

# Morrisville District Office

## 2014 Behavioral Risk Factor Surveillance System Data

*Guidance • Support • Prevention • Protection*

VDH – Public Health Statistics  
May 2016

 .VERMONT  
DEPARTMENT OF HEALTH

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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 2014 statewide results from the Vermont BRFSS can also be found on the VDH website: [http://healthvermont.gov/research/brfss/documents/summary\\_brfss\\_2014.pdf](http://healthvermont.gov/research/brfss/documents/summary_brfss_2014.pdf)

### Recent 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 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 Morrisville District Office\*

The next few pages describe the demographic makeup of Morrisville area adults in 2013-2014.

More than half of Morrisville adults are female. Two-thirds of Morrisville adults are 25-64, with more than one in five ages 65 and older.

- Morrisville adults report a similar age distribution as those in Vermont overall.

Four in ten Morrisville area adults have a high school degree or less, while about three in ten have a college degree or higher.

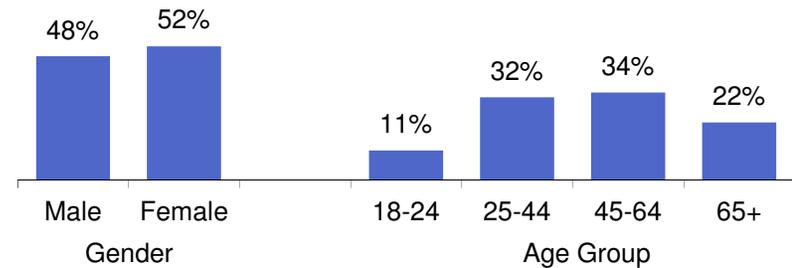
- Morrisville adults report a similar education distribution as those in Vermont overall.

Twenty-three percent of Morrisville adults live in a home making less than \$25,000 annually, while more than four in ten live in homes making \$50,000 or more per year.

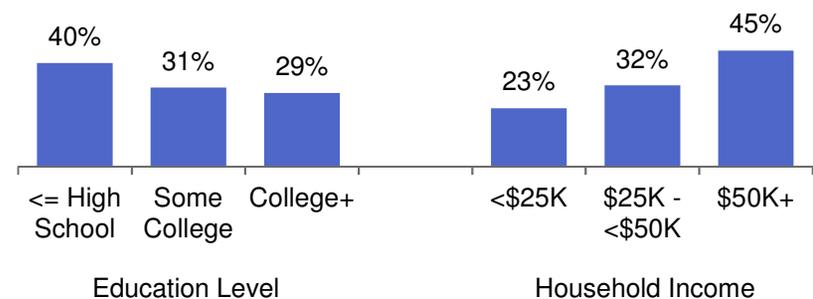
- There are no statistical differences between Morrisville adults and Vermont adults by annual income level.

Four percent of adults in the Morrisville area report being a racial or ethnic minority. This is statistically similar to the six percent reported among Vermont adults overall.

**Morrisville Residents by Gender and Age**



**Morrisville Residents by Education & Income Level**



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

# Demographics of Morrisville District Office

Six in ten (61%) Morrisville adult residents are currently employed, with less than one in five (18%) retired. Eight percent or fewer each said they are a student or homemaker (8%), unable to work (8%), or are unemployed (5%).

- Morrisville area adults reported a similar employment distribution to Vermont adults overall.

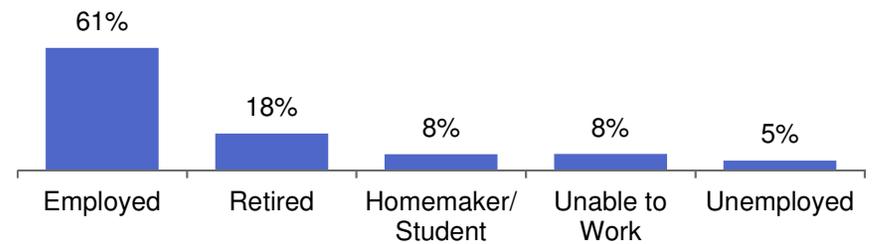
More than half (57%) of Morrisville adults are married. Eighteen percent have never married and 15% are divorced. Six percent or fewer each are widowed or part of an unmarried couple (5%).

- Adults in the Morrisville area reported similar rates by marital status, as compared with Vermont adults overall.

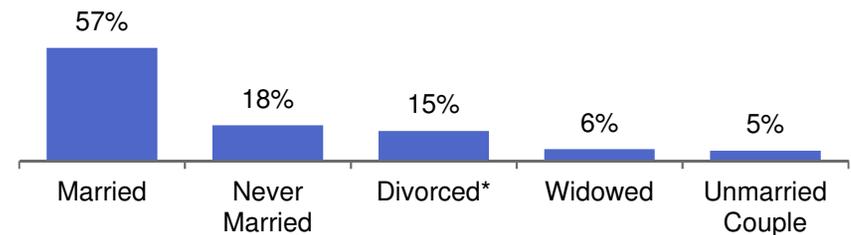
Two-thirds of adults in the Morrisville area said there are no children less than 18 in their home. Five percent reported having three or more children.

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

**Morrisville Residents by Employment Status**

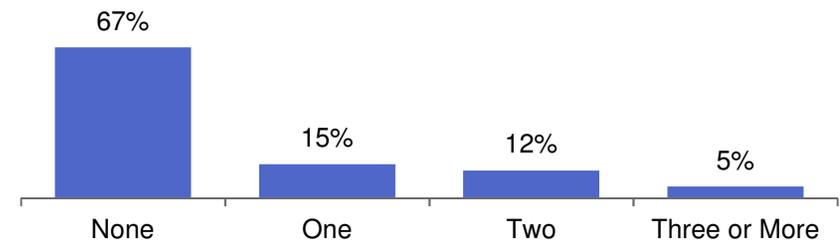


**Morrisville Residents by Marital Status**



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

**Morrisville Residents by Children in Household**



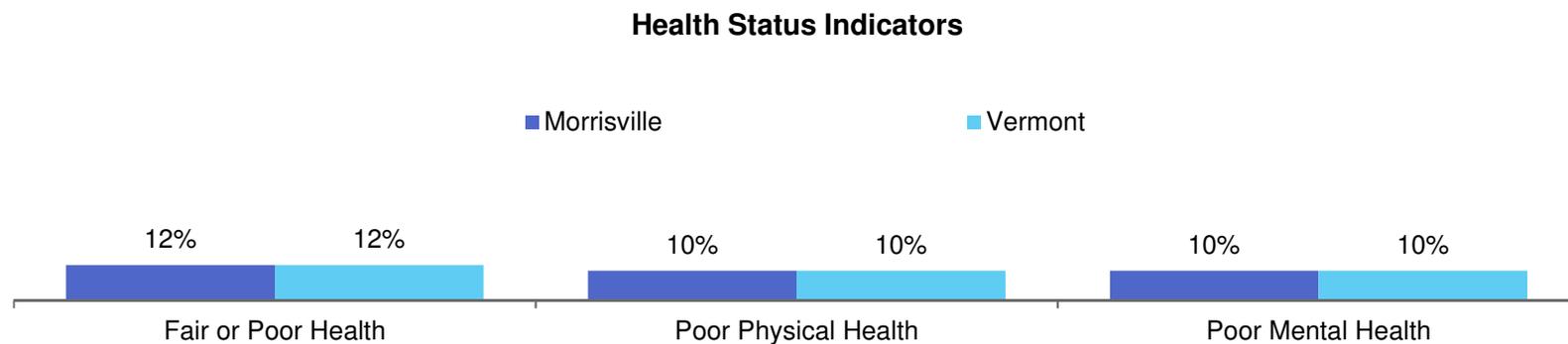
## Health Status Indicators

In 2013-2014, one in eight Morrisville area adults reported being in fair or poor general health. Slightly less, one in ten, reported having poor physical health and poor mental health.

- Poor mental and physical health were 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 Morrisville area adults and Vermont adults overall.

Among adults in the Morrisville area, health status indicators have not changed significantly 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 significantly by gender among Morrisville area adults.

