



Behavioral Risk Factor Surveillance System

2019/2020 Report

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Introduction

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

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

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

www.healthvermont.gov/brfss

www.cdc.gov/brfss

New for 2019 & 2020

The 2019 Vermont BRFSS questionnaire included new questions on:

- Drinking water and testing

The 2020 Vermont BRFSS questionnaire included new questions on:

- Housing and health
- Reasons for cannabis use
- Traumatic brain injury

Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population.

Weights are calculated using an iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using a smaller sample size, adjusts for more demographic variables and incorporates cell phone interview data into estimates.

The Vermont Department of Health recommends that comparisons with data prior to 2011 be made with caution. Statistical differences between data collected in 2011 and later and that from 2010 and earlier may be due to methodological changes, rather than changes in opinion or behavior.

In 2019, the Vermont BRFSS began including questions on sex assigned at birth. The demographic sex category in this report reflects sex assigned at birth, unless this information was not reported. In those cases, information from a sex question in the screening section of the questionnaire was used.

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 2019 and 2020, BRFSS surveys were completed among 6,457 and 6,540 adults, respectively, from across the state. These results are weighted to be representative of the entire adult population. The annual summary provides data on most survey questions broken down by sex, age, education, income, race and ethnicity, sexual orientation and gender identity, disability status, trend and county level data.

Health Status Indicators

Overall, most Vermont adults report good to excellent general health, with one in ten reporting fair or poor health (11%). Disparities are seen in general health, as fair or poor health is reported more frequently among adults with low education (19%), low income (24%), and with a disability (35%). Most Vermont adults report having access to health care. More than nine in ten adults ages 18-64 have a health plan (92%), and 85% of adults have a personal health care provider. Men, younger adults and BIPOC adults are less likely to have a personal health care provider. Most Vermont adults report not delaying medical care because of cost. Only one in twelve Vermont adults say there was a time in the past year that they did not go to a provider because of cost (8%). Across each of these measures, Vermont reported statistically better general health and access to health care than U.S. adults.

Falls are reported at a statistically higher rate among Vermont adults ages 45 and older than among U.S. adults of the same age (31% vs. 24%). However, falls that have resulted in an injury are statistically less prevalent among Vermont adults ages 45 and older than among U.S. adults of the same age (31% vs. 38%).

Chronic Condition Indicators

Among Vermont adults, the prevalence of chronic conditions included on the BRFSS has been stable since 2011. As compared with the U.S., prevalence of the following chronic conditions are statistically lower among Vermont adults: diabetes (8% vs. 11%), high cholesterol (28% vs. 31%), chronic kidney disease (2% vs. 3%), and obesity among adults ages 20 and older (27% vs. 33%).

Asthma (11%) and skin cancer (7%) are reported at statistically higher rates in Vermont than among U.S. adults (9% and 6% respectively). Higher rates of chronic disease are generally reported among older Vermont adults, adults with less education or income, and adults with a disability. Vermonters report a higher rate of depression than U.S. adults (23 vs. 18%). Prevalence of depression is higher among women, younger adults, adults with lower income, BIPOC adults, LGBTQ+ adults and those with a disability.

Executive Summary (continued)

Risk Behavior Indicators

New in 2020, Vermonters were asked about risk factors and behaviors such as housing and health, reasons for cannabis use and experience of traumatic brain injury.

Alcohol use (62%), binge drinking (18%), and heavy drinking (10%) are reported at statistically higher rates in Vermont than among U.S. adults (52%, 16%, and 7%, respectively). One third of Vermont adults ages 65 and older take prescribed medications for pain, sleep, or anxiety (33%). Cigarette use among Vermont adults is statistically lower than 2011 (20% to 14%), but significant disparities remain with higher rates of cigarette use among adults with less education, lower income and with a disability.

One in six Vermont adults report using cannabis in the past month (18%), statistically more than the proportion using it in 2011 (10%). Most adults using cannabis say their primary method of use is smoking (75%), 15% consume it in food or drink, six percent vape, and four percent dab or use it in some other way. Nearly half of Vermont adults use cannabis for non-medical reasons (47%), 35% use it for both medical and non-medical reasons and 18% use it for medical reasons.

One in ten Vermont adults say their community is either only slightly safe or not at all safe for walking (10%). Of the 44% of Vermont adults with a firearm in their home, 18% keep a firearm loaded. Sixty percent of those with a loaded firearm in or around their home keep a loaded firearm unlocked.

Five percent of Vermont adults were worried they or someone in their home would not have enough food to eat and nine percent report they were unable to pay their mortgage, rent or utilities some time in the past year. Three percent of Vermont adults had an illness or symptom that was caused or made worse by air quality, mold, pests, furnishings, or excessive heat or cold inside their home.

Not participating in any leisure time physical activity is statistically lower among Vermont adults than U.S. adults (17% vs. 23%). Three percent of Vermont adults seldom or never wear their seatbelt when in a vehicle.

More than four in ten Vermont adults have had at least one sunburn in the past year (44%). Nearly eight in ten adults spending time in wooded or tall grassy areas sometimes or never take measures to prevent tick bites (22%).

Almost four in ten adults have ever experienced a traumatic brain injury (38%).

Executive Summary (continued)

Preventive Behaviors & Health Screenings

New in 2019, Vermonters were asked about drinking water and testing. Two in ten Vermont adults with a private water source tested their water within the past year (22%).

Four in ten Vermont adults ages 50 and older have ever had a shingles vaccination (39%), and 82% of all Vermont adults have had a tetanus vaccination in the past 10 years, both statistically higher than among U.S. adults (31% and 70%, respectively).

Dental visits among all adults (68%), and colorectal cancer screenings among adults ages 50-75 (77%) are reported at statically higher rates in Vermont than among U.S. adults (64% and 72%, respectively). Routine doctors visits (72%), cholesterol screening (80%), and HIV screening (7%) among all adults are reported at statistically lower rates in Vermont than among U.S. adults (75%, 86%, and 10%, respectively).

A quarter of Vermont adults reported eating at least five fruits and vegetables per day (26%), statistically higher than among U.S. adults (16%). Six in ten Vermont adults met aerobic physical activity recommendations (61%) and four in ten participated in muscle strengthening activities at least twice per week (40%), both statistically higher than among U.S. adults (50% and 35%, respectively).

Demographics

Demographics

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

Half of adults are women (51% vs. 49%). Thirteen percent of adults are ages 18-24. Three in ten are ages 25-44 (29%). One-third of adults are between 45 and 64 (33%) and one-quarter are 65 and older (25%).

Nearly four in ten Vermont adults have a high school education or less (37%). Three in ten have some college education (28%), while a third of adults have a college education or higher (34%).

Two in ten adults live in households earning less than \$25,000 (21%) and \$50,000- <\$75,000 annually (19%). One-quarter of adults live in homes with an income between \$25,000-<\$50,000 (24%), and more than one-third of adults have a household income of \$75,000 or more (36%).

One in five Vermonters have a disability (23%).

Ninety-three percent of adults are white, non-Hispanic. Two percent of adults are Hispanic. One percent of adults are non-Hispanic Asian, Native Hawaiian, Pacific Islander; Alaskan Native, American Indian; and multi-racial. Less than 1% of adults are Black or another race.

Nine in ten Vermont adults are heterosexual (91%). Four percent of adults are bisexual. Two percent of adults are lesbian or gay. Adults of an other sexual orientation make up 3% of Vermont's adult population. Less than 1% of adults identify as transgender.

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

Demographic Characteristics, 2020		Percent
Sex	Male	49%
	Female	51%
Age	18-24	13%
	25-44	29%
	45-64	33%
	65+	25%
Education Level	High School or Less	37%
	Some College	28%
	College or More	34%
Household Income Level	Low (<\$25K)	21%
	Middle (\$25K-<\$50K)	24%
	High (\$50K-<\$75K)	19%
	Highest (≥\$75K)	36%
Disability	No Disability	77%
	Any Disability	23%
Race/Ethnicity	White	93%
	Hispanic	2%
	Asian, Native Hawaiian, Pacific Islander	1%
	Alaskan Native, American Indian	1%
	Multi-racial	1%
	Black	0.9%
	Other race	0.4%
Sexual Orientation	Heterosexual	91%
	Bisexual	4%
	Lesbian/Gay	2%
	Other sexual orientation	3%
Gender Identity	Cisgender	99%
	Transgender	0.7%

Demographics

Nearly one quarter of Vermont adults report living in Chittenden County (27%).

Nine percent live in Rutland, Washington and Windsor counties. Between five and eight percent live in: Franklin, Windham, Addison, Bennington and Orange counties. Less than five percent live in Orleans, Caledonia, Lamoille, Grand Isle and Essex counties.

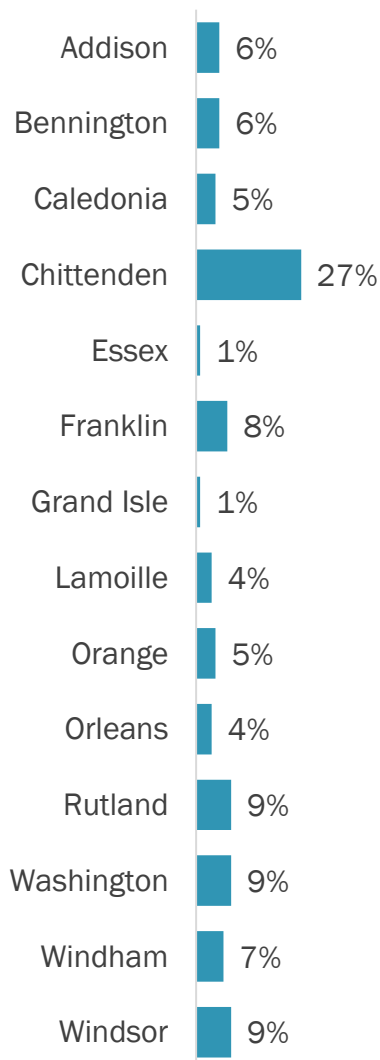
One in ten Vermont adults have ever been on active duty in the military (10%). This includes National Guard or reservists ever activated to active duty.

Seven in ten Vermont adults have no children under the age of 18 in their home (71%). Thirteen percent have one child and 11% have two children in their home. Three percent have three children, while two percent have four or more children in their home.

Four percent of women 18-44 are currently pregnant.

Three-quarters of Vermont adults say they own their home (73%). Two in ten rent (22%), while five percent have some other arrangement.

County of Residence, 2020

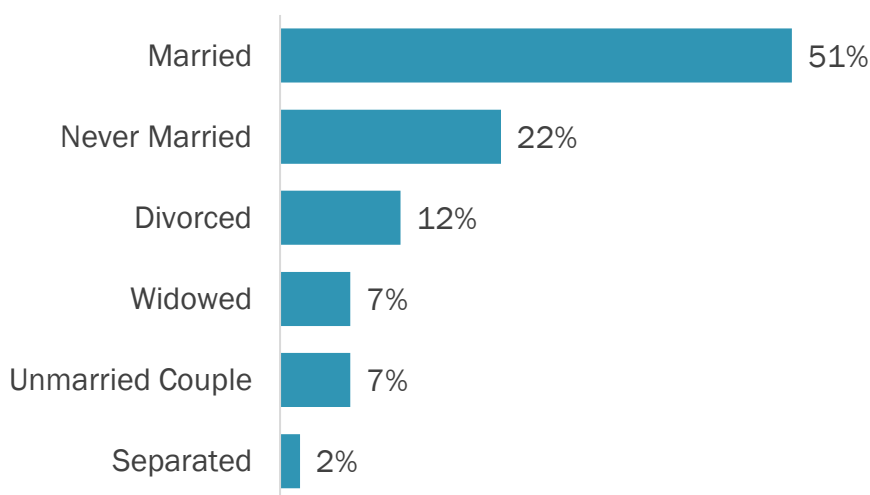


Demographics

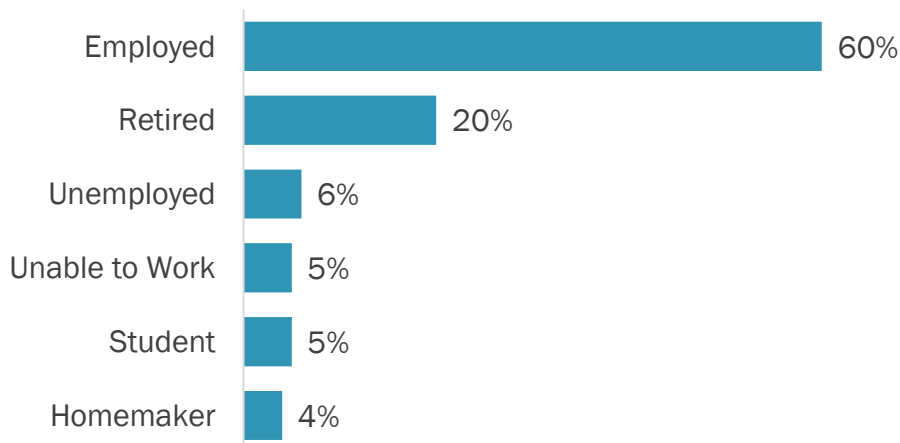
Half of Vermont adults report being married (51%). Twenty-two percent have never been married, while 12% are divorced, 7% are widowed, and 7% are part of an unmarried couple. Few report their marital status as separated (2%).

Six in ten Vermont adults are employed (60%), which is defined as those responding ‘employed for wages’ or ‘self-employed’. Two in ten are retired (20%) and six percent are unemployed. Five percent or fewer adults report their employment status as: currently unable to work, a student, or a homemaker.

Marital Status, 2020



Employment Status, 2020

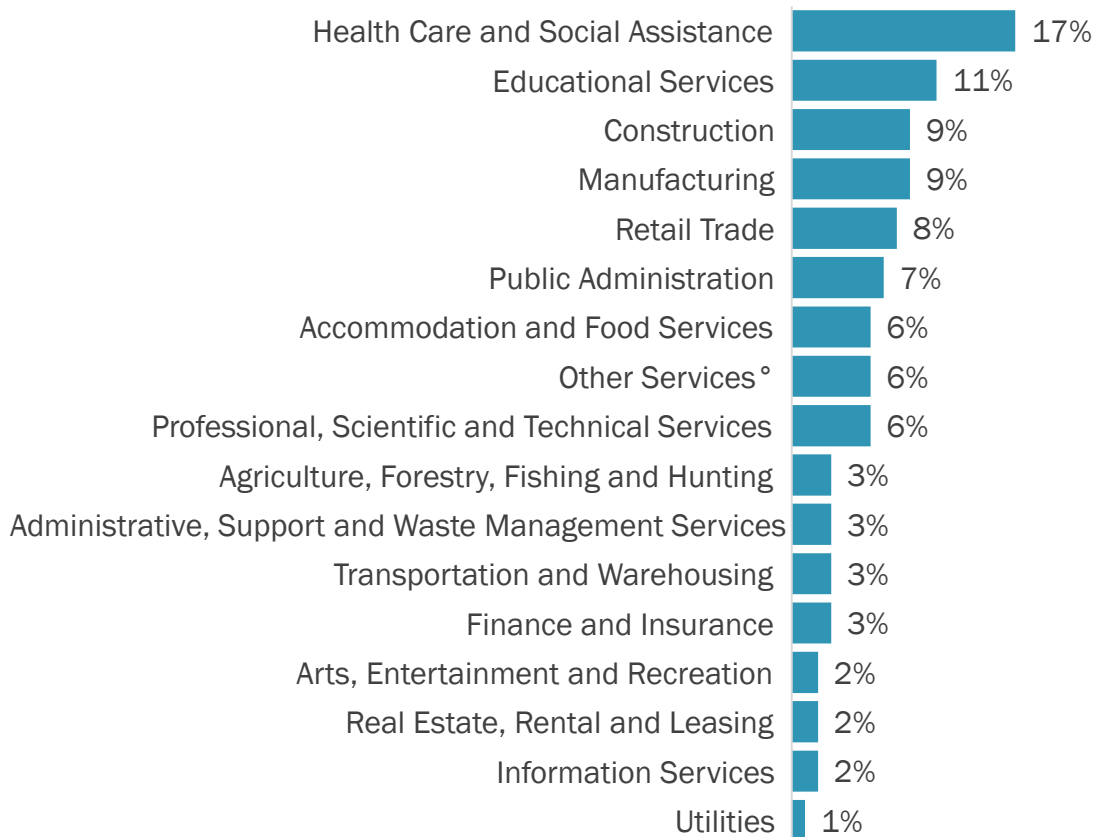


Demographics

Among Vermont adults who are employed, over one in six work in the health care and social assistance industry (17%). One in nine employed adults work in educational services (11%). One in eleven employed adults work in construction (9%) and manufacturing (9%). Nearly one in twelve adults are employed in the retail trade industry (8%). One in fourteen employed adults work in public administration (7%). Six percent of adults are employed in the following industries: accommodation and food services (6%), other services (6%), and professional, scientific and technical services (6%).

Three percent or less of adults are employed in the following industries: agriculture, forestry, fishing and hunting (3%), administrative, support and waste management services (3%), transportation and warehousing (3%), finance and insurance (3%), arts, entertainment and recreation (2%), real estate, rental and leasing (2%), information services (2%), and utilities (1%). Values among the following industries were suppressed: wholesale trade, armed forces, and mining, quarrying and oil and gas extraction.**

**Industry of Employment
Employed Vermont Adults, 2019**



°Other Services exclude public administration, and include services such as, but not limited to, automotive repair and maintenance, barber shops, advocacy organizations and labor unions.

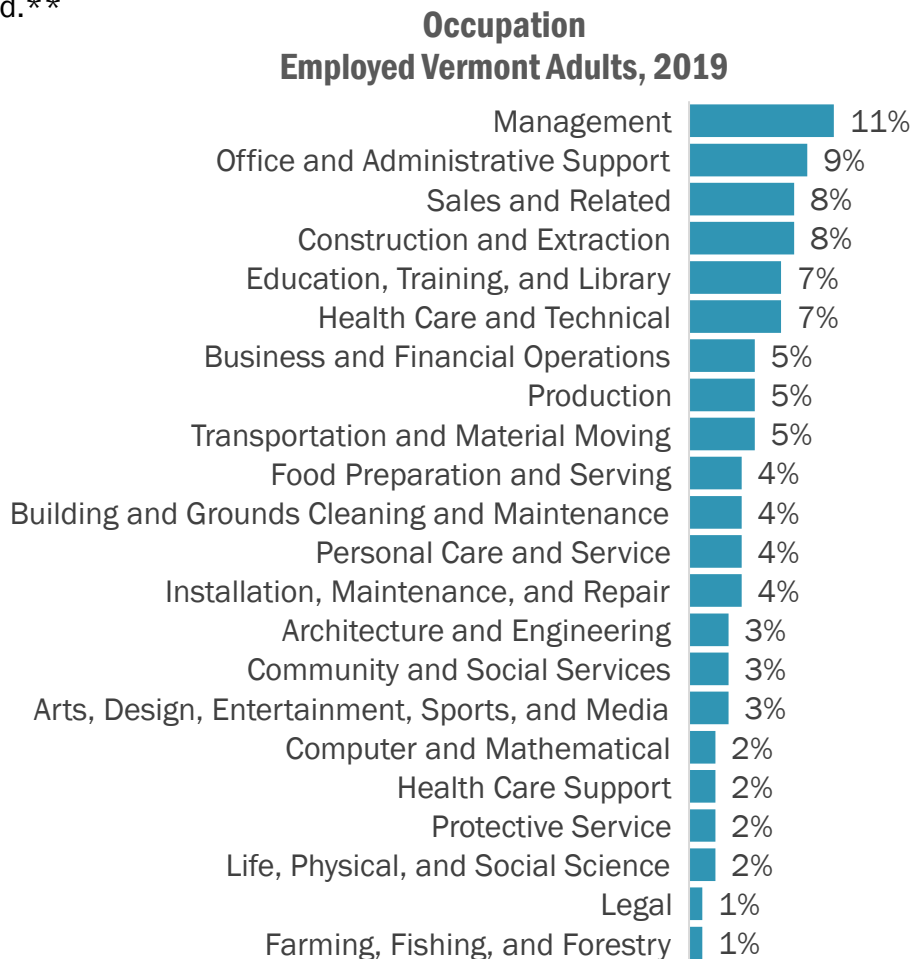
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For additional information about industry and occupation data, refer to [The National Institute for Occupational Safety and Health \(NIOSH\) webpage](#).

Demographics

Among Vermont adults who are employed, one in nine work in occupations relating to Management (11%). One in eleven adults work in occupations relating to office and administrative support (9%). Nearly one in twelve adults work in sales and related occupations (8%), and construction and extraction (8%). One in fourteen adults work in education, training and library occupations (7%), and health care and technical occupations (7%). One in twenty adults work in occupations relating to business and financial operations (5%), production (5%), and transportation and material moving (5%).

Four percent of employed adults work in occupations relating to food preparation and servicing, building and grounds cleaning and maintenance, personal care and service, and installation, maintenance and repair. Three percent of employed adults work in occupations relating to architecture and engineering, community and social services, and arts, design, entertainment, sports and media. Two percent of employed adults work in occupations relating to the following: computer and mathematical, health care support, protective service, and life, physical and social science. One percent of adults are employed in occupations relating to legal, and farming, fishing and forestry. The value of military active duty occupations was suppressed.**



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

For additional information about industry and occupation data, refer to [The National Institute for Occupational Safety and Health \(NIOSH\) webpage](#).

Health Status Indicators

General Health Status

One in ten Vermont adults report fair or poor general health (11%), this is statistically lower compared to 15% of U.S. adults.

Men and women report similar rates of fair or poor general health.

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

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

Adults with a high school education or less are nearly five times as likely to report fair or poor health than those with a college education or higher.

- All differences by education level are statistically significant.

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

- All differences by household income level are statistically significant.

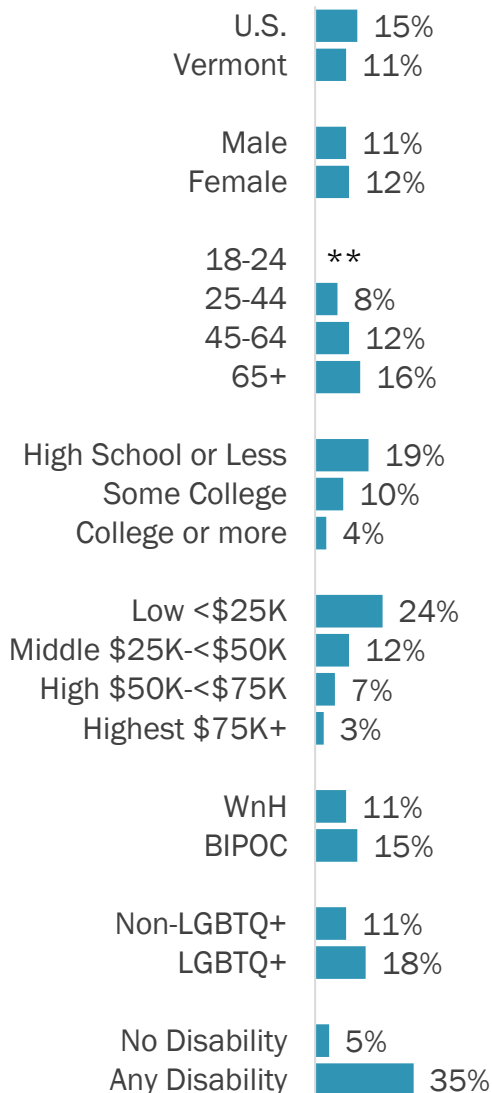
Fair or poor health is statistically similar when comparing race and ethnicity.

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

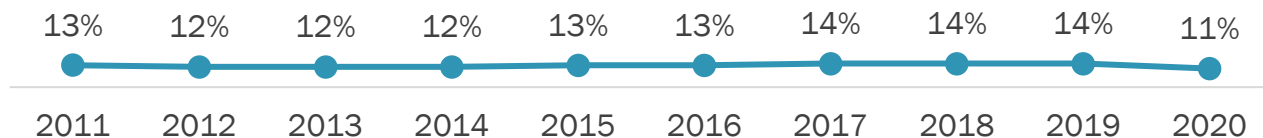
Adults with a disability are seven times more likely to report fair or poor health than adults with no disability, a statistically significant difference.

The proportion of Vermont adults with fair or poor health is statistically lower than 2019, but similar to 2011.

General Health Fair or Poor Vermont Adults, 2020



General Health Fair or Poor Vermont Adults



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

Vermont Adults with Fair or Poor General Health by County, 2019-2020



One in twelve adults in Chittenden County (8%) report fair or poor health, statistically less than Vermont overall.

Two in ten adults in Essex (20%) and Rutland (18%) counties report fair or poor health. This is statistically higher than Vermont overall.

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

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

Medical Health Plan Coverage

More than nine in ten Vermont adults ages 18-64 have health care coverage (92%). This is statistically higher than the 85% among U.S. adults ages 18-64.

Men are statistically less likely to have a health plan than women.

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

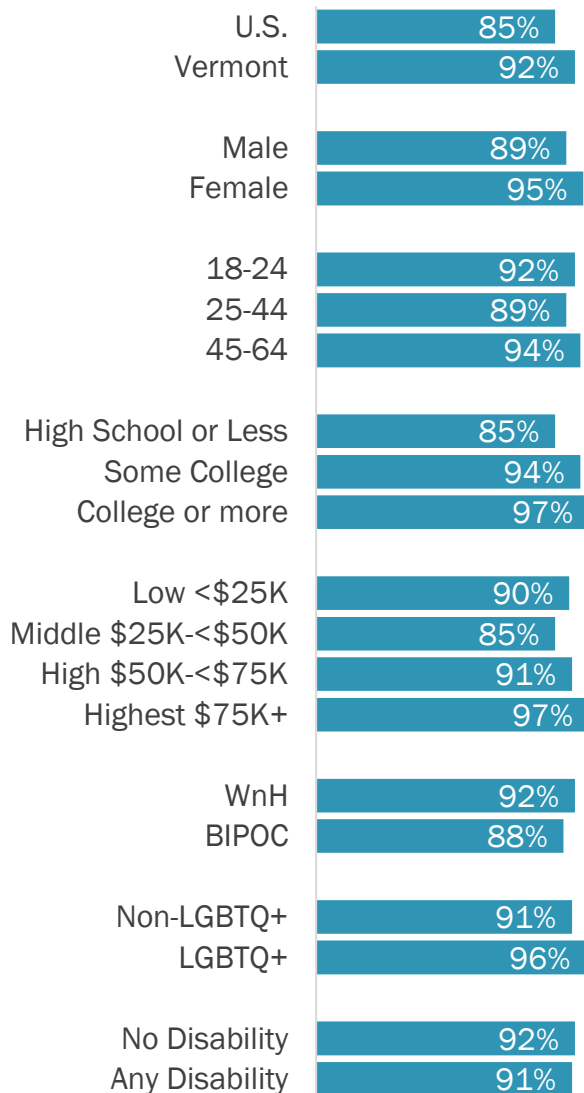
Reported health plan coverage is statistically lower among adults with a high school education or less compared to adults with more education.

Adults with a household income of \$75,000 or more are statistically more likely to have a medical health plan than adults in homes earning less than \$75,000.

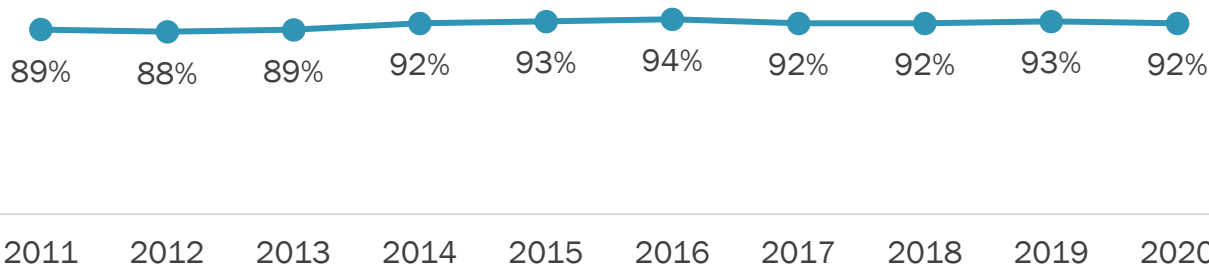
There are no differences in health plan coverage by race and ethnicity, sexual orientation and gender identity or disability status.

The proportion of adults reporting medical health plan coverage is statistically similar to 2019, but higher than 2011.

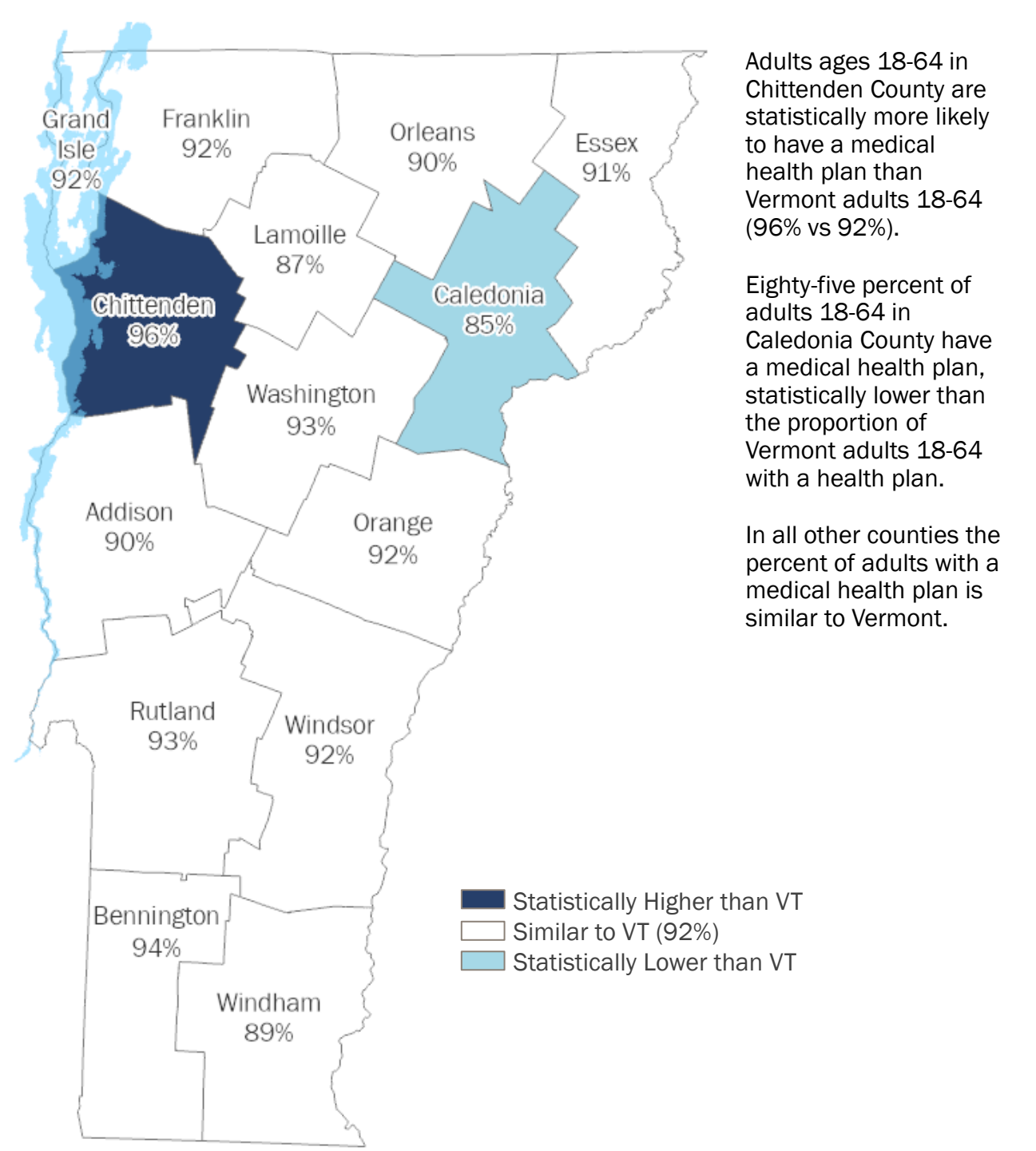
Have a Medical Health Plan Vermont Adults 18-64, 2020



Have a Medical Health Plan Vermont Adults 18-64



Vermont Adults Ages 18-64 with Medical Health Plan Coverage by County, 2019-2020



Adults ages 18-64 in Chittenden County are statistically more likely to have a medical health plan than Vermont adults 18-64 (96% vs 92%).

Eighty-five percent of adults 18-64 in Caledonia County have a medical health plan, statistically lower than the proportion of Vermont adults 18-64 with a health plan.

In all other counties the percent of adults with a medical health plan is similar to Vermont.

Medical Health Care Access - Provider

Eighty-five percent of Vermont adults report having a personal health care provider (PCP), statistically higher than the 77% reported by U.S. adults.

Women are statistically more likely than men to have a PCP.

The proportion of adults reporting they have a PCP increases with age.

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

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

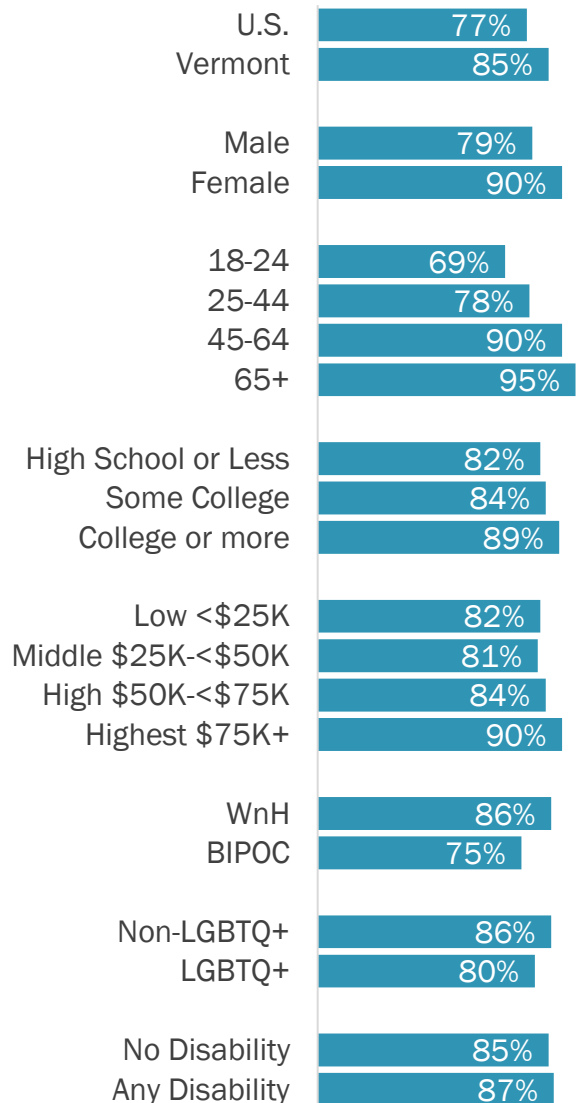
Adults in homes with the highest annual income are statistically more likely to have a PCP than those with low to high household incomes.

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

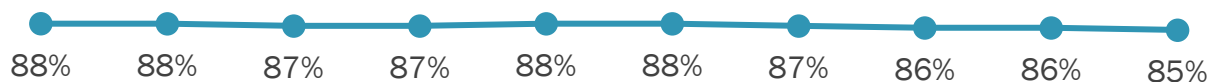
Having a PCP is not statistically different by sexual orientation and gender identity or disability status.

The proportion of adults with a PCP is statistically similar to 2019, but lower than 2011.

Have a Personal Health Care Provider Vermont Adults, 2020

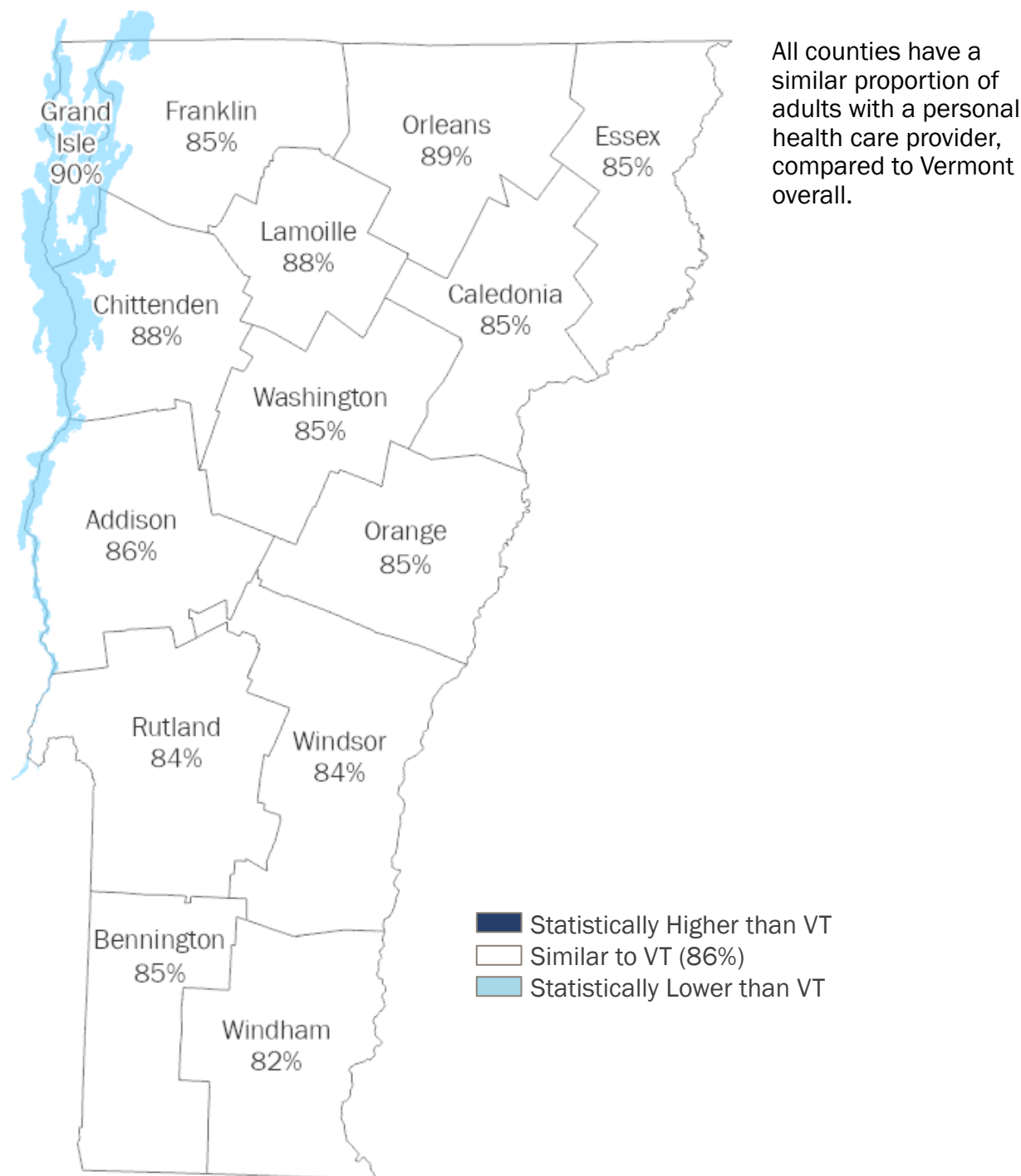


Have a Personal Health Care Provider Vermont Adults



2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

Vermont Adults with Personal Health Care Provider by County, 2019-2020



Medical Health Care Access – Delay Due to Cost

One in twelve Vermont adults say there was a time in the past year they did not go to the doctor because of cost (8%). This is statistically lower than the 11% of U.S. adults.

Men and women report not seeing a doctor due to cost at similar rates.

Adults 18-44 are most likely to report not going to the doctor due to cost.

- Adults 18-24 are statistically more likely to delay seeing a doctor because of cost compared to those 65 and older.
- Adults 25-44 are statistically more likely to delay seeing a doctor because of cost compared to those 45 and older.

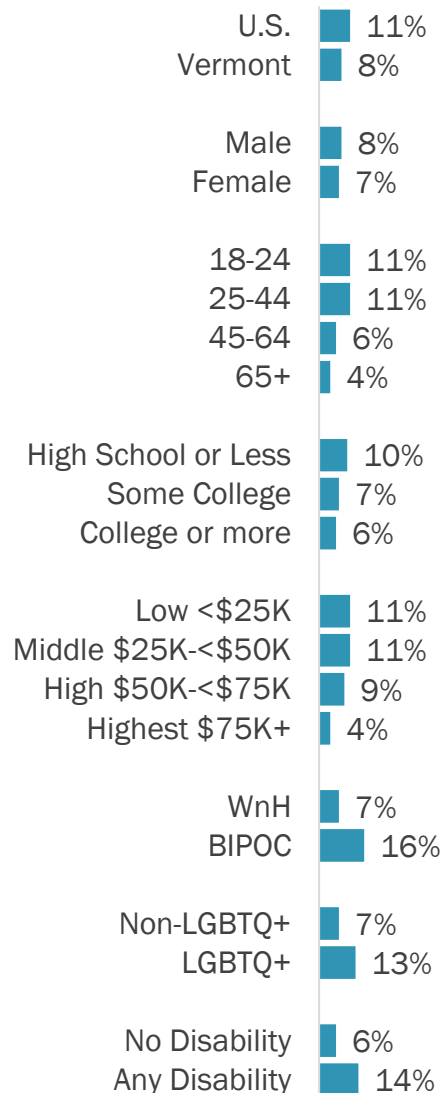
Adults with a high school education or less are statistically more likely to delay medical care due to cost than those with a college education or higher.

Adults with low to middle household incomes are statistically more likely to delay medical care due to cost compared to adults in households with the highest annual income.

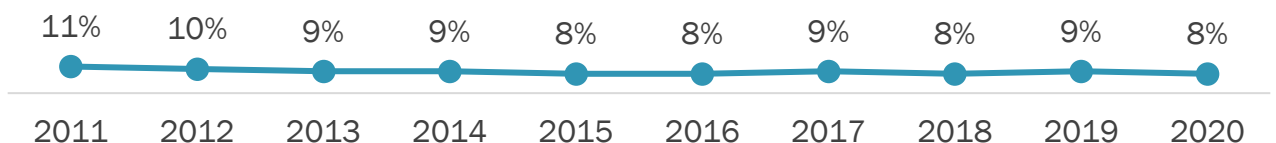
BIPOC adults, LGBTQ+ adults and adults with a disability are statistically more likely to delay care due to cost than white, non-Hispanic adults, non-LGBTQ+ adults and those with no disability.

The proportion of adults delaying medical care due to cost is statistically similar to 2019, but lower than 2011.

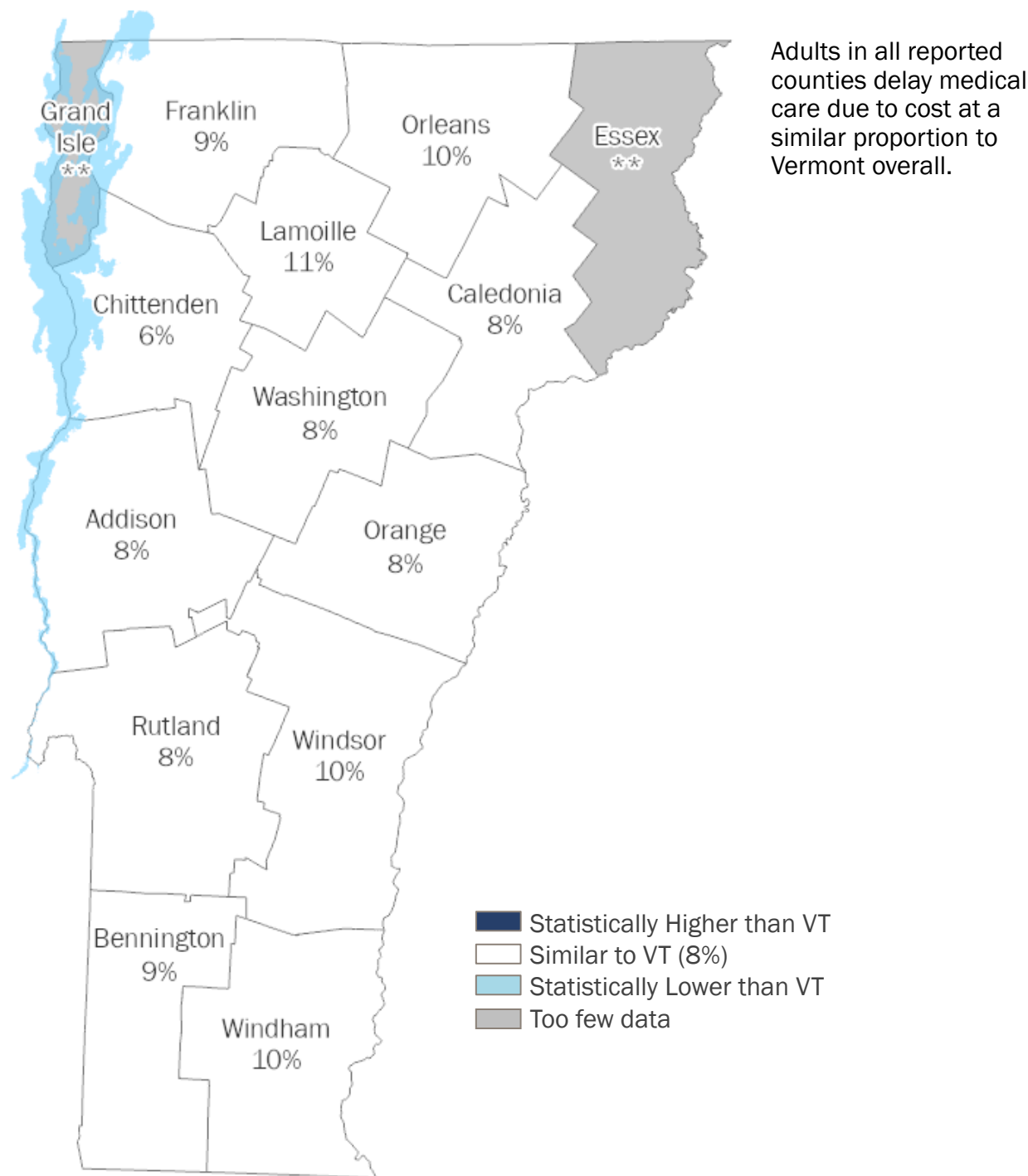
Did Not Visit Doctor Due to Cost Vermont Adults, 2020



Did Not Visit Doctor Due to Cost Vermont Adults



Vermont Adults who Did Not Visit Doctor Due to Cost by County, 2019-2020



Quality of Life – Physical Health

One in eleven Vermont adults report poor physical health[°] (9%), statistically similar to the 10% of U.S. adults.

Poor physical health is reported at statistically similar rates for men and women.

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

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

- Poor physical health is statistically higher among adults who have not obtained a college degree.
- All differences by income are statistically significant except between adults in homes with middle incomes and those with high incomes.

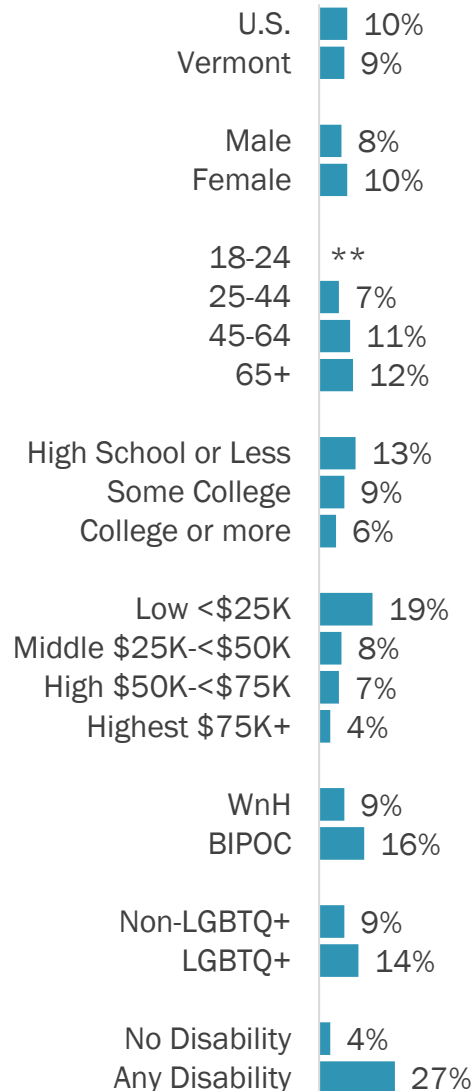
Poor physical health is statistically higher among BIPOC adults than white, non-Hispanic adults.

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

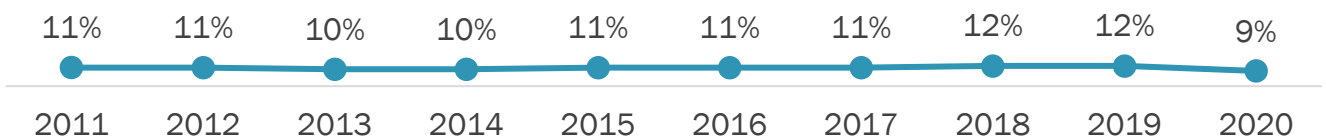
Adults with a disability are nearly seven times more likely to report poor physical health than adults with no disability, a statistical difference.

The proportion of adults with poor physical health is statistically lower than 2019, but similar to 2011.

Poor Physical Health[°] Vermont Adults, 2020



Poor Physical Health[°] Vermont Adults

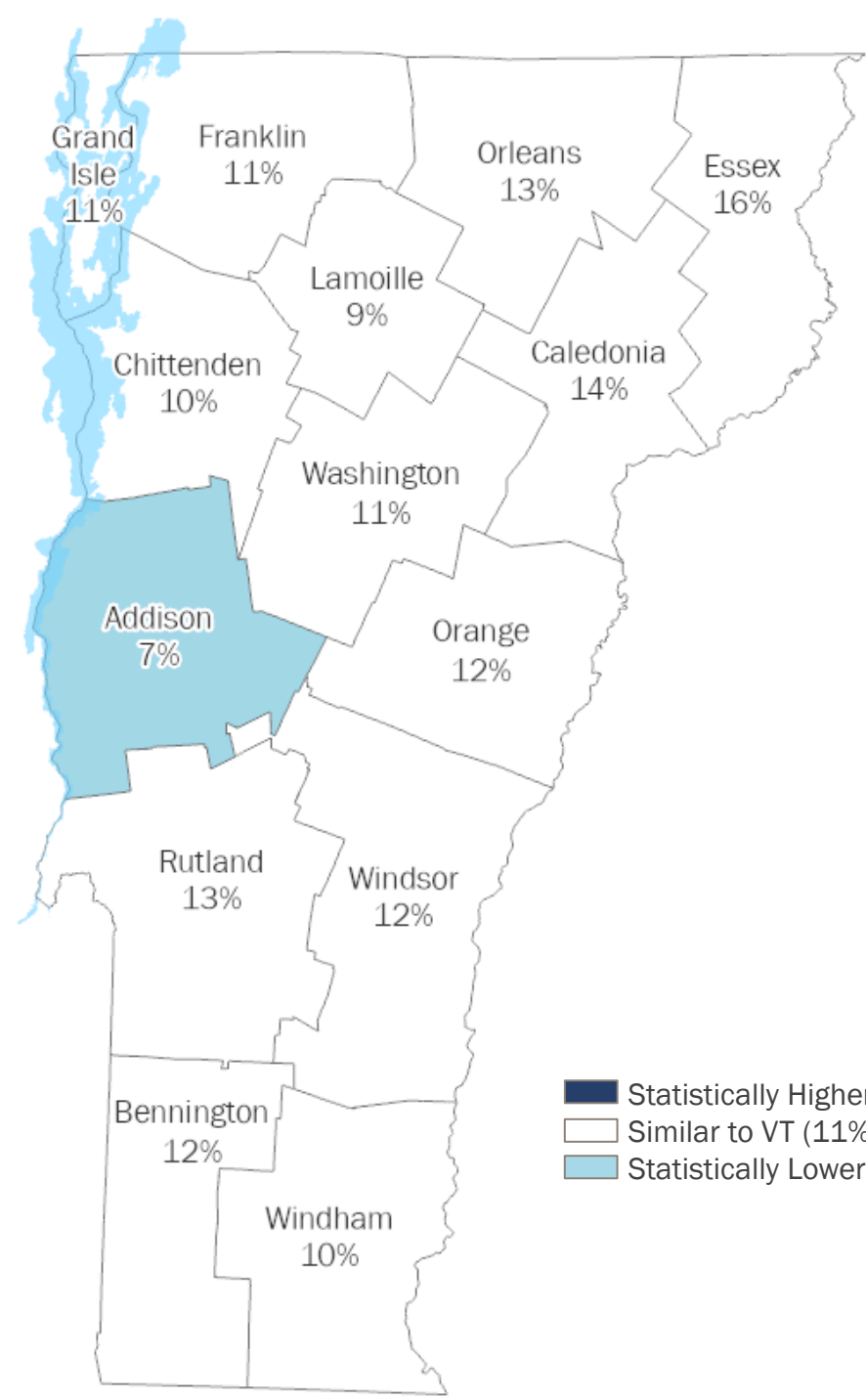


[°]Poor physical health defined as 14+ days in the last 30 where physical health self-reported as not good.

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

Statistical comparisons are not completed on suppressed values.

Vermont Adults with Poor Physical Health^o by County, 2019-2020



Seven percent of adults in Addison County had 14 or more poor physical health days in the past month, statistically lower than the proportion of Vermont adults.

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

- Statistically Higher than VT
- Similar to VT (11%)
- Statistically Lower than VT

Quality of Life – Mental Health

One in seven Vermont adults report poor mental health[°] (14%), statistically similar to the 13% of U.S. adults.

Women are statistically more likely to report poor mental health than men.

Younger adults are most likely to report poor mental health.

- Adults 18-64 are statistically more likely to report poor mental health than adults 65 and older.

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

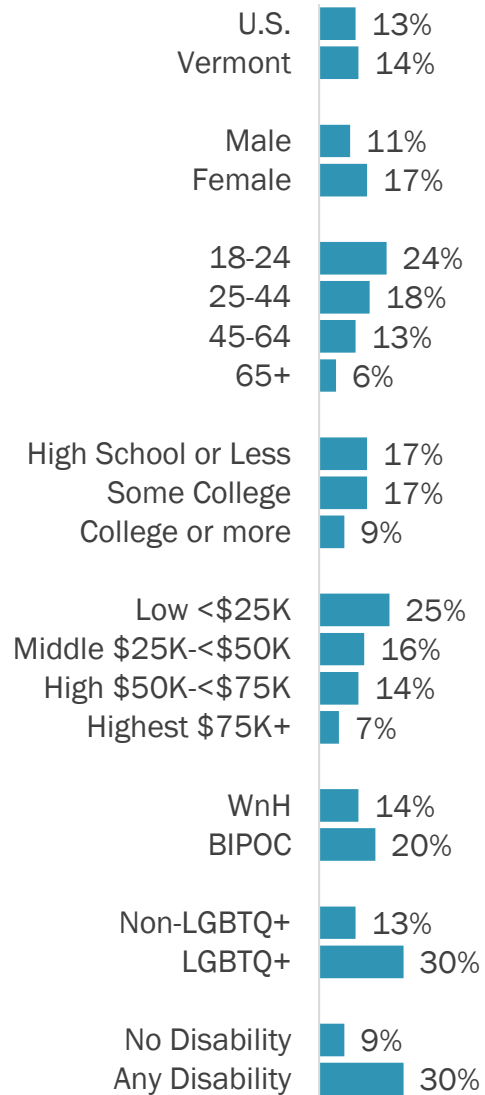
- Adults with less than a college degree are statistically more likely to report poor mental health than adults with at least a college education.
- All differences by income are statistically significant except between adults in homes with middle incomes and those with high incomes.

There are no statistical differences in mental health by race and ethnicity.

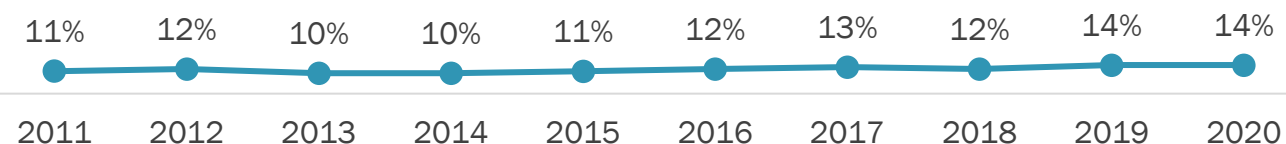
LGBTQ+ adults and adults with a disability are statistically more likely to report poor mental health in the last month than non-LGBTQ+ and adults with no disability.

The proportion of adults reporting poor mental health is statistically similar to 2019, but higher than 2011.

Poor Mental Health[°] Vermont Adults, 2020

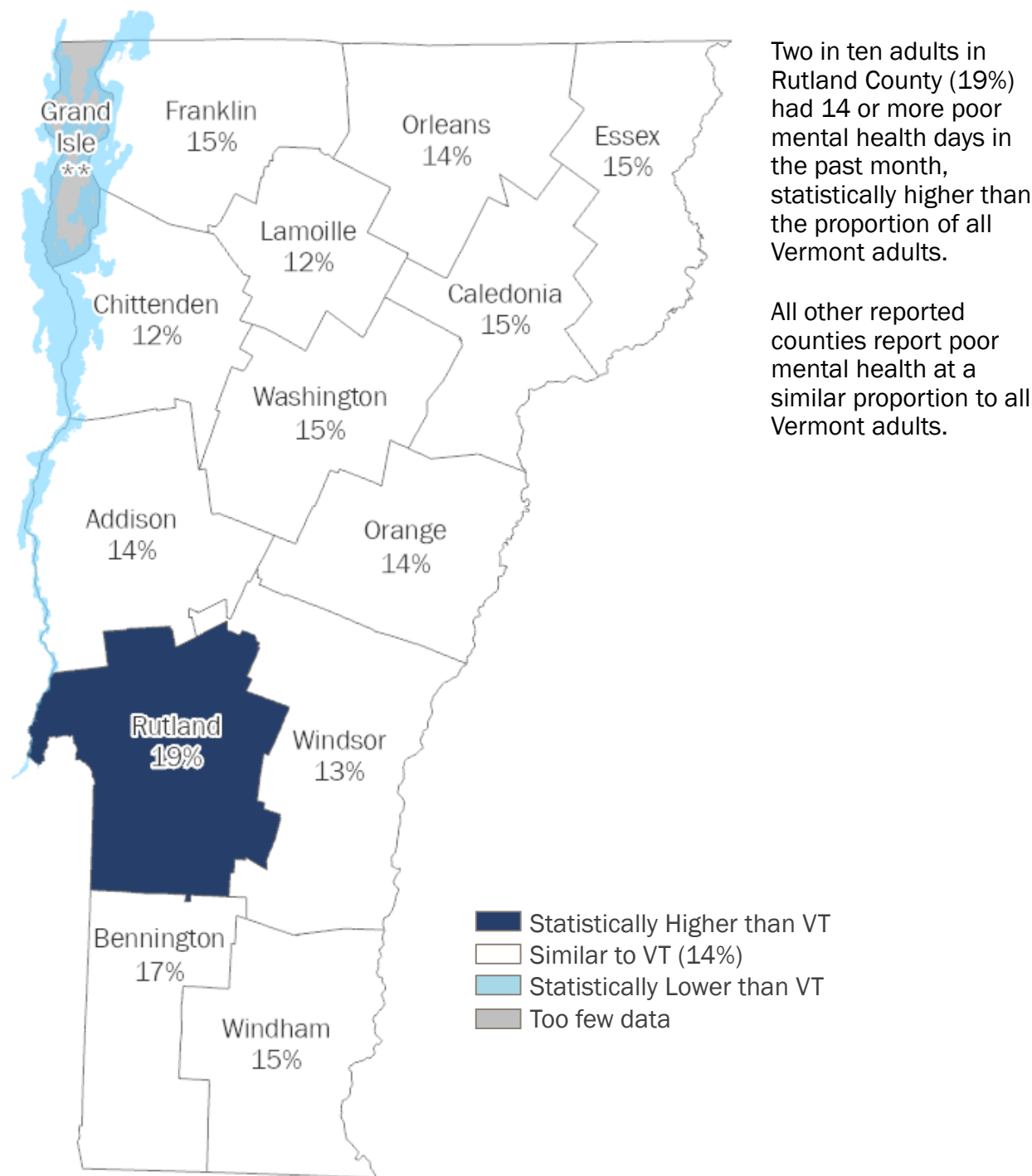


Poor Mental Health[°] Vermont Adults



[°]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^o by County, 2019-2020



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

Sleep

Six in ten Vermont adults report they get less than eight hours of sleep in a 24-hour period, on average (60%). This is statistically similar to the 62% of U.S. adults.

The average number of sleep hours reported by Vermont adults was 7.1.

Men are statistically more likely than women to report poor sleep.

Adults 45-64 are the most likely to report an inadequate number of sleep hours.

