



Behavioral Risk Factor Surveillance System

2023 Report

Division of Health Statistics & Informatics
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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 in 2023

The 2023 Vermont BRFSS questionnaire included new questions on:

- Local fish consumption

Methodology

In 2023, in addition to the main data collected by the Vermont BRFSS, an oversample was conducted among Black, Indigenous and people of color in Vermont. For this oversample, respondents received advanced letters with notification of being selected. They were instructed to complete a web version of the survey and received compensation for their time.

This oversample was conducted to attempt to collect data that more accurately represents the entire Vermont population, as data collection often historically underrepresents communities of color and does not allow for analysis with strong statistical confidence.

Weights were calculated by ICF Macro, Inc. using an iterative proportional fitting or raking methodology, which allows for the data to accurately represent the adult population. The weighting method incorporates and adjusts for select demographic variables, including age, race and ethnicity, sex, education, marital status, home ownership, subgeography and phone ownership.

Trend estimates in this report are provided for all years in which data were collected since 2014.

Select questions are asked among respondents of a certain sex. Respondents may report their sex assigned at birth. For respondents in which sex assigned at birth is not reported, screening questions are used to determine sex.

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 2023, BRFSS surveys were completed among 9,055 adults from across the state. This included an oversample among Black, Indigenous and people of color. These results are weighted to be representative of the entire Vermont adult population. The annual summary provides data on most survey questions broken down by sex, age, education, income, race and ethnicity, sexual orientation and gender identity, disability status, survey year, and county.

The Vermont Department of Health acknowledges that data presented in this report are driven by complex upstream factors, including social, economic and environmental inequities. We are continually working to further include information that highlights social determinants of health and is informed by the communities and partners we seek to serve.

Health Status Indicators

Overall, most Vermont adults report good to excellent general health, with only one in seven reporting fair or poor health (14%). Disparities are seen in general health, as fair or poor health is more common among adults with less education or lower household income, LGBTQ+ adults and those with a disability.

More than nine in ten adults ages 18-64 have health care coverage (95%). Males, adults with less education and adults with lower household income are less likely to have a health plan. Ninety-one percent of adults have a personal health care provider. Males, younger adults and BIPOC adults are less likely to have a personal health care provider. Only 8% of adults say there was a time in the past year that they did not go to a provider because of cost. Adults with less education or lower income, BIPOC adults, LGBTQ+ adults and those with a disability are more likely to delay medical care due to cost. Across each of these measures, Vermont reported statistically better general health and access to health care than U.S. adults.

Twelve percent of Vermont adults report poor physical health. Poor physical health is more common among adults ages 45 and older, adults with less education or lower income and those with a disability. One in six adults report poor mental health (16%). Poor mental health is more common among females, younger adults, adults with less education or lower income, LGBTQ+ adults and those with a disability.

Two percent of adults report in the past month experiencing physical symptoms as a result of how they were treated based on their race. BIPOC adults and those with a disability are more likely to report experiencing physical symptoms based on reactions to their race.

Executive Summary

Health Status Indicators (continued)

Falls are reported at a statistically higher rate for Vermont adults 45 and older compared to U.S. adults of the same age (27% vs. 25%). However, falls that have resulted in an injury are statistically less common among Vermont adults ages 45 and older than among U.S. adults of the same age (34% vs. 41%). BIPOC adults, heterosexual and cisgender adults, and those with a disability more commonly experience falls that result in injury.

Chronic Conditions

Vermont adults have statistically lower rates of certain chronic conditions when compared to U.S. adults, including: chronic kidney disease (3% vs. 4%), diabetes (9% vs. 12%), high cholesterol (34% vs. 38%), and hypertension (33% vs. 34%). Vermont adults have statistically higher rates of other chronic conditions when compared to U.S. adults, including: arthritis (29% vs. 25%), asthma (11% vs. 10%), skin cancer (7% vs. 5%), and non-skin cancer or melanoma (10% vs. 8%). Higher rates of chronic disease are generally reported among older Vermont adults, adults with less education or lower income, white, non-Hispanic adults, and those with a disability.

Eleven percent of adults who ever tested positive for COVID-19 report experiencing symptoms for three months or longer. Females, adults with lower income and those with a disability are more likely to experience COVID-19 long-term effects. Vermont adults report a higher rate of depressive disorders than U.S. adults (26% vs. 20%). Depressive disorders are more common among females, adults with lower income, LGBTQ+ adults and those with a disability.

Risk Factors & Behaviors

Alcohol use (61%) and heavy drinking (8%) are reported at statistically higher rates in Vermont than among U.S. adults (52%, and 6%, respectively). Alcohol use and binge drinking (16%) are more common among males, adults with higher household income and those with a disability.

Twenty-four percent of Vermont adults use cannabis. Cannabis use is more common among males, LGBTQ+ adults and adults with a disability.

E-cigarette use (5%) and smokeless tobacco use (2%) among Vermont adults are statistically lower than U.S. adults (7% and 3%, respectively). E-cigarette use is more common among younger adults, adults with less education, LGBTQ+ adults and those with a disability. More than one in ten adults report smoking cigarettes (11%). Cigarette smoking is more common among adults with less education, lower income and who have a disability.

BMI-defined obesity among Vermont adults ages 20 and older is statistically lower than U.S. adults of the same age (30% vs. 34%), but higher BMI is more common among adults with lower to middle income and those with a disability.

Twelve percent of Vermont adults rate their community as either only slightly safe or not at all safe for walking. Adults with less education or lower income, BIPOC adults, LGBTQ+ adults and those with a disability are more likely to report their community is not safe for walking.

