

Bennington District Office

2016 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

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What is the Behavioral Risk Factor Surveillance System or BRFSS?

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

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

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

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

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

A report summarizing the 2016 statewide results from the Vermont BRFSS can also be found on the VDH website:

http://www.healthvermont.gov/sites/default/files/documents/pdf/summary_brfss_2016.pdf.

Changes to BRFSS Methodology

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

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

Demographics of Bennington District Office*

The next few pages describe the demographic makeup of Bennington area adults in 2015-2016.

Less than half (47%) of Bennington adults are male. Six in ten are ages 25-64, with three in ten ages 65 and older.

- Bennington residents are more likely than Vermont adults overall to be 65 and older (30% vs. 22%), and less likely to be 25-44 (22% vs. 28%).

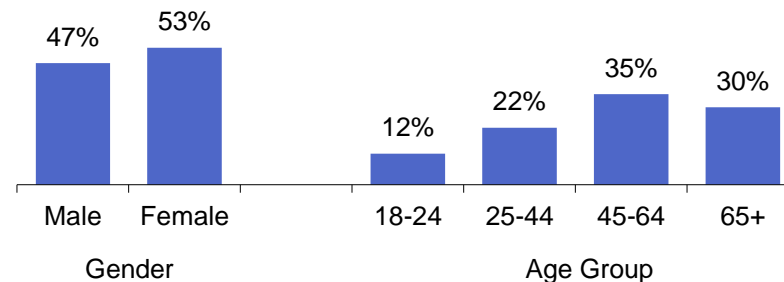
Forty-five percent of Bennington area adults have a high school degree or less. This is statistically higher than among Vermont adults overall (45% vs. 39%).

Four in ten Bennington adults lives in a home making \$50,000 or more annually, a statistically lower rate than that among Vermont adults overall (41% vs. 51%).

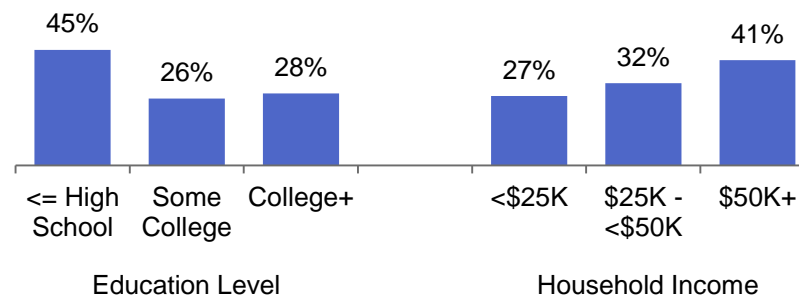
- Bennington adults are also statistically more likely than Vermont adults overall to live in homes with an income of \$25,000 to \$49,999 per year (32% vs. 26%).

Four percent of adults in the Bennington area report being a person of color. This is similar to the six percent among Vermont adults overall.

Bennington Residents by Gender and Age



Bennington Residents by Education & Income Level



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

Demographics of Bennington District Office

More than half (53%) of Bennington adult residents are currently employed, while a quarter are retired. About one in ten are a student or homemaker, or unable to work. Fewer, five percent, are unemployed.

- Bennington adults are statistically more likely than Vermont adults to be retired (24% vs. 19%) and less likely to be employed (53% vs. 62%).

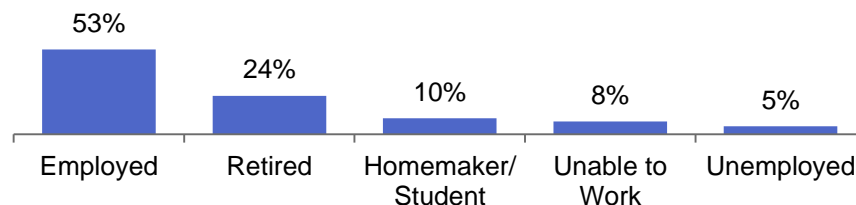
Half of Bennington adults are married. Twenty-two percent have never married, while thirteen percent are divorced. Nine percent or fewer are widowed (9%) or part of an unmarried couple (5%).

- Bennington area adults are statistically more likely to be widowed, compared with Vermont (9% vs. 7%).

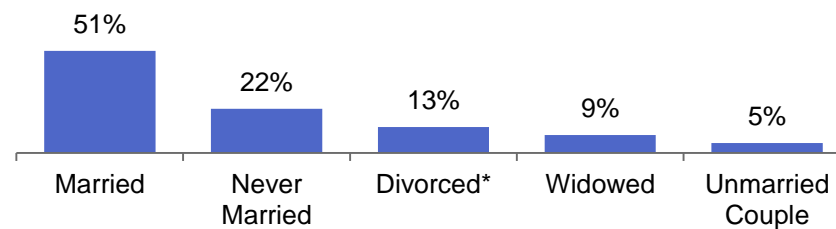
More than seven in ten Bennington adults said there are no children under the age of 18 in their home. Six percent reported having three or more children.

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

Bennington Residents by Employment Status

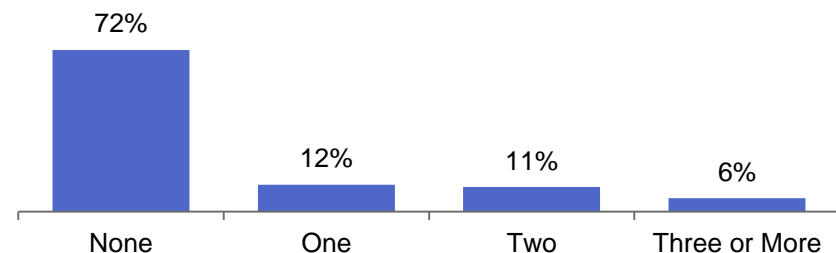


Bennington Residents by Marital Status



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

Bennington Residents by Children in Household



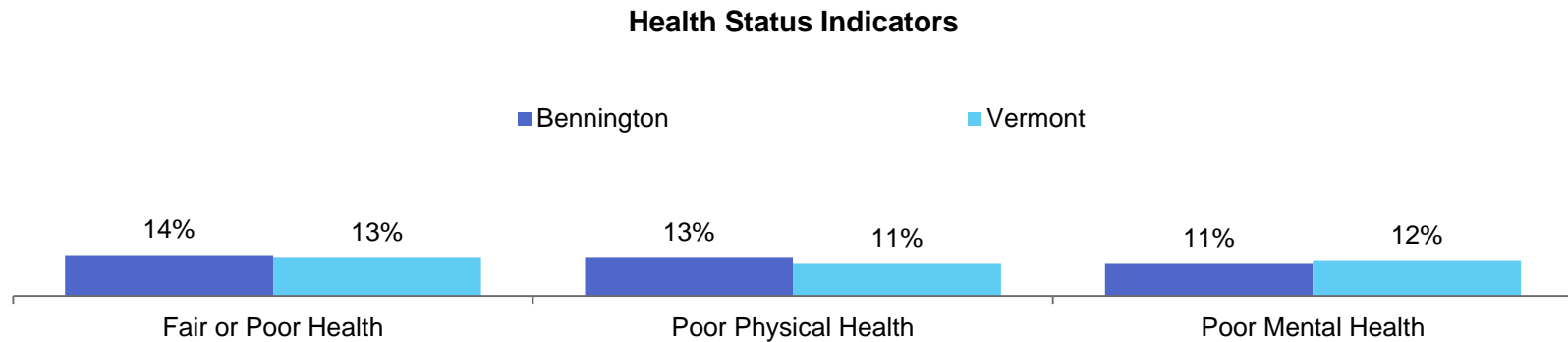
Health Status Indicators

In 2015-2016, fourteen percent of Bennington area adults reported fair or poor general health. Slightly fewer, 13%, have poor physical health and one in ten (11%) have poor mental health.

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

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

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



Health Status Indicators

Rates of fair or poor general health, poor physical health and poor mental health do not differ statistically by gender, among Bennington area adults.