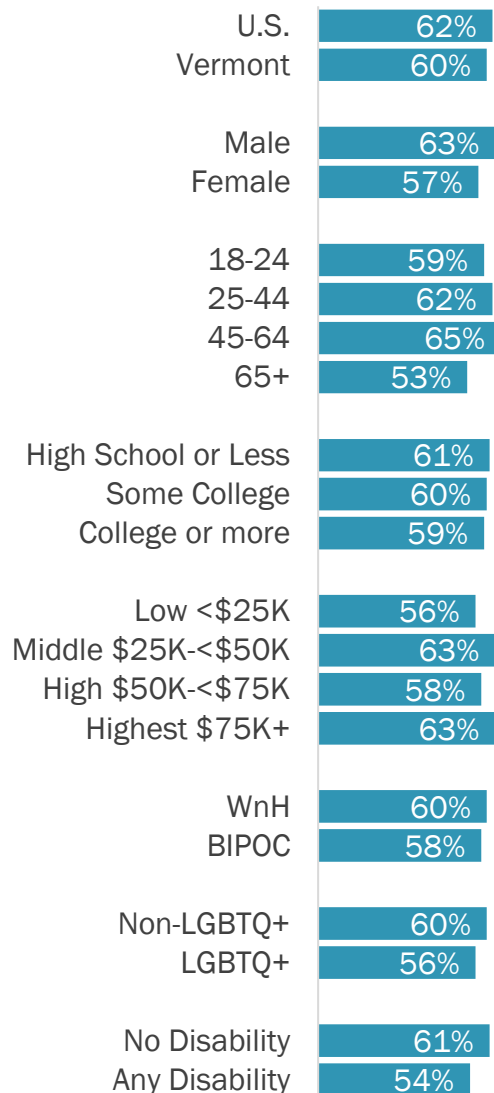
- Adults 25-64 are statistically more likely to report poor sleep than adults 65 and older.

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

Adults with no disability are statistically more likely to report poor sleep than adults with a disability.

The proportion of adults who report they get poor sleep is statistically similar to previous years.

Poor Sleep[°] Vermont Adults, 2020



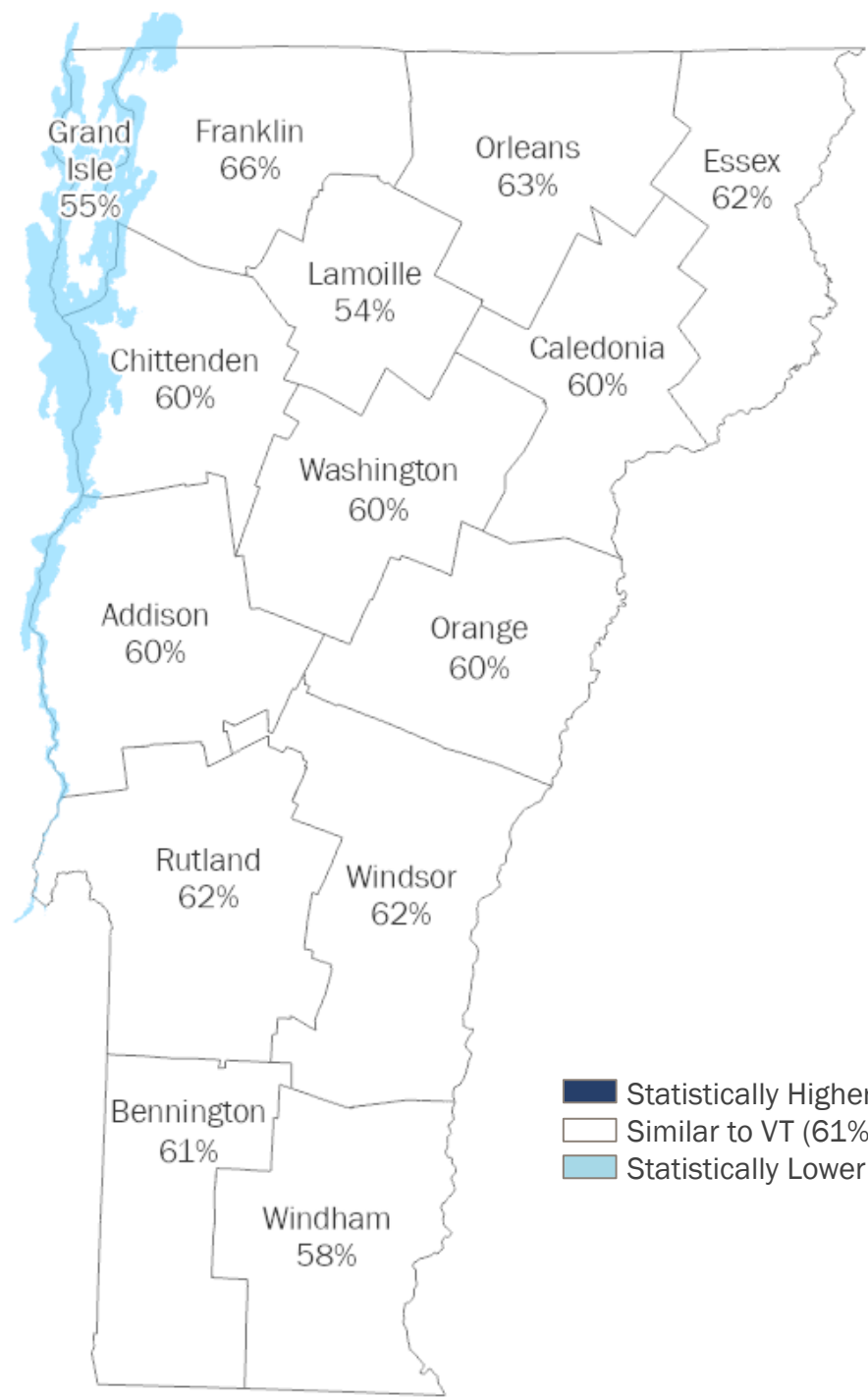
Vermont Adults with Poor Sleep



2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

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

Vermont Adults with Poor Sleep^o by County, 2016, 2020



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

^oPoor sleep defined as less than eight hours of sleep on average in a 24-hour period.
2019/2020 Vermont Behavioral Risk Factor Surveillance System Report

Disability

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

Almost one quarter of Vermont adults have a disability (23%), statistically lower than the 26% of U.S. adults.

Men and women report similar rates of disability.

Older adults are more likely to have a disability.

- Adults 65 and older are statistically more likely to have a disability than all other age groups.

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

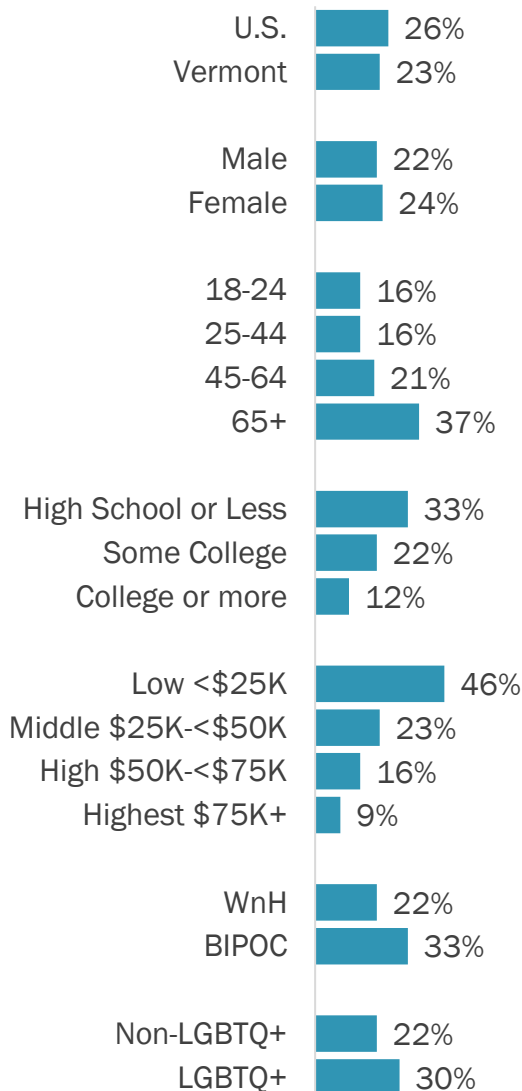
- All differences in disability by education are statistically significant.
- All differences in disability by annual household income level are statistically significant, except between middle and high-income levels.

BIPOC adults are statistically more likely to report a disability than white, non-Hispanic adults.

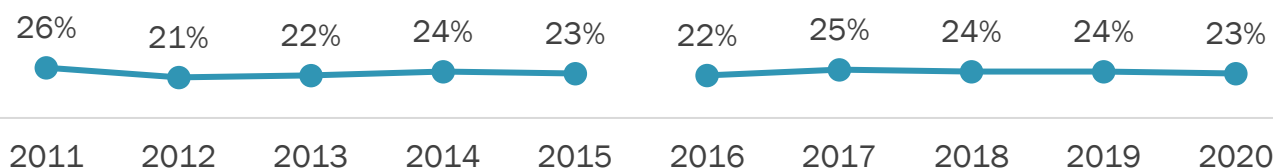
There are no differences in reported disability by sexual orientation and gender identity.

The proportion of adults with a disability is statistically similar to 2019 and 2016.

Vermont Adults with a Disability, 2020



Vermont Adults with a Disability



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

Vermont Adults with Any Disability^o by County, 2019-2020



More than three in ten adults in Essex (32%) and Rutland (33%) counties have a disability, statistically higher than the proportion of all Vermont adults.

Sixteen percent of adults in Chittenden County have a disability, statistically lower than the proportion of all Vermont adults.

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

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

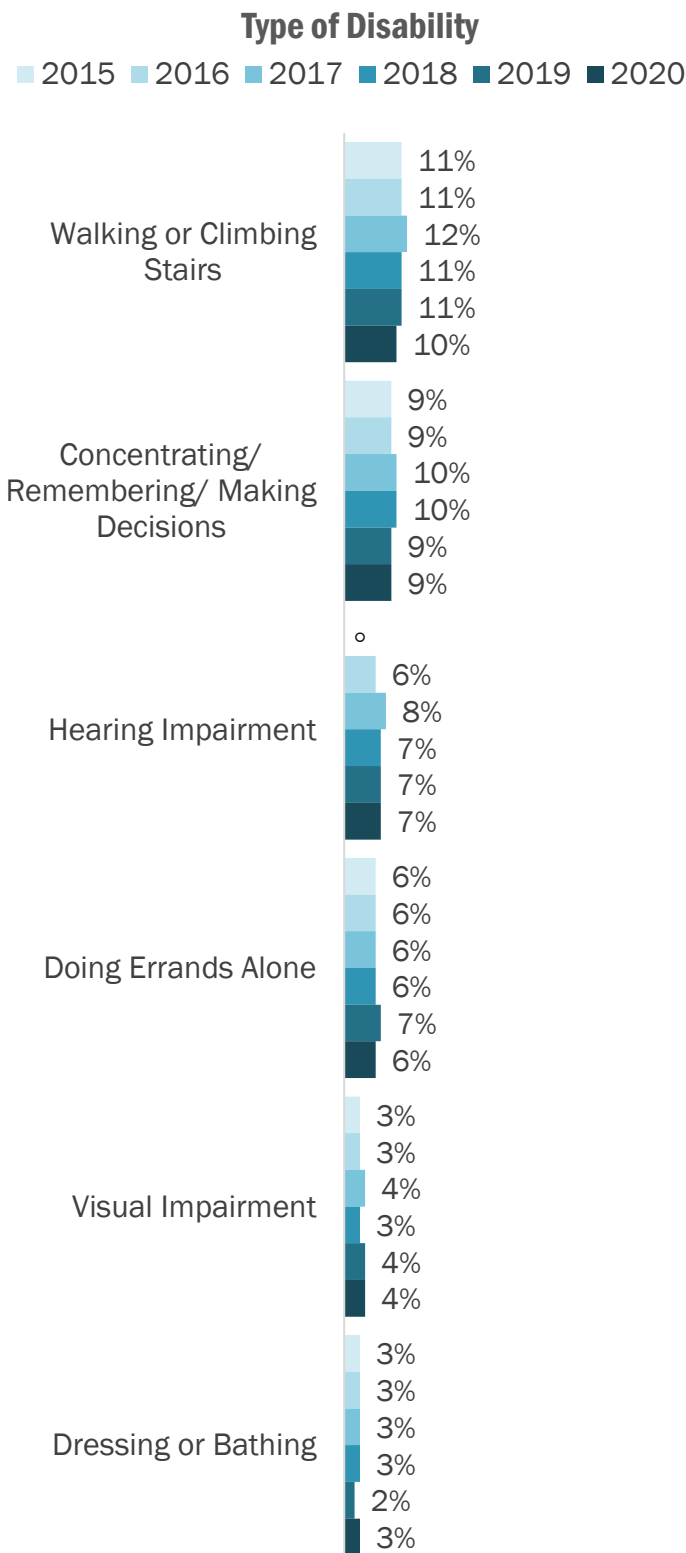
Disability

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

About one in ten Vermont adults have difficulty walking or climbing stairs (10%). Due to a physical, mental, or emotional condition, nine percent have serious difficulty concentrating, remembering or making decisions.

Seven percent of Vermont adults have a hearing impairment, while six percent or fewer have serious difficulty doing errands alone (6%), seeing (4%), and dressing or bathing (3%).

The proportion of Vermont adults with each type of disability is statistically similar to 2019 and 2015.



°Serious difficulty hearing was first asked on the 2016 BRFSS.

Social and Emotional Support

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

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

Adults ages 65 and older are statistically more likely than those 25-44 to not get social and emotional support.

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

- All differences by education level are statistically significant.
- Adults with low to middle household incomes are statistically more likely than those with at least high incomes to report not getting needed social and emotional support.

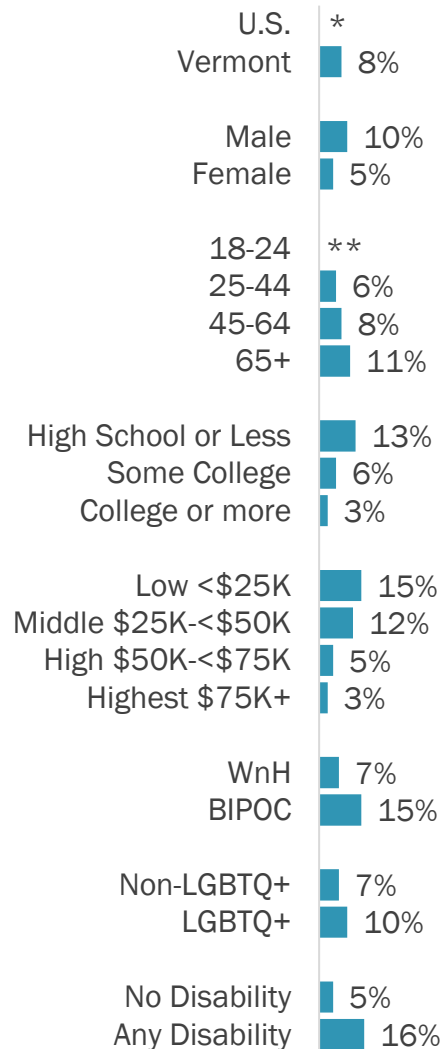
BIPOC adults are more than twice as likely to report rarely or never getting the emotional and social support they need, compared to white, non-Hispanic adults, a statistical difference.

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

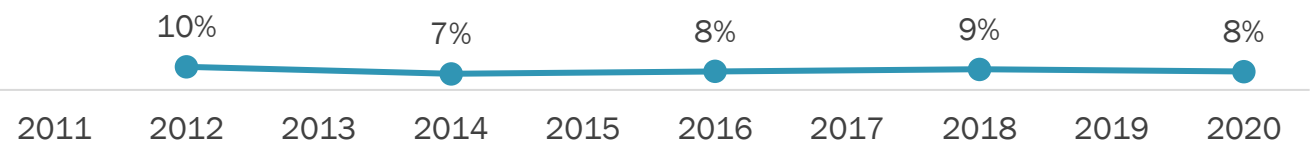
Adults with a disability are more than three times as likely as those with no disability to not get needed social and emotional support, a statistical difference.

The proportion of adults rarely or never getting the social and emotional support they need is statistically similar to 2018, but lower than 2012.

Rarely/Never Get Social and Emotional Support Vermont Adults, 2020



Vermont Adults Rarely or Never Getting Social and Emotional Support

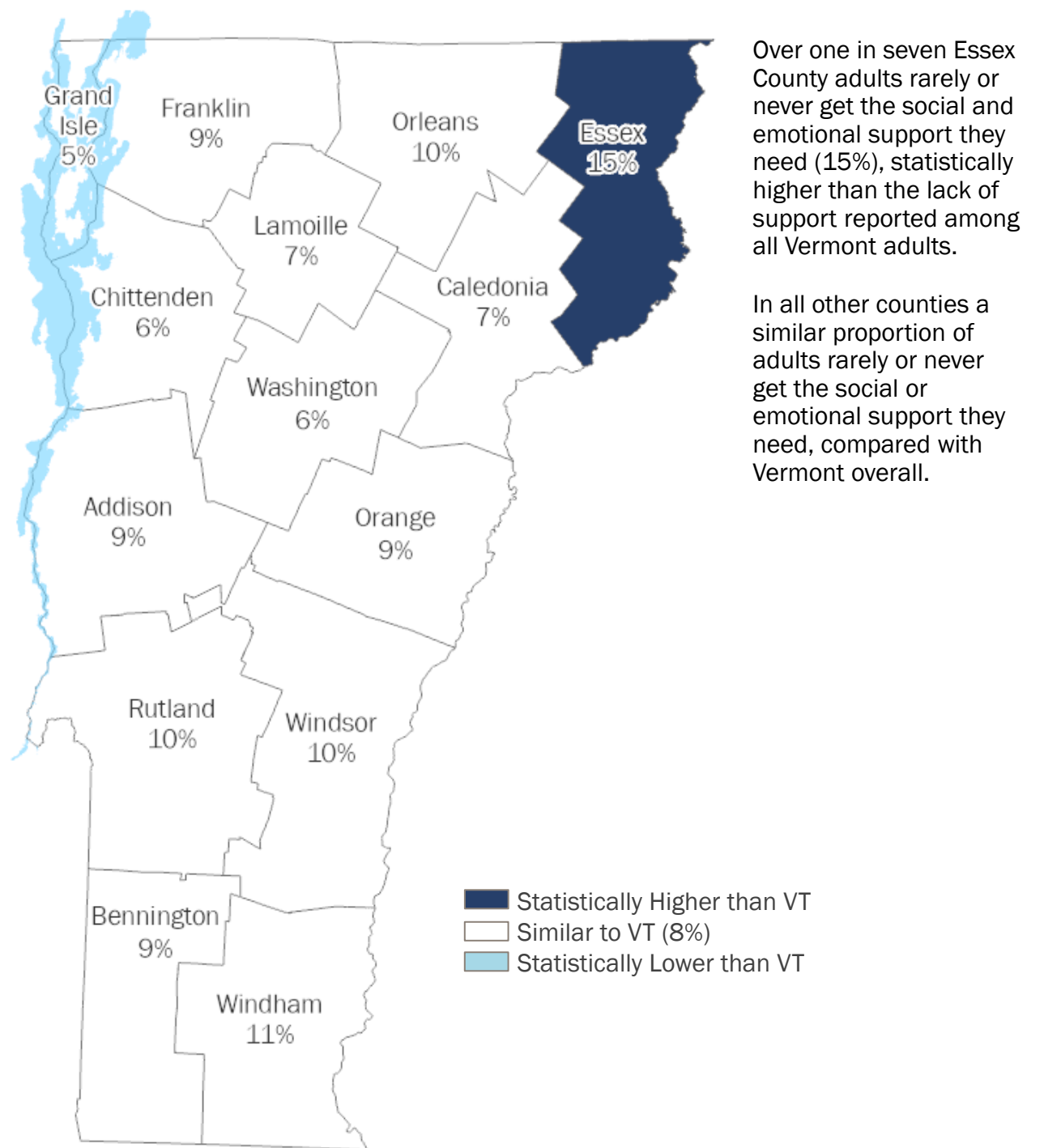


*No national estimate available.

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

Statistical comparisons are not completed on suppressed values.

Vermont Adults Rarely or Never Getting Social and Emotional Support, by County, 2018, 2020



Falls

One-third of Vermont adults ages 45 and older fell in the past year (31%). This is statistically higher compared to 24% of U.S. adults ages 45 and over.

Men and women experience at least one fall at similar rates.

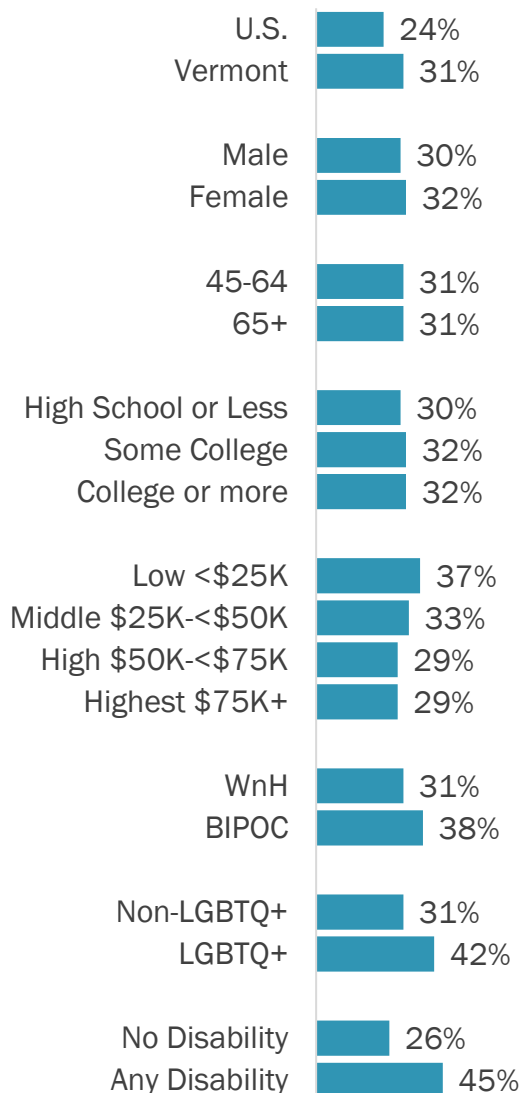
There are no differences in experiencing falls by education level or race and ethnicity.

Adults in homes with an annual income of less than \$25,000 are statistically more likely to experience falls than adults earning \$75,000 or more.

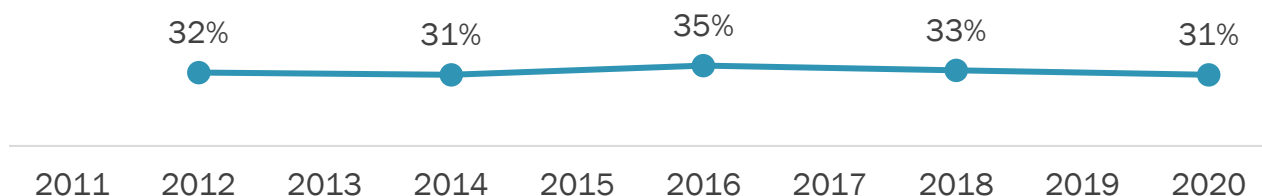
LGBTQ+ adults and adults with a disability are statistically more likely to experience falls than non-LGBTQ+ adults and those with no disability.

The proportion of adults experiencing at least one fall in the past year is statistically similar to 2018 and 2012.

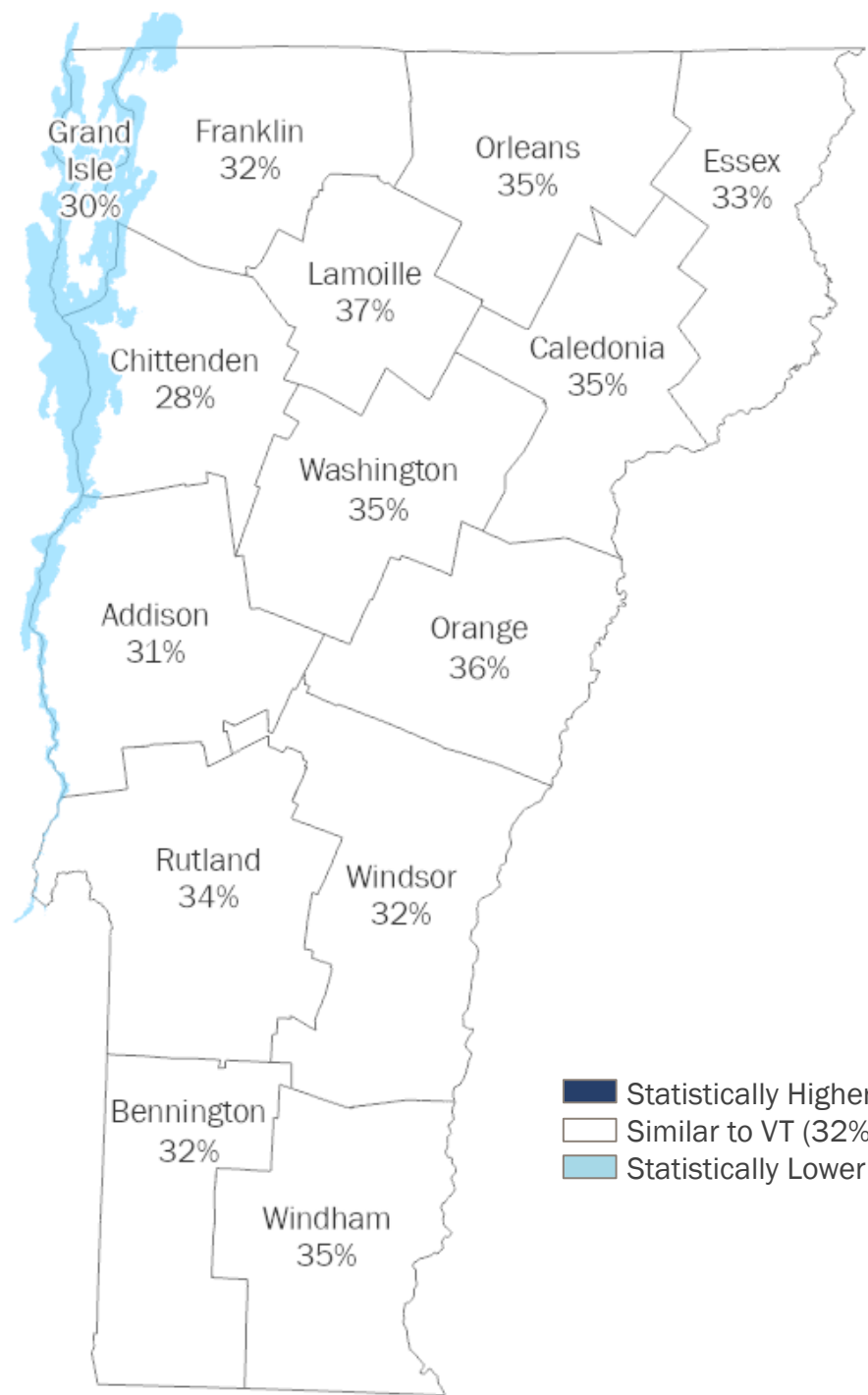
Fell in the Past Year Vermont Adults 45+, 2020



Vermont Adults Ages 45+ who Fell in the Past Year



Vermont Adults Ages 45+ who Fell in Past Year by County, 2018, 2020



All Vermont counties have a similar percent of adults ages 45 and older who fell in the past year, compared with Vermont.

Falls Resulting in Injury

One in three Vermont adults ages 45 and older who fell at least once in the past year say that a fall resulted in an injury (31%). This is statistically lower compared to 38% of U.S. adults ages 45 and over.

An injury is defined as a fall that caused limitations in regular activities for at least a day or a visit to the doctor.

Women are statistically more likely to have a fall that results in an injury than men.

There are no differences in falls resulting in injury by age, education level, race and ethnicity, or sexual orientation and gender identity.

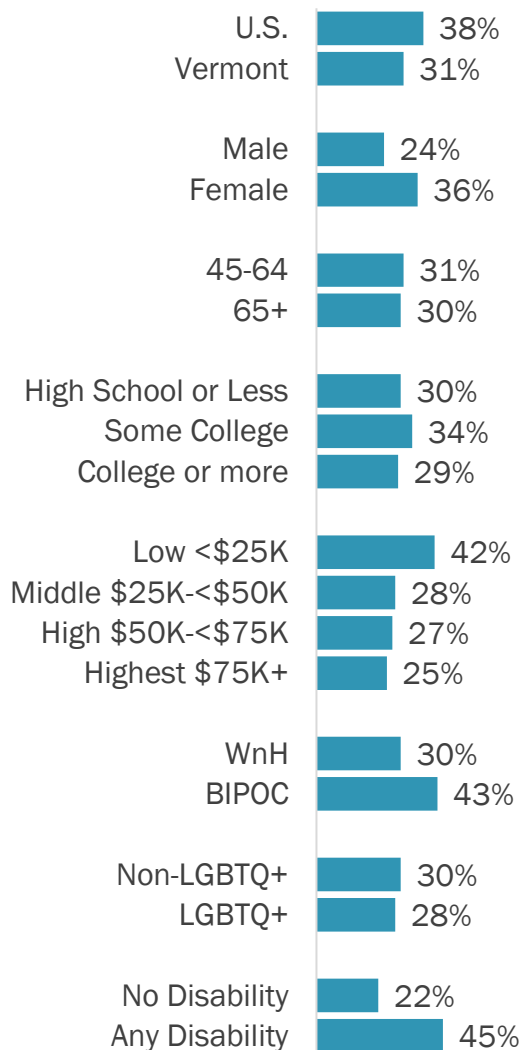
Adults with household incomes less than \$25,000 are most likely to report a fall resulting in an injury.

- Adults with household incomes less than \$25,000 are statistically more likely to report a fall causing an injury than those earning at least \$75,000 annually.

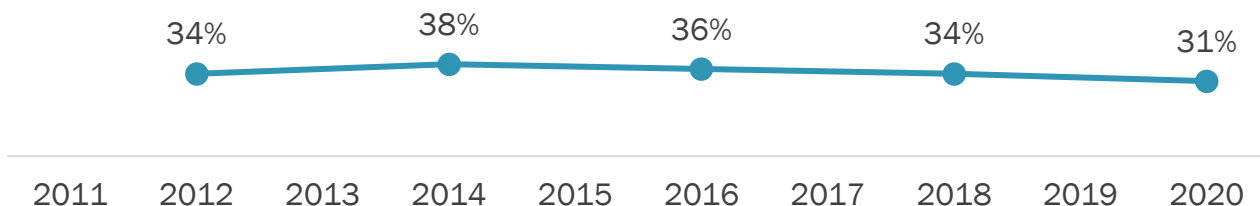
Adults with a disability are more than twice as likely to report a fall that resulted in an injury than those with no disability, a statistically significant difference.

The proportion of adults reporting a fall resulting in an injury is statistically similar to 2018 and 2012.

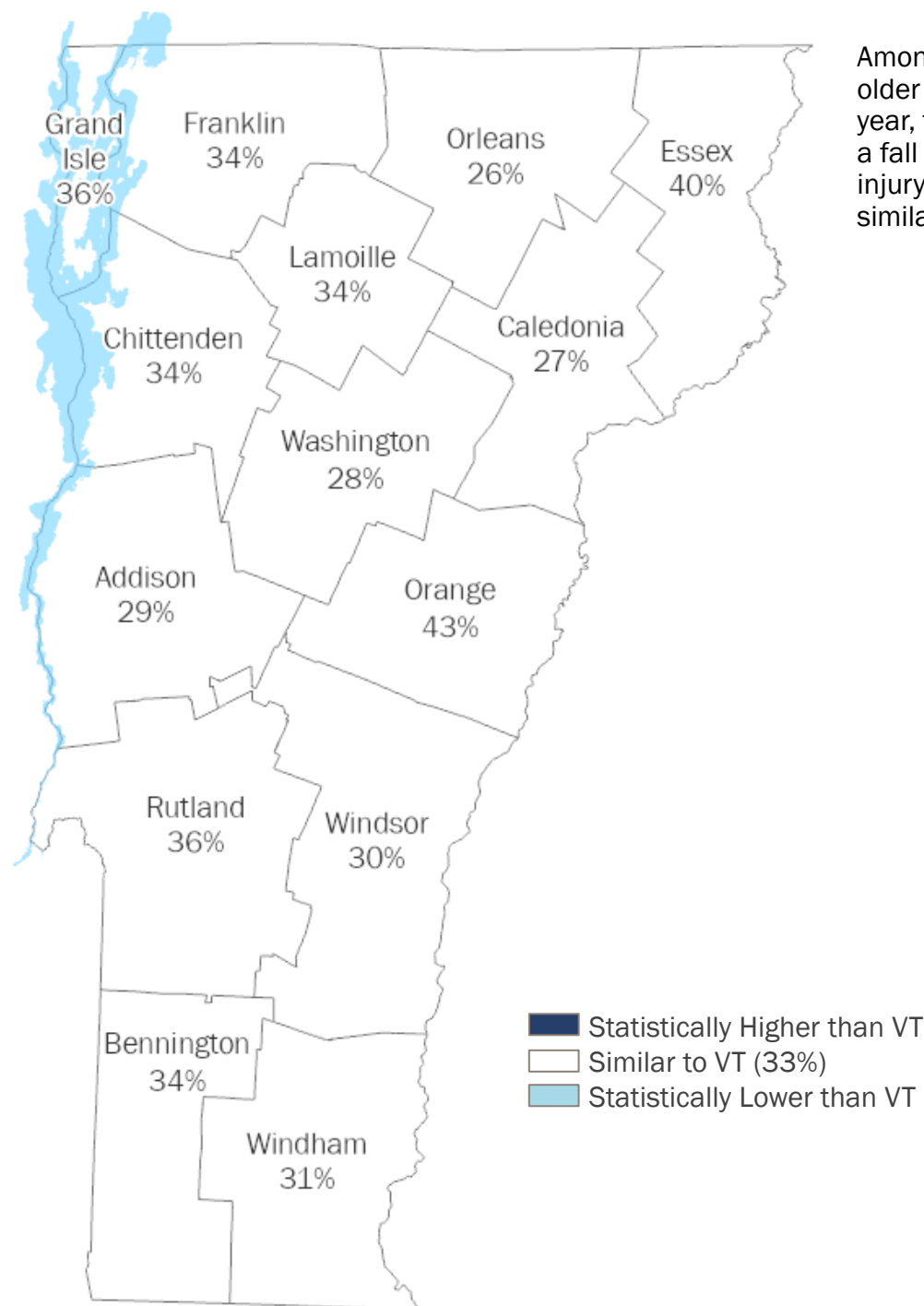
Fall Resulting in Injury in Past Year, Vermont Adults 45+, 2020



Vermont Adults Ages 45+ who had a Fall Resulting in an Injury in the Past Year



Vermont Adults Ages 45+ who had a Fall Resulting in an Injury in Past Year, by County, 2018, 2020



Among adults 45 and older that fell in the past year, the proportion with a fall that resulted in an injury in all counties is similar to Vermont.

Chronic Conditions

Arthritis

One in four Vermont adults have arthritis (26%), statistically similar to the 24% of U.S. adults.

Women are statistically more likely to have arthritis than men.

Arthritis prevalence increases with age.

- All differences by age are statistically significant.

Adults with less than a college degree are statistically more likely to have arthritis than adults with at least a college education.

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

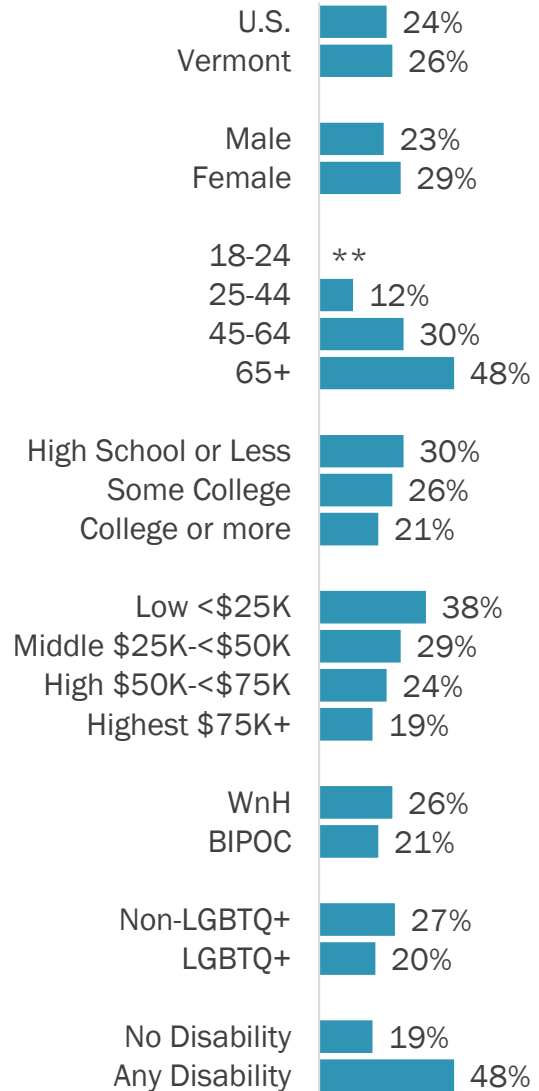
- All differences are statistically significant except between households with middle and high incomes, as well as between households with high and highest incomes.

There is no statistical difference in arthritis prevalence by race and ethnicity, or sexual orientation and gender identity.

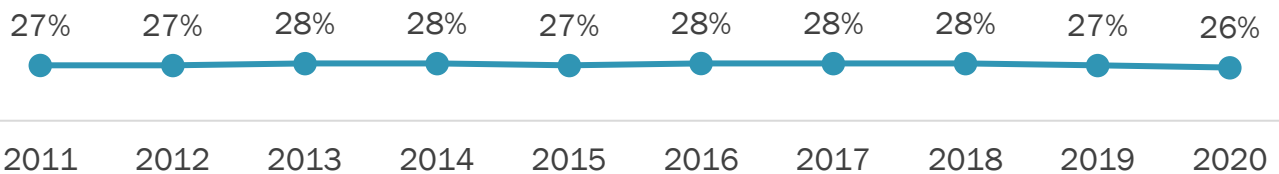
Adults with a disability are statistically more likely to report having arthritis than adults with no disability.

The proportion of adults with arthritis is statistically similar to 2019 and 2011.

Vermont Adults with Arthritis, 2020

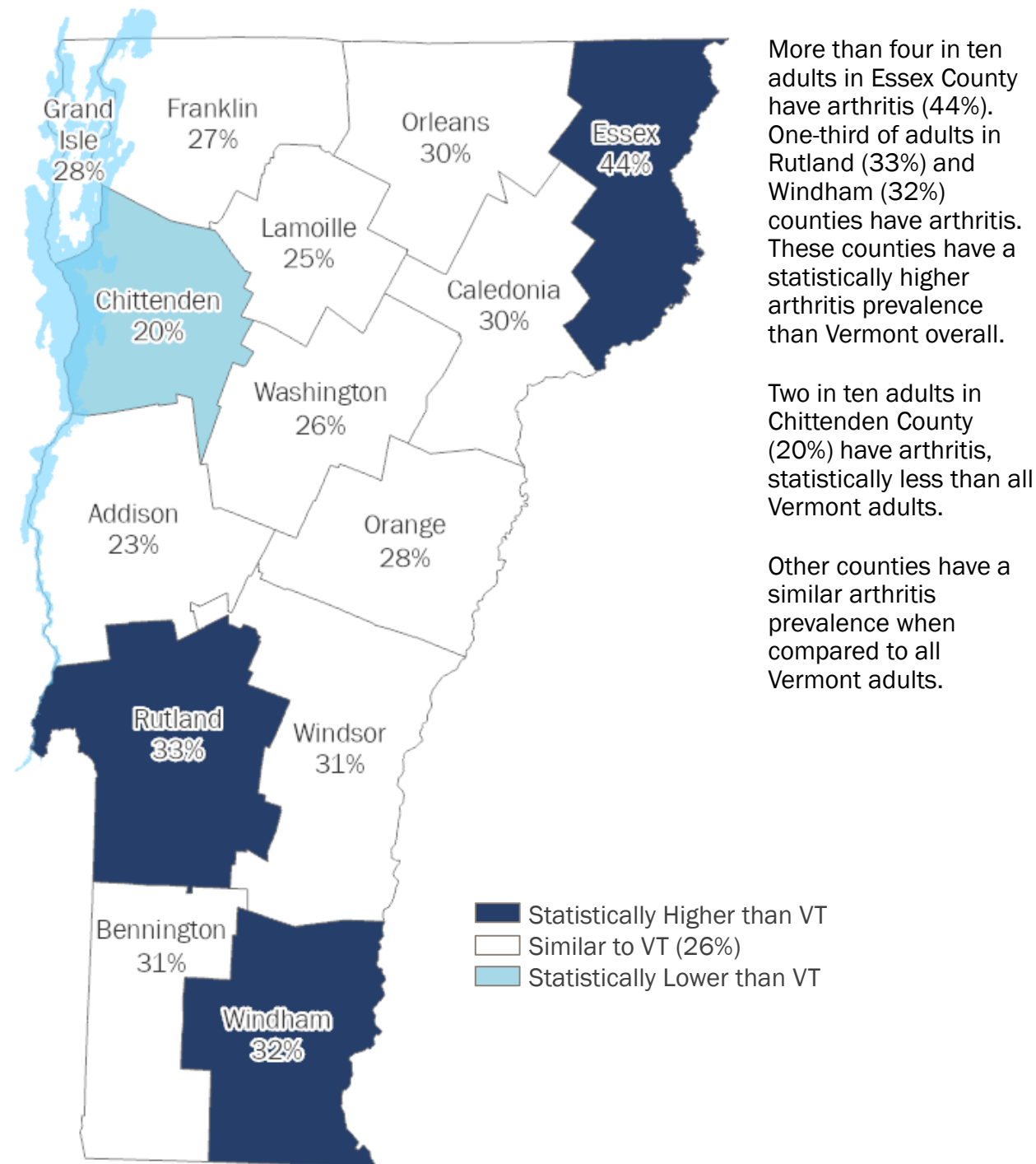


Vermont Adults with Arthritis



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

Vermont Adults with Arthritis by County, 2019-2020



Arthritis Burden and Management

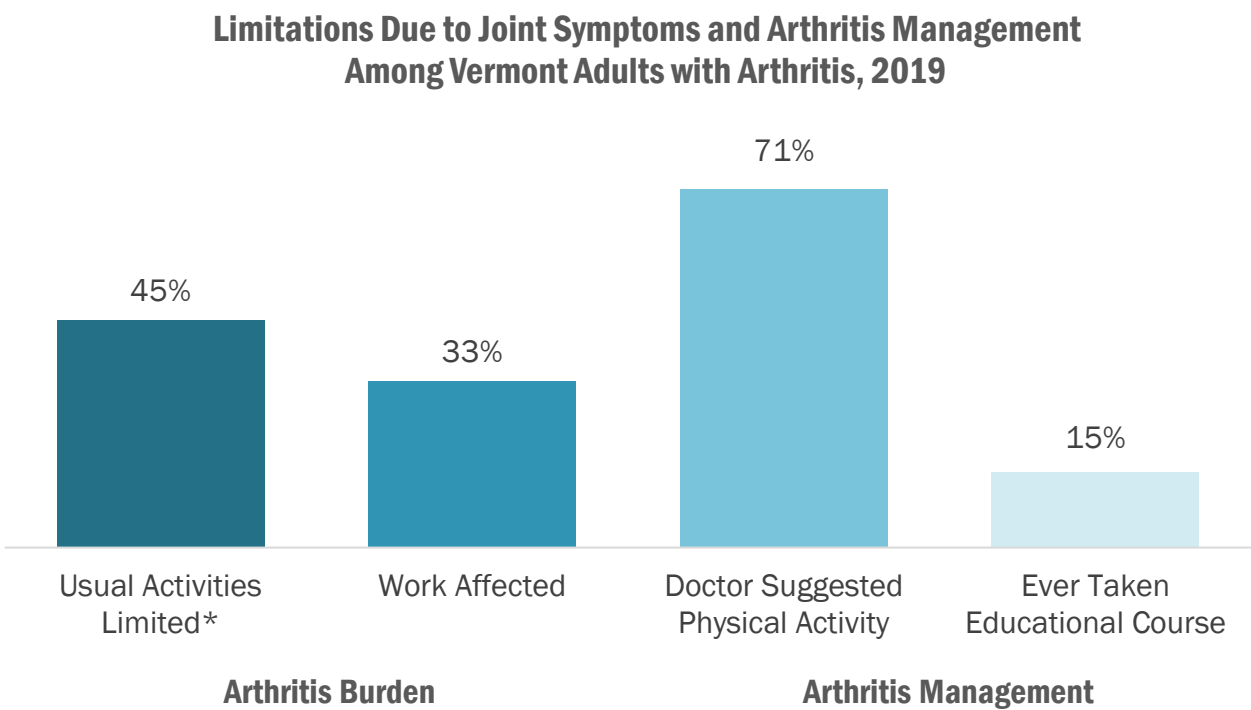
Arthritis can impact a person’s participation in activities and limit both the amount and type of work they do. Nearly half of Vermont adults with arthritis say they limited their usual activities due to arthritis or other joint symptoms (45%).

A third say their arthritis or joint symptoms affects whether they work, the type of work they do and/or the amount of work they do (33%).

On average, Vermont adults with arthritis rated their joint pain in the last month as 4.6, on a scale of 1 to 10.

More than two thirds of Vermont adults with arthritis have ever had a doctor suggest physical activity or exercise to help with their arthritis or joint symptoms (71%).

Fifteen percent of adults with arthritis have ever taken an educational course on how to manage problems related to their arthritis or joint symptoms.



*Age-adjusted to U.S. 2000 population. [Note: This measure is a Healthy Vermonters 2020 goal.]

Asthma

One in nine Vermont adults currently have asthma (11%), statistically higher than the 9% of U.S. adults.

Women are statistically more likely to have asthma than men.

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

There are no differences in asthma by education.

Adults living in homes with an annual income less than \$25,000 are statistically more likely to have asthma than adults in homes earning \$75,000 or more.

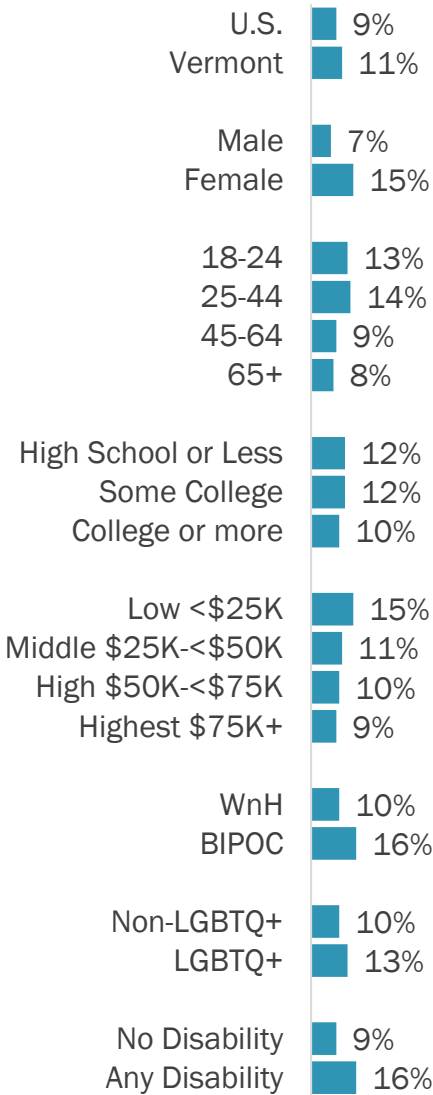
- All other comparisons of asthma prevalence by household income are statistically similar.

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

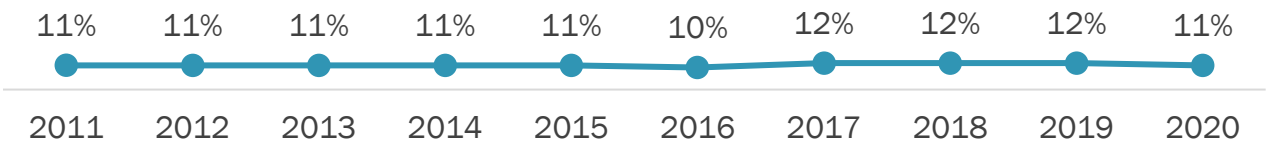
Adults with a disability are statistically more likely to have asthma than those with no disability.

The prevalence of asthma among Vermonters is statistically similar to 2019 and 2011.

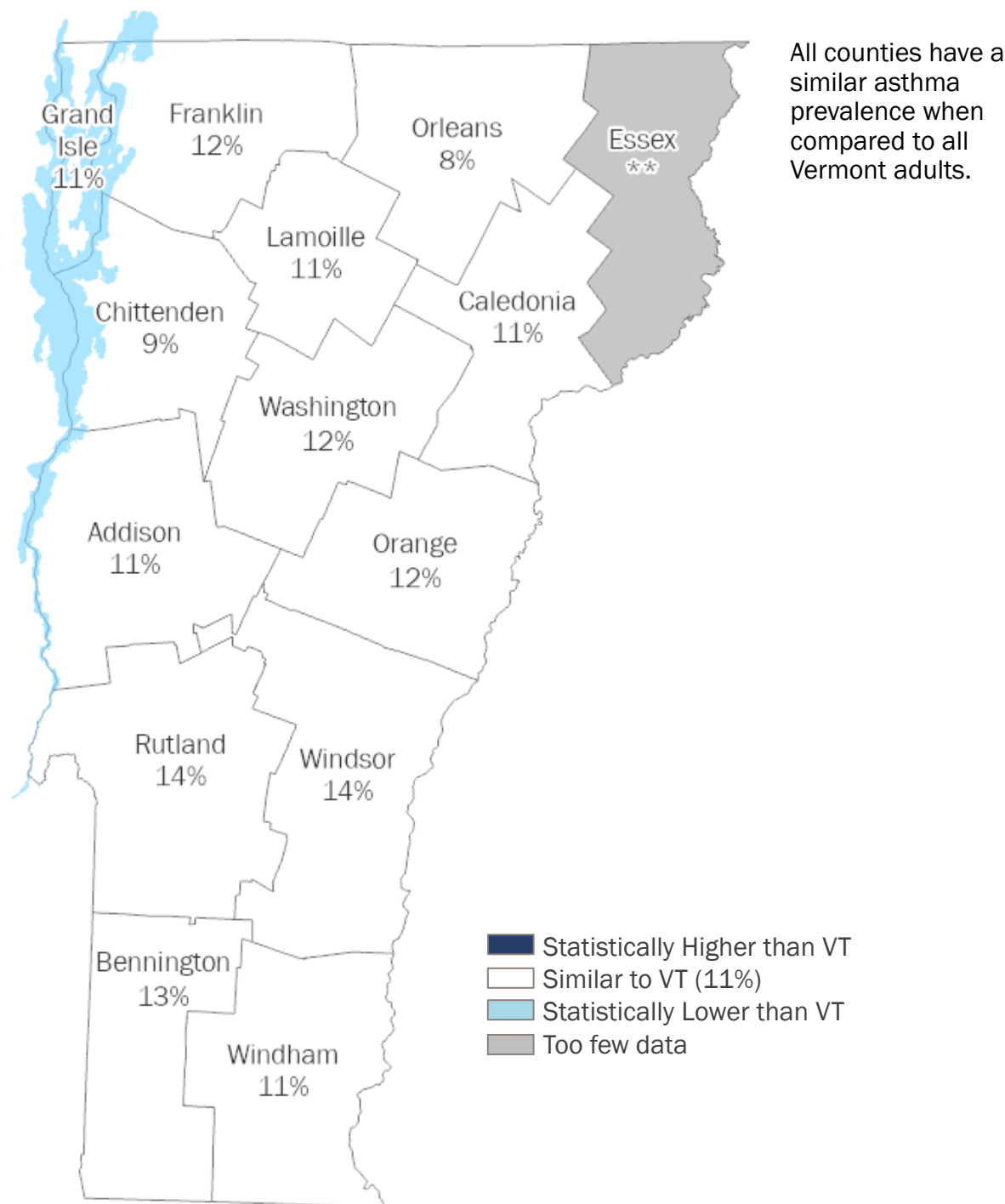
Vermont Adults with Asthma, 2020



Vermont Adults with Asthma



Vermont Adults with Asthma by County, 2019-2020



Cancer Diagnosis (Non-Skin)

One in fourteen Vermont adults have ever been diagnosed with cancer (7%), statistically similar to the 6% of U.S. adults. This definition excludes skin cancer.

Men and women experience cancer at similar rates.

Prevalence of cancer statistically increases as age increases.

There are no differences in cancer by education level.

Adults living in homes with an annual income of less than \$50,000 are statistically more likely to have ever had cancer than adults in homes with an income of \$75,000 or more.

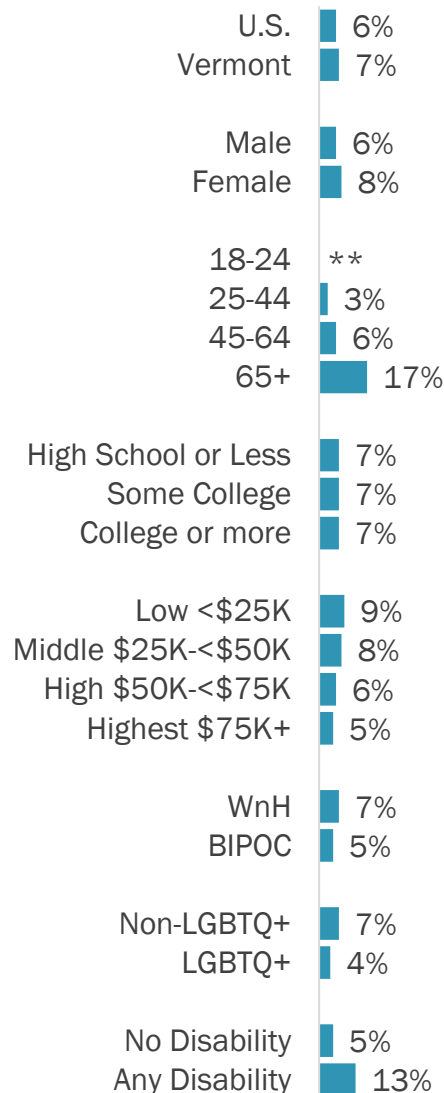
- There are no other statistical differences in cancer rates by household income.

Cancer prevalence is statistically similar by race and ethnicity.

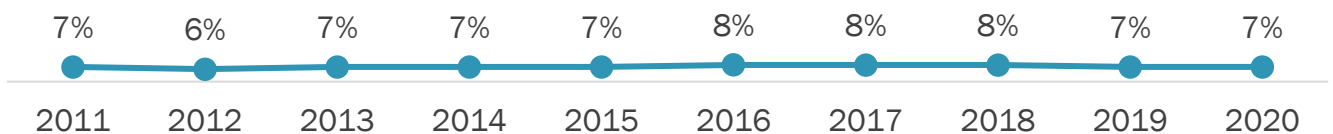
Non-LGBTQ+ adults and adults with a disability are statistically more likely to have ever had cancer than LGBTQ+ adults and those with no disability.

Cancer prevalence among Vermont adults is statistically similar to 2019 and 2020.

Vermont Adults Diagnosed with Cancer, 2020

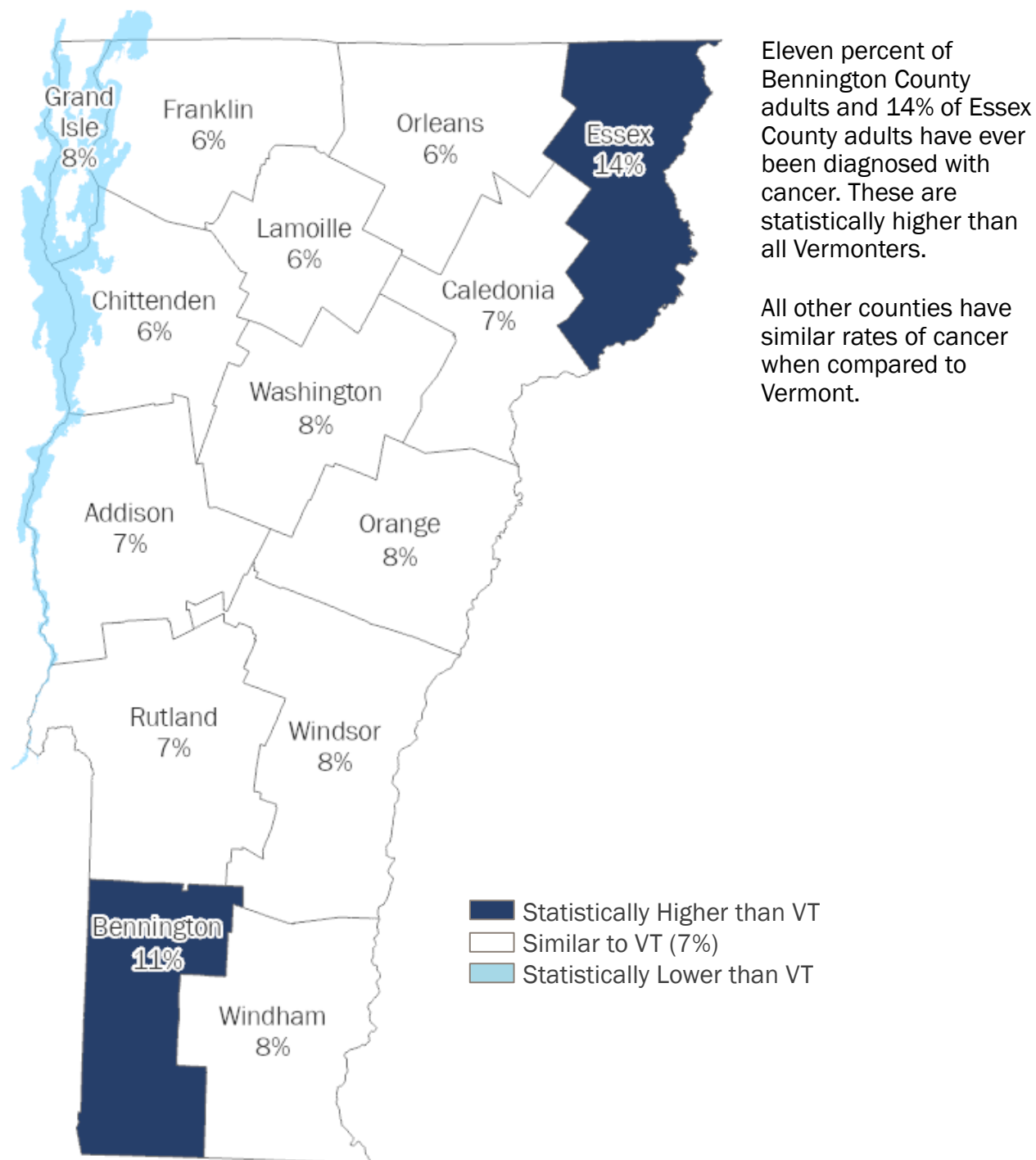


Vermont Adults Diagnosed with Cancer



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

Vermont Adults Diagnosed with Cancer by County, 2019-2020



Skin Cancer Diagnosis

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

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

Adults ages 65 and older are more than twice as likely to have had skin cancer than adults 45-64.

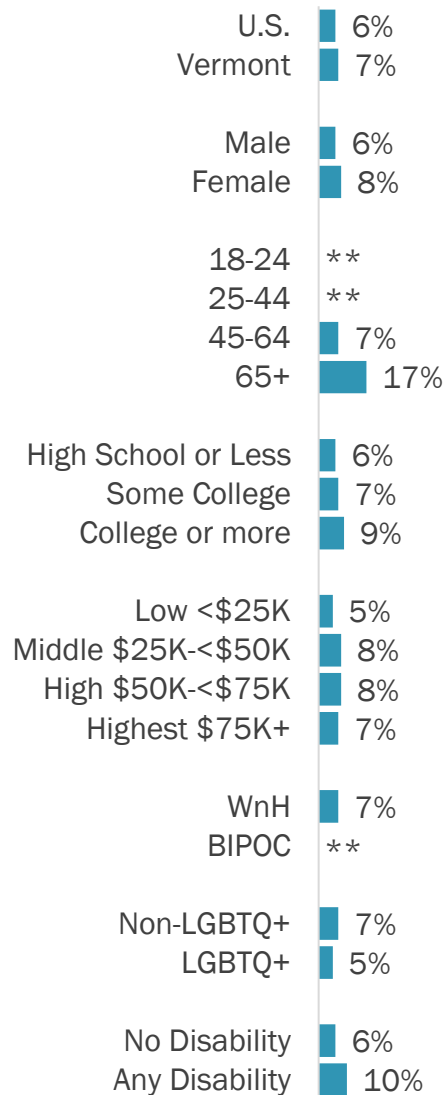
Adults with a college education or higher are statistically more likely to report having been diagnosed with skin cancer than adults with a high school education or less.