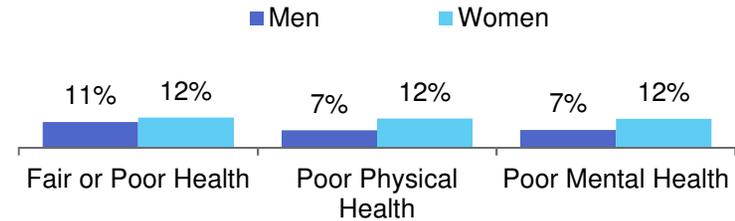
Morrisville area adults 65 and older reported significantly lower rates of poor mental health compared with to younger adults 18-44 years old (4% vs. 13%).

- There are no statistical differences in fair or poor general health and poor physical health by age.

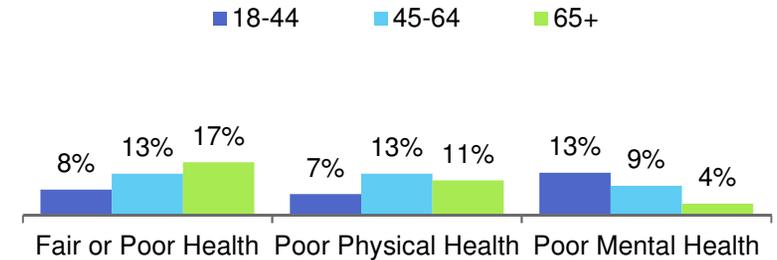
Poor health, regardless of the measure decreases with increasing annual household income.

- Adults in homes making less than \$25,000 per year are significantly more likely than those with more income to report fair or poor general health.
- Adults in homes with the lowest annual household incomes are significantly more likely to report poor mental health than those in homes that make at least \$50,000 per year.

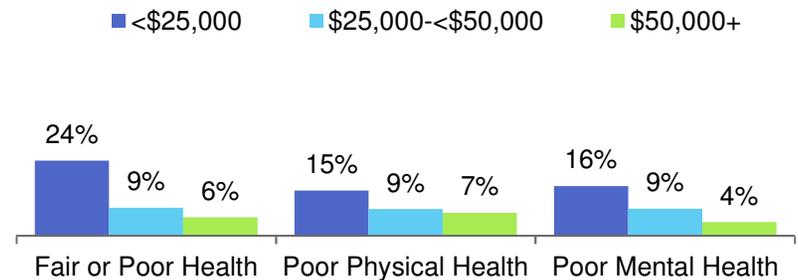
**Health Status Indicators by Gender  
Morrisville Adults**



**Health Status Indicators by Age**



**Health Status Indicators by Income Level**



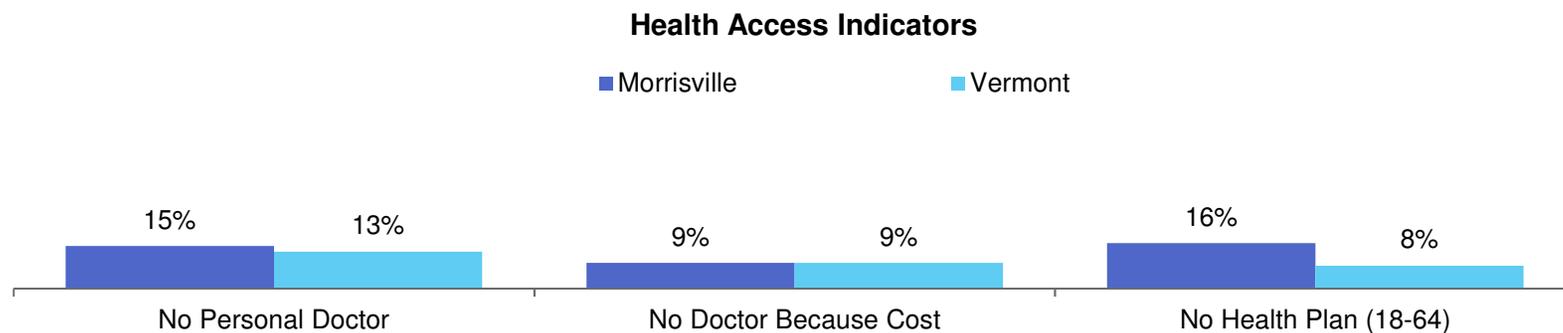
## Health Access Indicators

In 2013-2014, one in seven adults in the Morrisville area said they do not have a personal doctor for health care, similar to the 13% reported among Vermont adults overall.

One in eleven Morrisville area and Vermont adults said they needed care in the last year but did not seek it due to the cost.

Among adults ages 18-64 in Morrisville, 16% said they do not have health insurance, significantly higher than the 8% among Vermont adults overall.

The rate at which Morrisville area adults reported not having a personal doctor has increased significantly over time from 8% (2011-2012) to 15% (2013-2014). Prevalence of other health access indicators have not changed significantly since 2011. See Appendix A for results over time.



# Health Access Indicators

Morrisville area men are significantly more likely than women to not have a personal doctor (22% vs. 10%).

- There are no statistical differences by gender in area adults delaying care due to cost or lack of health plan coverage.

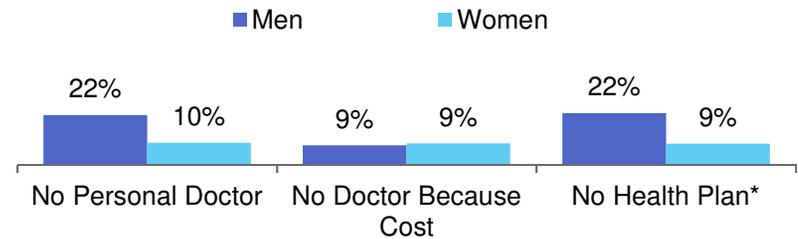
Reported barriers to health access decreases with increasing age.

- All differences for not having a personal doctor by age are statistically significant.
- There are no differences by age in delaying care due to cost or lack of health plan coverage among Morrisville adults.

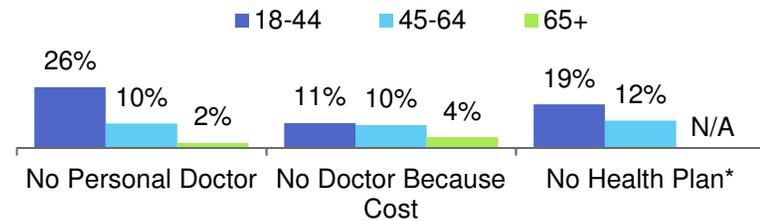
Adults in the Morrisville area who have higher annual household incomes are less likely to report poor health access, regardless of the measure.

- Adults in homes making \$50,000 or more are significantly less likely than those in homes making \$25,000-\$49,999 annually to be without a doctor (8% vs. 27%) and not have a health plan (6% vs. 31%).
- Likewise, those that live in homes with an annual household income of at least \$50,000 are significantly less likely than those making less than \$25,000 to delay care (5% vs. 16%).

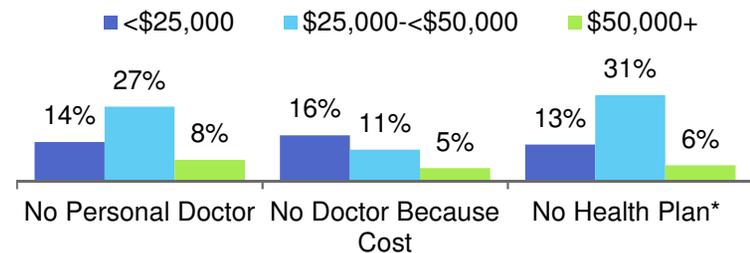
**Health Access Indicators by Gender  
Morrisville Adults**



**Health Access Indicators by Age**



**Health Access Indicators by Income Level**



\*Limited to adults 18-64.

# Disability

About a quarter (24%) of Morrisville adults reported having a disability in 2014, which is the same as reported among Vermont adults overall.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

Men and women in the Morrisville area report being disabled at the statistically similar rates.