Fair or poor general health and poor physical health increases as adults age.

- Adults 45 and older are statistically more likely than younger adults to have fair or poor general and poor physical health.

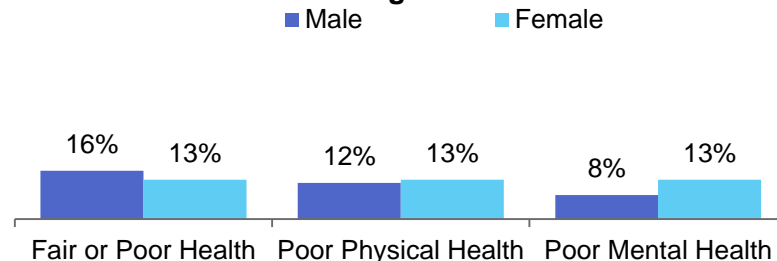
Poor mental health is higher among younger adults.

- Adults 45-64 are statistically more likely than those 65 and older to report poor mental health.

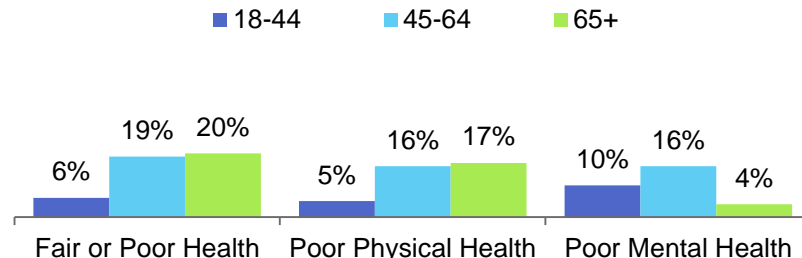
Among Bennington adults, regardless of the measure, poor health is highest among those adults with the lowest annual household incomes.

- Adults in homes making less than \$25,000 per year are statistically more likely than those in homes with more income to report fair or poor general health and poor physical health.
- Differences in poor mental health by annual household income are not statistically significant.

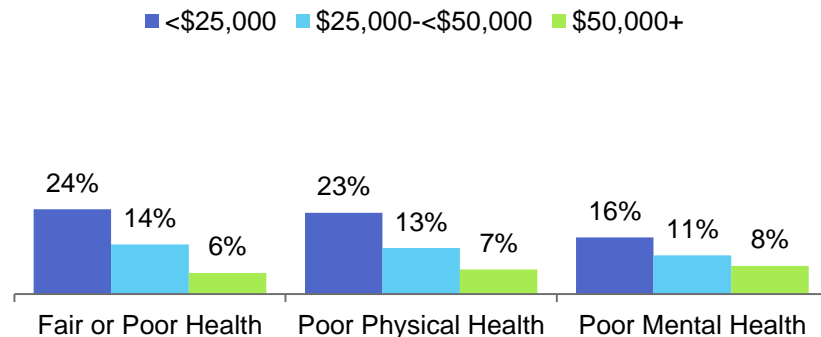
**Health Status Indicators by Gender
Bennington Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level

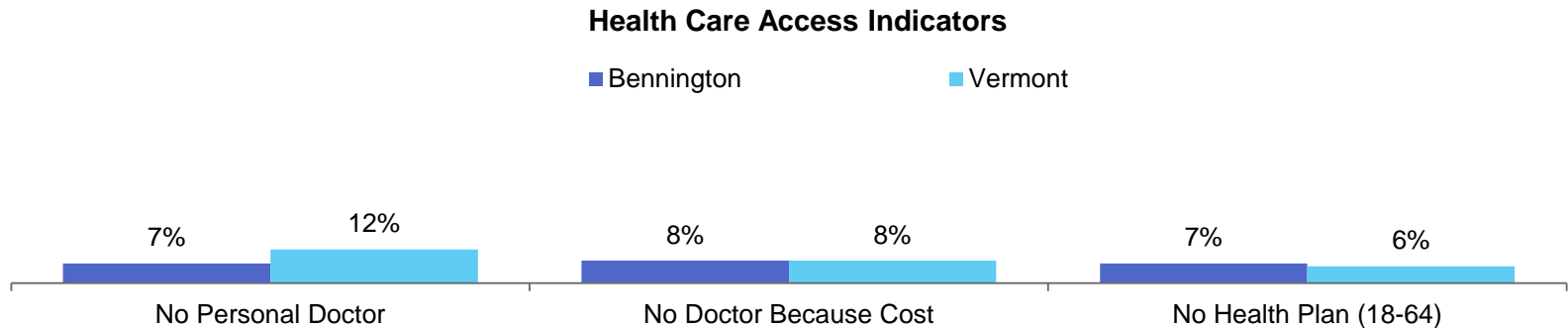


Healthcare Access Indicators

In 2015-2016, less than one in ten (7%) adults in the Bennington area did not have a personal doctor for health care. A similar proportion report they needed care in the last year but did not seek it due to cost (8%). Seven percent of Bennington area adults ages 18-64 did not have a health plan.

Adults in the Bennington area are statistically less likely than Vermont adults overall to have a personal doctor (7% vs. 12%). There are no statistical differences in delaying care due to cost and not having a health plan, as compared with Vermont adults overall.

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



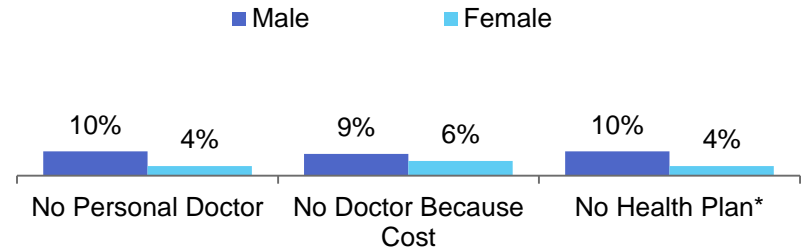
Healthcare Access Indicators

There are no statistically significant differences by gender in not having a personal doctor, delaying care because of cost, or not having a health plan, among Bennington area adults.

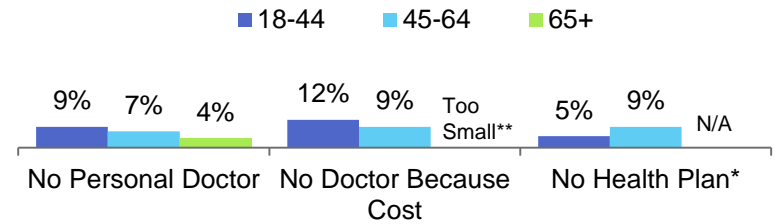
Poor health care access decreases with increasing age, however differences are not statistically significant.

There are no statistically significant differences in health care access, regardless of the measure, by annual household income level.

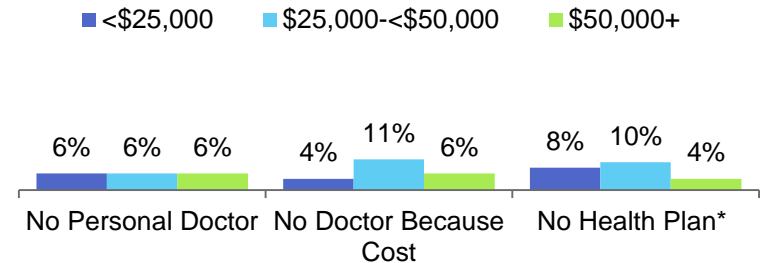
Healthcare Access Indicators by Gender Bennington Adults



Healthcare Access Indicators by Age



Healthcare Access Indicators by Income Level



*Limited to adults 18-64.

**Sample size is too small to report.

Chronic Conditions

Bennington area adults have statistically higher rates of arthritis and non-skin cancer compared with Vermont adults.

