Alzheimer's, Related Dementias, and Brain Health Data Pages

Division of Health Statistics and Informatics

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VERMONT
DEPARTMENT OF HEALTH

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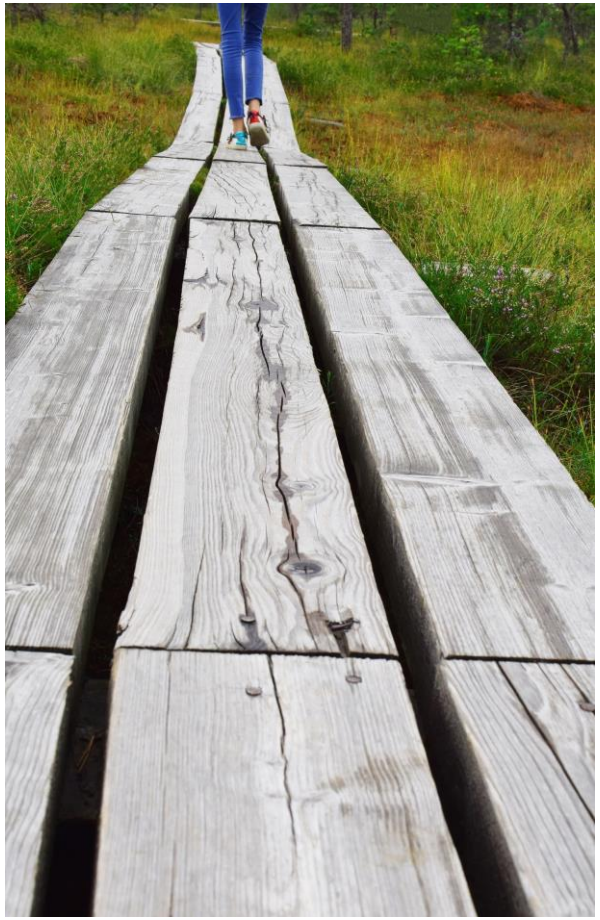


Executive Summary

- From 2018 to 2023, there was a **significant decrease in the rate of insured Vermonters receiving care** for ADRD.
- The most common reason for any ADRD-related care in 2023 was **Alzheimer's disease**.
- **Alzheimer's disease** is the **fifth leading cause of death** in Vermont.
- **93%** of insured Vermonters receiving care for an ADRD diagnosis are **65 or older**.
- Among adults 65+, unspecified dementia accounts for the majority of emergency department visits for ADRD.
- Other types of dementia, such as frontotemporal dementia and dementia with Lewy Bodies, account for the majority of ADRD-related hospitalizations.
- Emergency department visits and hospitalizations for ADRD **increase significantly with age**.
- **Sepsis** is the **most common primary diagnosis** for those admitted to the hospital with a diagnosis of ADRD and the **most common reason for readmission** within 30 days.
- Nearly one third (32%) of all hospitalizations for those with any diagnosis of ADRD are **preventable**.
- The **majority** of Vermonters who die of ADRD **receive hospice care in the month before death**.
- **Alzheimer's disease accounts for the greatest number of deaths** out of all types of ADRD.

Executive Summary (cont.)

- 10% of Vermont adults report subjective cognitive decline (SCD).
- There was a **significant increase in the prevalence of SCD for those 65-74** from 2020 to 2022.
- Those with SCD have a higher prevalence of **co-occurring chronic diseases and mental health conditions** compared to those who do note have SCD.
- There is a significantly **higher prevalence of SCD among those with three or more dementia risk factors**, such as hypertension and inadequate sleep.

Introduction

Vermont Department of Health Alzheimer's and Healthy Aging Program

- In 2020 the CDC started funding the state of Vermont as part of its Building Our Largest Dementia (BOLD) grant program.
- Each funded state has an action plan. You can view Vermont's Action Plan on Alzheimer's, Related Dementias and Healthy Aging on the Health Department website.

The program carries out and measures progress in four main areas:

1. Collection and dissemination of data and evaluation
2. Education of the public and dementia caregivers on dementia and brain health
3. Provision of dementia-related training to providers and the public health workforce
4. Increases in screening, early diagnosis and care

Alzheimer's and Related Dementias (ADRD)

Dementia is a chronic neurodegenerative disease that can cause memory loss, affect a person's ability to live and function independently, and may eventually lead to death. Some types of dementia include Alzheimer's disease, dementia with Lewy Bodies, and frontotemporal dementia.

The experience of having ADRD may affect the individual's physical and emotional well-being, as well as that of their family, friends and community.

Subjective cognitive decline refers to an individual's perceived decline in memory or other cognitive abilities and can indicate Mild Cognitive Impairment (MCI). This may be an early signal of future dementia.

The purpose of this document is to present current data related to Alzheimer's, dementia, brain health, and related risk factors among adults in Vermont.

Data

Data Sources: The data presented in this report on Alzheimer's, related dementias, and brain health among adults in Vermont are drawn from a variety of data sources, including:

- 2022 Behavioral Risk Factor Surveillance System (BRFSS)
- 2023 Vermont Vital Records
- 2022 Vermont Uniform Hospital Discharge Data Set (VUHDDS)
- 2023 Vermont Health Care Uniform Reporting and Evaluation System (VHCURES)

For a description of data sources used, see the Data Sources section (pg. 48) at the end of this document.

Data Acknowledgement: The Vermont Department of Health recognizes the many social, economic, and environmental inequities that drive the data in this report. We are working to incorporate data reflective of these lived experiences among all Vermonters. For this report, demographic and population characteristic data (i.e., sex, race/ethnicity, sexual orientation, gender identity, disability status, etc.) were collected according to categories from a variety of data owners with different collection methods. You will see these categories reported as defined on pages 10-11.

Statistical Comparisons

For analyses in this document, we calculated 95% confidence intervals for each data point. These intervals reflect our level of certainty that the data point reflects the true population value. If we were to repeatedly draw samples from the population, approximately 95% of the calculated intervals would contain the true population value.

Statistical significance in this document is assessed by comparing the confidence intervals. If the confidence intervals from two groups do not overlap, we consider the estimates to be significantly different from one another. Statistical difference is noted throughout this document by an asterisk (*) or the terms "significantly different," or "significantly higher or lower." If confidence intervals do overlap, it indicates that we are unable to detect a significant difference, and these results are denoted as "similar.

The following may also be important things to consider when interpreting differences in results:

- A 95% confidence interval can vary due to the size of a particular population. Sometimes, when comparing the data points of two or more groups, the overall data points may look very different, but the values are not statistically different. Other times, the values may be very close but differ statistically.
- It is important to consider whether observed differences between groups or categories may be *meaningful,* in addition to whether they are statistically significant. Consider whether a disparity might merit a targeted intervention or mean something important to the community.

Definitions

Indicator	Definition
Sex	Self-reported response to *Are you male or female?* With response options: 'Male' and 'Female'
Any Disability	A composite measure of any self-reported disability (mobility, cognitive, visual, hearing, self-care, independent living) of any duration or permanence
Sexual Orientation	Self-reported response to *Do you consider yourself to be…* with response options: 'Straight', 'Lesbian or Gay', 'Bisexual', and 'Other'
Gender Identity	Self-reported response to *Do you consider yourself to be transgender?* with categories of 'Cisgender' and 'Transgender' (including those who reported identifying as gender nonconforming)
Race/Ethnicity	Self-reported race/ethnicity selected from non-mutually exclusive response options. May be collapsed to 'BIPOC': Black, Indigenous, and People of Color and 'White non-Hispanic'
Subjective Cognitive Decline	Self-reported response to *In past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?* With response options 'Yes' and 'No'

Definitions (cont.)

Indicator	Definition (Self-Report)
Suicidal Ideation	Seriously considered attempting suicide in the past 12 months
Stress	Usually or always felt tense, restless, nervous or anxious in the past 30 days
Life Dissatisfaction	A person reports feeling dissatisfied or very dissatisfied with their life
Depression	A person has ever been told by a doctor that they have depression disorder
Isolation	Usually or always feels socially isolated from others
Social & Emotional Support	Rarely or never gets the social and emotional support they need
Cigarette Smoking	Smoked at least 100 cigarettes in life and now smokes every or some days
Leisure Time Physical Activity	Reported participating in physical activities or exercise outside of work in past month
Hearing Impaired	Deaf or has serious difficulty hearing
Heavy Drinking	Has more than 14 drinks per week (men) and more than seven per week (women)
Vision Impaired	Blind or has serious difficulty seeing, even when wearing glasses

ADRD Definitions by Source

Data Source	ADRD Measure	ICD-10-CM Codes
VHCURES	Alzheimer's Disease	G30.1, G30.8, G30.9
	Early Onset Alzheimer's	G30.0
	Frontotemporal Dementia	G31.09
	Vascular Dementia	F01.50, F01.51
	Lewy Body Dementia	G31.83
	Mild Cognitive Impairment	G31.84
	Age-Related Cognitive Decline	R41.81
	All Other Dementia	F03.90, F03.91, F02.80, F02.81, G31.01, G31.1, G94
VUHDDS	Alzheimer's Disease	G30.0, G30.1, G30.8, G30.9
	Unspecified Dementia	F03.90, F03.91
	Vascular Dementia	F01.50, F01.51
	Other Dementia	G31.83, G31.09, R41.81, F02.80, F02.81, F05, G13.8, G31.01, G31.1, G31.2, G94, G31.84 *Includes frontotemporal dementia, Lewy Body dementia, Pick's disease, senile degeneration, mild cognitive decline*

ADRD Definitions by Source (cont.)

Data Source	ADRD Measure	ICD-10 Codes
Vital Records	Alzheimer's Disease	G30
	Unspecified Dementia	F03
	Vascular Dementia	F01
	Other Dementia	G31, F05, G94, R41

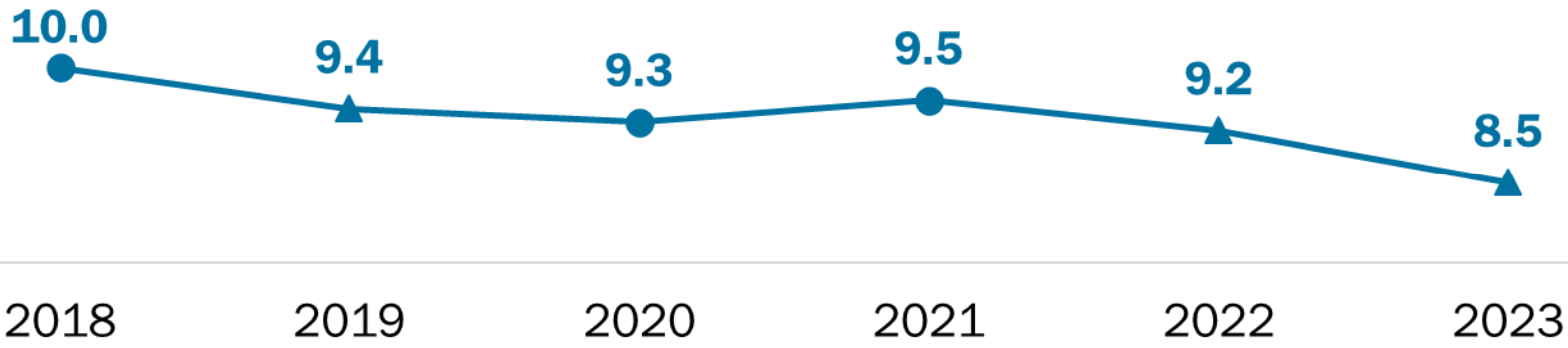
Health Care Utilization

5,740 insured Vermonters received care for an Alzheimer's and related dementias (ADRD) diagnosis in 2023.

- 8.5 per 1,000 insured people in Vermont received care for at least one ADRD diagnosis in 2023.
- There has been a significant decrease in the number of Vermonters receiving care for ADRD between 2018 to 2023, with a particularly large decrease from 2021 to 2023.
- Among those receiving care for ADRD, there was an average of 12 instances of care† per person in 2023.

Vermonters Receiving Care for Any ADRD Diagnosis

Rate per 1,000 Vermont Insured



†An "instance of care" or "encounter" includes any health care system interaction (inpatient, emergency department, or primary care) resulting in a medical claim including office visits, lab testing, therapeutic visits, etc.