Executive Summary

Risk Factors & Behaviors (continued)

Among the 40% of Vermont adults with a firearm in or around their home, 17% keep a firearm loaded. Fifty-seven percent of those with a loaded firearm keep a loaded firearm unlocked.

Nearly one in ten adults had an illness or symptom that was caused or made worse by their home environment in the past year (9%). Females, LGBTQ+ adults and those with a disability are more likely to report that their health was affected by their home. Not participating in any leisure time physical activity is statistically lower among Vermont adults than U.S. adults (20% vs. 25%), and is more common among ages 45 and older, adults with less education or lower income and those with a disability.

Three percent of adults rarely or never wear their seatbelt while driving or riding in a car. Rarely or never wearing a seatbelt is more common among males, adults with less education and those with a disability. Nearly four in ten Vermont adults had at least one sunburn in the past year (38%). Adults with higher household income, white, non-Hispanic adults, LGBTQ+ adults and those with no disability are more likely to report a recent sunburn.

Preventive Behaviors & Screenings

More than nine in 10 Vermont adults have ever received a COVID-19 vaccine (91%). Males, adults with less education or lower income, and heterosexual and cisgender adults are less likely to have ever had a COVID-19 vaccine. Flu vaccination rates among adults ages 65 and older and shingles vaccination rates among adults 50 and older are statistically higher for Vermont than the U.S. (70% vs. 63%, and 59% vs. 44%, respectively).

Vermont adults are statistically more likely to meet aerobic physical activity recommendations than U.S. adults (67% vs. 60%). Adults with less education or lower income and those with a disability are less likely to meet these recommendations.

Eighty-six percent of Vermont adults report having their cholesterol checked within the past five years, statistically less than U.S. adults (88%). Recent cholesterol screening is less common among males, adults 64 or younger, and those with less education. Ever or recent testing for HIV is statistically lower among Vermont adults than U.S. adults (37% vs. 39% and 7% vs. 11%, respectively).

New in 2023, adults were asked about how often they eat fish caught by themselves, a friend, or a relative in Vermont waters. Six percent of adults report eating locally caught fish at least once in the past month. Females and white, non-Hispanic adults are less likely to eat locally caught fish.

Demographics

Demographics

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

Half of Vermont adults are female (51% vs. 49%). Twelve percent of adults are ages 18-24, and 29% are ages 25-44. Thirty-one percent of adults are between 45 and 64 and 28% are 65 and older.

Thirty-five percent of adults have a high school education or less. Twenty-seven percent have some college education and 38% of adults have a college education or more.

Thirty-six percent of adults live in households earning less than \$50,000 annually. Half of adults live in homes earning \$50,000 to less than \$150,000 annually (51%), and 13% live in homes earning \$150,000 or more.

Twenty-eight percent of Vermont adults have a disability.

Note: 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.

Demographic Characteristics, 2023		Percent
Sex	Male	49%
	Female	51%
Age	18-24	12%
	25-44	29%
	45-64	31%
	65+	28%
Education Level	High School or Less	35%
	Some College	27%
	College or More	38%
Household Income Level	Lower (<\$50K)	36%
	Middle (\$50K-<\$150K)	51%
	Higher (\$150K+)	13%
Disability	Any Disability	28%
	No Disability	72%

Demographics

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

Eighty-nine percent of Vermont adults are heterosexual. Five percent of adults are bisexual and 3% are lesbian or gay. Adults of another sexual orientation make up 3% of Vermont’s adult population.

One percent of adults identify as transgender.

Note: The number of sampled Vermont adults of each race (other than white, non-Hispanic) does not allow for analysis with strong statistical confidence. To have enough confidence for analysis in this report, 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 Vermont adults were grouped into a “LGBTQ+” category to compare to heterosexual and cisgender (HetCis) adults.

Demographic Characteristics, 2023		Percent
Race/ Ethnicity	White	90%
	Hispanic	3%
	Asian, Native Hawaiian, Pacific Islander	3%
	Multi-racial	2%
	Black	1%
	Alaskan Native, American Indian	0.6%
	Another race	0.5%
Sexual Orientation	Heterosexual	89%
	Bisexual	5%
	Lesbian/Gay	3%
	Another Sexual Orientation	3%
Gender Identity	Transgender	1%
	Cisgender	99%

Demographics

Four percent of Vermont females 18-44 were pregnant in 2023.

Nine percent of adults have ever been on active duty in the military. This includes the National Guard or reservists ever activated to active duty.

Half of Vermont adults report being married (50%). Twenty-three percent have never been married, 12% are divorced, 8% are widowed and 6% are part of an unmarried couple. Few are separated (1%).

Fifty-nine percent of Vermont adults are employed, which includes those employed for wages or self-employed. One-quarter of adults are retired (25%). Five percent of adults report their employment status as: student or currently unable to work. Three percent of adults report their employment status as: unemployed or homemaker.

Three-quarters of Vermont adults own their home (75%). Eighteen percent rent and 7% have some other arrangement.

Nearly three-quarters of Vermont adults have no children under the age of 18 in their home (74%). Twelve percent have one child and 10% have two children in their home. Three percent have three children and 1% have four or more children in their home.