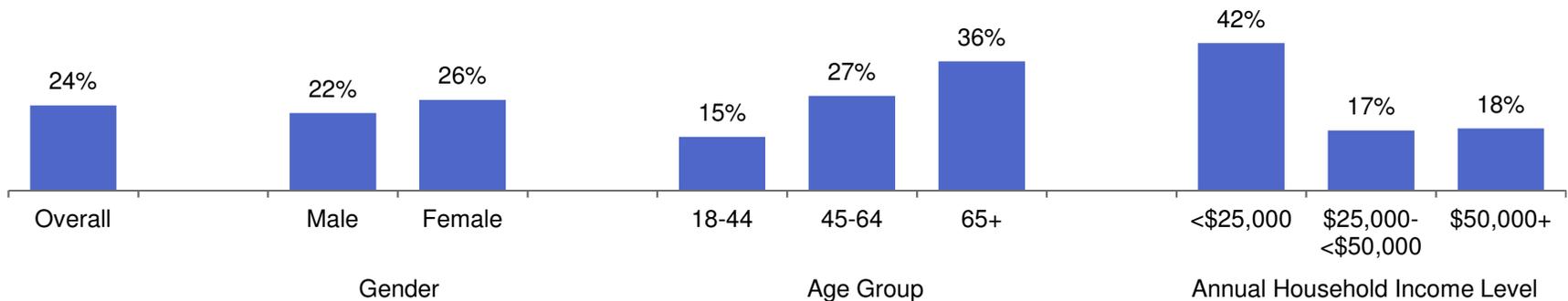
Reported disability among Morrisville adults increases with increasing age. Adults ages 65+ are more likely to report a disability than younger adults age 18-44.

Morrisville area adults with lower annual household incomes are more likely to be disabled.

- Those in homes making less than \$25,000 per year are significantly more likely to report a disability than those in homes with more income.

While reported disability among Morrisville area adults has decreased since 2011, the change is not statistically significant. See Appendix A for results over time.

**Disability, Overall and by Sub-groups  
Morrisville Adults**



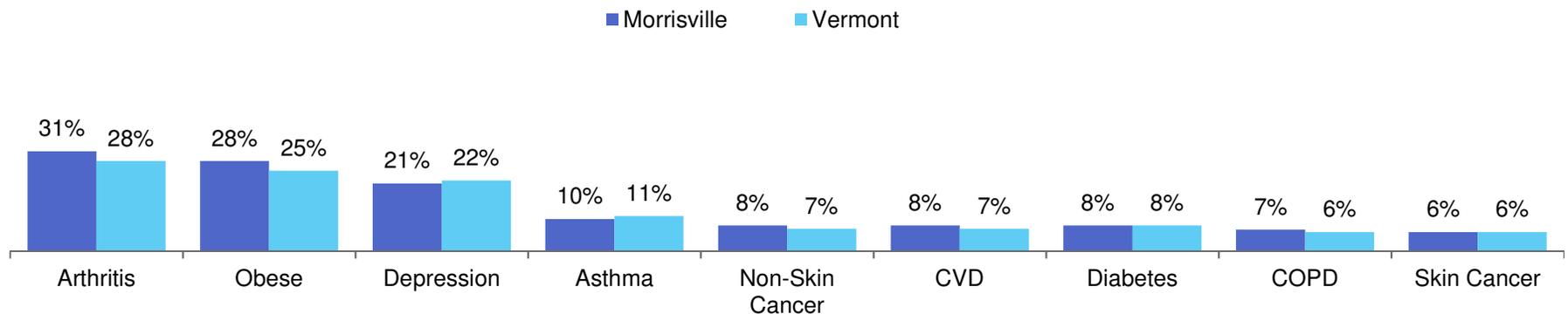
# Chronic Conditions

Three in ten (31%) Morrisville area adults reported having arthritis. Fewer, are obese or have ever been diagnosed with a depressive disorder (28%, 21% respectively). One in ten adults have asthma, while 8% or fewer reported having each of the following: a non-skin cancer, cardiovascular disease (CVD), diabetes, chronic obstructive pulmonary disease (COPD), and skin cancer.

Morrisville adults reported similar rates of all chronic conditions, regardless of the measure, as compared with Vermont adults overall.

The prevalence of all reported chronic conditions among the Morrisville district office have not changed significantly since 2011. See Appendix A for trend results.

**Prevalence of Selected Chronic Conditions Over Time**



CVD = cardiovascular disease

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

# Chronic Conditions

Morrisville area women are significantly more likely than men to report having a depressive disorder (26% vs. 15%) or asthma (15% vs. 6%).

- There are no statistically significant differences by gender in the prevalence of arthritis and obesity.

Arthritis prevalence among Morrisville adults increases with increasing age.

- Younger adults, ages 18-44, are significantly less likely to have arthritis compared to adults 45 and older.

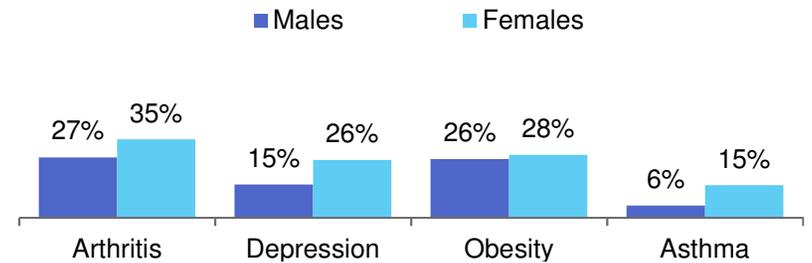
Adults 65 and older are significantly less likely to report a depressive disorder than those 45 to 64.

There are no differences by age in obesity and asthma prevalence among Morrisville adults.

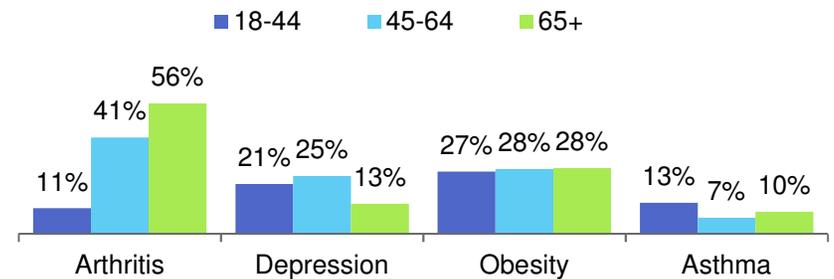
The prevalence of arthritis, depressive disorders, obesity, and asthma among Morrisville adults all decrease as reported annual household income increases.

- Adults in homes making \$50,000 or more annually are significantly less likely to report arthritis and asthma than those with incomes of less than \$25,000.
- Those in homes making \$50,000 or more annually are significantly less likely to report being obese compared to adults with less income.
- Adults in homes making at least \$25,000 per year are significantly less likely to report a depressive disorder compared to those with less income.

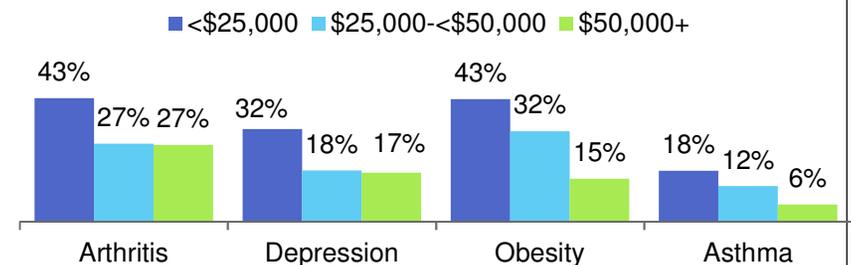
**Chronic Conditions by Gender  
Morrisville Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



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

# Chronic Conditions

There are no statistically significant differences by gender in the prevalence of cardiovascular disease, diabetes, and COPD among Morrisville area adults.