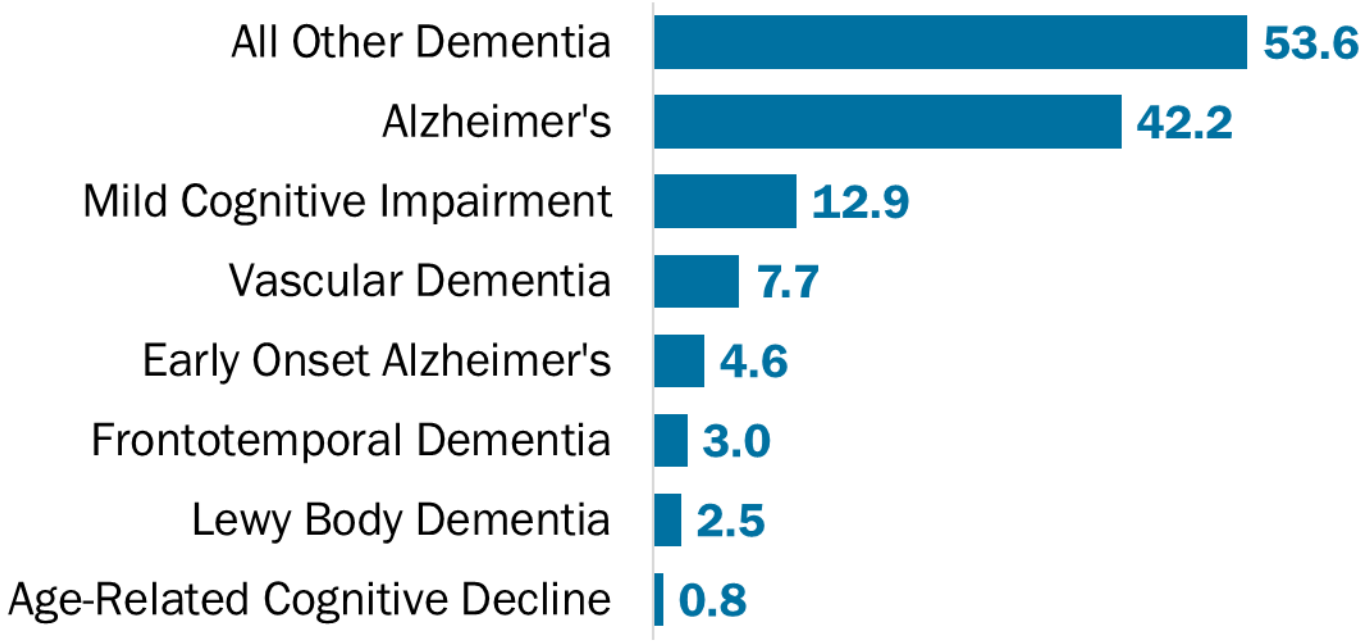
▲ Significant decrease from the previous year

Data Source: VHCURES 2018-2023 – extract 3014 – extracted 10/17/25

There were 85,773 total ADRD-related instances of care† in Vermont in 2023.

- The total rate of ADRD-related care is 127.3 encounters per 1,000 Vermont insured in 2023.
- The most common reason for ADRD-related care in 2023 was other dementia types including unspecified dementia, followed by Alzheimer's disease.
- ADRD-related care for Vermonters under 65 remains rare, with a rate of 4.6 instances of care for Early Onset Alzheimer's per 1,000 Vermont insured in 2023.

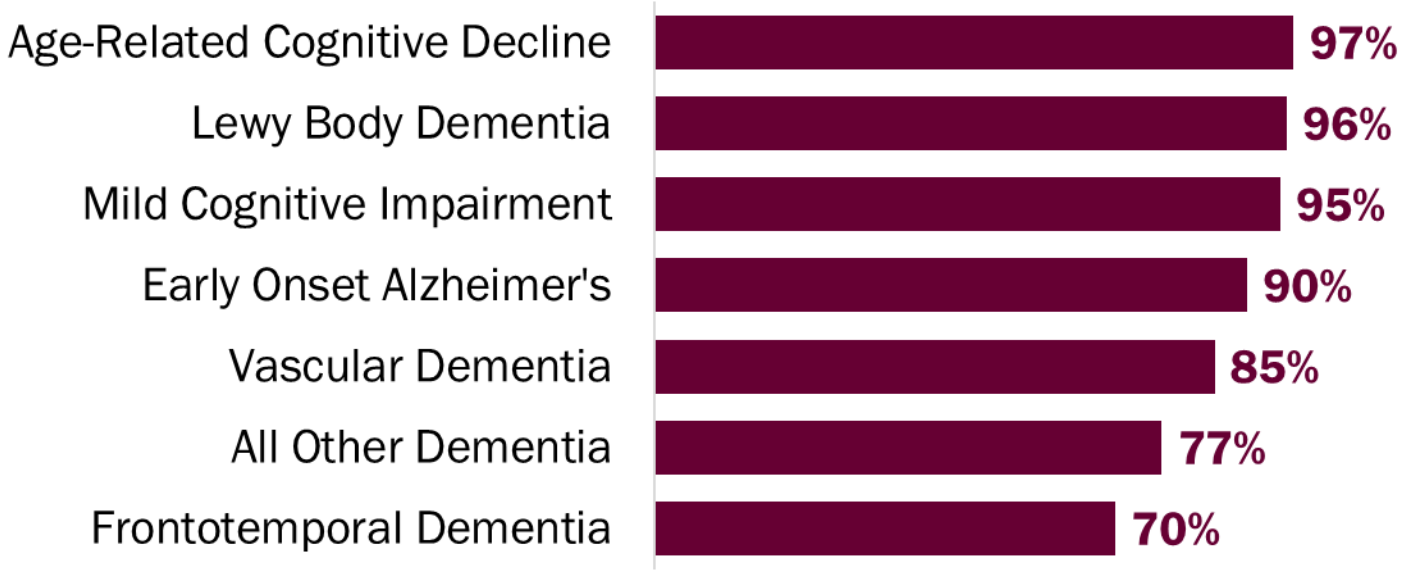
Annual Instances of Care by ADRD Diagnosis Type, 2023
Rate per 1,000 Vermont Insured



†An "instance of care" or "encounter" includes any health care system interaction resulting in a medical claim including office visits, lab testing, therapeutic visits, etc.
Data Note: Alzheimer's includes late onset (65+) and unspecified types. All Other Dementia includes dementia in other disease, unspecified dementia, Pick's disease, and corticobasal degeneration.
Data Source: VHCURES 2023 – extract 3014 – extracted 10/17/25

93% of ADRD-related care is received by individuals 65 or older.

Percentage of All Encounters for ADRD Diagnoses among Vermont Insured 65+ Years Old



There were 6,004 ADRD-related encounters for Vermonters under 65 in 2023.

†An "instance of care" or "encounter" includes any health care system interaction resulting in a medical claim including office visits, lab testing, therapeutic visits, etc.
Data Note: Alzheimer's includes late onset (65+) and unspecified types. All Other Dementia includes dementia in other disease, unspecified dementia, Pick's disease, and corticobasal degeneration.
Data Source: VHCURES 2023 – extract 3014 – extracted 10/17/25

Emergency Department Visit & Hospitalization Terminology

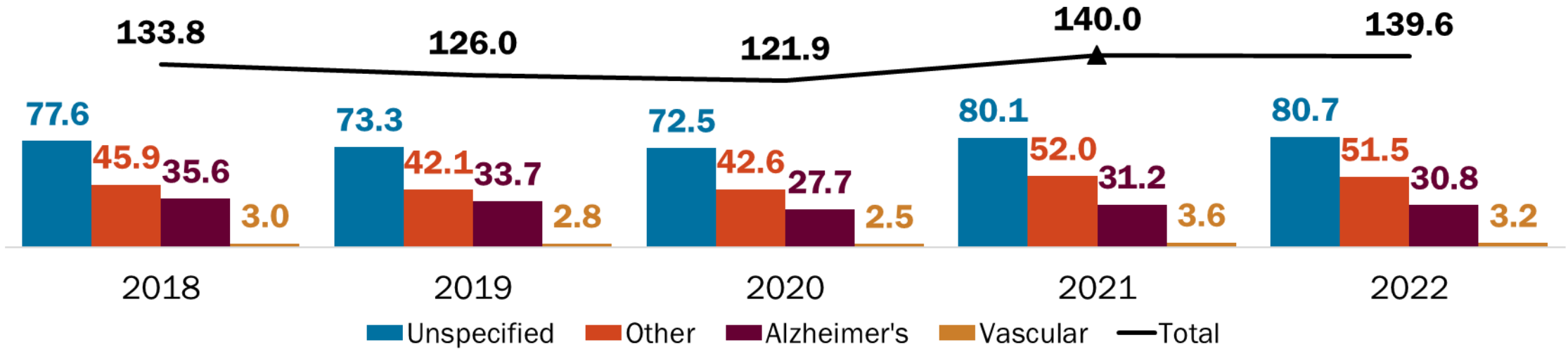
When someone is admitted to the emergency department or hospital, each visit can have up to 20 possible diagnoses associated with it. Each visit will have a primary diagnosis, or reason for the visit, as well as up to 19 additional diagnoses.

- On the following pages, the term “ADRD-related” refers to emergency department visits and hospitalizations that had an ADRD diagnosis listed for any of the 20 diagnoses associated with the visit. Even if it was not the primary reason for their visit, these individuals had some type of ADRD.
- “Primary diagnosis” refers to the main reason someone was admitted to the emergency department or hospital.

Unspecified dementia accounts for the majority of ADRD-related visits to the emergency department among adults 65+.

Emergency Department Visits for Any Diagnosis of ADRD among Vermont Residents 65+ Years Old

Rate per 10,000 Vermont Residents



There was a significant increase in ADRD-related emergency department visits from 2020 to 2021, likely related to a general increase in overall health care utilization after the height of the COVID-19 pandemic.

▲ Denotes statistically significant increase from previous year

Data Notes: Data does not include visits by Vermont residents to out-of-state facilities and may therefore represent an undercount. Rates by type do not add to the total as some ED visits may have multiple ADRD-related causes. Those eventually admitted as inpatients are excluded.

Other dementia includes frontotemporal dementia and dementia with Lewy Bodies, among other types.

Data Source: VHCURES 2018-2023 – extract 3014 – extracted 10/17/25

There were 1,947 total ADRD-related visits to the emergency department among adults 65+ in 2022.

- There were a total of 1,866 ADRD-related visits to the emergency department in 2021 and 1,947 in 2022.
- The most common ADRD diagnosis type is Unspecified dementia, followed by Other dementias including dementia with Lewy Bodies and frontotemporal dementia.
- There were no significant changes in the number of visits per diagnosis type between 2021 and 2022.

	2021	2022
Unspecified	1,068	1,125
Other	693	718
Alzheimer's	416	429
Vascular	48	44
Total	**1,866**	**1,947**

Data Notes: Data does not include visits by Vermont residents to out-of-state facilities and may therefore represent an undercount. Counts by type do not add to the total as some ED visits may have multiple ADRD-related causes. Those eventually admitted as inpatients are excluded.
Other dementia includes frontotemporal dementia and dementia with Lewy Bodies, among other types.
Data Source: VUHDDS 2021-2022

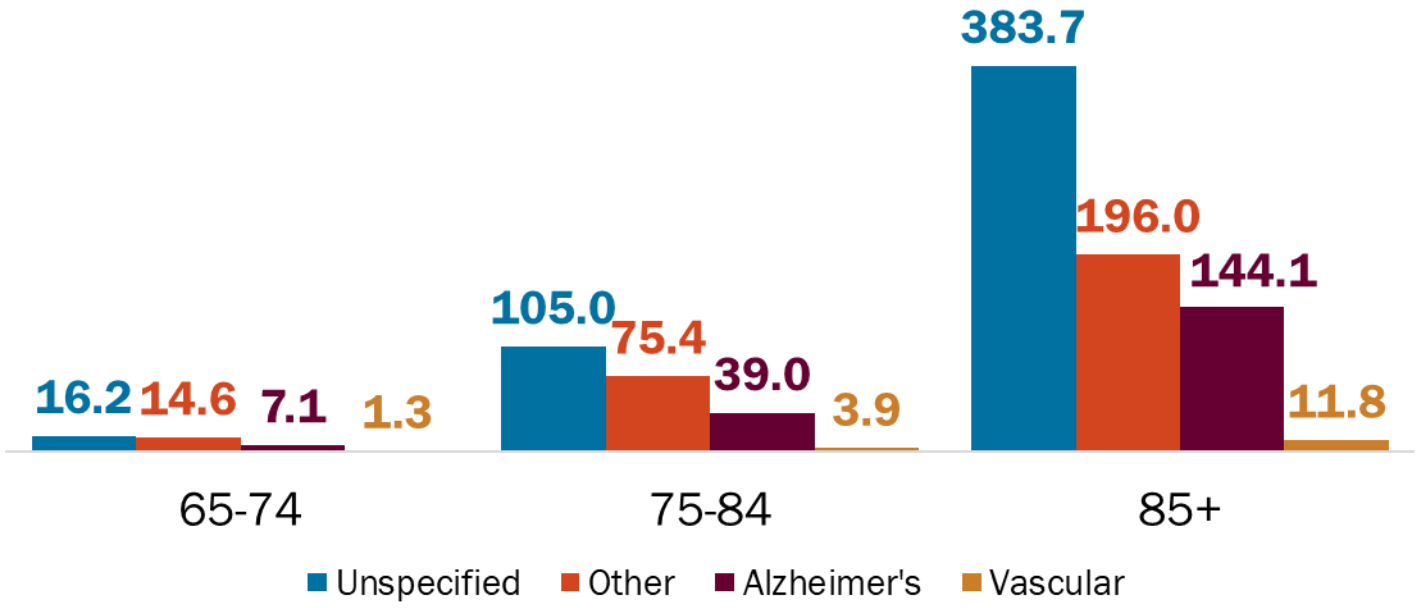
ADRD-related emergency department visits among Vermonters 65+ increase with age.