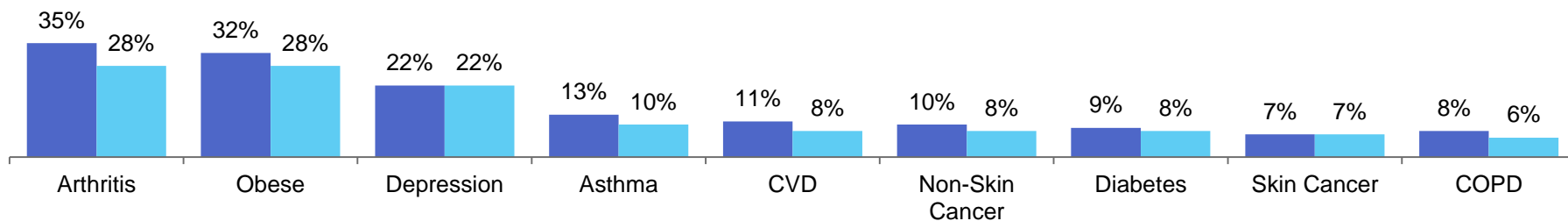
- More than a third (35%) of adults in the Bennington area have ever been diagnosed with arthritis, while about a quarter (28%) of Vermont adults report the same.
- One in ten (10%) Bennington area adults have ever been diagnosed with a non-skin cancer, compared with eight percent of Vermont adults.

Adults in the Bennington area reported similar rates of the following chronic conditions, as compared with Vermont adults overall: obesity, depressive disorders, asthma, cardiovascular disease (CVD), diabetes, skin cancer, and chronic obstructive pulmonary disease (COPD).

Additionally, the prevalence of all reported chronic conditions have not changed statistically since 2011. See Appendix A for trend results.

Prevalence of Selected Chronic Conditions

■ Bennington ■ Vermont



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

Chronic Conditions

Bennington area females are more than twice as likely as males to have asthma (18% vs. 8%), a statistically significant difference.

- The prevalence of arthritis, depressive disorders, and obesity do not differ statistically by gender, among Bennington residents.

Arthritis prevalence among Bennington area adults increases with increasing age.

- All differences by age are statistically significant.

The proportion of adults with depression is highest among those 45-64.

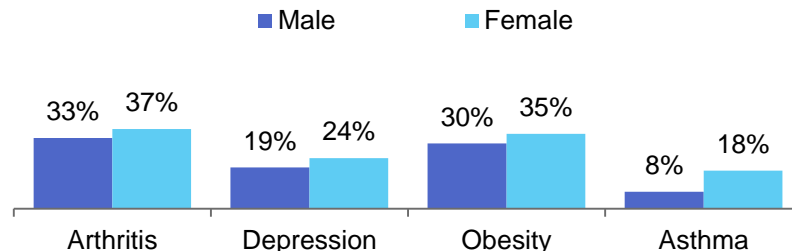
- Adults 45-64 are statistically more likely to report a depressive disorder than those 65 and older (28% vs. 15%).

There are no significant differences in asthma or obesity by age.

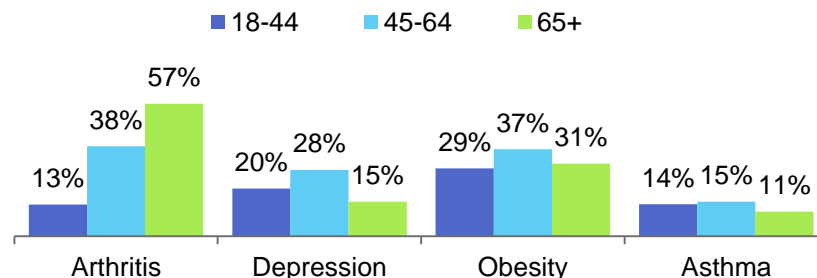
Bennington adults in homes with the lowest incomes are more likely to have arthritis compared to those in homes with more income.

- Adults with household incomes of less than \$25,000 per year are statistically more likely than those with incomes of at least \$50,000 annually to have arthritis.
- There are no statistically significant differences in depression, obesity, asthma prevalence by annual household income level.

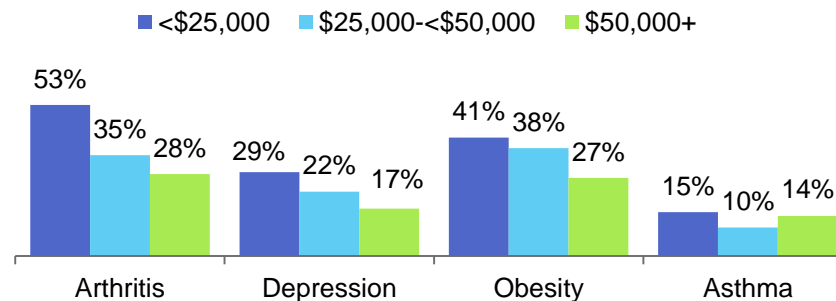
**Chronic Conditions by Gender
Bennington Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



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

Chronic Conditions

There are no statistically significant differences by gender for the prevalence of CVD, diabetes, or COPD.

CVD rates among Bennington area adults are highest among older adults.

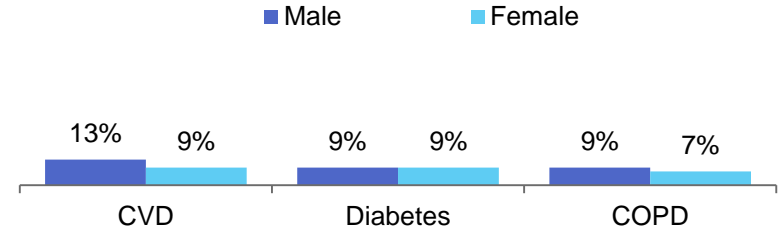
- Bennington adults 65 and older are statistically more likely to have CVD than those 45-64.

There are no statistical differences in diabetes or COPD prevalence by age among Bennington area adults.

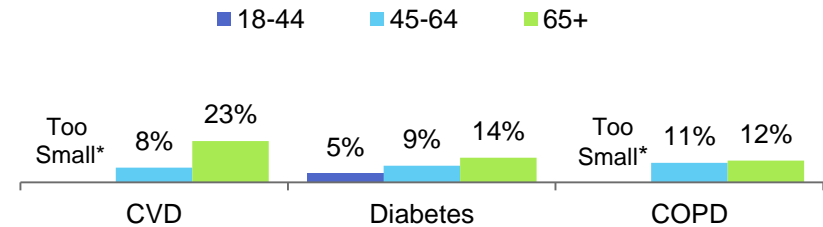
Bennington area adults living in homes with less income are more likely to say they have CVD, diabetes, or COPD.

- Those in homes making less than \$50,000 per year are statistically more likely than those in homes with more income to have CVD.
- Adults in homes making less than \$25,000 annually are statistically more likely than those in homes making \$25,000-\$49,999 to have COPD.
- There are no statistically significant differences in diabetes prevalence by annual household income level.

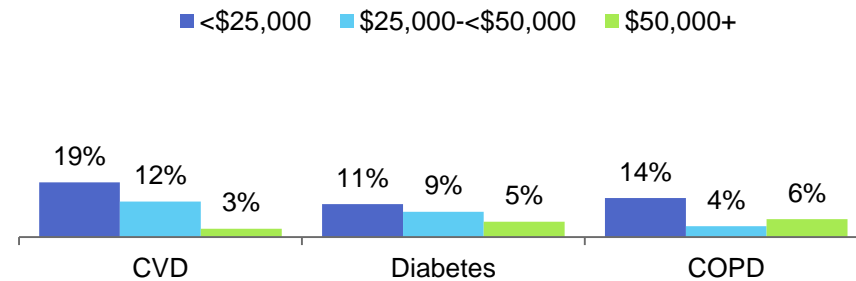
**Chronic Conditions by Gender
Bennington Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report.

Chronic Conditions

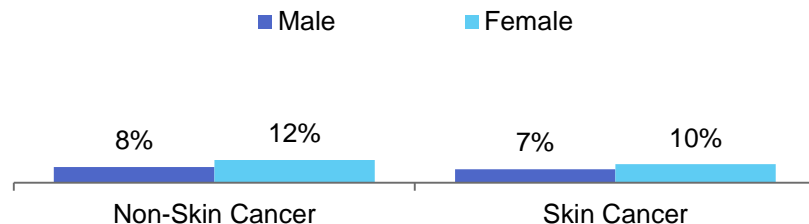
There are no statistical differences in the prevalence of non-skin cancers or skin cancer by gender, among Bennington adults.