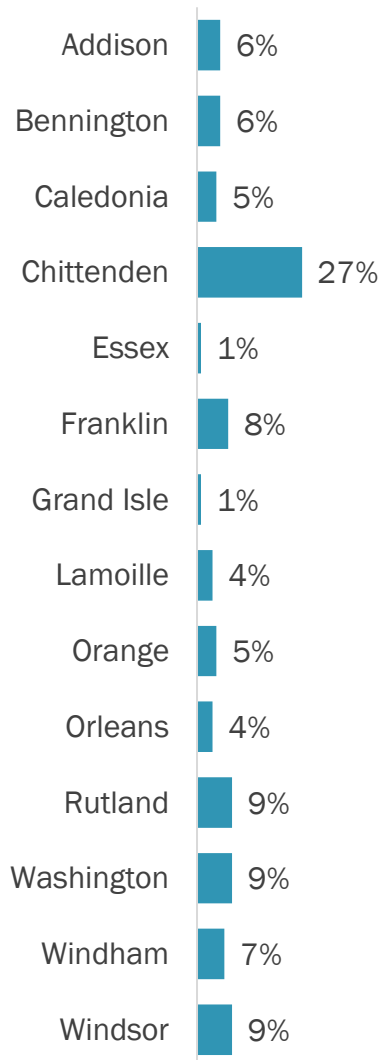
Demographic Characteristics, 2023		Percent
Pregnancy Status	Pregnant	4%
	Not Pregnant	96%
Veteran Status	Veteran	9%
	Non-Veteran	91%
Marital Status	Married	50%
	Never Married	23%
	Divorced	12%
	Widowed	8%
	Unmarried Couple	6%
	Separated	1%
Employment Status	Employed	59%
	Retired	25%
	Student	5%
	Unable to Work	5%
	Unemployed	3%
	Homemaker	3%
Homeowner Status	Own	75%
	Rent	18%
	Other Arrangement	7%
Children Under 18 Years of Age in the Home	No Children	74%
	One Child	12%
	Two Children	10%
	Three Children	3%
	Four or More Children	1%

Demographics

More than one-quarter of Vermont adults report living in Chittenden County (27%).

Nine percent live in Rutland, Washington and Windsor counties. Between five and 8% live in: Franklin, Windham, Addison, Bennington, Caledonia and Orange counties. Less than five percent live in Lamoille, Orleans Grand Isle and Essex counties.

County of Residence, 2023



Health Status Indicators

General Health Status

One in seven Vermont adults report fair or poor general health (14%), this is statistically lower compared to 19% of U.S. adults.

Males and females report statistically similar rates of fair or poor health.

Adults 65 and older are statistically more likely to report fair or poor health than those 18-44. Adults 45-64 are statistically more likely to report fair or poor health than those 18-24.

Adults with a high school education or less are more than two times as likely to report fair or poor health than those with some college or more.

- All differences by education level are statistically significant.

Adults in lower income homes are over four times as likely to have fair or poor health than those in higher income homes.

- All differences by income are statistically significant, except between adults in homes with middle and higher incomes.

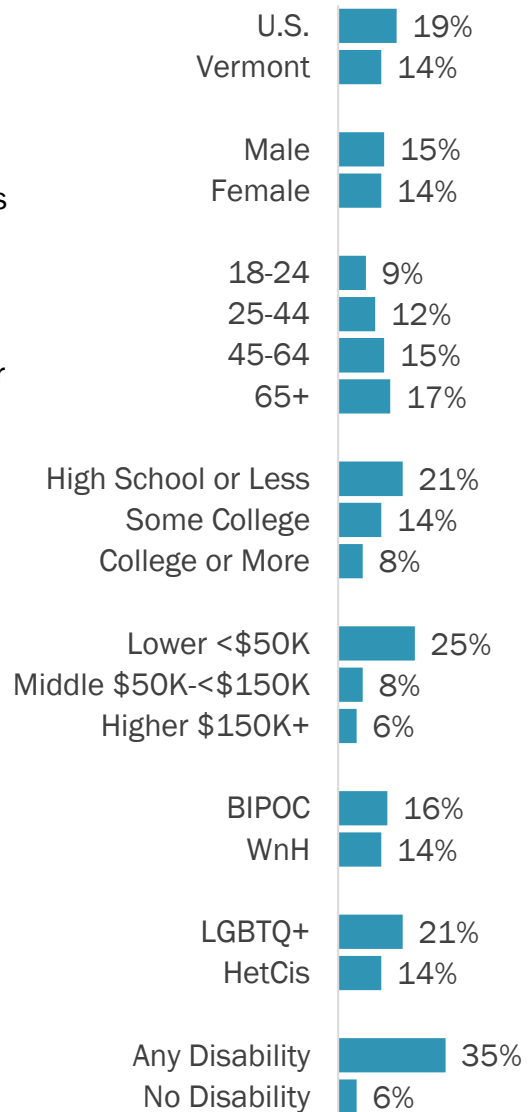
There are no statistical differences in fair or poor health by race and ethnicity.

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

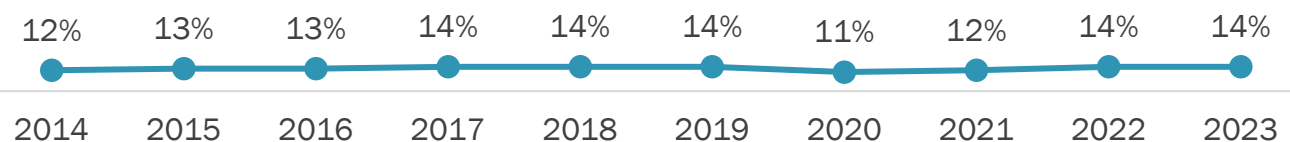
Adults with a disability are nearly six times more likely to report fair or poor health than adults with no disability. This is a statistical difference.