- Adults 85+ had three times the rate of ADRD-related emergency department visits than did those 75-84 in 2022.
- Adults 85+ had 18 times the rate of ADRD-related emergency department visits than those 65-74.

	65-74	75-84	85+
Total Visits	277	785	885
Total Rate	33.2	189.0	613.0

ADRD-Related Emergency Department Visits by Age, 2022

Rate per 10,000 Vermont residents

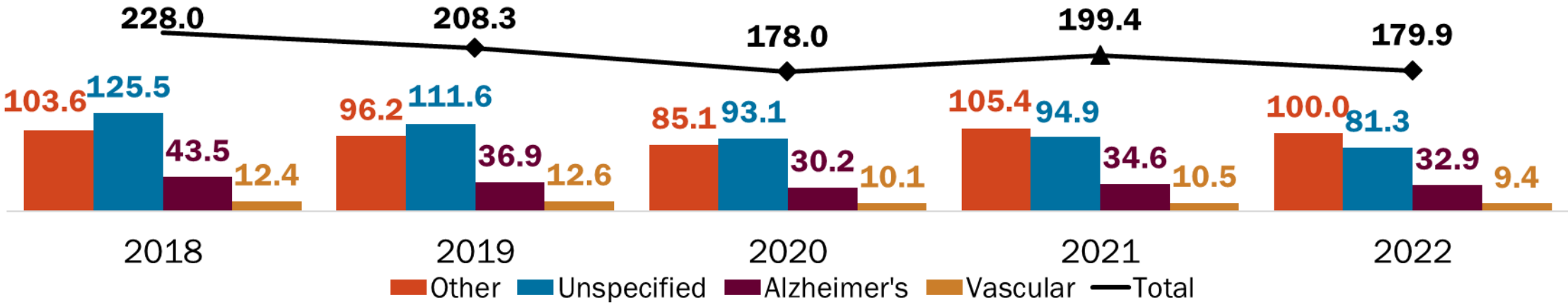


Data Notes: Data does not include visits by Vermont residents to out-of-state facilities and may therefore represent an undercount. Rates by type do not add to total as some ED visits may have multiple ADRD-related causes. Those eventually admitted as inpatients are excluded.
Other dementia includes frontotemporal dementia and dementia with Lewy Bodies, among other types.
Data Source: VUHDDS 2022

The rate of ADRD-related inpatient hospitalizations for adults 65 and older was significantly lower in 2022 than in 2018.

ADRD-Related Inpatient Hospitalizations among Vermont Residents 65+

Rate per 10,000 Vermont Residents



- There has been a significant decrease in inpatient hospitalizations every year since 2018, except from 2020 to 2021 when there was a significant increase.
- Hospitalizations for unspecified dementia decreased from 2021 to 2022.

♦ Denotes statistically significant decrease from previous year ▲ Denotes statistically significant increase from previous year

Data Notes: Data does not include visits by Vermont residents to out-of-state facilities and may undercount. Rates by type do not add to total as some inpatient hospitalizations may have multiple ADRD-related causes. Other dementia includes frontotemporal dementia and dementia with Lewy Bodies, among other types.

Data Source: VUHDDS 2018-2022

There were 2,509 total ADRD-related hospitalizations for adults 65+ in 2022.

- There were a total of 2,657 ADRD-related hospitalizations in 2021 and 2,509 in 2022.
- The most common ADRD diagnosis type among those hospitalized in 2022 was other dementia, such as dementia with Lewy Bodies and frontotemporal dementia, followed by unspecified dementia.
- There was a significant decrease in the number of hospitalizations for unspecified dementia from 2021 and 2022. There were no other significant changes in hospitalizations by type.

Type	2021	2022
Other	1,405	1,394
Unspecified	1,265	1,134
Alzheimer's	461	459
Vascular	140	131
Total	**2,657**	**2,509**

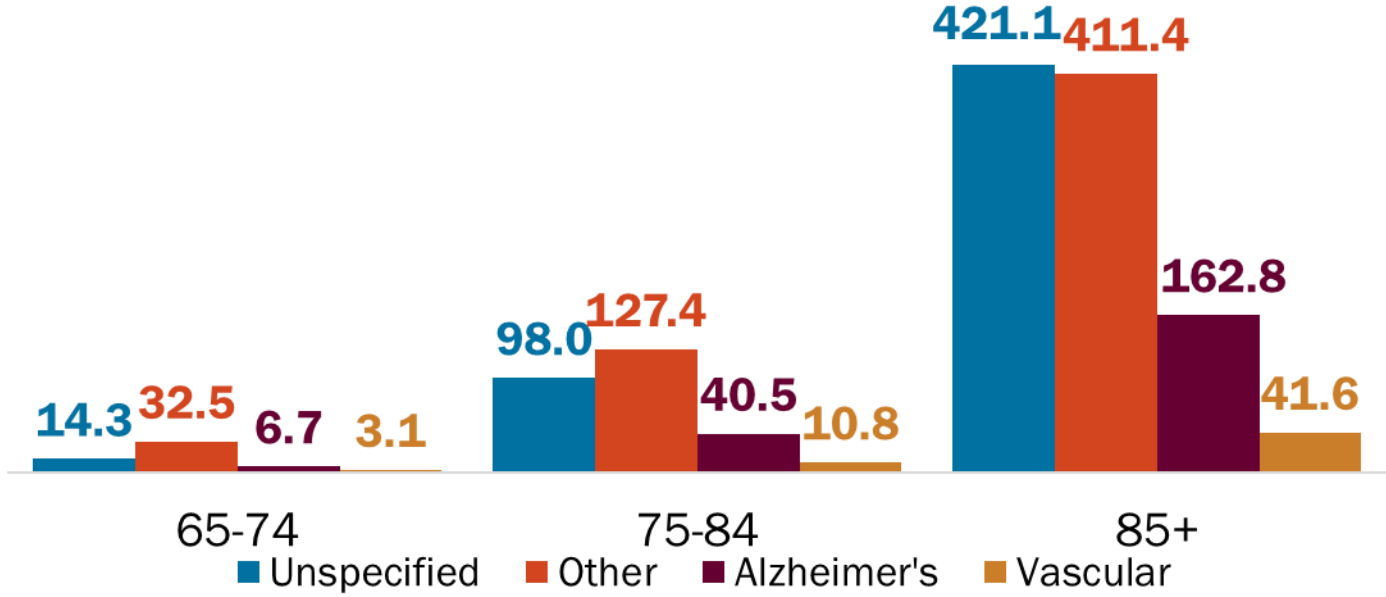
Data Notes: Data does not include visits by Vermont residents to out-of-state facilities and may therefore represent an undercount. Rates by type do not add to total as some hospitalizations may have multiple ADRD-related causes.
Other dementia includes frontotemporal dementia and dementia with Lewy Bodies, among other types.
Data Source: VUHDDS 2021-2022

ADRD-related hospitalizations among Vermonters 65+ increase with age.

- Hospitalization rates for all types of dementia increase with age.
- Adults 85+ have nearly 18 times the rate of ADRD-related hospitalizations as those 65-74, and nearly four times the rate of those 75-84.

	65-74	75-84	85+
Total Visits	410	937	1,162
Total Rate	49.1	225.6	804.9

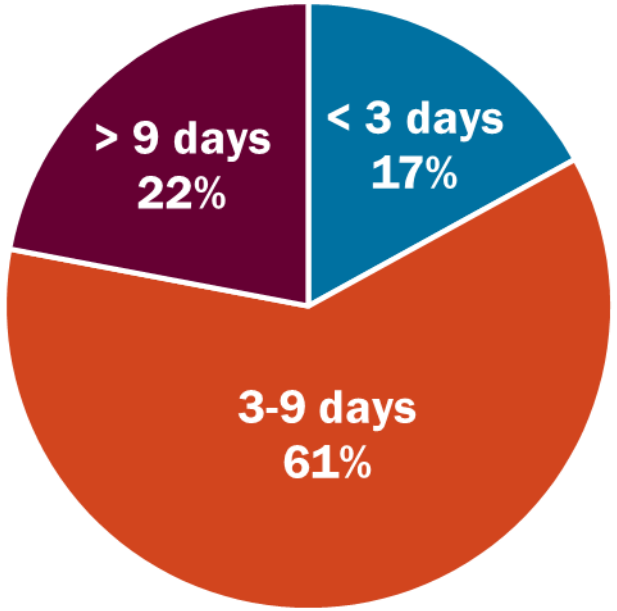
ADRD-Related Hospitalizations by Age, 2022
Rate per 10,000 Vermont residents



Data Notes: Data does not include visits by Vermont residents to out-of-state facilities and may therefore represent an undercount. Rates by type do not add to total as some inpatient hospitalizations may have multiple ADRD-related causes.
Data Source: VUHDDS 2022

The length of an average ADRD-related hospital stay for adults 65+ in 2022 was five days.

- More than half (61%) of all ADRD-related hospitalizations lasted between three and nine days.
- 17% of ADRD-related hospital stays for adults 65+ were less than three days.
- 22% of ADRD-related stays were longer than nine days.

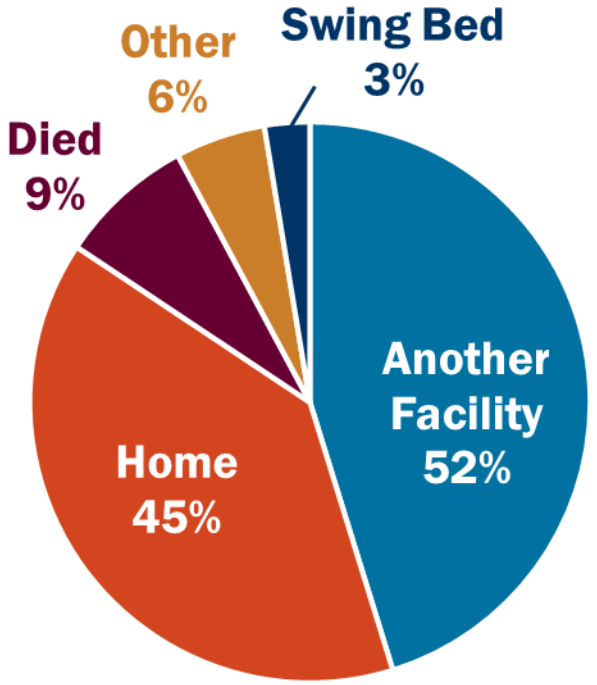


Data Notes: Data does not include visits by Vermont residents to out-of-state facilities and may therefore represent an undercount.
Data Source: VUHDDS 2022

More than half of adults 65+ with an ADRD-related hospitalization in 2022 discharged to another health care facility.

- The second most common discharge type was discharge to the individual's home (45%), followed by those who died during their hospital stay (9%), and those discharged another way, such as against medical advice or to court or law enforcement (6%).
- 3% of those 65+ hospitalized for ADRD were discharged to swing beds. A patient discharged to a swing bed can transition out of acute care and into post-acute or skilled nursing care while remaining in the hospital. Swing bed discharges are more common in rural areas where patients might not have access to other skilled nursing facilities nearby.

