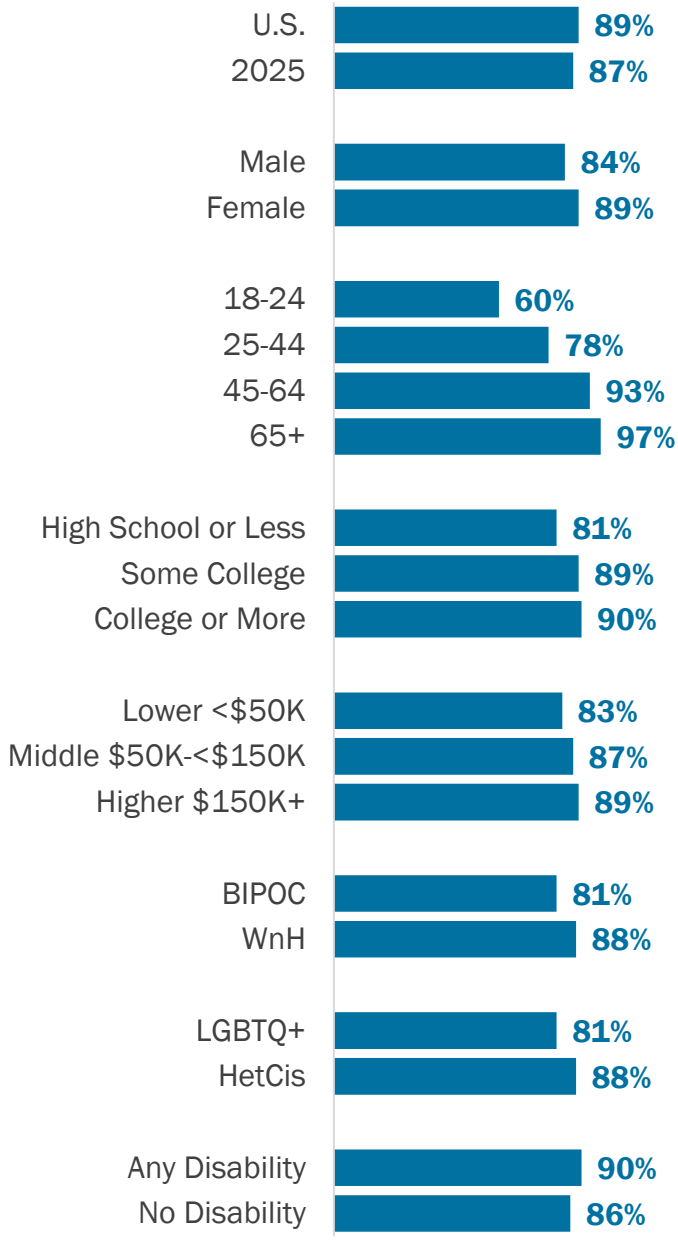
Cholesterol Screening

Eighty-seven percent of Vermont adults have had their cholesterol checked within the past five years. This is statistically lower than the 89% of U.S. adults.

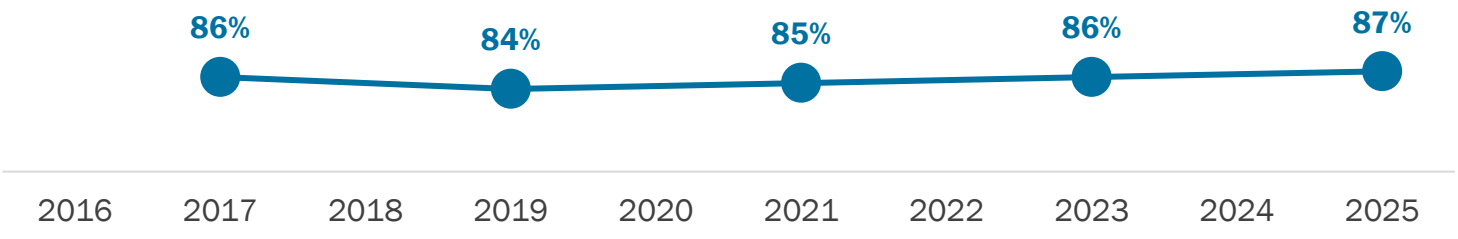
- Females are statistically more likely to have recently had their cholesterol checked.
- The prevalence of recent cholesterol screening statistically goes up with age.
- Adults with some college or more are statistically more likely to have recently had their cholesterol checked.
- There are no statistical differences in recent cholesterol screening rates by household income level or disability status.
- White, non-Hispanic adults and HetCis adults are statistically more likely to have recently had their cholesterol checked.

The percent of adults having their cholesterol checked within the past five years is statistically similar to 2023 and 2017.

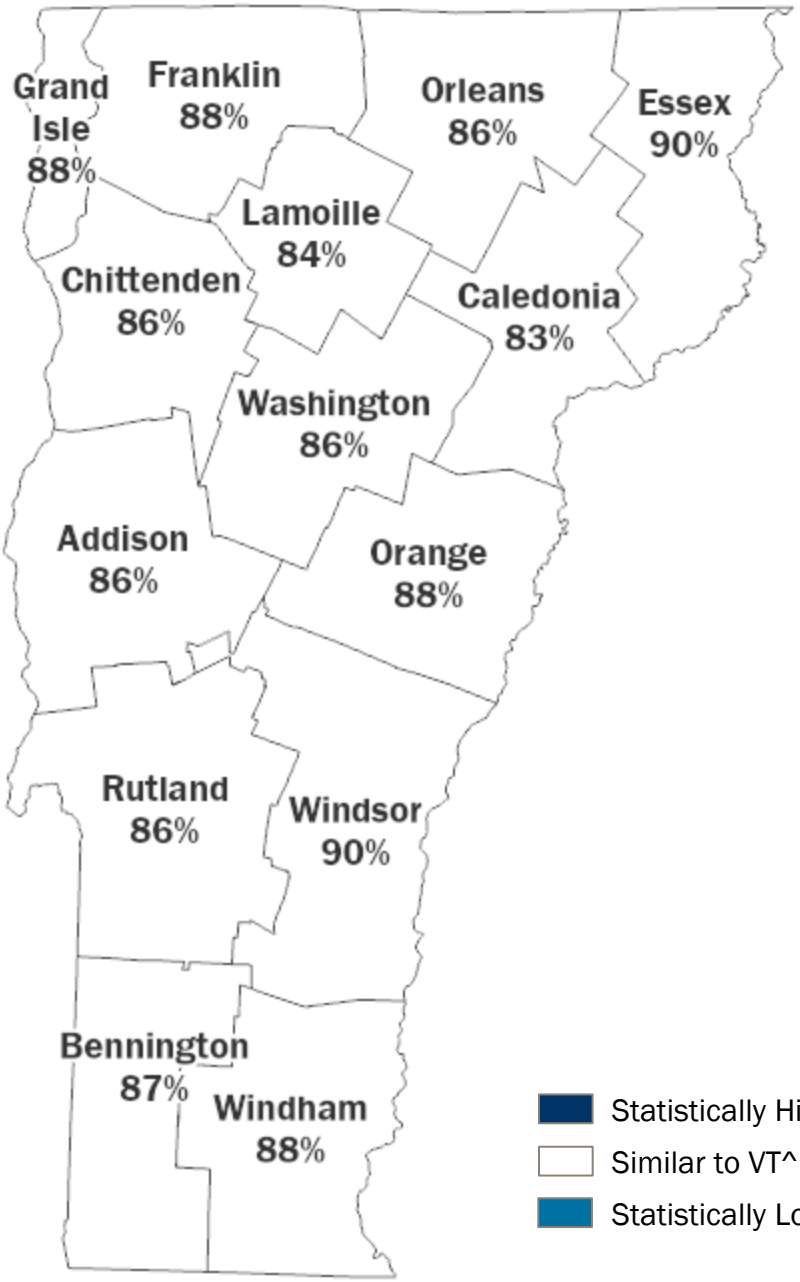
Vermont Adults Who Had Cholesterol Screening in Past Five Years



Vermont Adults Who Had Cholesterol Screening in Past Five Years



Vermont Adults Who Had Cholesterol Screening in Past Five Years, by County, 2023, 2025



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

^Vermont estimate represents two years of data.

HIV Screening – Ever

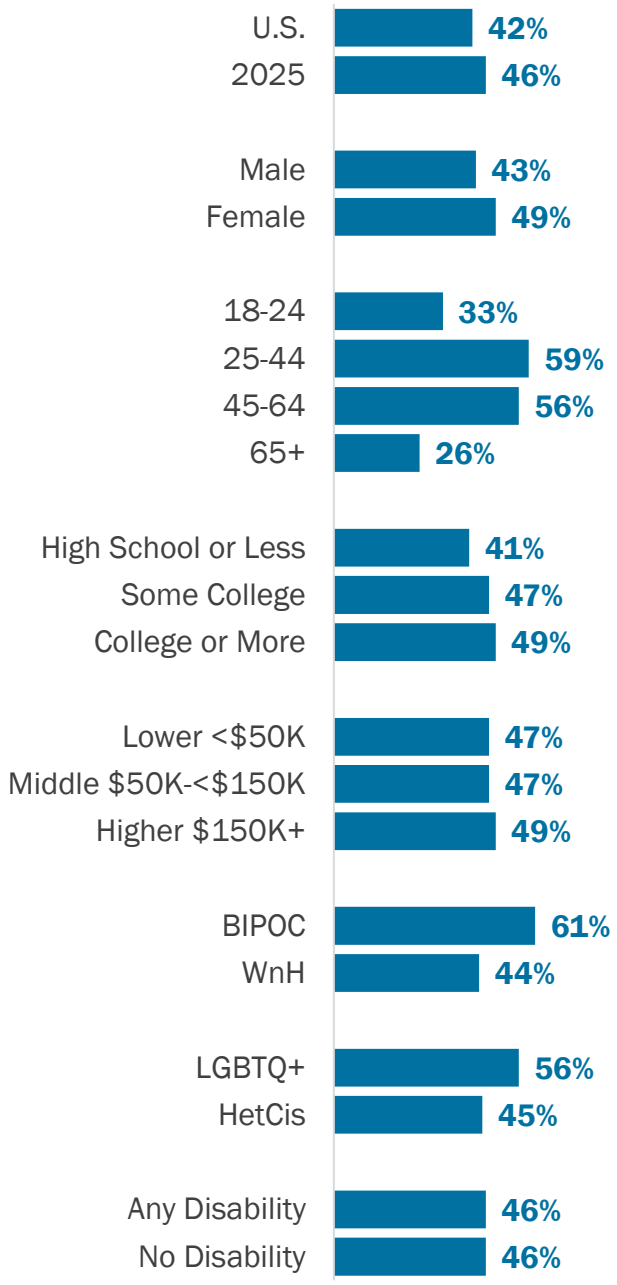
Forty-six percent of Vermont adults have ever been tested for HIV. This goes up to 54% for adults ages 18-64.

All Vermont adults and those 18-64 report a statistically higher rate of ever being tested for HIV compared to the 42% of all U.S. adults and the 48% of U.S. adults 18-64.

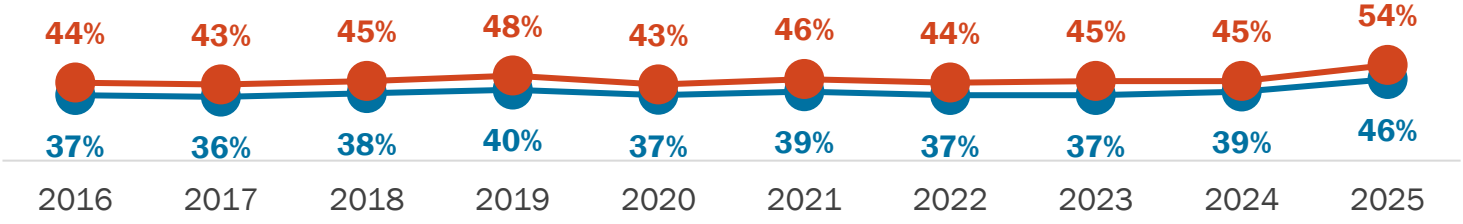
- Among all Vermont adults, regardless of age, females are statistically more likely to have ever been tested for HIV.
- Adults 25-64 are statistically more likely to ever test for HIV than adults 18-24 and 65 and older.
- Adults with a college degree or more are statistically more likely to have ever been tested for HIV than adults with a high school education or less.
- There are no statistical differences in HIV testing by household income level or disability status.
- BIPOC adults and LGBTQ+ adults are statistically more likely to have ever been tested for HIV.

HIV testing among all Vermont adults and those 18-64 is statistically higher than 2024 and 2016.