In adults from the Bennington area, the prevalence of both skin and non-skin cancers increases with increasing age.

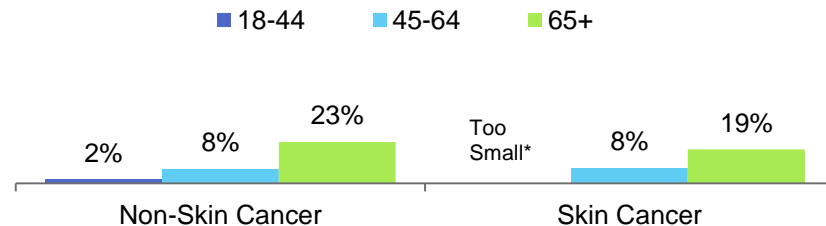
- The prevalence of non-skin cancers is statistically higher among adults 45 and older compared to younger adults.
- Differences in skin cancer prevalence by age are not statistically significant.

There are no statistical differences in the prevalence of non-skin cancer or skin cancer by annual household income level, among Bennington adults.

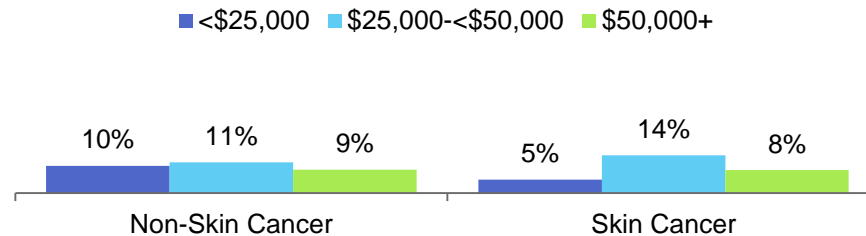
**Chronic Conditions by Gender
Bennington Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report.

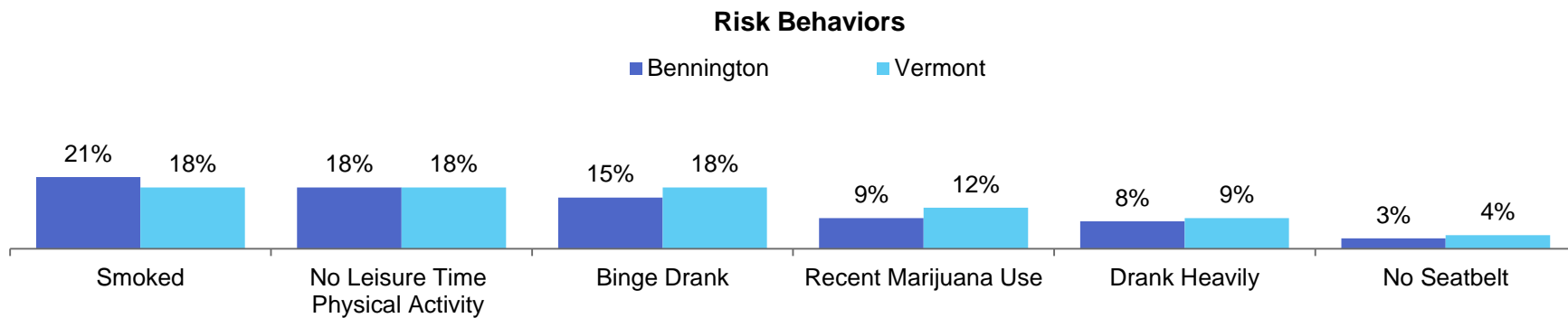
Risk Behaviors

In 2015-2016, one in five Bennington adults reported currently smoking. Of smokers, 55% said they tried to quit smoking at least once during the previous year (data not shown). Both are statistically similar to Vermont adults, at 18% and 49%, respectively.

Bennington area and Vermont adults also reported similar rates of no leisure time physical activity, alcohol use, recent marijuana use, and seldom or never wearing a seatbelt. Less than one in five (18%) did not participate in leisure time physical activity in the last month. Fifteen percent binge drank while eight percent drank heavily. One in ten used marijuana in the last 30 days. Few, three percent, seldom or never wear a seatbelt.

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

The non-use of seatbelts was trending up, increasing from 3% in 2011-2012 to 6% in both 2013-2014 and 2014-2015, before returning to 3% in 2015-2016. Values in 2011-2012 and 2015-2016 are not statistically significant. The prevalence of all other risk behaviors have not changed statistically since 2011. See Appendix A for trend results.



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

Risk Behaviors

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

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

- Adults 18-44 are statistically more likely to smoke, compared with adults 65 and older.

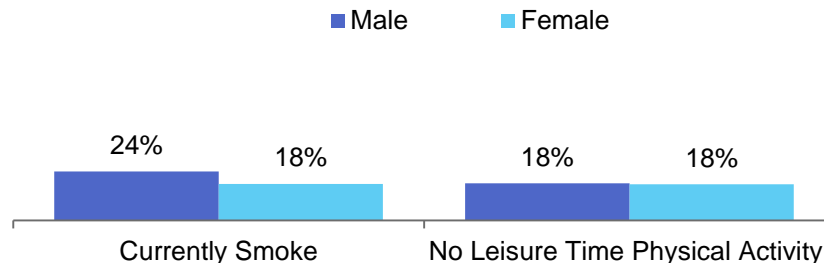
Not participating in leisure time physical activity increases as Vermont adults age.

- Adults ages 65 and older are statistically more likely to not participate in physical activity compared to adults 18-44.

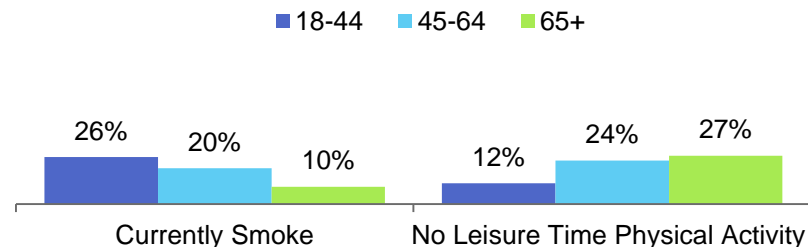
Bennington area adults in homes with more income are less likely to smoke and not participate in any leisure time physical activity.

- Adults in homes making \$50,000 or more are statistically less likely to smoke than those in homes with incomes of less than \$25,000 per year.
- Similarly, adults in homes with incomes of at least \$50,000 annually are statistically less likely to not participate in physical activity than adults in homes with less income.

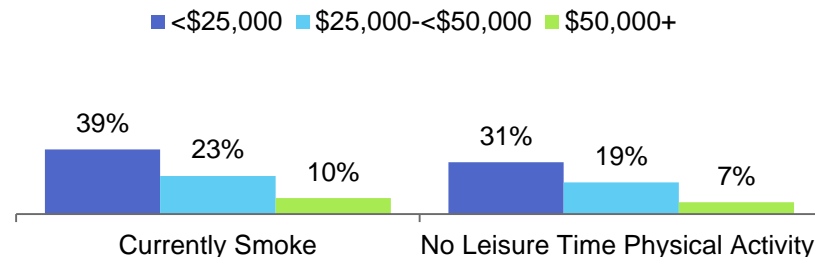
**Risk Behaviors by Gender
Bennington Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



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

Risk Behaviors

Bennington area males are statistically more likely to binge drink compared to area females (25% vs. 7%).