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

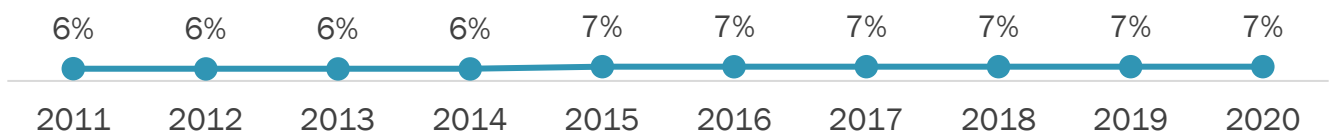
Adults with a disability are statistically more likely to have had skin cancer than those with no disability.

The prevalence of skin cancer is statistically similar to 2019 and 2020.

Vermont Adults Diagnosed with Skin Cancer, 2020

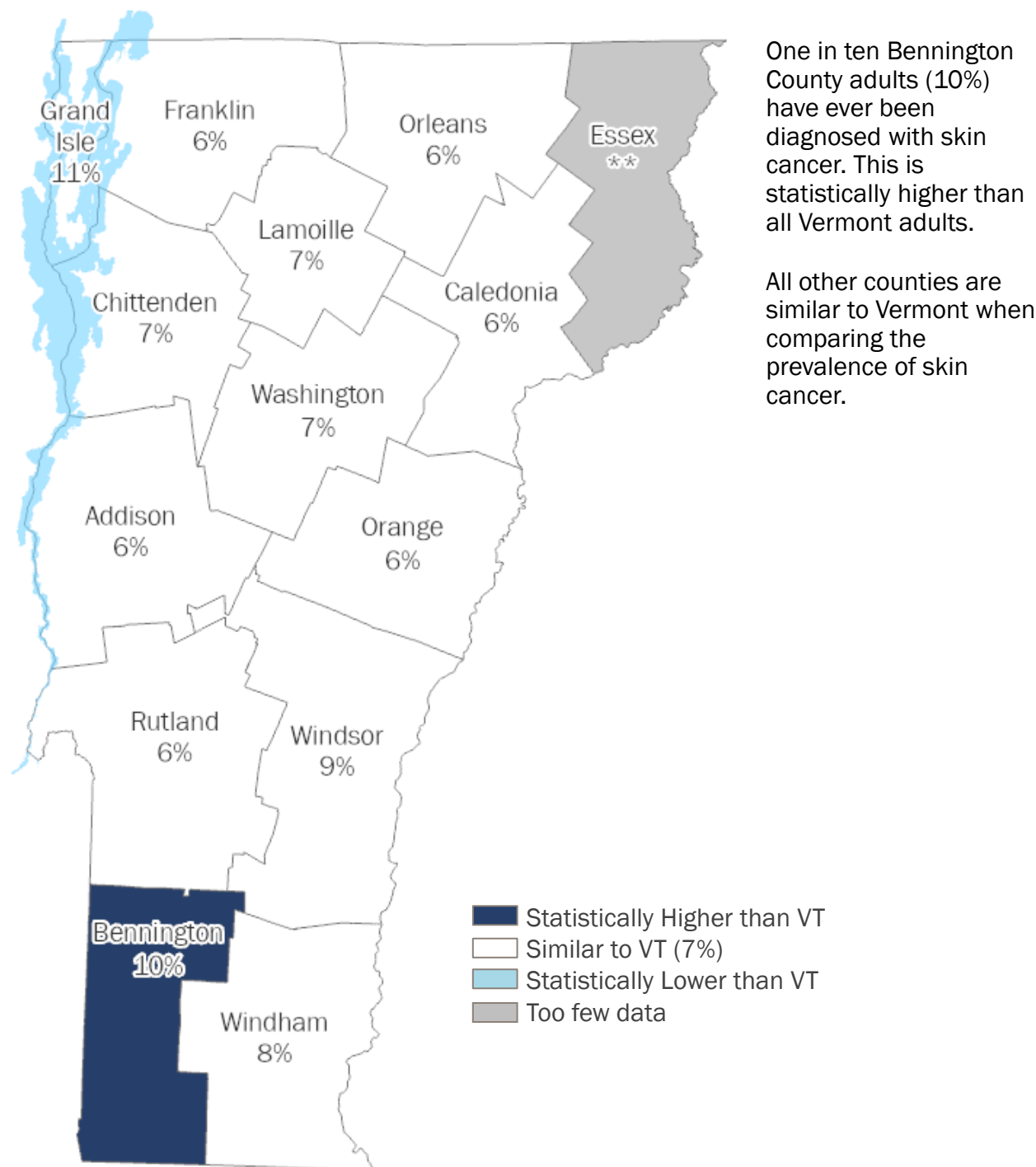


Vermont Adults Diagnosed with Skin Cancer



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

Vermont Adults Diagnosed with Skin Cancer by County, 2019-2020



Cardiovascular Disease

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

Eight percent of Vermont adults have ever been diagnosed with CVD, statistically similar to the 9% among U.S. adults.

Four percent of Vermont adults have coronary heart disease, 4% had a myocardial infarction and 3% had a stroke.

Men are statistically more likely to have CVD than women.

CVD prevalence increases with age.

- All differences in CVD by age are statistically significant.

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

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

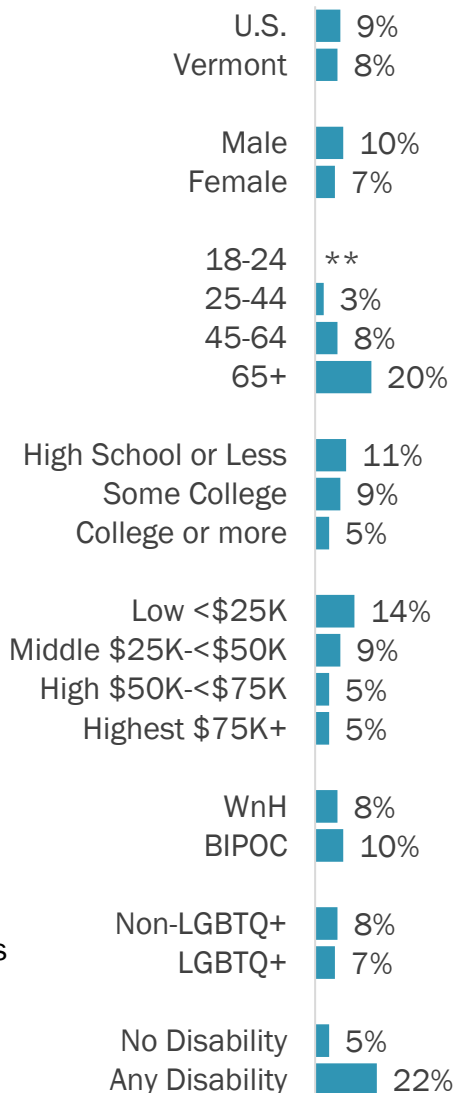
- Adults in homes with low incomes have statistically higher rates of CVD than adults in homes earning middle to highest incomes.
- Adults in homes with middle incomes have statistically higher rates of CVD than adults in homes with high to highest incomes.

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

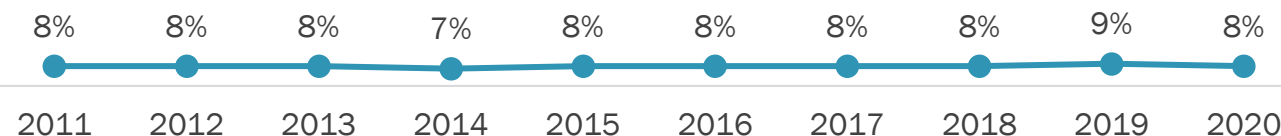
Adults with a disability are more than four times as likely to report having CVD than adults with no disability, a statistically significant difference.

The prevalence of CVD among Vermont adults is statistically similar to 2019 and 2011.

Vermont Adults with Cardiovascular Disease, 2020

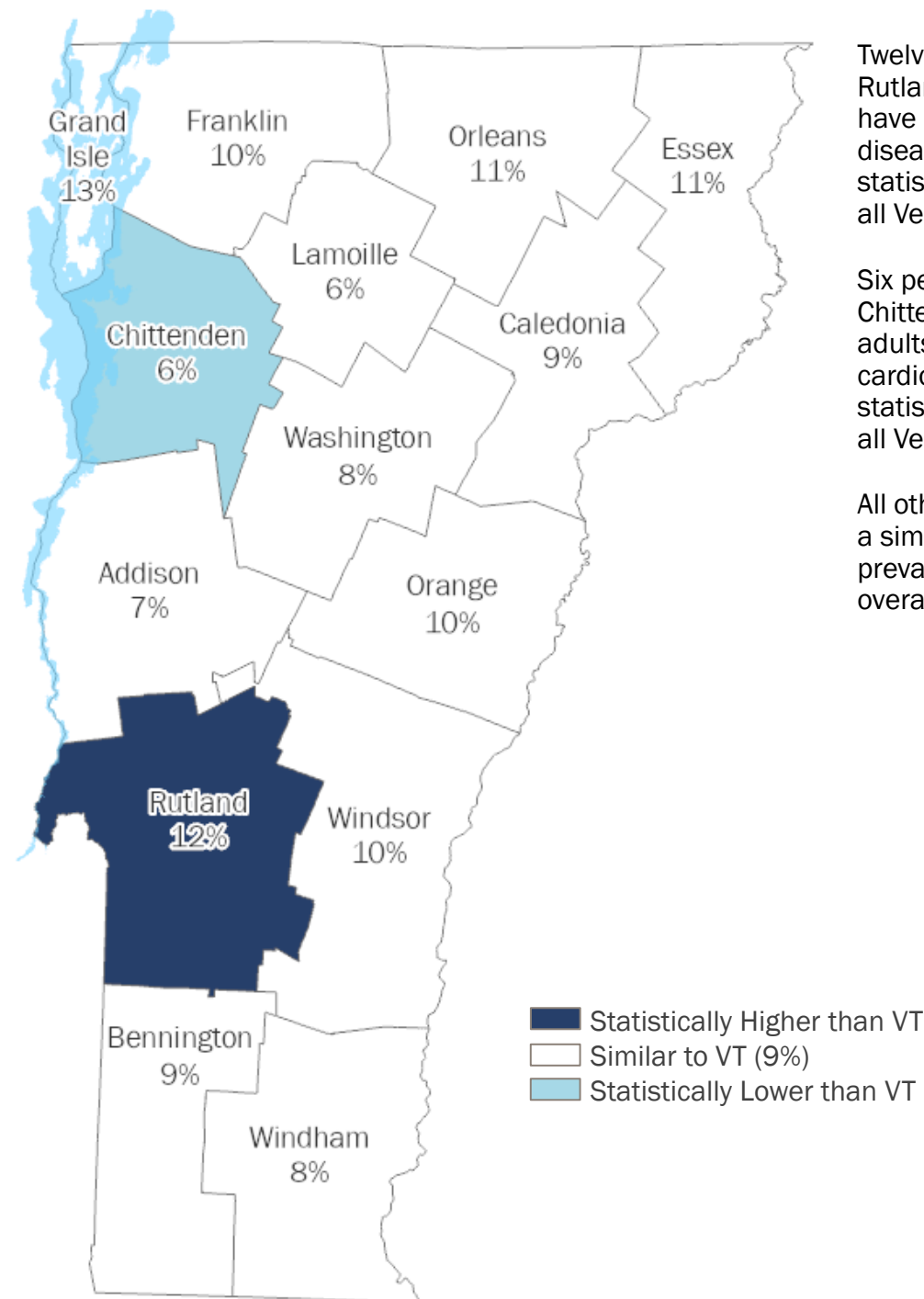


Vermont Adults with Cardiovascular Disease



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

Vermont Adults with Cardiovascular Disease by County, 2019-2020



Twelve percent of Rutland County adults have cardiovascular disease. This is statistically higher than all Vermonters.

Six percent of Chittenden County adults have cardiovascular disease, statistically lower than all Vermonters.

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

Chronic Kidney Disease

Two percent of Vermont adults have chronic kidney disease. This is statistically lower than the 3% among U.S. adults.

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

Men and women report having chronic kidney disease at statistically similar rates.

Chronic kidney disease diagnosis increases with age.

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

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

Adults in homes with low incomes are statistically more likely to report having chronic kidney disease than adults in homes with higher incomes.

Statistical comparisons were not made for chronic kidney disease prevalence by race and ethnicity or sexual orientation and gender identity due to data suppression.

Adults with a disability are statistically more likely to report chronic kidney disease than adults with no disabilities.

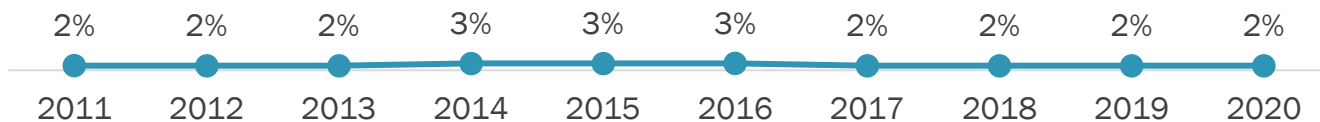
The proportion of adults with chronic kidney disease is statistically similar to 2019 and 2011.

Chronic kidney disease is a concern for adults with diabetes. Among adults with diabetes, 11% have chronic kidney disease, statistically higher than the 2% of Vermont adults without diabetes.

Vermont Adults with Chronic Kidney Disease, 2020

U.S.	3%
Vermont	2%
Male	2%
Female	3%
18-24	**
25-44	**
45-64	2%
65+	5%
High School or Less	3%
Some College	2%
College or more	2%
Low <\$25K	5%
Middle \$25K-<\$50K	3%
High \$50K-<\$75K	1%
Highest \$75K+	1%
WnH	2%
BIPOC	**
Non-LGBTQ+	2%
LGBTQ+	**
No Disability	1%
Any Disability	5%

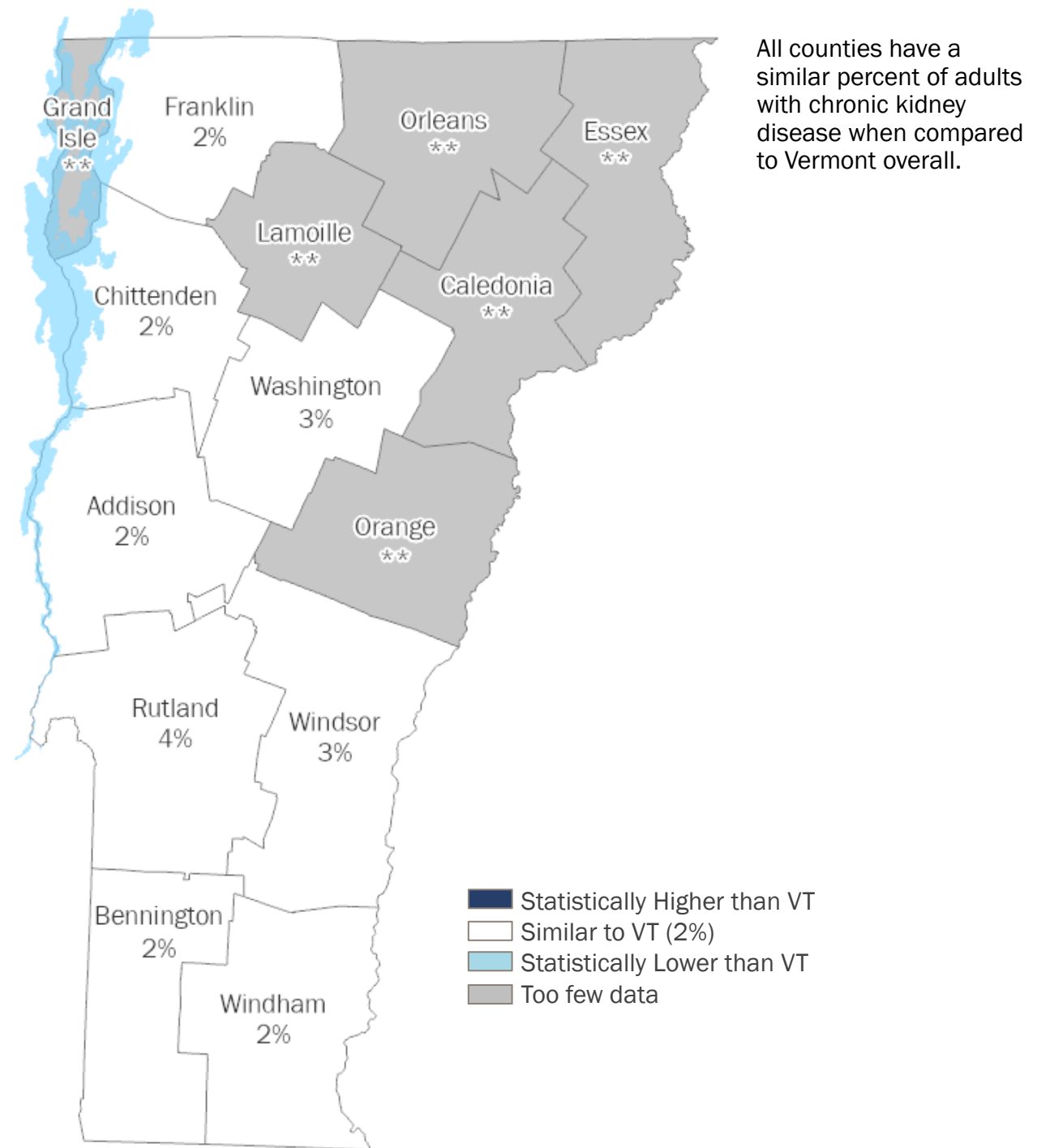
Vermont Adults with Chronic Kidney Disease



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

Statistical comparisons are not completed on suppressed values.

Vermont Adults with Chronic Kidney Disease by County, 2019-2020



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

Chronic Obstructive Pulmonary Disease (COPD)

One in twenty Vermont adults have ever been told they have chronic obstructive pulmonary disease (COPD) (6%). This is statistically similar to 6% among U.S. adults.

Men and women report having COPD at statistically similar rates.

The prevalence of COPD among Vermont adults increases with age.

- All differences in COPD by age are statistically significant.

Adults with a high school education or less are statistically more likely to have COPD compared to those with higher levels of education.

Adults with lower household income are statistically more likely to have COPD.

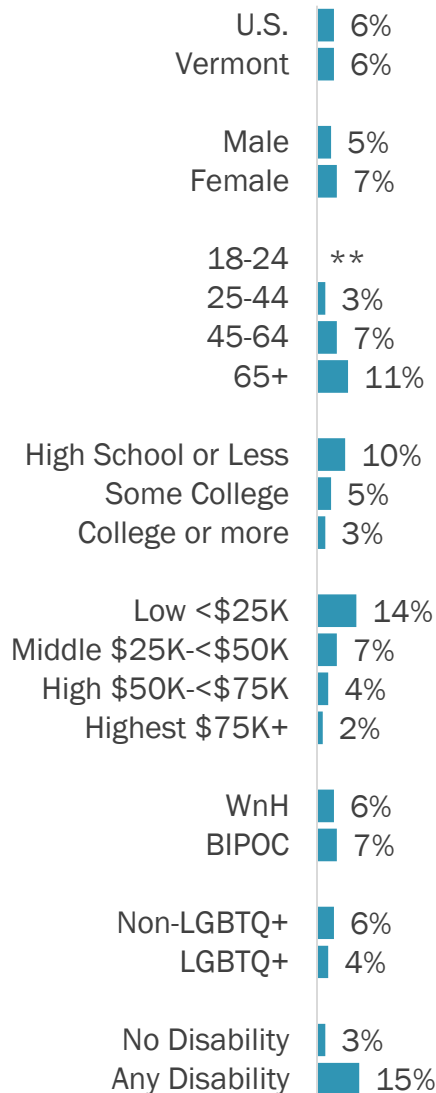
- Adults in households making less than \$50,000 annually are statistically more likely to have COPD than adults in households earning more than \$75,000 a year.

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

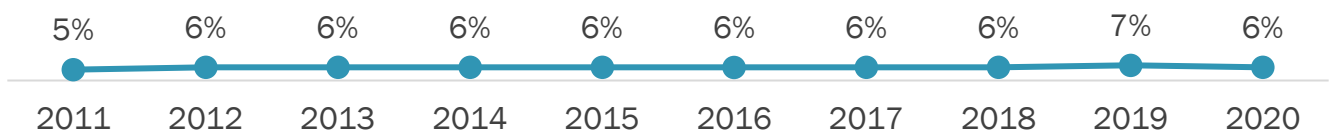
Vermonters with a disability are almost seven times more likely to report having COPD than Vermonters without a disability.

The proportion of Vermont adults with COPD is statistically similar to 2019 and 2011.

Vermont Adults with COPD, 2020



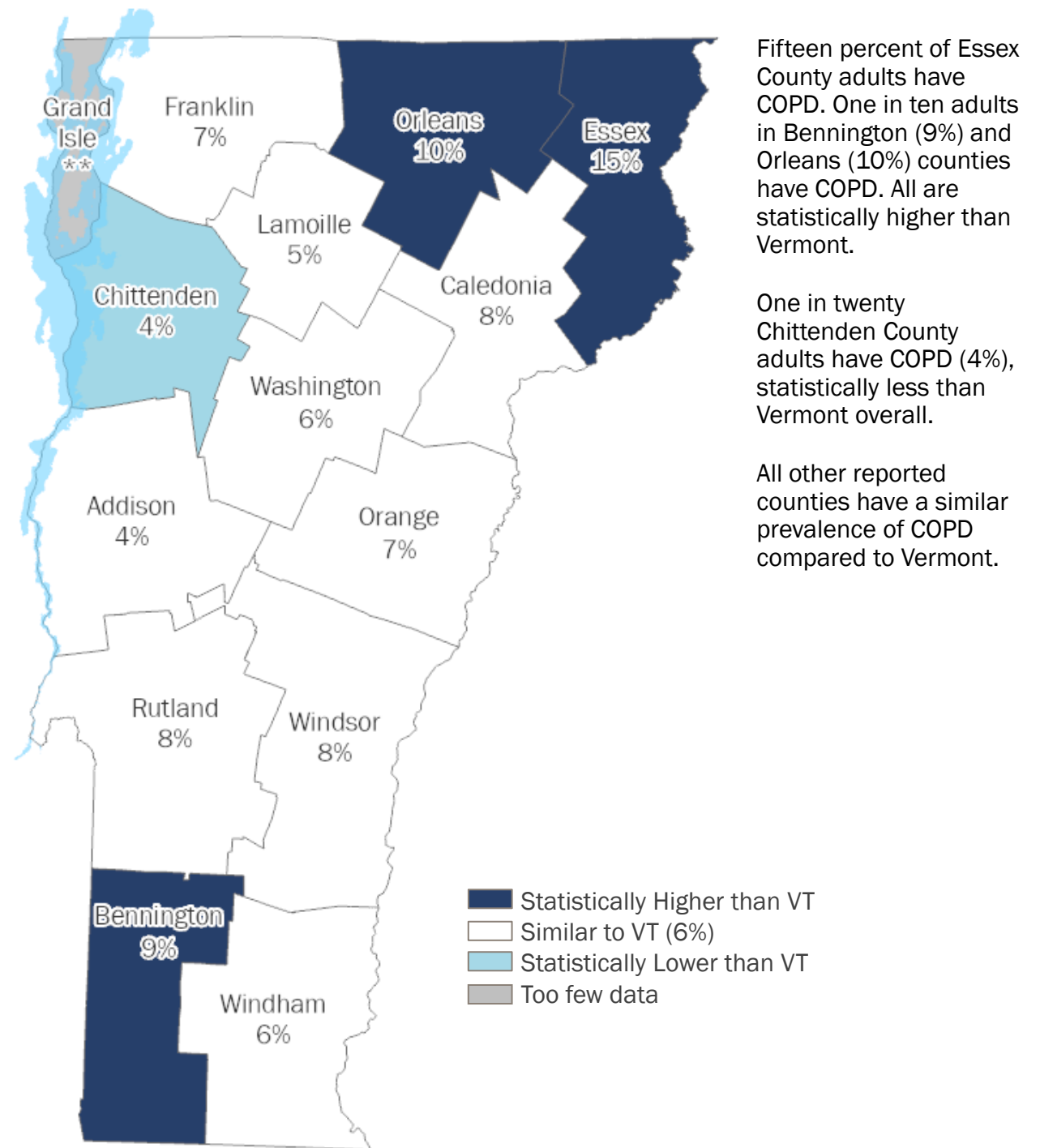
Vermont Adults with COPD



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

Statistical comparisons are not completed on suppressed values.

Vermont Adults with COPD by County, 2019-2020



Depressive Disorder

Nearly one quarter of Vermont adults report ever being told they have a depressive disorder (23%), statistically higher than the 18% of U.S. adults.

Depressive disorders are defined as depression, major depression, dysthymia, or minor depression.

Women are statistically more likely than men to report having a depressive disorder.

Adults under age 65 are statistically more likely to have been diagnosed with depression than older adults.

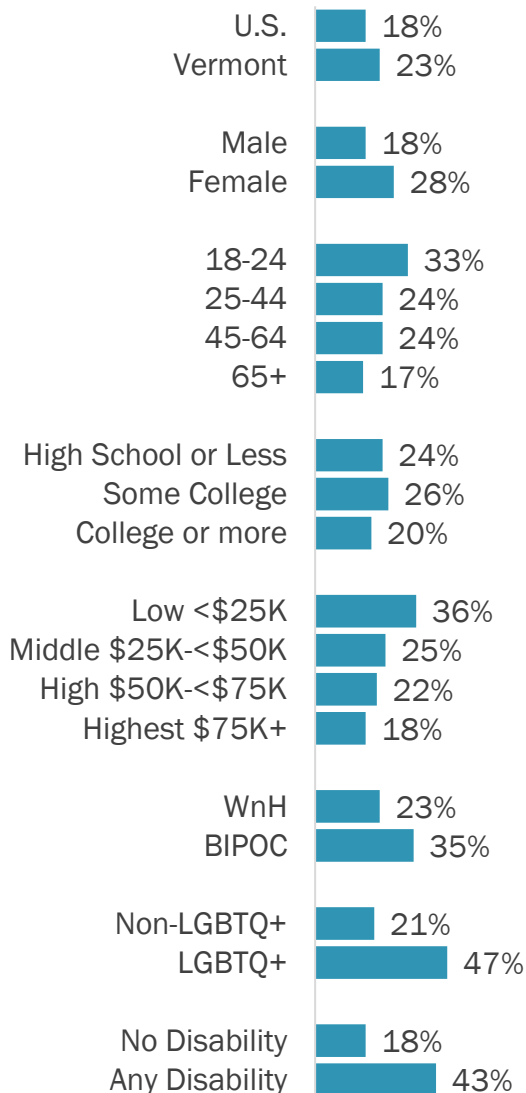
Depression is reported similarly across all education levels.

Adults in homes with less than \$25,000 in annual income are statistically more likely to have a depressive disorder than those in homes with more income. Similarly, those in homes with middle incomes are statistically more likely to have a depressive disorder than those with the highest incomes.

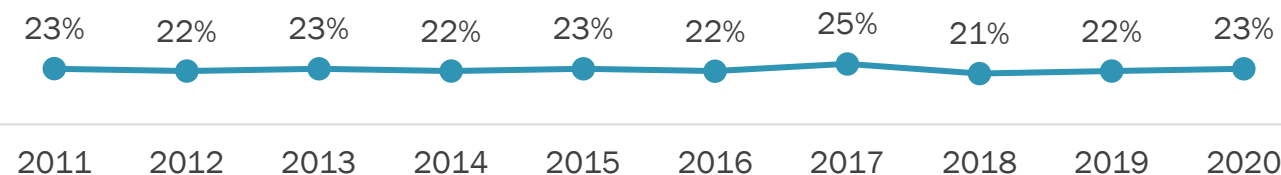
BIPOC adults, LGBTQ+ adults and adults with a disability are statistically more likely to have depression than white, non-Hispanic adults, non-LGBTQ+ adults and adults with no disability.

Depression among Vermont adults is statistically similar to 2019 and 2011.

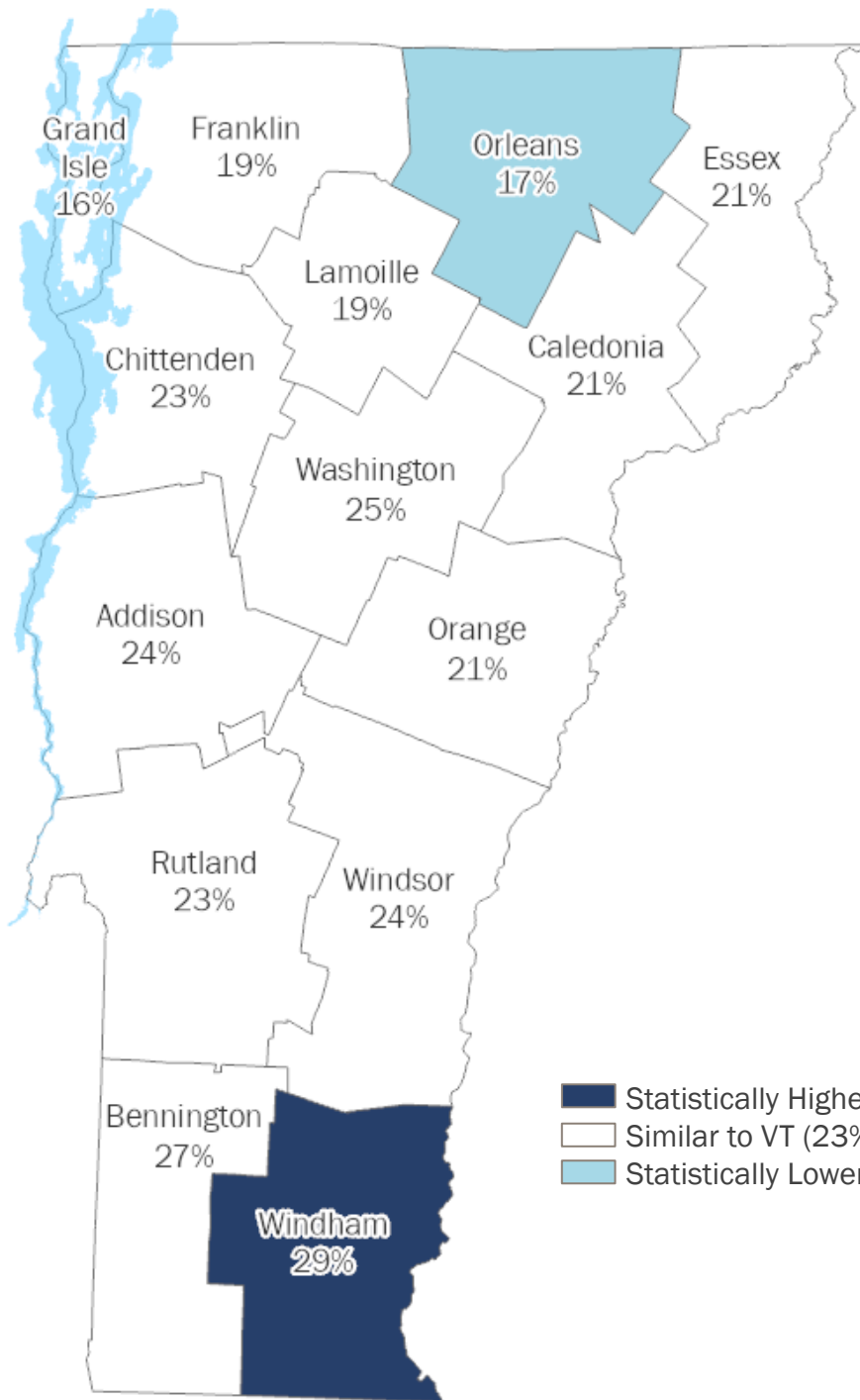
Vermont Adults with Depressive Disorder, 2020



Vermont Adults with Depressive Disorder



Vermont Adults with Depressive Disorder by County, 2019-2020



Nearly three in ten Windham County adults have ever been diagnosed with a depressive disorder (29%). This is statistically higher than all Vermont adults.

Seventeen percent of Orleans County adults have ever been diagnosed with a depressive disorder, statistically lower than all Vermont adults.

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

Pre-Diabetes

In 2019, eight percent of Vermont adults said they had ever been diagnosed with borderline or pre-diabetes.

Men and women report similar rates of pre-diabetes.

Prevalence of pre-diabetes increases with age.

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

Pre-diabetes rates are higher among adults with lower education and lower household incomes.

- Adults with some college or less education are statistically more likely to have pre-diabetes compared to those with a college degree or more.
- Adults living in homes earning less than \$25,000 annually are statistically more likely to have pre-diabetes than those in homes with higher incomes.

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

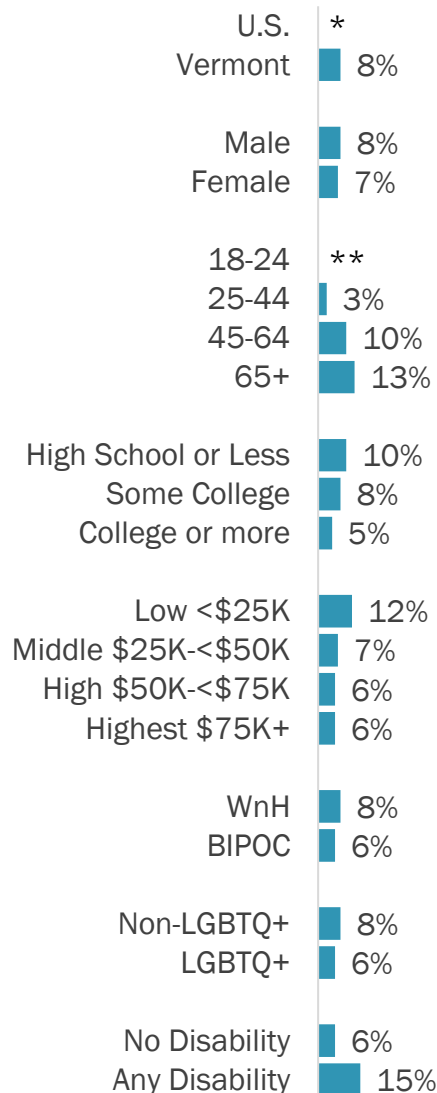
Adults with a disability are nearly three times as likely to report having pre-diabetes than those with no disability.

The prevalence of pre-diabetes among Vermont adults is statistically similar to 2017, but higher than 2012.

Pre-diabetes is likely under-reported due to a relatively low rate of testing. In 2019, 50% of Vermont adults said they had been tested for diabetes or high blood sugar in the preceding three years.

- Seventeen percent of adults with pre-diabetes have ever participated in a lifestyle change program to improve their health or prevent diabetes.

Vermont Adults with Pre-Diabetes, 2019



Vermont Adults with Pre-Diabetes

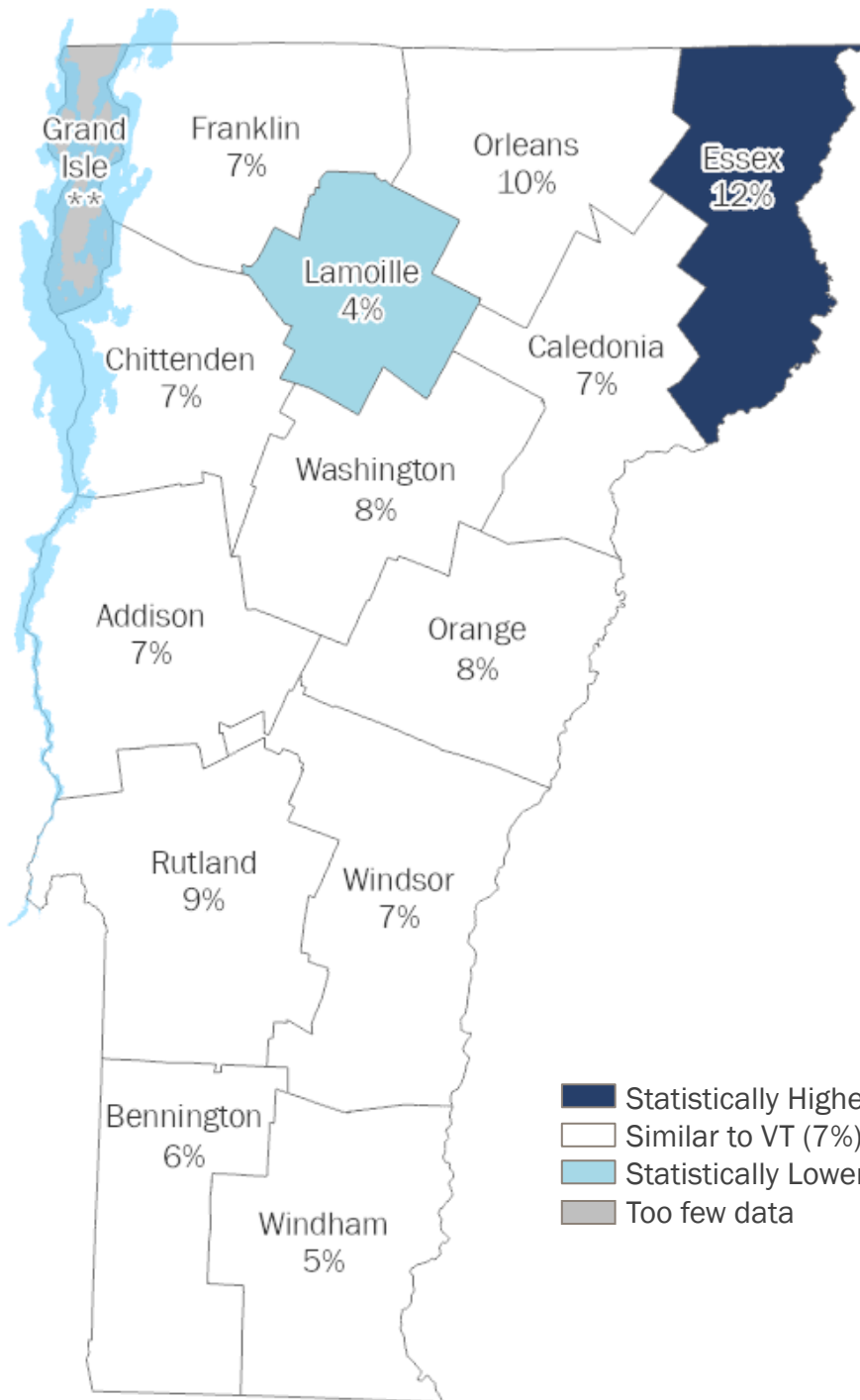


*No national estimate available.

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

Statistical comparisons are not completed on suppressed values.

Vermont Adults with Pre-Diabetes by County, 2017, 2019



One in eight Essex County adults have pre-diabetes (12%). This is statistically higher than Vermont.

Four percent of Lamoille County adults have pre-diabetes. This is statistically lower than Vermont.

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

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

Diabetes

Eight percent of Vermont adults have ever been diagnosed with diabetes, statistically lower compared to 11% among U.S. adults.

Men and women report similar rates of diabetes.

Prevalence of diabetes increases with age.

- All differences by age are statistically significant.

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

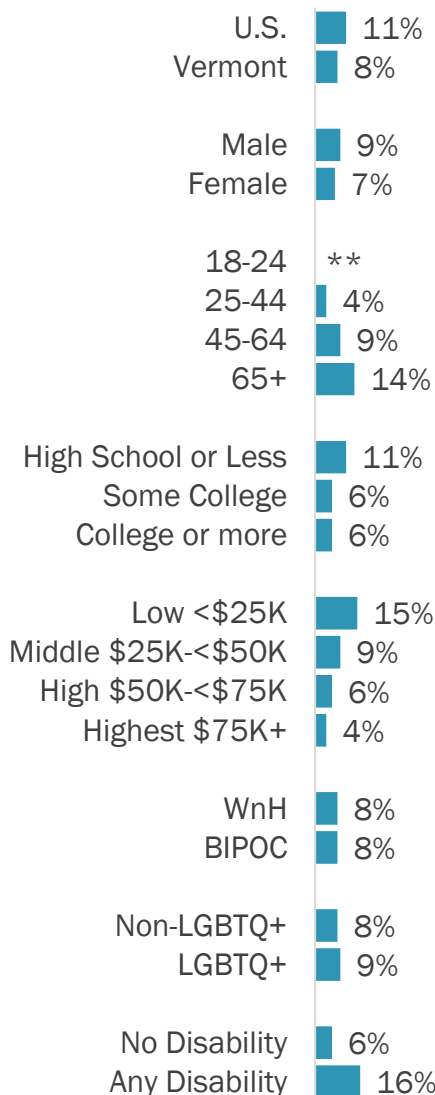
- Adults with a high school education or less are statistically more likely to have diabetes compared to those with higher levels of education.
- Adults living in homes earning less than \$25,000 annually are statistically more likely to have diabetes than those in homes with higher incomes.

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

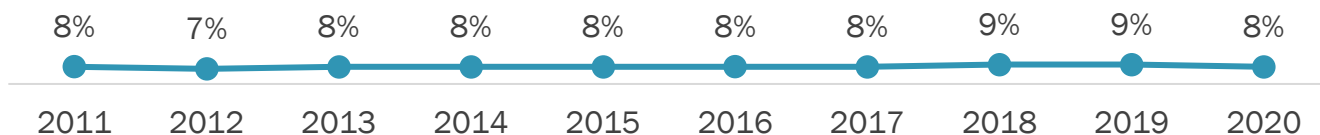
Adults with a disability are nearly three times as likely to report having diabetes than those with no disability.

The prevalence of diabetes among Vermont adults is statistically similar to 2019 and 2011.

Vermont Adults with Diabetes, 2020

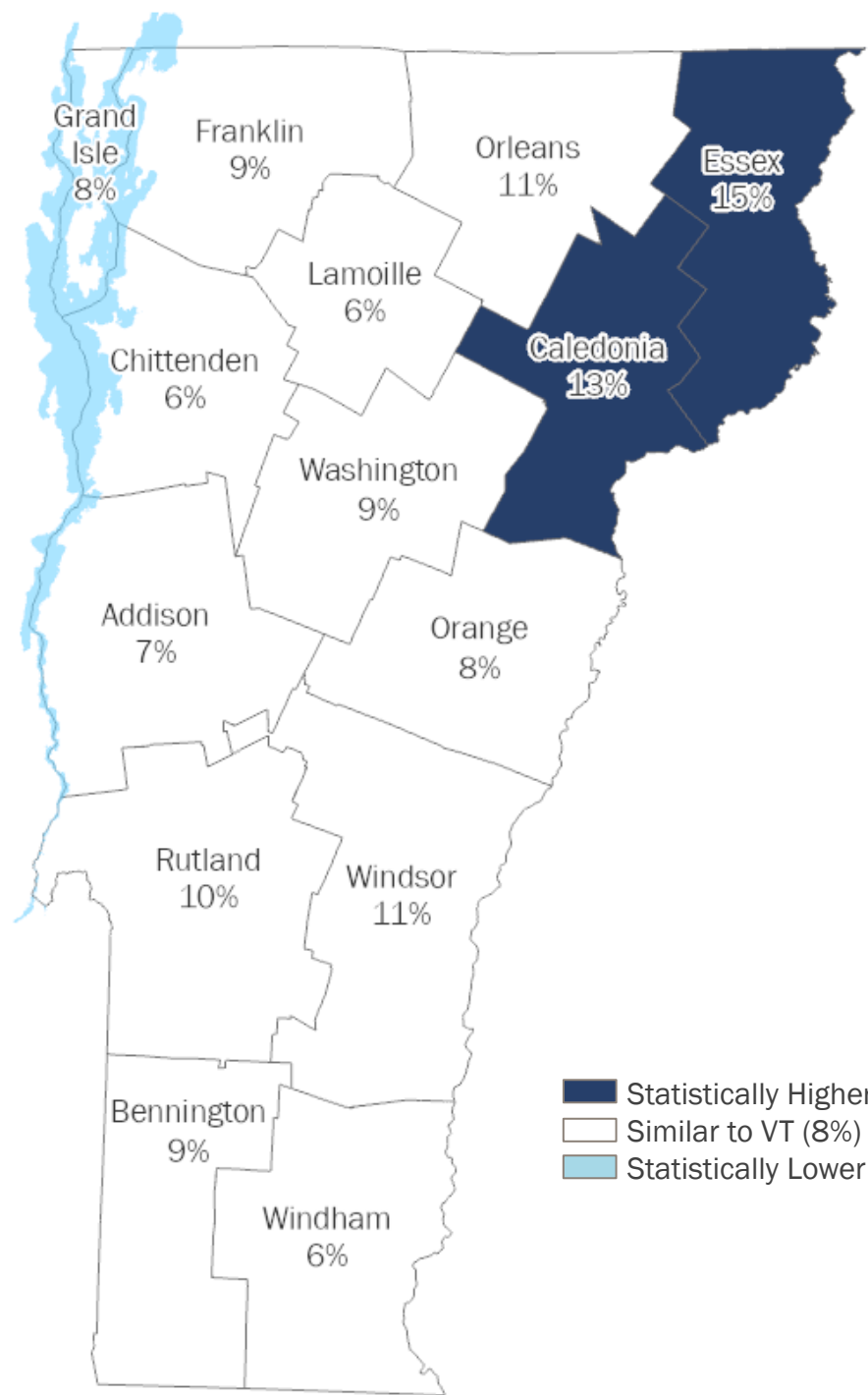


Vermont Adults with Diabetes



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

Vermont Adults with Diabetes by County, 2019-2020



Thirteen percent of Caledonia County adults and 15% of Essex County adults have diabetes. These are statistically higher than Vermont.

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

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

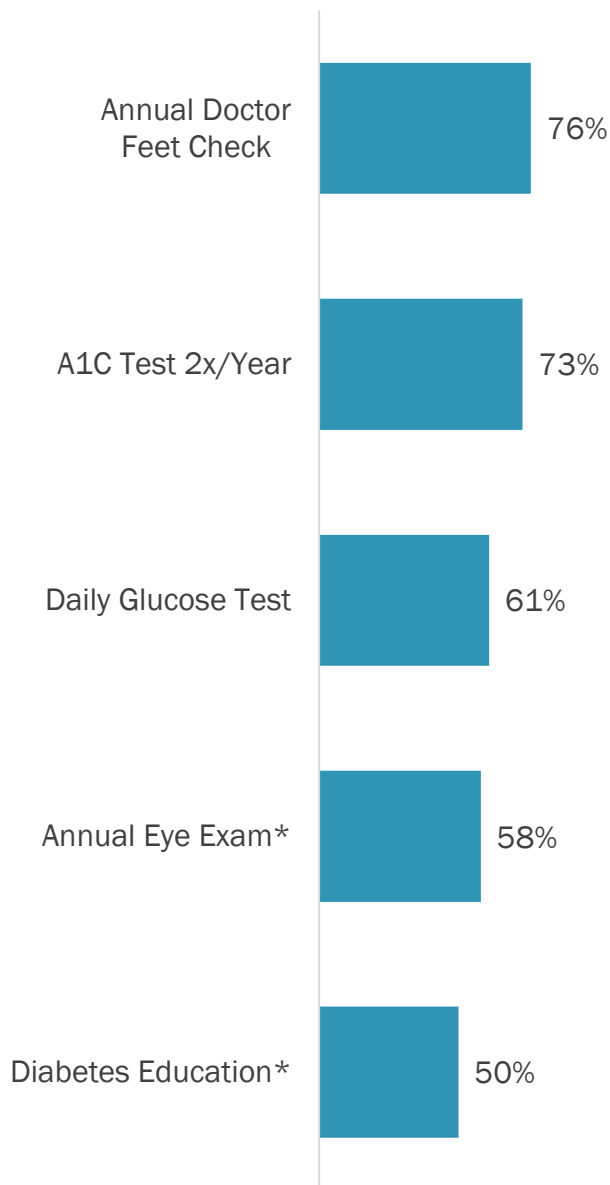
Diabetes Care

Adults with diabetes should receive specialized care from their physicians.

In 2020, adults with diabetes reported the following:

- Three quarters said that a health professional checked their feet for sores or irritations in the past year (76%).
- Nearly three quarters received a test for their A1C at least twice in the past year (73%).
 - A1C measures blood sugar levels over the past three months.
- Six in ten test their blood sugar at least once per day (61%).
- Fifty-eight percent had an annual eye exam, where their eyes were dilated, in the past year.
- Half have taken a course or class on managing their diabetes (50%).

Receive Appropriate Care Vermont Adults with Diabetes, 2020



*Age-adjusted to U.S. 2000 population. [Note: These measures are Healthy Vermonters 2020 goals].

High Cholesterol

In 2019, 28% of Vermont adults reported they have ever been told they have high cholesterol. This is statistically lower compared to 31% among U.S. adults in 2019.

This is likely an underestimate as only 80% of adults have had their cholesterol checked in the last five years.

- Nearly six in ten adults with high cholesterol are taking medication to reduce it (56%).

Men are statistically more likely than women to have been diagnosed with high cholesterol.

Prevalence of high cholesterol increases with age.

- All differences by age are statistically significant.

The prevalence of high cholesterol is greater among adults with lower education and lower household incomes.

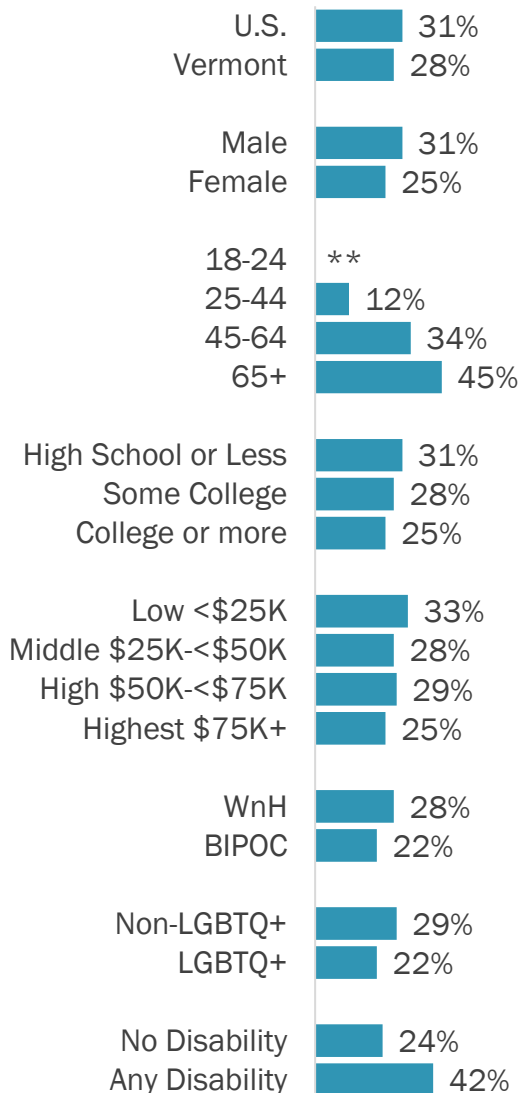
- Adults with a high school education or less are statistically more likely to have high cholesterol compared to those with a college education or more.
- Adults living in low-income households are statistically more likely to have high cholesterol than those in the highest income households.

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

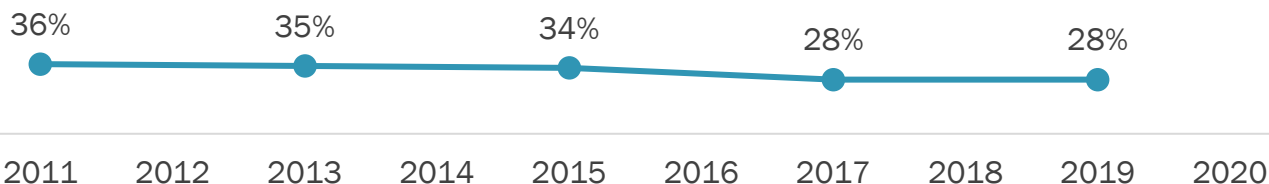
Adults with a disability are statistically more likely to report high cholesterol than those with no disability.

The prevalence of high cholesterol among Vermont adults is statistically similar to 2017, but lower than 2011.

Vermont Adults with High Cholesterol, 2019

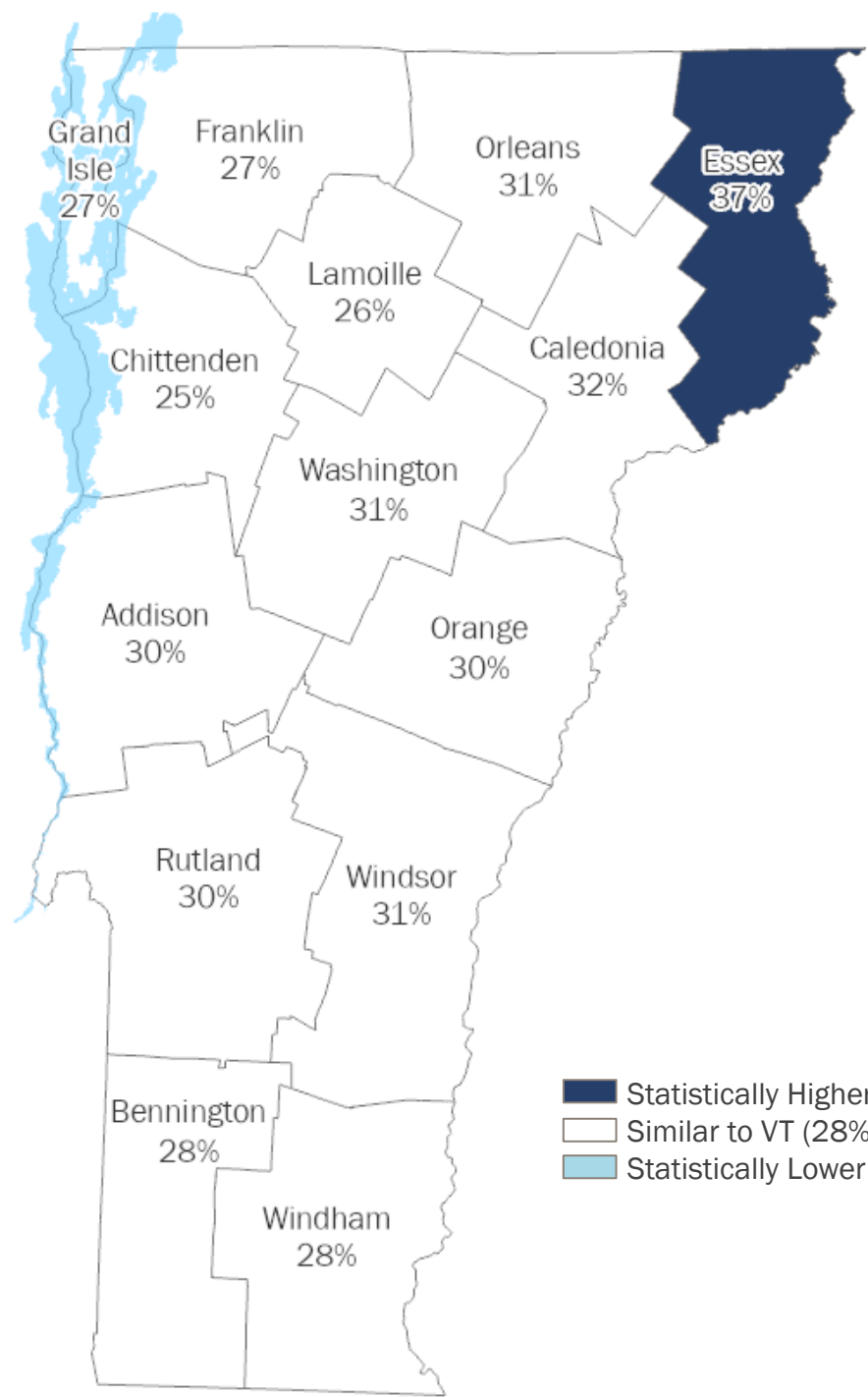


Vermont Adults with High Cholesterol



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

Vermont Adults with High Cholesterol by County, 2017, 2019



Nearly four in ten Essex County adults have high cholesterol (37%). This is statistically higher than Vermont.

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

Hypertension~

One in four Vermont adults have been told they have hypertension, also known as high blood pressure.

Men are statistically more likely than women to have been diagnosed with high blood pressure.

Hypertension increases as age increases.

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

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

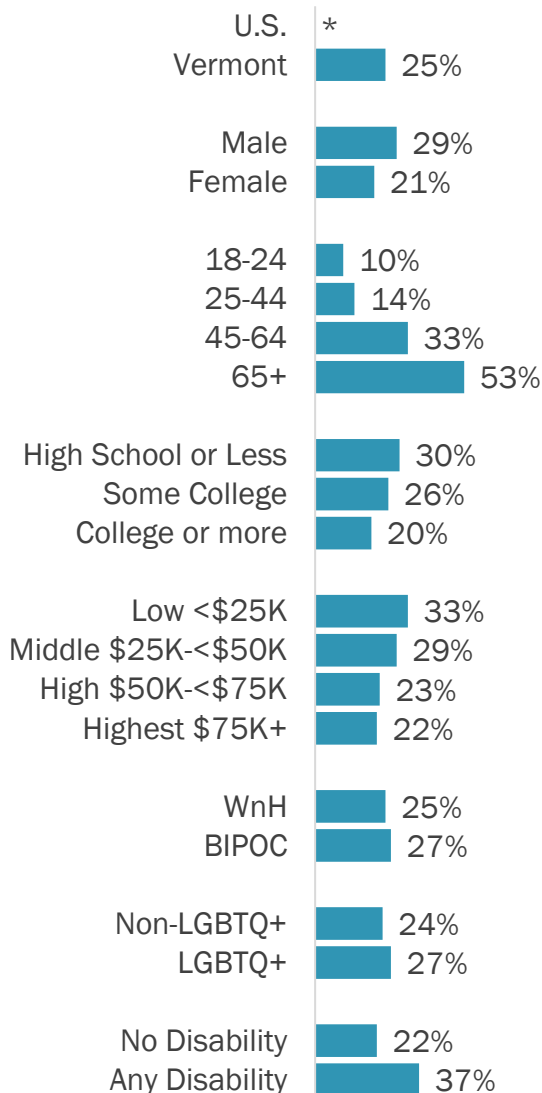
Adults in homes with low incomes are statistically more likely to have hypertension than those in homes with at least high incomes. Adults in homes with middle incomes are statistically more likely to have hypertension than those in homes with the highest incomes.

There are no differences in hypertension by race and ethnicity or sexual orientation and gender identity.

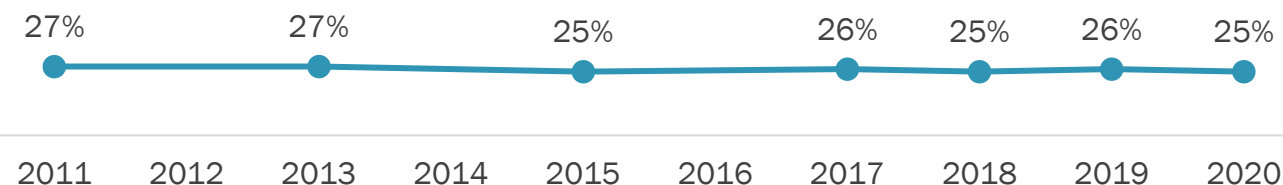
Adults with a disability are statistically more likely to report having hypertension than those with no disability.

The prevalence of high blood pressure among Vermonters is statistically similar to 2019 and 2011.

Vermont Adults with Hypertension~, 2020



Vermont Adults with Hypertension~

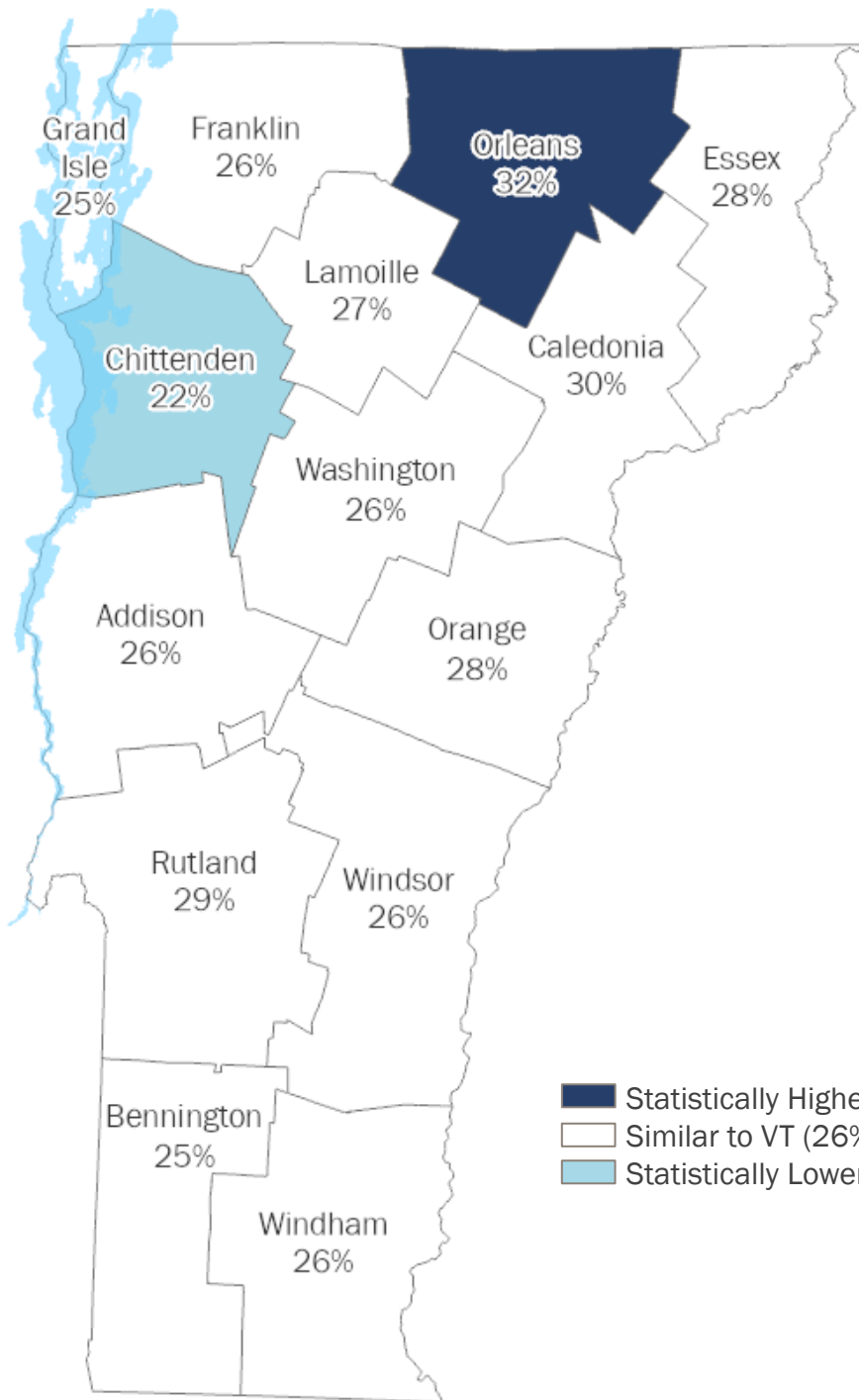


~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

*No national estimate available.