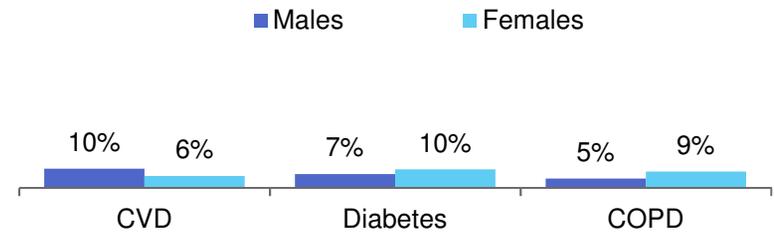
As age increases, the prevalence of cardiovascular disease, diabetes, and COPD increases as well.

- Adults 65 and older are more likely to report having diabetes and COPD than adults 18-44.
- Similarly, adults 65+ are also significantly more likely than those 45-64 to report CVD.

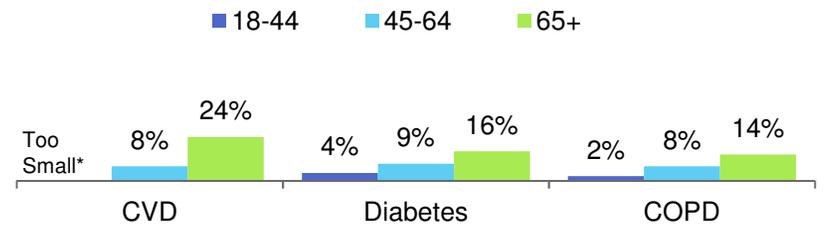
Morrisville area adults living in homes with less income are more likely to say they have cardiovascular disease, diabetes, and COPD.

- Those in homes making less than \$25,000 per year are significantly more likely than those making \$50,000 or more to report having CVD and COPD.
- Differences in diabetes prevalence by annual household income level are not statistically significant.

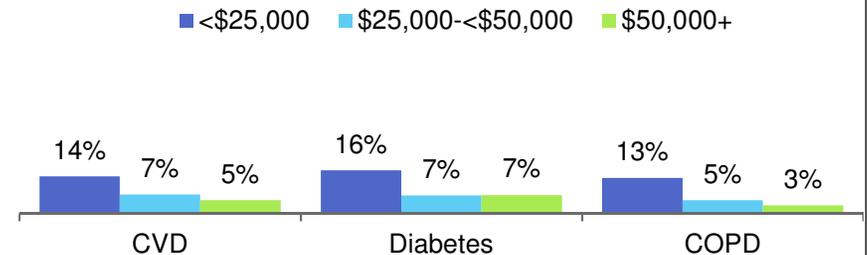
**Chronic Conditions by Gender  
Morrisville Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report

# Chronic Conditions

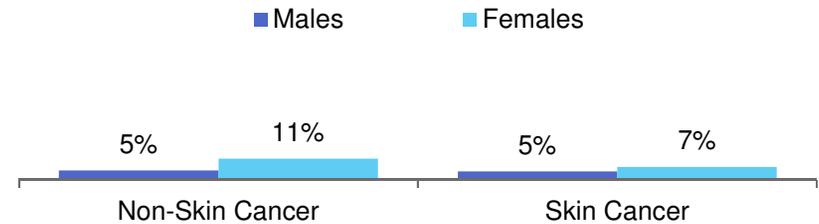
There are no statistical differences by gender in the prevalence of either non-skin cancer or skin cancer among Morrisville area adults.

The prevalence of both non-skin and skin-cancer increases as age increases.

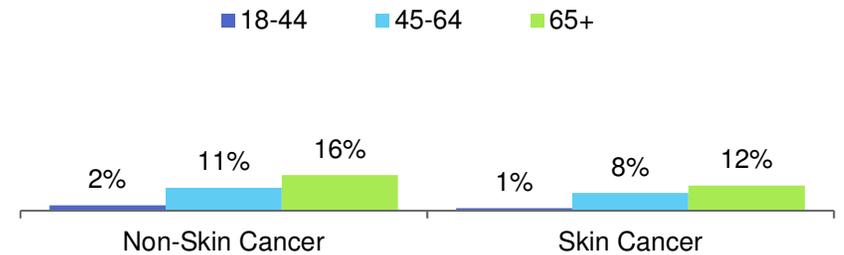
- Morrisville adults 18-44 are significantly less likely than older adults to report having a non-skin or skin cancer over older adults

There are no statistically significant differences in the prevalence of non-skin cancer and skin cancer by annual household income level within the Morrisville area.

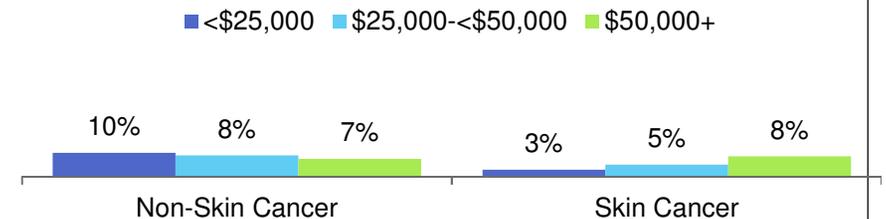
**Chronic Conditions by Gender  
Morrisville Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report

# Risk Behaviors

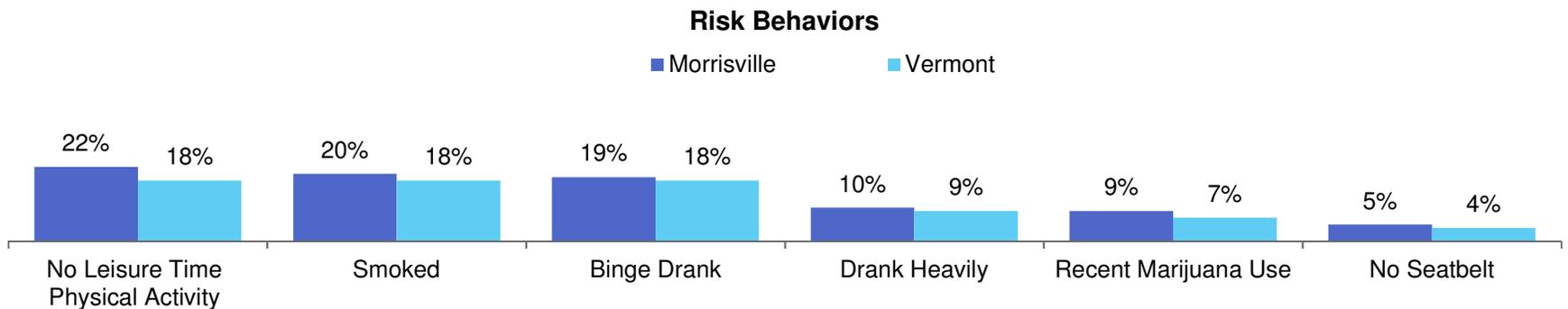
In 2013-2014, more than one in five (22%) of Morrisville adults said they did not participate in any leisure time physical activity during the last month.

A similar proportion, 20%, said they currently smoke. Among smokers, 53% reported trying to quit at least once during the past year.

Nineteen percent of Morrisville adults said they binge drank during the previous month. One in ten, heavily drank during that time while 9% recently used marijuana and 5% said they seldom or never wear a seatbelt.

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

There are no statistical differences in any risk behavior measure, when comparing Morrisville adults and Vermont adults overall. Additionally, risk behavior prevalence has not changed significantly for any measure since 2011. See Appendix A for results over time.



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

# Risk Behaviors

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

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

- Adults 65 and older are significantly less likely to report smoking than those 18-64 years of age.

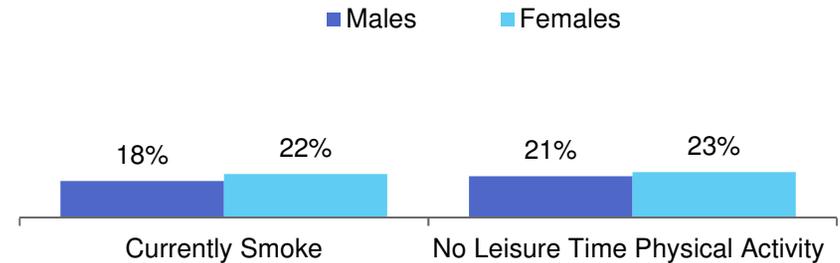
Conversely, not participating in physical activity increases with increasing age.