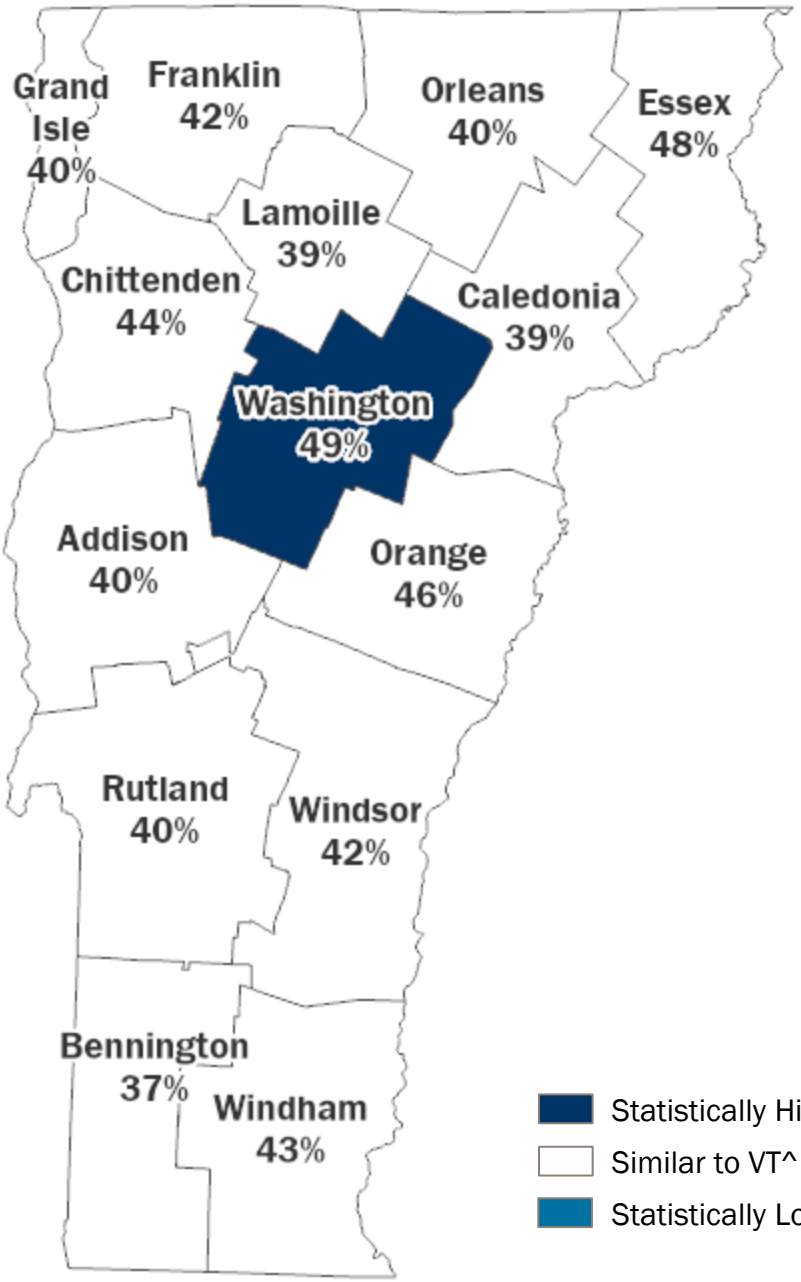
Vermont Adults Ever Tested for HIV



Vermont Adults and Adults 18-64 Ever Tested for HIV



Vermont Adults Who Have Ever Been Tested for HIV, by County, 2024-2025



- Almost half of adults in Washington County have ever been tested for HIV (49%). This is statistically higher than all Vermont adults.
- HIV testing rates for adults in all other counties are similar to Vermont adults overall.

^Vermont estimate represents two years of data.

HIV Screening – In Past Year

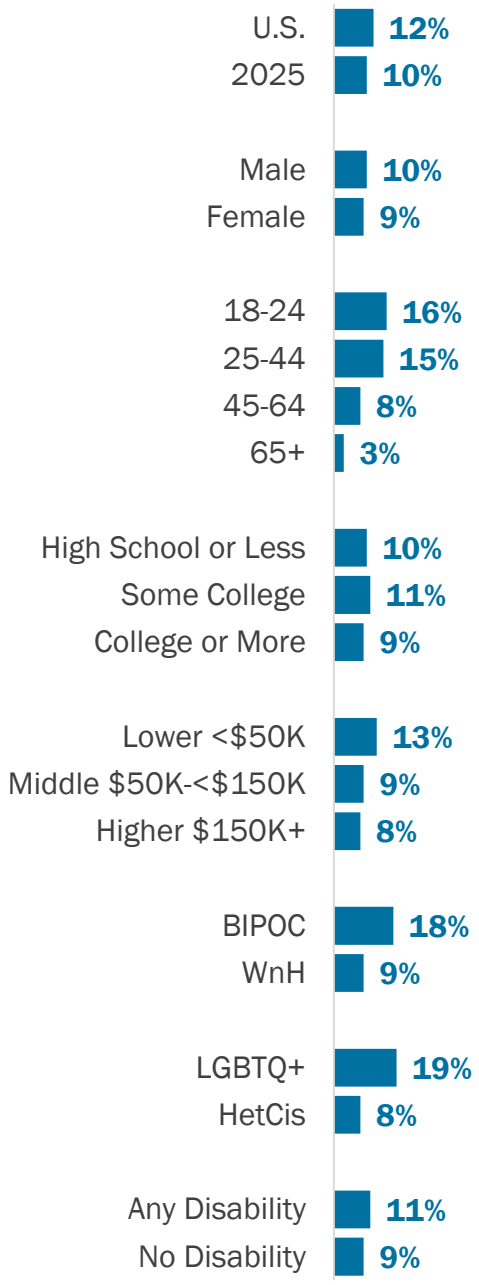
One in 10 Vermont adults have had an HIV test in the past year. This goes up to 13% for adults ages 18-64.

Recent HIV testing is statistically lower among all Vermont adults compared to all U.S. adults (12%) and statistically similar among Vermont adults 18-64 and U.S. adults of the same age (14%).

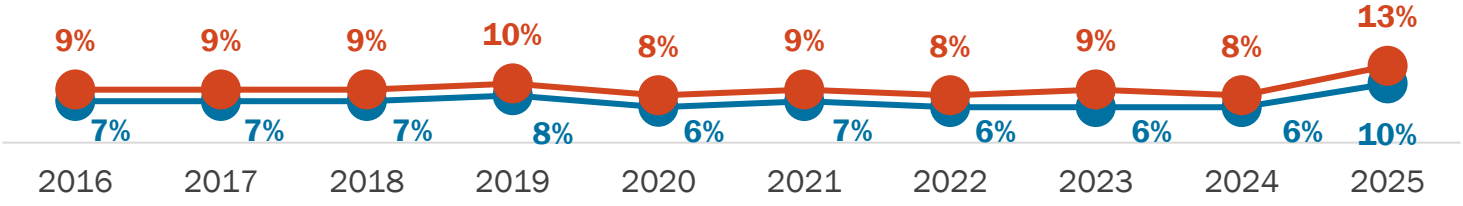
- Among all Vermont adults, males and females report recent HIV testing at statistically similar rates.
- All differences in recent HIV testing by age are statistically significant, except between adults 18-24 and 25-64.
- There are no statistical differences in recent HIV testing by education level, household income level, or disability status.
- BIPOC adults are two times as likely to have been tested for HIV recently than white, non-Hispanic adults. This is a statistical difference.
- LGBTQ+ adults are more than two times as likely to have been tested for HIV recently than HetCis adults. This is a statistical difference.

HIV screening in the past year among all Vermont adults and those 18-64 is statistically higher than 2024 and 2016.

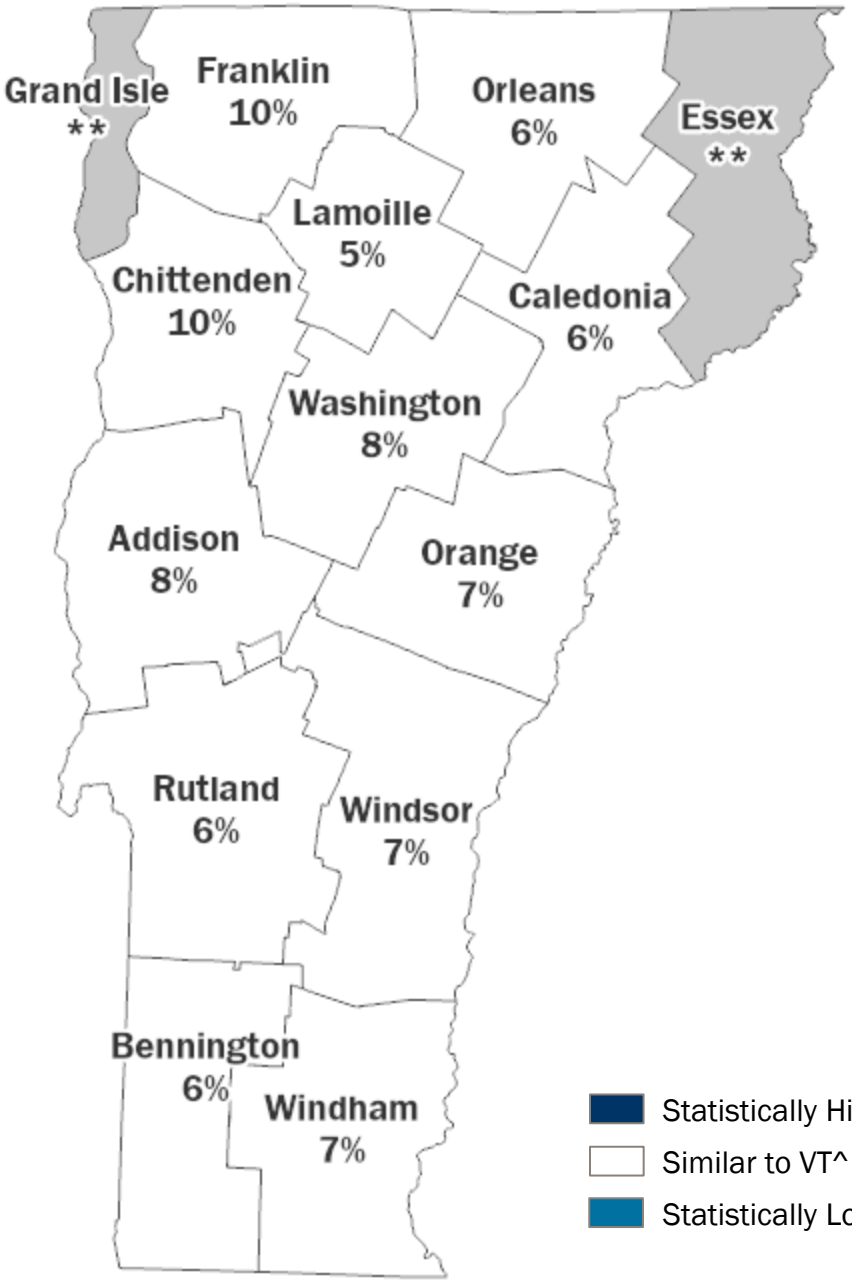
Vermont Adults Tested for HIV in Past Year



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



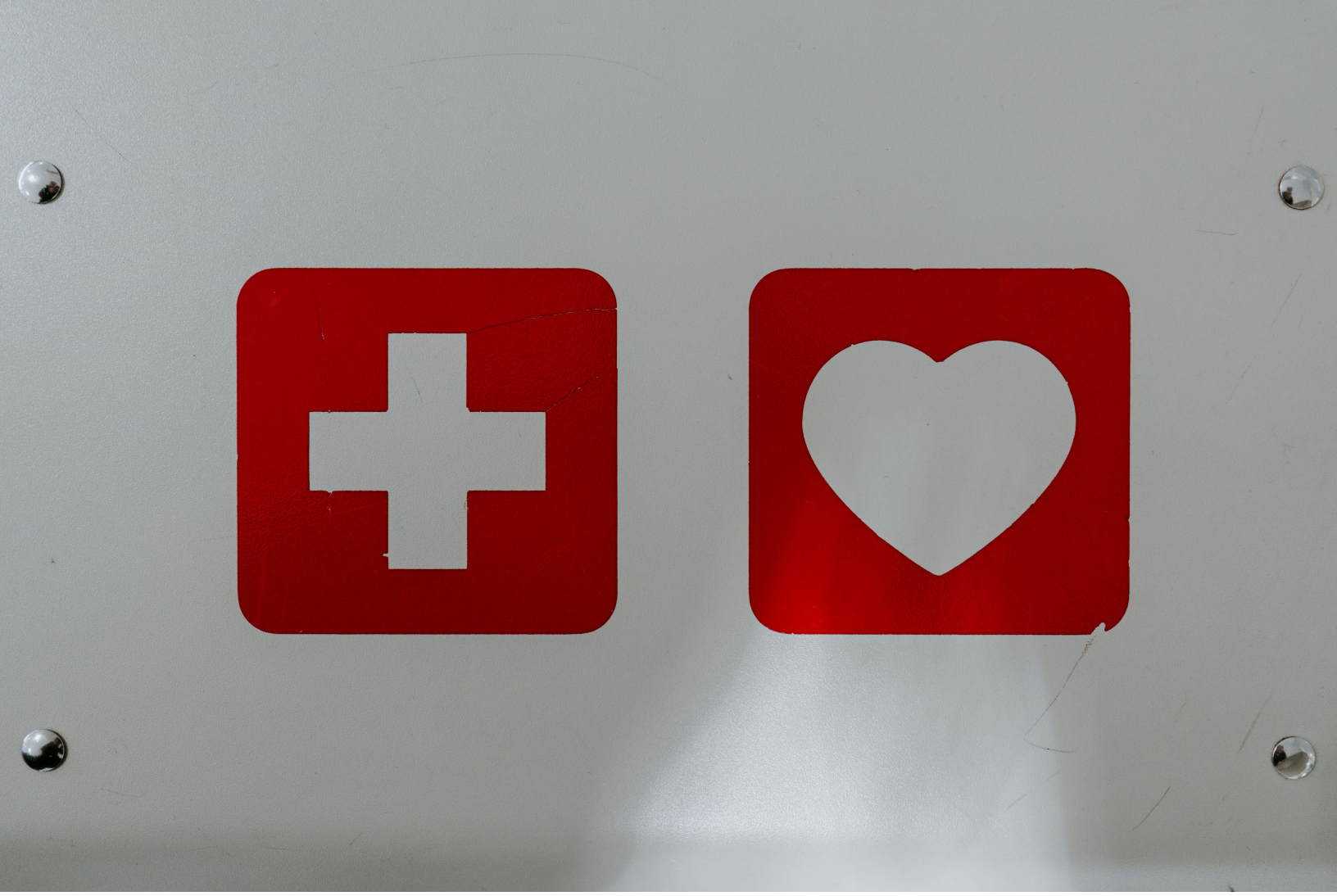
Vermont Adults Who Have Been Tested for HIV in Past Year, by County, 2024-2025



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

Statistically Higher than VT
Similar to VT^ (8%)
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.