The percent of Vermont adults with fair or poor health is statistically similar to 2022, but statistically higher than 2014.

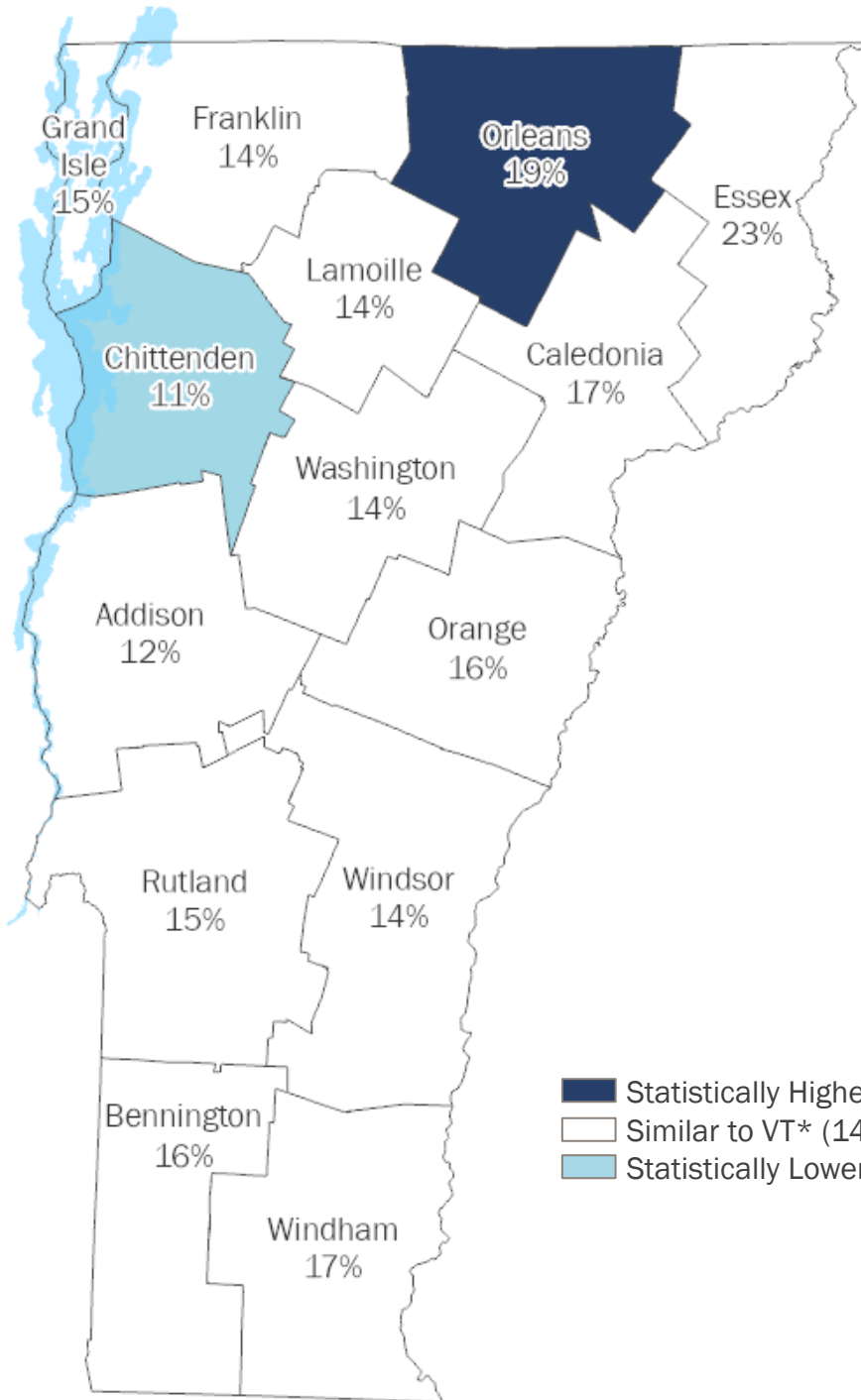
Vermont Adults with Fair or Poor Health, 2023



Vermont Adults with Fair or Poor Health



Vermont Adults with Fair or Poor Health by County, 2022-2023



Eleven percent of adults in Chittenden County have fair or poor health, statistically lower than the percent of all Vermont adults.

Nineteen percent of adults in Orleans County have fair or poor health, statistically higher than the percent of all Vermont adults.

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

- Statistically Higher than VT
- Similar to VT* (14%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Medical Health Plan Coverage

More than nine in ten Vermont adults ages 18-64 have health plan coverage (95%). This is statistically higher than the 89% of U.S. adults ages 18-64.

Females are statistically more likely to have a health plan.