[Note: This measure is a Healthy Vermonters 2020 goal.]

Vermont Adults with Hypertension ~ by County, 2019-2020



Over three in ten Orleans County adults (32%) have hypertension. This is statistically higher than Vermont.

Over two in ten Lamoille County adults (22%) have hypertension, statistically lower than Vermont overall.

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

~All data on this page are age-adjusted to U.S. 2000 population.
[Note: This measure is a Healthy Vermonters 2020 goal.]

Hypertension Self-Management

Two thirds of adults with hypertension have ever been advised by a health care professional to monitor their blood pressure at home (66%).

A hypertension self-management plan is created with a medical professional and documents changes someone can make to lower or control their blood pressure. Lifestyle changes on a self-management plan could include changing eating habits, reducing salt intake, increasing exercise, or reducing alcohol use.

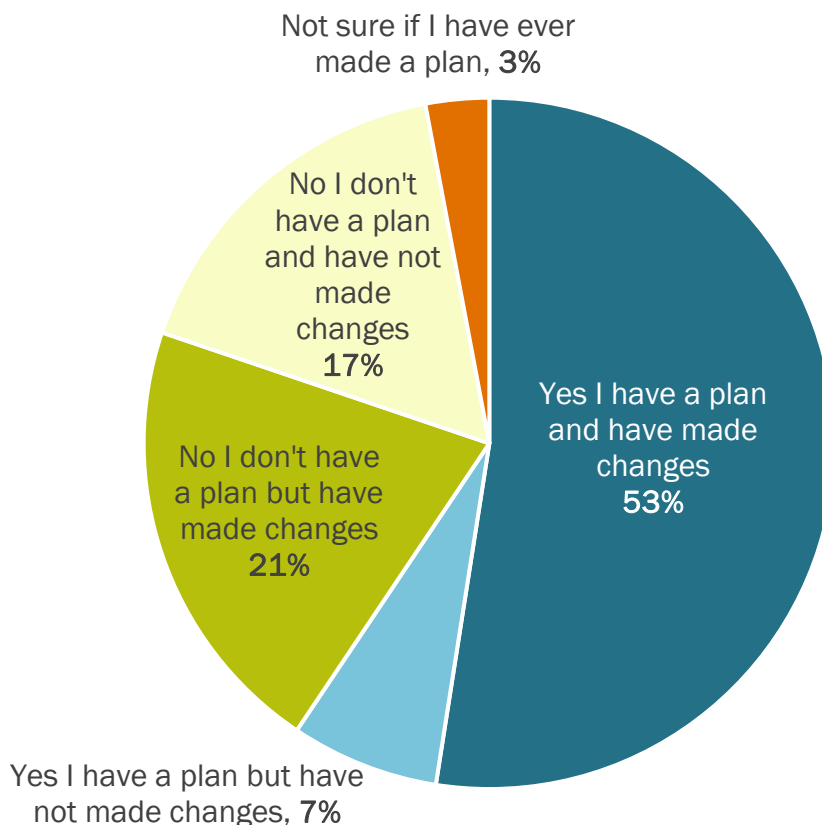
Six in ten adults who have ever been told they have high blood pressure have worked with a medical professional to create a self-management plan to help lower or control their blood pressure (60%).

- Fifty-three percent of adults with high blood pressure have a self-management plan and have made changes to lower or control their blood pressure.
- Seven percent of adults with high blood pressure have a self-management plan but have not made any changes.

Nearly four in ten adults with high blood pressure do not have a hypertension self-management plan (38%).

- More than half of adults without a self-management plan have still made changes to lower their blood pressure (21%).

Ever Worked with a Medical Professional to Create a Plan to Lower Blood Pressure, 2020



Obesity & Overweight~

More than six in ten Vermont adults 20 and older have obesity or are overweight (62%), specifically 27% have obesity and 35% are overweight. Vermont adults 20 and older are statistically less likely to have obesity than U.S. adults of the same age and have a statistically similar prevalence of being overweight compared to U.S. adults of the same age (33% and 35% respectively.)

While men and women report statistically similar rates of obesity, men are statistically more likely to be overweight than women.

Adults 25-64 are more likely to have obesity than adults 20-24. Being overweight is reported similarly across age groups.

Adults with some college education or less are more likely to have obesity than those with at least a college degree. Being overweight is reported similarly across education levels.

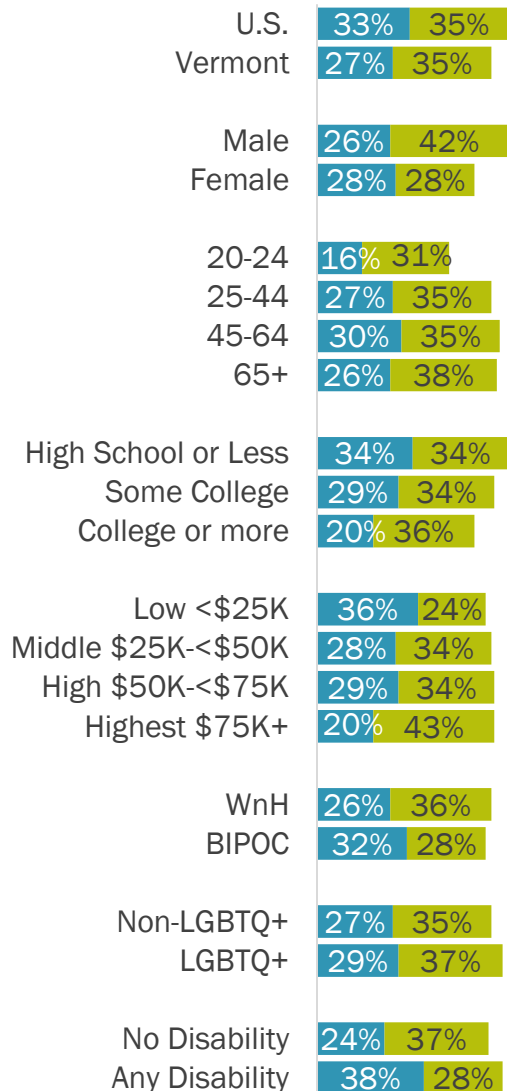
Adults with a low to high household incomes are statistically more likely to have obesity than adults with the highest household incomes. Adults with at least high household incomes are statistically more likely to be overweight than adults in homes with low incomes.

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

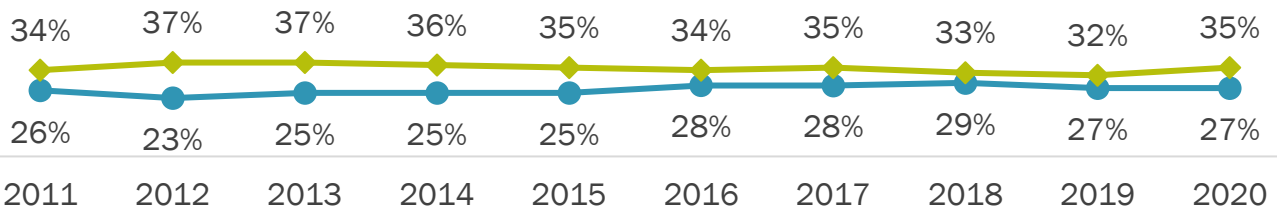
While adults with a disability are statistically more likely to have obesity, they are statistically less likely to be overweight, compared to adults with no disability.

The prevalence of obesity and being overweight are statistically similar to 2019 and 2011.

Obesity & Overweight~ Vermont Adults 20+, 2020



Obesity & Overweight~ Vermont Adults 20 +



~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

[Note: This measure is a Healthy Vermonters 2020 goal.]

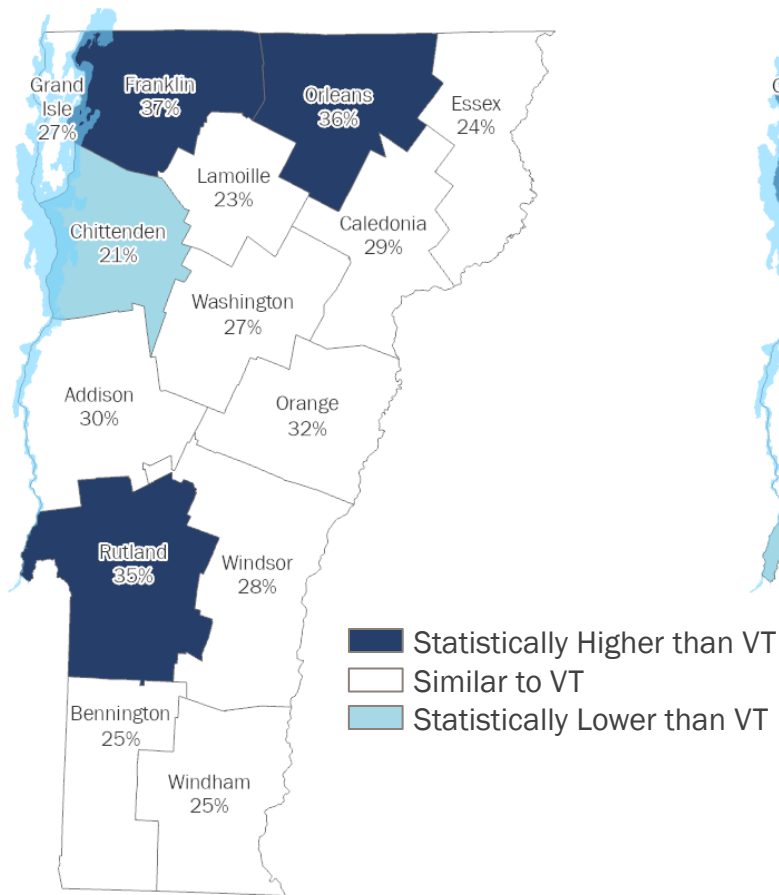
Obesity & Overweight~ by County

Franklin (37%), Orleans (36%) and Rutland (35%) counties have statistically higher rates of obesity when compared to all Vermont adults 20 and older (27%). Chittenden County (21%) has a statistically lower rate of obesity than Vermont adults 20 and older.

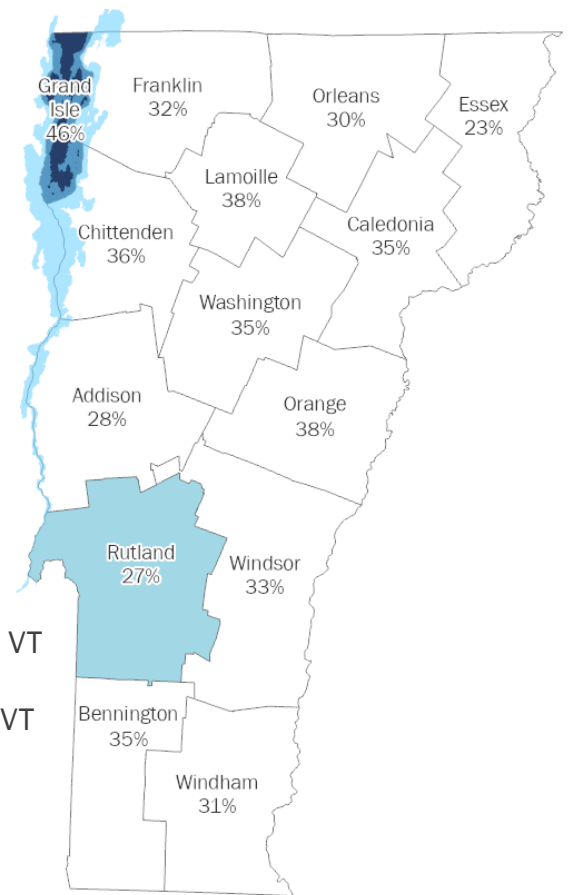
Grand Isle (46%) and Rutland (27%) counties have statistically higher rates of overweight adults when compared to Vermont adults 20 and older (34%).

All other counties have statistically similar proportions of adults with obesity and adults who are overweight.

Obesity~ Vermont Adults 20+ by County, 2019-2020



Overweight~ Vermont Adults 20+ by County, 2019-2020



~All data on this page are age-adjusted to U.S. 2000 population.
[Note: This measure is a Healthy Vermonters 2020 goal.]

Subjective Cognitive Decline

Seven percent of Vermont adults ages 45 and older report they experienced worsening confusion or memory loss in the past year.

Men and women 45 and older report experiencing recent cognitive decline at statistically similar rates.

There are no statistical differences in subjective cognitive decline among adults 45-64, and 65 and older.

Adults 45 and older with lower education and household income levels are statistically more likely to experience cognitive decline than those with more education and higher household income levels.

- Adults with some college education or less are statistically more likely to report cognitive decline than those with a college degree or more.
- Adults 45 and older in low-income households are statistically more likely to report cognitive decline than those in middle to highest income households.

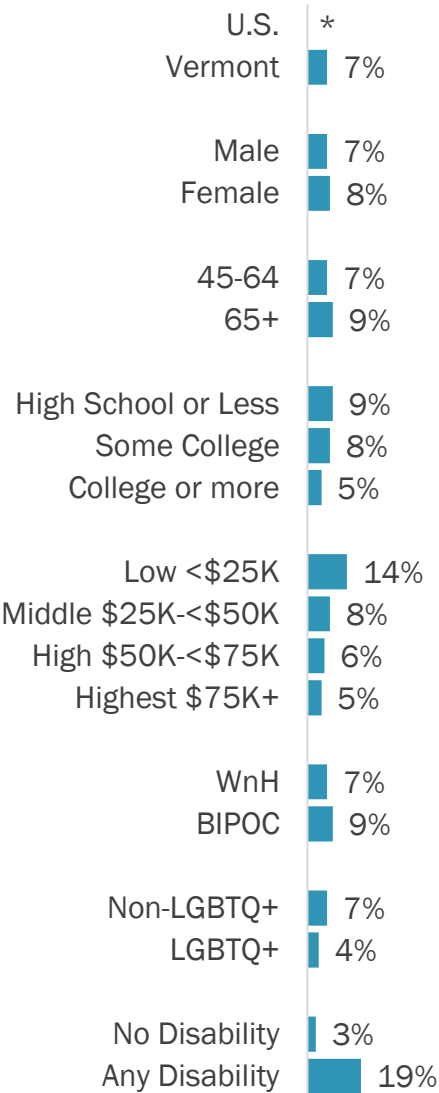
There are no statistical differences in subjective cognitive decline by race and ethnicity, or sexual orientation and gender identity.

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

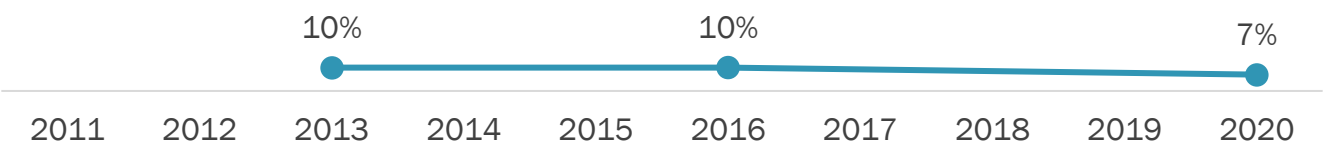
The proportion of adults with subjective cognitive decline is statistically similar to 2016, but lower than 2013.

Of adults 45 and older who report cognitive decline, half say they or someone else has discussed their memory loss with a health care professional (50%). This is similar to the 46% in 2016.

Subjective Cognitive Decline Vermont Adults 45+, 2020

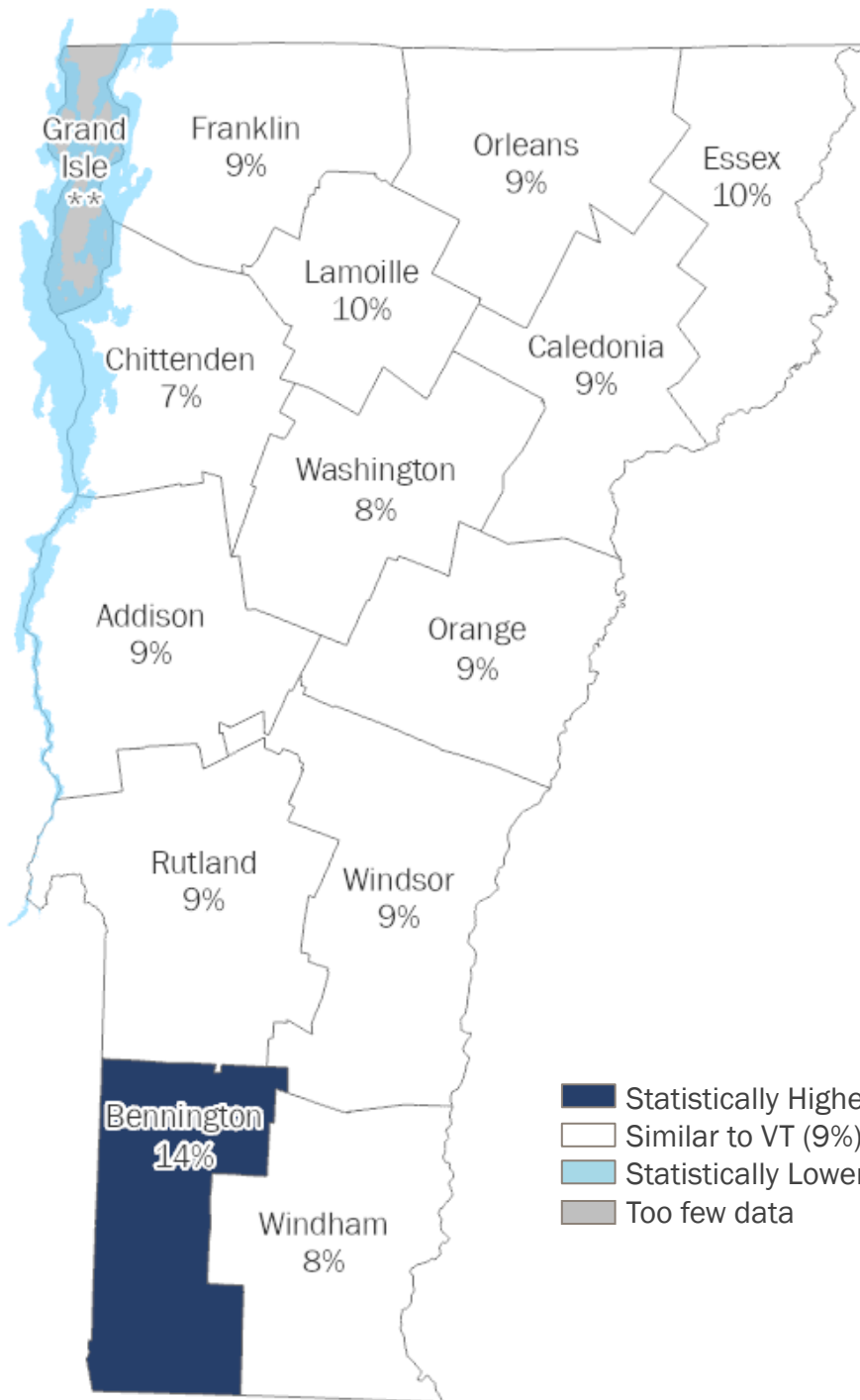


Vermont Adults 45+ with Subjective Cognitive Decline



*No national estimate available.

Vermont Adults 45+ with Subjective Cognitive Decline by County, 2016, 2020



Bennington County adults 45 and older (14%) are statistically more likely to report experiencing worsening confusion or memory loss in the past year, compared to Vermont overall.

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

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

Subjective Cognitive Decline Burden

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

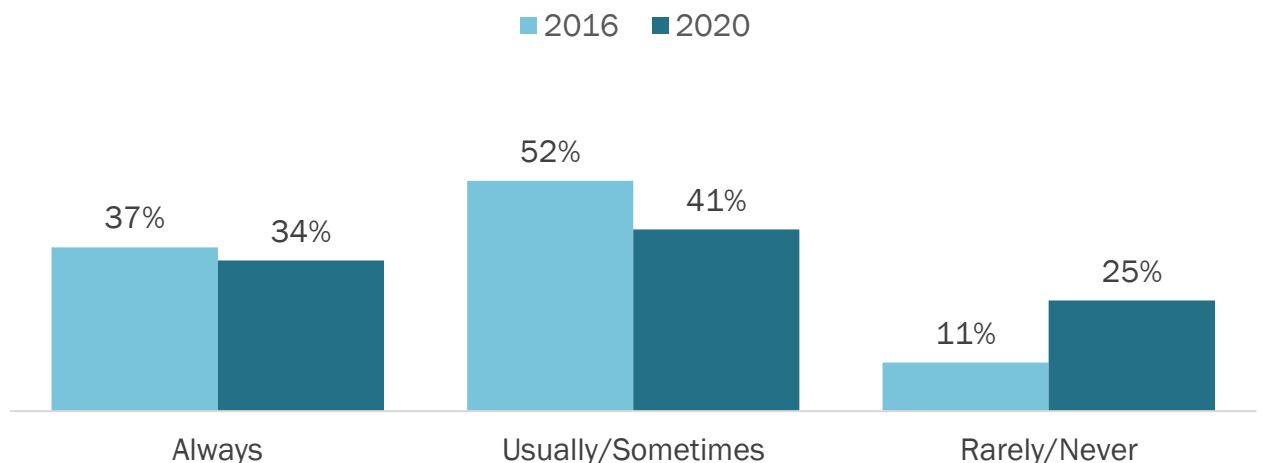
Half of adults 45 and older with subjective cognitive decline say that it never impedes their ability to engage in activities such as work, volunteering, or other activities (51%). More than a third say their worsening memory rarely (18%) or sometimes (19%) limits their ability to engage in activities, while one in ten (12%) say it usually or always limits their participation. (Data not shown.)

Nearly a third of adults with subjective cognitive decline report that in the past year they have given up some day-to-day household activities at least some of the time because of their worsening confusion or memory loss (31%). Example activities include cooking, cleaning, taking medications, driving, or paying bills. This has decreased from the 37% in 2016, although is not statistically different. (Data not shown.)

One quarter have needed assistance with household activities in the past year at least some of the time because of their worsening confusion or memory loss (25%). This is statistically similar to the 30% reporting they needed assistance in 2016. (Data not shown.)

Of those adults needing assistance with household activities, one third are always able to get the help they need (34%). An additional 41% are usually or sometimes able to get the help they need. One quarter are rarely or never able to get the help they need (25%). The ability to get needed help with household activities among those needing assistance is statistically similar to 2016.

**Able to Get Help Needed with Household Activities
Among Vermont Adults with Subjective Cognitive Decline, 2020**



Risk Factors and Behaviors

Alcohol Consumption – Any in Past Month

Six in ten Vermont adults had any alcohol in the past month (62%). This is statistically higher than the 52% of U.S. adults.

Men are statistically more likely to use alcohol than women.

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

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

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

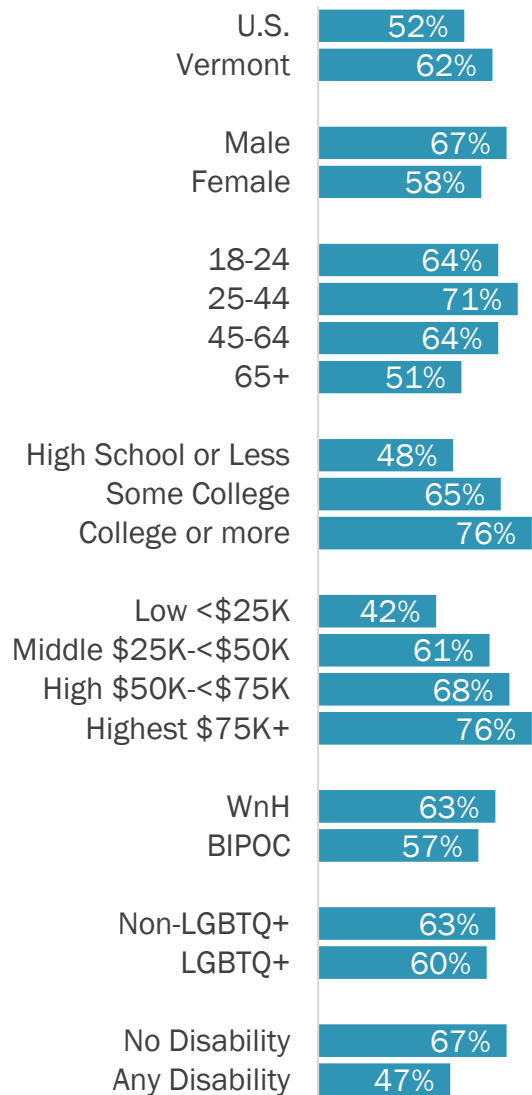
- All differences by education are statistically significant.
- All differences by household income level are statistically significant, except between middle and high household income levels.

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

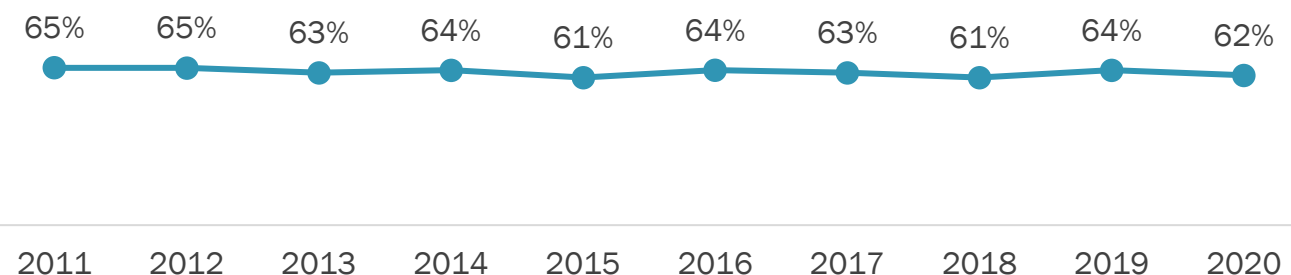
Adults with no disability are statistically more likely to use alcohol than adults with a disability.

The prevalence of alcohol use among adults is statistically similar to 2019 and 2011.

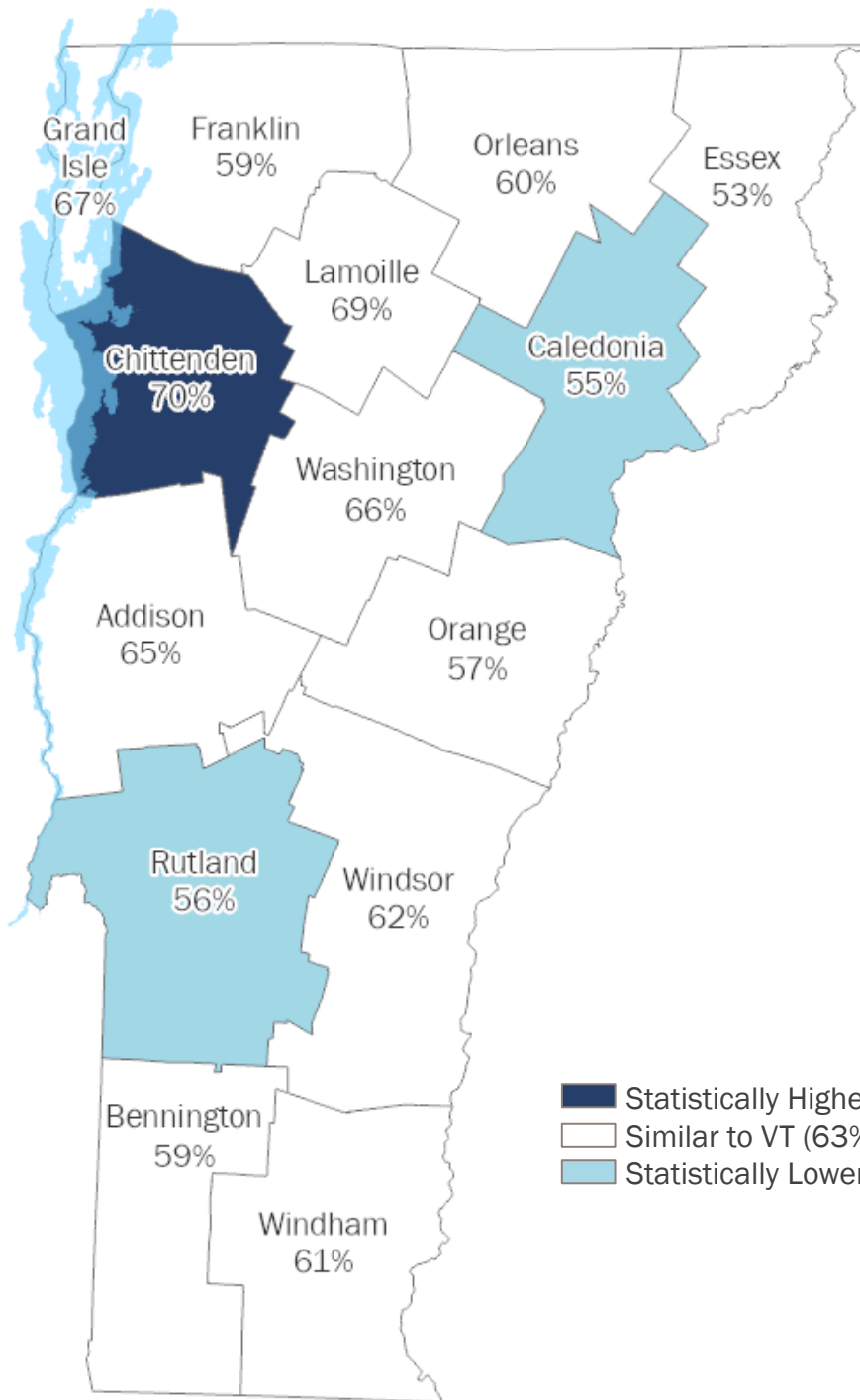
Any Alcohol Consumption Vermont Adults, 2020



Vermont Adults with Any Alcohol Consumption



Vermont Adults with Any Alcohol Consumption by County, 2019-2020



Seven in ten Chittenden County adults (70%) drank any alcohol in the past month. This is statistically higher than all Vermont adults.

Over half of adults in Caledonia (55%) and Rutland (56%) counties drank any alcohol in the past month, statistically lower than Vermont overall.

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

- Statistically Higher than VT
- Similar to VT (63%)
- Statistically Lower than VT

Alcohol Consumption – Binge Drinking

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

Eighteen percent of Vermont adults say they binge drank in the last month, statistically higher compared to 16% of U.S. adults.

Men are statistically more likely to binge drink than women.

Binge drinking decreases with age.

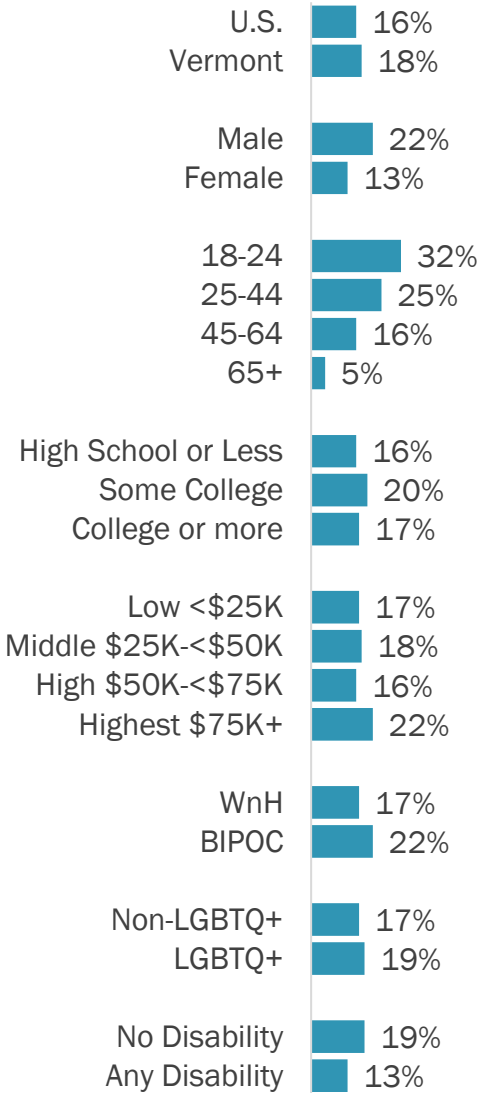
- All differences in binge drinking by age are statistically significant except between adults 18-24 and those 25-44.

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

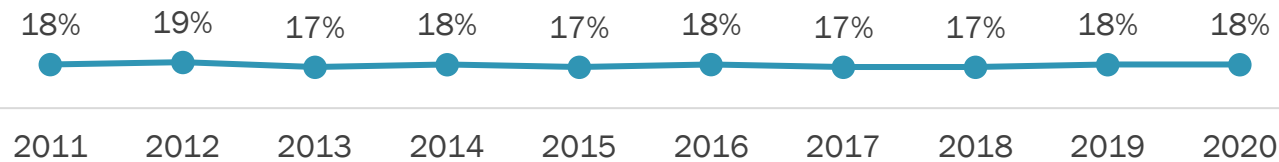
Adults with no disability are statistically more likely to binge drink than adults with a disability.

The proportion of Vermont adults binge drinking is statistically similar to 2019 and 2011.

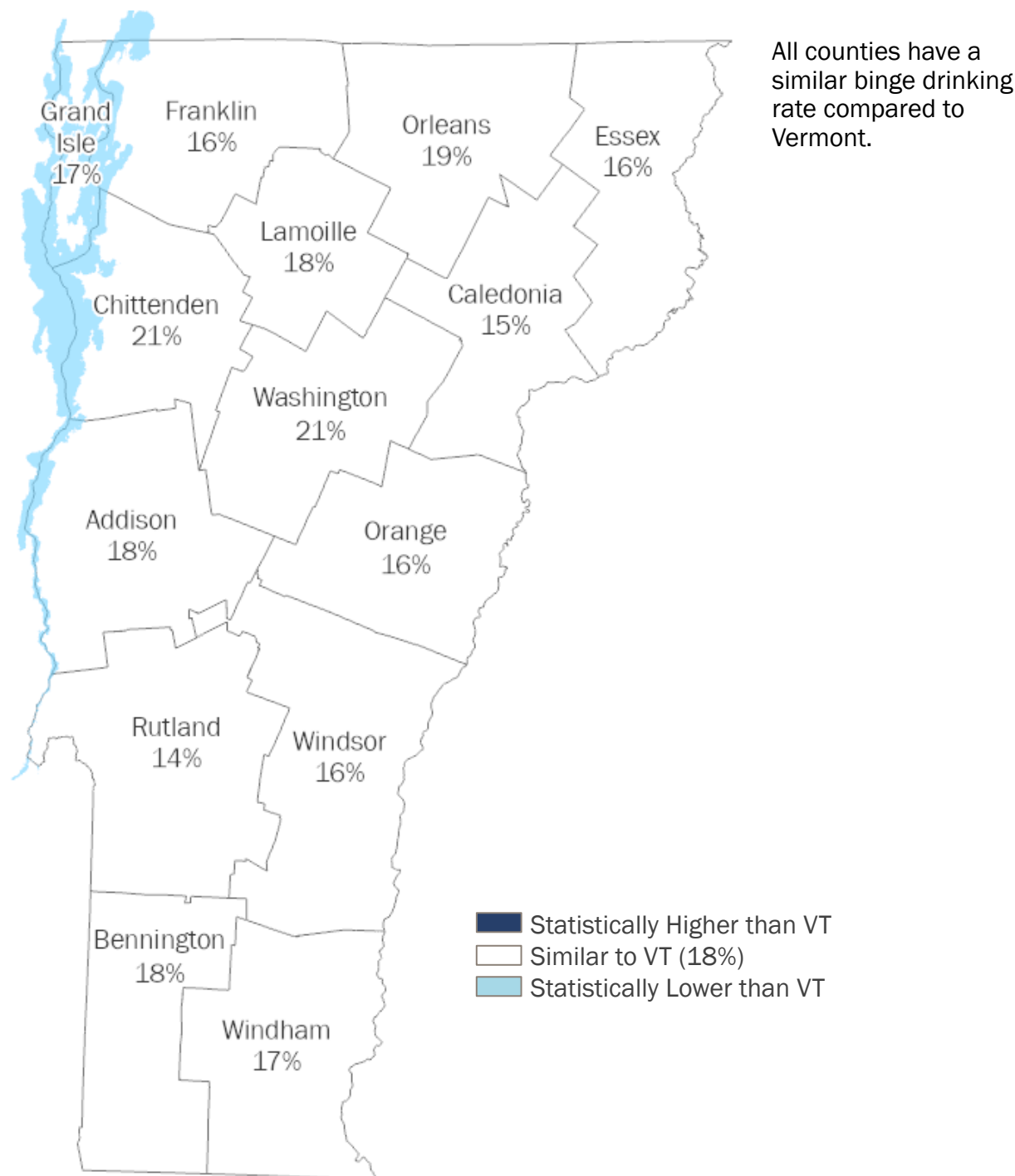
Binge Drinking Vermont Adults, 2020



Vermont Adults who Report Binge Drinking



Vermont Adults who Binge Drink by County, 2019-2020



Alcohol Consumption – Heavy Drinking

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

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

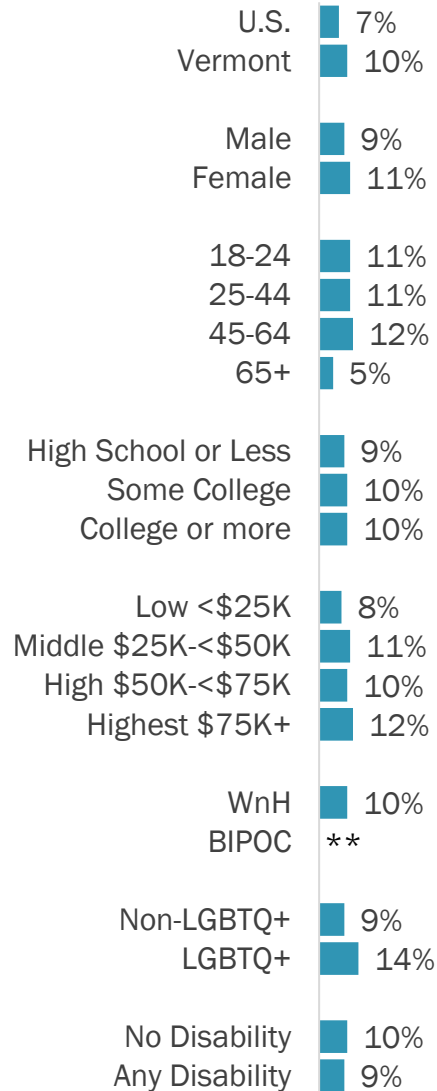
Men and women report statistically similar rates of heavy drinking.

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

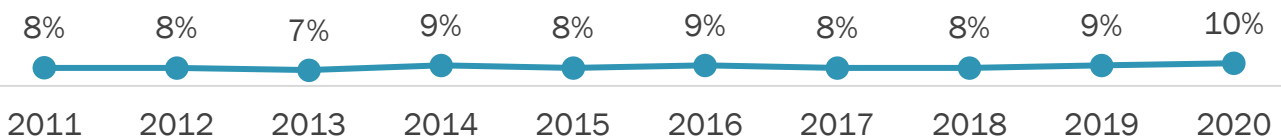
There are no statistical differences in heavy drinking by education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability.

The proportion of adults drinking heavily is statistically similar to 2019 and 2011.

Heavy Drinking Vermont Adults, 2020

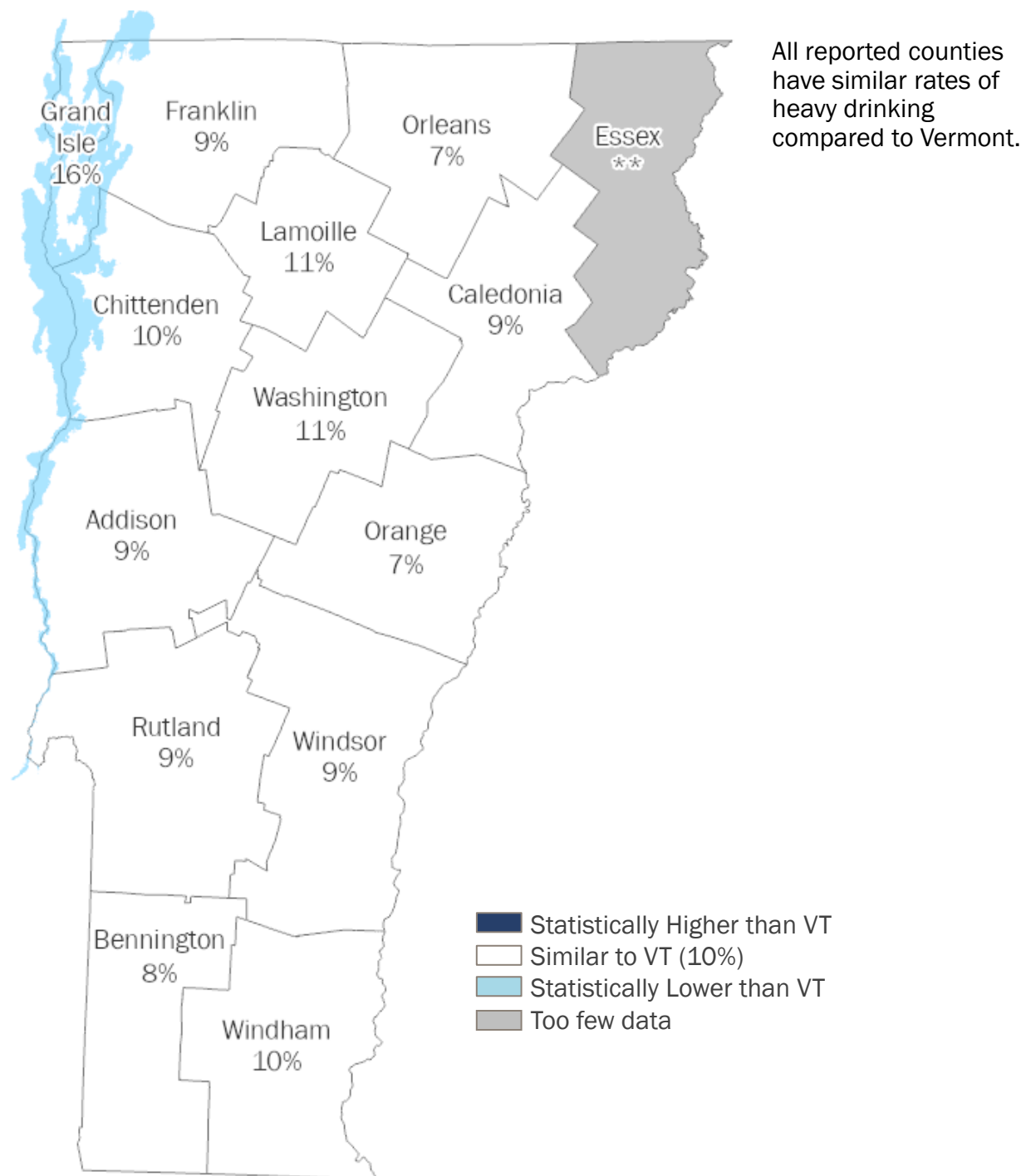


Vermont Adults who Report Heavy Drinking



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

Vermont Adults who Report Heavy Drinking by County, 2019-2020



Alcohol Use – Driving Under the Influence

Among adults using any alcohol in the past month, two percent report driving after having too much to drink at least once in the last month. This is the same as all U.S. adults.

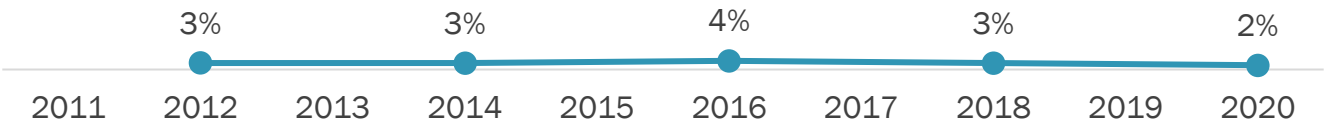
There are no statistical differences in drinking and driving by age, education level or household income level.

Adults reporting drinking and driving is statistically similar to 2018 and 2012.

Driving After Drinking Alcohol Vermont Adults who Drink, 2020

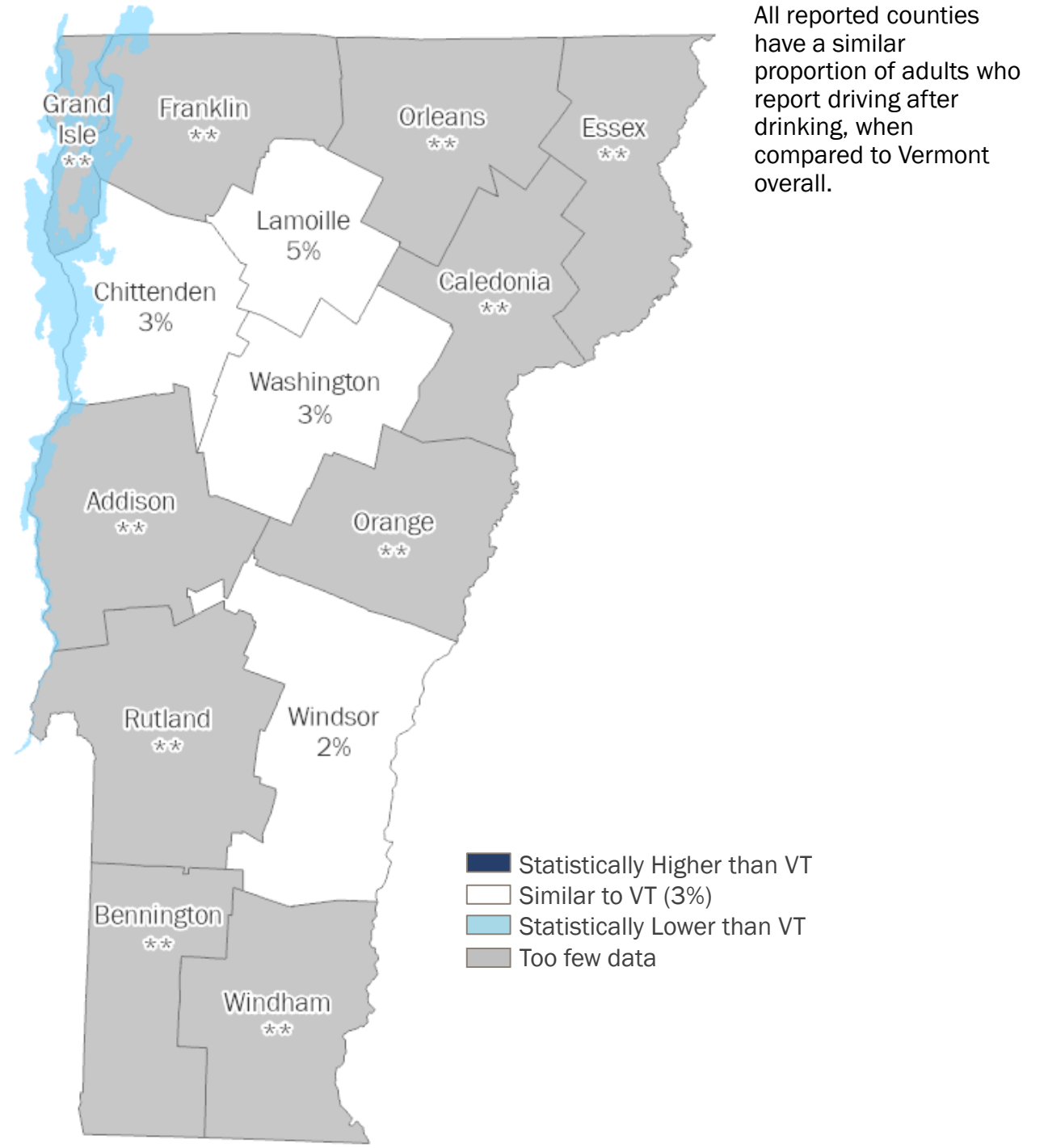
U.S.	2%
Vermont	2%
Male	3%
Female	**
18-24	**
25-44	3%
45-64	2%
65+	**
High School or Less	**
Some College	3%
College or more	2%
Low <\$25K	**
Middle \$25K-<\$50K	**
High \$50K-<\$75K	4%
Highest \$75K+	2%
WnH	2%
BIPOC	**
Non-LGBTQ+	2%
LGBTQ+	**
No Disability	2%
Any Disability	**

Vermont Adults Driving After Drinking Too Much Alcohol, Among Those who Drink



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

Driving After Drinking Alcohol, Among Vermont Adults who Drank in the Past Month by County, 2018, 2020



Alcohol Interactive Medications

Alcohol interactive medications include prescription medications for pain, sleep or anxiety. Use of alcohol could alter the effect of these medications, preventing the desired effect or dangerously magnifying it. Aging makes it harder for the body to process medications and alcohol, putting adults ages 65 and older at particular risk of potential harmful effects.

One third of Vermont adults ages 65 and older take prescribed medications for pain, sleep, or anxiety (33%). Among those taking these medications, they took the medication an average of 21 days in the last month.

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

Alcohol interactive medication use is statistically similar by education level.

Older adults with middle household incomes are statistically more likely to report alcohol interactive medication use than older adults with the highest household incomes.

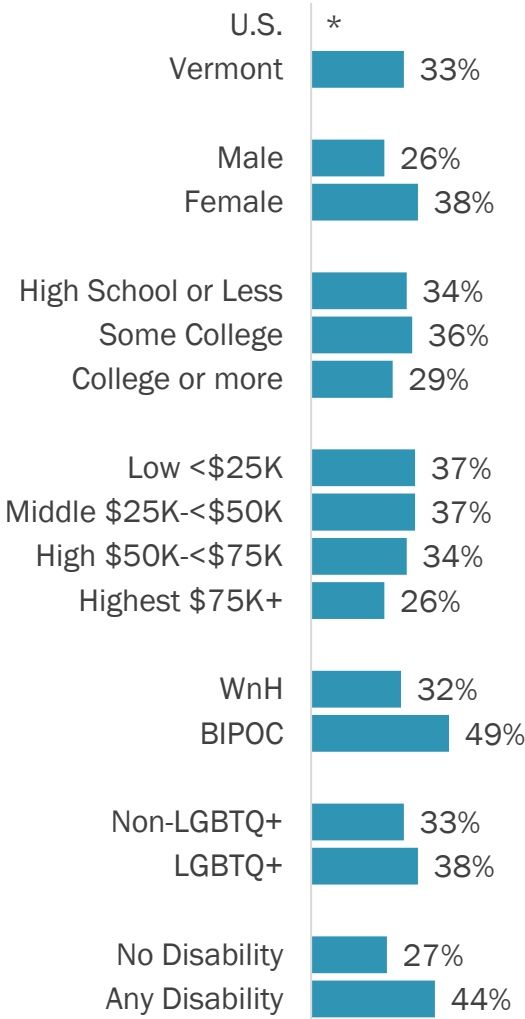
There are no statistical differences in use of alcohol interactive medications by race and ethnicity or sexual orientation and gender identity.

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

Adults 65 and older using alcohol interactive medications is statistically similar to the 37% in 2018.

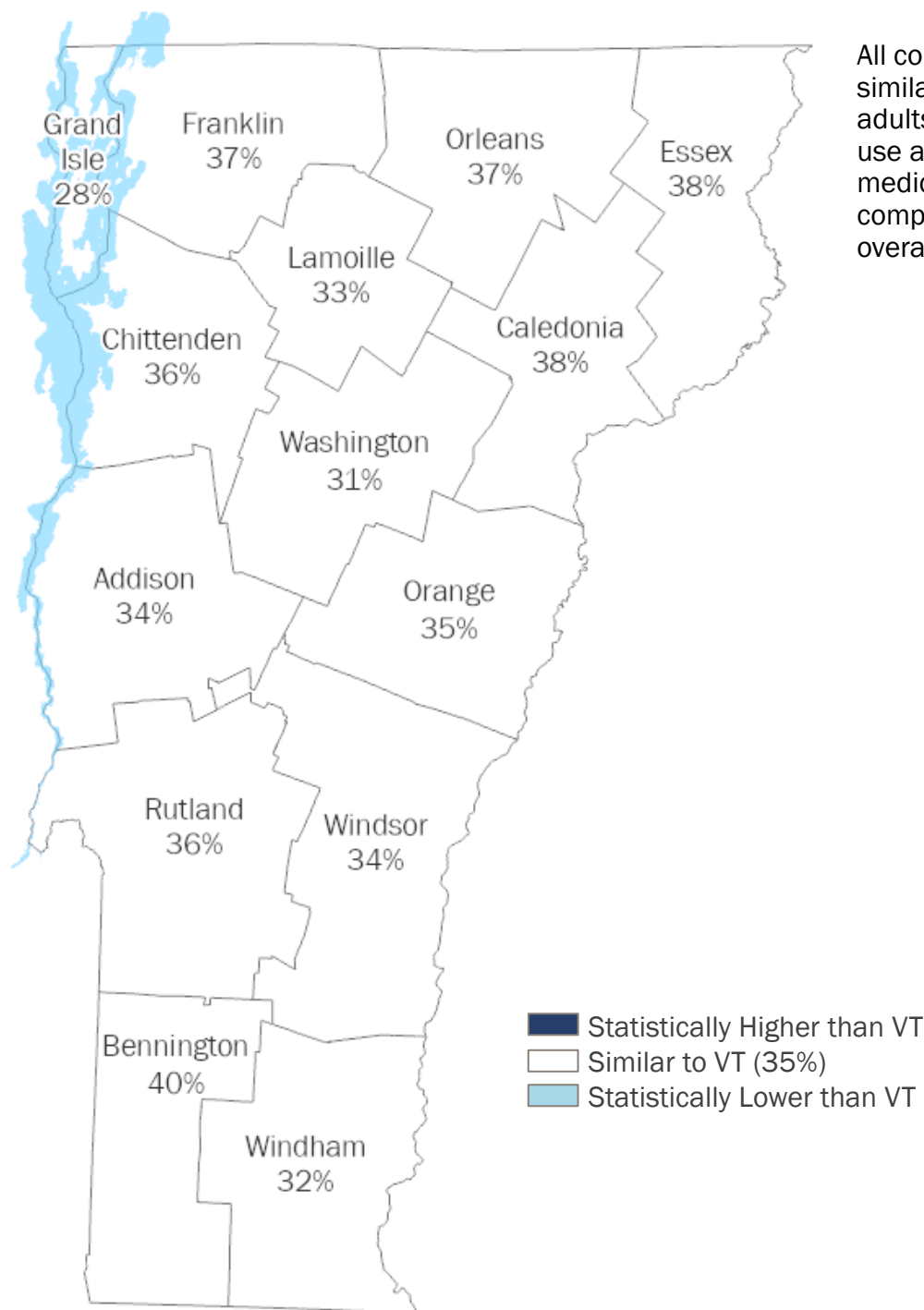
More than four in ten adults 65 and older taking alcohol interactive medications also had any alcohol in the past month (44%).

Use of Alcohol Interactive Prescription Medication
Vermont Adults 65+, 2020



*No national estimate available.

Vermont Adults 65+ who Use Alcohol Interactive Medications by County, 2018, 2020



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

Cannabis Use

One in six Vermont adults report currently using cannabis (18%).

Men are statistically more likely to currently use cannabis than women.

Cannabis use is highest among younger adults.

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

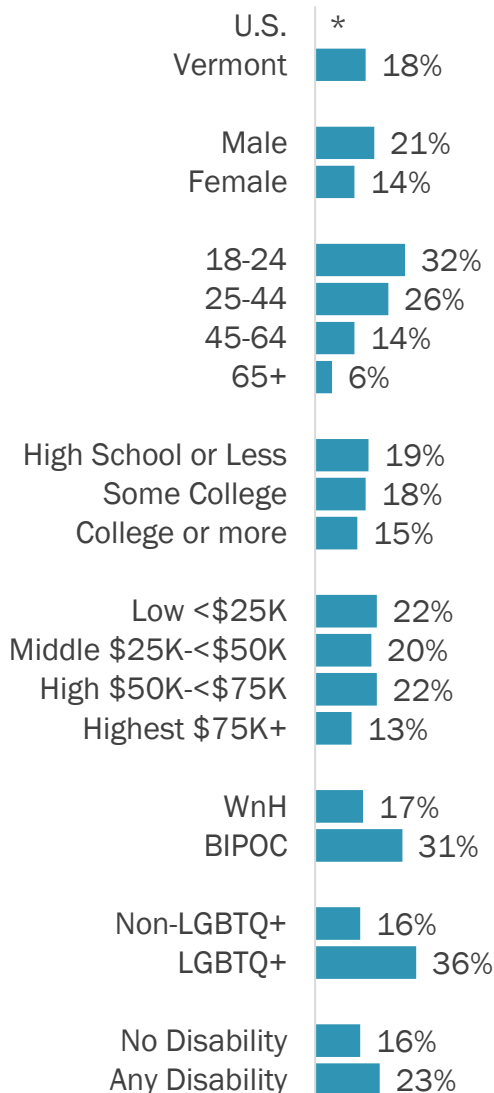
There are no statistical differences in cannabis use by education level.

Adults in homes earning less than \$75,000 are statistically more likely to use cannabis than those in homes earning at least \$75,000.

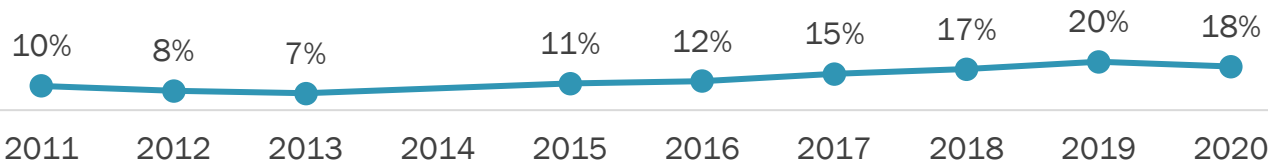
BIPOC adults, LGBTQ+ adults and those with a disability are statistically more likely to currently use cannabis than white, non-Hispanic adults, non-LGBTQ+ adults and those with no disability.

The proportion of adults using cannabis is statistically similar to 2019, but higher than 2011.