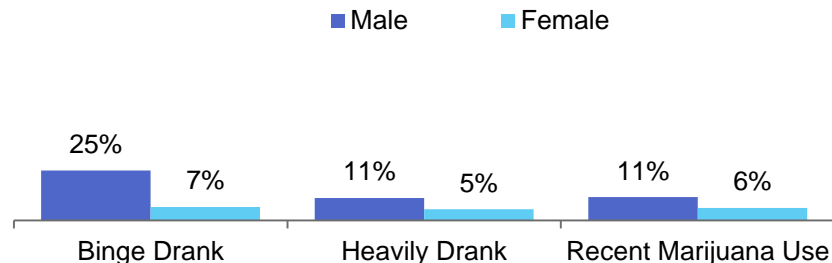
- There are no statistical differences in heavy drinking or marijuana use by gender.

Alcohol and marijuana use decrease with increasing age.

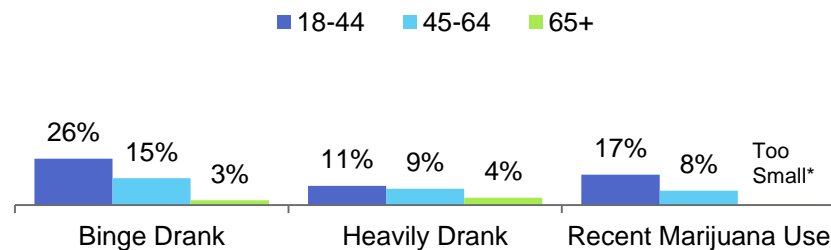
- Adults 18-64 are statistically more likely to binge drink compared to older adults.
- Heavy drinking and marijuana use do not differ statistically by age.

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

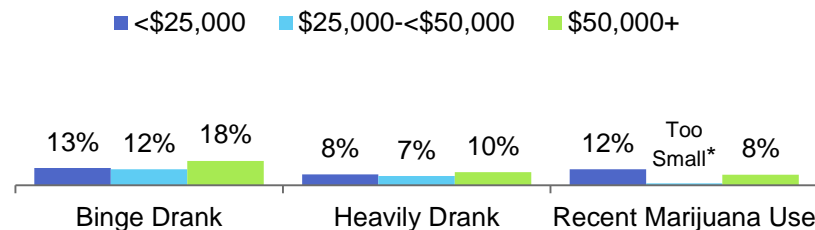
**Risk Behaviors by Gender
Bennington Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



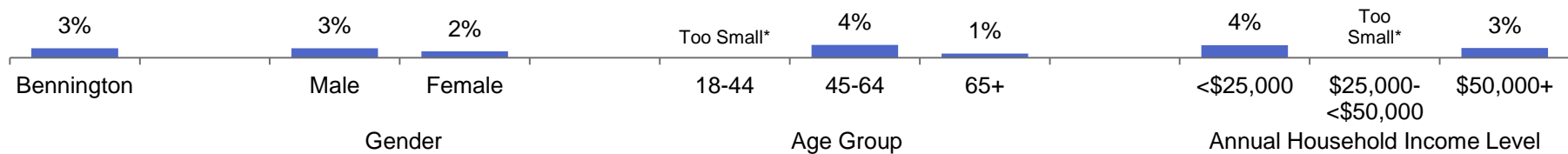
*Sample size is too small to report.

Risk Behaviors

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

Adult non-use of seatbelts in the Bennington area does not differ by gender, age, or annual household income level.

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



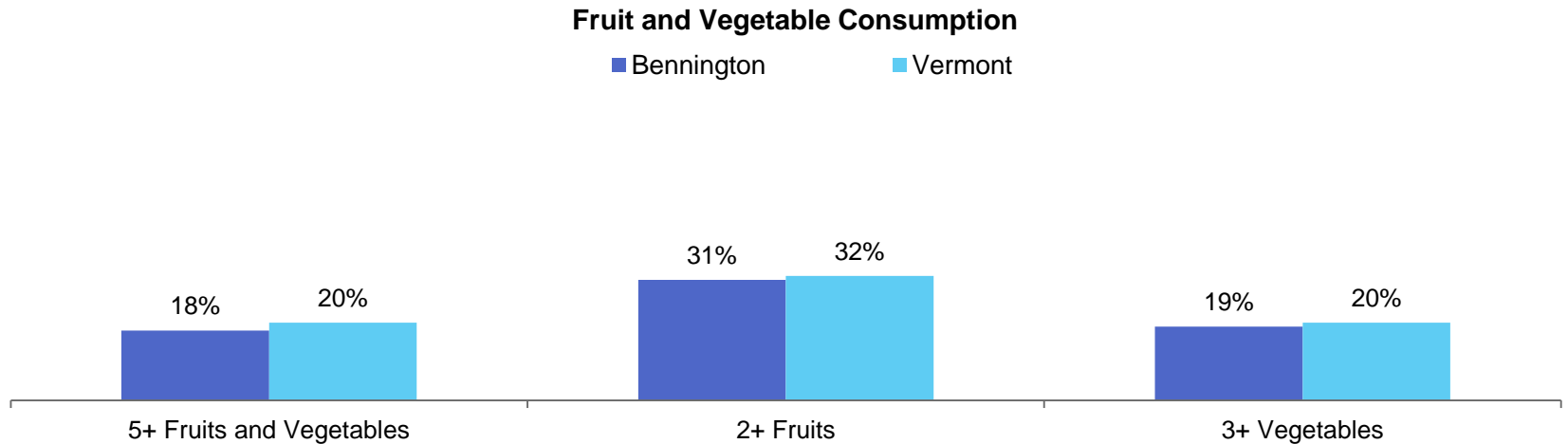
*Sample size is too small to report.

Preventive Behaviors

In 2013/2015, about two in ten (18%) Bennington area adults ate fruits and vegetables five or more times per day. Three in ten ate two or more fruits and 19% reported eating three or more vegetables.

Bennington area adult consumption of fruits and vegetables is statistically similar to that among Vermont adults.

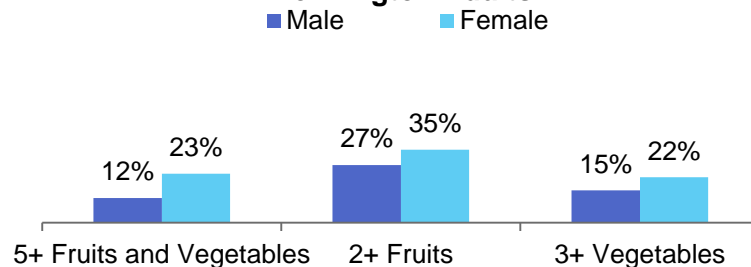
Fruit and vegetable consumption, among Bennington area adults, did not change statistically from 2011/2013 to 2013/2015. See Appendix A for trend results.



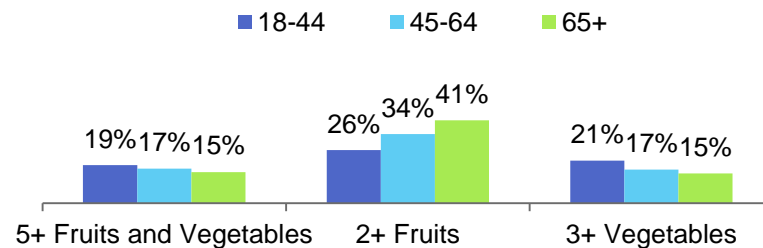
Preventive Behaviors

There are no statistical differences in the consumption of fruits and vegetables by gender, age, or annual household income level, among Bennington area adults.