Discharge Type for Adults 65+ Hospitalized with Any Diagnosis of ADRD, 2022

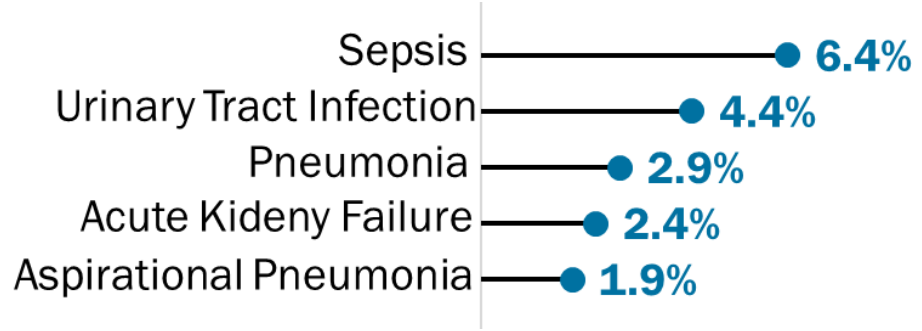


Data Notes: Data does not include visits by Vermont residents to out-of-state facilities and may therefore represent an undercount.
Data Source: VUHDDS 2022

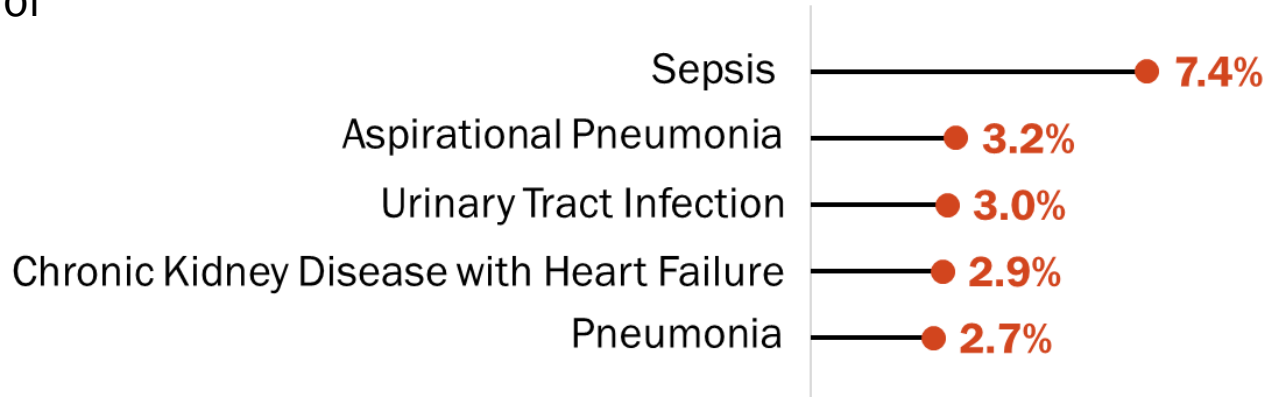
Five primary diagnoses account for a large proportion of all ADRD-related admissions.

- From 2018-2022, there were 12,076 non-elective inpatient hospitalizations for adults 65+ with ADRD and 1,501 readmissions within 30 days.
  - The readmissions accounted for 12% of all ADRD-related inpatient admissions.
- The top five primary diagnoses accounted for 18% of all ADRD-related hospitalizations and the top five primary readmission diagnoses accounted for 19% of ADRD-related readmissions.
- Sepsis is the most common primary diagnosis for those admitted to the hospital with a diagnosis of ADRD as well as the most common reason for readmission.

Top Five Primary Diagnoses among Adults 65+ Hospitalized with a Diagnosis of ADRD, 2018-2022



Top Five Primary Diagnoses among Adults 65+ with a Diagnosis of ADRD Readmitted within 30 Days, 2018-2022

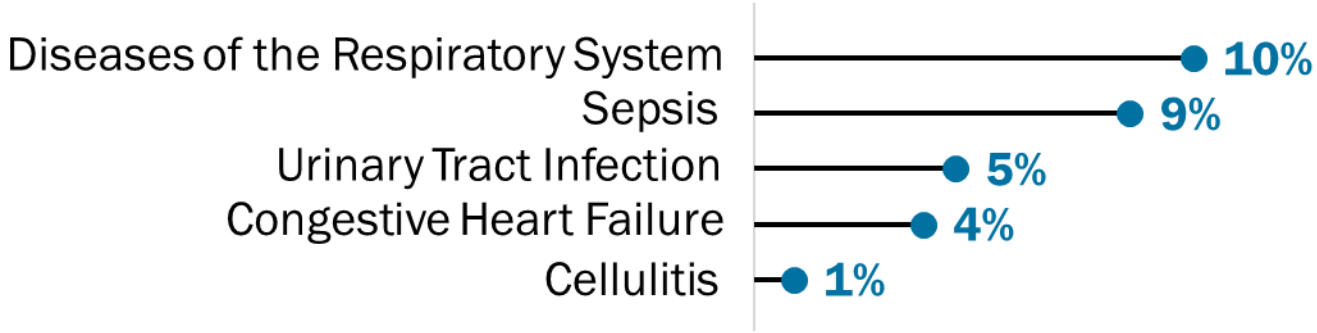


Data include only non-elective, or unplanned, hospitalizations. Data does not include visits by Vermont residents to out-of-state facilities and may therefore represent an undercount.
Data Source: VUHDDS 2018-2022

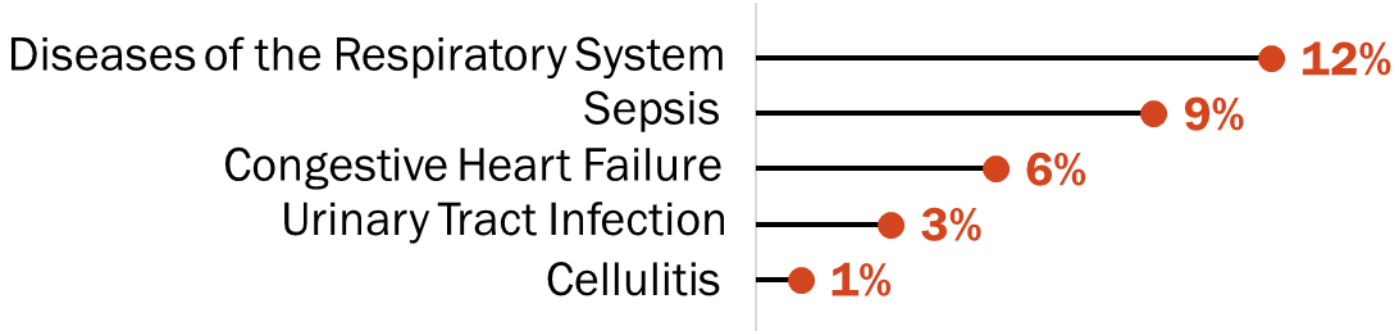
29% of all hospitalizations for those with any diagnosis of ADRD are for preventable conditions.

- Hospitalizations for certain conditions, such as respiratory disease and urinary tract infections, are considered preventable[1].
- Nearly one third (32%) of readmissions among those with any diagnosis of ADRD are preventable.
- Diseases of the respiratory system, such as chronic obstructive pulmonary disease (COPD) and sepsis, are the most common preventable diagnoses responsible for ADRD-related hospital admissions and readmissions.

Top Five Preventable Primary Diagnoses among Adults 65+ Hospitalized with a Diagnosis of ADRD, 2018-2022



Top Five Preventable Primary Diagnoses among Adults 65+ with a Diagnosis of ADRD Readmitted within 30 Days, 2018-2022



[1]LTQA. (2012, February 16). *White Paper: Preventable Hospitalizations - LTQA*. https://ltqa.org/ltqa-white-paper-offers-guidance-for-long-term-care-organizations-to-measure-preventable-hospitalizations-2/

Data include only non-elective or unplanned hospitalizations. Data does not include visits by Vermont residents to out-of-state facilities and may therefore represent an undercount.

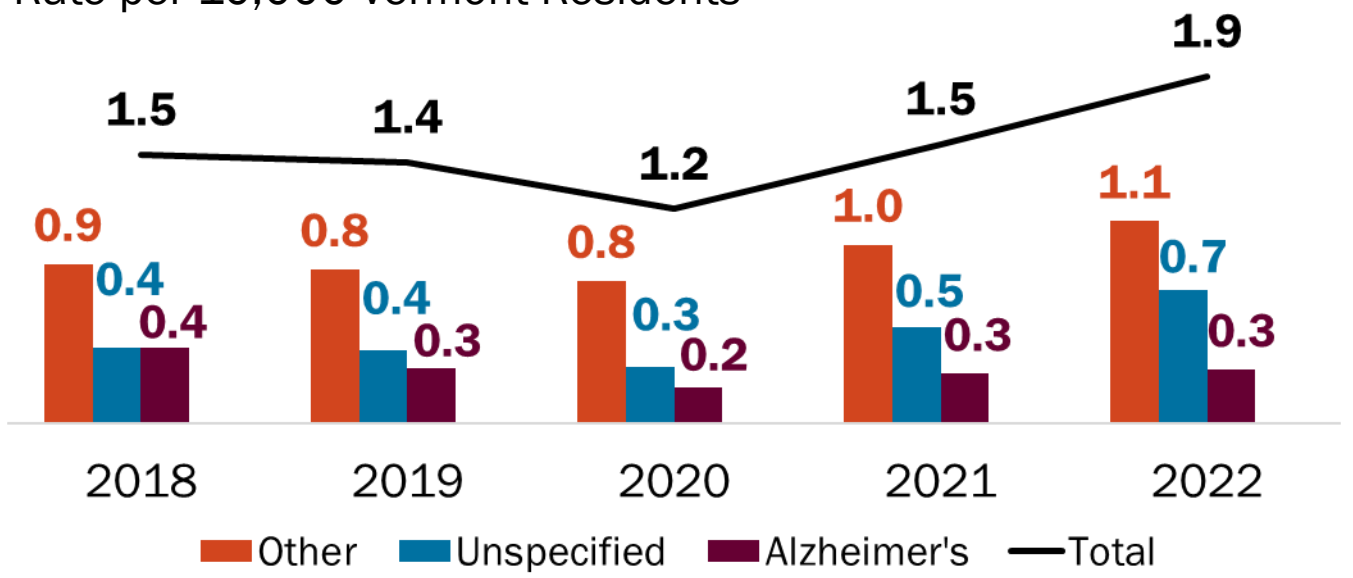
Data Source: VUHDDS 2018-2022

There was a significant increase in the rate of ADRD-related emergency department visits for younger Vermonters from 2020 to 2022.

- There were 96 emergency department visits for any diagnosis of ADRD in 2022 for Vermonters under the age of 65.
- For those under 65, other dementias are the most common reason for ADRD-related emergency department visits, in contrast to those 65+ for whom unspecified dementia is the most common reason.

Emergency Department Visits for Any Diagnosis of ADRD among Vermont Residents Under 65

Rate per 10,000 Vermont Residents



	2018	2019	2020	2021	2022
Total Visits	74	71	60	78	96

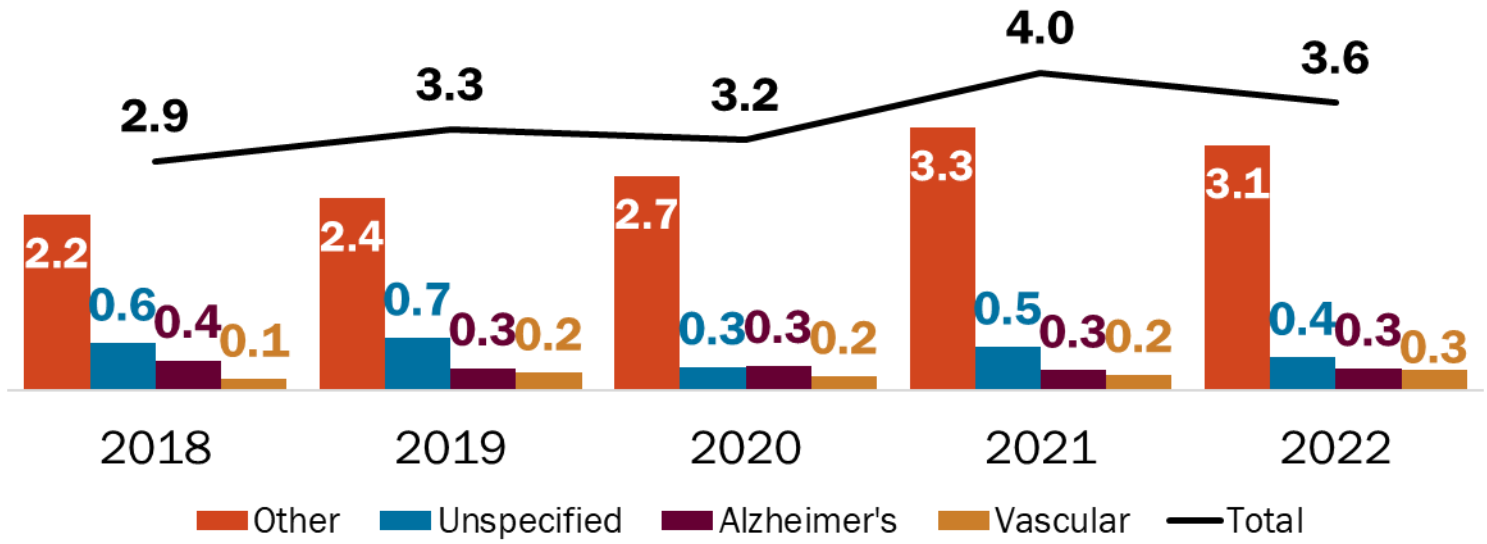
Data Notes: Data does not include visits by Vermont residents to out-of-state facilities and may therefore be an undercount. Rates by type do not add to total as some visits may have multiple ADRD-related causes. Data on vascular dementia have been suppressed due to small numbers. Other dementia includes frontotemporal dementia and dementia with Lewy Bodies, among other types.
Data Source: VUHDDS 2018-2022

There was a significant increase in the ADRD-related hospitalization rate for those under 65 from 2020 to 2021.