Current Cannabis Use Vermont Adults, 2020

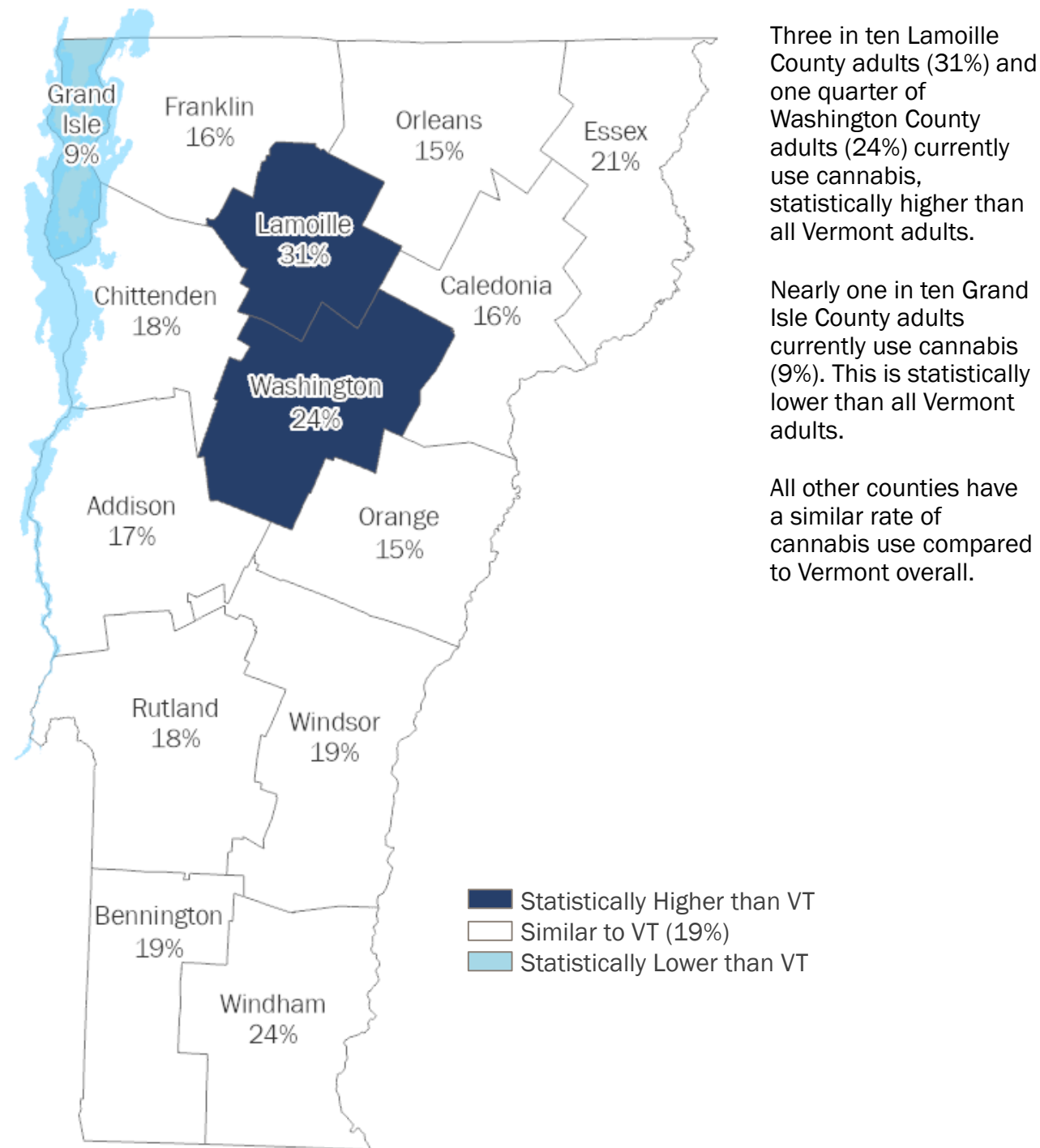


Vermont Adults Currently Using Cannabis



*No national estimate available.

Vermont Adults Currently Using Cannabis by County, 2019-2020



Cannabis Use – Driving Under the Influence

In 2019, one quarter of cannabis users drove within three hours of use at least once in the past month (26%).

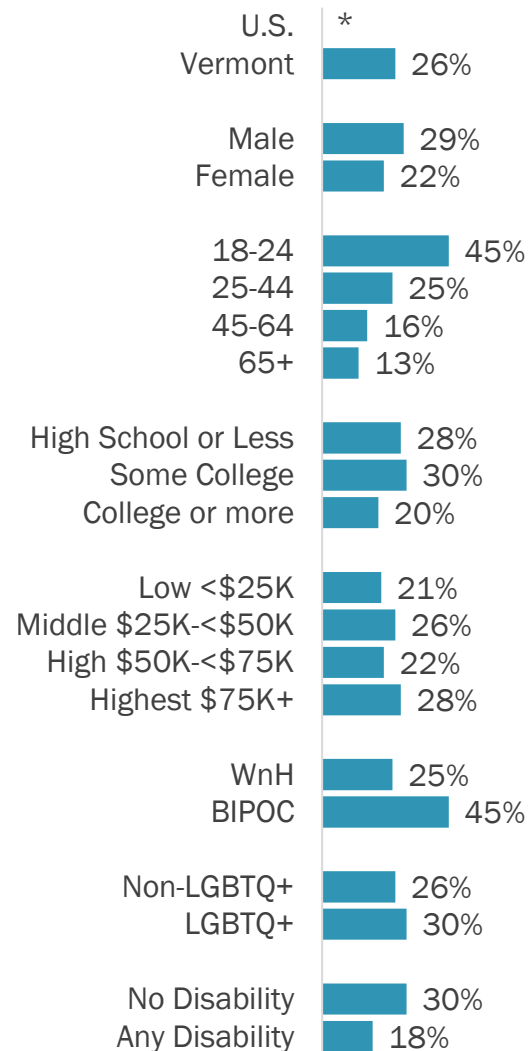
Driving after using cannabis is highest among younger adults.

- Adults 18-24 are statistically more likely to drive after using cannabis than adults 45 and older.

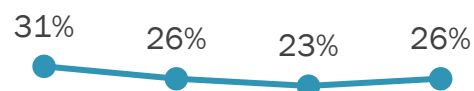
There are no statistical differences in reported driving after using cannabis by sex, education level, household income level, race and ethnicity, sexual orientation and gender identity or disability status.

The prevalence of driving after using cannabis is statistically similar to previous years.

Driving After Cannabis Use Vermont Adults who Currently Use Cannabis, 2019



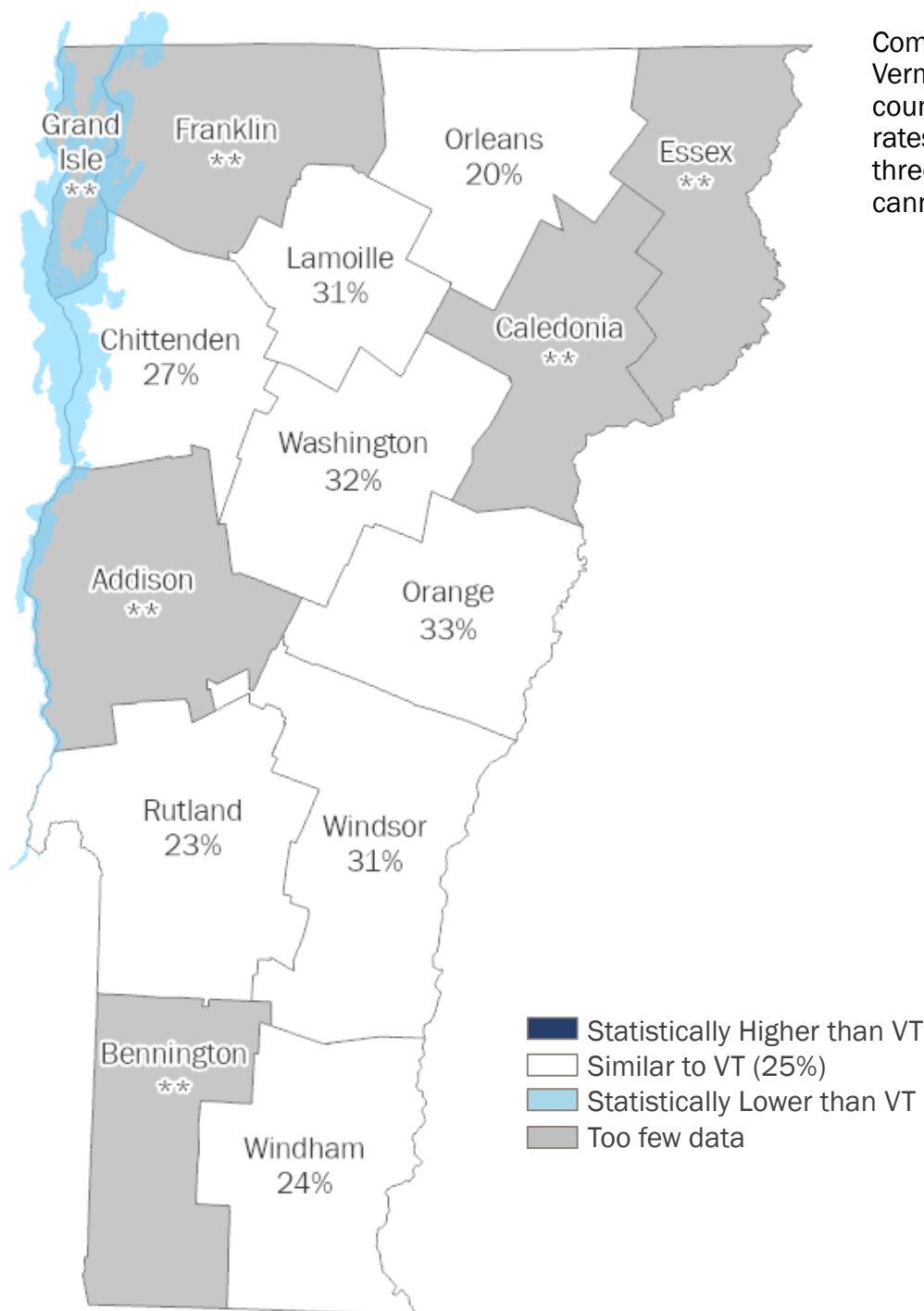
Vermont Adults Driving After Using Cannabis, Among Those who Currently Use Cannabis



2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

*No national estimate available.

Driving After Using Cannabis, Among Vermont Adults who Currently Use Cannabis, by County, 2018-2019



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

**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 – Primary Method & Reason

Most adults using cannabis in the past month say their primary method of use was smoking (75%). This is statistically similar to the 79% of users who primarily smoked cannabis in 2019.

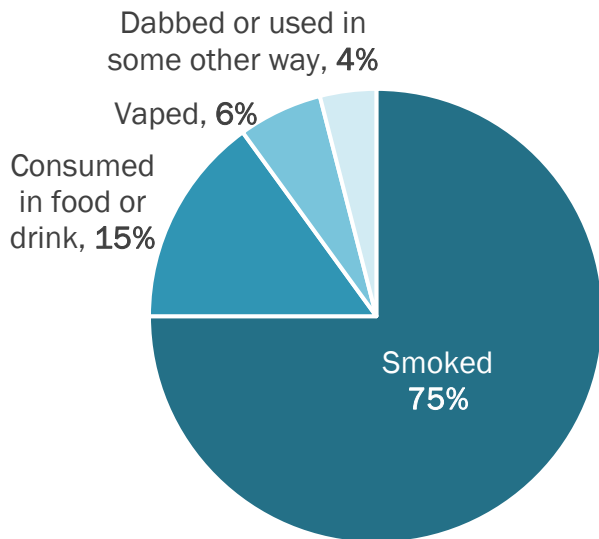
Fifteen percent of cannabis users mainly consume it in food or drink. This is statistically similar to the 11% of users primarily consuming cannabis in 2019.

Six percent of cannabis users mainly use cannabis by vaping. This is statistically similar to the 8% primarily vaping cannabis in 2019.

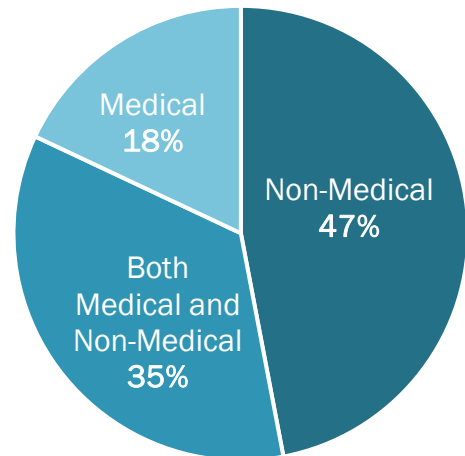
Dabbing or using cannabis in some other way is the primary method of cannabis use for 4% of users.

Nearly half of adults using cannabis in the past month say it is usually for non-medical reasons (47%). Thirty-five percent of cannabis users mainly use it for both medical and non-medical reasons and less than one fifth of cannabis users mainly use cannabis for medical reasons (18%).

**Primary Method of Cannabis Use
Among Vermont Adults
Using in the Past Month, 2020**



**Reason for Cannabis Use
Among Vermont Adults
Using in the Past Month, 2020**



Tobacco Use – Cigarette Smoking~

One in seven Vermont adults report smoking cigarettes (14%). This is the same as all U.S. adults.

Men and women report statistically similar rates of cigarette smoking.

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

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

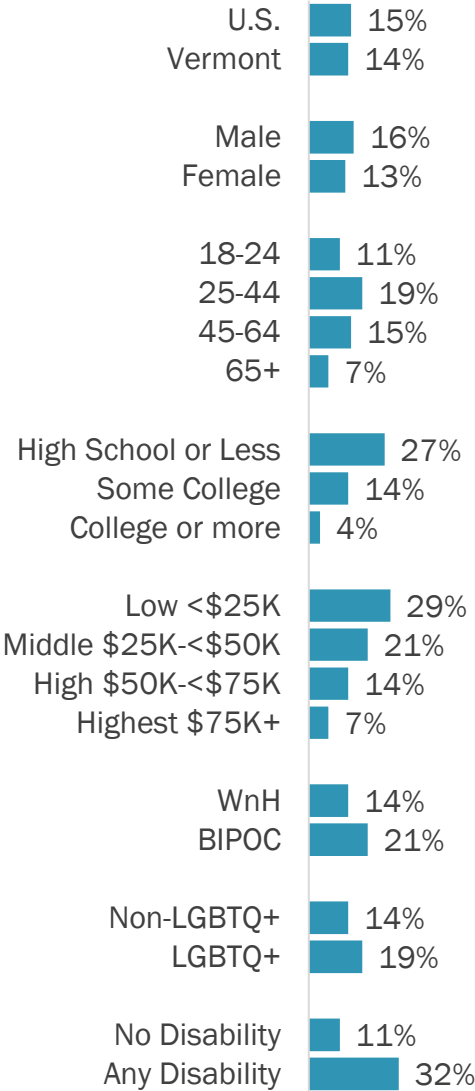
- All differences in smoking by education level are statistically significant.
- Adults in households with low incomes are statistically more likely to smoke cigarettes than those in households with high to highest incomes.
- Adults in households with middle incomes are statistically more likely to smoke cigarettes than those in households with the highest incomes.

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

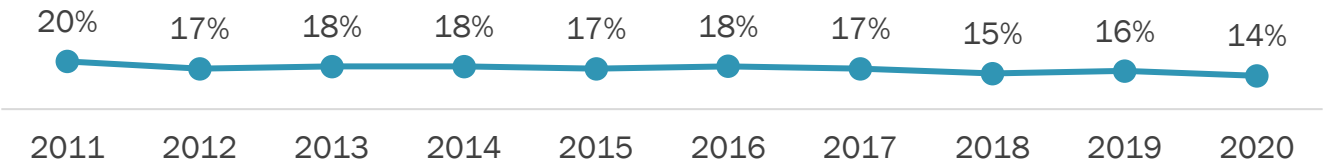
Adults with a disability are nearly three times as likely to smoke cigarettes than adults with no disability, a statistically significant difference.

The smoking rate among Vermont adults is statistically similar to 2019, but lower than 2011.

Current Cigarette Smoking~ Vermont Adults, 2020



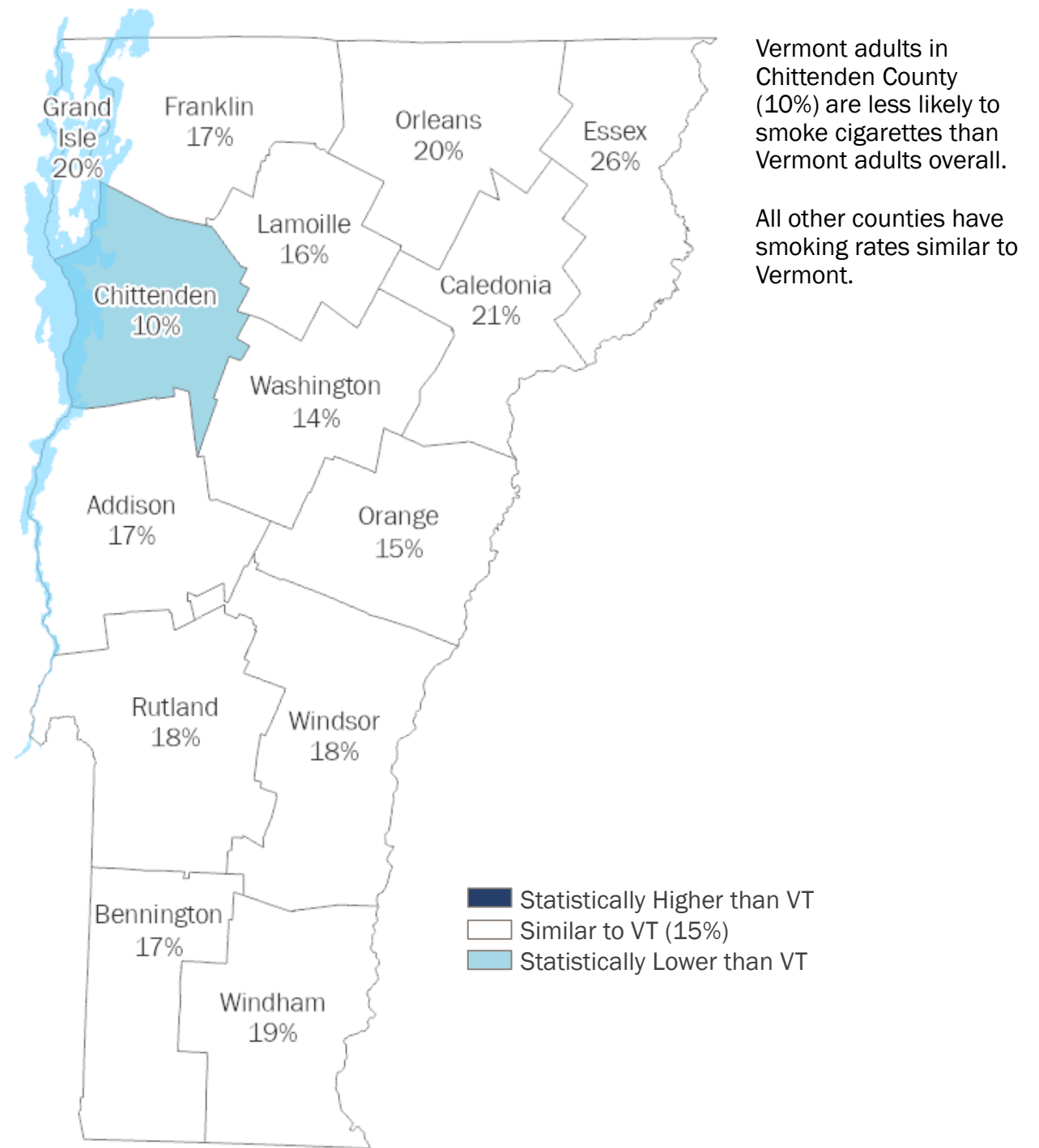
Vermont Adults who Currently Smoke Cigarettes~



~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

[Note: This measure is a Healthy Vermonters 2020 goal.]

Vermont Adults who Currently Smoke Cigarettes~ by County, 2019-2020



~All data on this page are age-adjusted to U.S. 2000 population.
[Note: This measure is a Healthy Vermonters 2020 goal.]

Tobacco Use – Smokeless Tobacco

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

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

Men are statistically more likely than women to use smokeless tobacco.

Adults with a high school education or less are most likely to report smokeless tobacco use.

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

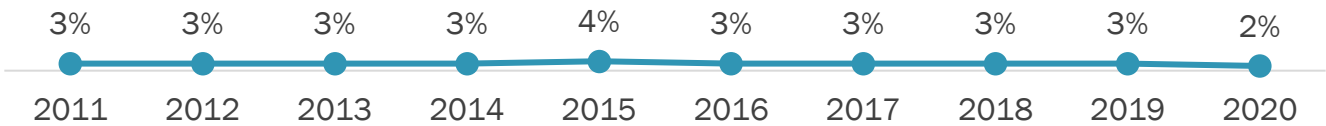
Rates of smokeless tobacco use are statistically similar across age groups, household incomes and by disability status.

The proportion of adults using smokeless tobacco is statistically similar to 2019 and 2011.

Smokeless Tobacco Use Vermont Adults, 2020

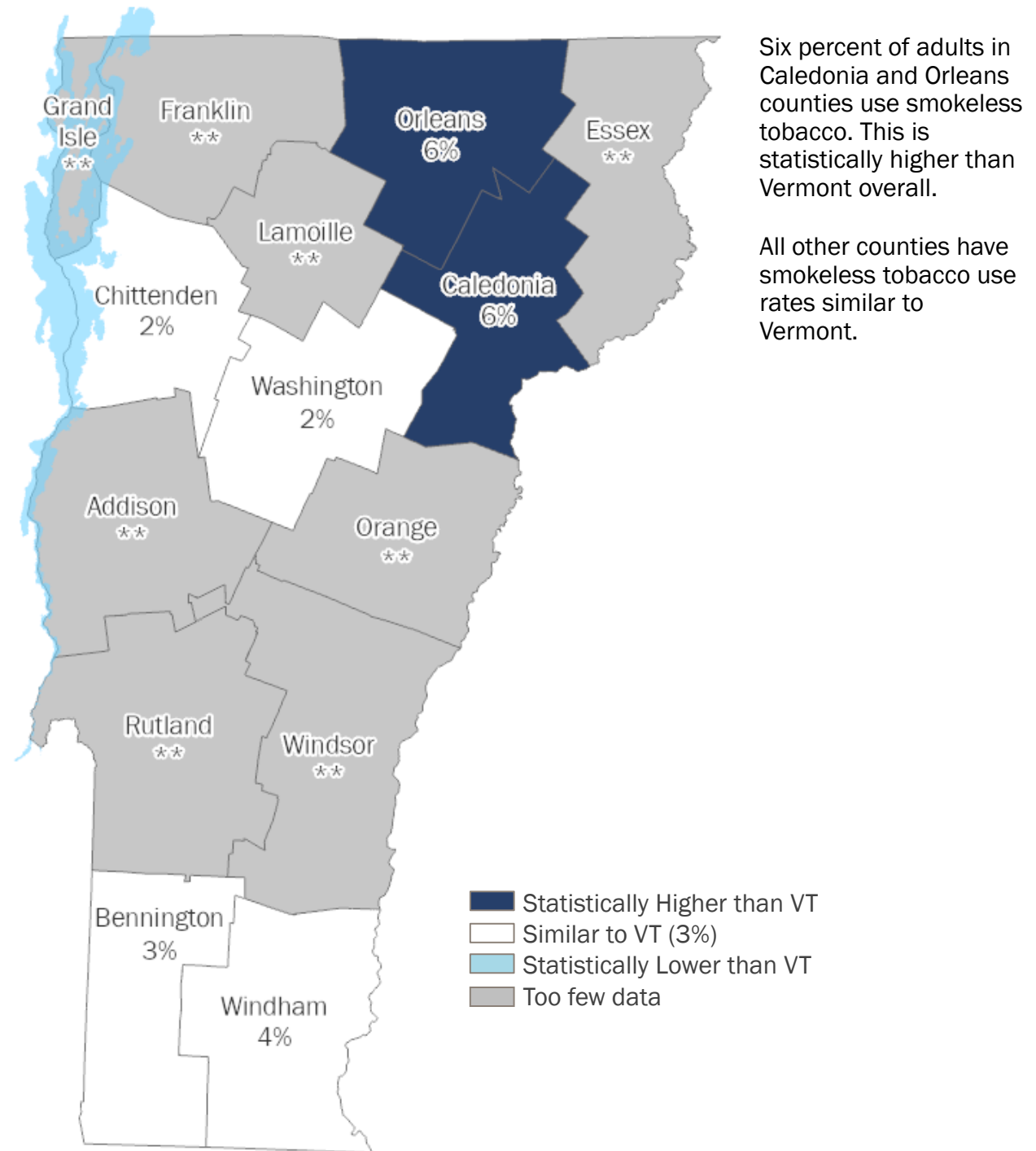
U.S.	3%
Vermont	2%
Male	4%
Female	1%
18-24	**
25-44	5%
45-64	3%
65+	**
High School or Less	4%
Some College	2%
College or more	2%
Low <\$25K	3%
Middle \$25K-<\$50K	3%
High \$50K-<\$75K	**
Highest \$75K+	3%
WnH	2%
BIPOC	**
Non-LGBTQ+	2%
LGBTQ+	**
No Disability	2%
Any Disability	3%

Vermont Adults who Use Smokeless Tobacco



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

Vermont Adults who Use Smokeless Tobacco by County, 2019-2020



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

Tobacco Use – Quit Attempts~

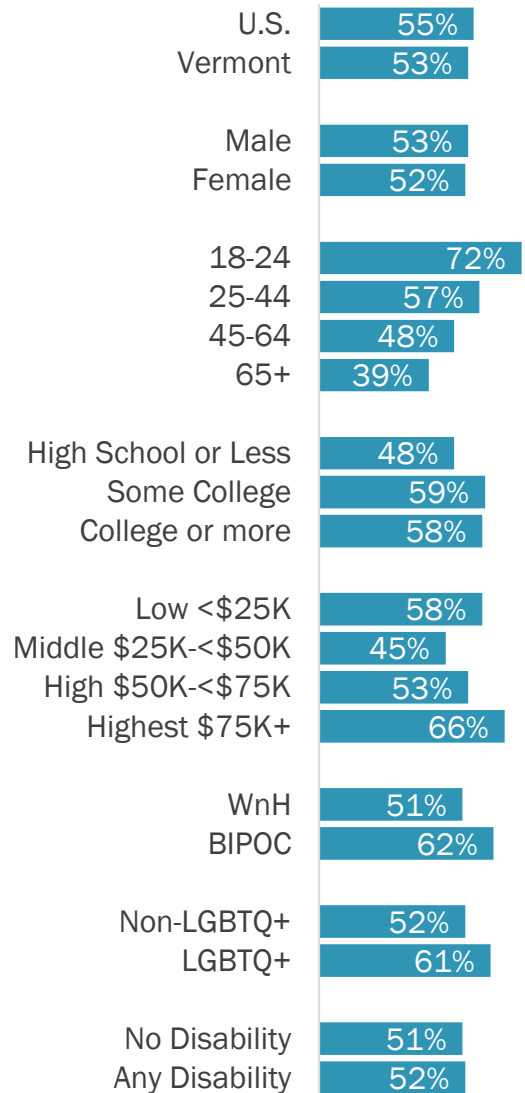
Over half of Vermont adults who smoke tobacco have made an attempt to quit smoking in the past year (53%). This is statistically similar to the 55% of U.S. adult who smoke.

There are no statistical differences in quit attempts among adults who smoke by sex, age, education level, race and ethnicity, sexual orientation and gender identity, or disability status.

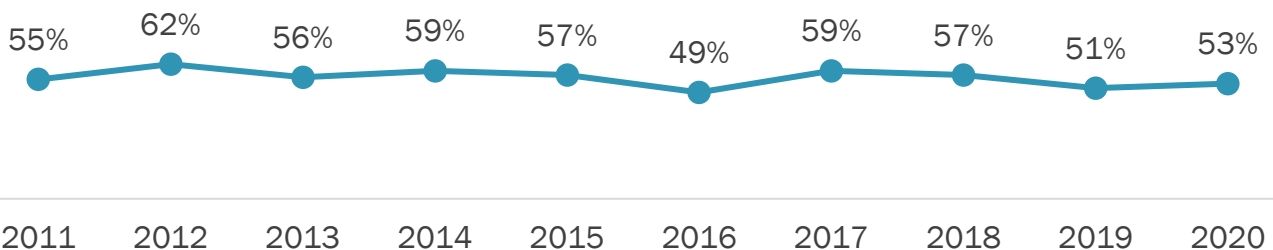
Quit attempts are statistically higher among adults with the highest household incomes than adults with middle household incomes.

The proportion of adults who smoke and have made a quit attempt is statistically similar to 2019 and 2011.

Smoking Quit Attempts~ Vermont Adults Who Smoke, 2020



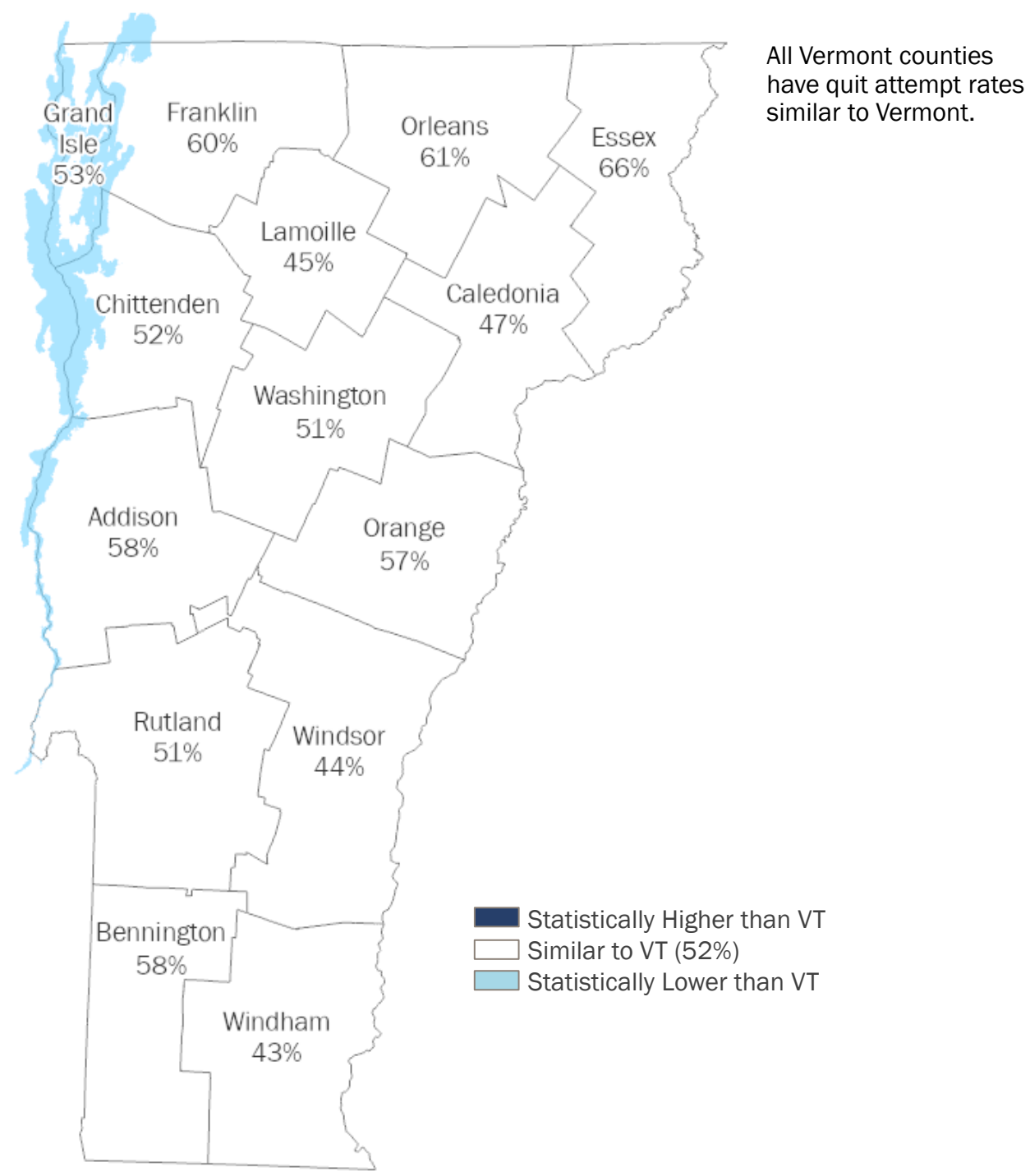
Vermont Adults who Smoke and Have Made A Quit Attempt~



~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

[Note: This measure is a Healthy Vermonters 2020 goal.]

Vermont Adult who Smoke and Have Made a Quit Attempt ~ by County, 2019-2020



~All data on this page are age-adjusted to U.S. 2000 population.
[Note: This measure is a Healthy Vermonters 2020 goal.]
2019/2020 Vermont Behavioral Risk Factor Surveillance System Report

Community Safety for Walking

In 2019, one in ten Vermont adults say their community is either only slightly safe or not at all safe for walking (10%).

Men and women report their community as not safe for walking at statistically similar rates.

Adults 25-44 are statistically more likely to say their community is not safe for walking than adults 45-64.

Vermont adults with less education and lower annual household income levels are more likely to say their community is not safe for walking.

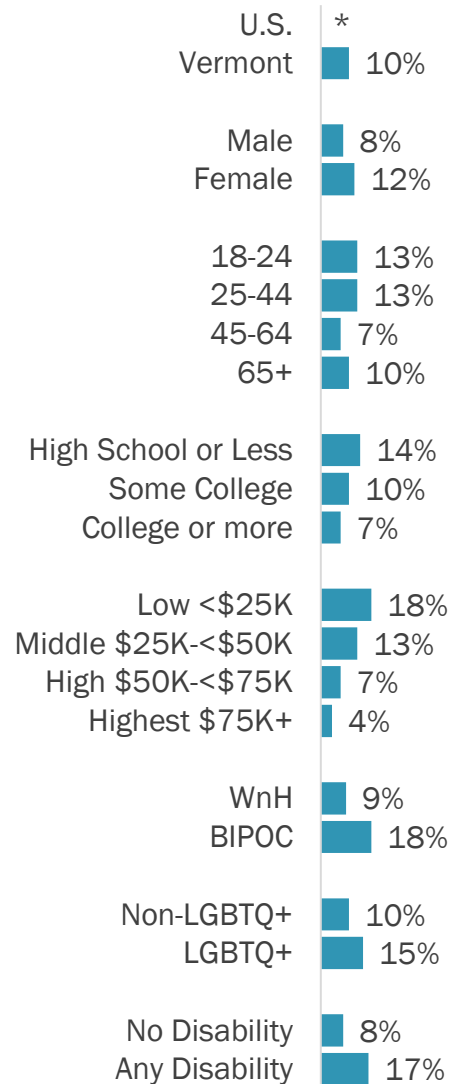
- Adults with a high school education or less are statistically more likely to say their community is not safe for walking than adults with a college education or more.
- Adults in low-income households are statistically more likely to report their community as not safe for walking than adults in at least high-income households.
- Adults in middle-income households are statistically more likely to say their community is not safe for walking than adults in the highest income households.

There are no statistical differences in community safety for walking by sexual orientation and gender identity.

BIPOC adults and those with a disability are statistically more likely to say their community is not safe for walking than white, non-Hispanic adults and those with no disability.

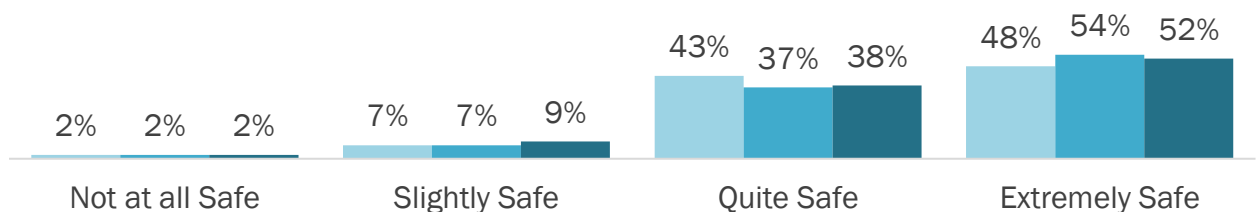
The proportion of adults that report their community is not safe for walking is statistically similar to previous years.

Community Not Safe for Walking^o Vermont Adults, 2019



Community Safety for Walking

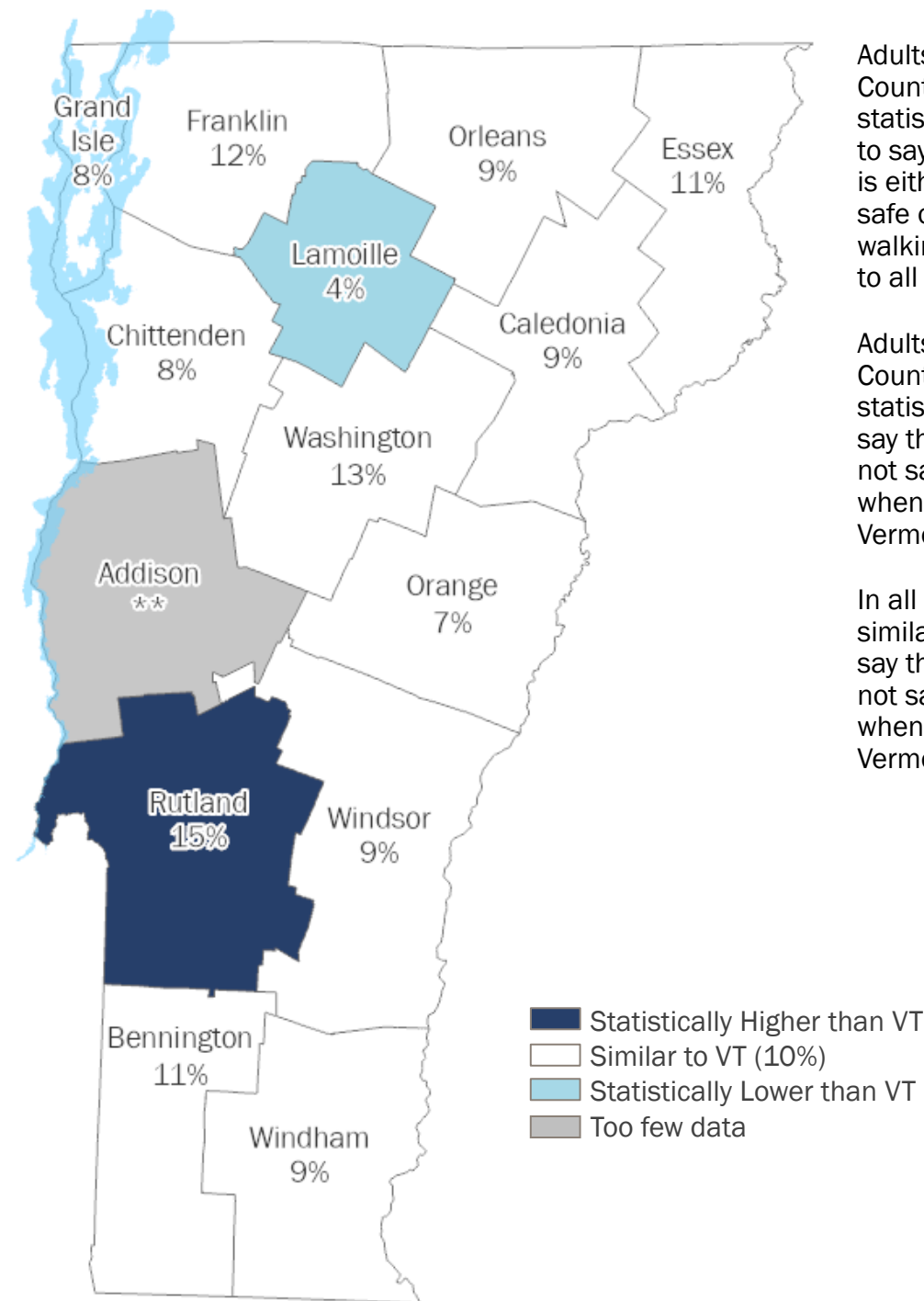
■ 2011 ■ 2017 ■ 2019



^oNot safe for walking defined as those responding, “not at all safe” or “slightly safe” to question: Overall, how would you rate your community as a safe place to walk?

*No national estimate available.

Vermont Adults Rating Community Not Safe for Walking by County, 2017, 2019



Adults in Rutland County (15%) are statistically more likely to say their community is either only slightly safe or not at all safe for walking when compared to all Vermont adults.

Adults in Lamoille County (4%) are statistically less likely to say their community is not safe for walking when compared to all Vermont adults.

In all other counties, a similar percent of adults say their community is not safe for walking, when compared to Vermont.

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

Firearm Storage

Among all Vermont adults:

- 44% have a firearm in the home.
- 8% have a loaded firearm in the home.
- 5% have an unlocked, loaded firearm in the home.
- 19% have any unlocked firearm in the home.

More than four in ten Vermont adults have a firearm in or around their home (44%). Among adults with a firearm in the home, 18% have a loaded firearm.

Men are statistically more likely than women to keep a firearm loaded in the home.

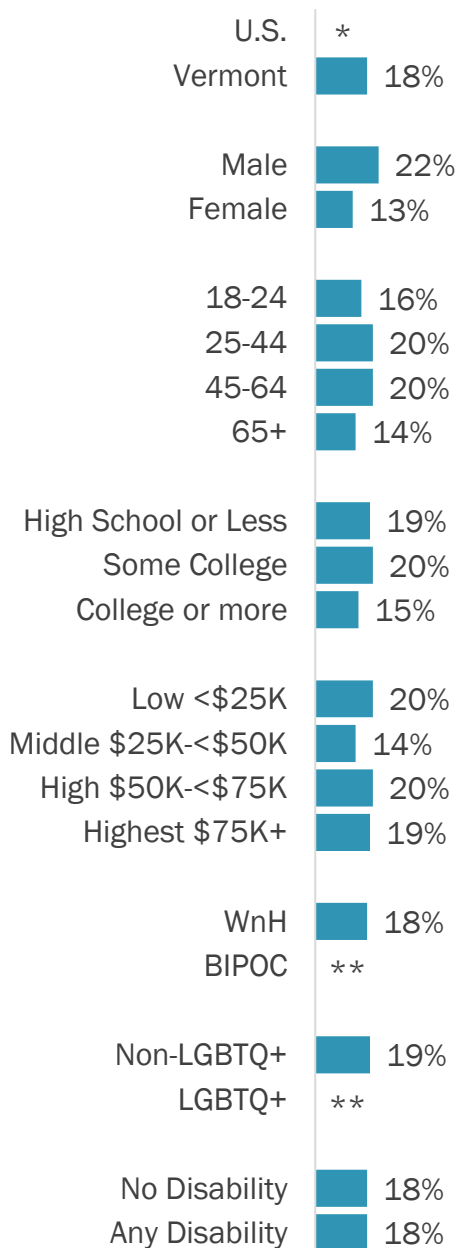
There are no statistically significant differences in whether a firearm is stored loaded by age, education level, household income level or disability status.

Among Vermont households with a firearm in the home, the proportion of those that store a firearm loaded in 2020 is statistically similar to the 17% in 2018.

Among Vermont households with a loaded firearm in the home, 60% keep a loaded firearm unlocked. This is statistically similar to the 65% in 2018.

Among Vermont households with a firearm in the home, 44% keep any firearm unlocked.

Households with a Loaded Firearm, Among Vermont Adults with a Firearm in the Home, 2020



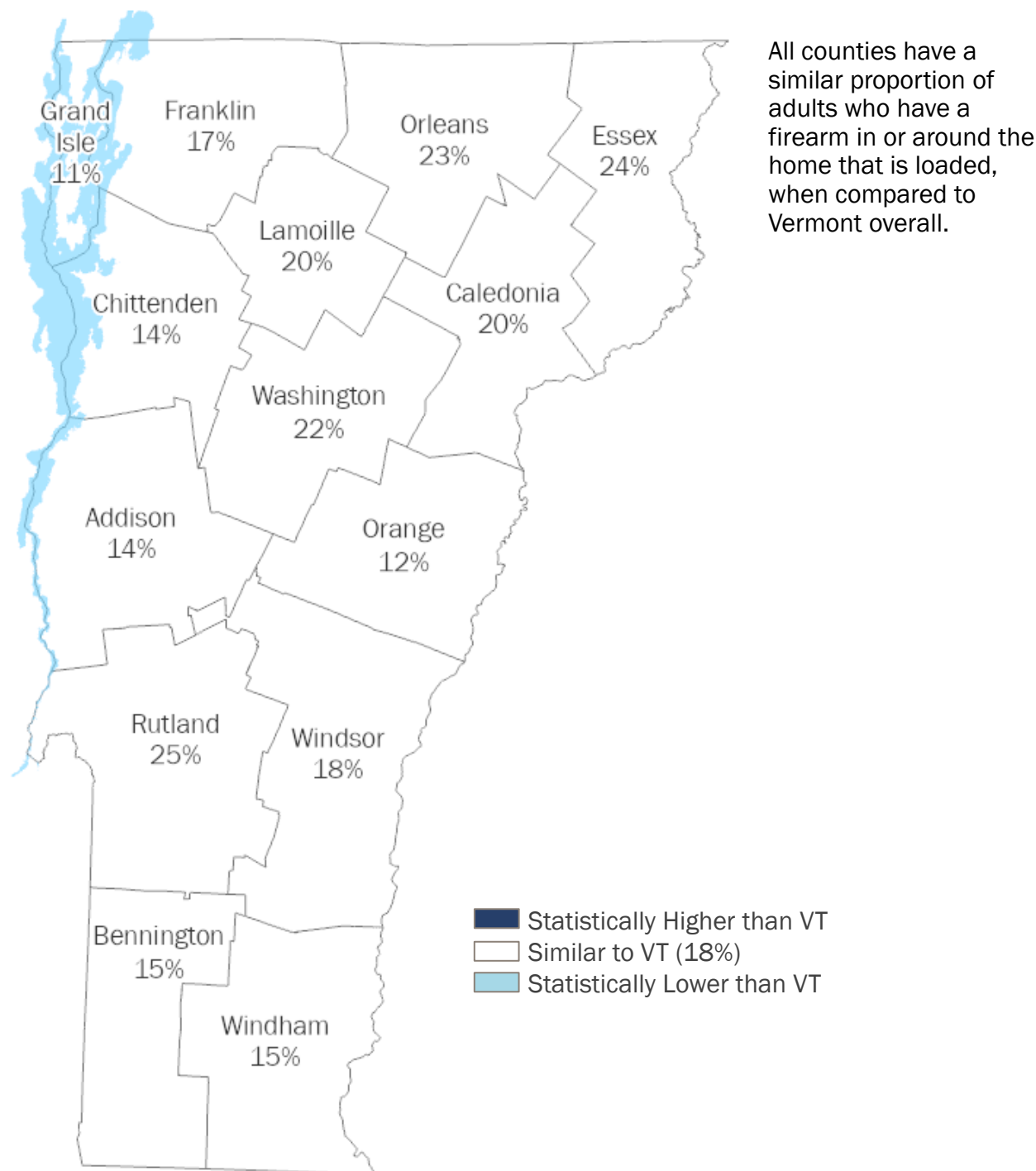
Revised - New in this version: The proportion of households with a loaded firearm in the home that keep a loaded firearm unlocked has been updated.

*No national estimate available.

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

Statistical comparisons are not completed on suppressed values.

Vermont Adults with a Loaded Firearm in the Home by County, 2018, 2020



Food Insecurity

In the past year, one in twenty Vermont adults were worried they or someone in their home would not have enough food to eat (5%).

Men and women were similarly concerned about having enough food to eat in the past year.

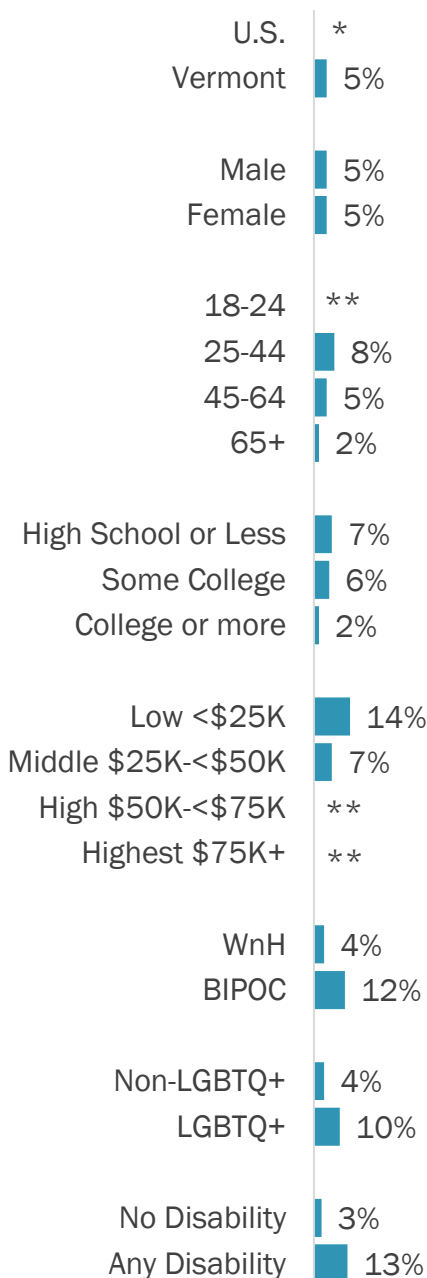
Food insecurity decreases with age, education level and household income level.

- Adults 25-64 are statistically more likely than those 65 and older to be food insecure.
- Adults with some college education or less are statistically more likely than adults with a college education or more to be food insecure.
- Adults with low household incomes are statistically more likely than those with middle household incomes to be food insecure.

BIPOC adults, LGBTQ+ adults and adults with a disability are statistically more likely to have been worried about having enough food in the past year, when compared to white, non-Hispanic adults, non-LGBTQ+ adults and adults without a disability.

The proportion of adults that were worried they or someone in their home would not have enough food to eat in the past year is statistically similar to 2018 (5%).

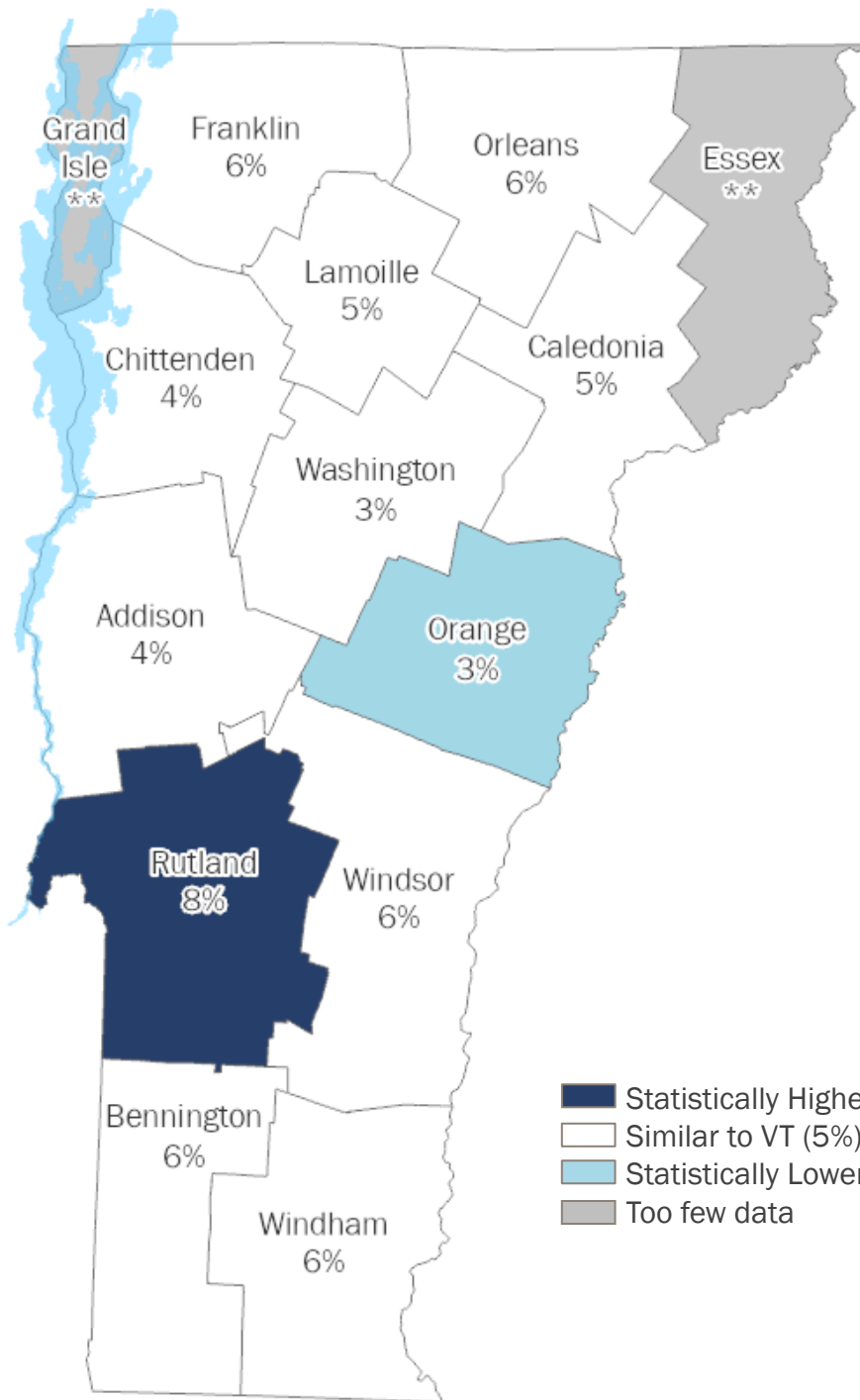
Worried Not Enough Food to Eat in Past Year Vermont Adults, 2020



*No national estimate available.

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

Vermont Adults Worried Not Enough Food to Eat in Past Year by County, 2018, 2020



Residents in Rutland County (8%) are statistically more likely to have worried they or someone in their home would not have enough food to eat in the past year when compared to all Vermont adults.

Orange County adults (3%) are statistically less likely to report food insecurity in the past year when compared to all Vermont adults.

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

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Housing Insecurity

One in eleven Vermont adults were unable to pay their mortgage, rent or utilities some time in the past year (9%).

Women were statistically more likely to be unable to pay their mortgage, rent or utilities in the past year than men.

Adults 25-44 are most likely to report housing insecurity in the past year.

- Adults 25-44 are statistically more likely to report housing insecurity than those 45 and older.
- Adults 18-24 and 45-64 are statistically more likely to report housing insecurity than those 65 and older.

Rates of housing insecurity are highest among adults with less education and those living in low-income households.

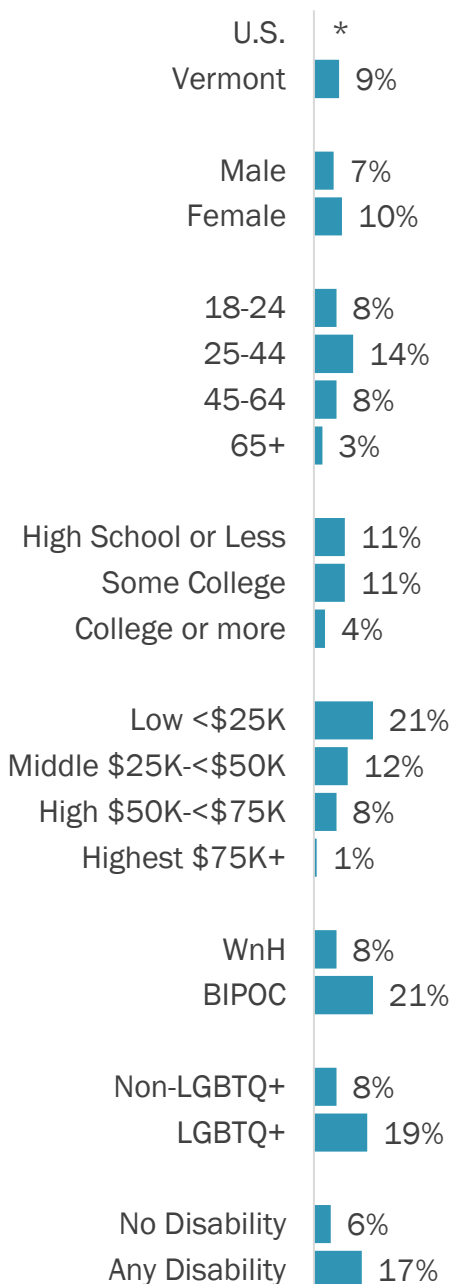
- Adults with some college education or less are statistically more likely than those with a college degree or more to have not been able to pay housing related expenses in the past year.
- All differences in housing insecurity by household income level are statistically significant except between adults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

BIPOC adults and LGBTQ+ adults are two and a half times as likely to experience housing insecurity in the past year than white, non-Hispanic adults and LGBTQ+ adults, both statistically significant differences.

Adults with a disability are nearly three times as likely to report housing insecurity in the past year than adults with no disability, a statistically significant difference.

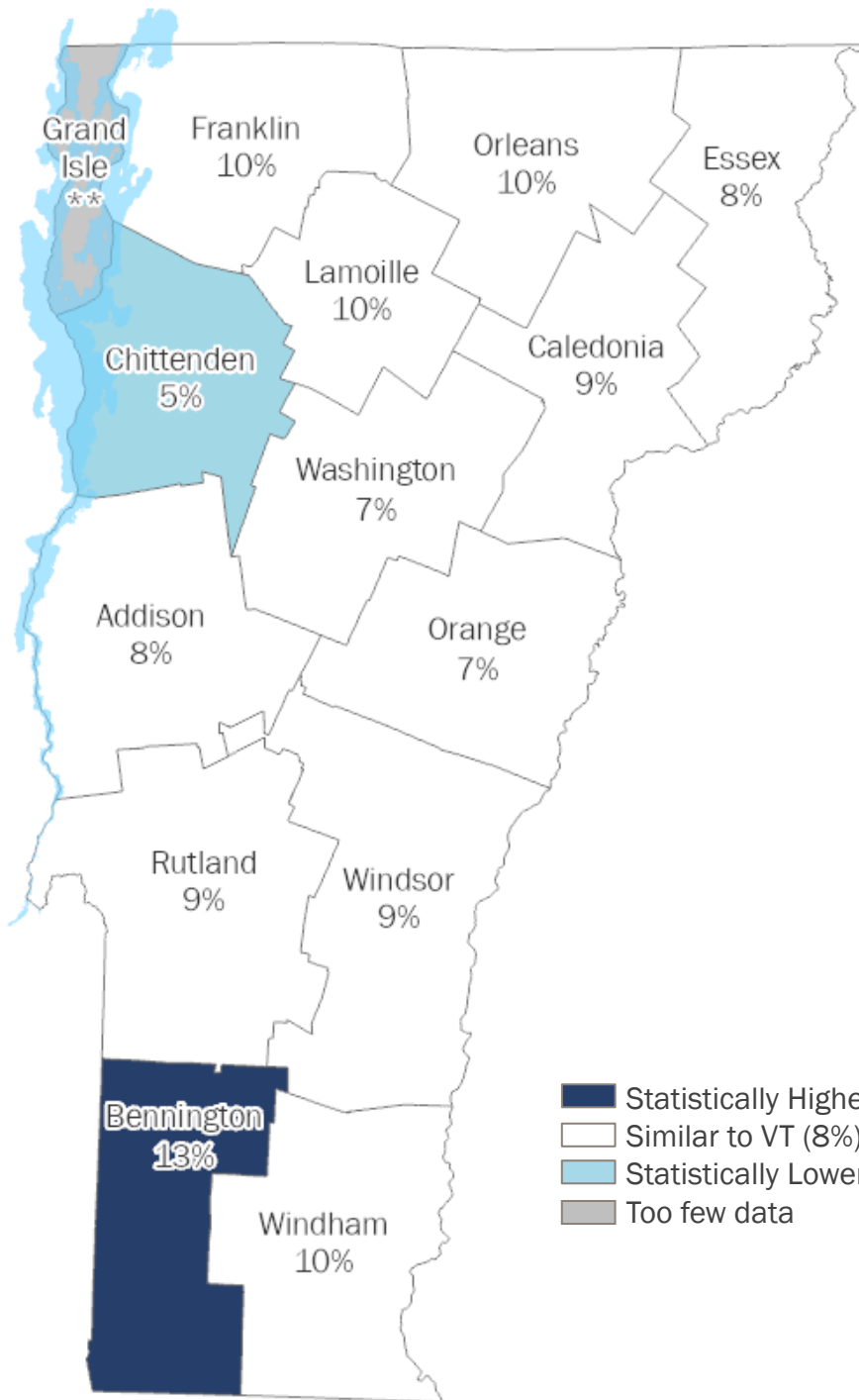
The proportion of adults that were unable to pay housing related expenses in the past year is statistically similar to 2018 (8%).

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



*No national estimate available.

Vermont Adults Unable to Pay Mortgage, Rent or Utilities in Past Year, by County, 2018, 2020



Residents in Bennington County (13%) are statistically more likely to have been unable to pay their mortgage, rent or utilities in the past year when compared to all Vermont adults.

Chittenden County adults (5%) are statistically less likely to report housing insecurity in the past year when compared to all Vermont adults.

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

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

Housing & Health

In the past year, three percent of Vermont adults had an illness or symptom that was caused or made worse by air quality, mold, pests, furnishings, or excessive heat or cold inside their home.

Women are statistically more likely than men to recently experience an illness or symptom caused or made worse by their home.

There are no statistical differences in housing and health by age or education level.