- Differences in not participating in physical activity do not vary statistically by age.

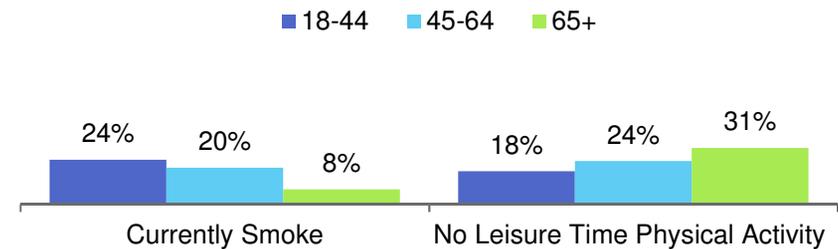
Morrisville area adults in homes with more income are less likely to currently smoke and less likely to not participate in physical activity.

- Adults in homes making \$50,000 or more are significantly less likely than those in homes making less than \$25,000 to smoke and not participate in physical activity.

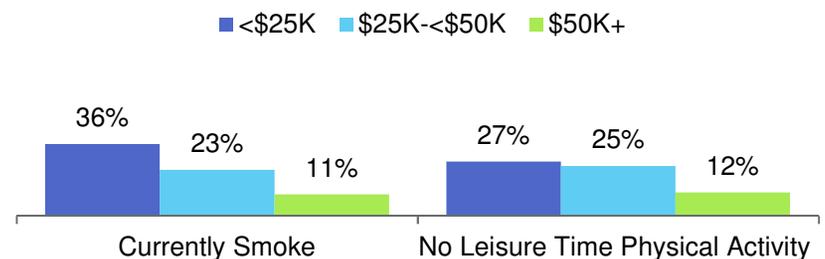
**Risk Behaviors by Gender  
Morrisville Adults**



**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

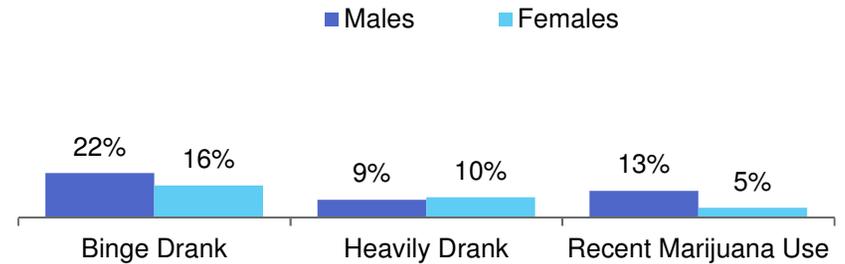
There are no significant differences by gender in binge drinking heavy drinking, or marijuana use among Morrisville area adults.

Binge drinking, heavy drinking and marijuana use are all highest among Morrisville adults ages 18-44.

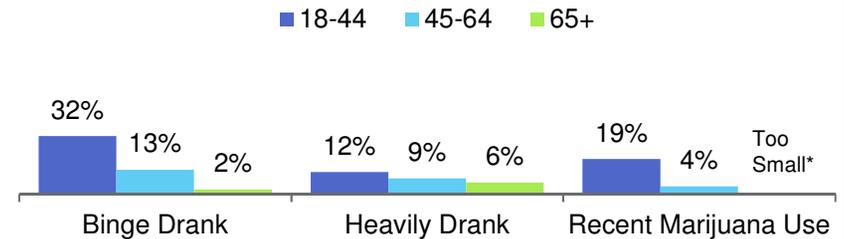
- All differences in binge drinking and recent marijuana use are statistically significant.
- Differences in heavy drinking do not vary statistically by age.

There are no significant differences by annual household income level in rates of binge drinking, heavy drinking, and recent marijuana use.

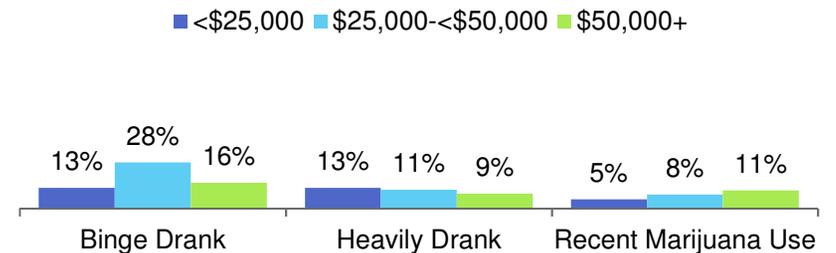
**Risk Behaviors by Gender  
Morrisville Adults**



**Risk Behaviors by Age**



**Risk Behaviors by Income Level**



\*Sample size is too small to report

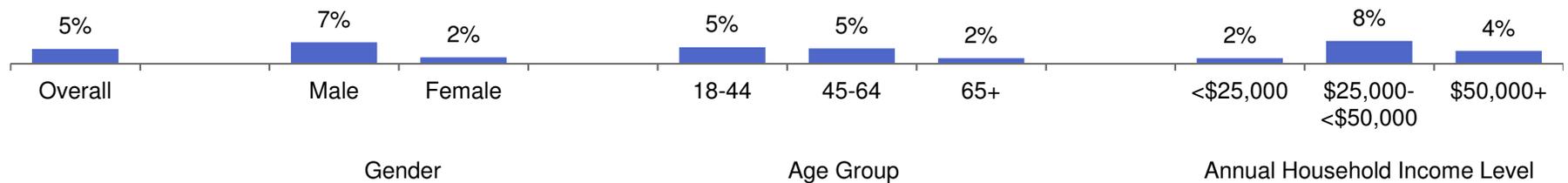
## Risk Behaviors

Overall, less than one in twenty (5%) adults in the Morrisville area said they seldom or never wear a seatbelt when riding or driving in a car. This is similar to the four percent of Vermont adults who reported the same.

Morrisville area men are more likely than women to not wear a seatbelt (7% vs. 2%), however this difference is not statistically significant

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

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

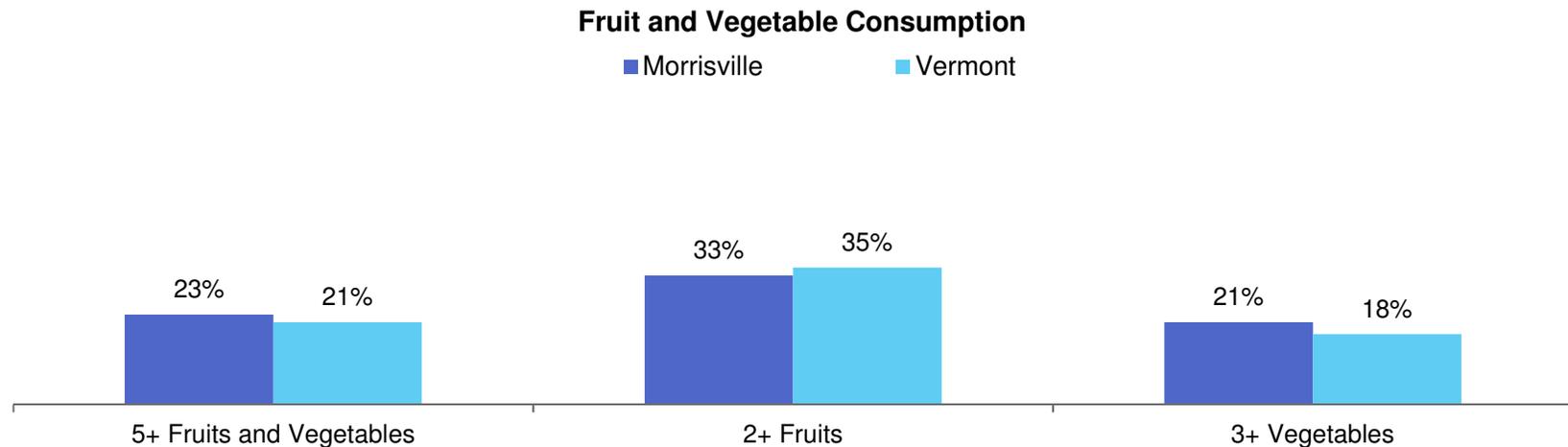


## Preventive Behaviors

In 2011-2013, less than a quarter (23%) of Morrisville area adults reported eating five or more fruits and vegetables per day. One third ate two or more fruits and 21% reported eating three or more vegetable servings.