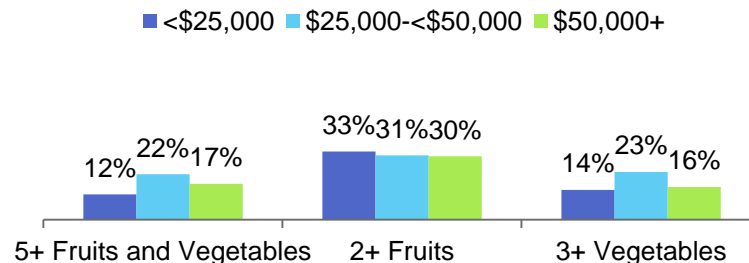
**Preventive Behaviors by Gender
Bennington Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



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

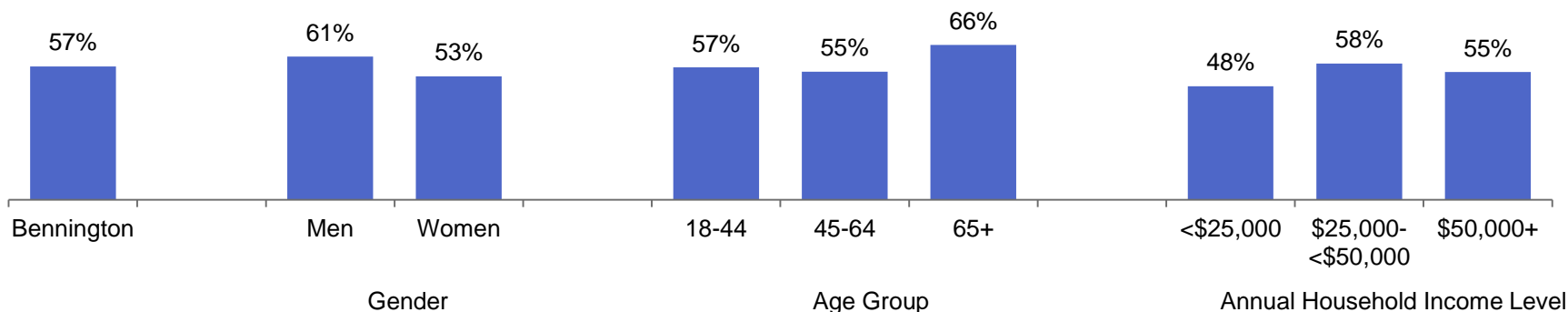
Preventive Behaviors

In 2013/2015, slightly less than six in ten (57%) Bennington area adults reported meeting physical activity recommendations*. This is similar to the 59% reported among Vermont adults.

Among Bennington area adults, there are no statistically significant differences in meeting physical activity recommendations by gender, age, or annual household income level.

Meeting physical activity recommendations did not change statistically from 2011/2013 to 2013/2015. See Appendix A for trend results.

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



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

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

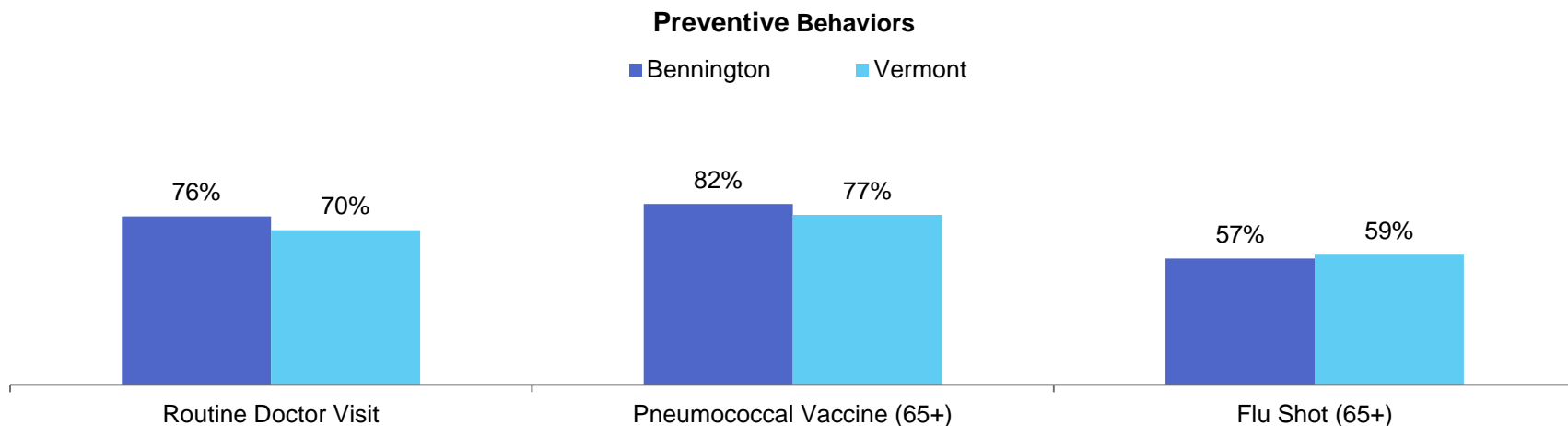
Preventive Behaviors

Three-quarters of adults in the Bennington area saw their doctor for a routine visit in the previous year. This is statistically higher than the seven in ten reported among all Vermont adults.

More than eight in ten (82%) Bennington area adults ages 65 and older have ever gotten a pneumococcal vaccine. Fewer than six in ten (57%) reported having a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to Bennington adults, 77% and 59%, respectively.

The proportion of adults 65 and older in the Bennington area who got a flu shot in the last year decreased statistically from 2011-2012 to 2015-2016 (70% vs. 57%). Differences in routine doctor visits and receipt of a pneumococcal vaccine have not changed since 2011. See Appendix A for results over time.



Preventive Behaviors

There are no differences, among Bennington area adults, in the occurrence of routine doctor visits by gender. The same is true for vaccinations among adults 65 and older.

Among Bennington area adults, annual routine visits to the doctor increase with age.

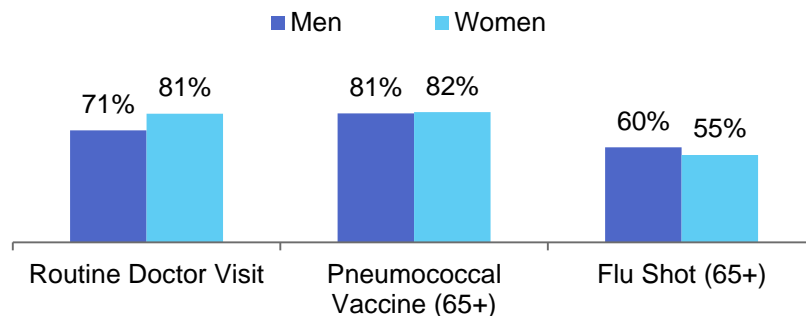
- Adults 65 and older are statistically more likely to have had a routine doctor visit than those in younger age groups.

Adults 65 and older with an annual household income of at least \$50,000 are most likely to have gotten a flu shot in the last year.

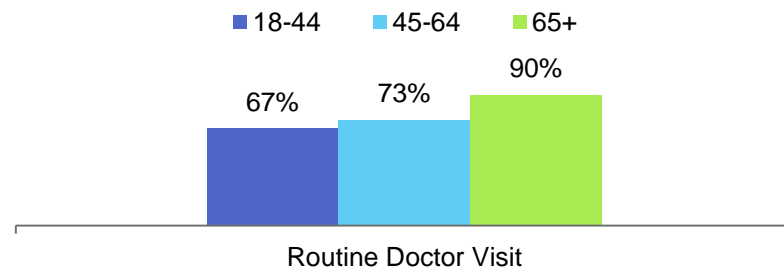
- Adults in homes making \$50,000 or more are statistically more likely to have received a flu shot than those in homes making \$25,000-\$49,999.

There are no differences, among Bennington area adults, in the occurrence of routine doctor visits or pneumococcal vaccination.