- Other dementias, such as frontotemporal dementia and dementia with Lewy Bodies, most commonly result in inpatient hospitalizations for those under 65.
- There were 198 inpatient hospitalizations for any diagnosis of ADRD in 2022 for Vermonters under the age of 65.

Inpatient Hospitalizations for Any Diagnosis of ADRD among Vermont Residents Under 65

Rate per 10,000 Vermont Residents



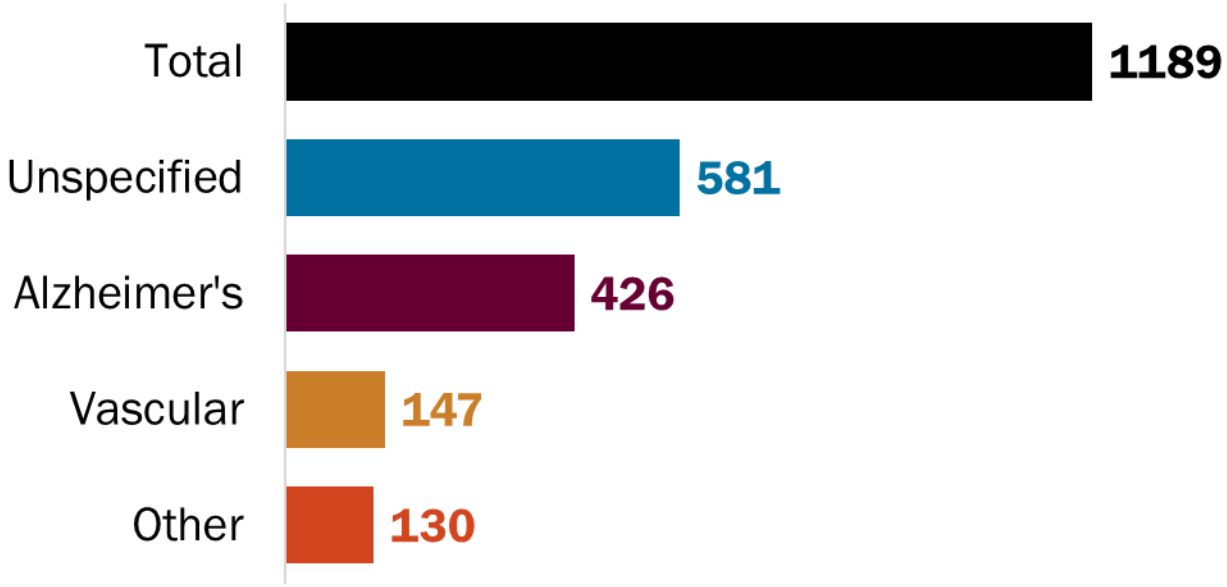
	2018	2019	2020	2021	2022
Total Visits	161	175	176	223	198

Data Notes: Data does not include hospitalizations of Vermont residents in out-of-state facilities and may therefore be an undercount. Rates by type do not add to total as some hospitalizations may have multiple ADRD-related causes. Other dementia includes frontotemporal dementia and dementia with Lewy Bodies, among other types.
Data Source: VUHDDS 2018-2022

Advanced Care & Mortality

There were 1,189 all cause ADRD-related deaths in 2023.

Number of Deaths among Vermont Residents due to All Cause ADRD



- Unspecified dementia was the most common ADRD type to be associated with all cause ADRD deaths in 2023.
- In 2023, ADRD was the primary cause of more than half (54%) of all ADRD-related deaths.

Primary Cause	Primary Cause Deaths (Percent of All ADRD Deaths)
Total	643 (54%)
Unspecified	214 (37%)
Alzheimer's	306 (72%)
Vascular	64 (41%)
Other	70 (48%)

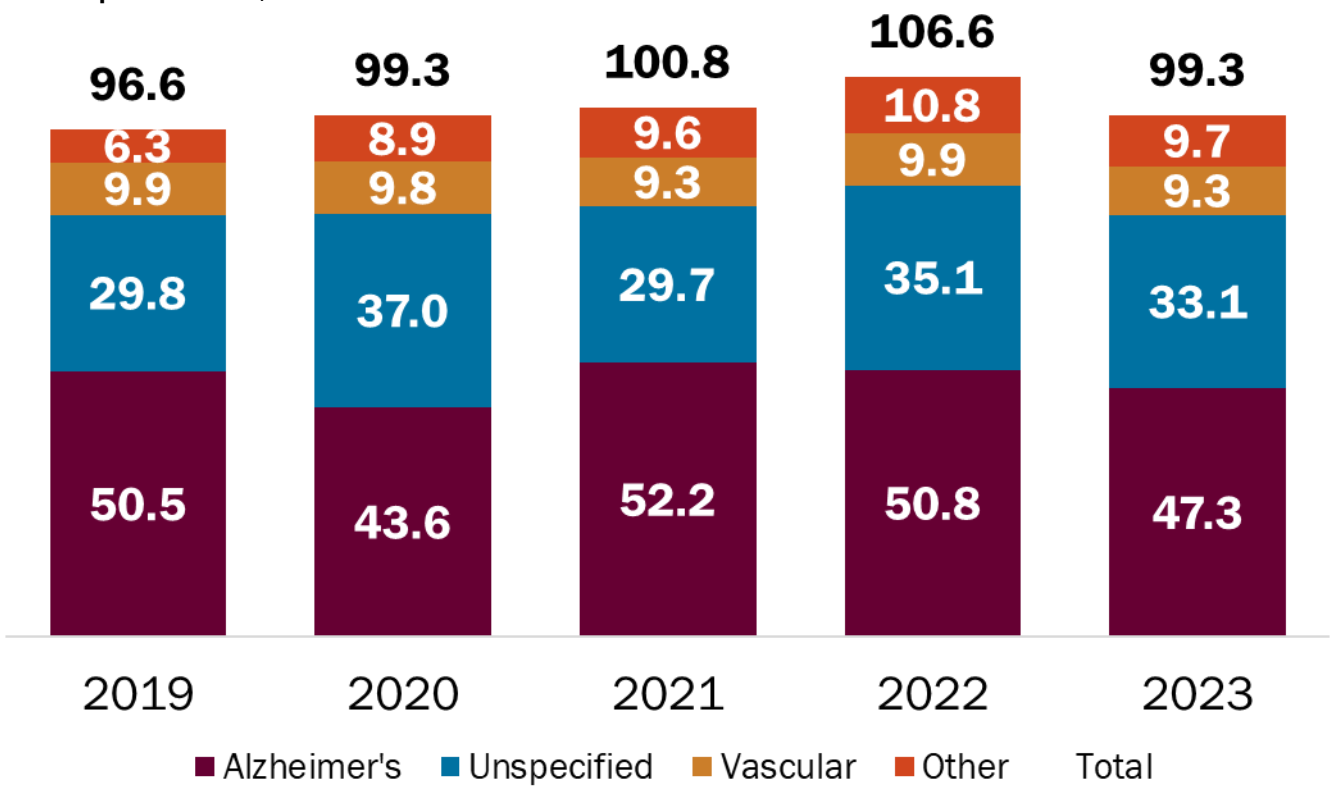
Data Notes: A primary cause death is one for which the condition-specific diagnosis code(s) are listed as the primary reason for death. An all cause death is one for which the condition-specific diagnosis code(s) are listed in any of the twenty available causes of death. Numbers do not add to total due to some deaths having multiple dementia-related causes.
Data Source: Vital Records 2023

There were 643 deaths among Vermont residents due to a primary cause of ADRD in 2023.

- Alzheimer's was the fifth leading cause of death in Vermont in 2023.
- Alzheimer's accounted for the greatest number of primary cause ADRD deaths in 2023 out of all types of ADRD, with a rate of 47.3 deaths per 100,000 Vermont residents.
- There were no significant differences in the total primary cause ADRD deaths year to year since 2019.

Mortality due to a Primary Cause of ADRD among Vermont Residents

Rate per 100,000 Vermont Residents



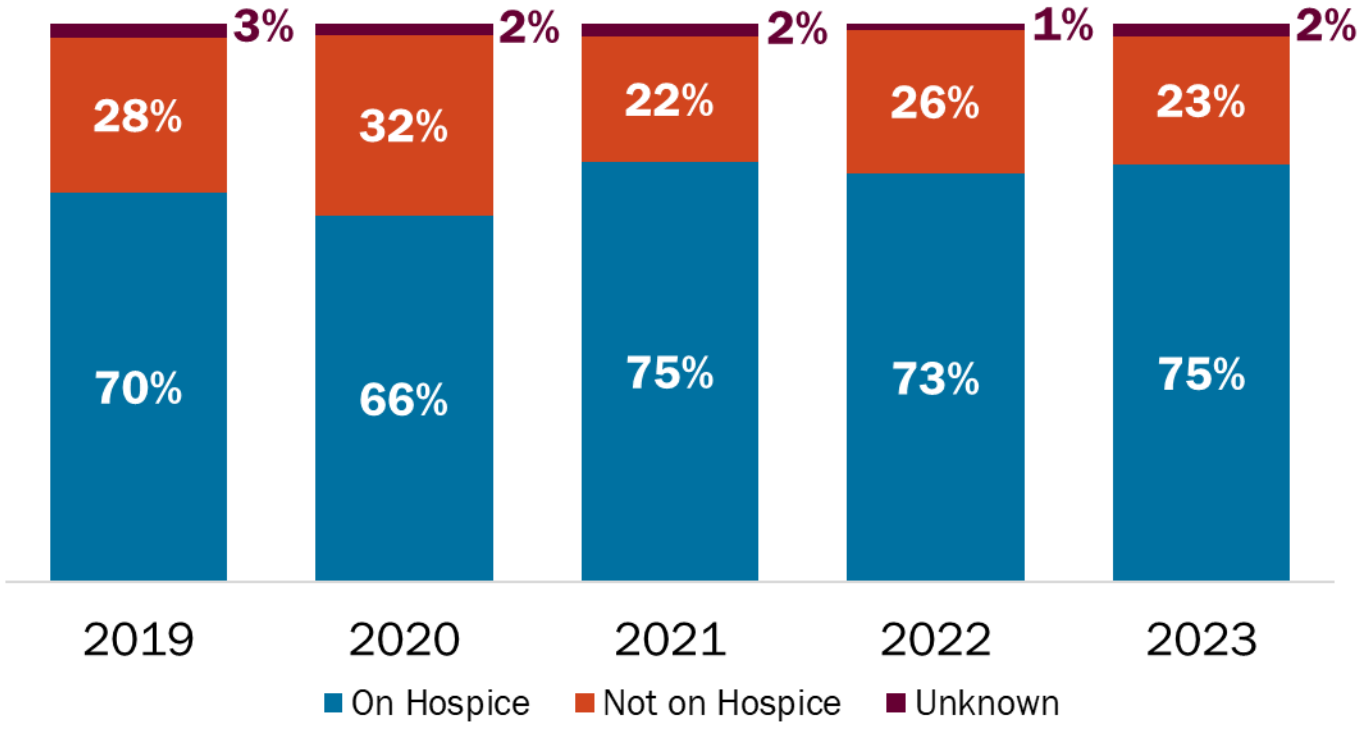
Data Notes: A primary cause death is one for which the condition-specific diagnosis code(s) are listed as the primary reason for death.

Data Source: Vital Records 2019-2023

75% of Vermonters who died of a primary cause of ADRD in 2023 received hospice care in the 30 days prior to death.

- 451 individuals (75%) received hospice care in the 30 days prior to death due to primary cause ADRD in 2023.
- Among those who died due to primary cause ADRD, the percentage who were on hospice in the 30 days before their death in 2023 is similar to the percentage in 2022 and 2019.