Injury, Violence and Safety

Firearm Storage

Among all Vermont adults:

- 42% have a firearm in the home.
- 8% have a loaded firearm in the home.
- 4% have an unlocked, loaded firearm in the home.
- 16% have any unlocked firearm in the home.

Among Vermont adults with a firearm in the home, two in 10 have a loaded firearm (19%).

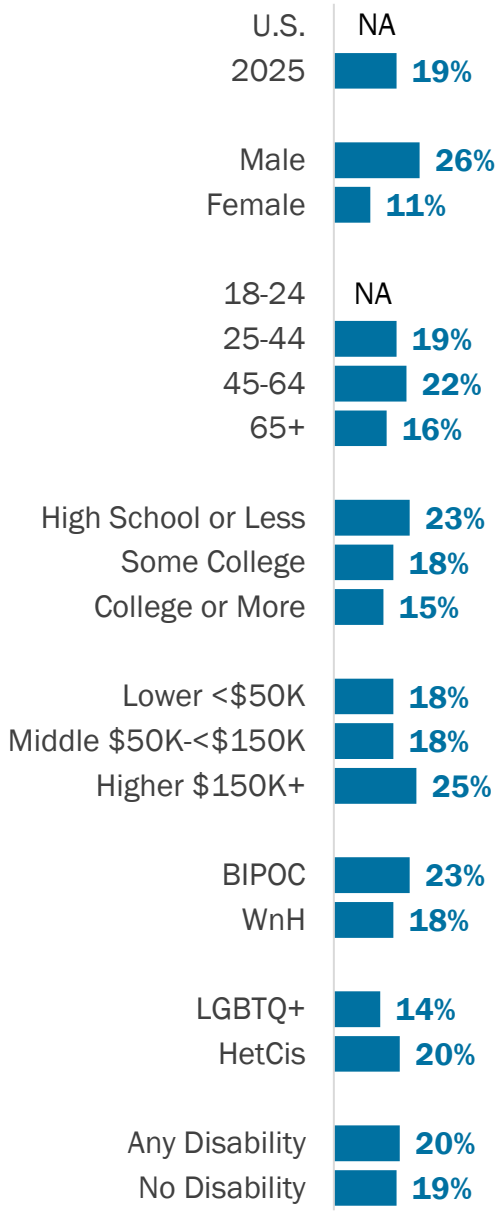
- Males are statistically more likely to keep a loaded firearm in the home.
- Adults with a high school education or less are statistically more likely to keep a loaded firearm in the home than those with a college degree or more.
- There are no statistical differences in whether a firearm is stored loaded by age, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

Among Vermont households with a firearm in the home, the percent of those that store a firearm loaded is statistically similar to 2023 and 2018.

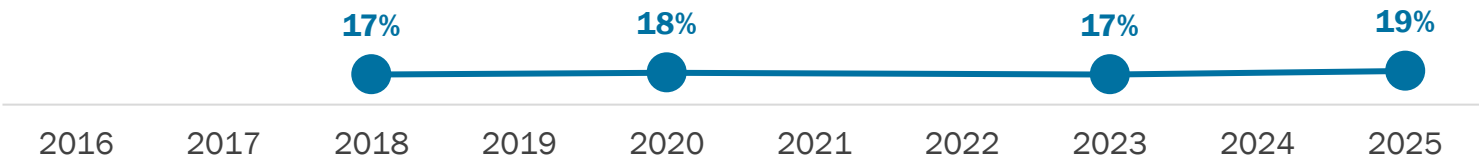
Among Vermont households with a loaded firearm in the home, 59% keep a loaded firearm unlocked. This is statistically similar to the 57% in 2023.

Among Vermont households with a firearm in the home, 40% keep any firearm unlocked. This is statistically similar to the 44% in 2020.

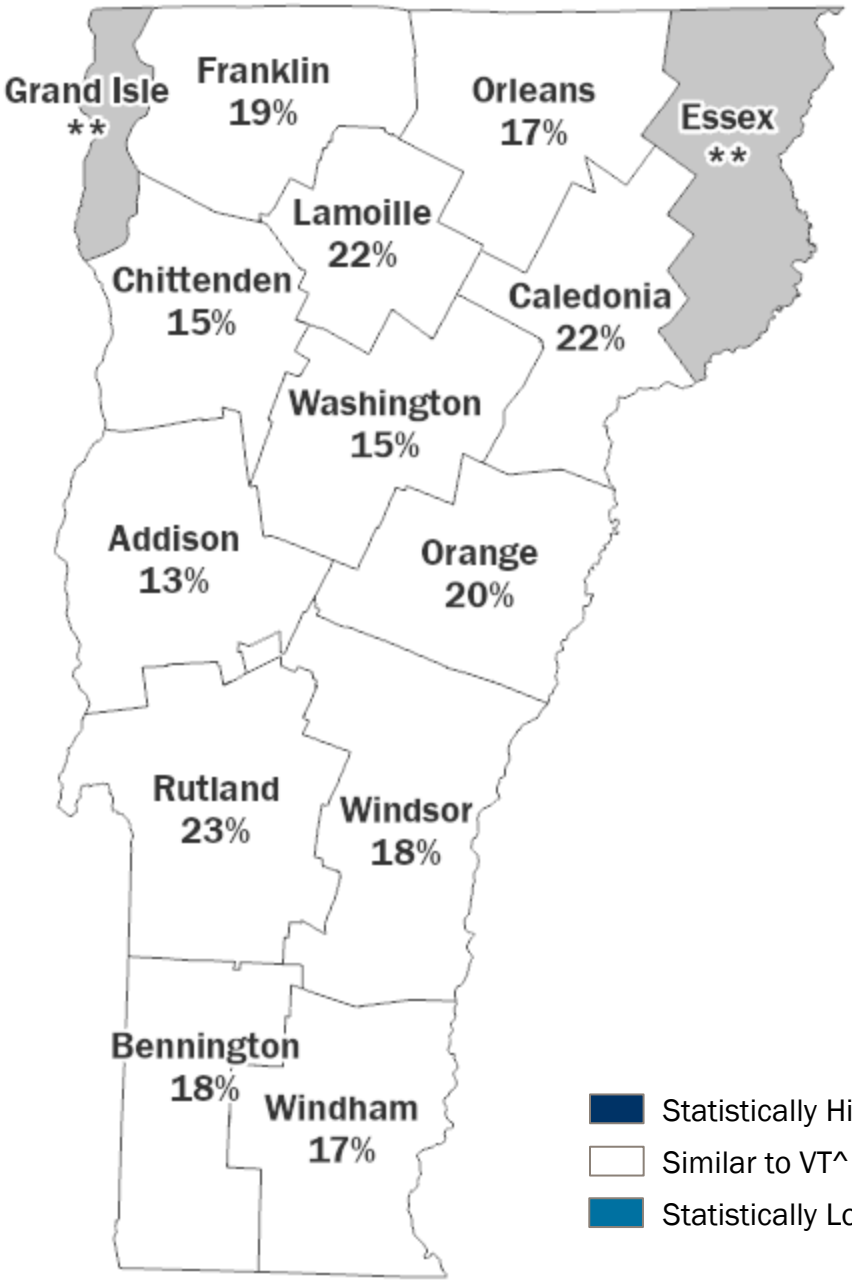
Vermont Households with a Loaded Firearm, among Adults with a Firearm in the Home



Households with a Loaded Firearm, among Vermont Adults with a Firearm in the Home



Vermont Households with a Loaded Firearm in the Home, by County, 2023-2025



- All counties have a similar percent of adults who have a firearm in or around the home that is loaded, when compared to Vermont overall.

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



Substance and Tobacco Use

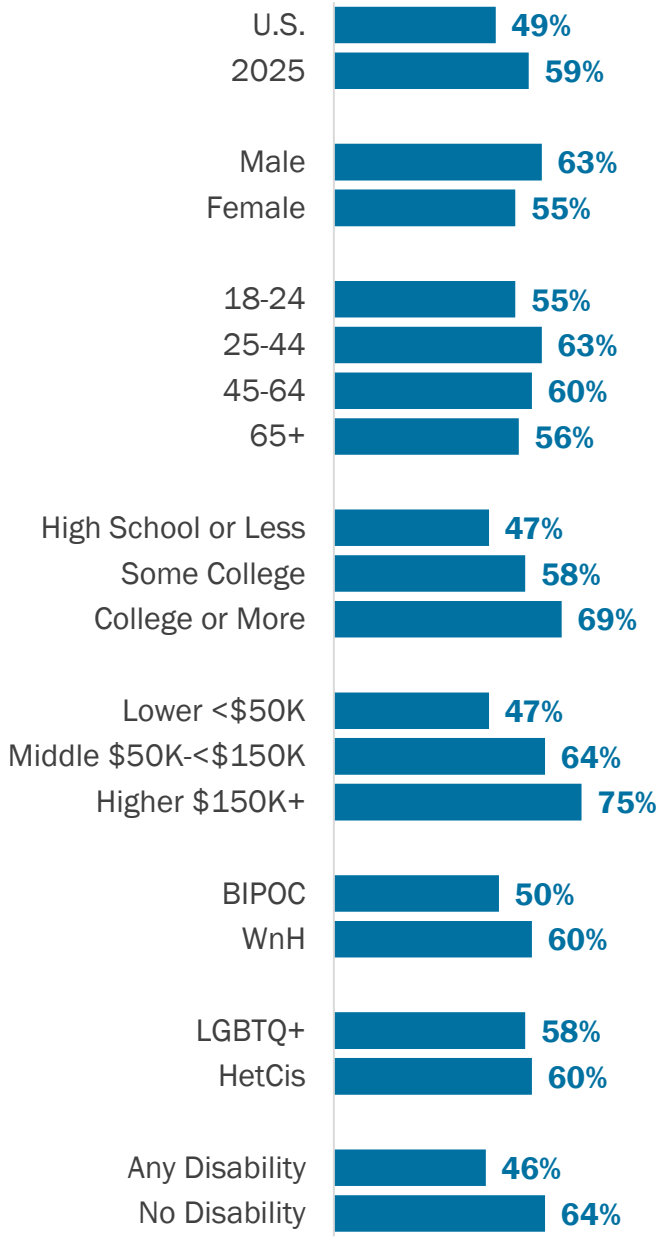
Alcohol Consumption

Six in 10 Vermont adults had any alcohol in the past month (59%). This is statistically higher than the 49% of U.S. adults.

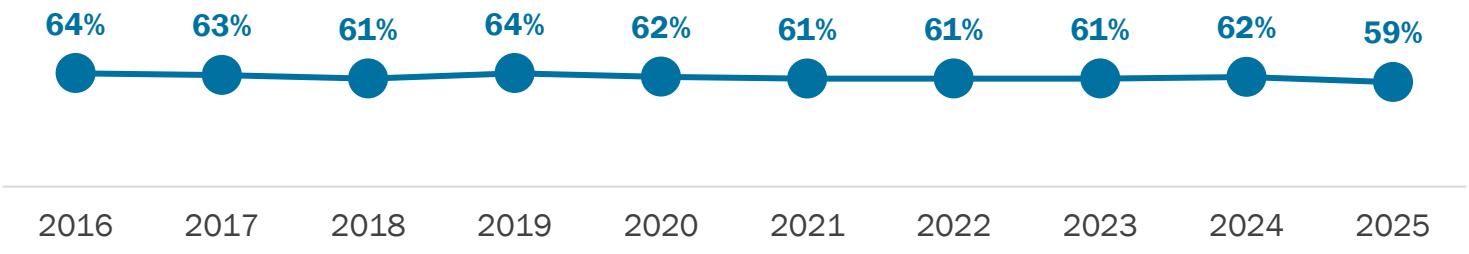
- Males report using alcohol at a statistically higher rate.
- Adults ages 25-44 are statistically more likely to use alcohol than adults 65 and older.
- Alcohol use statistically goes up with education and household income level.
- White, non-Hispanic adults are statistically more likely to use alcohol.
- 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.

The prevalence of alcohol use among Vermont adults is statistically similar to 2024, but statistically lower than 2016.