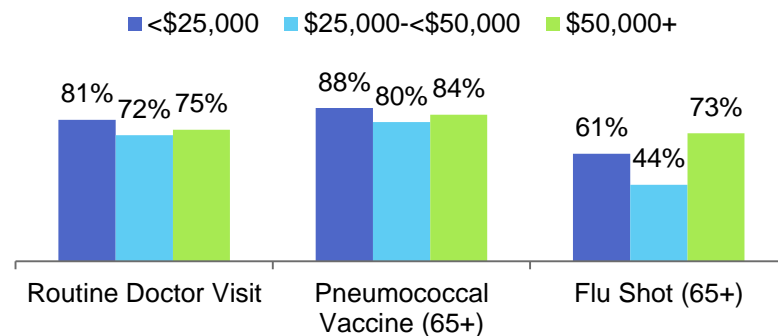
**Preventive Behaviors by Gender
Bennington Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level

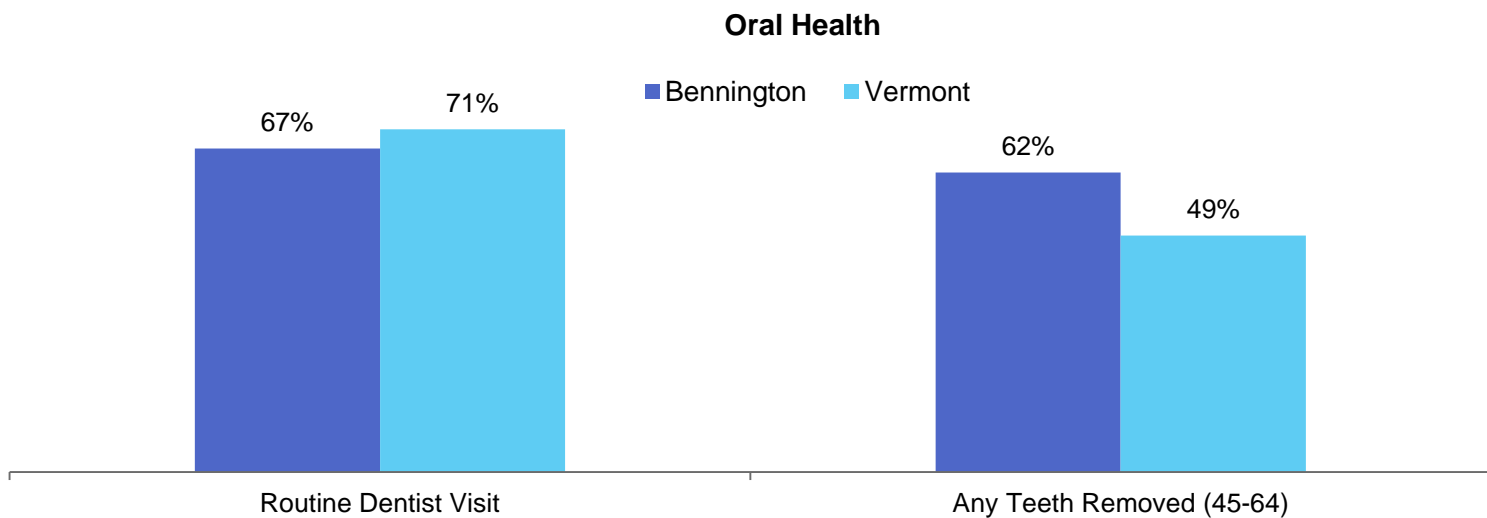


Oral Health

Two-thirds of Bennington area adults visited a dentist in the last year. This is similar to the 71% among Vermont adults overall.

Bennington adults ages 45-64 are statistically more likely than Vermont adults to have had a tooth extracted (62% vs. 49%).

Reported routine dental visits and teeth extractions did not change statistically from 2012/2014 to 2014/2016. See Appendix A for trend results.



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

Oral Health

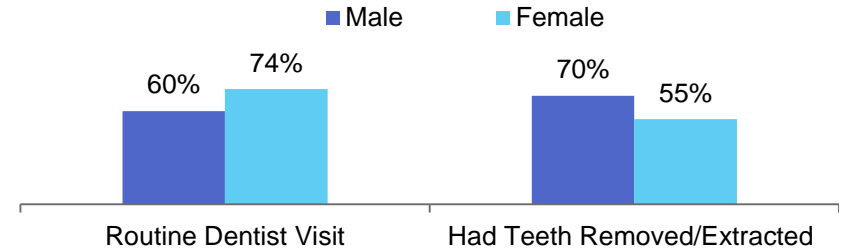
There are no statistically significant differences by gender in routine dentist visits and tooth removal among Bennington adults.

There are also no statistical differences in routine dental visits by age.

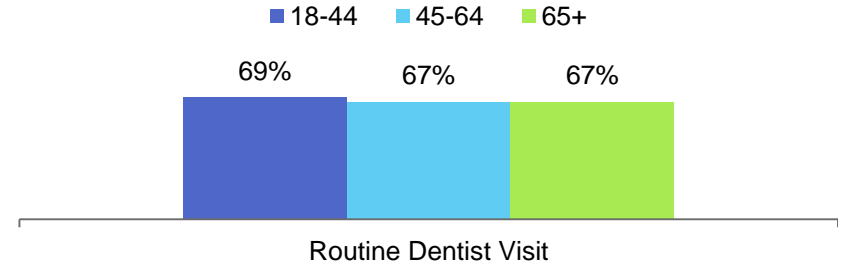
Bennington Area adults living in homes with more income are more likely than those with less income to routinely see their dentist. They are less likely to have had teeth removed.

- Adults in homes making \$50,000 or more per year are more likely than those in homes with less income to regularly visit the dentist.
- Those 45-64 in homes with household incomes of at least \$50,000 per year are statistically less likely to have had a tooth extracted, as compared with those with less income.

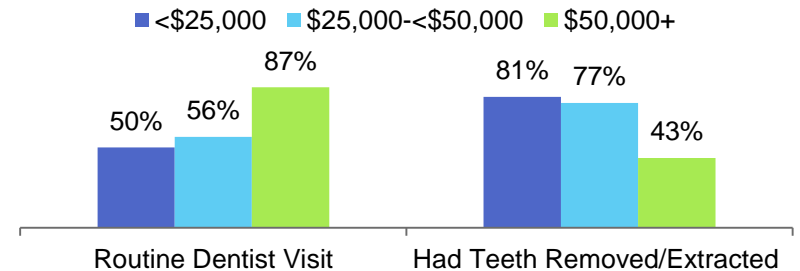
**Oral Health by Gender
Bennington Adults**



Oral Health by Age



Oral Health by Income Level



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

HIV Screening

In 2015-2016, about a third (32%) of Bennington area adults had ever been tested for HIV. This is statistically similar to the 37% reported among Vermont adults overall.

Men and women in the Bennington area experience HIV testing at similar rates.

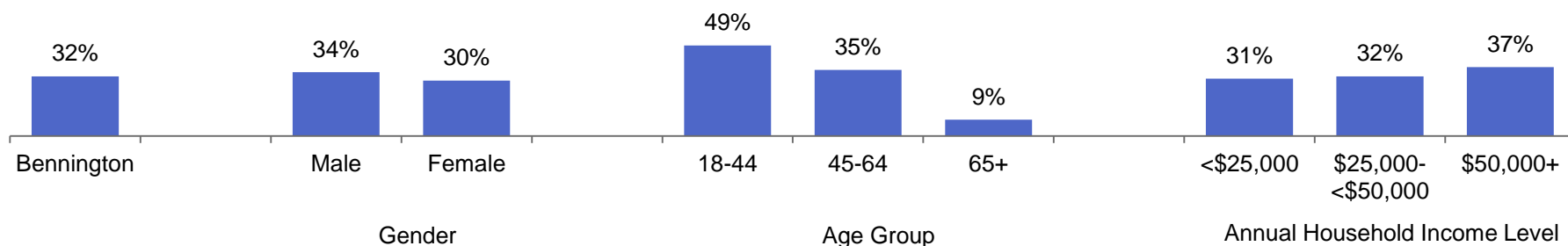
Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- Adults 18-64 are statistically more likely than those 65 and older to have ever been tested for HIV.

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

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

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



Cancer Screening

In 2014/2016, eight in ten (79%) women ages 50-74 in the Bennington area met breast cancer screening recommendations; the same as among Vermont women in this age group.