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

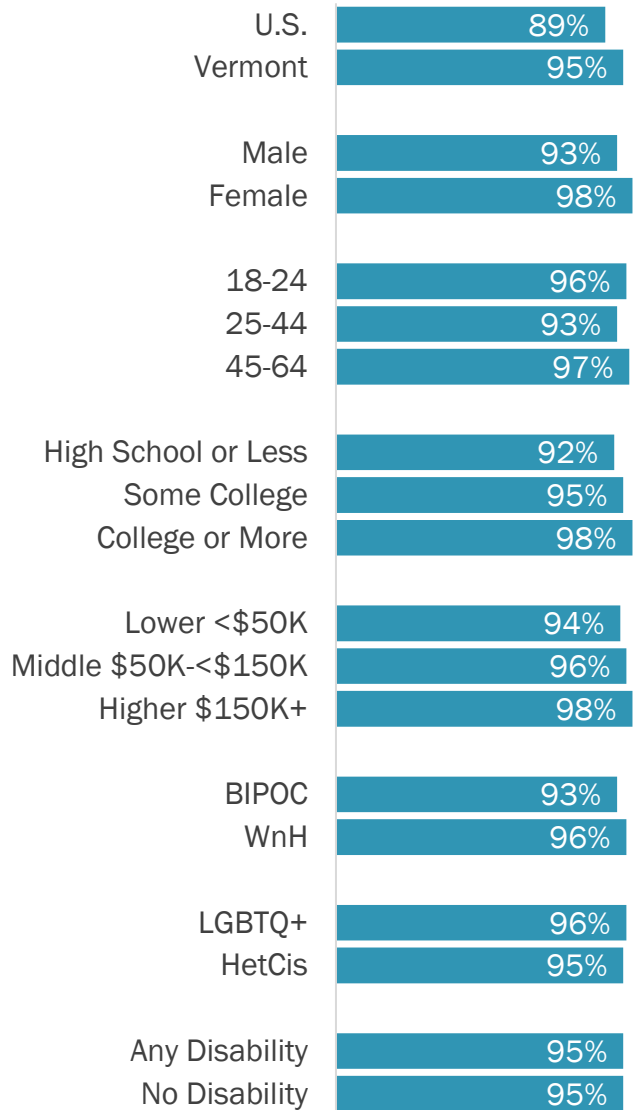
Adults with a college degree or more are statistically more likely to have a health plan.

Adults in higher income homes are statistically more likely to have a health plan than those in lower income homes.

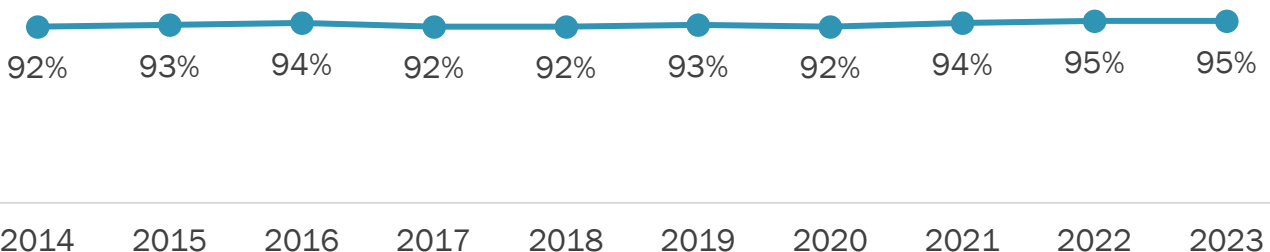
There are no statistical differences in health plan coverage by race and ethnicity, sexual orientation and gender identity, or disability status.

The percent of adults reporting health plan coverage is the same as 2022, but statistically higher than 2014.

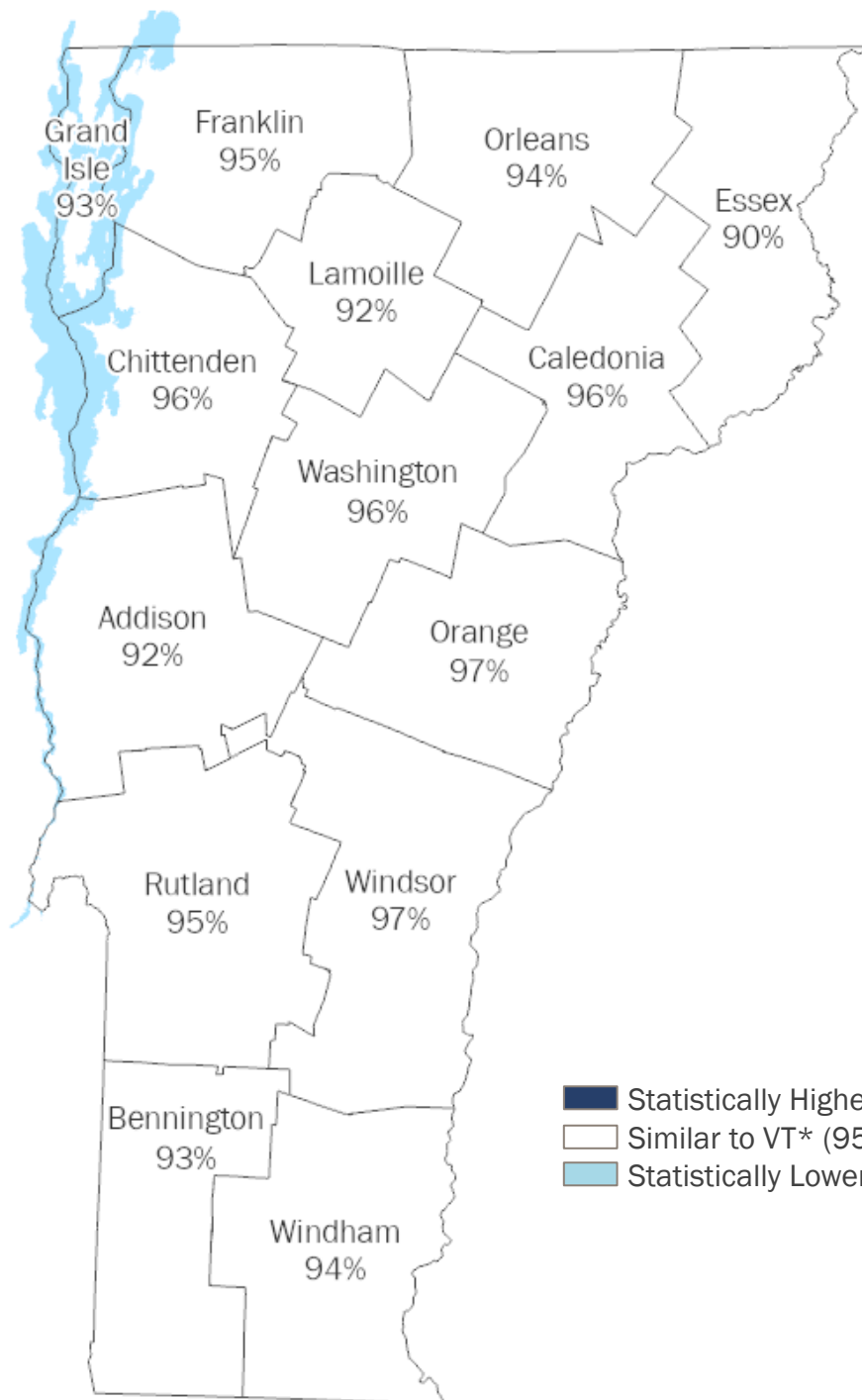
Vermont Adults 18-64 with a Medical Health Plan, 2023