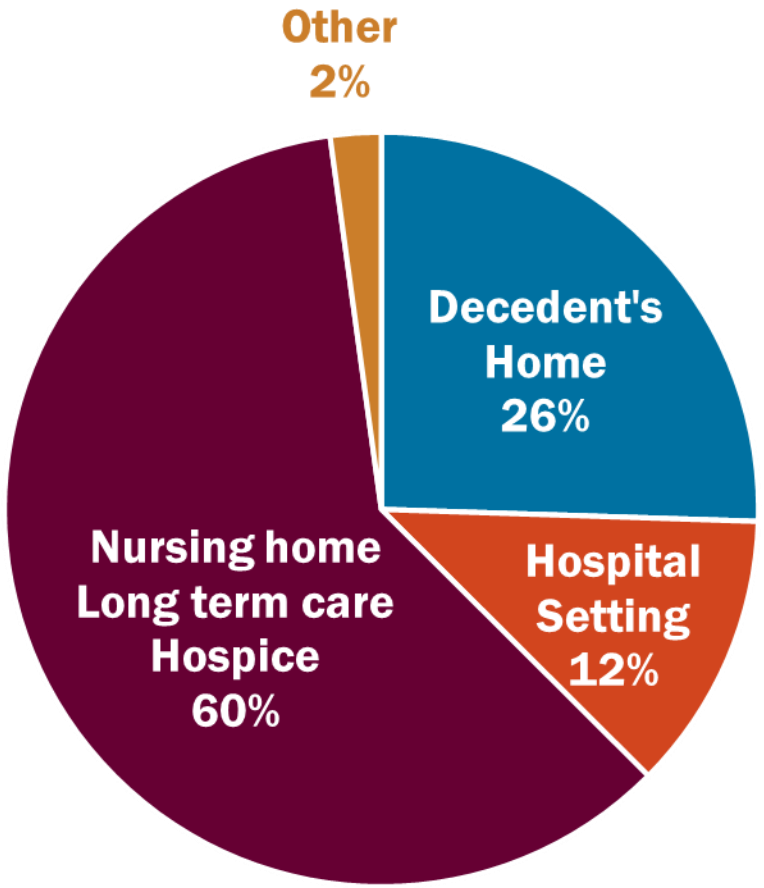
Percent of Those Who Died due to a Primary Cause of ADRD that Utilized Hospice within 30 Days of Death



Data Notes: A primary cause death is one for which the condition-specific diagnosis code(s) are listed as the primary reason for death.
Data Source: Vital Records 2019-2023

The majority of primary cause ADRD-related deaths among Vermont residents in 2023 occurred in a care facility.

- 60% of deaths due to a primary cause of ADRD occurred in a nursing home, long term care facility, or hospice facility in 2023.
- The next most common place of death was the decedent's home, followed by the hospital setting.



Data Notes: A primary cause death is one for which the condition-specific diagnosis code(s) are listed as the primary reason for death. 'Other' includes deaths occurring in emergency departments, out of state, those dead on arrival, and deaths with other or unknown locations.
Data Source: Vital Records 2023

Subjective Cognitive Decline

Subjective Cognitive Decline

Subjective cognitive decline (SCD) refers to an individual's perceived decline in memory or other cognitive abilities in relation to their previous level of performance.

SCD may be an early indicator for future cognitive decline.

- 14% of people with SCD followed for 4+ years received a dementia diagnosis[1].
- Memory complaints may begin up to 16 years before a dementia diagnosis[2].

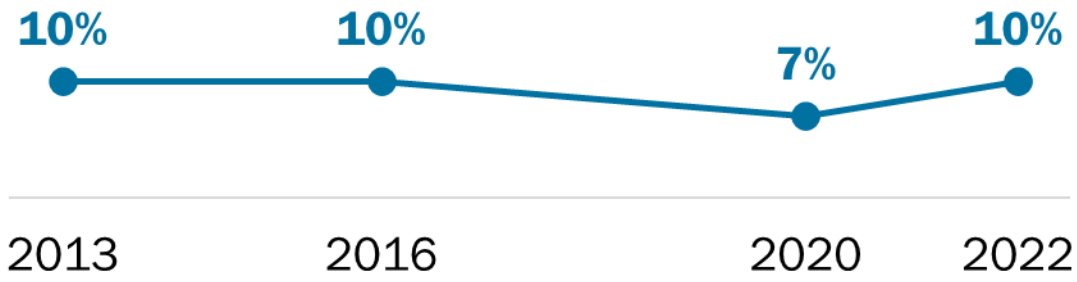
While some individuals who report SCD show no evidence of objective cognitive impairment, SCD can still affect emotional and social functioning and overall quality of life.

[1]Mitchell, A. J., Beaumont, H., Ferguson, D., Yadegarfar, M., & Stubbs, B. (2014). Risk of dementia and mild cognitive impairment in older people with subjective memory complaints: Meta-analysis. *Acta Psychiatrica Scandinavica*, *130*(6), 439–451. https://doi.org/10.1111/acps.12336

[2]Verlinden, V. J. A., van der Geest, J. N., de Bruijn, R. F. A. G., Hofman, A., Koudstaal, P. J., & Ikram, M. A. (2016). Trajectories of decline in cognition and daily functioning in preclinical dementia. *Alzheimer's & Dementia*, *12*(2), 144–153. https://doi.org/10.1016/j.jalz.2015.08.001

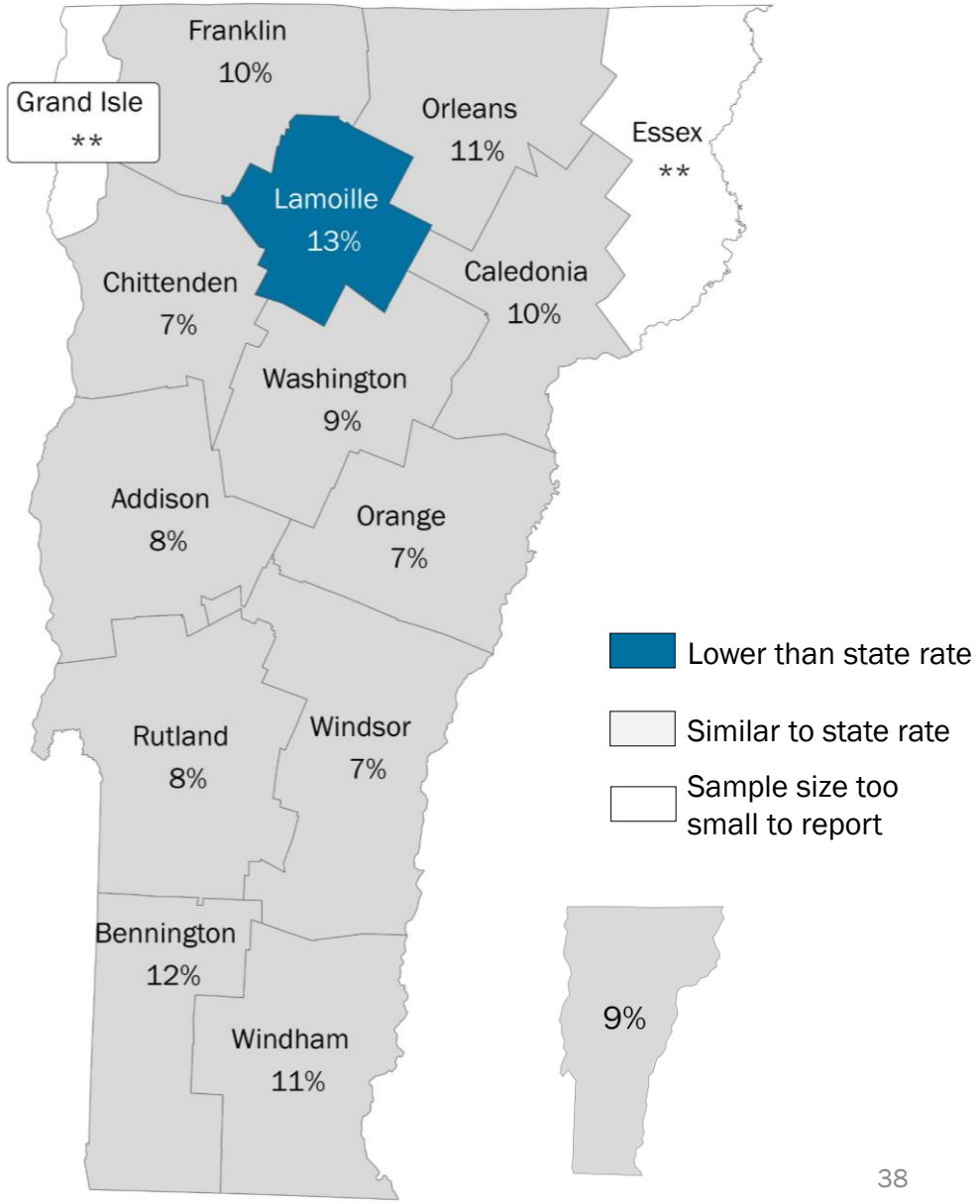
Subjective Cognitive Decline among Vermont Adults 45+

- One in ten Vermont (10%) adults have SCD.
- The percentage of adults with subjective cognitive decline is statistically higher in 2022 than in 2020, but similar to 2013.
- Lamoille County (13%) has a significantly higher rate of SCD than Vermont as a whole (9%).
- All other reportable counties in Vermont have a similar rate of SCD to the state.



Subjective Cognitive Decline by County

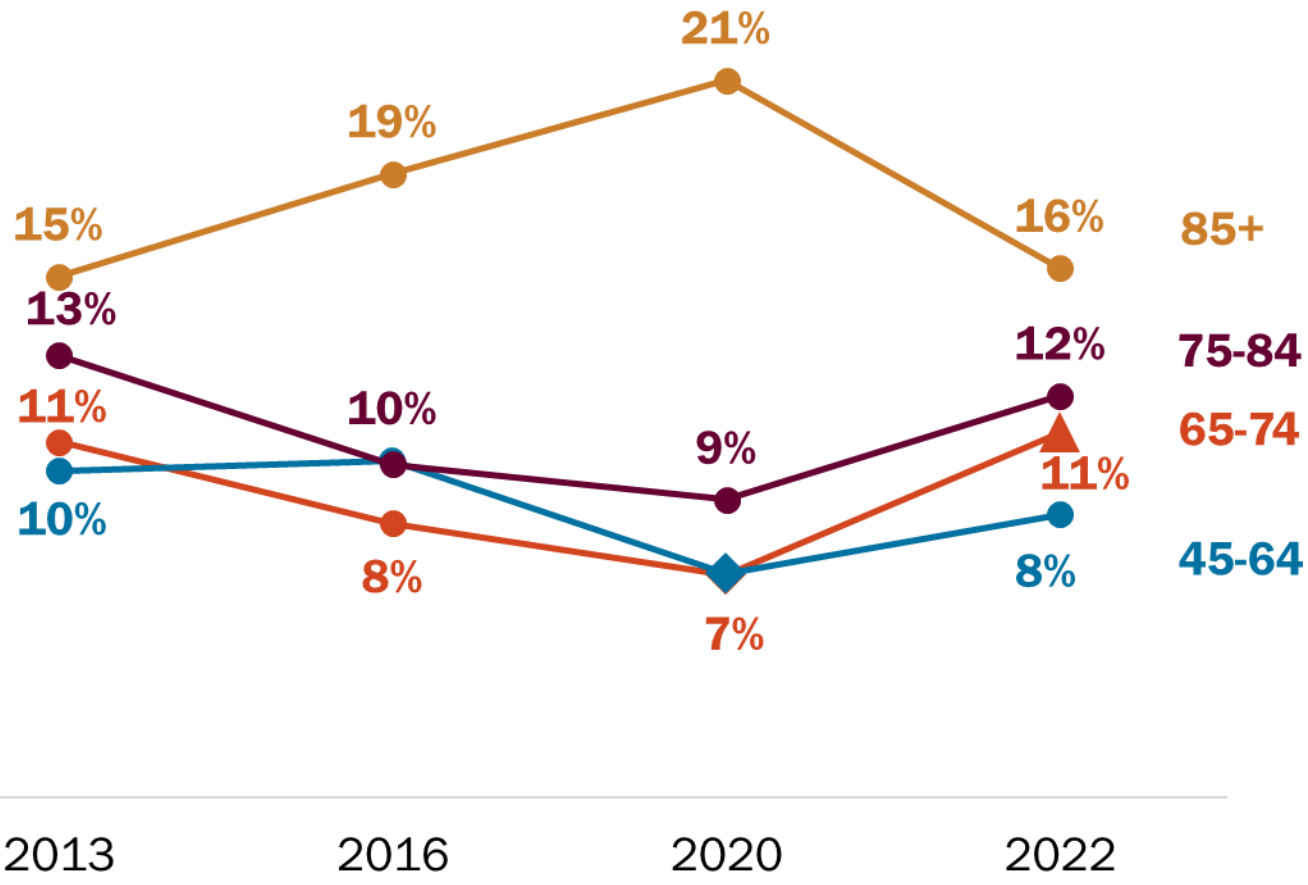
2020 & 2022



Data Note: The SCD question was only included periodically on the BRFSS survey. Data are not available for 2014-2015, 2017-2019, or 2021.
Data Source: BRFSS 2013-2022

There was a significant increase in the prevalence of subjective cognitive decline (SCD) for adults 65-74 from 2020 to 2022.