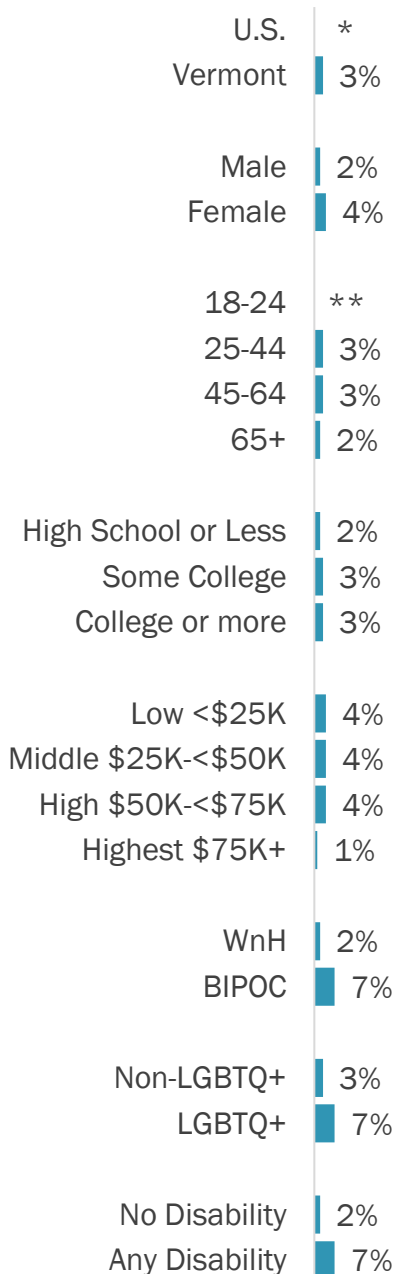
Adults in homes earning less than \$75,000 are statistically more likely to report their health was affected by their home in the past year than those in homes earning at least \$75,000.

BIPOC adults and adults with a disability are more than three times as likely to report their health was affected by their home in the past year than white, non-Hispanic adults and adults with no disability, both statistically significant differences.

LGBTQ+ adults are more than twice as likely to report their health was affected by their home than non-LGBTQ+ adults, a statistically significant difference.

Note: 2020 is the first year data was collected for this measure, so trend and county level data are not available.

Illness or Symptom Caused or Made Worse by Home in Past Year, Vermont Adults, 2020



*No national estimate available.

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

HIV Transmission Risk

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

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

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

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

Younger adults are more likely to participate in high-risk behaviors.

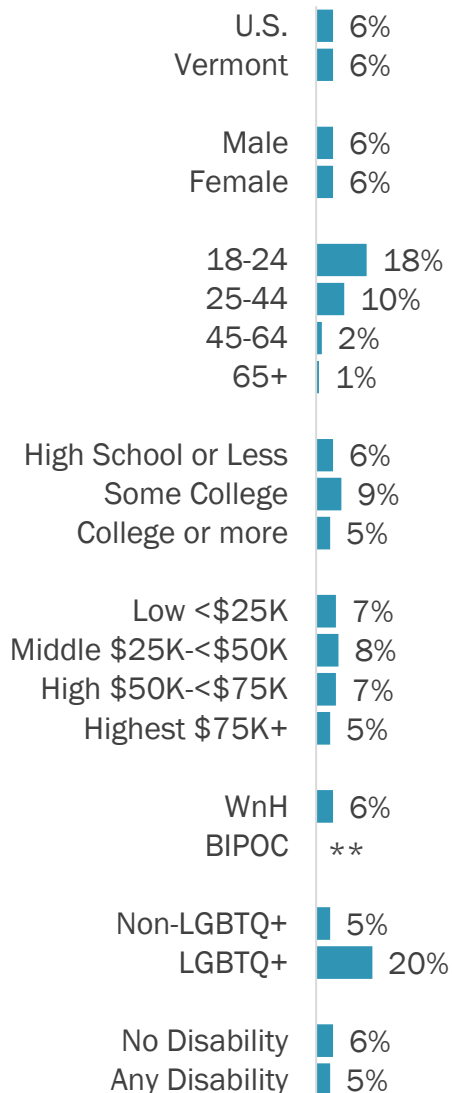
- All differences are statistically significant except between adults 18-24 and those 25-44.

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

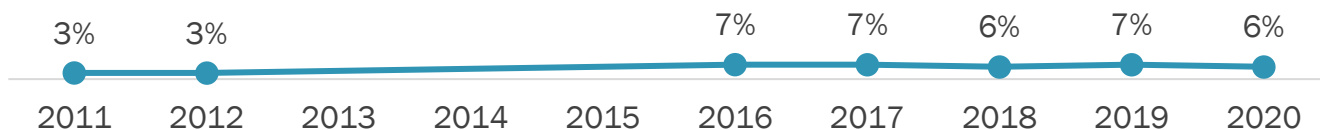
LGBTQ+ adults are four times more likely to participate in high-risk behaviors, a statistically significant difference.

While the proportion of adults participating in high-risk behaviors is statistically similar to 2019, it is higher than 2011.

HIV Transmission Risk Behaviors Vermont Adults, 2020

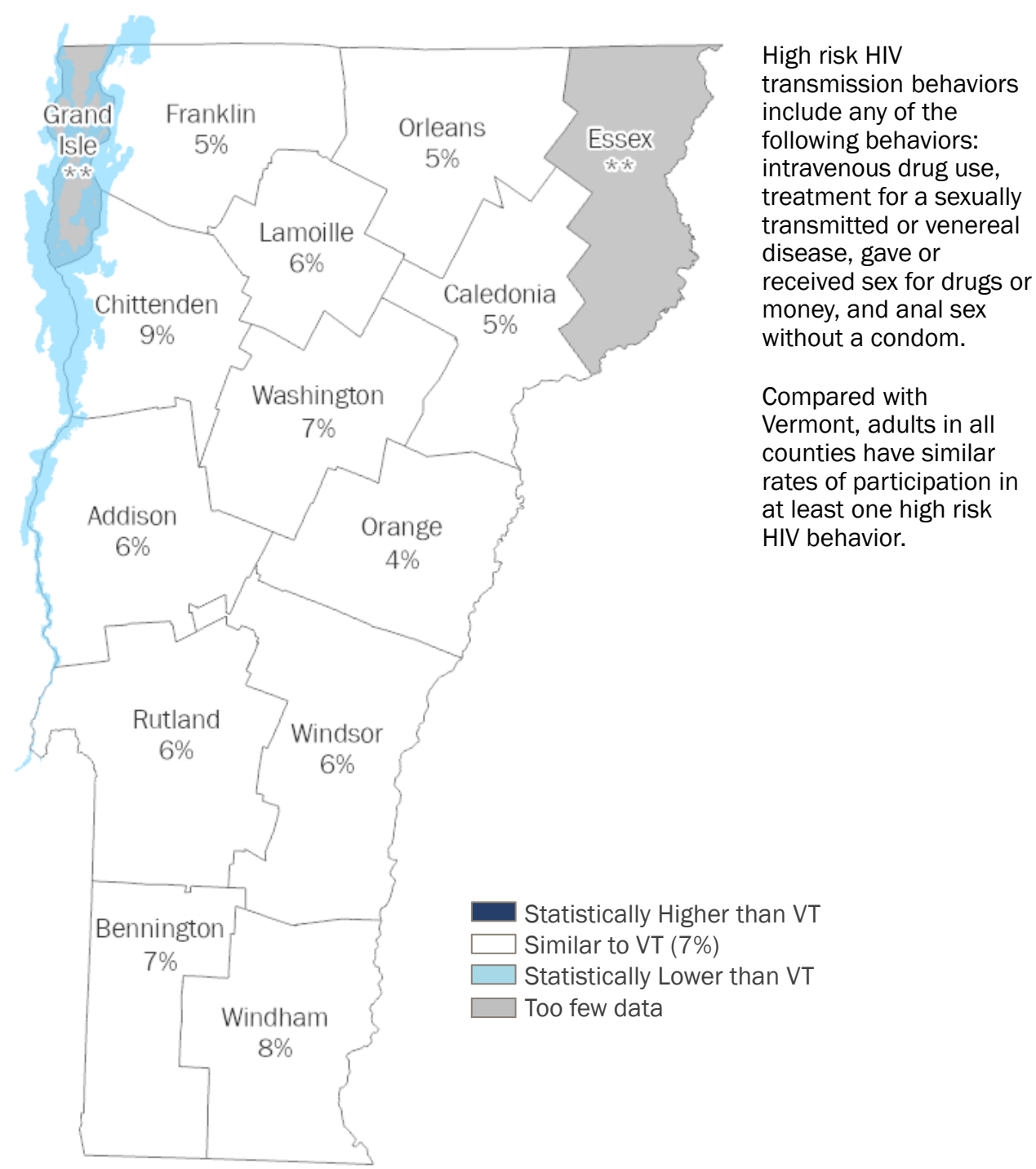


Vermont Adults with High-Risk HIV Transmission Behaviors



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

Vermont Adults with High-Risk HIV Transmission Behaviors by County, 2019-2020



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

No Leisure Time Physical Activity~

Seventeen percent of Vermont adults said they did not participate in any leisure time physical activity during the previous month, statistically lower than the 23% among U.S. adults.

Men and women report not participating in leisure time physical activity at the same rate.

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

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

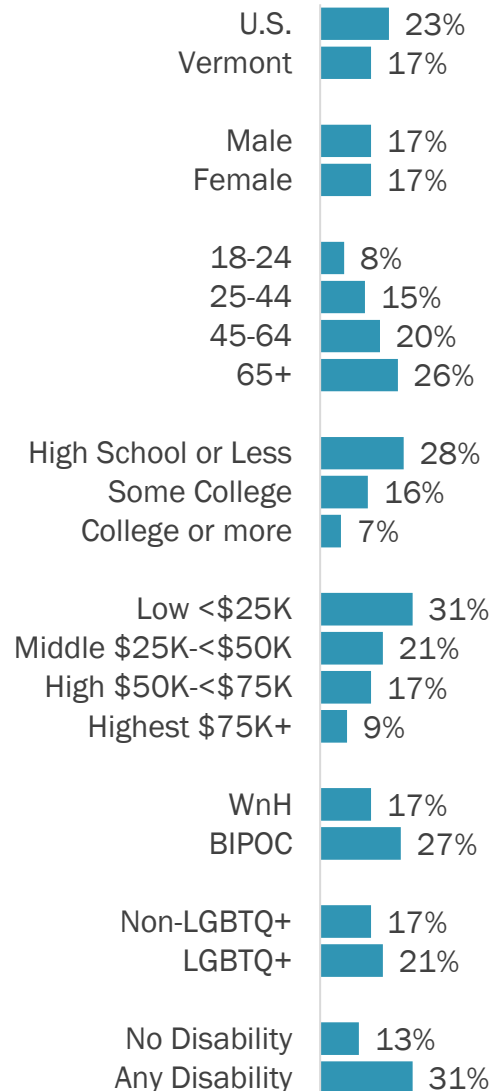
All differences by education and income are statistically different, except between adults living in homes with middle incomes and those in homes with high incomes.

BIPOC adults and adults with a disability are statistically more likely to report no leisure time physical activity than white, non-Hispanic adults and those with no disability.

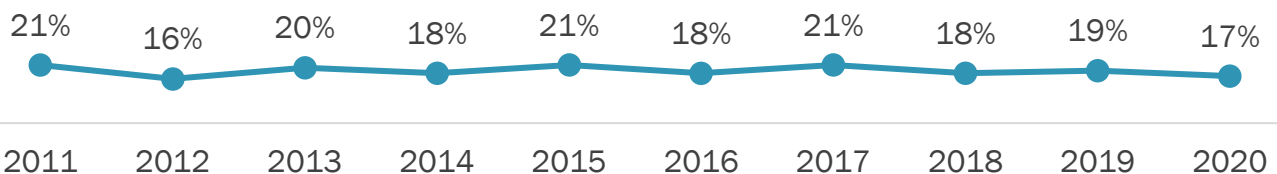
There is no statistical difference in no leisure time physical activity by sexual orientation and gender identity.

No leisure time physical activity is statistically similar to 2019, but lower than 2011.

No Leisure Time Physical Activity~ Vermont Adults, 2020



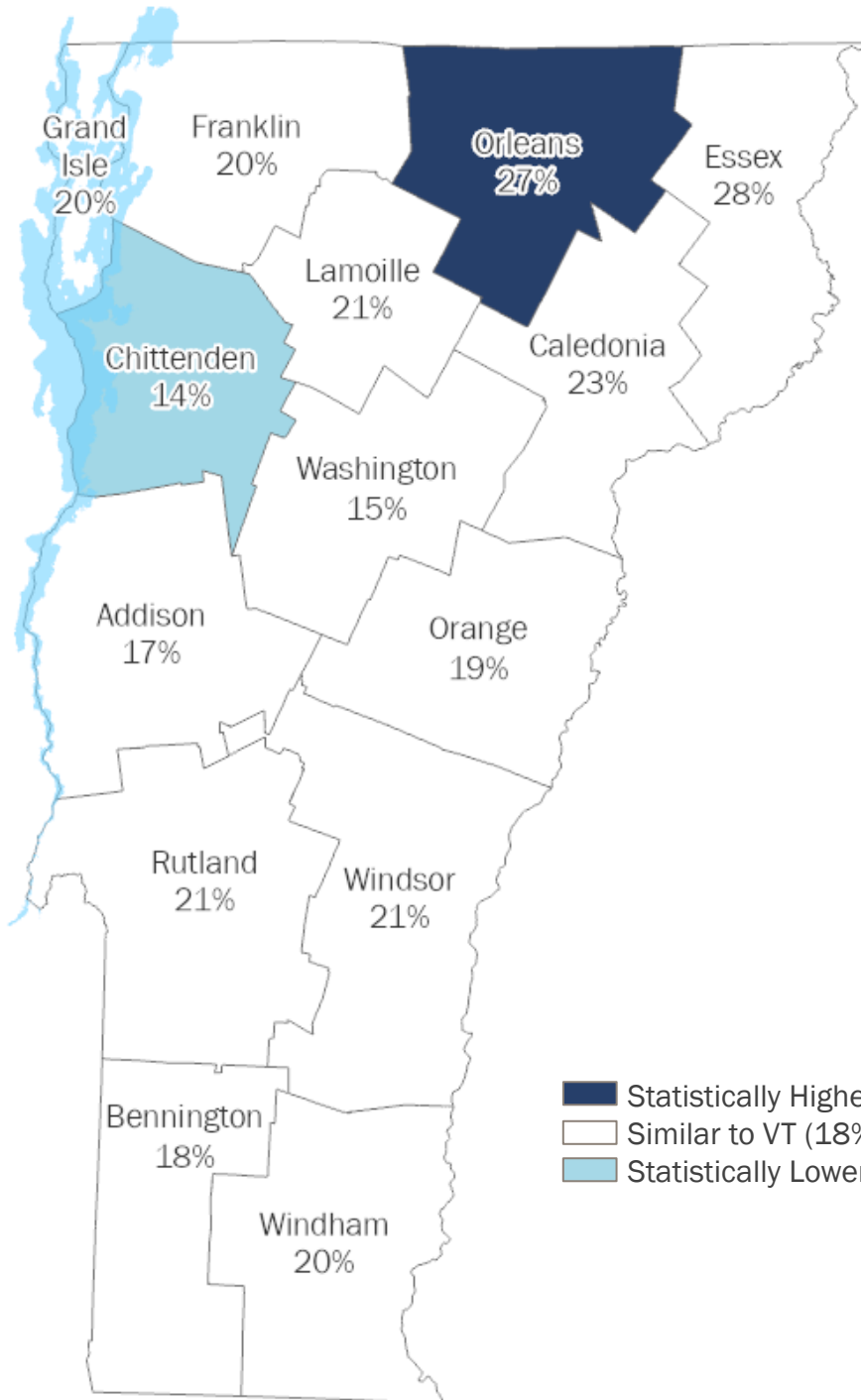
Vermont Adults With No Leisure Time Physical Activity~



~ All data on this page are age-adjusted to U.S. 2000 population, except that by age.

[Note: This measure is a Healthy Vermonters 2020 goal.]

Vermont Adults with No Leisure Time Physical Activity by County, 2019-2020



Residents in Orleans County (27%) are statistically more likely to not participate in any leisure time physical activity when compared to all Vermont adults.

One in seven Chittenden County adults (14%) do not get any leisure time physical activity, statistically less than all Vermont adults.

All other counties have a similar proportion of adults that do not get any leisure time physical activity compared to all Vermonters.

*All data on this page are age-adjusted to U.S. 2000 population.
[Note: This measure is a Healthy Vermonters 2020 goal.]

Seatbelt Use

Three percent of Vermont adults say they seldom or never wear their seatbelt when driving or riding in a car. This is the same as all U.S. adults.

Men are statistically more likely than women to seldom or never wear a seatbelt.

There are no statistical differences in seatbelt use by age.

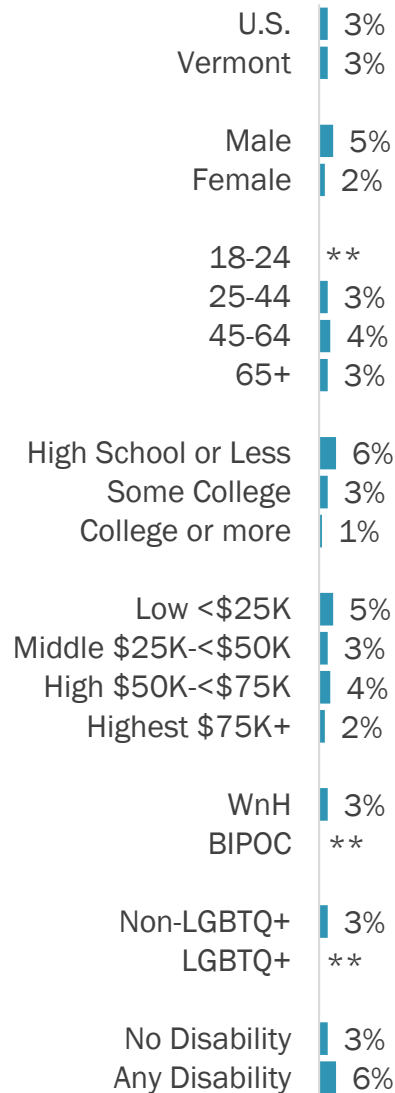
Adults with a high school education or less are statistically more likely to seldom or never wear a seatbelt than adults with more education.

There are no differences in seatbelt use by household income level.

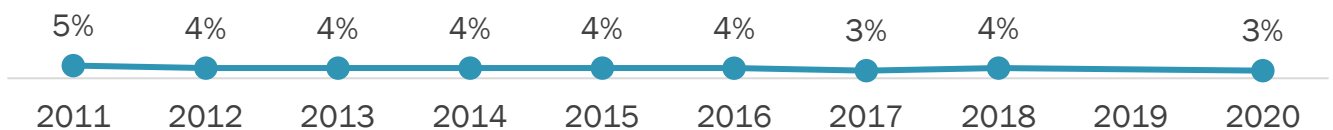
Adults with a disability are twice as likely to seldom or never wear their seatbelt compared to adults with no disability, a statistically significant difference.

The proportion of Vermont adults seldom or never wearing their seatbelt is statistically similar to 2018 and 2011.

Seldom/Never Wear Seatbelt Vermont Adults, 2020



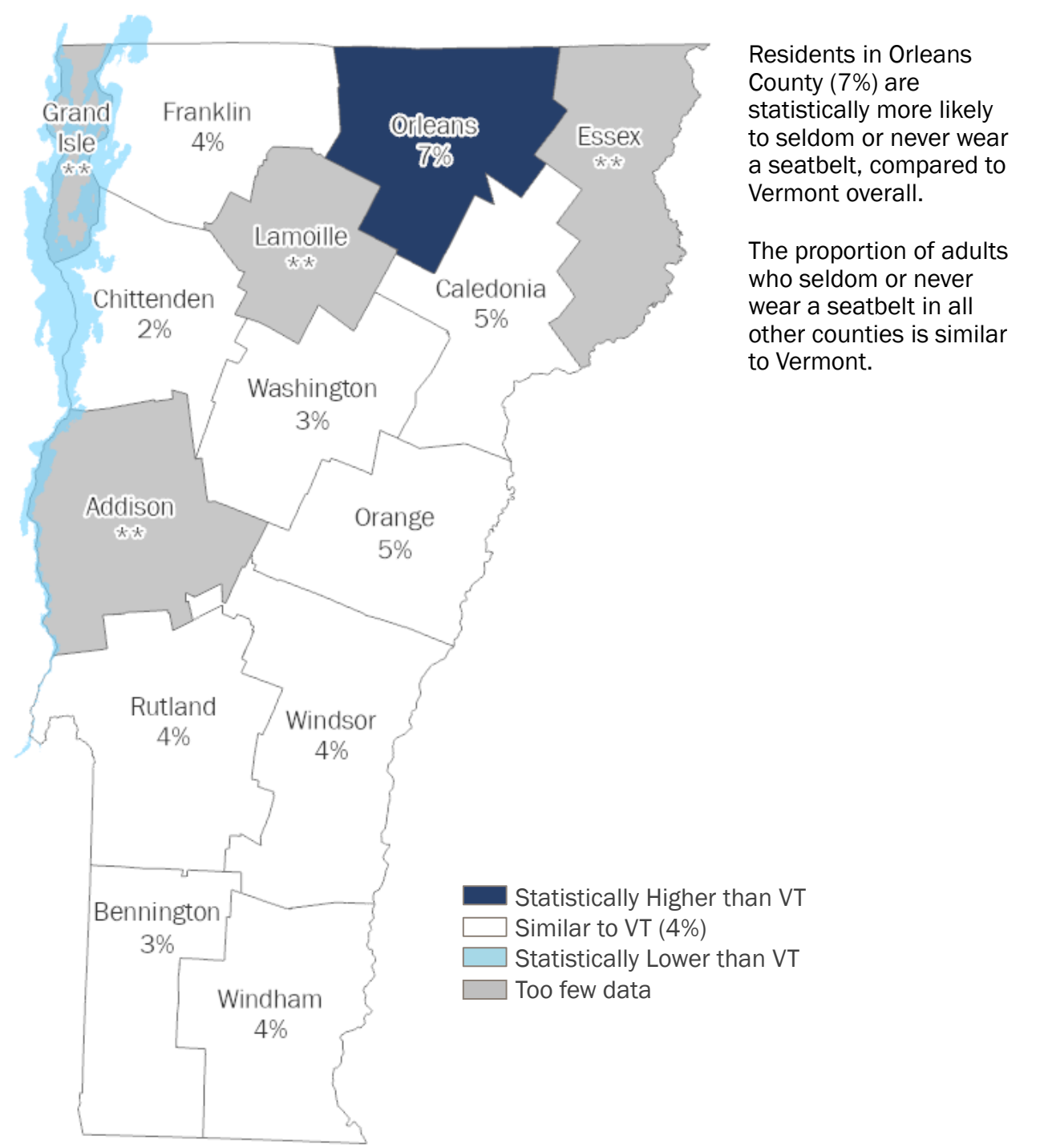
Vermont Adults who Seldom or Never Wear a Seatbelt



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

Statistical comparisons are not completed on suppressed values.

Vermont Adults who Seldom or Never Wear a Seatbelt by County, 2018, 2020



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

Skin Cancer Prevention

In 2019, more than four in ten Vermont adults said they had at least one sunburn in the past year (44%).

Men are statistically more likely than women to report a recent sunburn.

Having a sunburn in the past year decreases as Vermont adults age.

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

Adults with some college education or more are statistically more likely to report a recent sunburn than adults with a high school education or less.

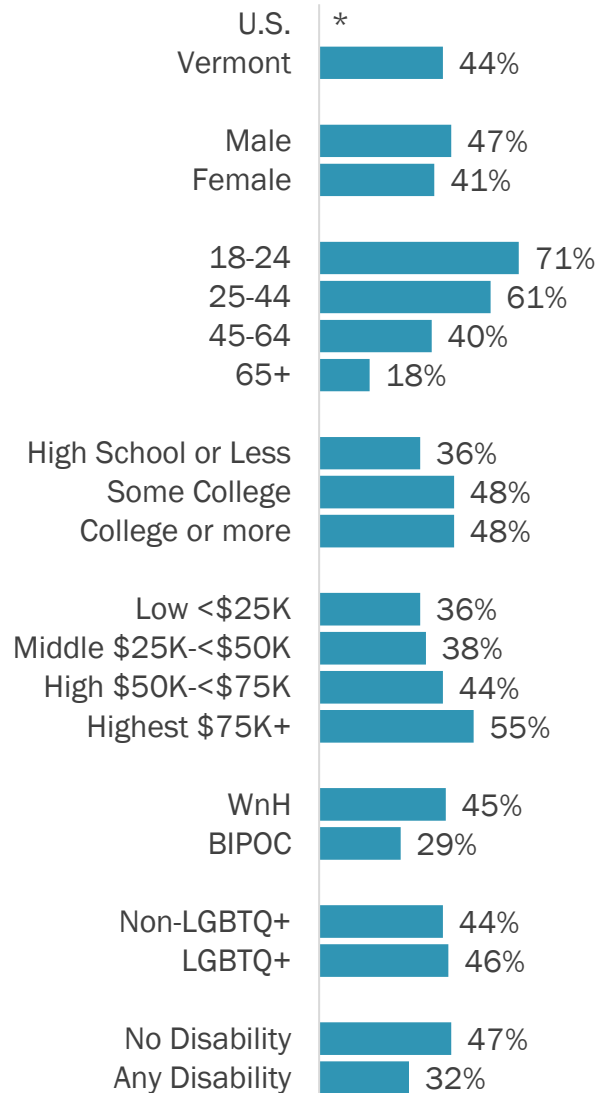
Having a recent sunburn increases with household income.

- Adults in homes with an annual income \$75,000 or more are statistically more likely to report a recent sunburn than those in homes earning less than \$75,000 annually.

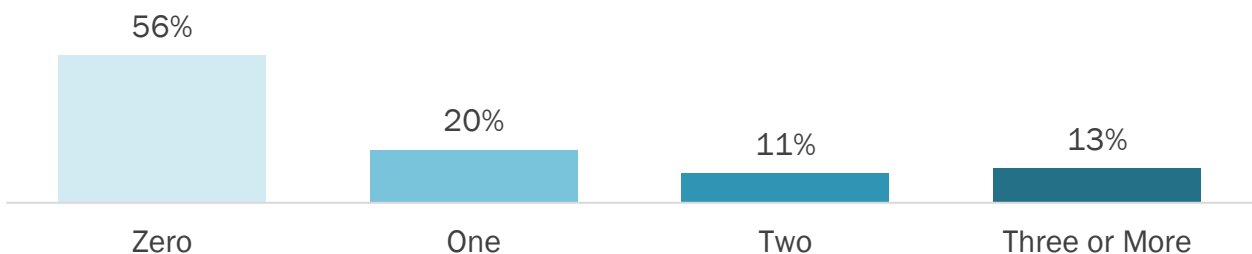
White, non-Hispanic adults and adults with no disability are statistically more likely to report a recent sunburn than BIPOC adults or adults with a disability.

There is no statistical difference in recent sunburn by sexual orientation and gender identity.

Sunburn in Past Year, Vermont Adults, 2019



Number of Sunburns in Past Year, Vermont Adults, 2019



*No national estimate available.

Tickborne Disease Risk

In 2019, nearly eight in ten Vermont adults reported they had gone in wooded or tall grassy areas in the past year, putting them at risk for tickborne diseases caused by tick bites (78%). Of those at risk for tickborne diseases, over two in ten sometimes or never took steps to prevent tick bites (22%). Specifically:

- 25% sometimes or never looked for ticks and removed them,
- 73% sometimes or never used insect repellent.

Men and women report statistically similar rates of sometimes or never taking tick bite prevention measures.

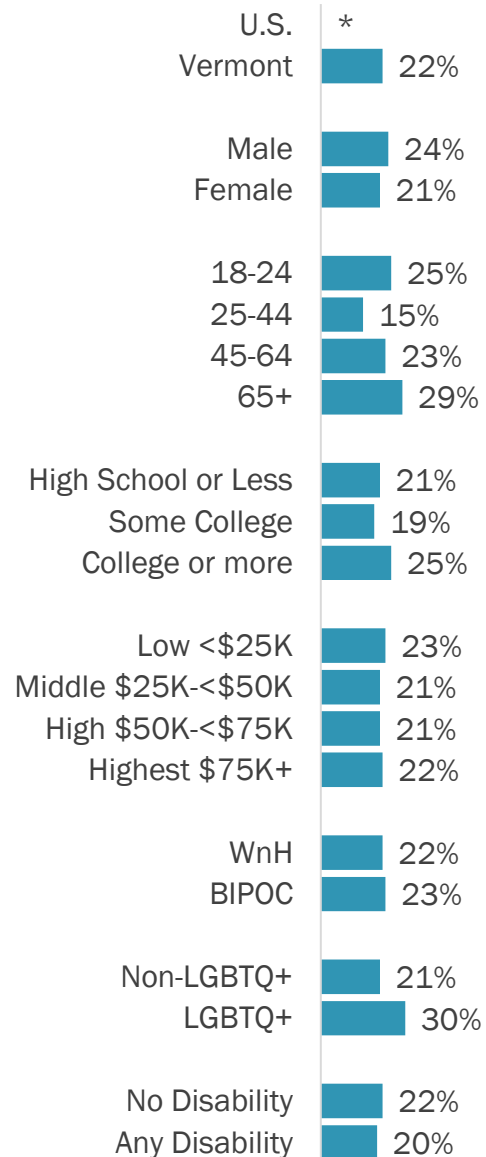
Vermonters 65 and older are the most likely to sometimes or never take tick bite prevention measures.

- Adults 65 and older are statistically more likely than those 25-64 to sometimes or never take tick bite prevention measures.
- Adults 45-64 are statistically more likely than adults 25-44 to sometimes or never take tick bite prevention measures.

There are no differences in sometimes or never taking tick bite prevention measures by education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

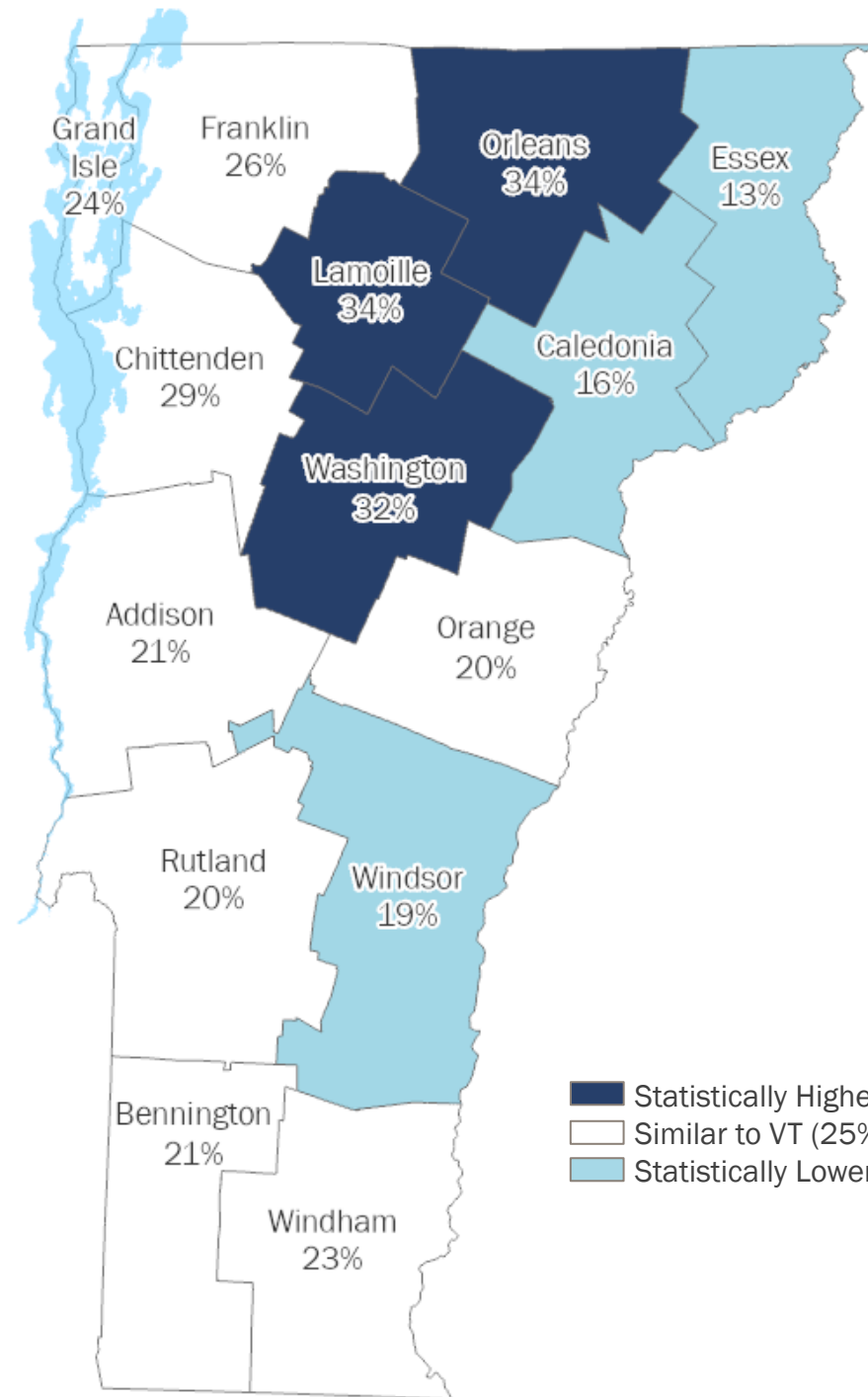
Vermont adults who sometimes or never take tick bite prevention measures is statistically lower than the 27% in 2018.

Sometimes or Never Take Tick Bite Prevention Measures Vermont Adults at Risk for Tick Bites, 2019



*No national estimate available.

Vermont Adults who Sometimes or Never Take Tick Bite Prevention Measures, by County, 2018-2019



More than three in ten adults in Lamoille (34%), Orleans (34%), and Washington (32%) counties sometimes or never take tick bite prevention measures. This is statistically higher than Vermont.

More than one in ten adults in Caledonia (16%) and Essex (13%) counties, and nearly two in ten adults in Windsor County (19%) sometimes or never take steps to prevent tick bites, statistically lower than all Vermont adults.

In all other counties, a similar percent of adults sometimes or never take tick bite prevention measures, when compared to Vermont.

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

Traumatic Brain Injury

Almost four in ten Vermont adults say they have ever experienced a traumatic brain injury (38%).

- A traumatic brain injury (TBI) is defined as a bump, blow or jolt to the head that causes dazedness, confusion or loss of consciousness.

Men are statistically more likely than women to experience a TBI.

Adults 65 and older are statistically less likely to experience a TBI than adults 18-64.

There are no statistical differences in TBI prevalence by education level or race and ethnicity.

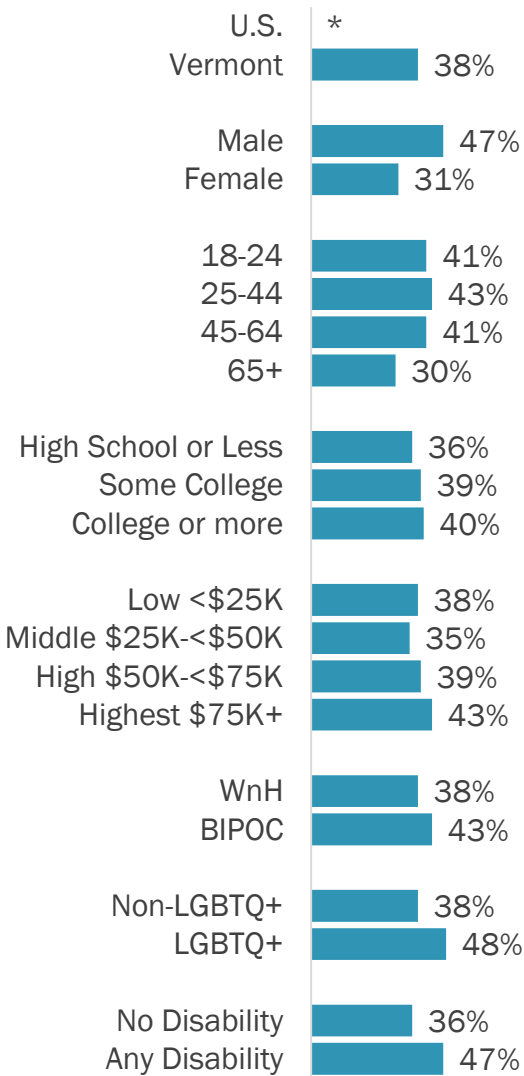
Adults in homes with the highest annual incomes are statistically more likely to experience a TBI than those in middle income households.

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

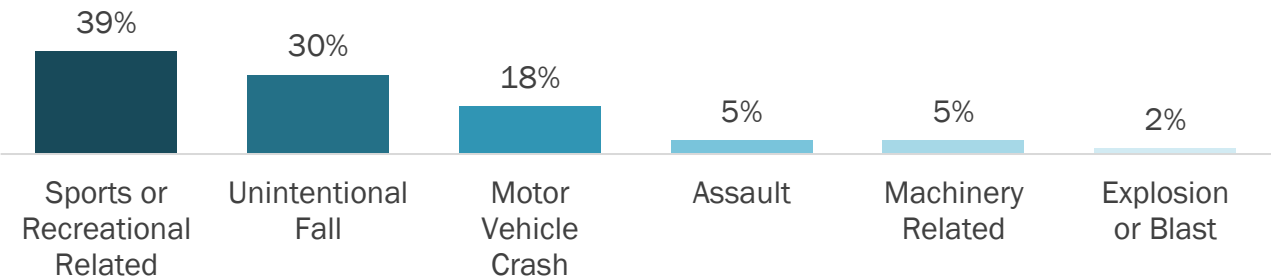
Nearly four in ten Vermont adults say their most serious head injury was sports or recreational related (39%). Five percent or less of adults say their most serious TBI was due to assault (5%), machinery related (5%), or from an explosion or blast (2%).

Note: 2020 is the first year data was collected for this measure, so trend and county level data are not available.

Traumatic Brain Injury, Vermont Adults, 2020



Event Leading to Most Serious Head Injury Vermont Adults, 2020



*No national estimate available.

Preventative Behaviors and Screenings

Immunizations – Flu Vaccine

More than two thirds of Vermont adults ages 65 and older had a flu vaccination in the past year (69%). This is statistically similar to the 67% 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.

There are no differences in receipt of a flu vaccination in the past year among adults ages 65 and older by sex, race and ethnicity, or disability status.

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

Older adults with higher household incomes are more likely to have received a flu vaccination.

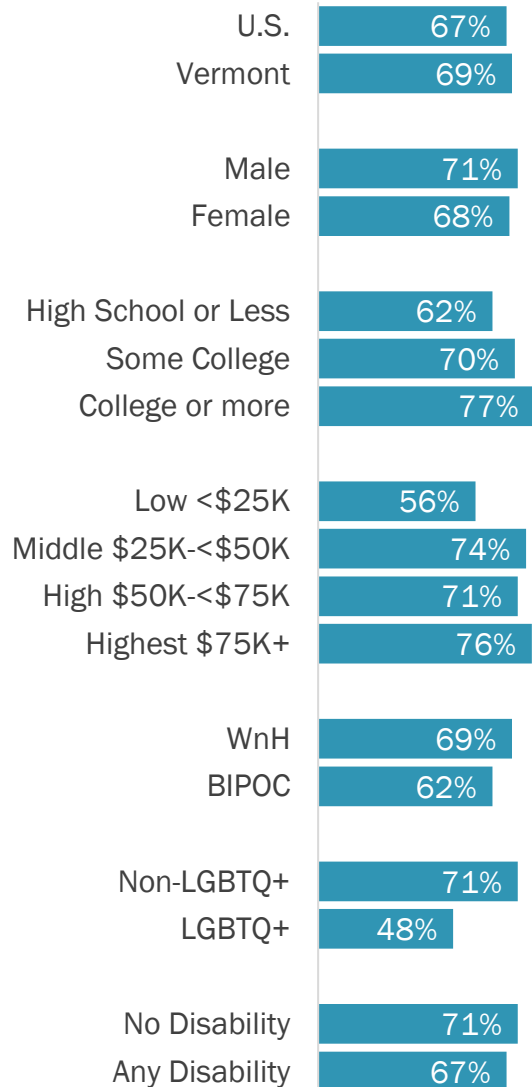
- Adults 65 and older in homes with an annual income of \$25,000 or more are statistically more likely to have had a recent flu vaccination than those in homes earning less than \$25,000 annually.

Older non-LGBTQ+ adults are statistically more likely to report having received a flu vaccination in the past year than older LGBTQ+ adults.

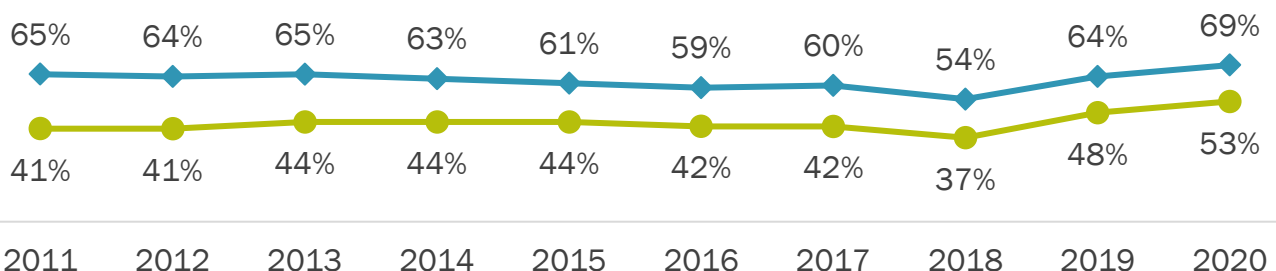
The proportion of adults 65 and older receiving a flu vaccination in the past year is statistically similar to 2019 and 2011.

The proportion of all adults receiving a flu vaccination in the past year is statistically higher than 2019 and 2011.

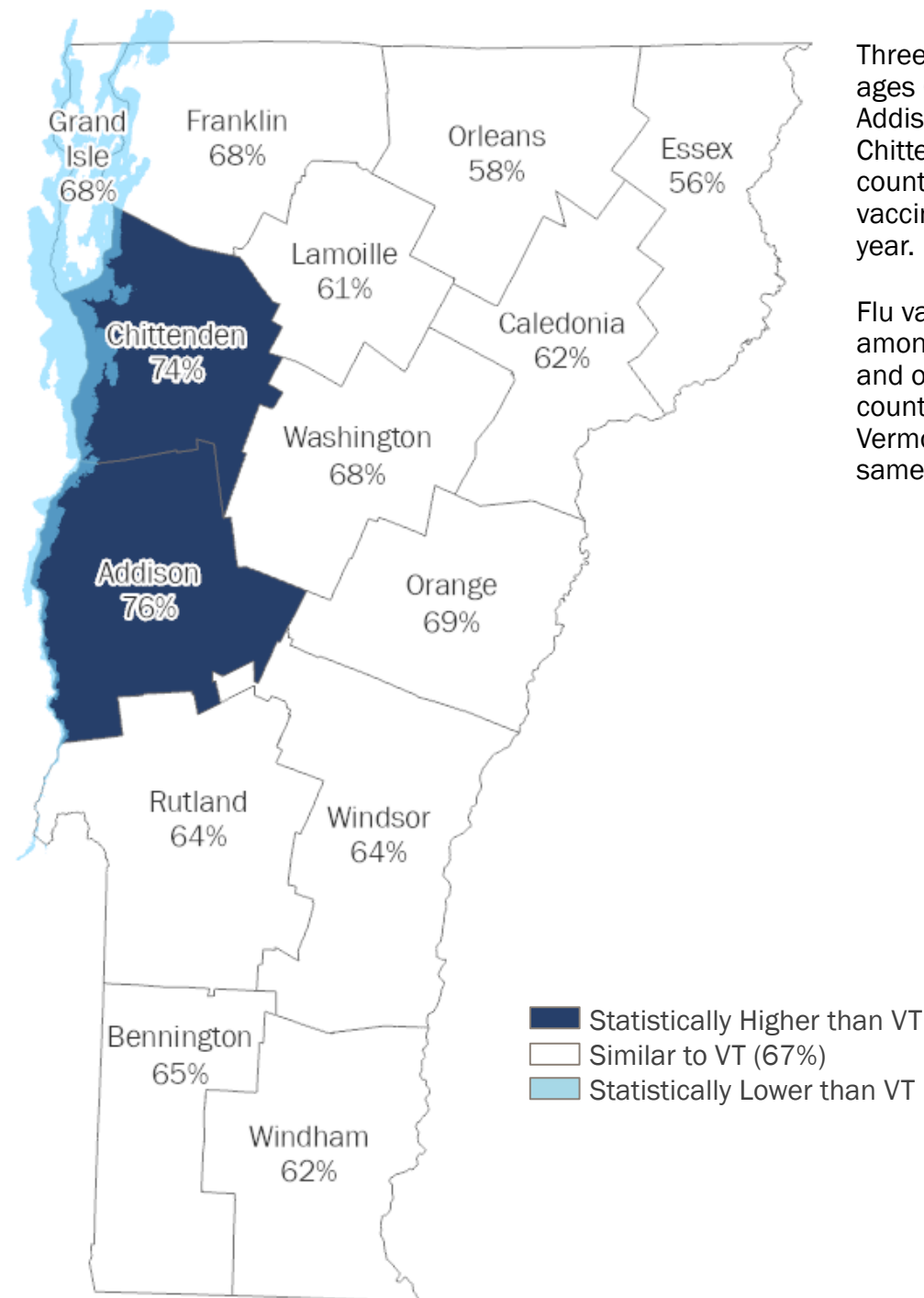
Had a Flu Shot Vermont Adults 65+, 2020



Vermont Adults and Adults 65+ who Had a Flu Shot



Vermont Adults 65+ who Had a Flu Shot in the Past Year by County, 2019-2020



Three quarters of adults ages 65 and older in Addison (76%) and Chittenden (74%) counties have had a flu vaccination in the past year.

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

Immunizations – Pneumococcal Vaccine

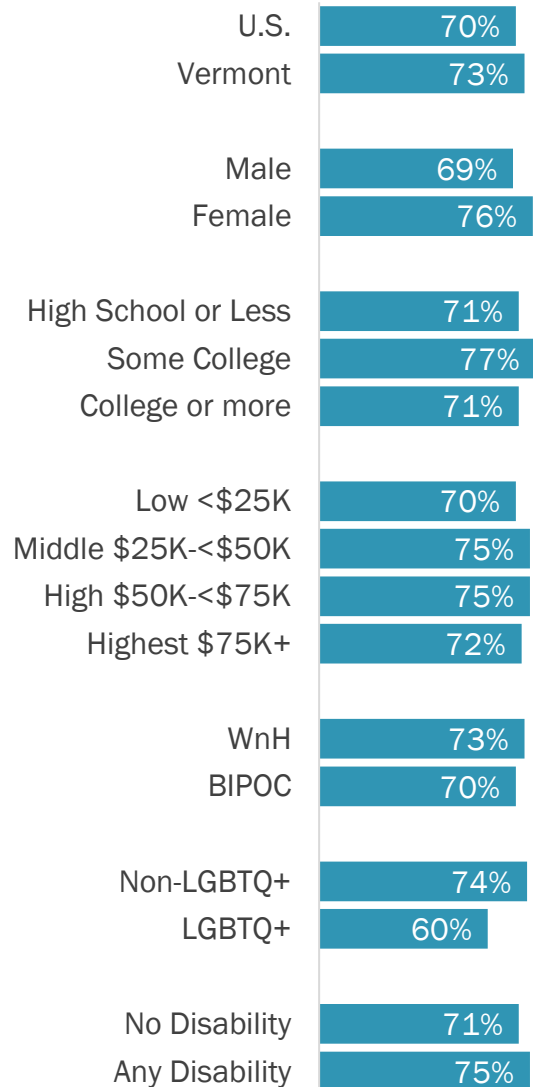
Nearly three in four Vermont adults ages 65 and older have ever received a pneumococcal vaccine (73%). This is statistically similar to the 70% of U.S. adults ages 65 and older.

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

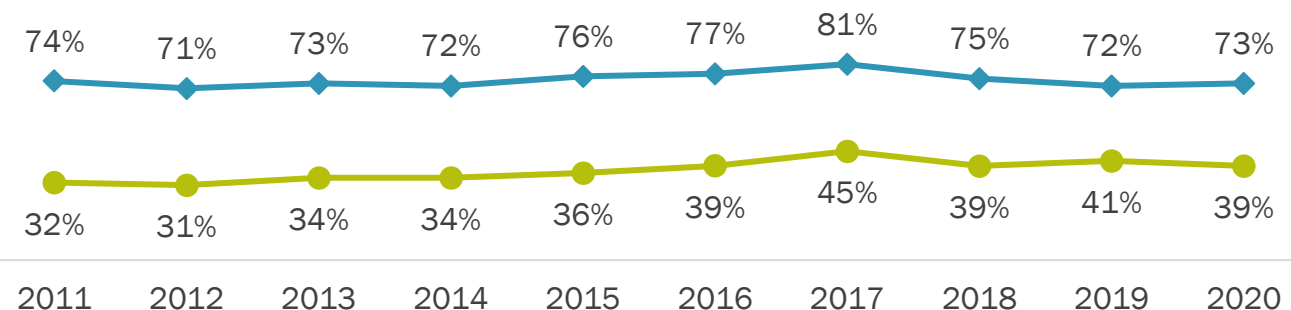
The proportion of adults 65 and older reporting ever having a pneumococcal vaccine in 2020 is statistically similar to 2019 and 2011.

The proportion of all adults ever having a pneumococcal vaccine is statistically similar to 2019, but higher than 2011.

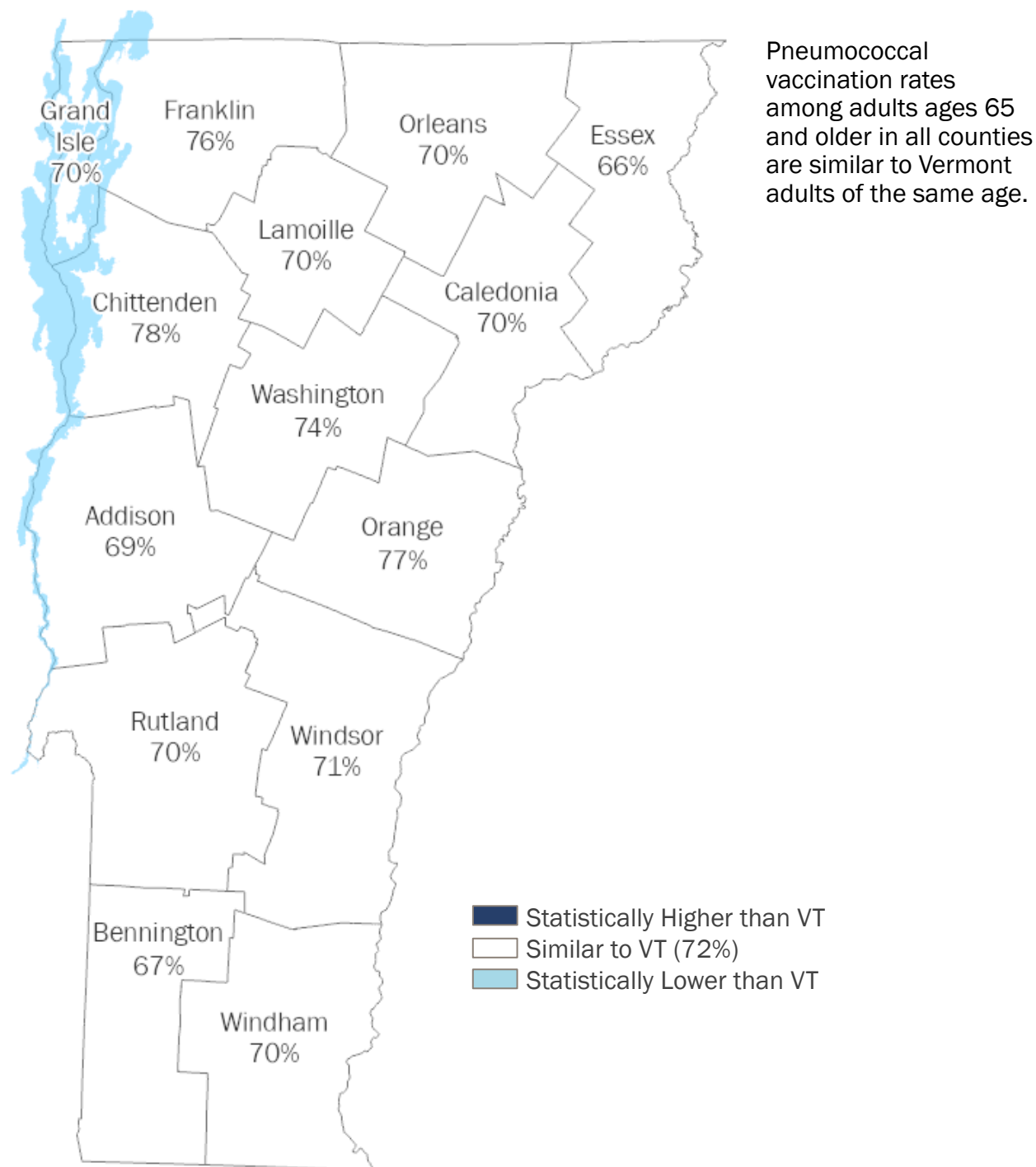
Had a Pneumococcal Vaccine Vermont Adults 65+, 2020



Vermont Adults and Adults 65+ who Had a Pneumococcal Vaccine



Vermont Adult 65+ who have had a Pneumococcal Vaccine by County, 2019-2020



Immunizations – Shingles Vaccine

Four in ten Vermont adults ages 50 and older have ever had a shingles vaccination (39%). This is statistically higher than the 31% of U.S. adults ages 50 and older.

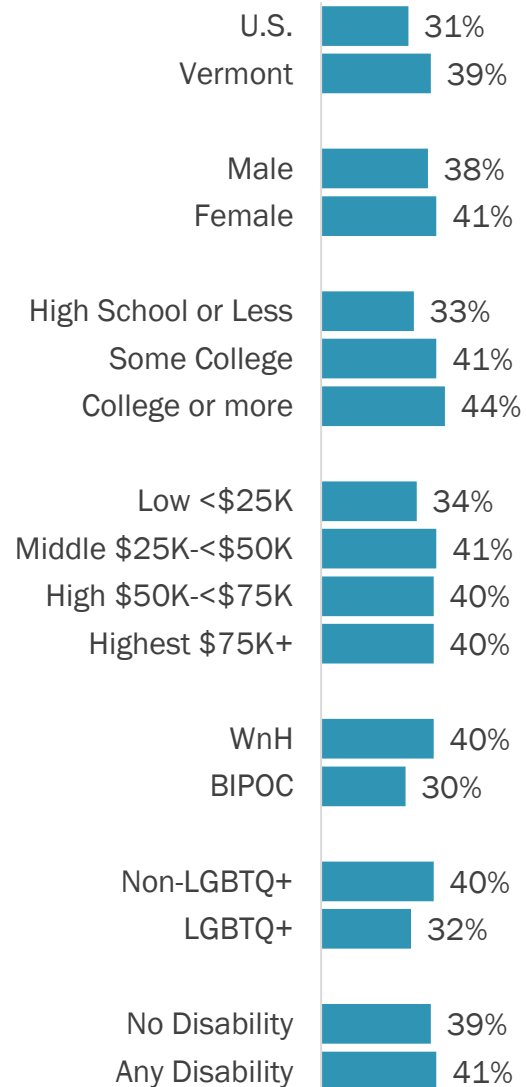
There are no differences in having ever received a shingles vaccination among adults 50 and older by sex, annual household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

Adults ages 65 and older are statistically more likely to have ever received a shingles vaccination than adults 50-64.

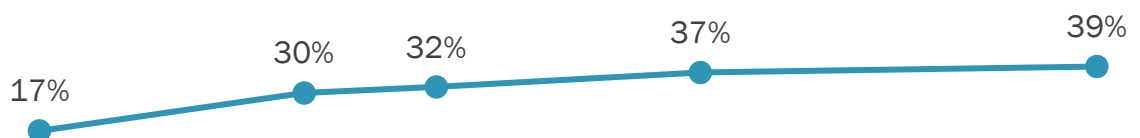
Older adults with some college education or more are statistically more likely than older adults with a high school education or less to ever have received a shingles vaccination.

The proportion of adults 50 and older having ever received a shingles vaccination is statistically similar to 2017, but higher than 2012.

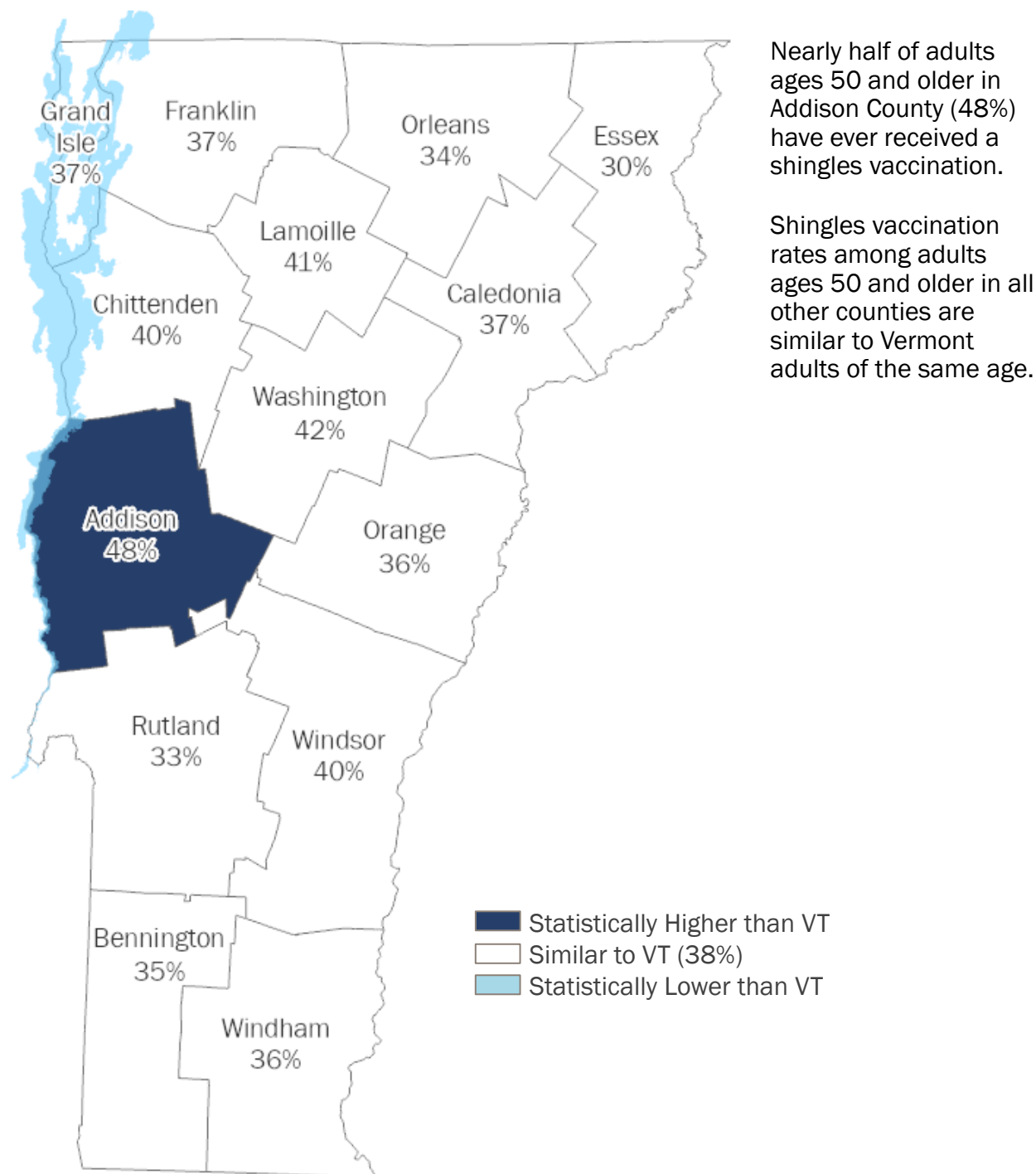
Had a Shingles Vaccine Vermont Adults 50+, 2020



Vermont Adults 50+ who Had a Shingles Vaccine in the Past Year



Vermont Adults 50+ who Had a Shingles Vaccine by County, 2017, 2020



Immunizations – Tetanus Vaccine

In 2019, eight in ten Vermont adults said they had a tetanus vaccination in the past 10 years (82%). This is statistically higher compared to 70% of U.S. adults in 2019.

- 35% said their tetanus shot included Tdap and 10% said it did not.
- An additional 38% did not know whether their tetanus shot included Tdap.

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

Adults ages 18-45 are statistically more likely to have received a tetanus vaccination in the past 10 years than adults 65 and older.