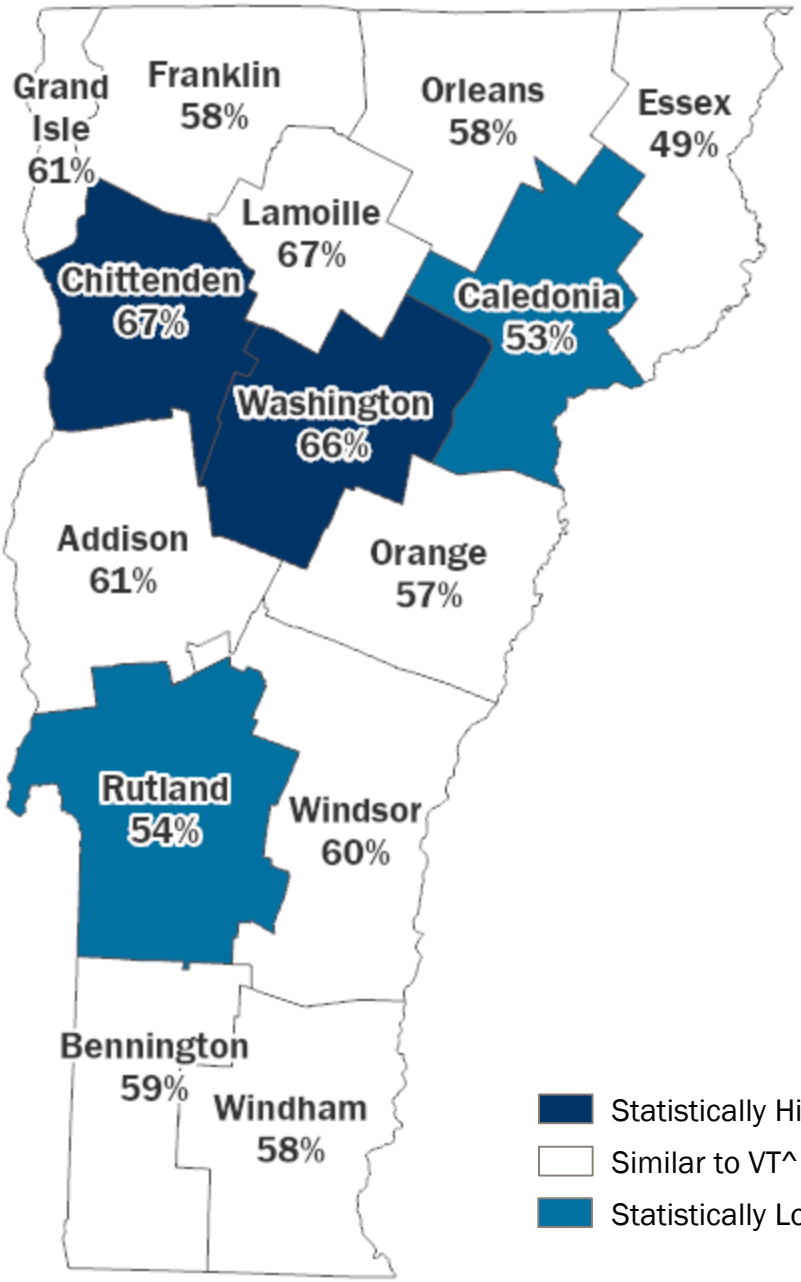
Vermont Adults with Any Alcohol Consumption



Vermont Adults with Any Alcohol Consumption



Vermont Adults with Any Alcohol Consumption by County, 2024-2025



- Adults in Chittenden (67%) and Washington (66%) counties consumed alcohol in the past month at a statistically higher rate than Vermont overall.
- Adults in Rutland (54%) and Caledonia (53%) counties consume alcohol in the past month at a statistically lower rate than Vermont overall.
- All other counties have a similar prevalence of alcohol use in the past month compared to Vermont overall.

^Vermont estimate represents two years of data.

Heavy Drinking

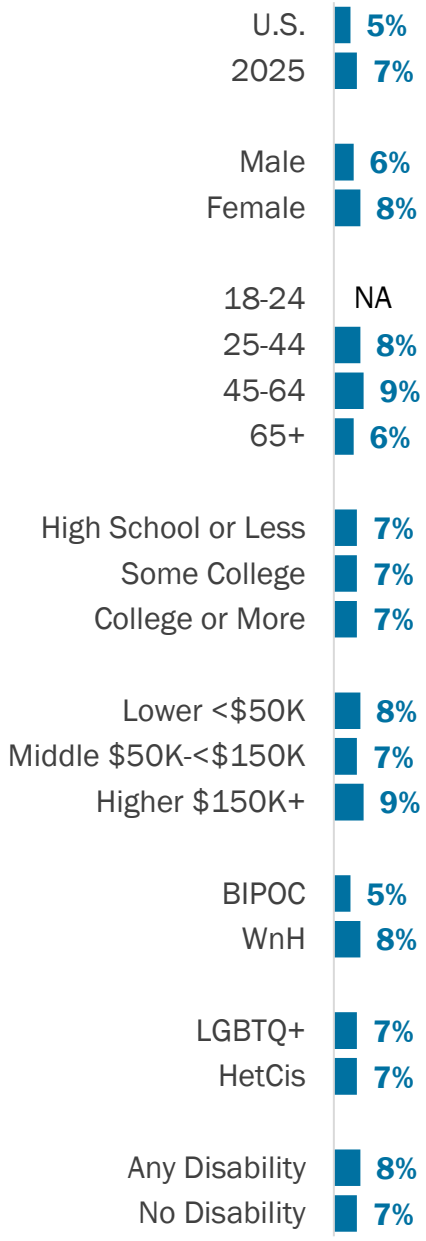
Heavy drinking is defined as more than 14 drinks per week for males and more than 7 drinks per week for females.

Seven percent of Vermont adults report drinking heavily in the past month, statistically higher than the 5% of U.S. adults.

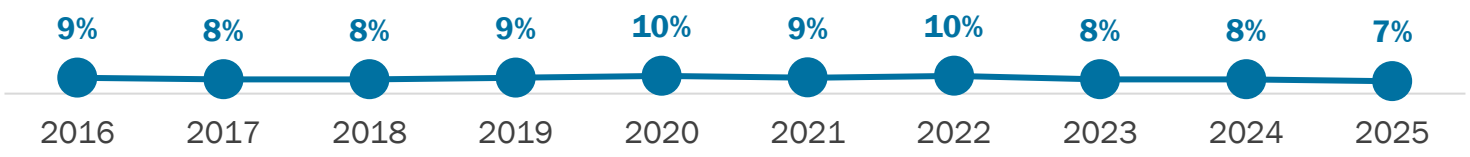
- Males and females report statistically similar rates of heavy drinking.
- Adults ages 45-64 are statistically more likely to heavily drink than those 65 and older.
- There are no statistical differences in heavy drinking by education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The percent of Vermont adults drinking heavily is statistically similar to 2024 and 2016.

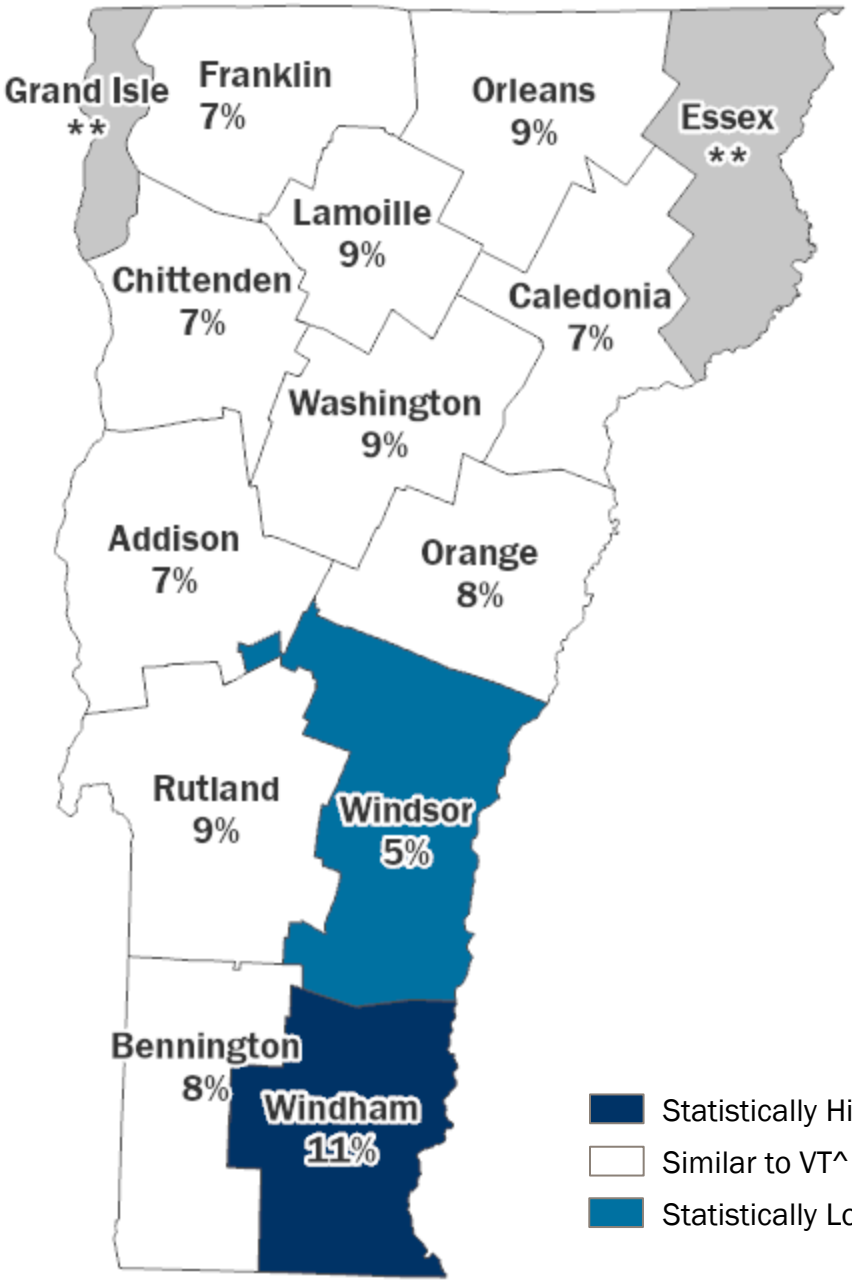
Vermont Adults Who Report Heavy Drinking



Vermont Adults Who Report Heavy Drinking



Vermont Adults Who Report Heavy Drinking° by County, 2024-2025



- More than one in 10 Windham County adults report heavily drinking in the past month (11%). This is statistically higher than all Vermont adults.
- Five percent of Windsor County adults report heavily drinking in the past month. This is statistically lower than all Vermont adults.
- All other counties have similar rates of heavy drinking compared to Vermont overall.

°Heavy drinking is defined as more than 14 drinks per week for males and more than 7 drinks per week 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.

Binge Drinking

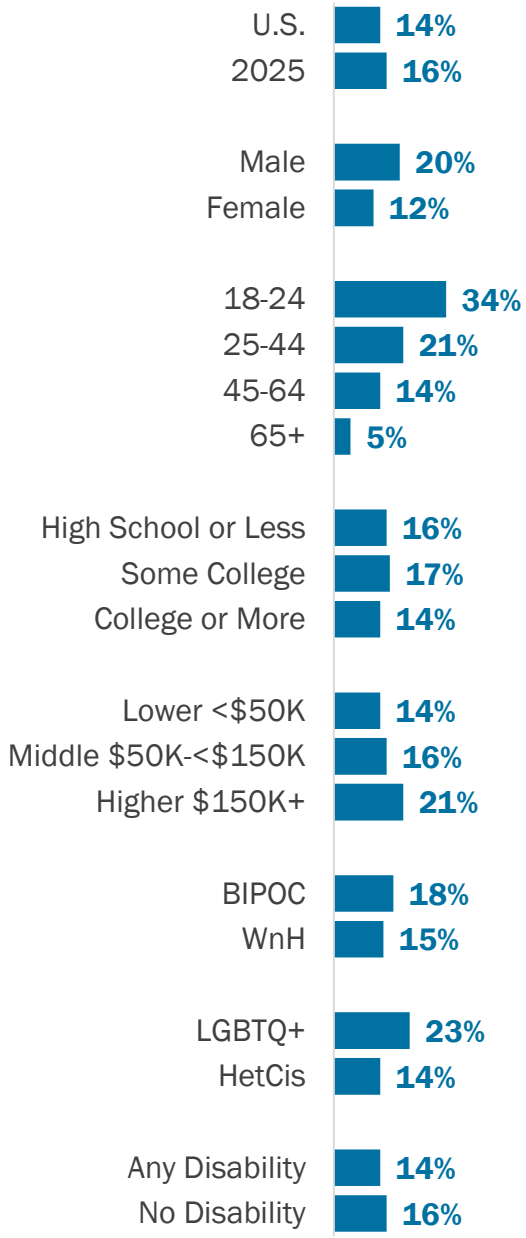
Binge drinking is defined as five or more drinks on a single occasion for males and four or more for females.

Sixteen percent of Vermont adults report binge drinking in the past month, statistically higher than the 14% of U.S. adults.

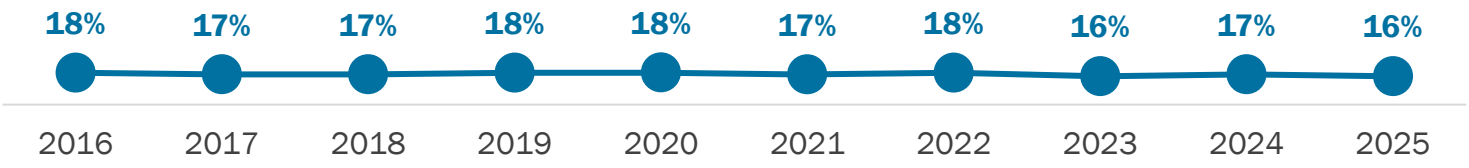
- Males are statistically more likely to binge drink.
- Binge drinking statistically goes down with age.
- There are no statistical differences in binge drinking by education level, race and ethnicity, or disability status.
- Adults in higher income homes are statistically more likely to binge drink than those in lower income homes.
- LGBTQ+ adults are statistically more likely to binge drink.

The percent of Vermont adults binge drinking is statistically similar to 2024, but statistically lower than 2016.