Vermont Adults 18-64 with a Medical Health Plan



Vermont Adults Ages 18-64 with a Medical Health Plan by County, 2022-2023



All counties have a similar percent of adults 18-64 with a medical health plan compared to Vermont overall.

- Statistically Higher than VT
- Similar to VT* (95%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Medical Health Plan Coverage – Source

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

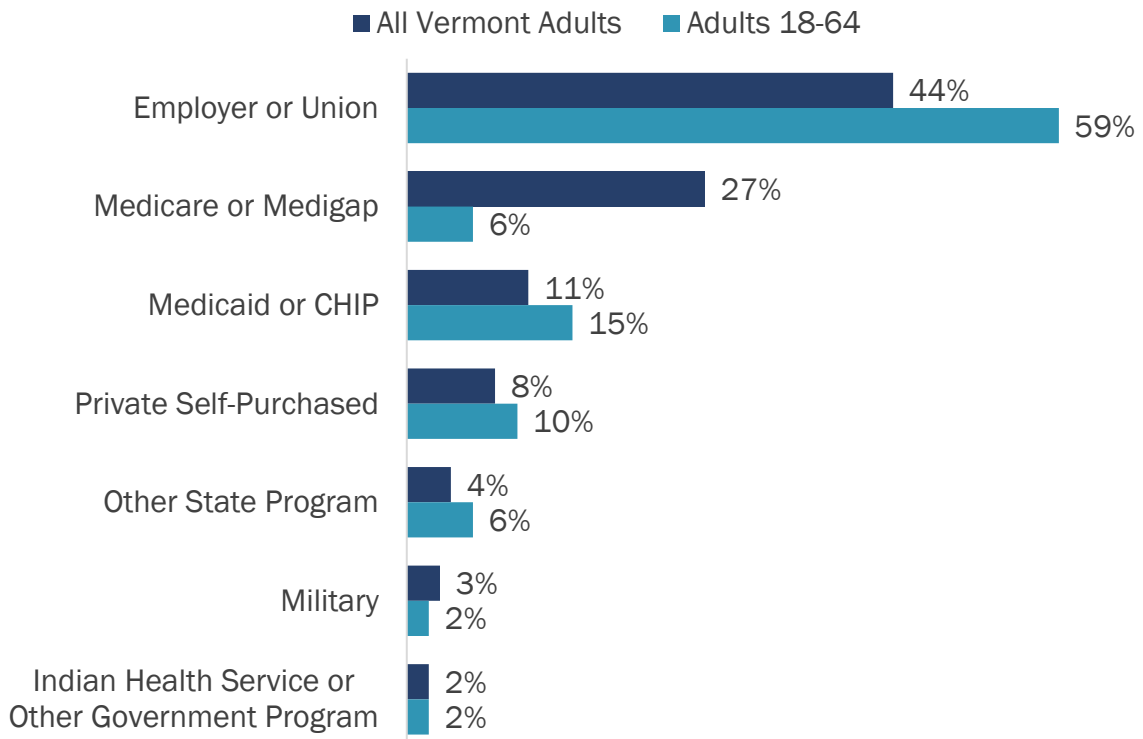
- Forty-four percent have a plan purchased through their or someone else’s employer or union.
- Twenty-seven percent have Medicare or Medigap.
- Eleven percent have Medicaid or Children’s Health Insurance Program (CHIP).
- Eight percent purchased a private health plan themselves.
- Other health plans include state programs (4%), military related health care (3%), and Indian Health Service or some other government program (2%).

Compared to all Vermont adults, those 18-64:

- Are statistically more likely to have an employer or union purchased health plan (59%), Medicaid or CHIP (15%), or a private self-purchased plan (10%).
- Are statistically less likely to have Medicare or Medigap (6%).
- Are statistically just as likely to have some other state program (6%), military related health care (2%), or Indian Health Service or some other government program (2%) as their primary source of coverage.

The type of health plans all Vermont adults and those 18-64 have are statistically similar to 2022.

Vermont Adults with a Medical Health Plan, 2023



Medical Health Care Access – Provider

Nine in ten Vermont adults report having a personal health care provider (PCP) (91%), statistically higher than the 83% reported by U.S. adults.