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

Fruit and vegetable consumption was asked only in 2011 and 2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



# Preventive Behaviors

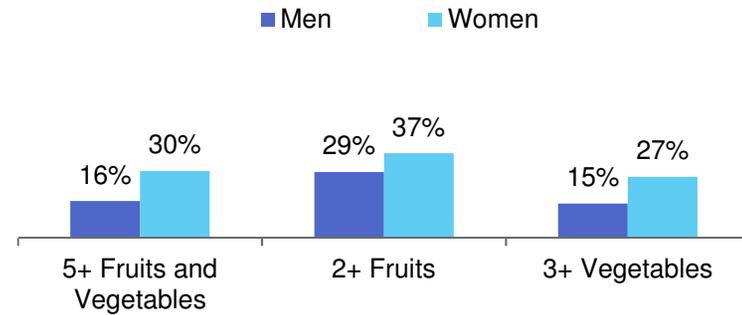
Women in the Morrisville area eat more fruits and vegetables than men.

- Women are significantly more likely than men to eat fruits and vegetables five or more times per day (30% vs. 16%).

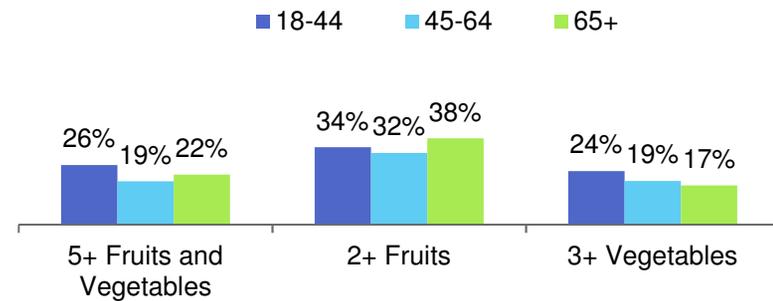
Consumption of two or more fruits and three or more vegetables are not significant by gender.

There are no differences in fruit and vegetable consumption by age or annual household income level, among Morrisville adults.

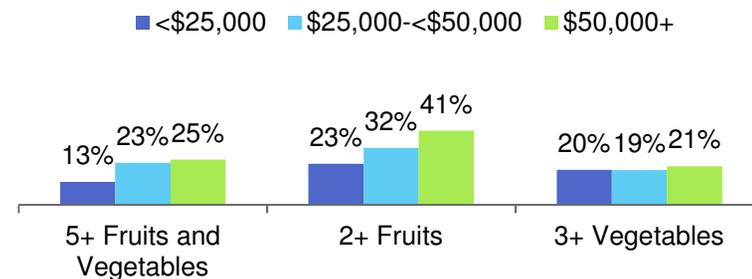
**Preventive Behaviors by Gender  
Morrisville Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Income Level**



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

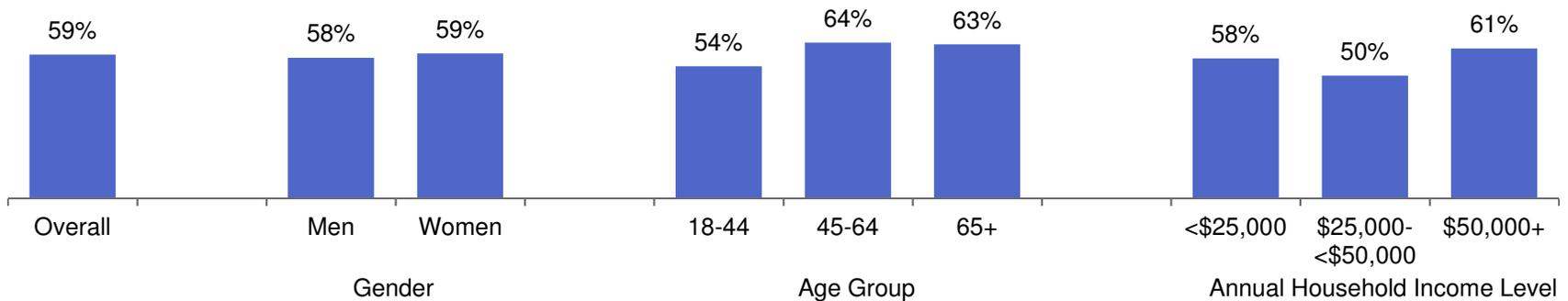
# Preventive Behaviors

In 2011-2013, about six in ten (59%) Morrisville and Vermont adults reported meeting physical activity recommendations\*.

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

Meeting physical activity recommendations information was only collected in 2011 and 2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.

**Met Physical Activity Recommendations, Overall and by Sub-groups  
Morrisville 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](http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html)

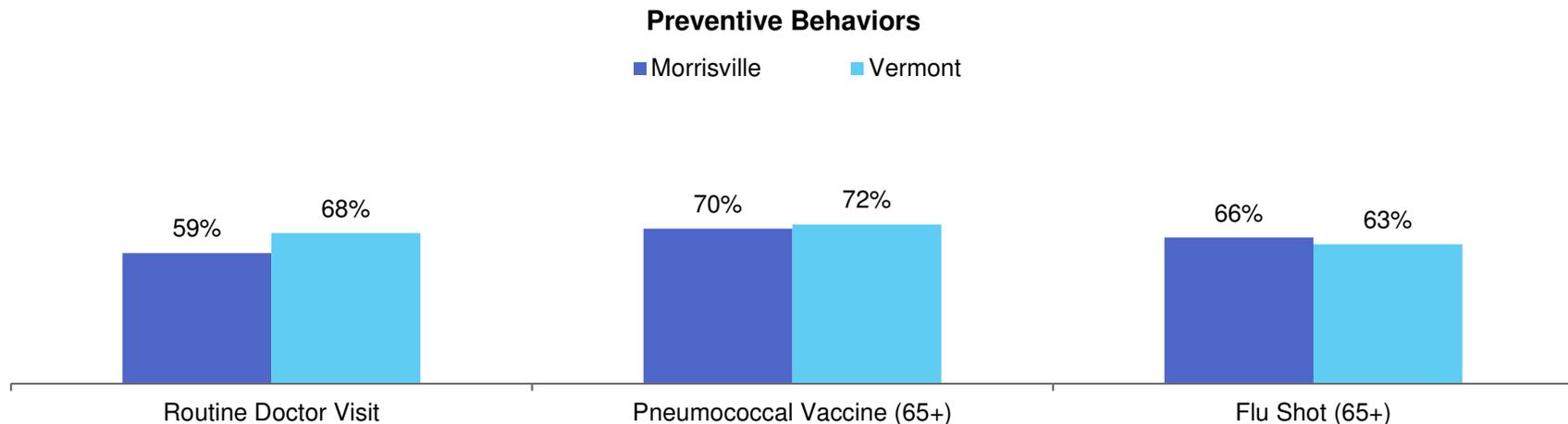
## Preventive Behaviors

Fifty-nine percent of adults in the Morrisville area said they saw their doctor for a routine visit in the previous year. This is statistically lower than the 68% reported among all Vermont adults.

Seven in ten Morrisville area adults ages 65 and older have ever gotten a pneumococcal vaccine. Fewer, 66% reported getting a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to Morrisville adults, 72% and 63%, respectively.

Routine doctor visits and receipt of vaccinations among Morrisville area adults have not changed since 2011. See Appendix A for results over time.