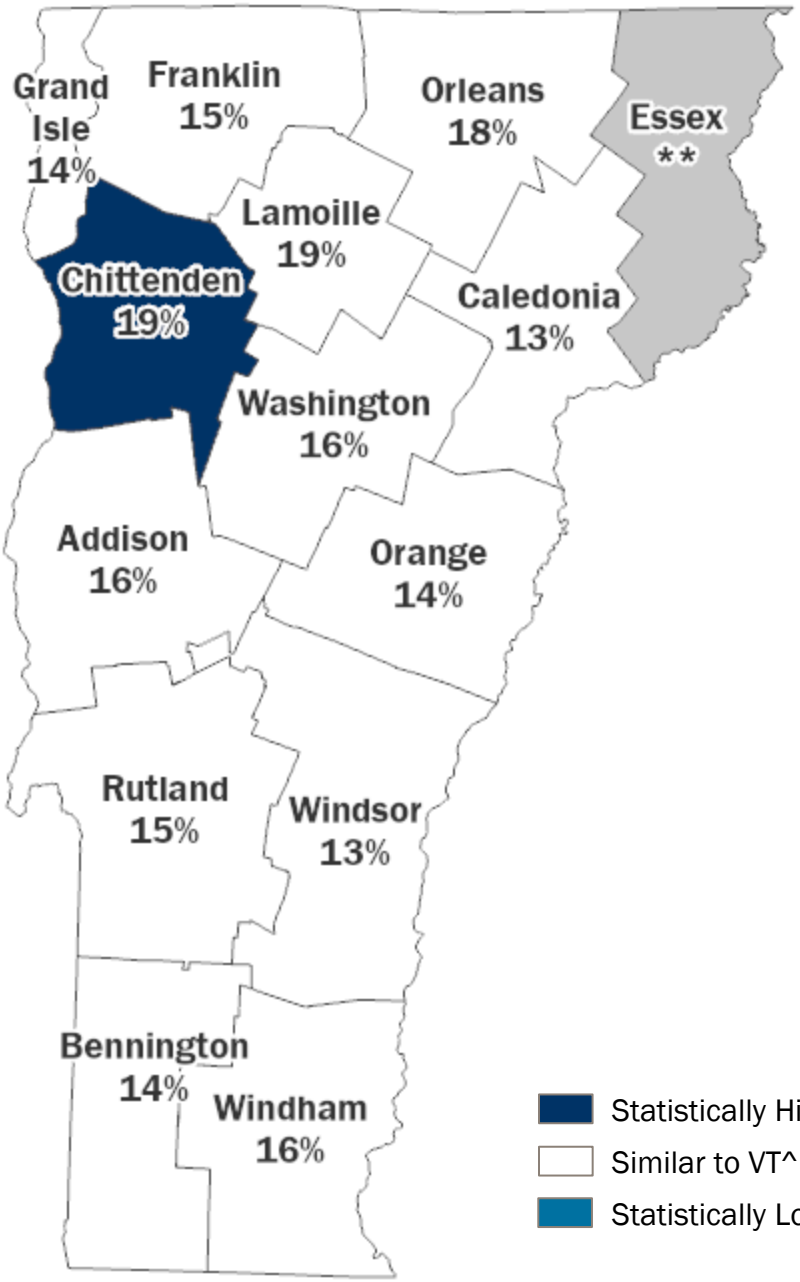
Vermont Adults Who Report Binge Drinking



Vermont Adults Who Report Binge Drinking



Vermont Adults Who Report Binge Drinking° by County, 2024-2025



- Almost two in 10 Chittenden County adults report binge drinking in the past month (19%). This is statistically higher than all Vermont adults.
- All other counties have a similar binge drinking rate compared to Vermont overall.

°Binge 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.
**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 (26%).

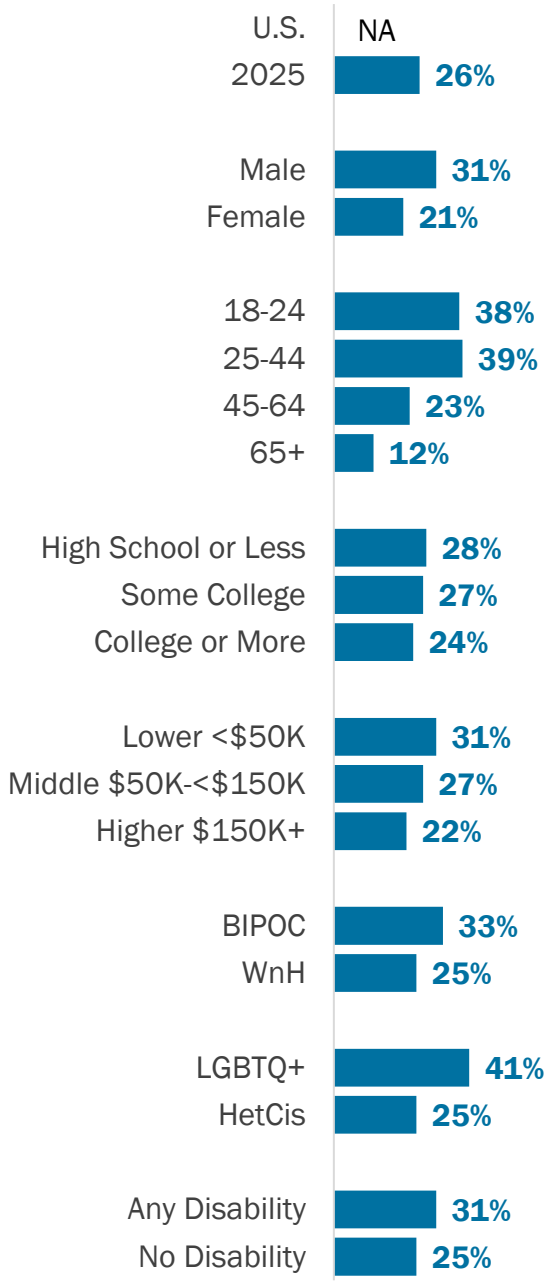
- Males are statistically more likely to use cannabis.
- All differences in cannabis use by age are statistically significant, except between adults 18-24 and those 25-44.
- There are no statistical differences in cannabis use by education level or race and ethnicity.
- Adults in lower income homes are statistically more likely to use cannabis than those in higher income homes.
- LGBTQ+ adults and adults with a disability are statistically more likely to use cannabis.

The percent of Vermont adults using cannabis use is statistically similar to 2024 but statistically higher than 2016.

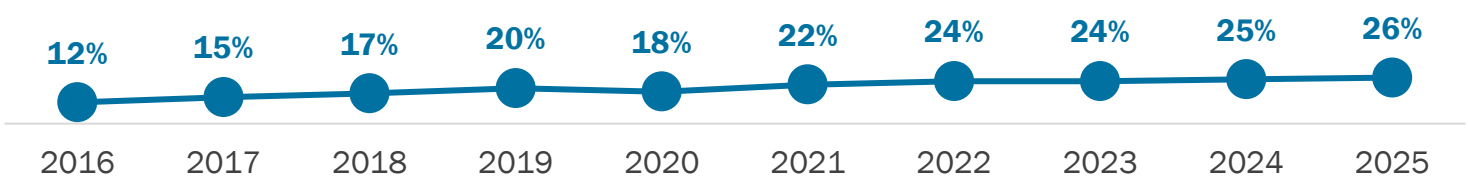
Among all Vermont adults, in the past month:

- Three-quarters did not use cannabis (74%).
- Thirteen percent use cannabis some of the time (1-19 days).
- Five percent use cannabis almost every day (20-29 days).
- Eight percent use cannabis daily.

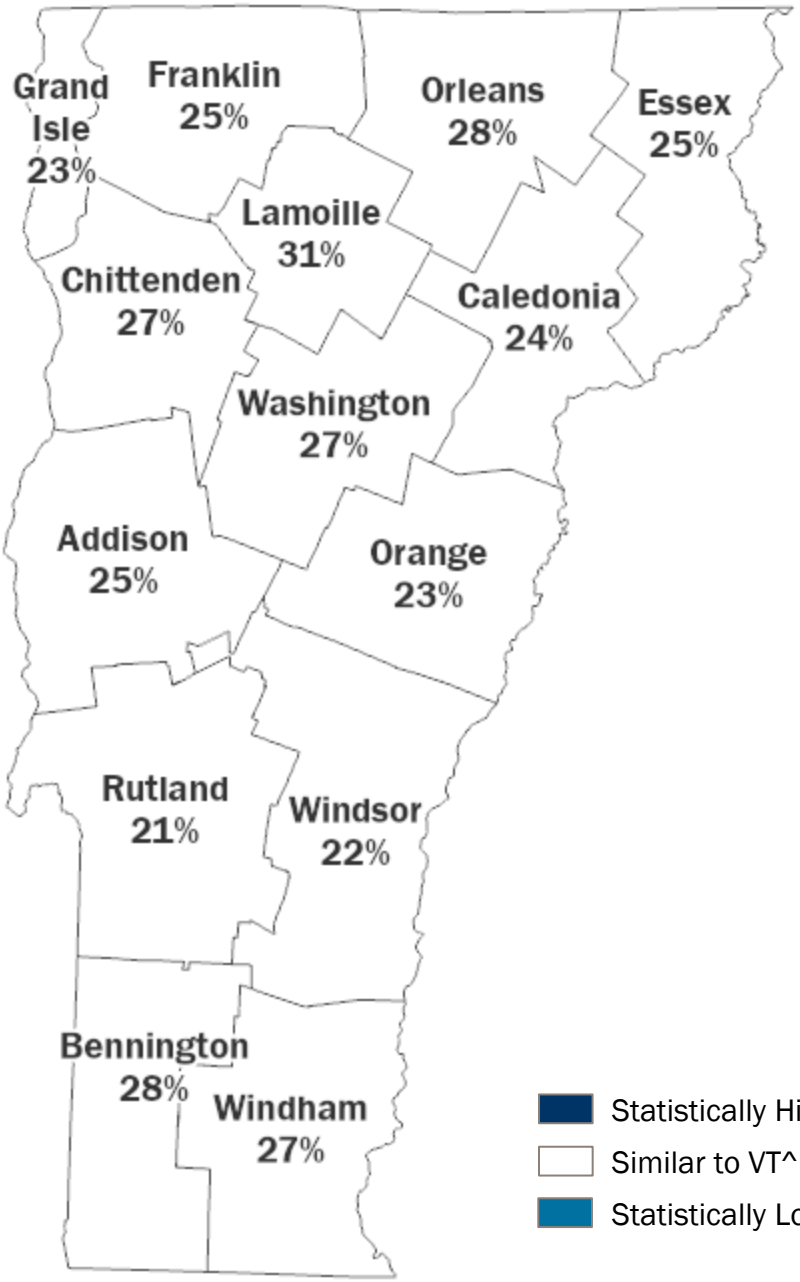
Vermont Adults Who Use Cannabis



Vermont Adults Who Use Cannabis



Vermont Adults Who Use Cannabis by County, 2024-2025



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

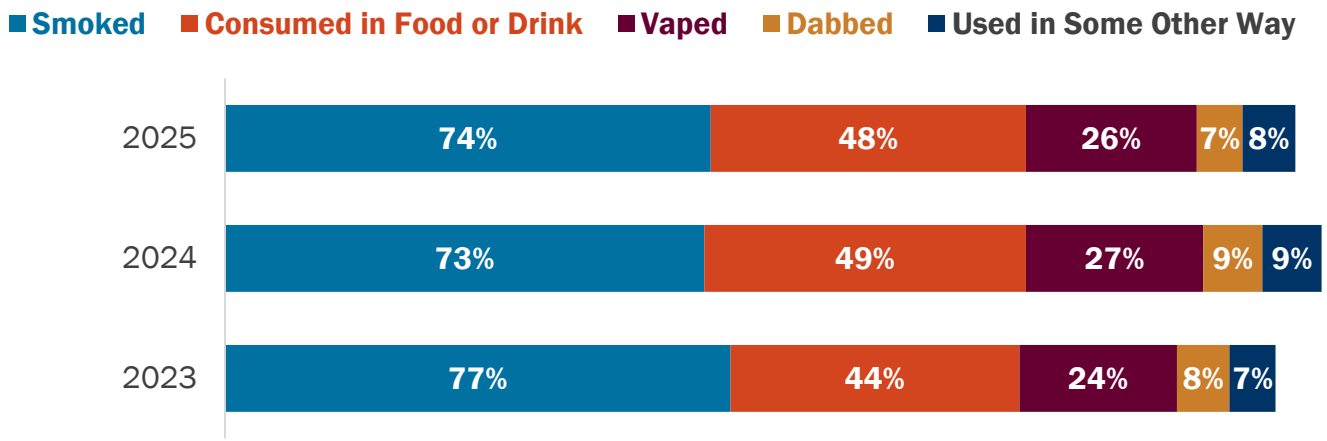
^Vermont estimate represents two years of data.

Cannabis Use – Method and Reason

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

- Three-quarters smoke it (74%).
- Almost half consume it in food or drink (48%).
- One-quarter vape it (26%).
- Seven percent dab it.
- Eight percent use it in some other way.
- All methods of use are statistically similar to 2024.

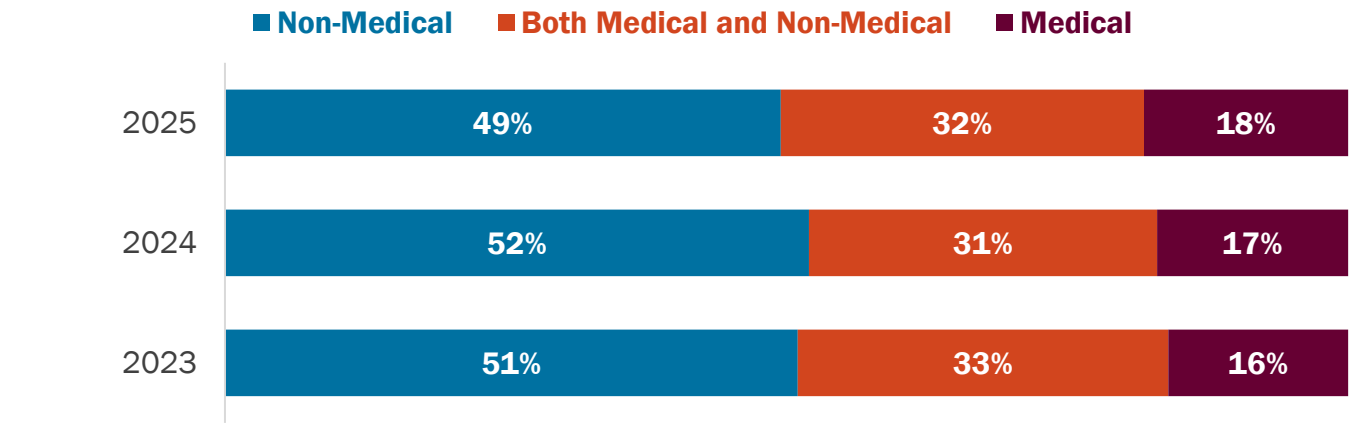
Method of Cannabis Use among Vermont Adults Using in the Past Month



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

- Half say it is usually for non-medical reasons (49%).
- One-third mainly use it for both medical and non-medical reasons (32%).
- Eighteen percent mainly use it for medical reasons.
- All reasons for use are statistically similar to 2024.