Females are statistically more likely to have a PCP.

The percent of adults with a PCP increases with age.

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

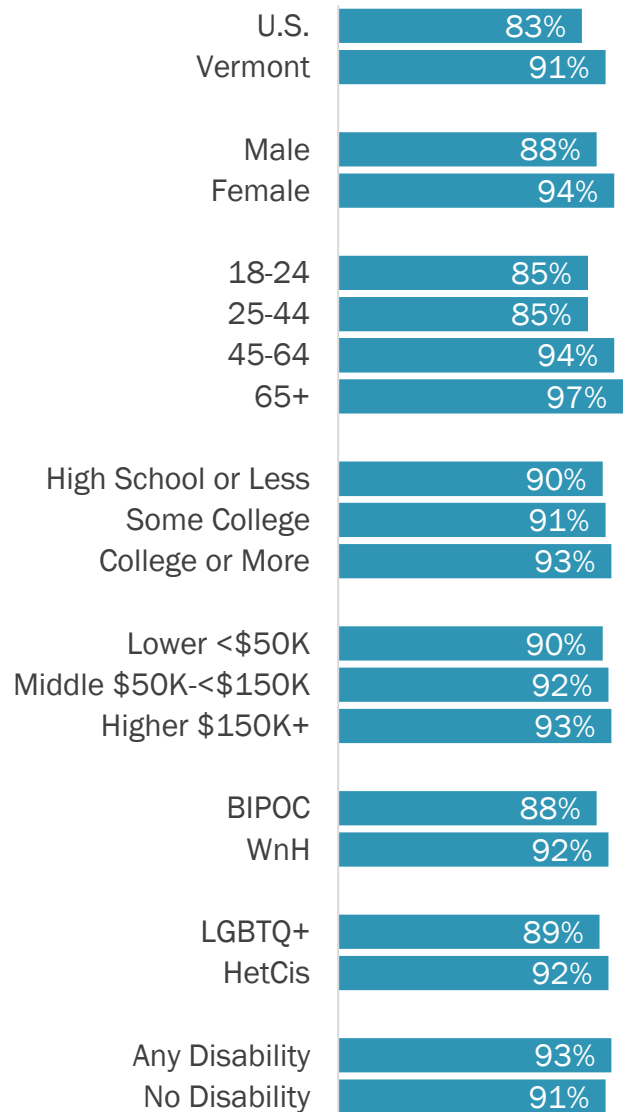
Adults with a college degree or more are statistically more likely to have a PCP than those with a high school education or less.

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

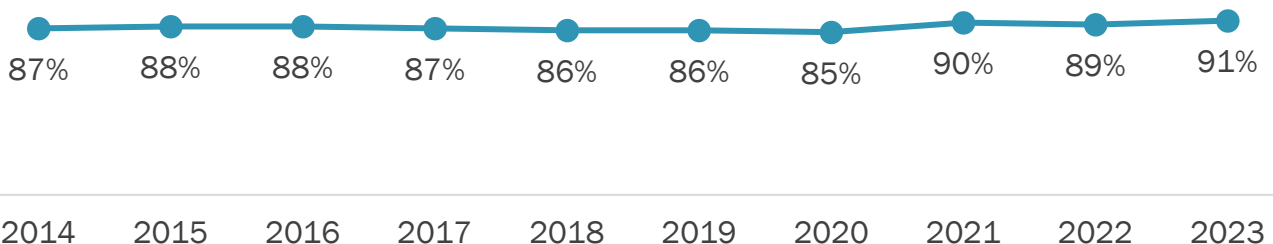
White, non-Hispanic adults are statistically more likely to have a PCP.

The percent of adults with a PCP is statistically higher than 2022 and 2014.