# Preventive Behaviors

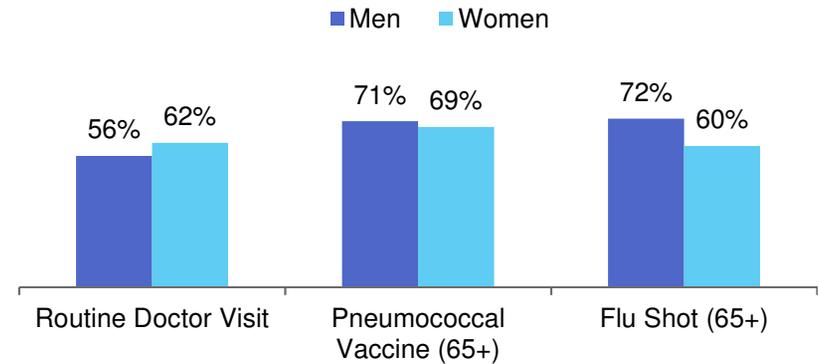
There are no statistical differences by gender in routine visits to a doctor, among Morrisville area adults. Men and women 65 and older also reported similar rates of pneumococcal and flu vaccinations.

Routine visits to the doctor in the last year increase with increasing age.

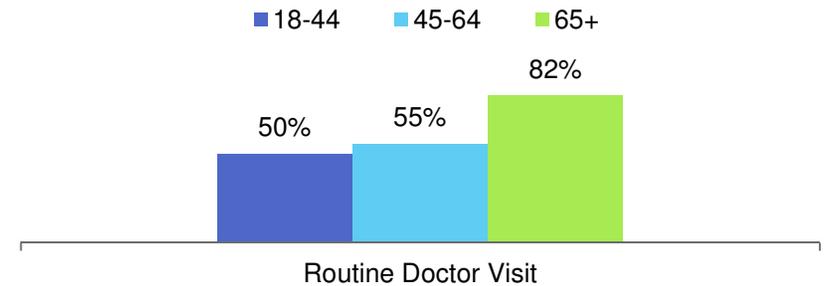
- Adults 65 and older are significantly more likely to visit the doctor than those 18-64.

There are no differences, among Morrisville area adults, in routine doctor visits or receipt of flu or pneumococcal vaccinations, by annual household income.

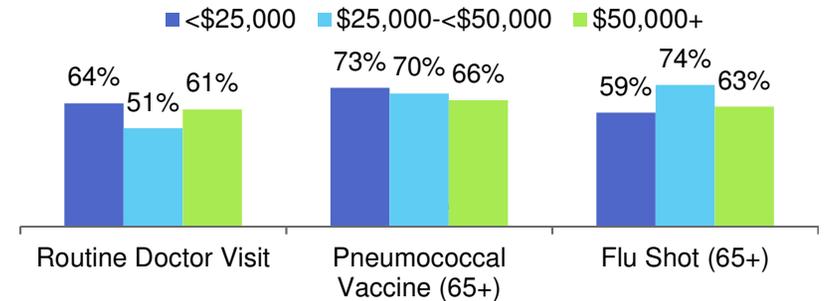
**Preventive Behaviors by Gender  
Morrisville Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Gender**

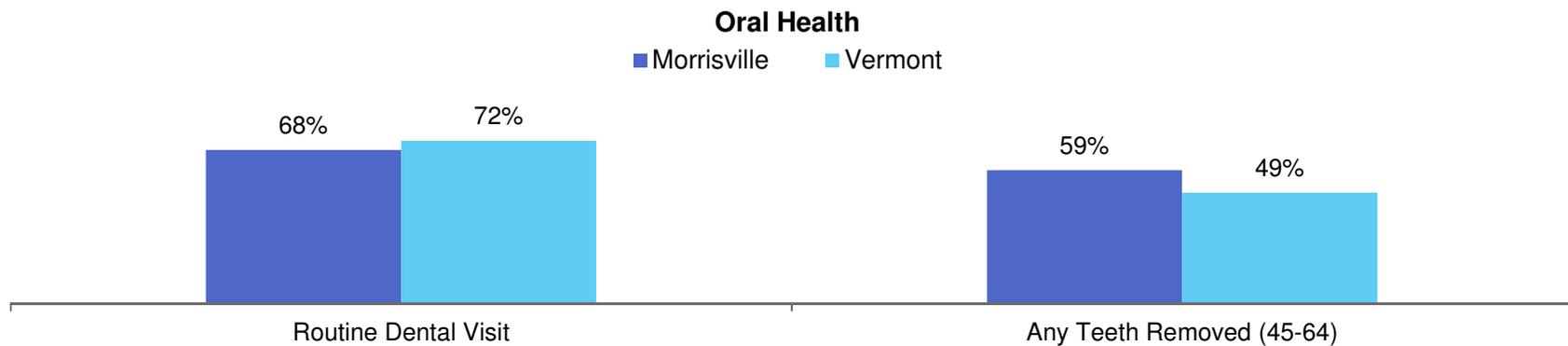


## Oral Health

Two-thirds of Morrisville area adults saw a dentist in the last year. This is similar to the 72% among Vermont adults overall.

Six in ten Morrisville adults ages 45-64 have had at least one tooth extracted, significantly higher than the 49% among VT adults of the same age.

Oral health questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



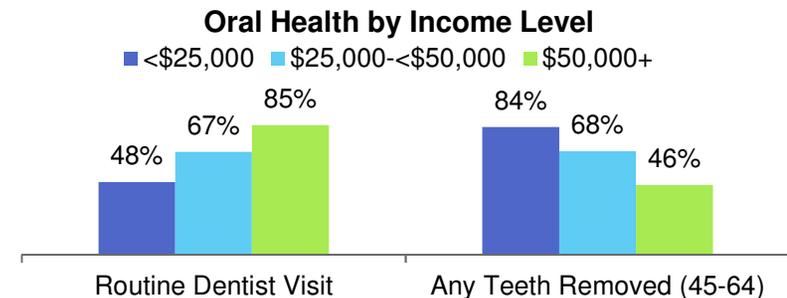
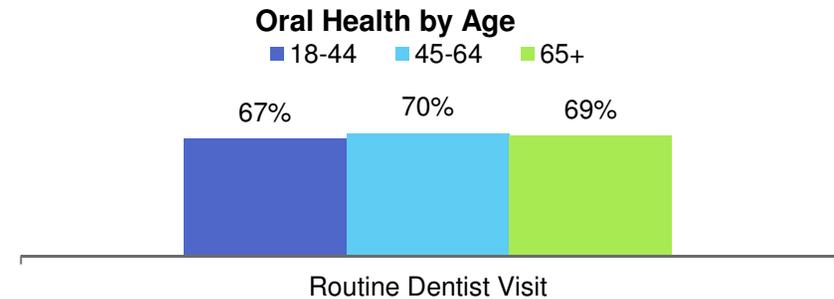
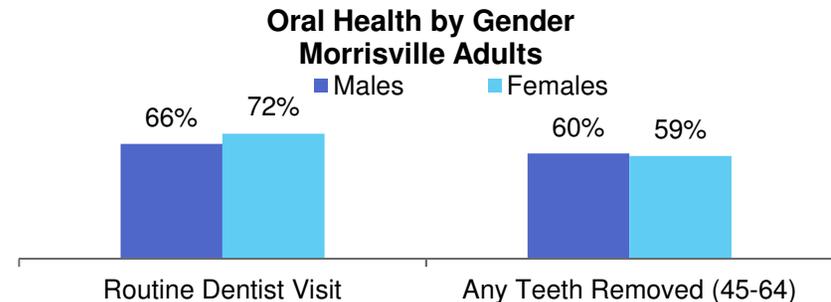
# Oral Health

Among Morrisville area adults, men and women report regularly visiting their dentist and having one or more teeth removed/extracted at similar rates.

There were no statistical differences by age, among Morrisville area adults in regularly visiting their dentist.

Morrisville Area adults living in homes with more income are more likely to visit the dentist routinely and less likely to have had any teeth removed.

- Adults in homes making \$50,000 or more per year are more likely to have visited the dentist in the last year, compared to adults with less income.
- Adults 45-64 in homes making at least \$50,000 are significantly less likely than those in homes making less than \$25,000 per year to have had any teeth removed.



# HIV Screening

In 2013-2014, three in ten Morrisville area adults and Vermont adults overall had ever been tested for HIV.