- In 2022, no significant differences in the prevalence of SCD were observed by age, although the overall pattern suggests a higher likelihood of experiencing SCD with advancing age.
- In 2020, those 85+ were more than twice as likely to experience SCD than those under 85, a significant difference.



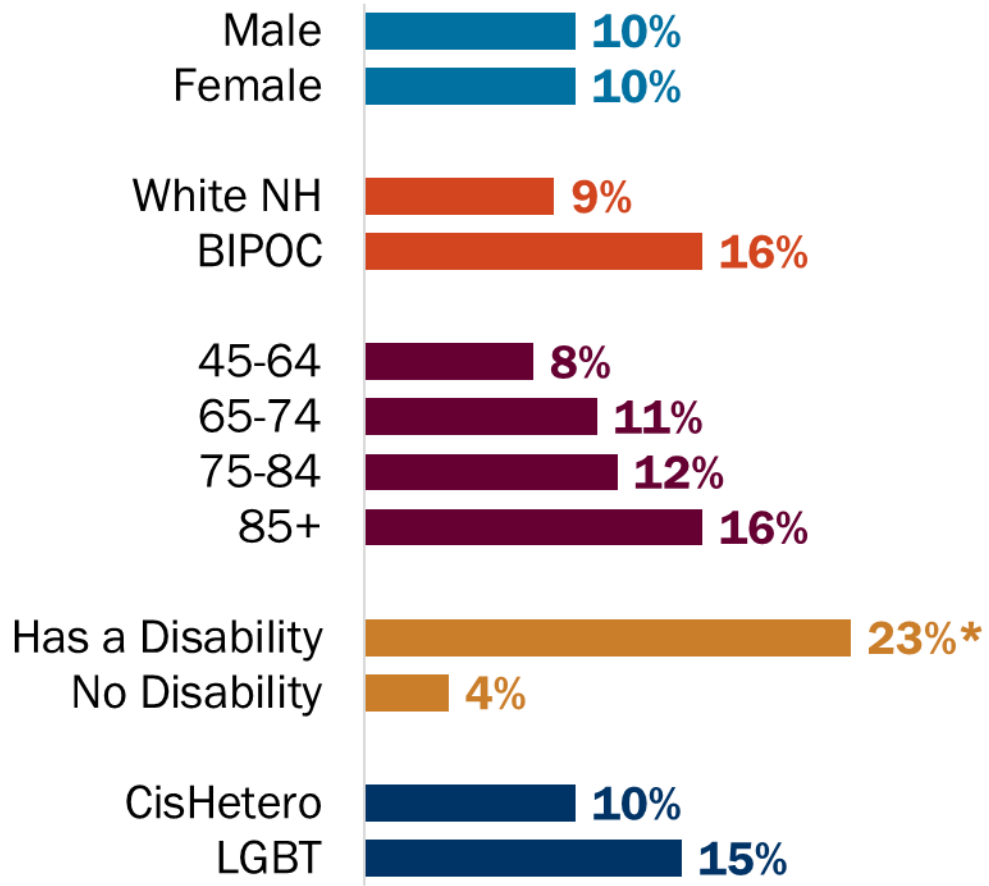
▲ Denotes statistically significant increase from previous year

♦ Denotes statistically significant decrease from previous year

Data Source: BRFSS 2013-2022

Adults 45+ with disabilities are significantly more likely to experience SCD than those without disabilities.

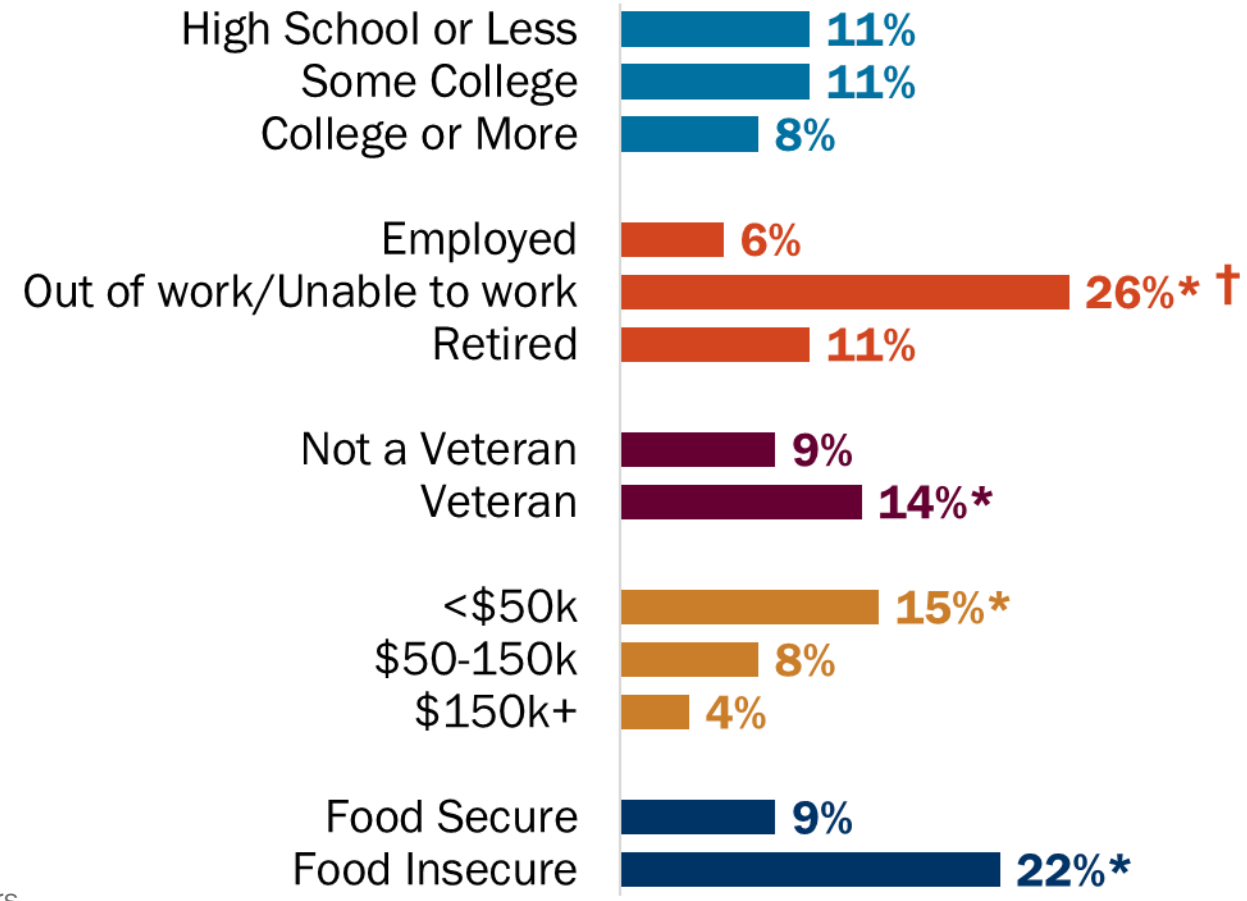
- Those with disabilities are nearly six times as likely to report experiencing SCD as those without disabilities.
- No differences in prevalence of SCD by sex were observed.
- BIPOC individuals and LGBT+ individuals appear to have higher rates of SCD than non-Hispanic (NH) white, and cisgender and heterosexual individuals, respectively. These results should be interpreted with caution as they are not statistically significant.
- Similarly, though the prevalence of SCD appears to increase with age, the results were not statistically significant.



* Denotes statistically significant difference between categories
Data Source: BRFSS 2022

The prevalence of SCD among adults 45+ varies significantly by employment status, veteran status, income, and food security.

- No differences in SCD prevalence by education level were observed.
- Those who are out of work or unable to work are significantly more likely to experience SCD than those who are employed or retired. Those who are retired are also significantly more likely to experience SCD than those who are employed.
- Veterans are significantly more likely to experience SCD than non-veterans.
- Likelihood of experiencing SCD decreases with higher income.
- Those who are food insecure have more than twice the prevalence of SCD compared to those who are food secure.



* Denotes statistically significant difference between categories

† The homemaker and student categories have been suppressed due to small numbers

Data Source: BRFSS 2022

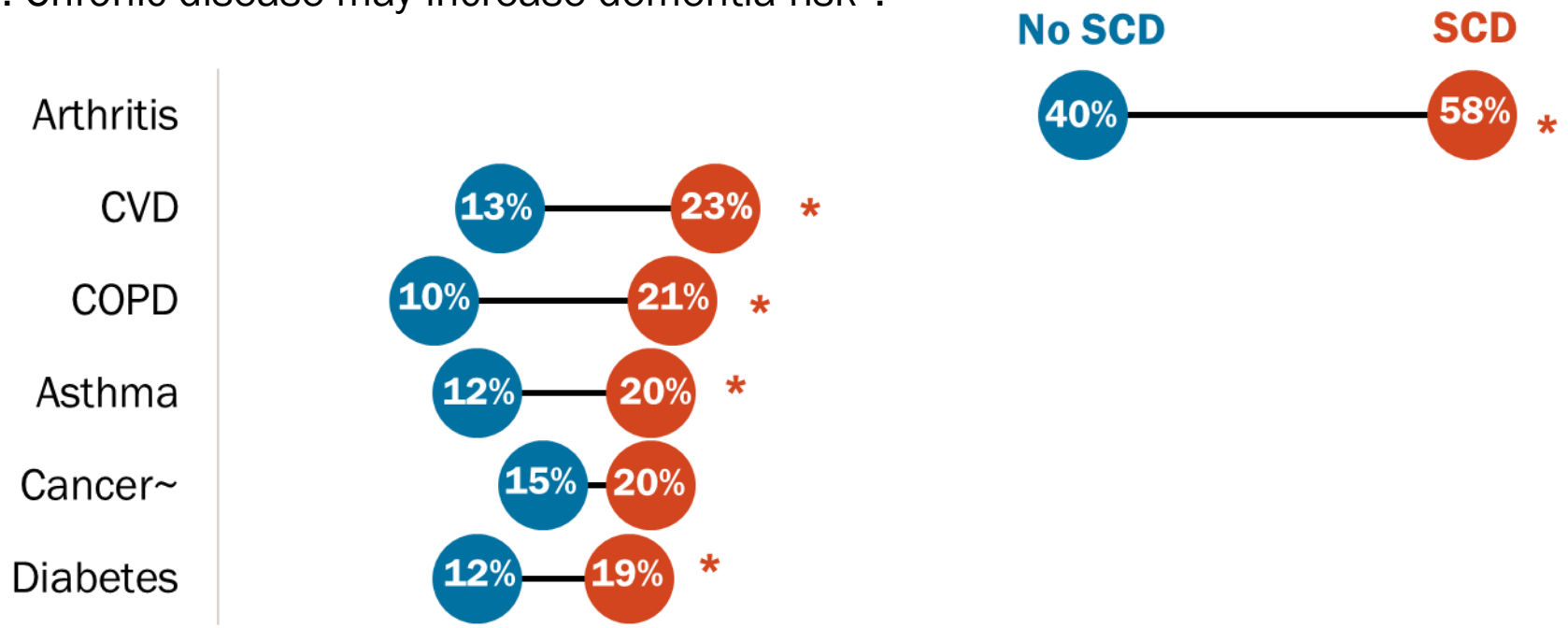
31% of adults 45+ with SCD report giving up on some daily household activities in the past year.

- 29% report sometimes, usually, or always giving up on social activities in the past year.
- 20% of adults 45+ with SCD report needing assistance with daily activities. Of those needing assistance, 81% report that assistance was available when they needed it at least some of the time.
- Talking to a health care provider about concerns of memory loss and confusion is crucial to understand the causes and intervene early, yet only half of adults 45+ with SCD report having discussed their concerns with a health care provider.

Data Source: BRFSS 2022

Adults 45+ with SCD have a higher prevalence of several co-occurring chronic diseases.

Adults 45+ with SCD are significantly more likely to have arthritis, cardiovascular disease (CVD), chronic obstructive pulmonary disease (COPD), current asthma, and diabetes than those without subjective cognitive decline. Chronic disease may increase dementia risk[1].