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

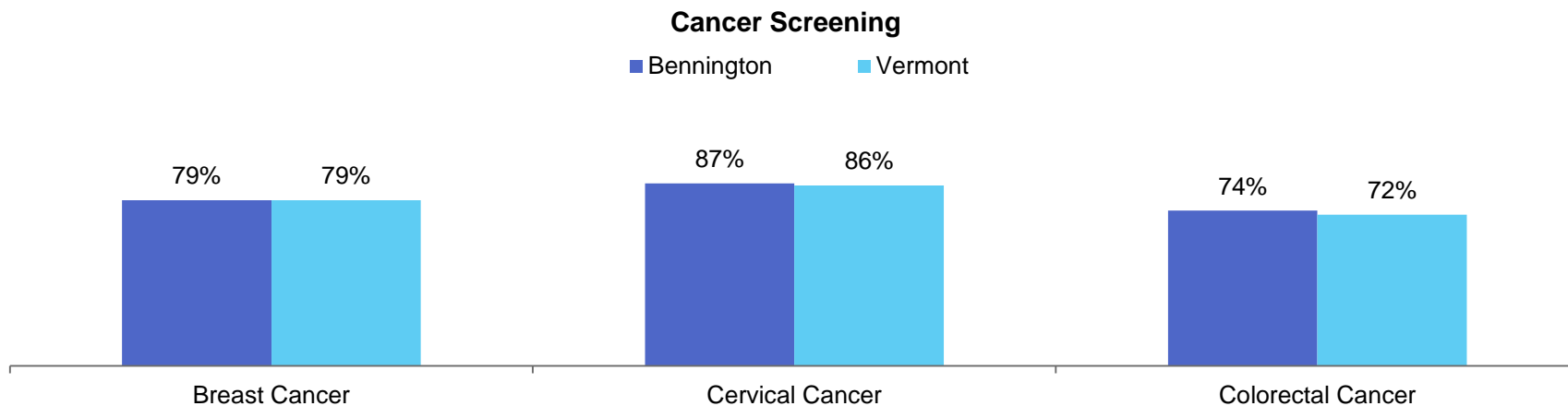
Eighty-Seven percent of women 21-65 who live in the Bennington area had a PAP test in the last three years, statistically similar to the 86% among Vermont women of the same age.

- Cervical cancer screening recommendations exclude women who have had a hysterectomy.

Among adults 50 to 75 living in the Bennington area, three-quarters (74%) met colorectal cancer screening recommendations. This also is similar to the rate among all Vermonters of the same age (72%).

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

Receipt of mammograms among women 50-74, and of colorectal cancer screening among adults 50-75 did not change statistically from 2012/2014 to 2014/2016. Changes in cervical cancer screening could not be measured due to a difference in how hysterectomies were asked about in 2016 and earlier years.



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

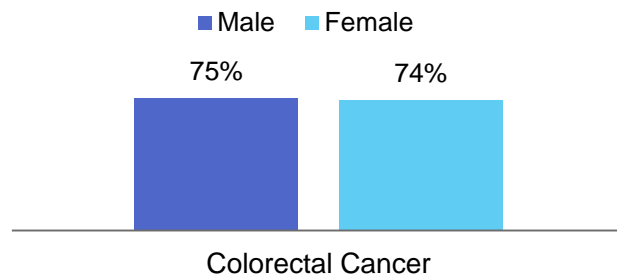
Cancer Screening

There are no statistically significant differences in colorectal screening by gender among Bennington area adults.

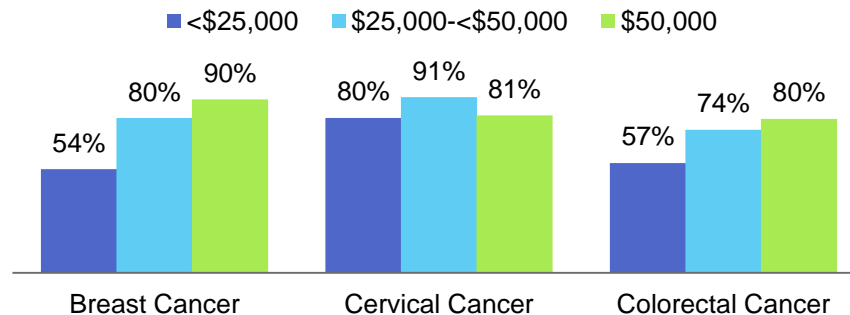
Bennington area adults in homes with more income are more likely to meet cancer screening recommendations.

- Adults, 50-75 living in households making \$50,000 or more are statistically more likely to meet colorectal cancer screening recommendations, compared to those with incomes of less than \$25,000 annually.
- There are no statistical differences in meeting breast or cervical colorectal cancer screening recommendations by annual household income.

Cancer Screening by Gender Bennington Adults



Cancer Screening by Income Level



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

Appendix A: Bennington District Office Trend Results (2011-2016)

Health Status Indicators	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Fair or Poor General Health	17%	16%	16%	15%	14%	No
Poor Physical Health	12%	13%	14%	13%	13%	No
Poor Mental Health	15%	14%	14%	14%	11%	No
Health Access Indicators	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
No Personal Doctor	10%	7%	11%	10%	7%	No
No Doctor Because of Cost	13%	12%	13%	10%	8%	No
No Health Plan (ages 18-64)	11%	10%	13%	11%	7%	No
Chronic Conditions	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Arthritis	31%	32%	32%	31%	35%	No
Depression	27%	25%	25%	23%	22%	No
Obesity	25%	25%	27%	29%	32%	No
Asthma	15%	13%	13%	14%	13%	No
Diabetes	11%	9%	8%	9%	9%	No
Non-Skin Cancer	10%	11%	10%	9%	10%	No
Cardiovascular Disease (CVD)	8%	12%	11%	10%	11%	No
Skin Cancer	7%	6%	7%	8%	9%	No
Chronic Obstructive Pulmonary Disease (COPD)	7%	6%	6%	7%	8%	No

Appendix A: Bennington District Office Trend Results (2011-2016)

Risk Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Smoking	27%	21%	21%	19%	21%	No
Binge Drinking	15%	16%	16%	17%	15%	No
Heavy Drinking	7%	8%	9%	10%	8%	No
No Exercise	21%	18%	19%	17%	18%	No
Seldom or Never use Seatbelt	3%	2%	6%	6%	3%	No*
	2011-2012	2012-2013	2013, 2015	2015-2016		Significant Change Since 2011
Recent Marijuana Use	10%	7%	7%	9%		No
Preventative Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Routine Doctor Visit, in Last year	70%	71%	73%	75%	76%	No
Pneumococcal Vaccine, Ever, Ages 65+	80%	76%	73%	78%	82%	No
Flu Shot in the Last Year, Ages 65+	70%	68%	69%	61%	57%	Yes
Ever Tested for HIV	32%	31%	33%	31%	32%	No

*Seldom or never using a seatbelt among Bennington area adults has a statistically significant upward trend. However, due to a decrease 2015-2016, the change from 2011-2012 to the most recent year is not statistically significant. Future data will illustrate whether the change in 2015-2016 represents a change in the trend.

Appendix A: Bennington District Office Trend Results (2011-2016)

Preventive Behaviors (cont).	2011, 2013	2013, 2015	Significant Change Since 2011
Meet Physical Activity Recommendations	54%	57%	No
Eat 2+ Fruits Per Day	37%	31%	No
Eat 3+ Vegetables Per Day	17%	19%	No
Eat 5+ Fruits & Vegetables Per Day	23%	18%	No
	2012, 2014	2014, 2016	Significant Change Since 2011
Routine Dental Visit, Last Year	66%	67%	No
Teeth Removed , Ages 45-64	52%	53%	No
Mammogram, Last 2 Years, Women 50-74	77%	79%	No
Meet Colorectal Cancer Screen Recommendations, Adults 50-75	75%	74%	No
PAP Test, Last 3 Years, Women 21-65	87%		

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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

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

Towns included in the Bennington Health District are: Arlington, Bennington, Dorset, Glastenbury, Landgrove, Manchester, Peru, Pownal, Readsboro, Rupert, Sandgate, Searsburg, Shaftsbury, Stamford, Sunderland, Winhall, and Woodford.