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



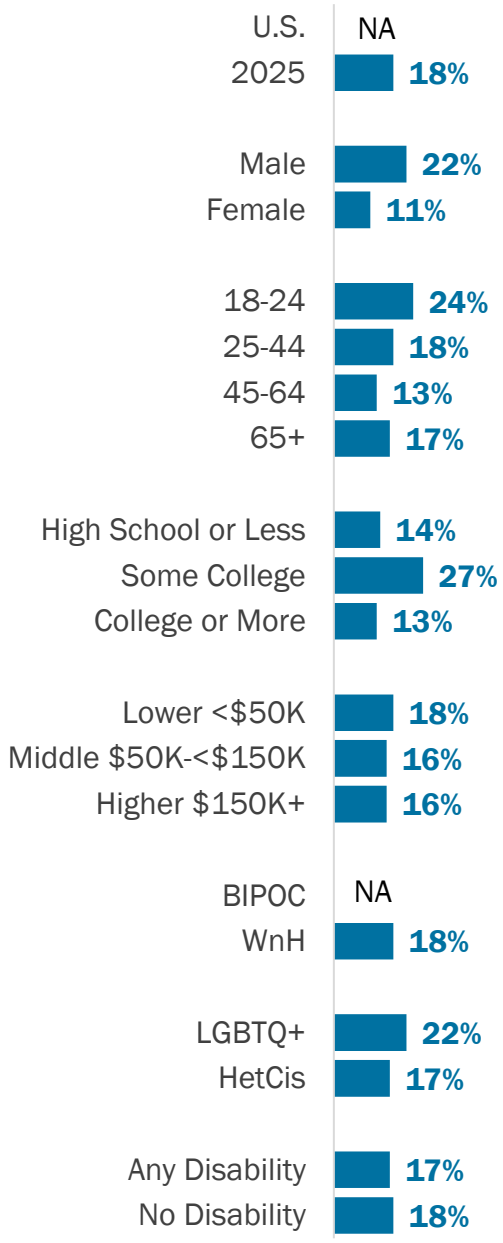
Driving Under the Influence of Cannabis

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

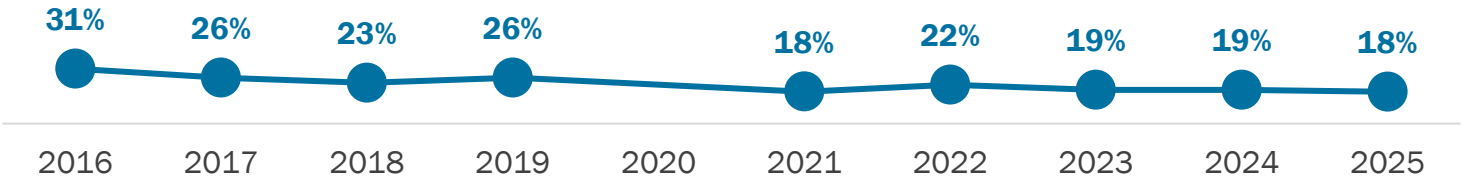
- Males are statistically more likely to drive after using cannabis.
- There are no statistical differences in driving after cannabis use by age, household income level, sexual orientation and gender identity, or disability status.
- Adults with some college education are more than two times as likely to drive after using cannabis than adults with a college degree or more. This is statistical difference.
- Statistical comparisons were not made for driving after using cannabis by race and ethnicity due to data suppression.

The precent of Vermont adults driving after cannabis use is statistically similar to 2024, but statistically lower than 2016.

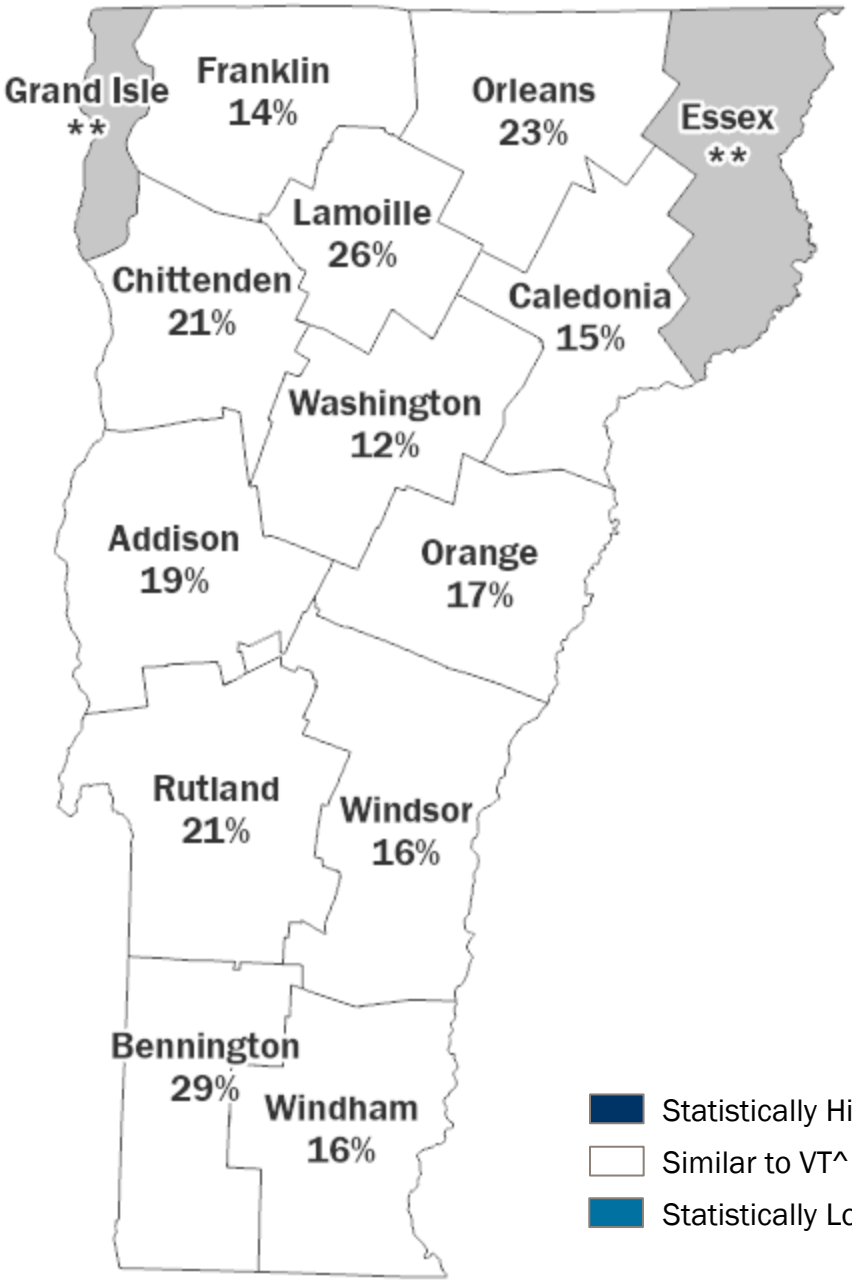
Vermont Adults Who Drive After Using Cannabis



Vermont Adults Who Drive After Using Cannabis



Vermont Adults Who Drive After Using Cannabis, by County, 2024-2025



- All counties have a similar rate of driving within three hours of using cannabis 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.

E-Cigarette Use

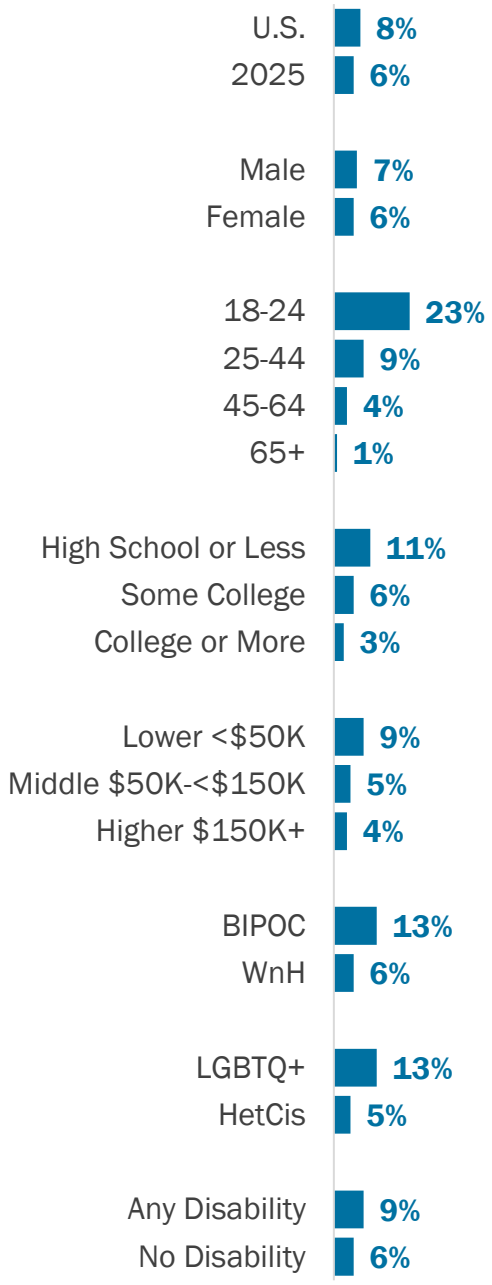
Six percent of Vermont adults use electronic cigarettes (e-cigarettes) or other electronic vaping products. This is statistically similar to the 8% of U.S. adults.

- Males and females report statistically similar rates of e-cigarette use.
- E-cigarette use statistically goes down with age.
- Adults with some college education or less are statistically more likely to use e-cigarettes.
- Adults in lower income homes are statistically more likely to use e-cigarettes.
- 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 almost three times as likely to use e-cigarettes than HetCis adults. This is a statistical difference.
- Adults with a disability are statistically more likely to use e-cigarettes.

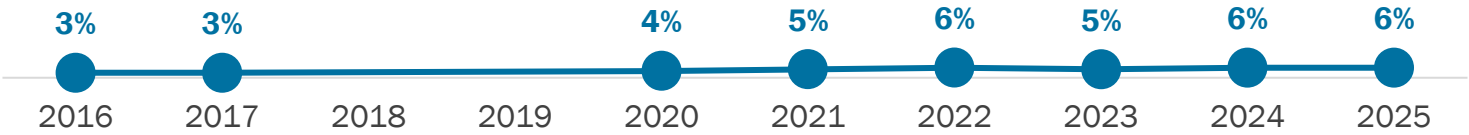
The rate of e-cigarette use among Vermont adults is the same as 2024 but statistically higher than 2016.

Among adults who use e-cigarettes, one-quarter usually use menthol e-cigarettes (24%). This is statistically similar to the 22% in 2024.

Vermont Adults Who Use E-Cigarettes

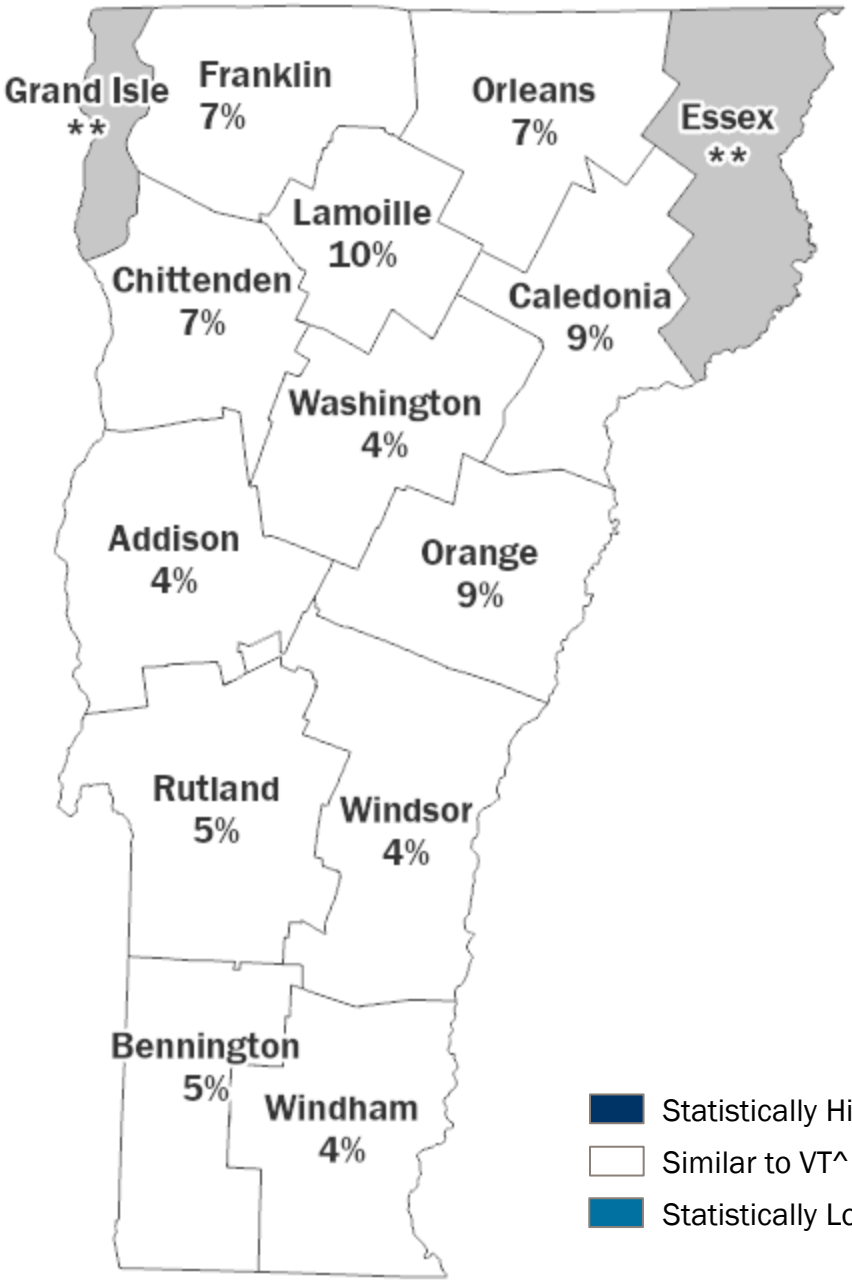


Vermont Adults Who Use E-Cigarettes



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 Use E-Cigarettes by County, 2024-2025