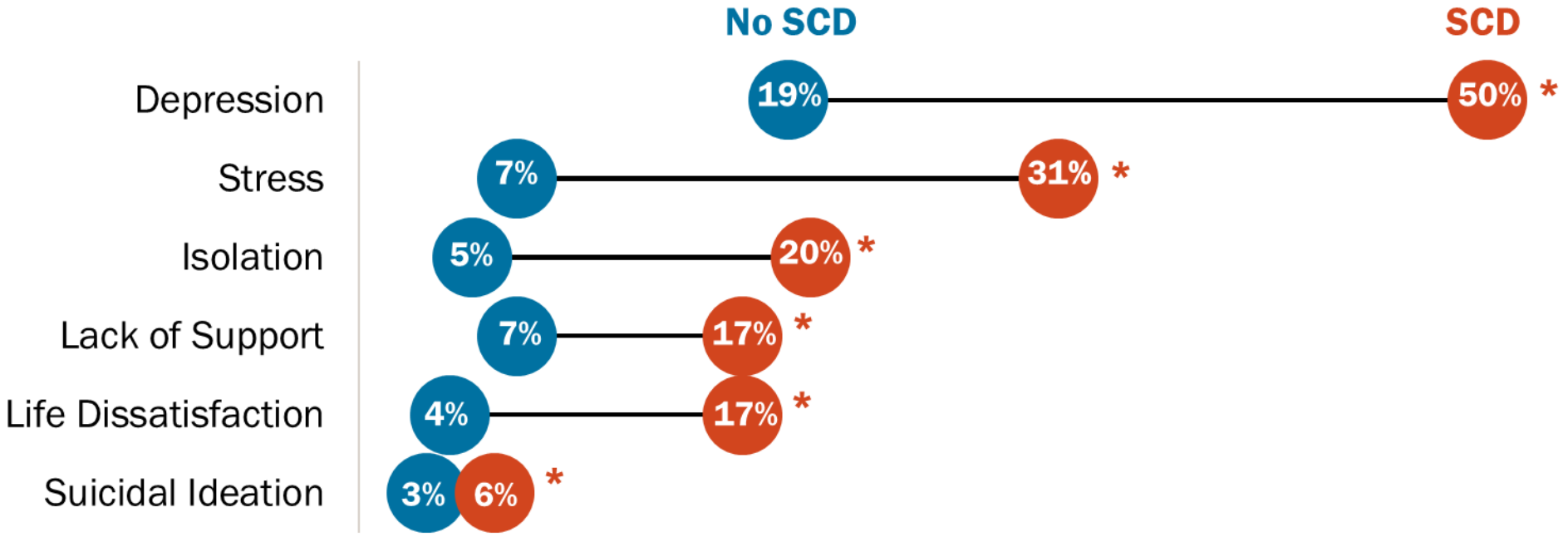
[1]Chronic Diseases and Dementia | Alzheimer's Association. (n.d.). Alzheimer's Association. Retrieved December 1, 2025, from www.alz.org/professionals/public-health/public-health-topics/chronic-diseases

* Denotes statistically significant difference between categories ~ Excludes those whose form of cancer is skin cancer

Data Source: BRFSS 2022

Adults 45+ with SCD have a higher prevalence of numerous mental health conditions compared to those without SCD.

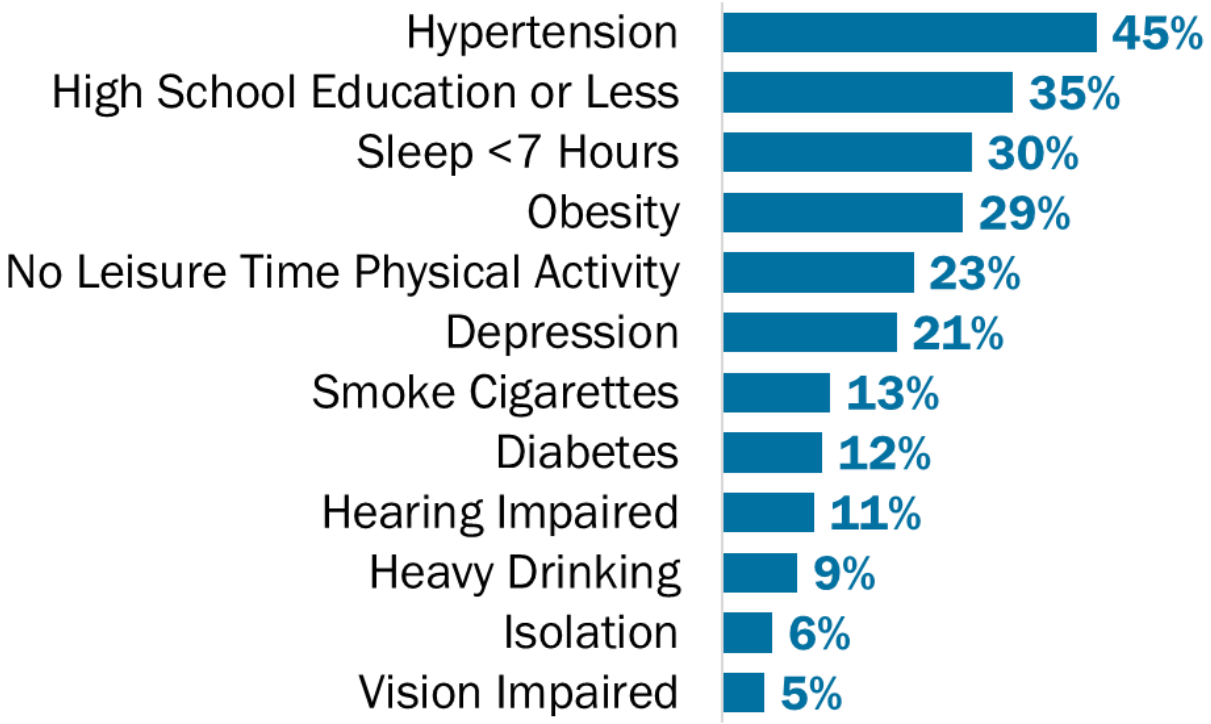
- Adults 45+ who have SCD are four times more likely to report feeling stressed, isolated, and dissatisfied with their lives than those without SCD.
- Those with SCD are also more than twice as likely to report symptoms of depression, lack of social and emotional support, and suicidal ideation than those without SCD.



* Denotes statistically significant difference between categories
Data Source: BRFSS 2022

Hypertension, having a high school education or less, inadequate sleep, and obesity are the most prevalent potentially modifiable dementia risk factors for SCD among Vermonters 45+.

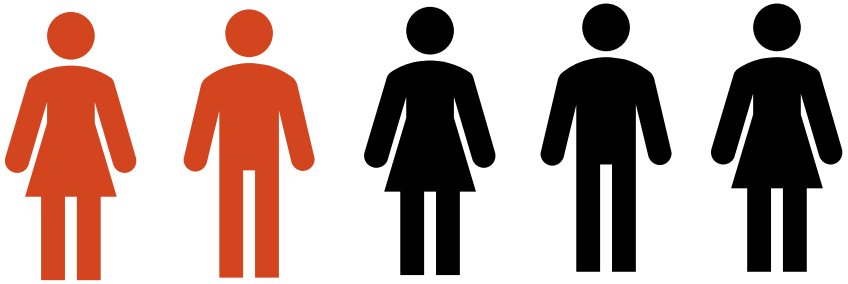
- There is growing research about potentially modifiable risk factors for dementia.
- According to a 2024 report, there are 14† modifiable risk factors that might prevent or delay nearly half of all dementia cases[1].



[1]Livingston, G., et al. (2024). Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *The Lancet*, *404*(10452), 572–628.
[2]Shi, L. et al (2018). Sleep disturbances increase the risk of dementia: A systematic review and meta-analysis. Sleep Medicine Reviews, 40, 4–16.
†Of the 14 risk factors identified in the Lancet report, high cholesterol, traumatic brain injury, and air pollution are not included due to lack of data. Inadequate sleep is included reflecting additional research from Shi et al (2018)[2].
Data Source: BRFSS 2022

84% of Vermonters aged 45 or older have a least one potentially modifiable dementia risk factor.

More than two in five (41%) Vermonters 45 or older have three or more risk factors that have been associated with dementia.



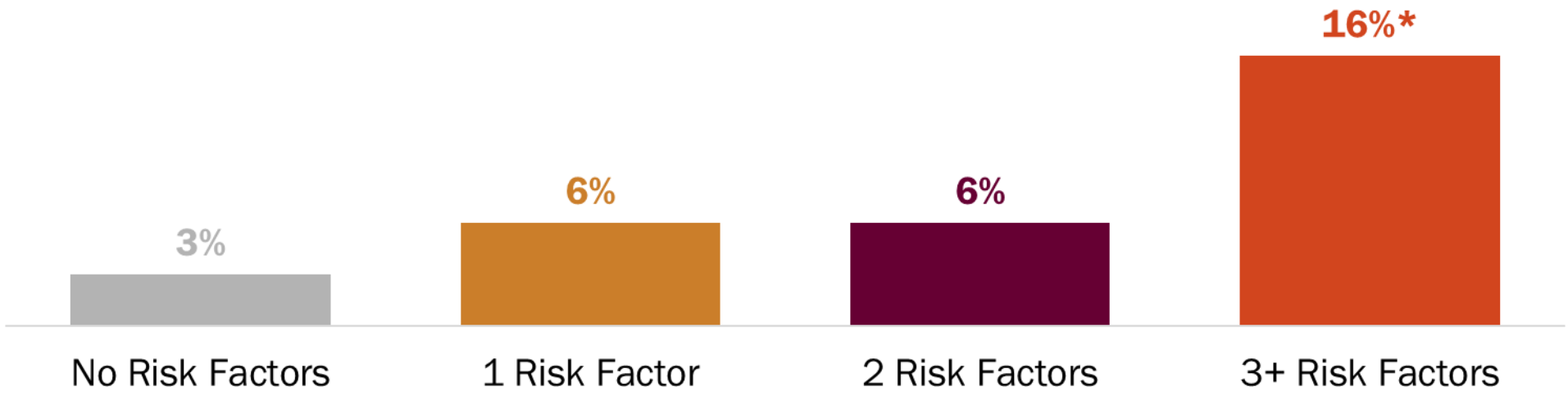
Number of Dementia Risk Factors among Vermonters 45+

Data Source: BRFSS 2022

There is a significantly higher prevalence of SCD among those with three or more potentially modifiable dementia risk factors.

- Those with three or more risk factors have a significantly higher prevalence of SCD compared to those with two or fewer risk factors.
- The prevalence of SCD appears to increase with increasing number of risk factors, however the prevalence of SCD is not significantly different between those with zero, one, or two risk factors.

Prevalence of SCD by Number of Dementia Risk Factors



* Denotes statistically significant difference between categories
Data Source: BRFSS 2022

Data Sources

Data Sources

Green Mountain Care Board (GMCB) Vermont Uniform Hospital Discharge Data Set (VUHDDS): Hospital and emergency department discharge data are collected from in-state hospitals. A primary diagnosis of a condition refers to when that condition is listed as the first diagnosis code. 'All visits' or a visit for 'any diagnosis' refers to when the condition in question is listed as any of the twenty available diagnosis codes. Patients admitted to the hospital from the emergency department are included in the hospital discharge data set and are not included in the emergency department data set.

Green Mountain Care Board (GMCB) Vermont Health Care Uniform Reporting and Evolution System (VHCURES): Vermont's All-Payer Claims Database that contains most medical and pharmacy claims and eligibility data for Vermonters insured by an insurance provider (public or private) who reports to the State of Vermont. Due to various laws and regulations, employer sponsored insurance claims for employers with fewer than 200 employees do not have to report into VHCURES. As a result of this, and the fact that medical care that did not generate an insurance claim do not appear here, data generated from VHCURES are estimates of healthcare utilization among insured Vermonters. For VHCURES analyses, a disease-related encounter is one in which the condition-specific diagnosis code(s) are listed as the primary reason for the visit or a contributing factor for the primary reason.

NOTE: All analyses, conclusions, and recommendations provided here from VHCURES and VUHDDS are solely those of the Department of Health and not necessarily those of the GMCB.

Data Sources

Behavioral Risk Factor Surveillance System (BRFSS): Vermont tracks risk behaviors using this telephone survey of non-institutionalized adults. Approximately 6,000-8,000 Vermonters are randomly and anonymously selected annually. An adult (18 or older) in the household is asked a uniform set of questions. The results are weighted to represent the adult population of the state.

Vermont Vital Records: The Vermont Department of Health vital statistics system tracks Vermont births and deaths. The Department of Health also receives extracts for Vermont resident births and deaths that occur in other states which allows the Department to do statistical analyses of vital events involving all Vermont residents, including those events which occurred outside of the state. For Vital Records analysis, a primary cause death is one for which the condition-specific diagnosis code(s) are listed as the primary reason for death. An all cause death is one for which the condition-specific diagnosis code(s) are listed in any of the twenty available causes of death.

Contact Information

For additional information, visit:

- Brain Health Data | Vermont Department of Health
- Healthy Body, Healthy Brain | Vermont Department of Health

If you need help accessing or understanding this information, contact: ahs.vdhhpdpanalytics@vermont.gov