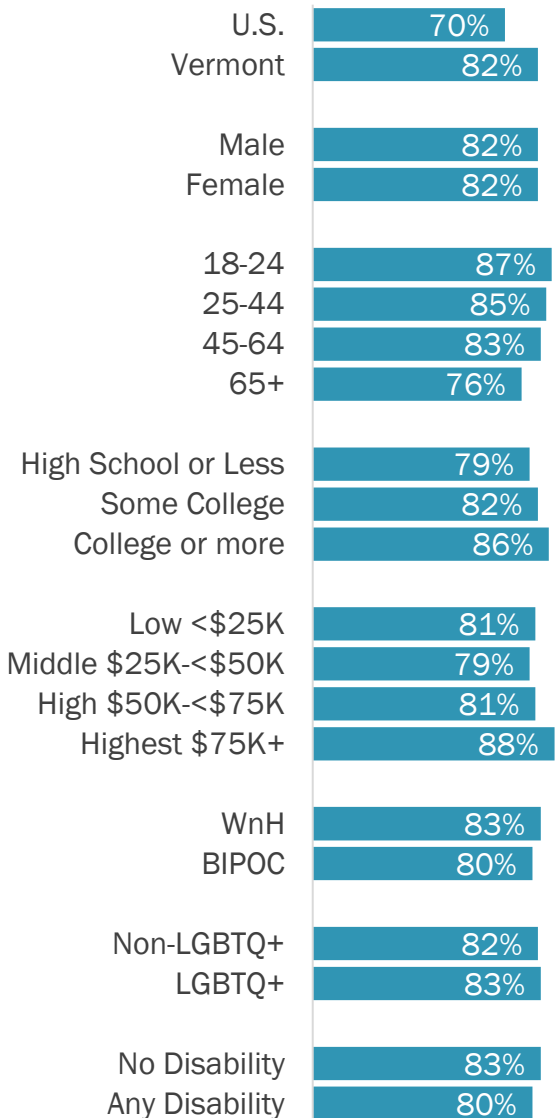
Adults with at least a college degree are statistically more likely to report having received a tetanus vaccination in the past 10 years than adults with a high school education or less.

Adults in homes with an annual income of \$75,000 or more are statistically more likely to have had a tetanus vaccination in the past 10 years than those in homes earning less than \$25,000 annually.

The proportion of adults receiving a tetanus vaccination in the past 10 years is statistically similar to 2012 (84%).

Note: Questions on tetanus vaccination were last asked in 2012. Due to this, county level data are not available.

Had a Tetanus Vaccine in Past 10 Years Vermont Adults, 2019



Routine Doctor Visits

Over seven in ten Vermont adults had a routine doctor's visit in the past year (72%). This is statistically lower compared to 75% of U.S. adults.

Women are statistically more likely than men to have had a routine doctor's visit in the past year.

Nearly nine in ten (88%) adults 65 and older have had a routine doctor's visit in the past year. This is statistically higher than all other age groups.

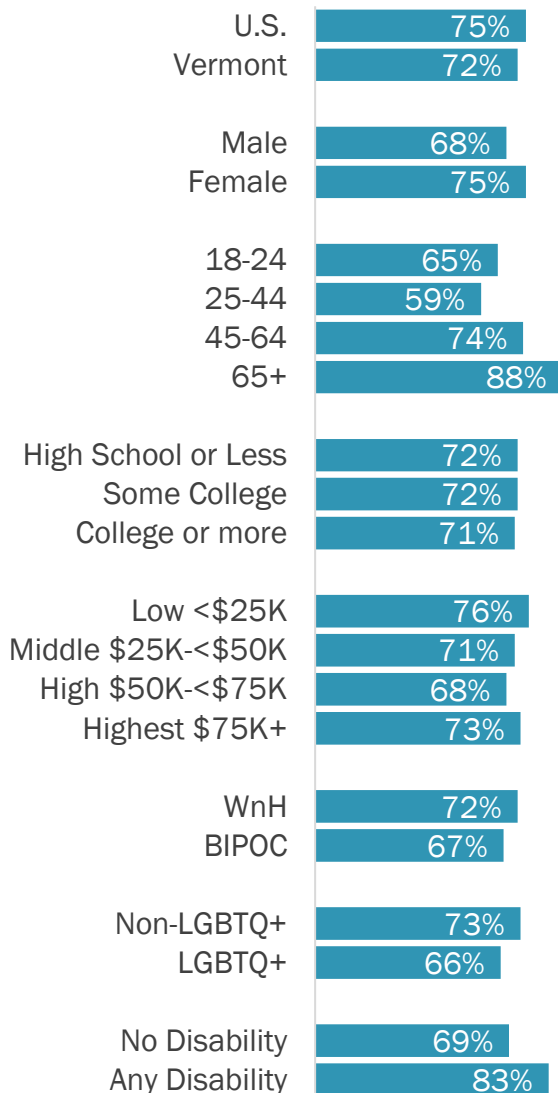
- Adults ages 45-64 are statistically more likely to report a routine doctor's visit than those 25-44.

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

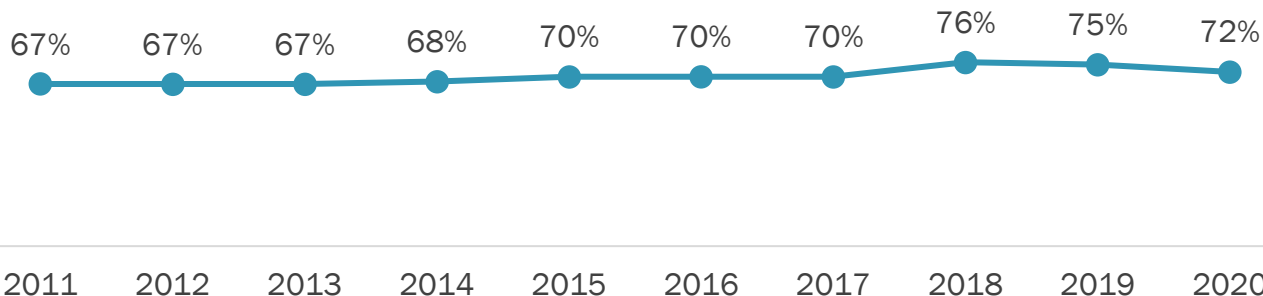
Adults with a disability are statistically more likely to have seen a doctor for a routine visit in the past year than those with no disability.

Routine doctor visits are statistically similar to 2019, but higher than 2011.

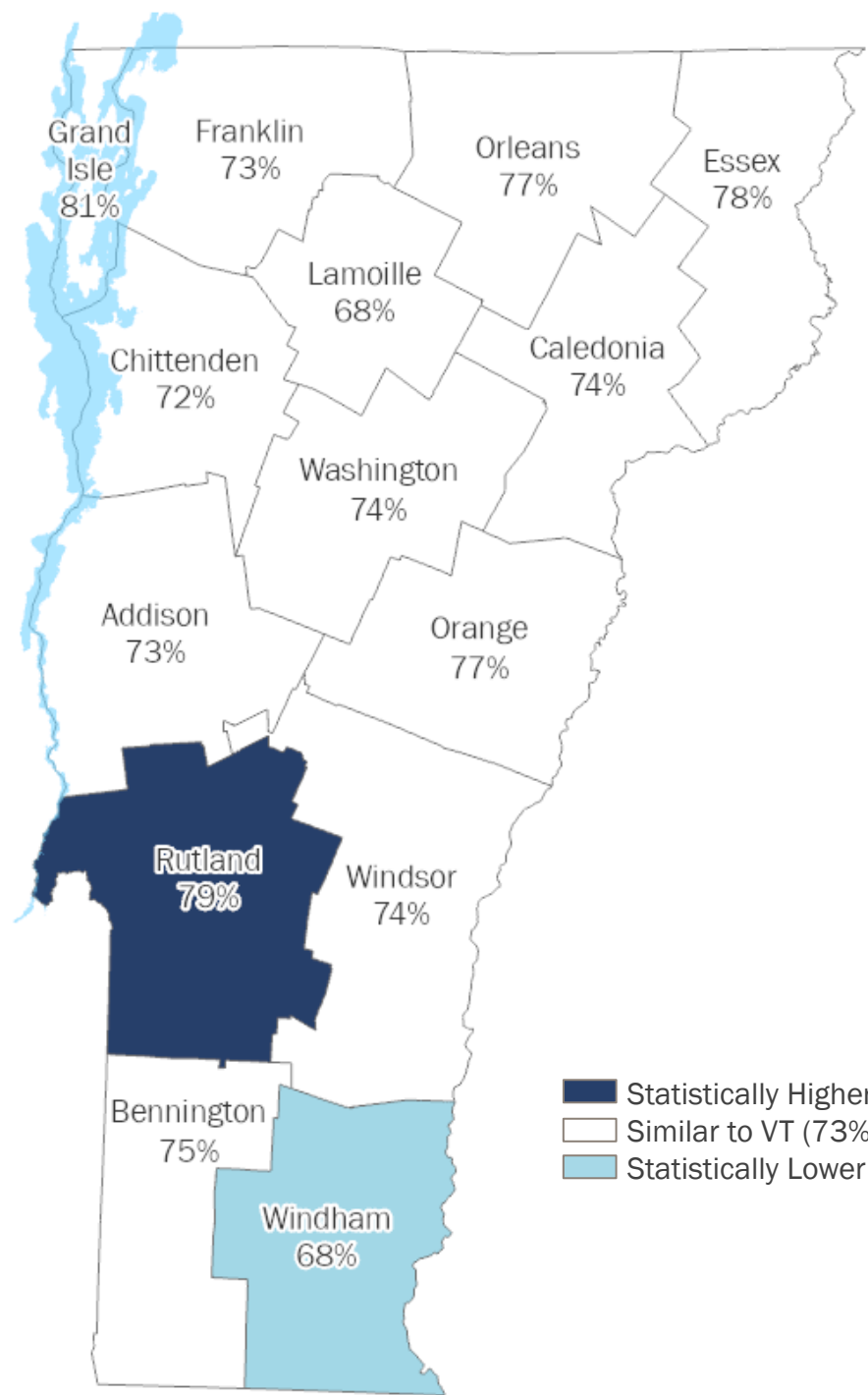
Routine Doctor Visits in Past Year Vermont Adults, 2020



Vermont Adults who Had a Routine Doctor Visit in the Past Year



Vermont Adults who Had a Routine Doctor Visit in Past Year by County, 2019-2020



Compared with Vermont adults overall, Rutland County adults (79%) are statistically more likely to have had a doctor’s visit in the past year, while Windham County adults (68%) are statistically less likely to have had a doctor's visit in the past year.

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

Visited Dentist in Past Year~

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

There are no statistical differences in dental visits in the past year by sex or sexual orientation and gender identity.

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

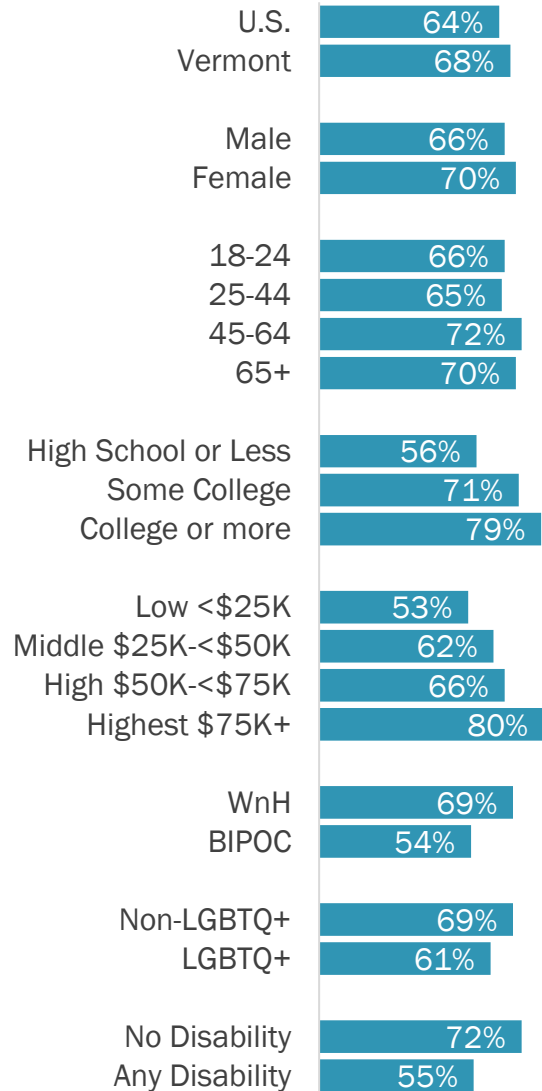
Dentist visits increase with education and household income levels.

- All differences for dental visits by education level are statistically significant.
- Adults in homes earning the highest incomes are statistically more likely to have seen a dentist in the past year than those in homes earning lower incomes.
- Adults in homes earning high incomes are statistically more likely to have seen a dentist in the past year than those earning low incomes.

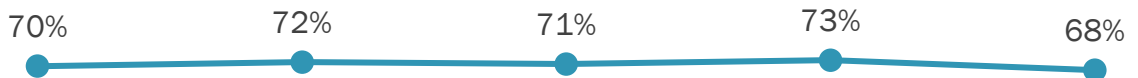
White, non-Hispanic adults and adults with no disability are statistically more likely to have seen a dentist in the past year compared to BIPOC adults and those with a disability.

The proportion of adults seeing a dentist is statistically lower than 2018, but similar to 2012.

Visited Dentist in Past Year~ Vermont Adults, 2020



Vermont Adults who Have Visited a Dentist in the Past Year~

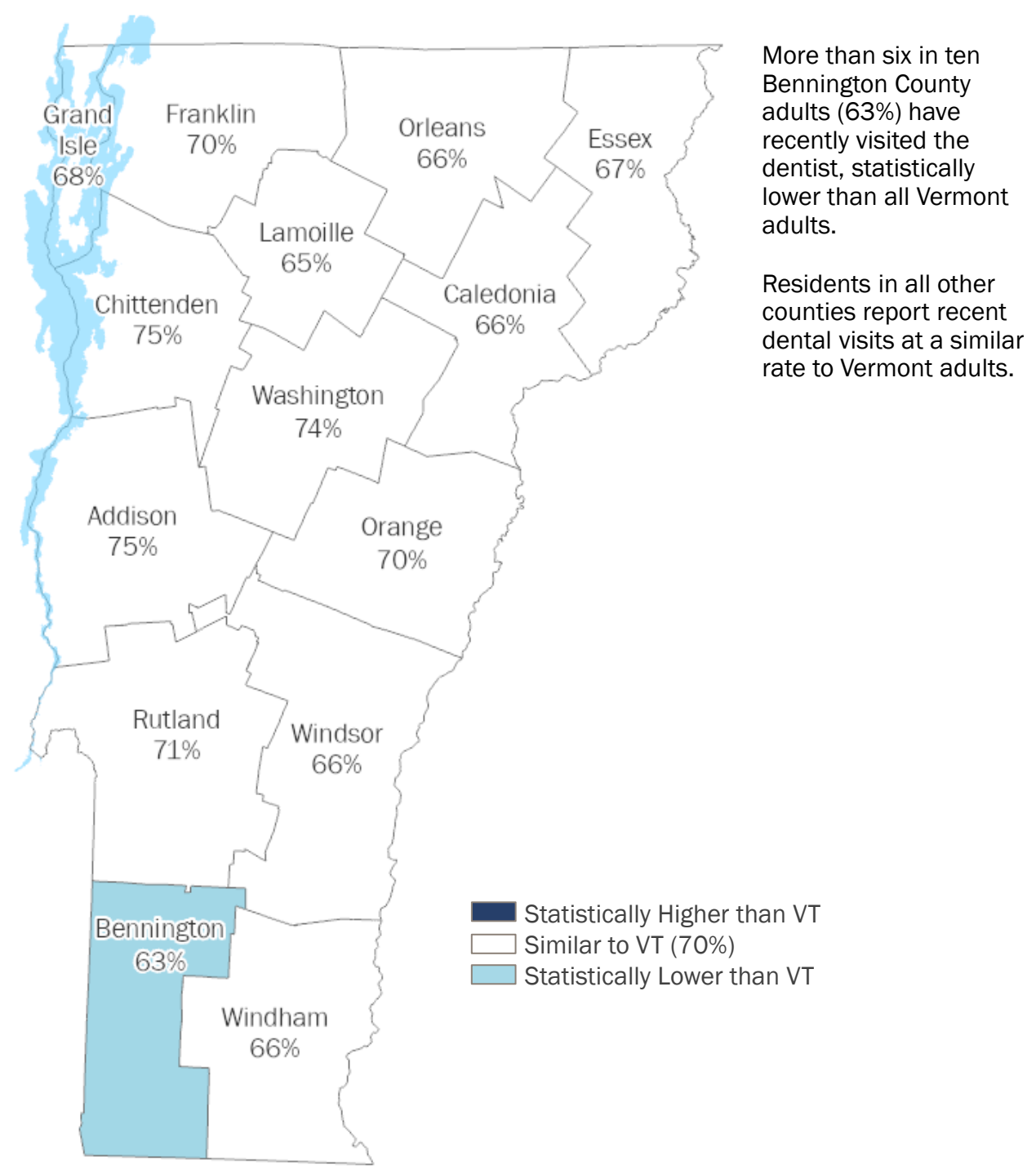


2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

[Note: This measure is a Healthy Vermonters 2020 goal.]

Vermont Adults who Have Visited a Dentist in Past Year~ by County, 2018, 2020



~All data on this page are age-adjusted to U.S. 2000 population.
[Note: This measure is a Healthy Vermonters 2020 goal.]
2019/2020 Vermont Behavioral Risk Factor Surveillance System Report

Teeth Extracted

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

Men are statistically more likely than women to have had a tooth removed.

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

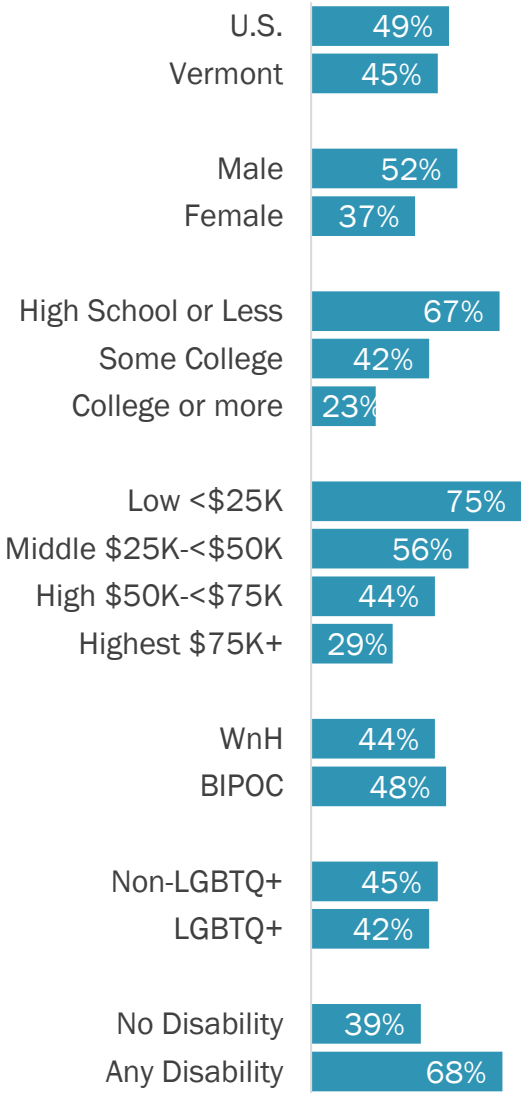
- All differences by education level are statistically significant.
- All differences by household income level are statistically significant, except between middle and high incomes.

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

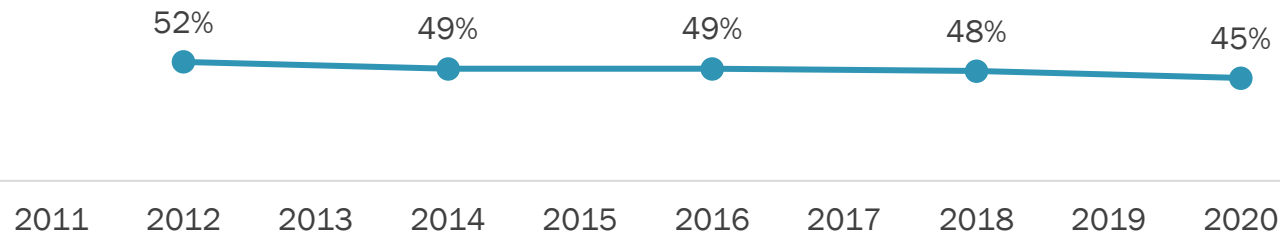
Adults 45-64 with a disability are much more likely to have had a tooth extracted than adults with no disability.

Tooth extraction among adults 45-64 is statistically similar to 2018, but lower than 2012.

Any Teeth Extracted
Vermont Adults 45-64, 2020

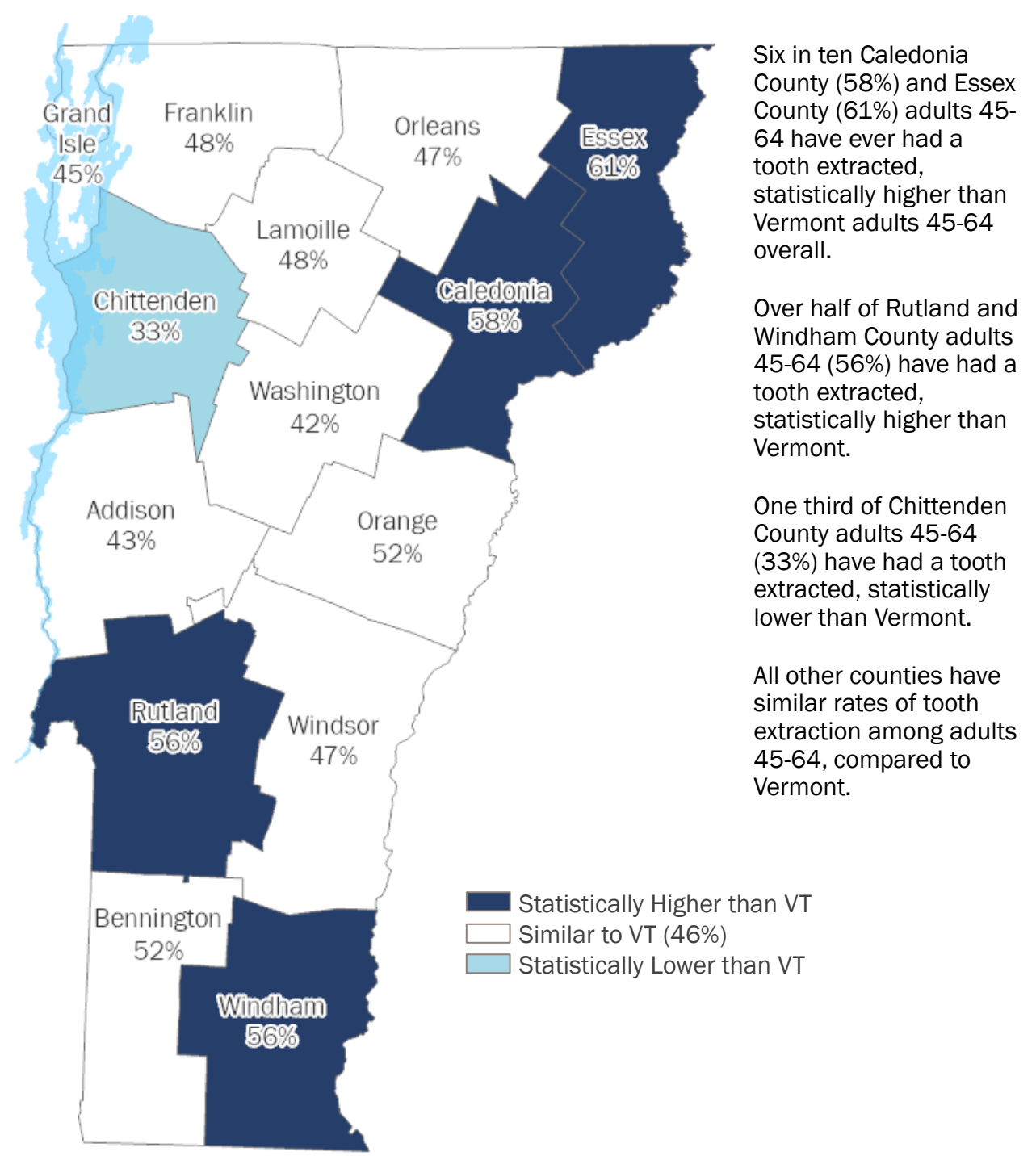


Vermont Adults who Have Had Any Teeth Extracted



[Note: This measure is a Healthy Vermonters 2020 goal.]

Vermont Adults 45-64 who Have Had Any Teeth Extracted by County, 2018, 2020



Fruit & Vegetable Consumption~

In 2019, a quarter of Vermont adults reported eating at least five fruits and vegetables per day (26%). This is statistically higher than the 16% among U.S. adults in 2019.

Women are statistically more likely than men 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.

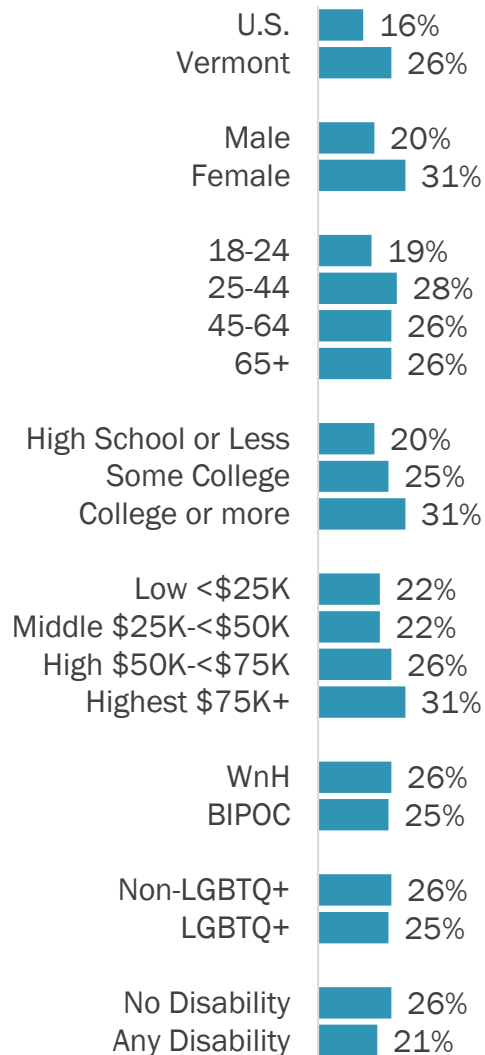
Adults with a college degree or more are statistically more likely than those with a high school education or less to eat at least five fruits and vegetables per day.

Adults in households earning the highest incomes are statistically more likely to eat at least five fruits and vegetables per day than those in households earning low to middle incomes.

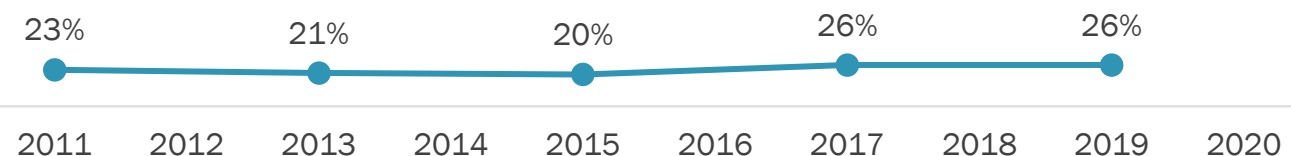
The proportion of Vermont adults eating five or more fruits and vegetables per day is statistically similar to 2017 and 2011.

However, due to changes in the questions used to measure fruit and vegetable consumption, it is difficult to know whether the change is a true increase or if it is related to the changes in methodology.

Eat Fruits & Vegetables 5+ Times Daily~ Vermont Adults, 2019



Vermont Adults Eating Fruits & Vegetables 5+ Times Daily~

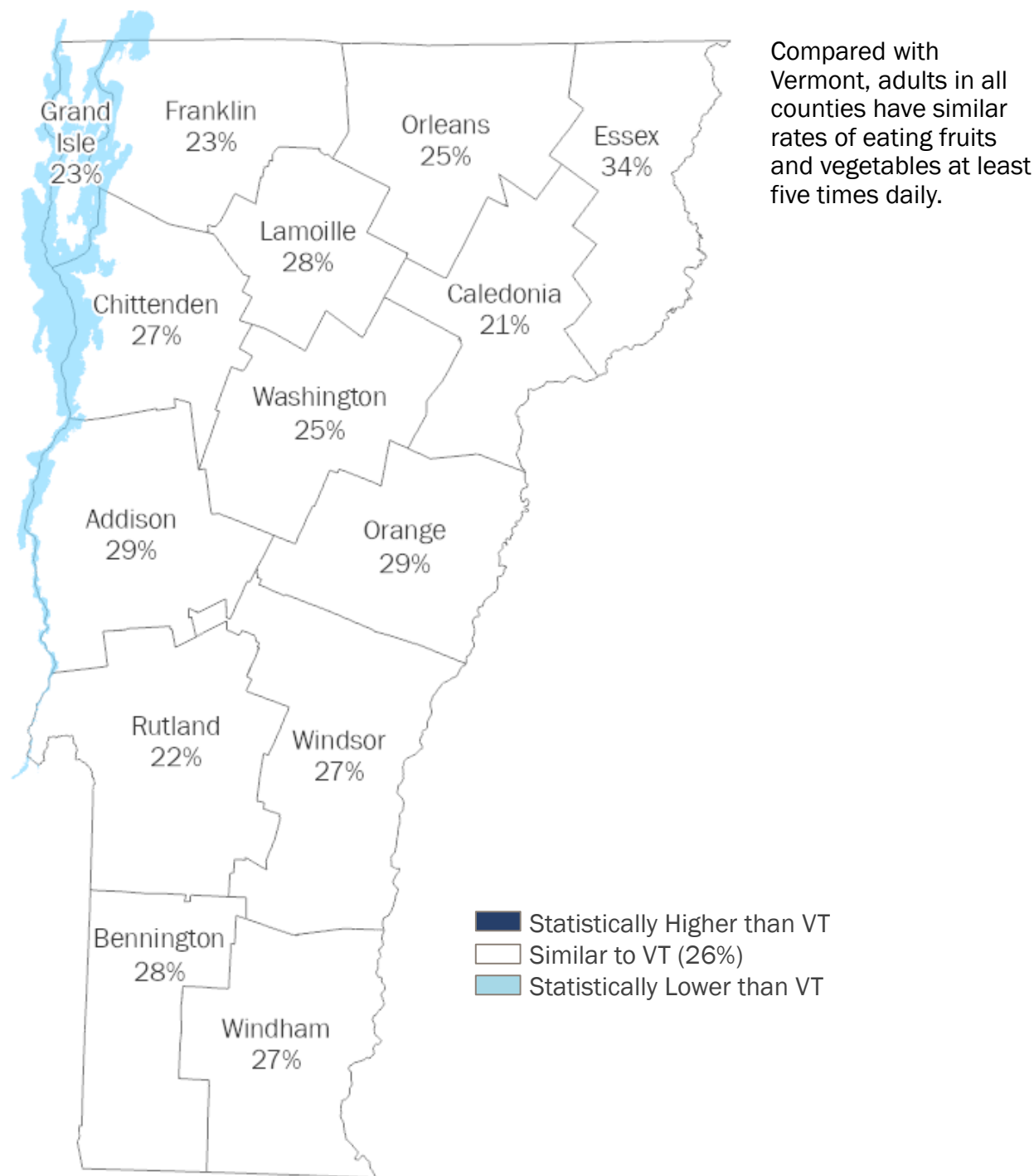


~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

[Note: This measure is a Healthy Vermonters 2020 goal.]

[Note: In 2017, changes were made to the questions used to measure fruit and vegetable consumption. Due to this, use caution when comparing to previous years.]

Vermont Adults Eating Fruits & Vegetables 5+ Times Daily~ by County, 2017, 2019



~All data on this page are age-adjusted to U.S. 2000 population.
[Note: This measure is a Healthy Vermonters 2020 goal.]

Physical Activity Recommendations~

Aerobic physical activity recommendations for adults are defined as 150 minutes of moderate activity or 75 minutes of vigorous activity per week.°

In 2019, six in ten Vermont adults met aerobic physical activity recommendations (61%), statistically higher than the 50% reported by U.S. adults.

There are no statistical differences in meeting aerobic physical activity recommendations by sex, age, race and ethnicity or sexual orientation and gender identity.

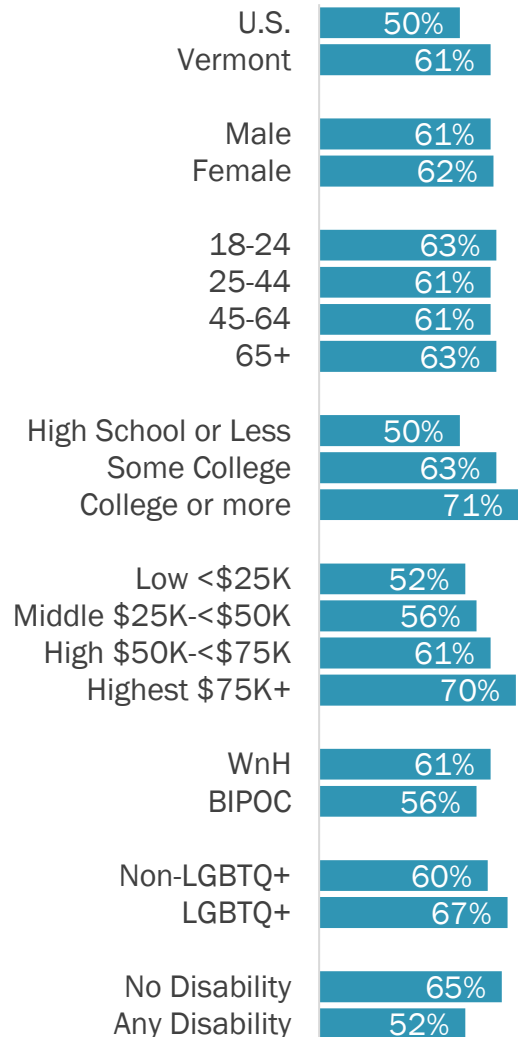
Participation in physical activity increases with increasing education and annual household income level.

- All differences by education level are statistically significant.
- Adults in homes earning \$75,000 or more are statistically more likely than those in homes earning less than \$50,000 to meet physical activity recommendations.

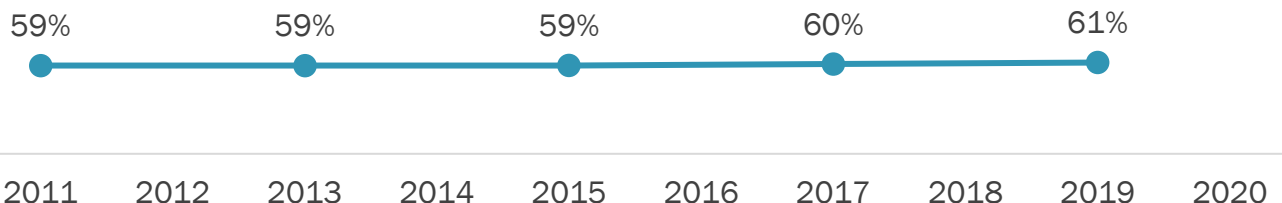
Adults with no disability are statistically more likely to meet physical activity recommendations than those with a disability.

The proportion of Vermont adults meeting aerobic physical activity recommendations is statistically similar to 2017 and 2011.

Meet Physical Activity Recommendations°~ Vermont Adults, 2019



Vermont Adults Meeting Physical Activity Recommendations~



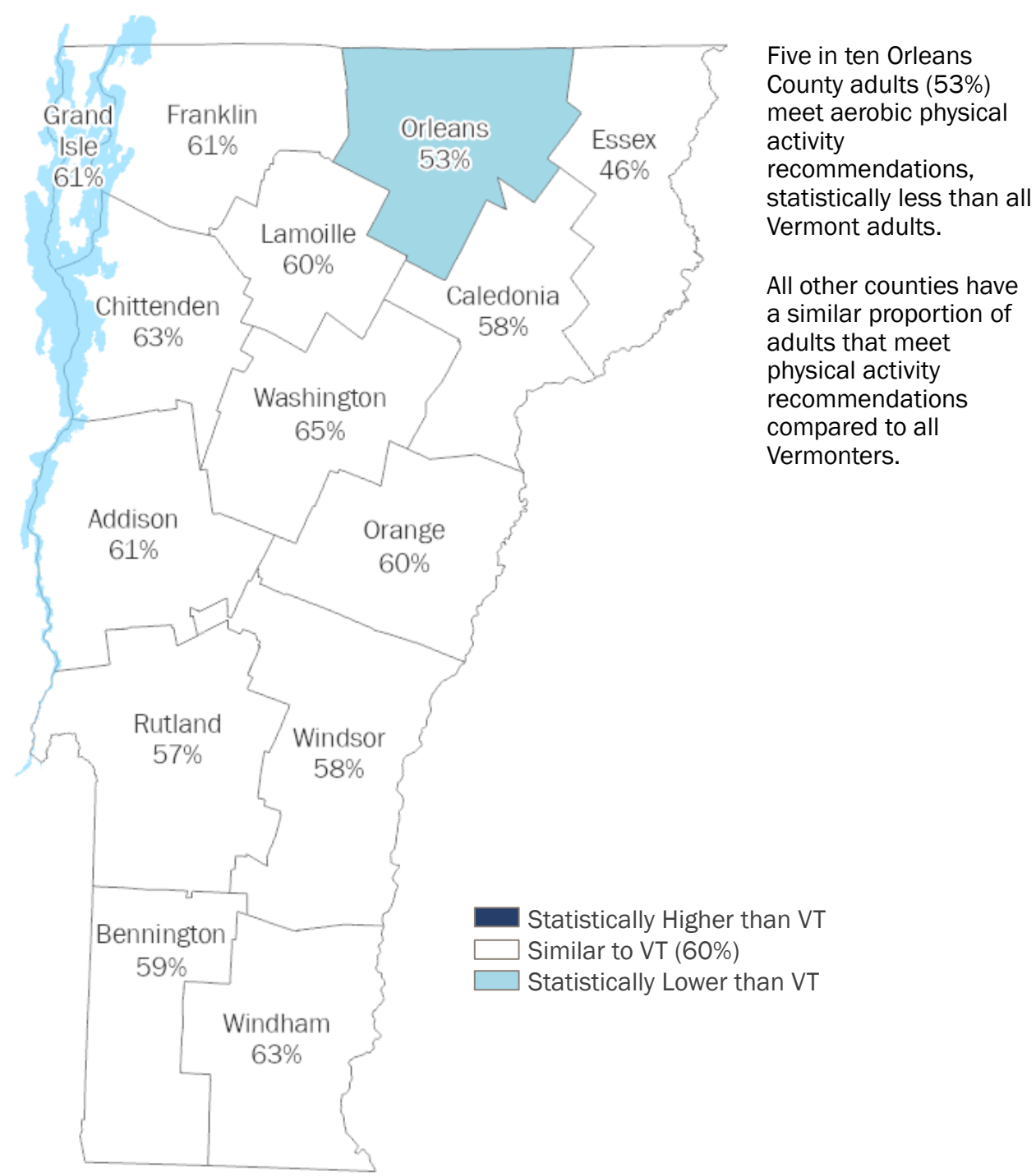
~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

°For additional information about physical activity recommendations, refer to the

[CDC Physical Activity Basics webpage](#).

[Note: This measure is a Healthy Vermonters 2020 goal].

Vermont Adults Meeting Physical Activity Recommendations~ by County, 2017, 2019



Strength Building Recommendations

The recommendations for muscle strengthening activities for adults is participation in this type of activity at least twice per week. °

In 2019, four in ten Vermont adults participated in muscle strengthening activities at least twice per week (40%). This is statistically higher than the 35% of U.S. adults in 2019.

Men and women report meeting strength building recommendations at statistically similar rates.

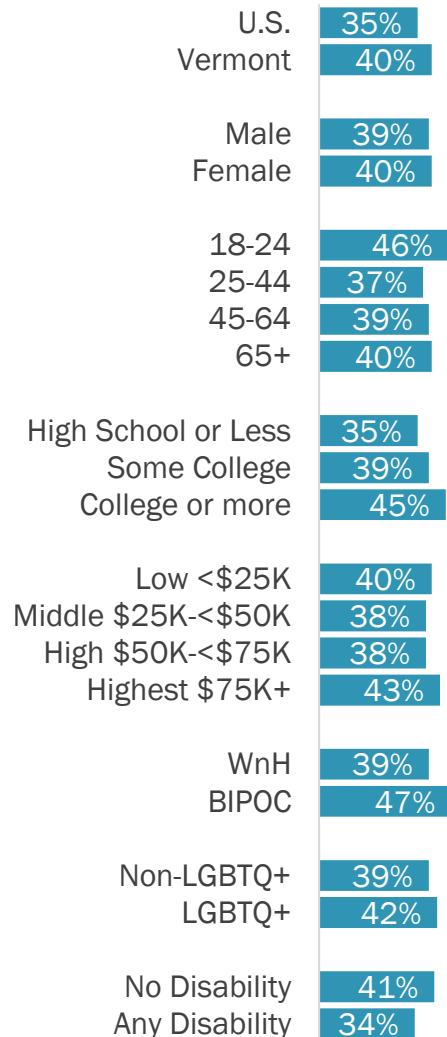
Adults with a college degree or more are statistically more likely to meet strength building recommendations than those with a high school degree or less.

Meeting strength building recommendations is similar by age, household income level, race and ethnicity, and sexual orientation and gender identity.

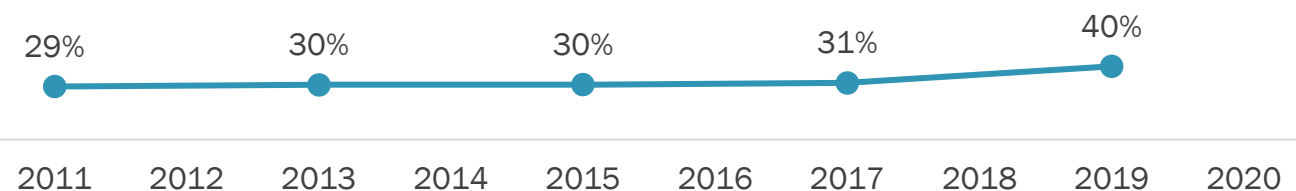
Adults with no disability are statistically more likely to meet strength building recommendations than those with a disability.

The proportion of Vermont adults participating in muscle strengthening activities at least twice per week is statistically higher than 2017 and 2011.

Meet Strength Building Recommendations° Vermont Adults, 2019

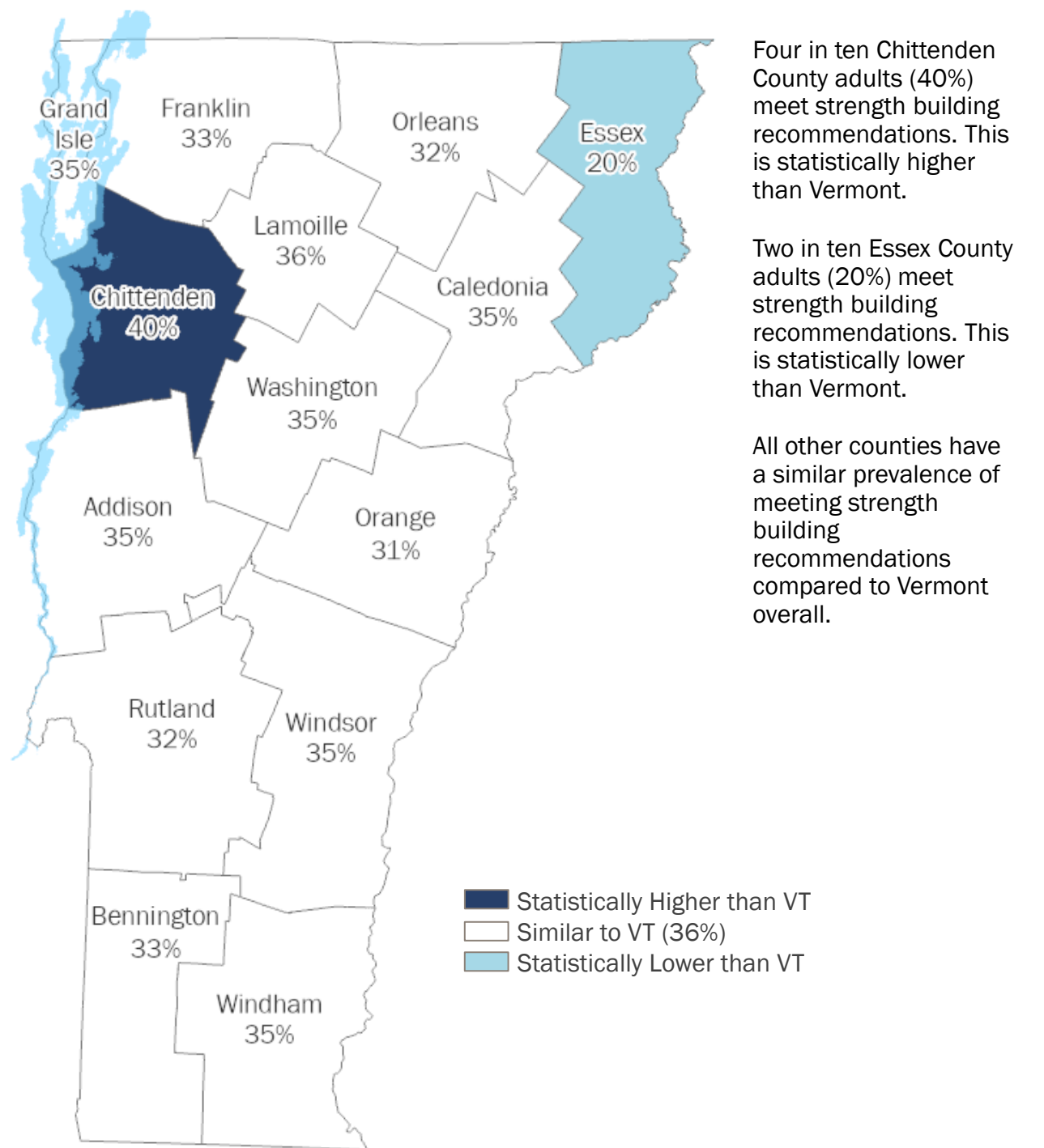


Vermont Adults Meeting Strength Building Recommendations°



° For additional information about physical activity recommendations, refer to the [CDC Physical Activity Basics webpage](#).

Vermont Adults Meeting Strength Building Recommendations by County, 2017, 2019



Breast Cancer Screening~

Nearly three in four Vermont women ages 50-74 had a mammogram in the last two years (74%).° This is statistically lower than the rate reported among U.S. women of the same age (78%).

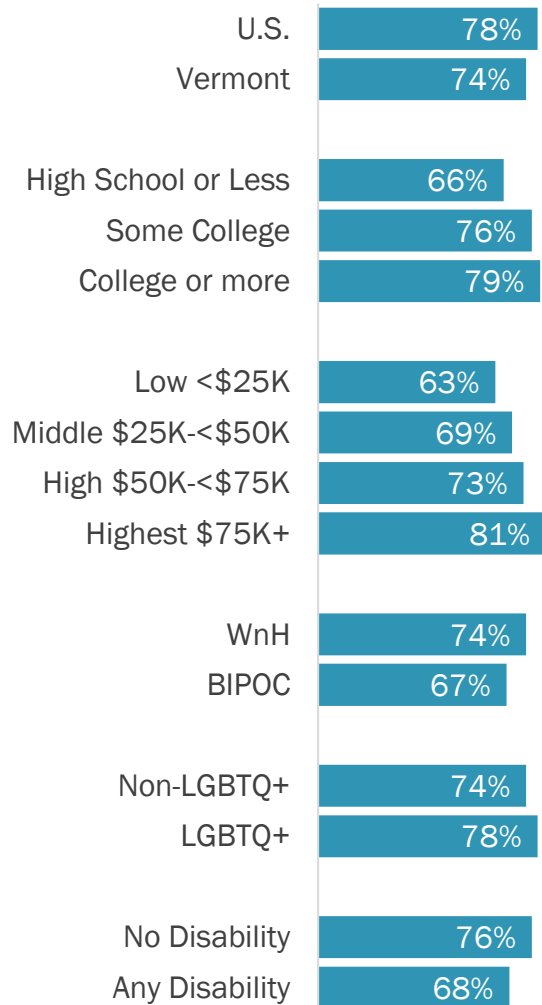
Women 50-74 with at least a college degree are statistically more likely than those with a high school education or less to meet breast cancer screening recommendations.

Women 50-74 in homes earning \$75,000 or more are statistically more likely than those in homes earning less than \$50,000 to have had a mammogram.

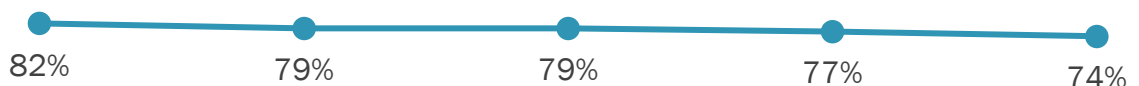
There are no statistically significant differences in breast cancer screening among women ages 50-74 by race and ethnicity, sexual orientation and gender identity, or disability status.

Breast cancer screening among women 50-74 is statistically similar to 2018, but lower than 2012.

Meet Breast Cancer Screening Recommendations~ Vermont Women 50-74, 2020



Vermont Women Ages 50-74 Meeting Breast Cancer Screening Recommendations~



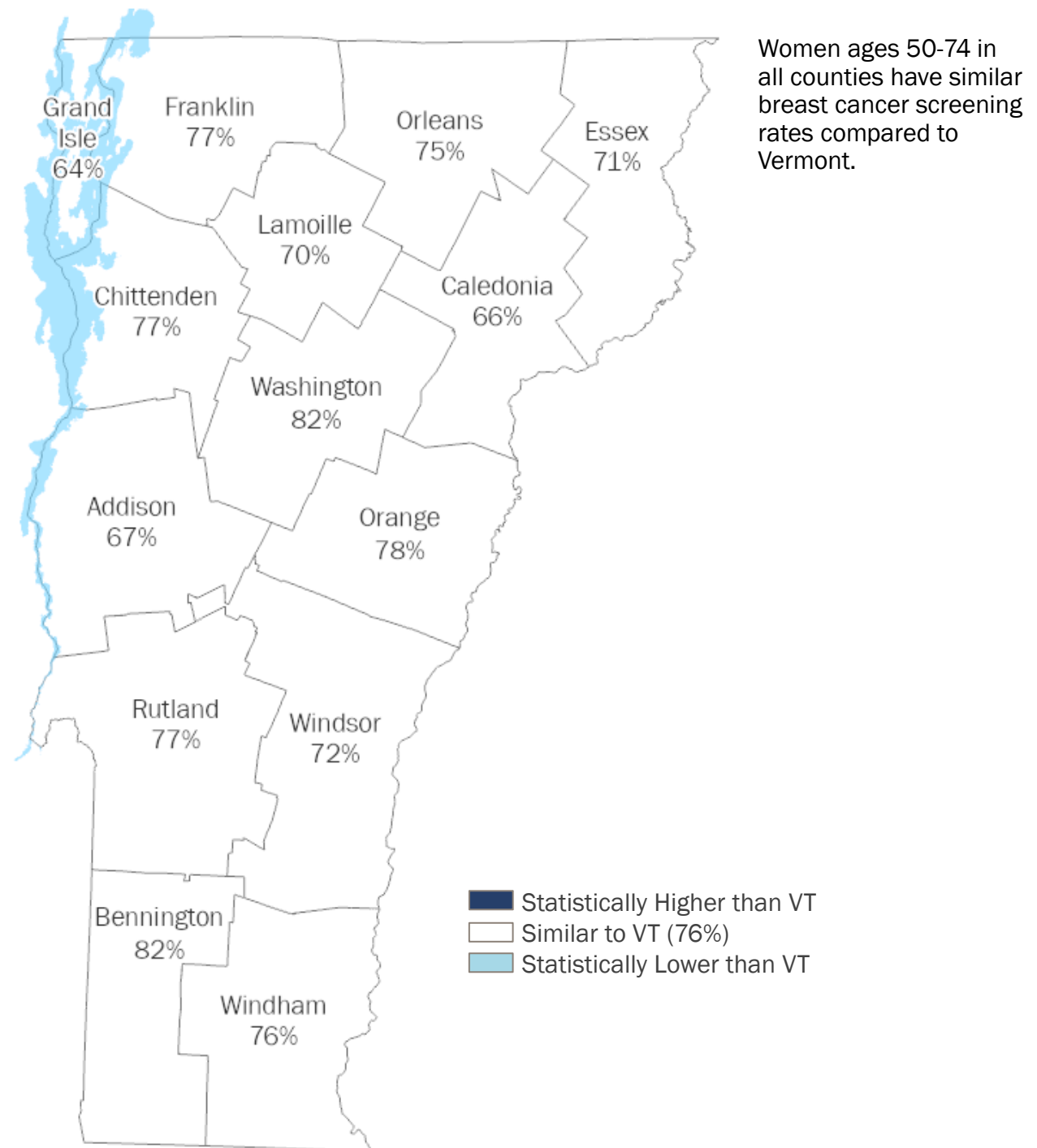
2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

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

[Note: This measure is a Healthy Vermonters 2020 goal.]

Vermont Women Ages 50-74 Meeting Breast Cancer Screening Recommendations ~ by County, 2018, 2020



~All data on this page are age-adjusted to U.S. 2000 population.
[Note: This measure is a Healthy Vermonters 2020 goal.]

Cervical Cancer Screening~

The USPSTF recommends that women ages 21 to 65 receive screening for cervical cancer. For women 21-29 this includes a PAP test every three years. For those 30-65, it includes either a PAP test every three years, a human papilloma virus (HPV) test every five years, or a PAP test in combination with a HPV test every five years.°

Over eight in ten Vermont women ages 21-65 meet cervical cancer screening recommendations (83%). This is statistically similar to the 83% of U.S. women ages 21-65.

Women 25-65 are statistically more likely than those 21-24 to meet cervical cancer screening recommendations.

Women 21-65 with at least a college degree are statistically more likely than those with some college education to meet cervical cancer screening recommendations.

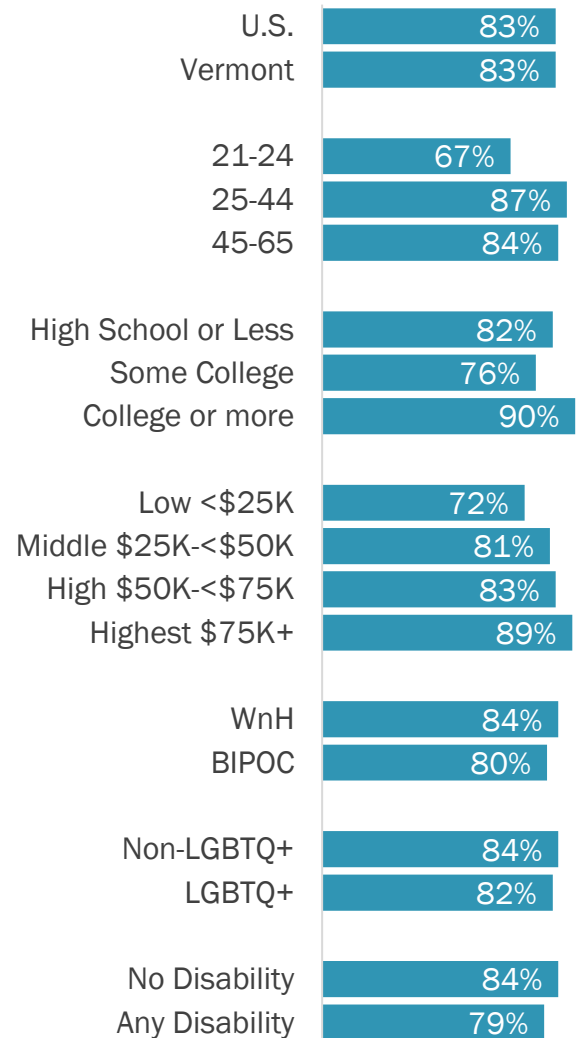
Women 21-65 with annual household incomes of \$75,000 or more are statistically more likely than those with incomes less than \$25,000 to meet screening recommendations.

There are no statistically significant differences in cervical cancer screening by race and ethnicity, sexual orientation and gender identity, or disability status.

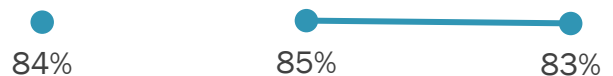
Cervical cancer screening among women 21-65 is statistically similar to 2018 (85%).

Note: Due to differences in the way the questions were asked in 2016, this estimate is not comparable to recent years.

Meet Cervical Cancer Screening Recommendations~ Vermont Women 21-65, 2020



Vermont Women Ages 21-65 Meeting Cervical Cancer Screening Recommendations~

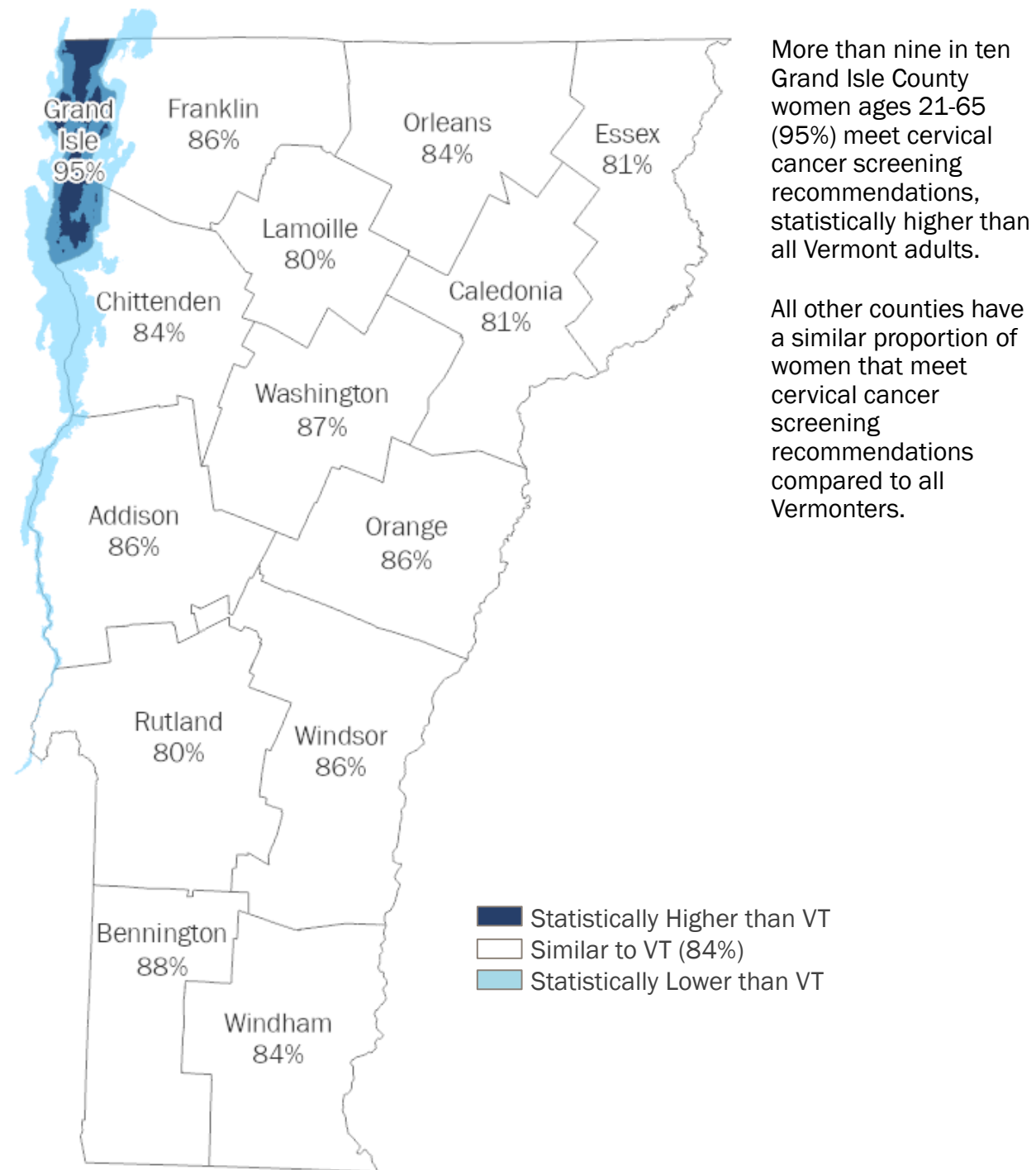


2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

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

Vermont Women Ages 21-65 Meeting Cervical Cancer Screening Recommendations ~ by County, 2018, 2020



~All data on this page are age-adjusted to U.S. 2000 population.
°For additional information, refer to the [USPSTF Cervical Cancer Screening Recommendations](#).

Colorectal Cancer Screening~

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

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

Over three quarters of Vermont adults ages 50-75 meet colorectal cancer screening recommendations (77%), statistically higher than the 72% of U.S. adults ages 50-75.

There are no statistical differences in colorectal screening among adults 50-75 by sex, race and ethnicity, sexual orientation and gender identity, or disability status.