- All counties have a similar rate of e-cigarette use 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.
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Cigarette Smoking

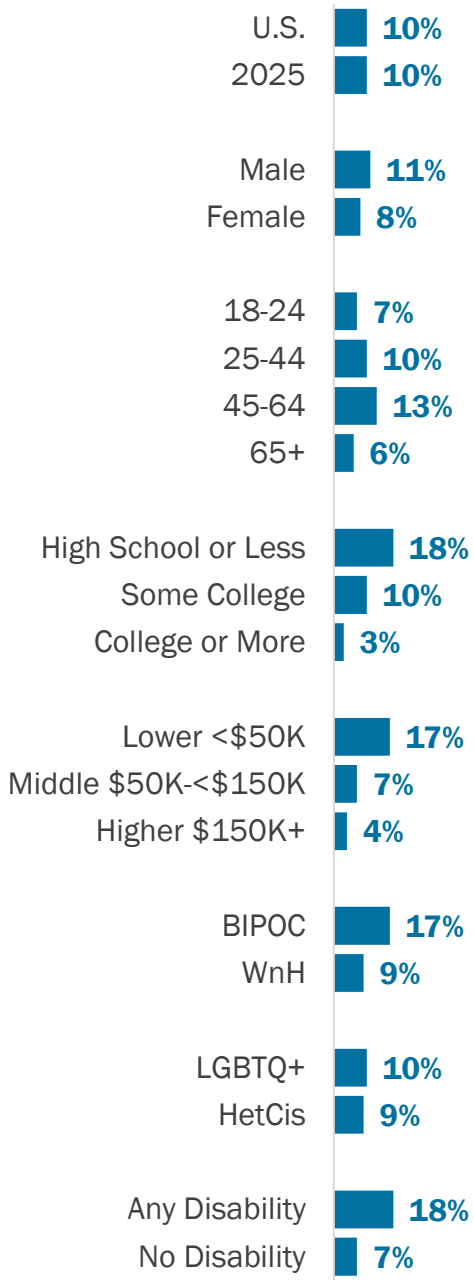
One in 10 Vermont adults smoke cigarettes (10%). This is the same rate as U.S. adults.

- 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 goes down with education level.
- Adults in lower income homes are more than two to four times as likely to smoke cigarettes than those in middle to higher income homes. These are statistical differences.
- BIPOC adults are almost two times as likely to smoke cigarettes than white, non-Hispanic adults. This is a statistical difference.
- 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.

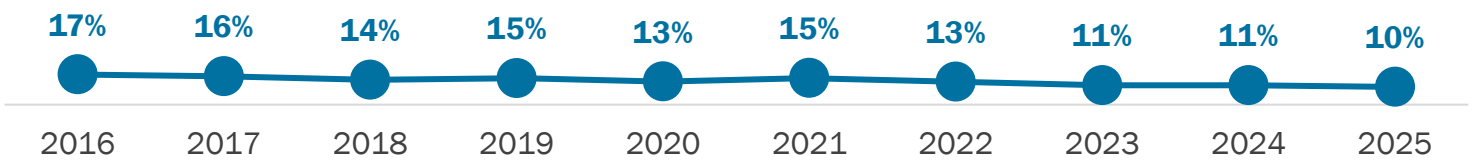
The smoking rate among Vermont adults is statistically similar to 2024 but statistically lower than 2016.

Among adults who smoke cigarettes, 18% usually smoke menthol cigarettes. This is statistically similar to the 21% in 2024.

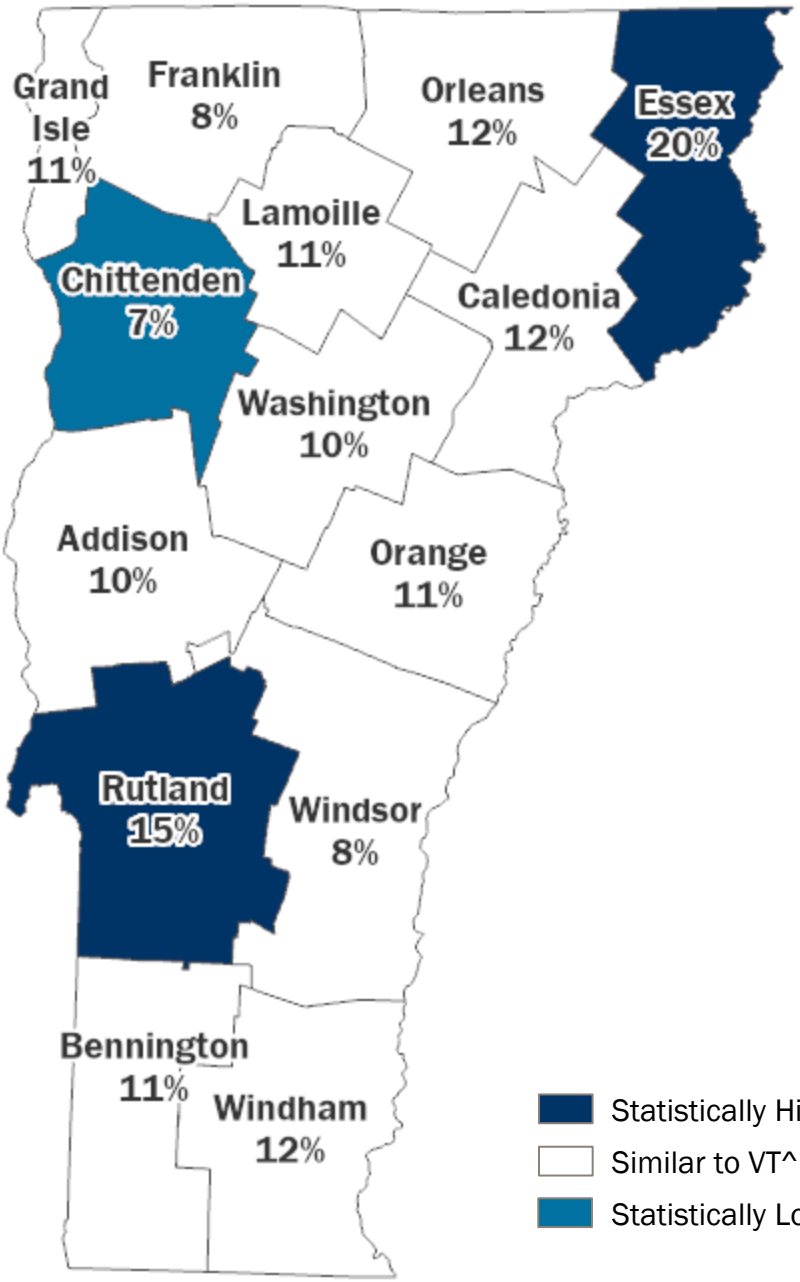
Vermont Adults Who Smoke Cigarettes



Vermont Adults Who Smoke Cigarettes



Vermont Adults Who Smoke Cigarettes by County, 2024-2025



- Two in 10 Essex County adults and 15% of Rutland County adults smoke cigarettes. These are statistically higher than Vermont adults overall.
- Seven percent of Chittenden County adults smoke cigarettes. This is statistically lower than Vermont adults overall.
- All other counties have a similar smoking rate compared to Vermont overall.

^Vermont estimate represents two years of data.

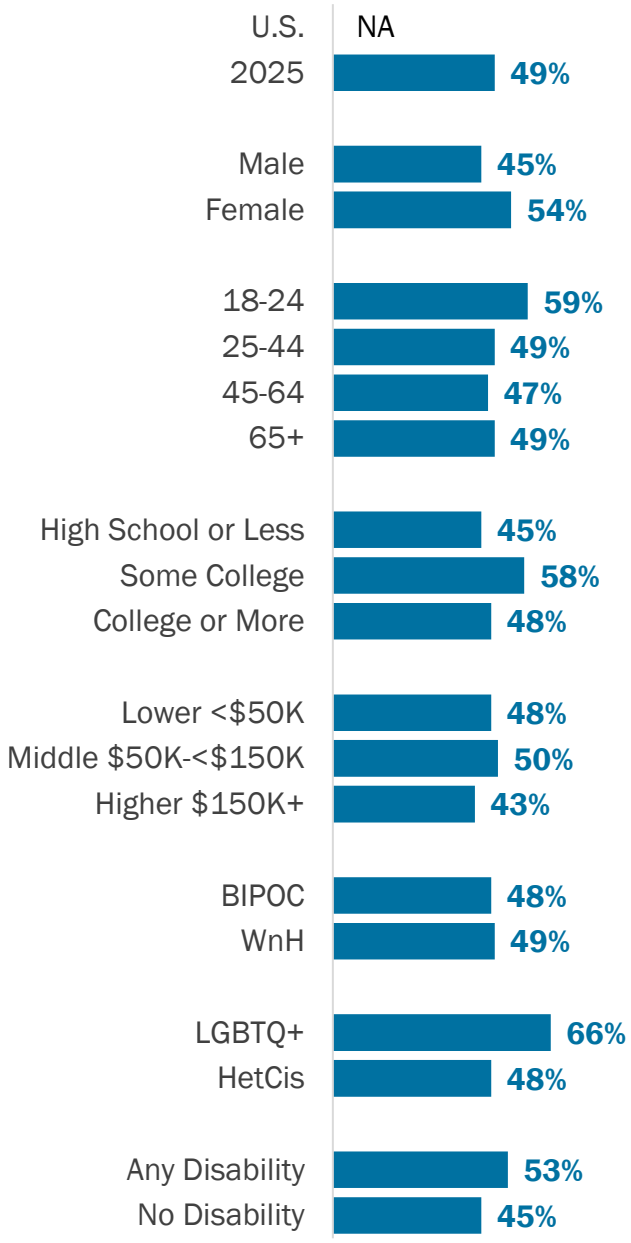
Cigarette Quit Attempts

Half of Vermont adults who smoke cigarettes have tried to quit smoking in the past year (49%).

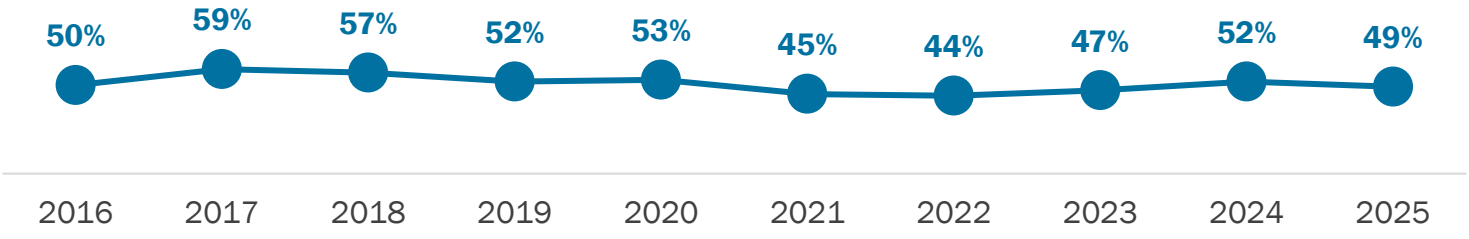
- There are no statistical differences in trying to quit smoking by sex, age, education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The percent of Vermont adults who smoke cigarettes and have tried to quit is statistically similar to 2024 and 2016.