Men and women in the Morrisville area report HIV testing at similar rates.

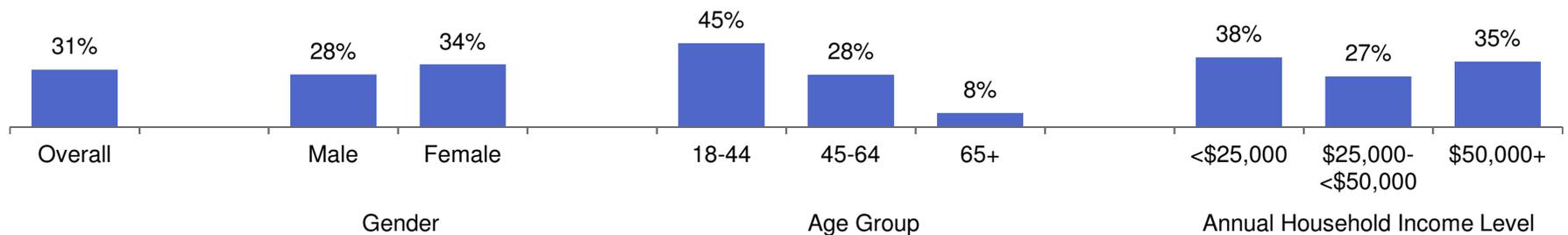
Ever having an HIV test decreases with increasing age.

- All differences in HIV screening by age are statistically significant.

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

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

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



## Cancer Screening

In 2012-2014, about three quarters (76%) of women ages 50-74 in the Morrisville area reported meeting breast cancer screening recommendations. Vermont women in this age group reported statistically similar rates (79%)

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

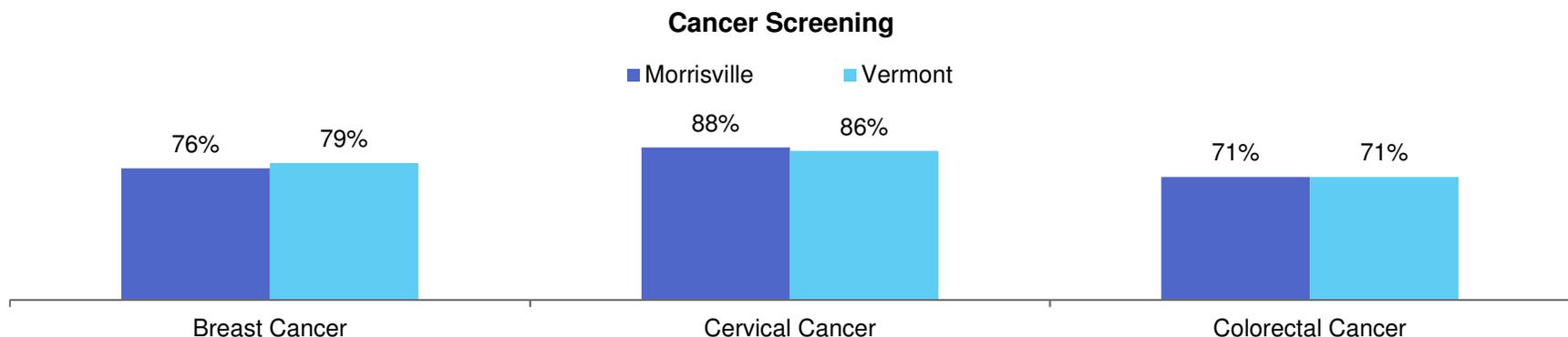
Eighty-eight percent of women 21-65 who live in the Morrisville area met cervical cancer recommendations, statistically similar to the 86% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Morrisville area, more than seven in ten (71%) met colorectal cancer screening recommendations. This is the same rate reported by all Vermonters of the same age.

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

Cancer screening questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



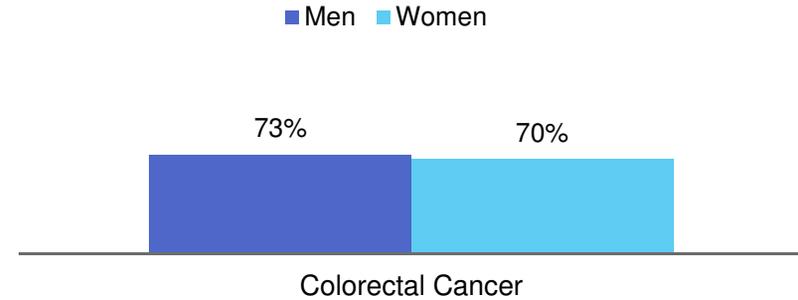
# Cancer Screening

Among Morrisville area adults, there are no statistically significant differences by gender in receipt of recommended colorectal cancer screening.

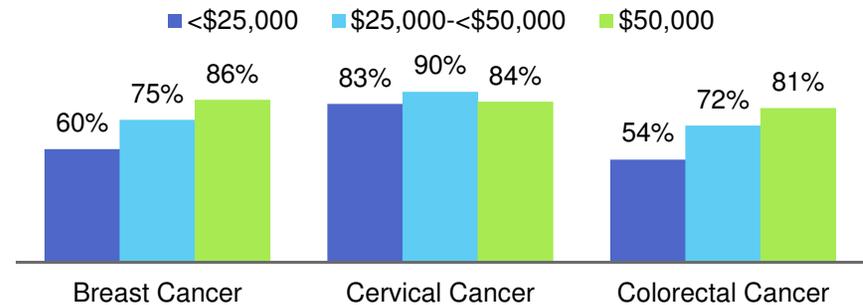
Receipt of cancer screening is more likely among those in homes with more income.

- Adults 50-75 in homes making at least \$50,000 are significantly more likely than those in homes making less than \$25,000 to meet colorectal cancer screening recommendations.
- Differences in breast and cervical cancer screenings by annual household income are not statistically significant.

### Cancer Screening By Gender Morrisville Adults



### Cancer Screening by Income Level



## Appendix A: Morrisville District Office Trend Results (2011-2014)

<b>Health Status Indicators</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
Fair or Poor General Health	14%	12%	12%	No
Poor Physical Health	15%	13%	10%	No
Poor Mental Health	12%	11%	10%	No
Disabled	28%	26%	24%	No
<b>Health Access Indicators</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
No Personal Doctor	8%	10%	15%	Yes
No Doctor Because of Cost	12%	11%	9%	No
No Health Plan (ages 18-64)	13%	15%	16%	No
<b>Chronic Conditions</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
Arthritis	30%	32%	31%	No
Depression	23%	20%	21%	No
Obesity	27%	24%	28%	No
Asthma	14%	14%	10%	No
Diabetes	7%	9%	8%	No
Non-Skin Cancer	8%	8%	8%	No
Cardiovascular Disease (CVD)	7%	9%	8%	No
Skin Cancer	5%	6%	6%	No
Chronic Obstructive Pulmonary Disease (COPD)	7%	7%	7%	No

## Appendix A: Morrisville District Office Trend Results (2011-2014)

<b>Risk Behaviors</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
Smoking	20%	20%	20%	No
Binge Drinking	21%	19%	19%	No
No Exercise	21%	21%	22%	No
Recent Marijuana Use	11%	9%	N/A	No
Heavy Drinking	9%	11%	10%	No
Seldom or Never use Seatbelt	3%	5%	5%	No
<b>Preventative Behaviors</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
Routine Doctor Visit, in Last year	61%	60%	59%	No
Pneumococcal Vaccine, Ever, Ages 65+	68%	69%	70%	No
Flu Shot in the Last Year, Ages 65+	62%	64%	66%	No
Ever Tested for HIV	30%	29%	31%	No

## 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>

The Vermont BRFSS Program would like to acknowledge the work of Joseph Allario, Vermont Department of Health intern, who was responsible for creating these reports.

Towns included in the Morrisville Health District are: Hardwick, Stannard, Belvidere, Cambridge, Eden, Elmore, Hyde Park, Johnson, Morristown, Stowe, Waterville, Wolcott, Craftsbury, Greensboro, and Woodbury.