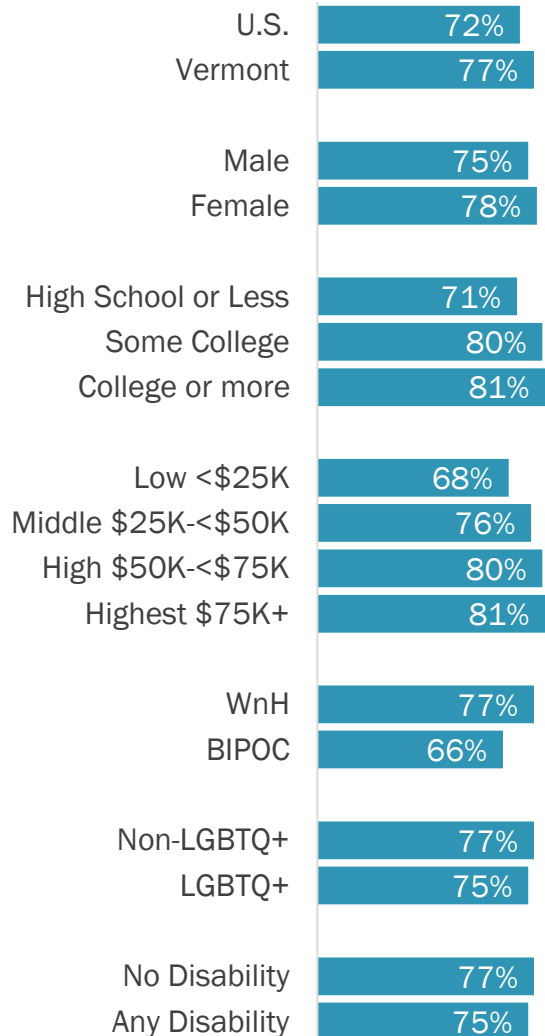
Adults 50-75 with some college education or higher have a statistically higher rate of colorectal cancer screening than those with a high school education or less.

Adults 50-75 in households earning \$50,000 or more annually are statistically more likely to meet colorectal cancer screening recommendations than those making less than \$25,000 per year.

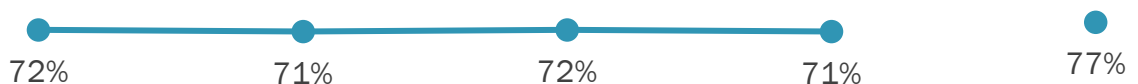
The proportion of adults meeting colorectal cancer screening recommendations is statistically higher than in 2018 and 2012.

Note: Due to differences in the questions asked in 2020, this recent year estimate is not comparable to prior years, and county level data are not available.

Meet Colorectal Cancer Screening Recommendations~ Vermont Adults 50-75, 2020



Vermont Adults Ages 50-75 Meeting Colorectal Cancer Screening Recommendations~



2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

[Note: This measure is a Healthy Vermonters 2020 goal].

°In 2021, [USPSTF Colorectal Cancer Screening Recommendations](#) were updated.

Lung Cancer Screening

The USPSTF recommends annual lung cancer screening for adults ages 55-80 with a 30 pack-year smoking history that currently smoke or who quit within the past 15 years.°

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

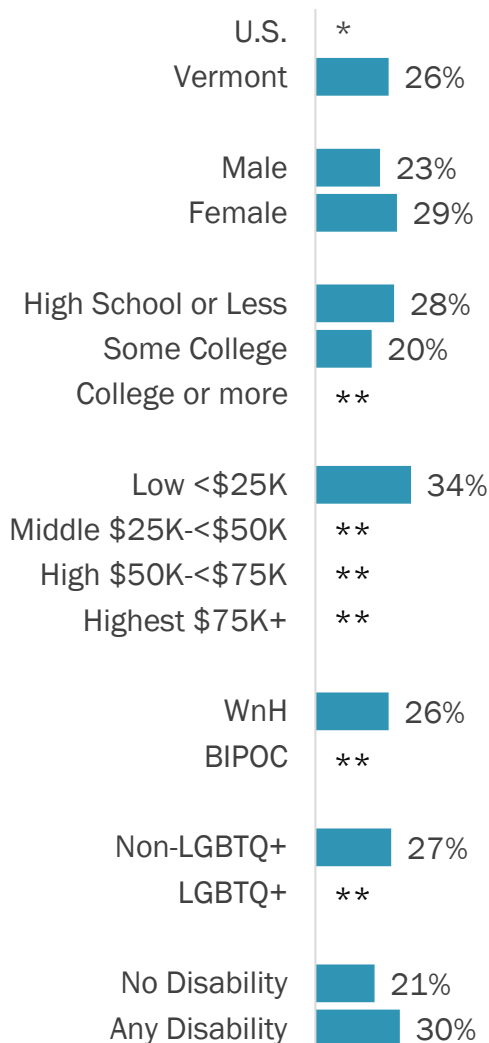
In 2019, one quarter of Vermont adults meeting the criteria for lung cancer screening reported being screened for lung cancer (26%).

- An additional 24% received a CT scan, but for a reason other than screening for lung cancer.

There are no statistical differences in meeting lung cancer screening recommendations by sex, education level, or disability status.

The proportion of adults meeting lung cancer screening recommendations is statistically similar to 2017 (15%).

Received Lung Cancer Screening, Vermont Adults Meeting Criteria for Screening°, 2019

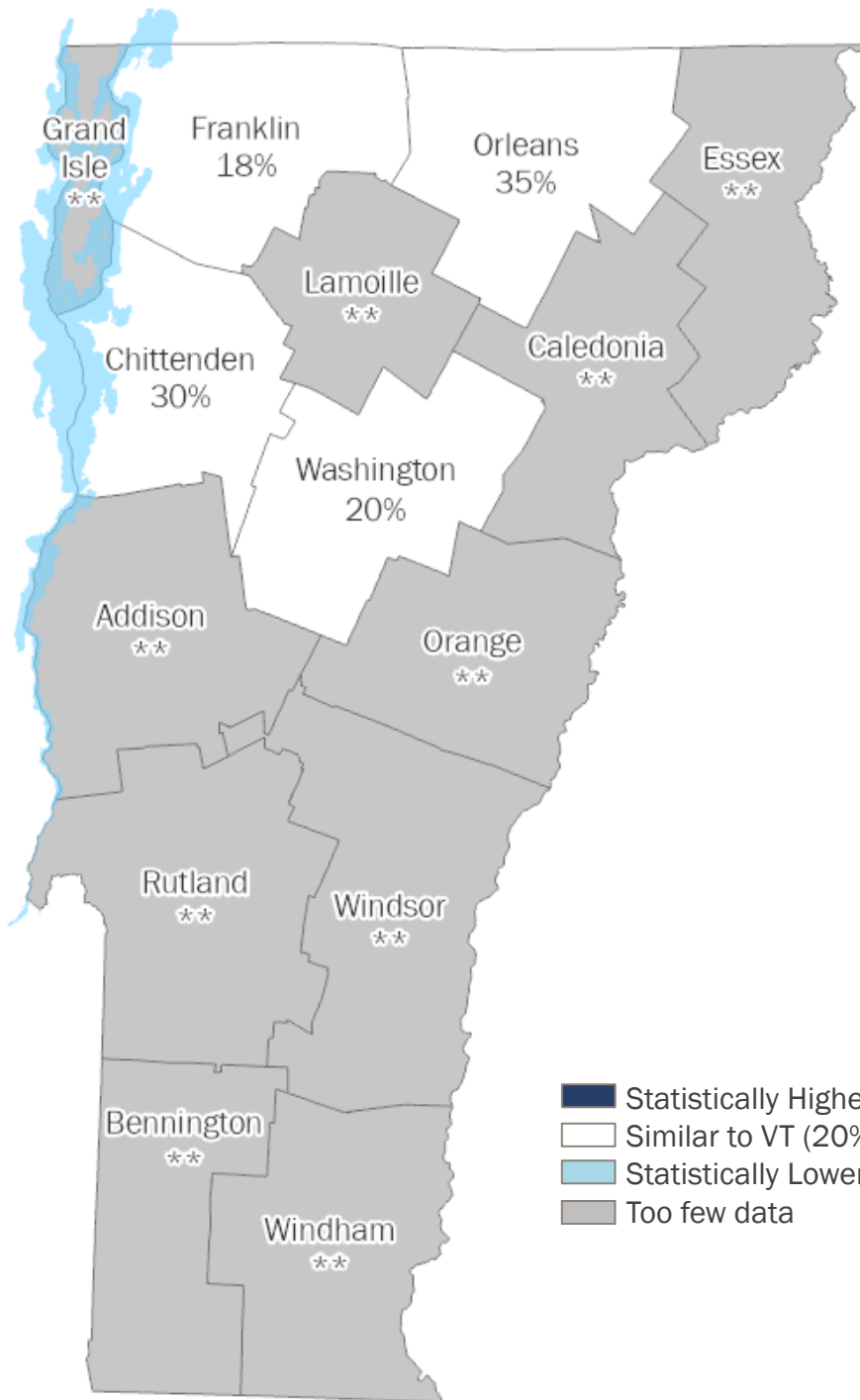


°In 2019, lung cancer screening was recommended for adults 55-80 with a 30-pack year history who currently smoke or stopped smoking within the last 15 years. For additional information about recommendations, which have since been updated, refer to the [USPSTF Lung Cancer Screening Recommendations](#).

*No national estimate available.

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

Vermont Adults Meeting Lung Cancer Screening Recommendations by County, 2017, 2019



Adults ages 55-80 in all reported counties have similar lung cancer screening rates compared to Vermont.

- Statistically Higher than VT
- Similar to VT (20%)
- Statistically Lower than VT
- Too few data

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

Prostate Cancer Screening

The Vermont Department of Health supports U.S. Preventive Services Task Force (USPSTF) recommendations for preventive cancer screenings. USPSTF recommends against protein-specific antigen (PSA) testing^o.

Half of Vermont men ages 55-69 have discussed the advantages of a PSA test with their doctor (51%), while less than three in ten have discussed the disadvantages (29%). Discussing advantages and disadvantages is statistically similar to U.S. men of the same age (53% and 25%, respectively).

PSA test advantages are statistically more likely to be discussed with men ages 65-69 than those ages 55-64. There are no statistical differences in discussing disadvantages of a PSA test by age.

PSA test advantages are more likely to be discussed among men ages 55-69 with:

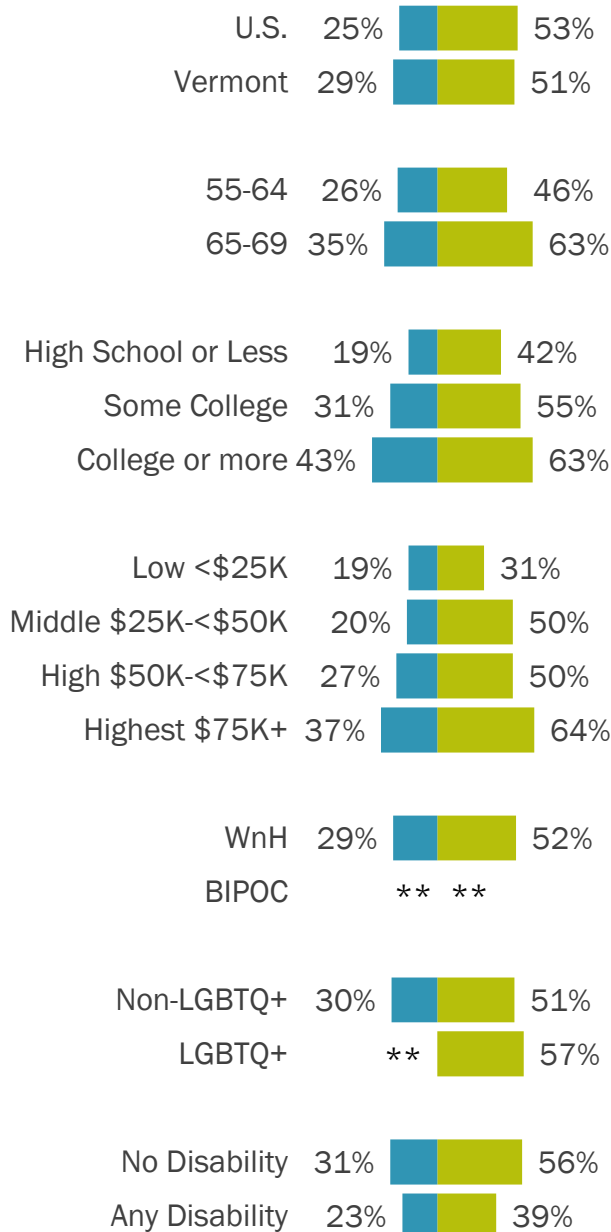
- A college degree or more compared to those with a high school degree or less
- The highest household incomes compared to those with low household incomes
- No disability compared to those with a disability

PSA test disadvantages are more likely to be discussed among men ages 55-69 with:

- A college degree or more compared to those with a high school degree or less
- The highest household incomes compared to those with low to middle household incomes

There are no statistical differences in discussing the advantages of a PSA test by sexual orientation and gender identity. There are no statistical differences in discussing the disadvantages of a PSA test by disability status.

Doctor Discussed **Advantages** and **Disadvantages** of PSA Test Vermont Men 55-69, 2020



^oProstate cancer screening recommendations have been updated to reflect men between the ages of 55 and 69 years. Due to this, trend data is not displayed. For additional information, refer to the [USPSTF Prostate Cancer Screening Recommendations](#).

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

Alcohol Screening – Doctor Asked About Alcohol Use

Nearly nine in ten Vermont adults with a routine checkup in the past year say they were asked about alcohol use during that appointment (85%).

- This includes both questions asked in person or on a form.

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

Adults ages 65 and older are statistically less likely to report being asked about alcohol use compared to all other ages.

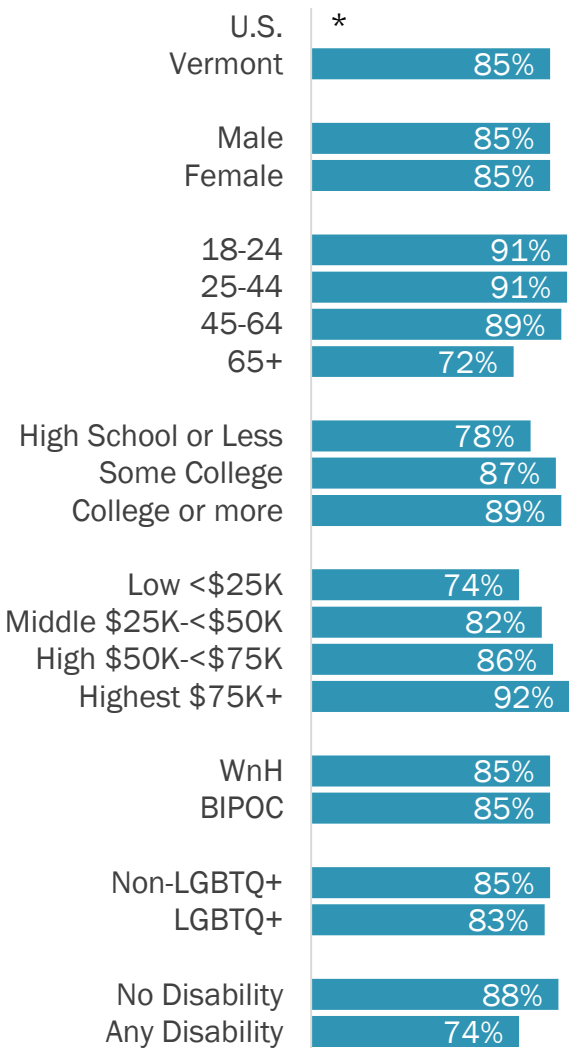
Adults with less education and lower household income are less likely to report being asked about alcohol use.

- Adults with a high school degree or less education are statistically less likely to report being asked about alcohol use compared to those with more education.
- All differences by household income level are statistically significant, except between middle- and high-income households.

Adults with a disability are statistically less likely to report being asked about alcohol use at their last routine checkup.

The proportion of adults with a routine doctor visit who reported being asked about alcohol use is statistically higher than in previous years.

Asked About Alcohol Use Vermont Adults with Check-up in Past Year, 2020



Vermont Adults with a Check-up in the Past Year Who Were Asked About Alcohol Use

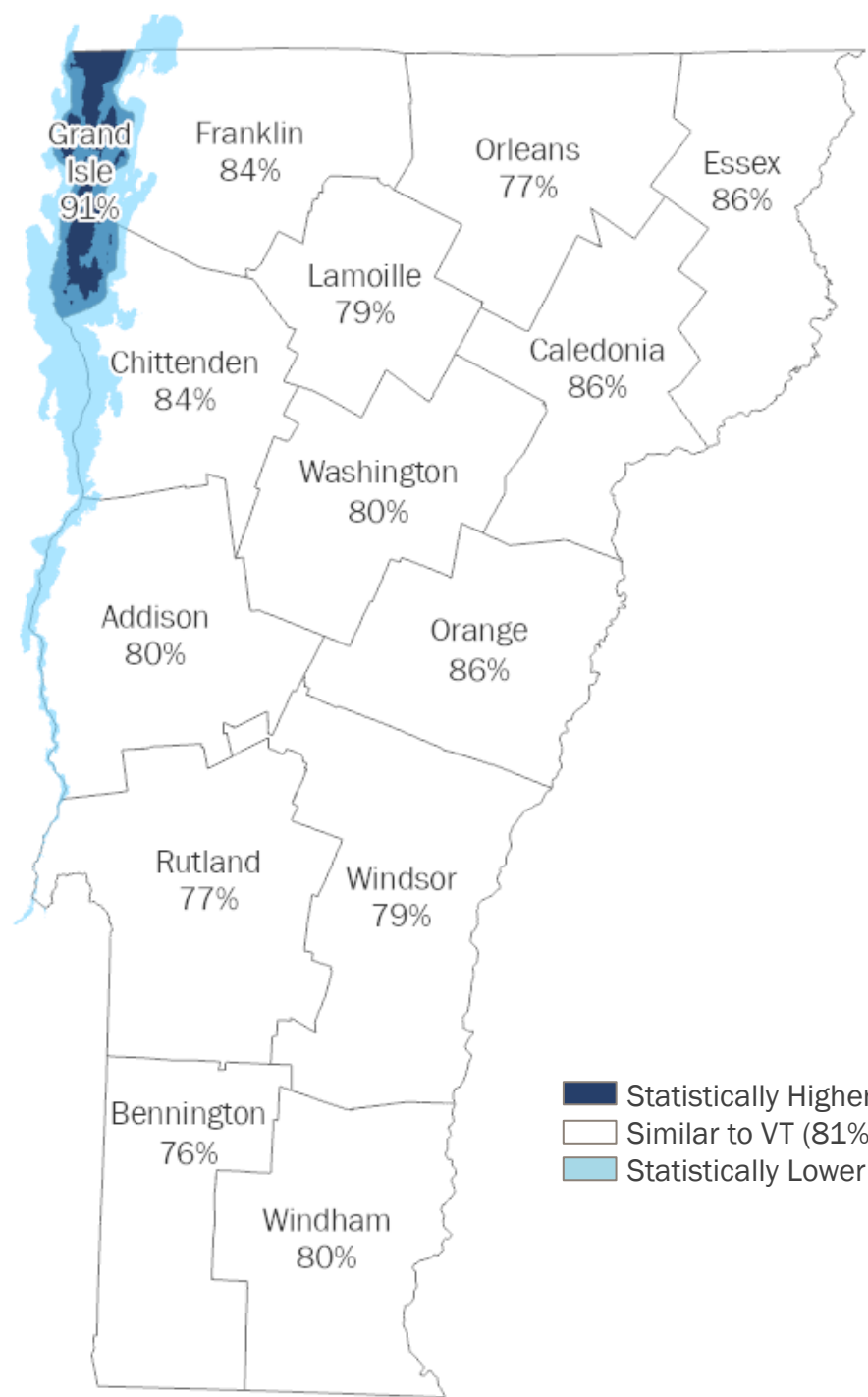


2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

*No national estimate available.

Vermont Adults with a Check-up in Past Year

Who Were Asked About Alcohol Use, by County, 2018, 2020



Nine in ten Grand Isle County adults (91%) were asked about their alcohol use at a recent doctor visit. This is statistically higher than the proportion of all Vermont adults being asked about alcohol use.

Alcohol screening is similar for all other counties, compared to Vermont.

Alcohol Screening – Advice About Harmful Drinking

Nearly three in ten Vermont adults with a checkup in the past year were provided information about what level of drinking is harmful or risky for their health (28%).

Men are statistically more likely than women to report being given advice about harmful levels of drinking.

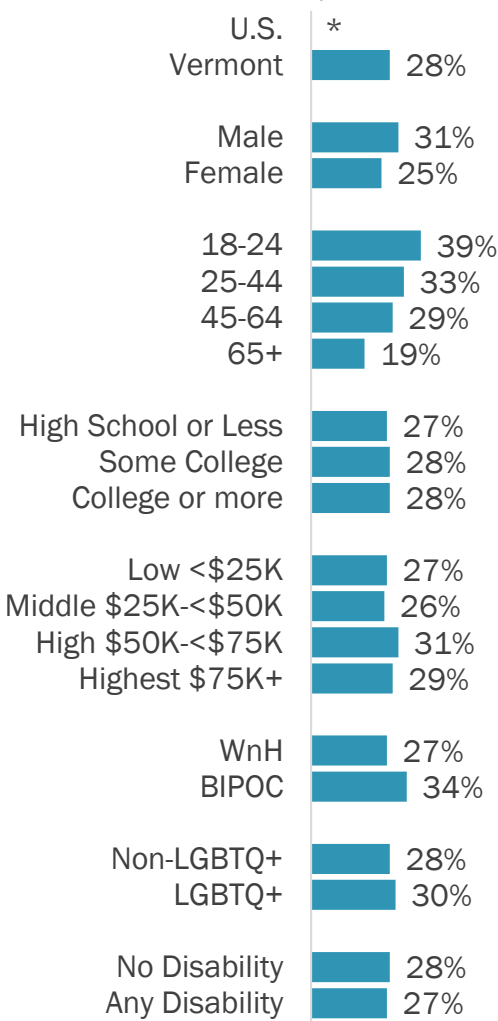
Adults ages 18 to 24 are the most likely to say they were given advice about harmful levels of drinking.

- Adults 18-64 are statistically more likely to be given advice about harmful levels of drinking than adults 65 and older.

There are no statistically significant differences in receiving advice about harmful levels of drinking by education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The proportion of adults receiving advice about harmful levels of drinking during their last checkup is statistically similar to previous years.

**Offered Advice About Level of Drinking that is Harmful
Vermont Adults with Check-up in
Past Year, 2020**

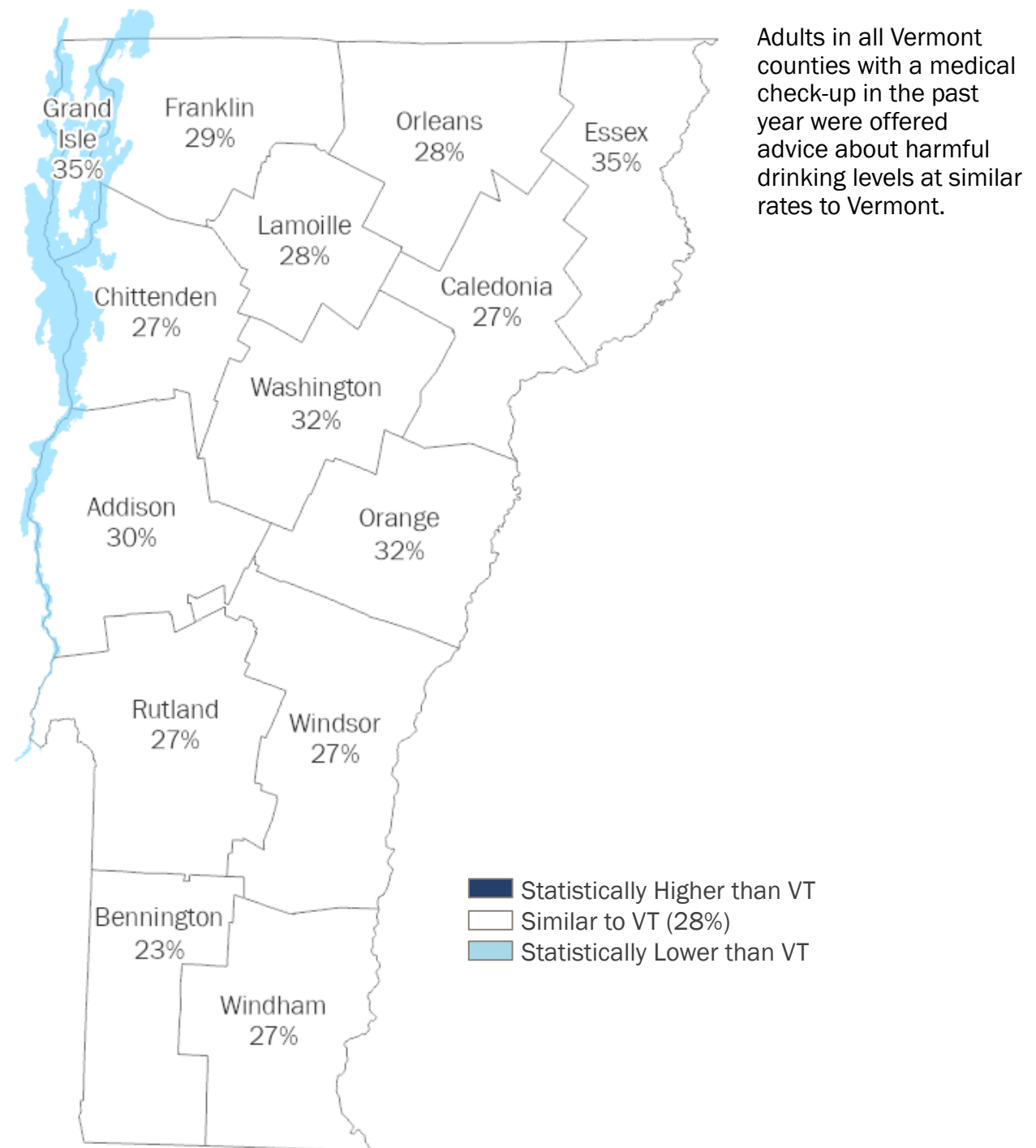


**Vermont Adults with a Check-up in the Past Year Who Were Offered Advice
About What Level of Drinking is Harmful**



*No national estimate available.

Vermont Adults with a Check-up in Past Year Who Were Offered Advice About What Level of Drinking is Harmful by County, 2018, 2020



Cholesterol Screening~

In 2019, eight in ten Vermont adults reported having their cholesterol checked within the past five years (80%). This is statistically lower than the 86% of U.S. adults in 2019.

The prevalence of recent cholesterol screening increases as age increases. All differences in recent cholesterol screening rates by age are statistically significant.

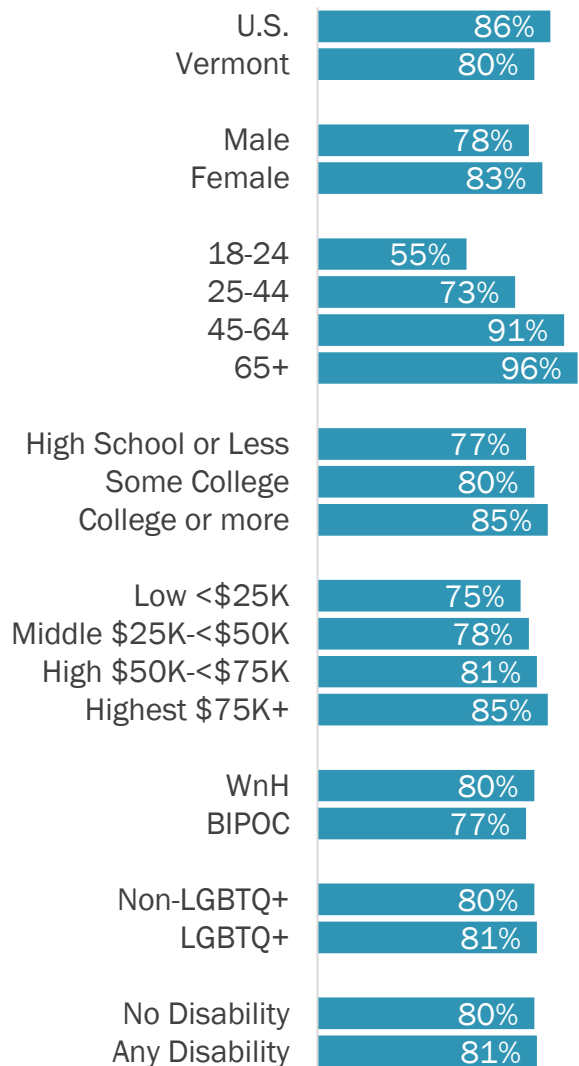
Adults with a college degree or more are statistically more likely than those with a high school degree or less to have had their cholesterol checked within the past five years.

Adults with the highest household incomes are statistically more likely to report having their cholesterol checked within the past five years than those with low household incomes.

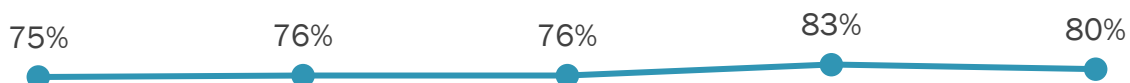
There are no statistical differences in recent cholesterol screening rates by sex, race and ethnicity, sexual orientation and gender identity, or disability status.

The proportion of adults having their cholesterol checked within the past five years is statistically similar to 2017, but higher than 2011.

Cholesterol Screening in Past 5 Years~ Vermont Adults, 2019



Vermont Adults who Had Cholesterol Screening in Past 5 Years~



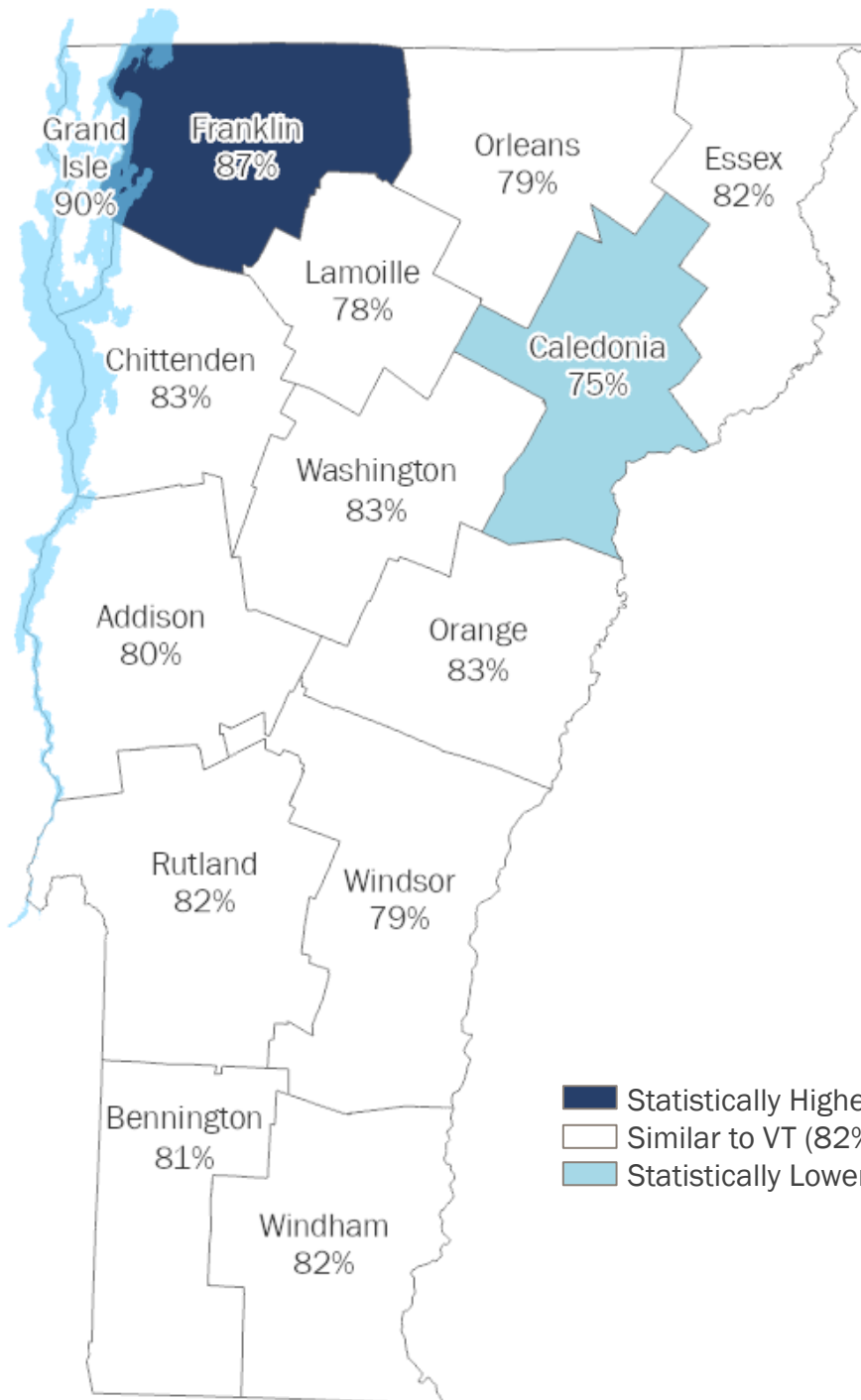
2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

[Note: This measure is a Healthy Vermonters 2020 goal.]

[Note: In 2019, question methodology was updated to include additional response options in regard to the number of years since last cholesterol screening. Due to this, use caution when comparing to previous years.]

Vermont Adults with Cholesterol Screening in Past 5 Years by County, 2017, 2019~



Nearly nine in ten Franklin County adults (87%) have had their cholesterol checked within the past five years, statistically higher than all Vermont adults.

Over seven in ten Caledonia County adults (75%) have had their cholesterol checked within the past five years, statistically lower than all Vermont adults.

All other counties have a similar proportion of adults that have had recent cholesterol screening compared to all Vermonters.

- Statistically Higher than VT
- Similar to VT (82%)
- Statistically Lower than VT

~All data on this page are age-adjusted to U.S. 2000 population.
[Note: This measure is a Healthy Vermonters 2020 goal.]

HIV Screening - Ever

Almost four in ten Vermont adults have ever been tested for HIV (37%). This increases to 43% for adults ages 18-64.

All Vermont adults and those 18-64 report statistically similar rates of having ever been tested for HIV when compared to all U.S. adults (39%) and those 18-64 (44%).

Among all Vermont adults, men and women report HIV testing at similar rates.

Adults 25-44 are most likely to have ever been tested for HIV, followed by adults 45-64, and 18-24.

- All differences in HIV testing prevalence by age are statistically significant, except between adults 18-24 and those 45-64.

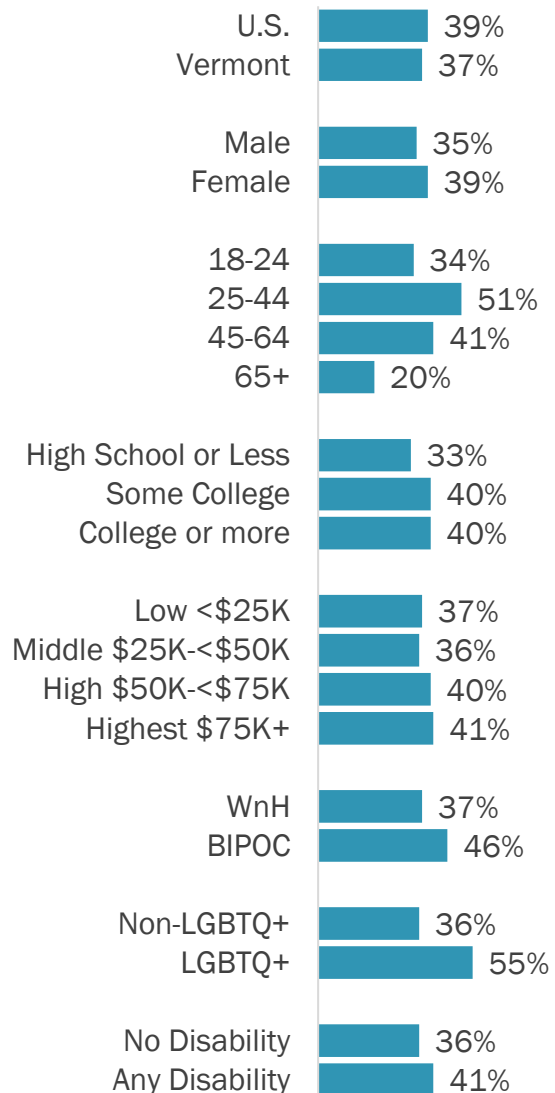
Vermonters with some college education or more are statistically more likely than those with a high school education or less to have ever had a HIV test.

HIV screening rates are statistically higher among LGBTQ+ adults than non-LGBTQ+ adults.

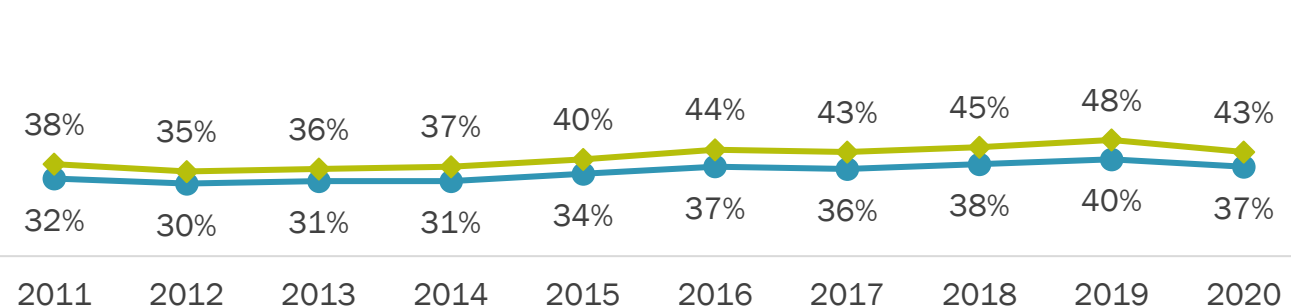
There are no differences in HIV testing by household income level, race and ethnicity, or disability status.

HIV testing among all adults and those 18-64 is statistically similar to 2019, but higher than 2011.

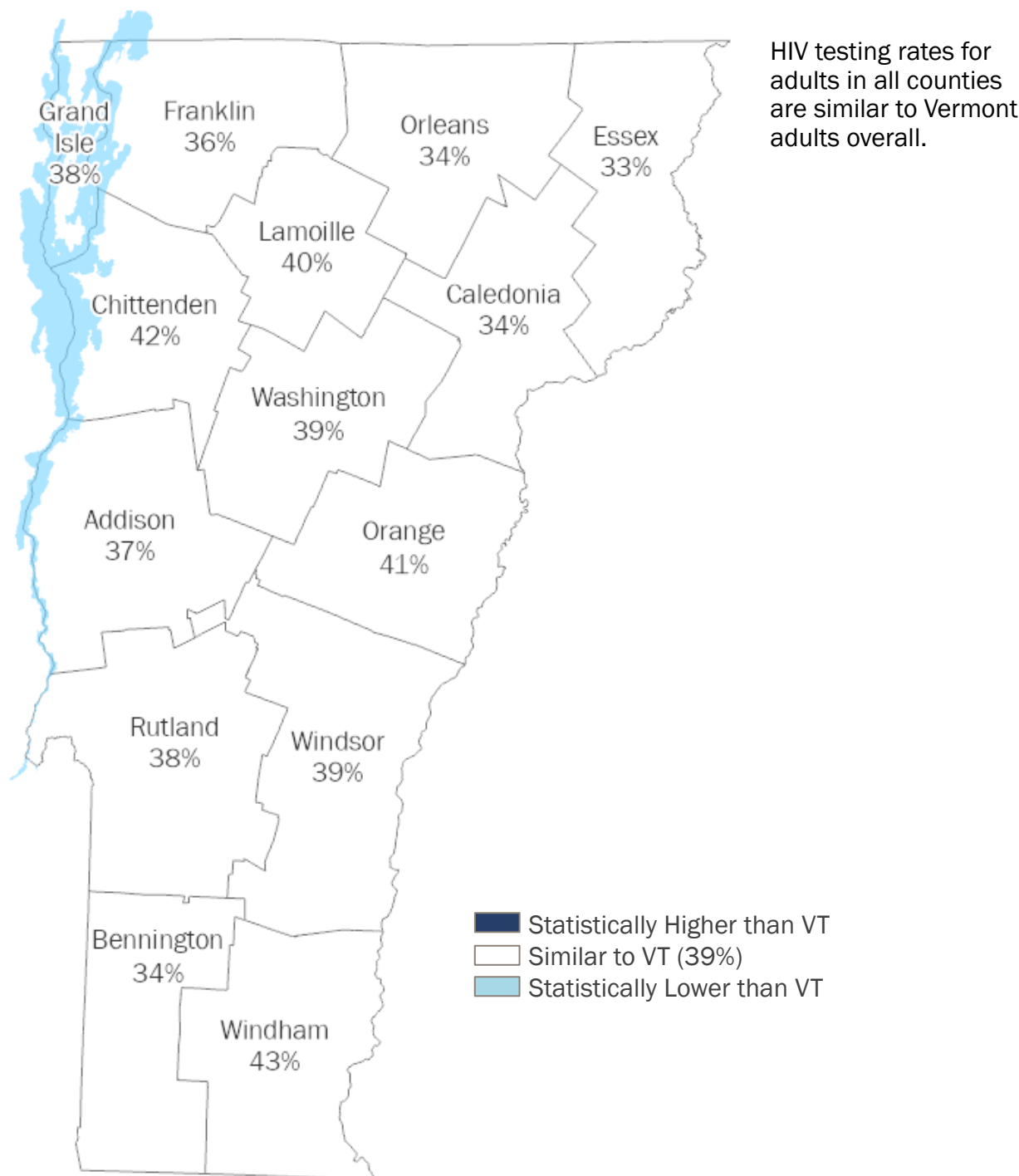
Vermont Adults Ever Tested for HIV, 2020



Vermont Adults and Adults 18-64 who Have Ever Been Tested for HIV



Vermont Adults who Have Ever Been Tested for HIV by County, 2019-2020



HIV Screening – In Past Year

Seven percent of adults have had an HIV test in the past year. Among adults 18-64 the HIV testing rate is 9%.

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

Among all Vermont adults, men and women report HIV testing at similar rates.

HIV screening in the past year decreases with age.

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

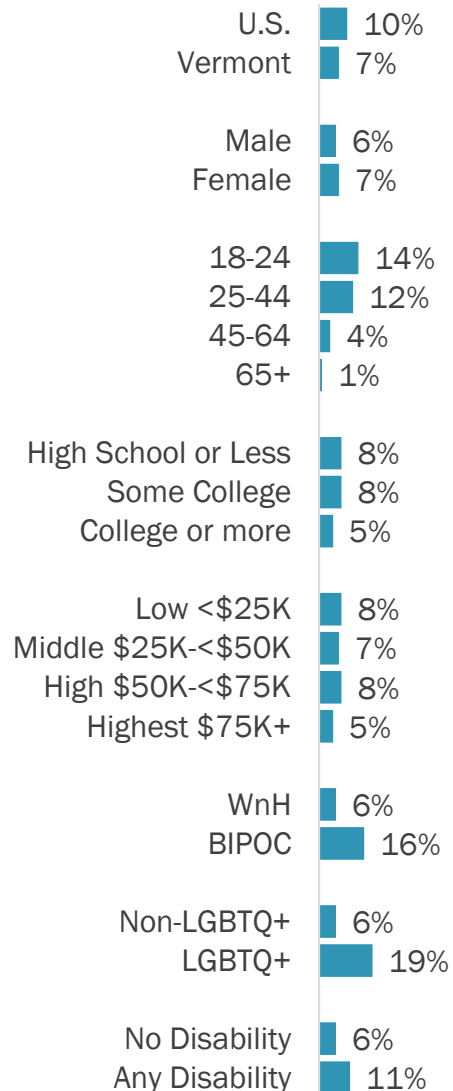
There are no differences in HIV screening in the past year by education level, household income level, or disability status.

HIV screening rates in the past year are statistically higher among BIPOC adults than white, non-Hispanic adults.

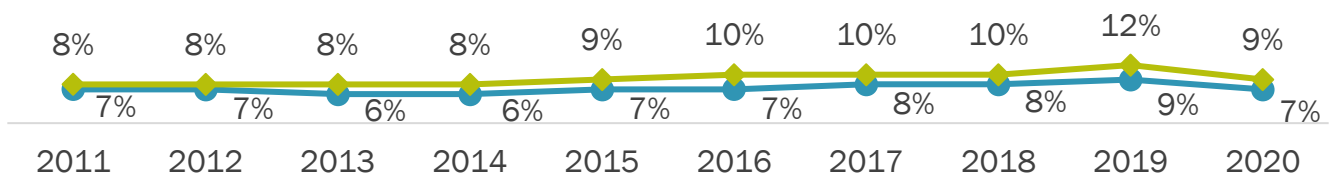
HIV screening rates are more than three times higher among LGBTQ+ adults than non-LGBTQ+ adults, a statistical difference.

HIV screening in the past year among all adults and those 18-64 is statistically similar to 2019 and 2011.

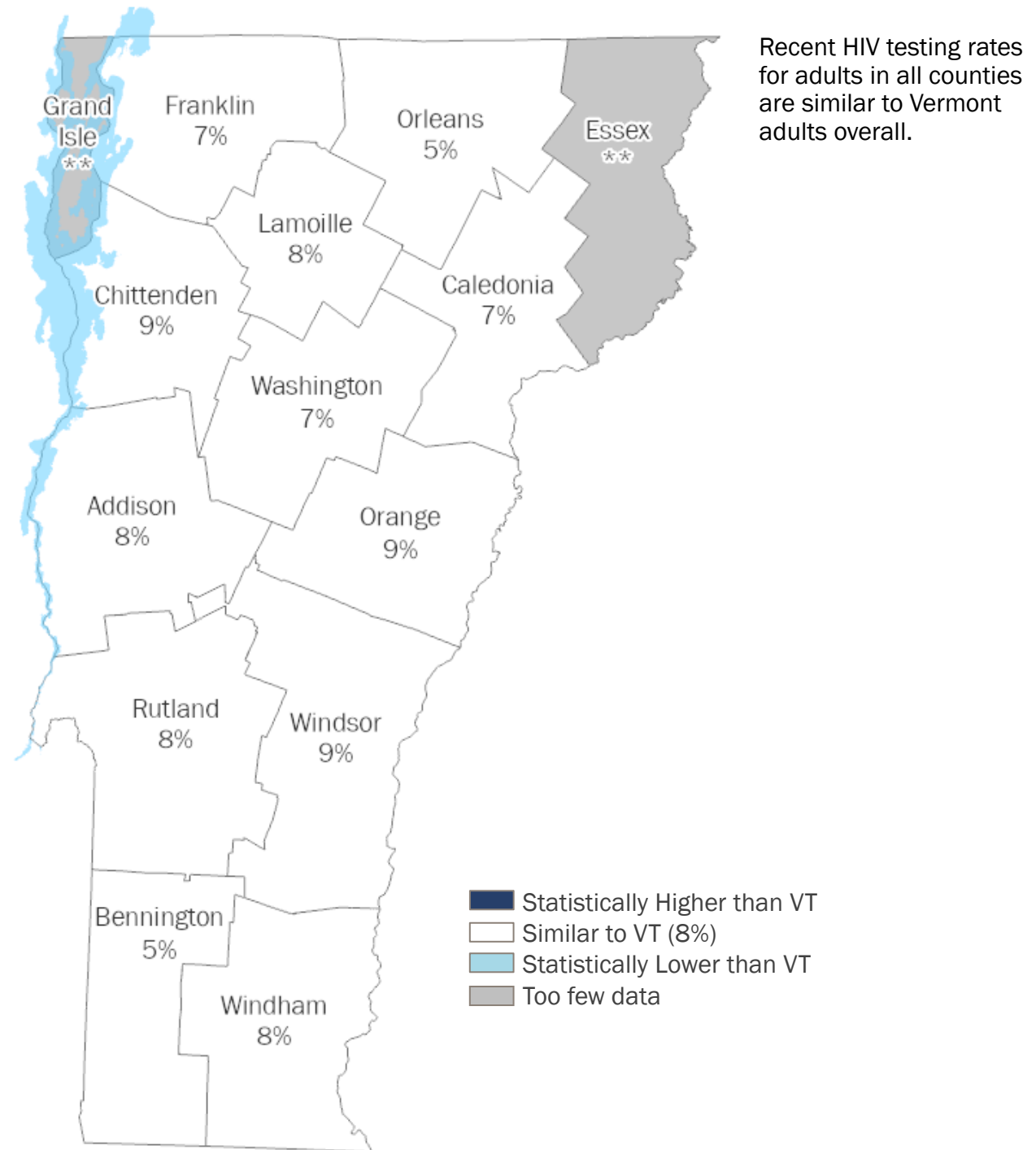
Vermont Adults Tested for HIV in Past Year, 2020



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



Vermont Adults who Have Been Tested for HIV in Past Year by County, 2019-2020



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

Drinking Water & Testing – Main Source

In 2020, half of Vermont adults said they have a public water system as the main source of water that comes into their home (48%).

The other half of adults say that the main source of water that comes into their home is from a private source (52%).

- Over one third have a private drilled well, serving just their home (36%).
- Seven percent have a private dug well, serving just their home.
- Four percent have a private spring, serving just their home.
- Four percent have a shared private drilled well, dug well, or spring serving less than 25 people.
- One percent have a surface water source, such as a lake, creek or river.
- One percent have a main source of water other than the ones listed above.

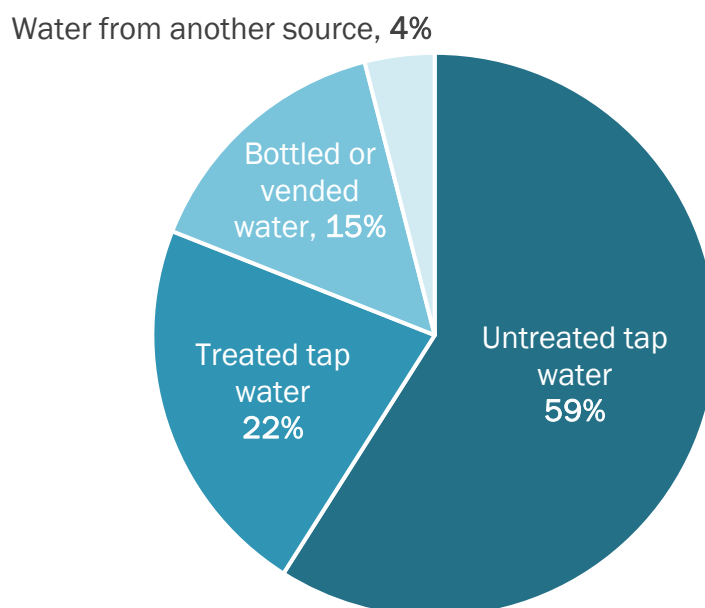
The distribution of main water source among Vermont adults is statistically similar to 2019.

Vermont adults with a main water source other than a public water system were asked about the water source they most often drink at home.

- Nearly six in ten adults most often drink untreated tap water (59%).
- Over two in ten adults most often drink treated tap water (22%).
- Fifteen percent of adults most often drink bottled or vended water.
- Four percent of adults most often drink water from another source.

The distribution of drinking water source among Vermont adults is statistically similar to 2019.

**Water Source Most Often Drink At Home
Vermont Adults with Non-Public Water, 2020**



Drinking Water & Testing

Vermont adults with a private water source as the main source of water coming into their home were asked when they last tested their water.

- Two in ten adults tested their private water within the past year (22%).
- Three in ten adults tested their private water within the last five years (30%).
- Over one third of adults tested their private water more than five years ago (36%).

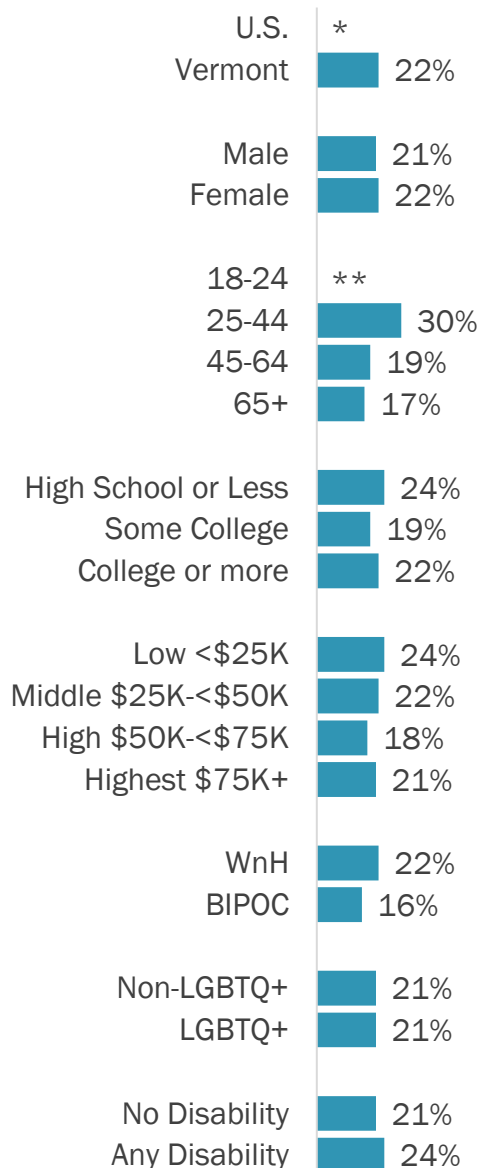
Men and women report testing their private drinking water in the past year at similar rates.

Vermont adults ages 25-44 are statistically more likely to have tested their private drinking water in the past year than adults 45 and older.

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

The proportion of adults testing their private drinking water in the past year is similar to the 23% in 2019.

Tested Private Water in Past Year Vermont Adults with Private Drinking Water°, 2020

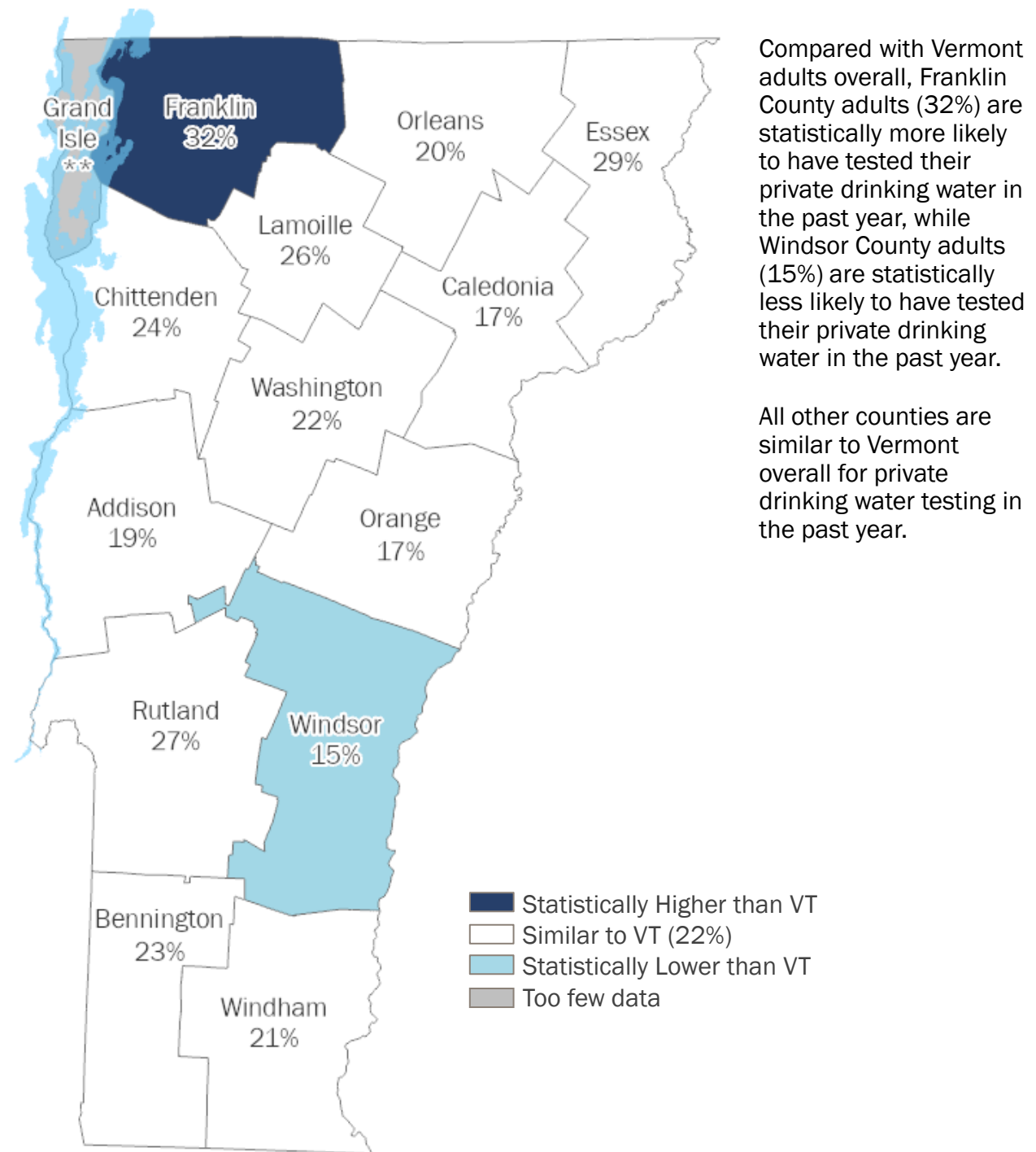


° Private drinking water includes a private drilled well, dug well, or spring serving a single-family home, a shared private drilled well, dug well, or spring serving less than 25 people, a surface water source, or other source that is not a public water system. [Note: Question asked among those who most often drink untreated tap water, bottles or vended water, or water from another source at home.]

*No national estimate available.

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

Vermont Adults who Tested Private Drinking Water in Past Year by County, 2019-2020



Drinking Water & Testing – Reason for Testing

In 2019, Vermont adults who have ever tested their private water and do not often treat their tap water for drinking at home were asked the reason for why they tested their water.

Four in ten Vermont adults who tested their private water said there is another reason aside from the ones listed here that they tested, including but not limited to having an illness in the home, having a pregnant household member or child living in the home, having a neighbor test their private drinking water, and having heard or read a news story about testing water (40%).

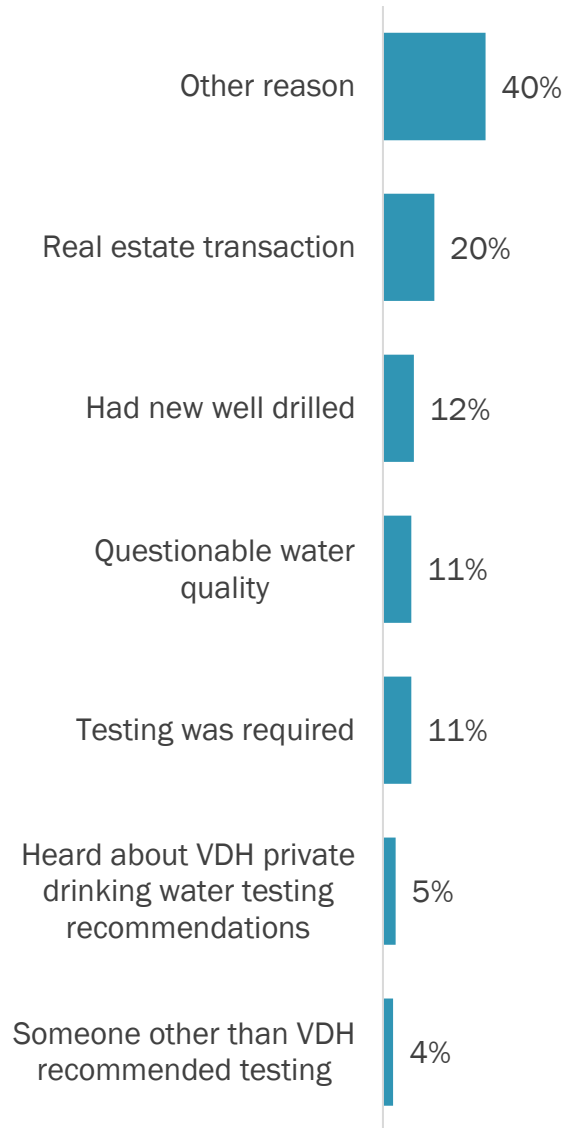
Two in ten adults tested their private water during a real estate transaction (20%).

Nearly one in eight adults tested their private water because they had a new well drilled (12%).

One in ten adults tested their private water due to questionable water quality (11%), and similarly, one in ten adults tested because it was required (11%).

Five percent of adults had their private water tested because they heard about private water testing recommendations from the Vermont Department of Health, and four percent tested because they heard about recommendations elsewhere.

Reason for Testing Private Drinking Water Vermont Adults who Tested Private Drinking Water°, 2019



° Private drinking water includes a private drilled well, dug well, or spring serving a single-family home, a shared private drilled well, dug well, or spring serving less than 25 people, a surface water source, or other source that is not a public water system. [Note: Question asked among those who have ever tested their private water, and most often drink untreated tap water, bottles or vended water, or water from another source at home.]



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