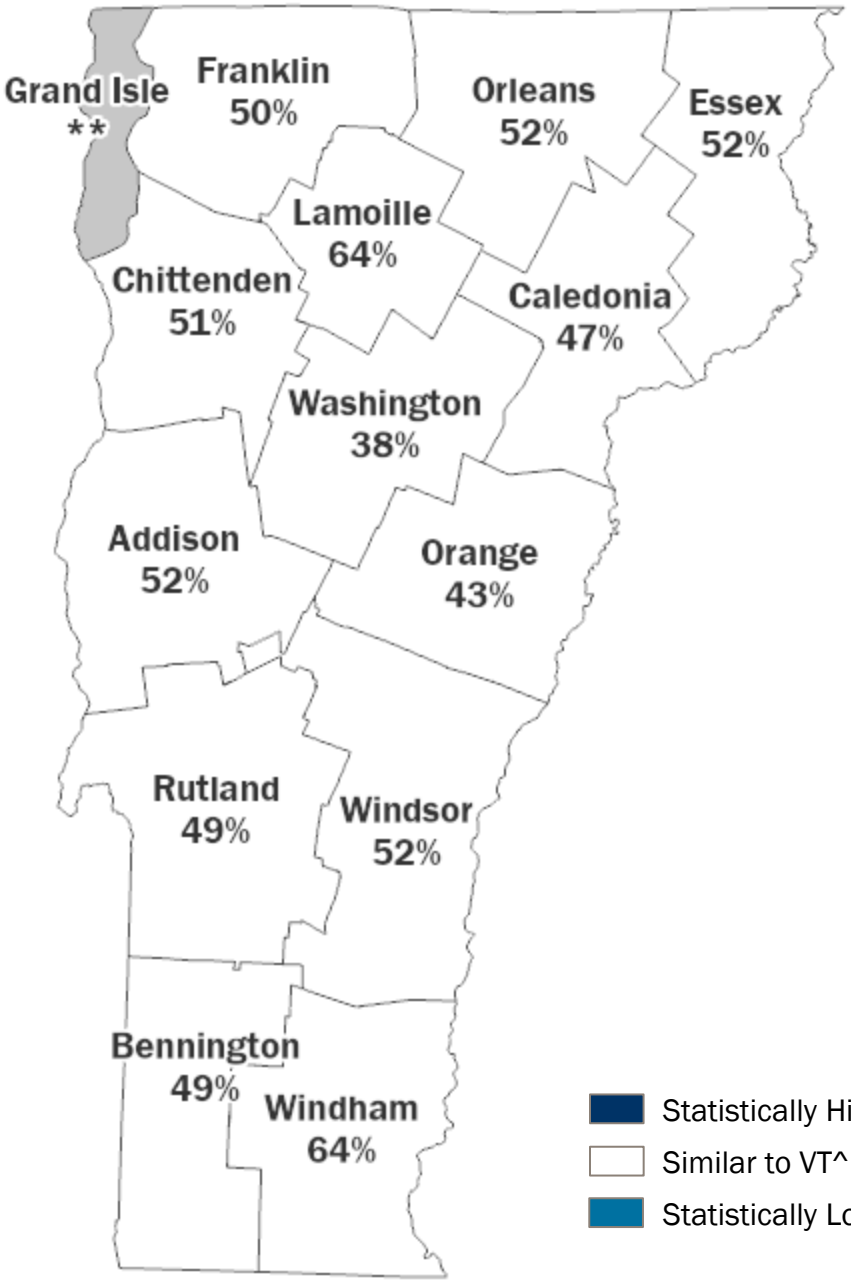
Vermont Adults Who Tried to Quit Smoking Cigarettes



Vermont Adults Who Tried to Quit Smoking Cigarettes



Vermont Adults Who Tried to Quit Smoking by County, 2024-2025



- All counties have a similar precent of adults who tried to quit smoking cigarettes 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.

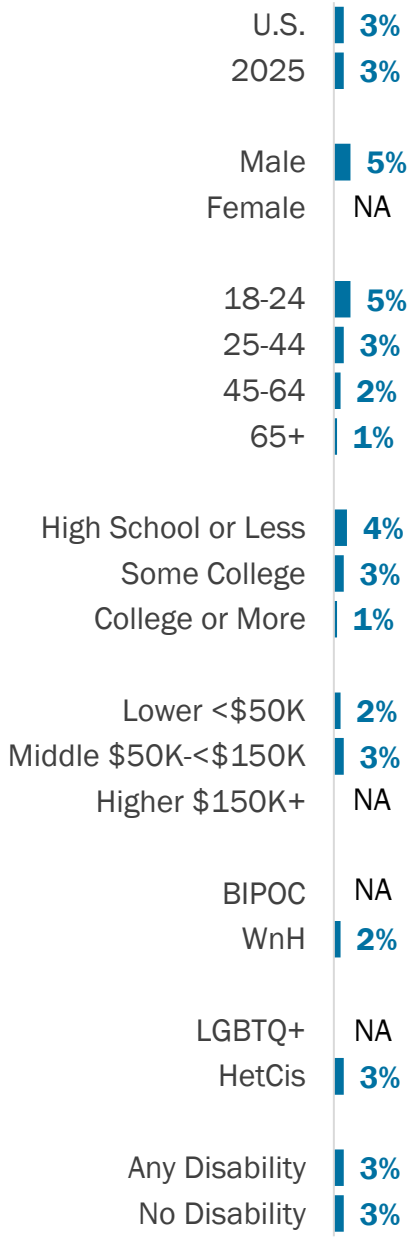
Smokeless Tobacco Use

Three percent of Vermont adults use smokeless tobacco. This is the same rate as U.S. adults.

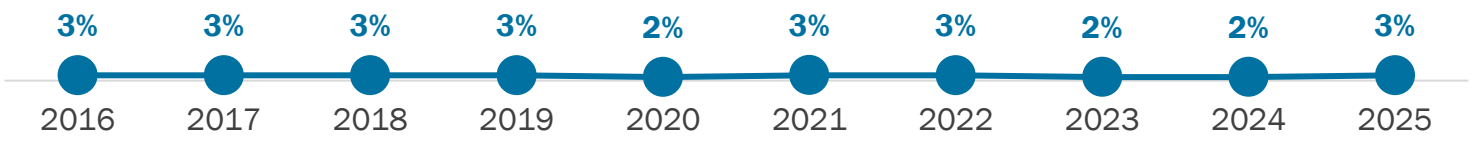
- Smokeless tobacco includes products such as chewing tobacco, snuff and snus.
- Adults 18-44 are statistically more likely to use smokeless tobacco than adults 65 and older.
- Adults with some college education or less are statistically more likely to use smokeless tobacco.
- There are no statistical 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 data suppression.

The percent of Vermont adults using smokeless tobacco is statistically similar to 2024 and 2016.

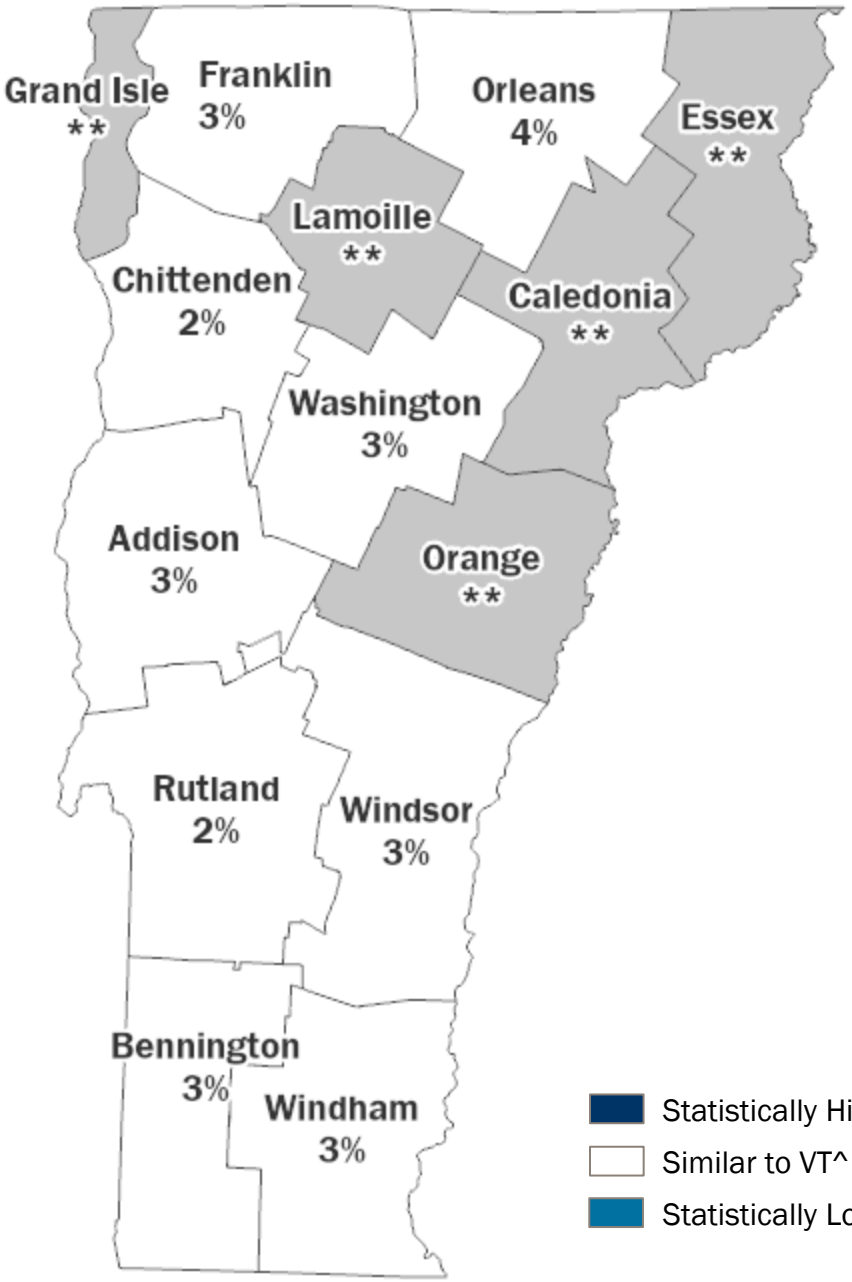
Vermont Adults Who Use Smokeless Tobacco



Vermont Adults Who Use Smokeless Tobacco



Vermont Adults Who Use Smokeless Tobacco by County, 2024-2025



- All counties have a similar rate of smokeless tobacco use compared to Vermont overall.

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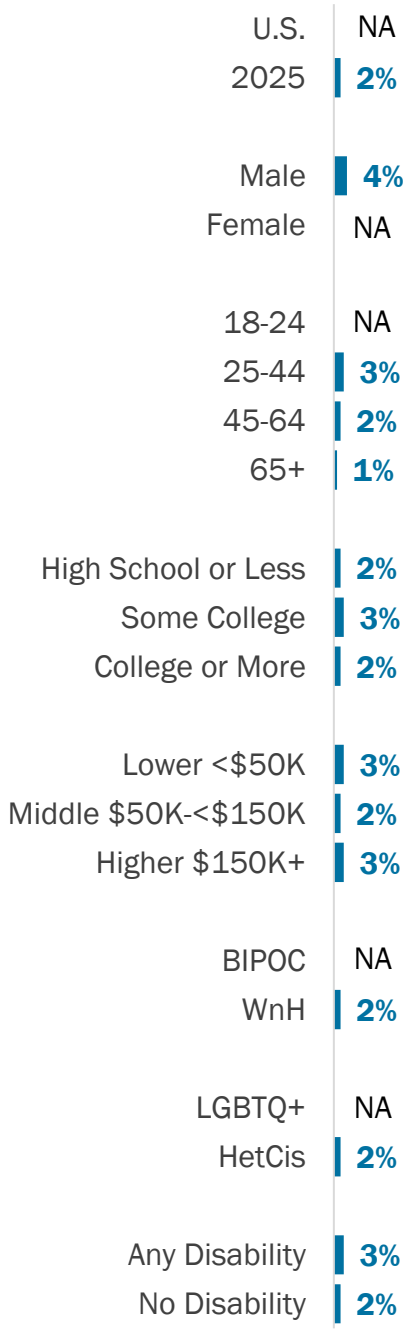
Cigar Smoking

Two percent of Vermont adults smoke cigars. This includes cigars, cigarillos or little cigars.

- Adults 25-44 are statistically more likely to smoke cigars than adults 65 and older.
- There are no statistical differences in cigar smoking by education level, household income level or disability status.
- Statistical comparisons were not made for cigar smoking by sex, race and ethnicity, or sexual orientation and gender identity due to data suppression.

Note: 2025 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults Who Smoke Cigars



Nicotine Pouch Use

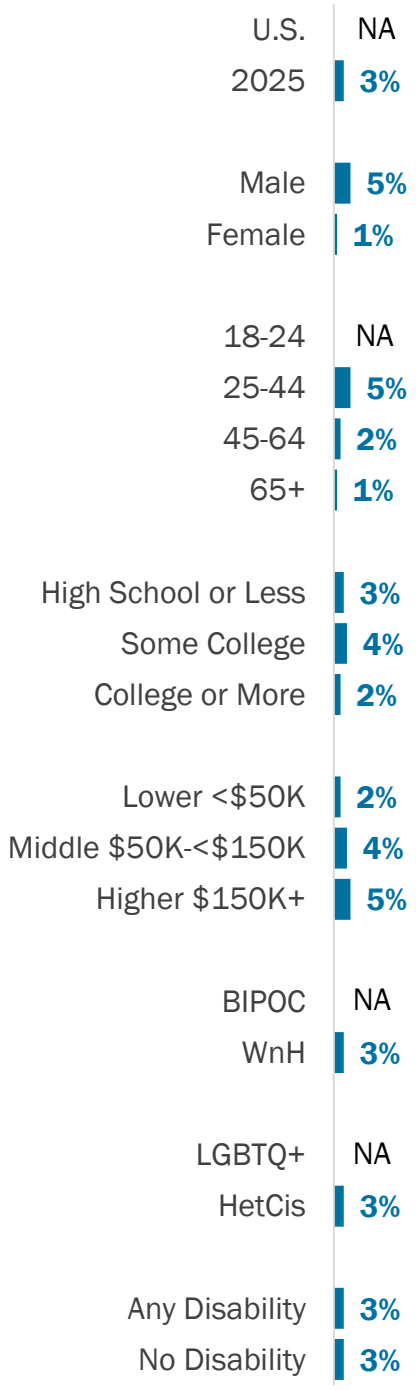
Three percent of Vermont adults use nicotine pouches.

Nicotine pouches are small, flavored pouches containing nicotine that comes from tobacco.

- Males are statistically more likely to use nicotine pouches.
- Adults 25-44 are statistically more likely to use nicotine pouches than those 45-64. Adults 25-64 are statistically more likely to use nicotine pouches than adults 65 and older.
- There are no statistical differences in nicotine pouch use by education level, household income level or disability status.
- Statistical comparisons were not made for nicotine pouch use by race and ethnicity or sexual orientation and gender identity due to data suppression.

Note: 2025 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults Who Use Nicotine Pouches



Vermont Behavioral Risk Factor Surveillance System 2025 Statewide Report

The Vermont Behavioral Risk Factor Surveillance System is a collaborative project between the Vermont Department of Health and the Centers for Disease Control and Prevention.

Report Prepared By:
Vermont Department of Health
Division of Health Statistics and Informatics

For More Information:
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Vermont Department of Health

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