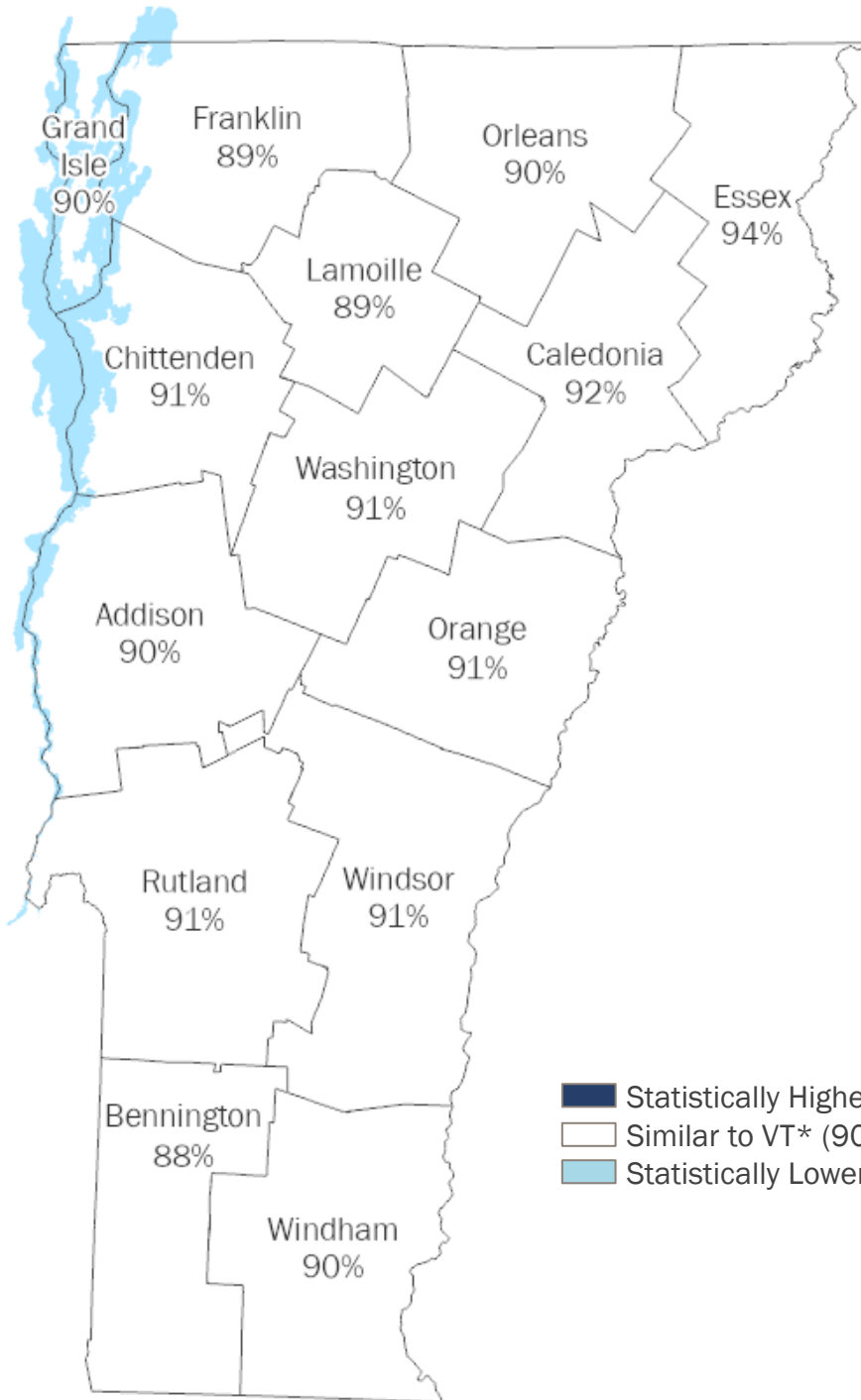
Vermont Adults 18-64 with a Personal Health Care Provider, 2023



Vermont Adults with a Personal Health Care Provider



Vermont Adults with a Personal Health Care Provider by County, 2022-2023



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

*Vermont estimate represents two years of data.

Medical Health Care Access – Delay Due to Cost

Eight percent of Vermont adults say there was a time in the past year they did not go to the doctor because of cost. This is statistically lower than the 12% of U.S. adults.

Males and females report not seeing a doctor due to cost at statistically similar rates.

Adults 25-44 are statistically more likely to delay medical care due to cost than those 45-64. Adults 65 and older are statistically less likely to delay medical care due to cost than younger adults.

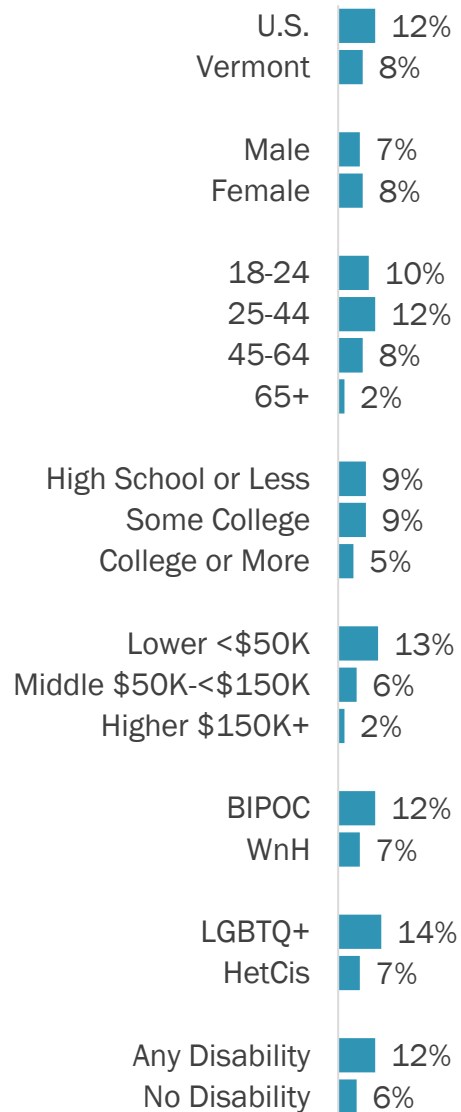
Adults with some college or less are statistically more likely to delay medical care due to cost than those with a college degree or more.

The percent of adults delaying medical care due to cost statistically decreases as household income increases.

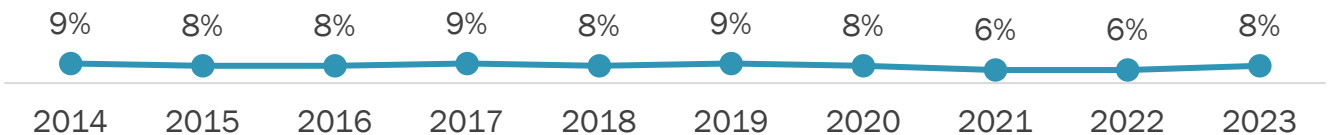
BIPOC adults, LGBTQ+ adults and adults with a disability are statistically more likely to delay care due to cost.

The percent of adults delaying medical care due to cost is statistically similar to 2022 and 2014.

Vermont Adults who Did Not Visit Doctor Due to Cost, 2023

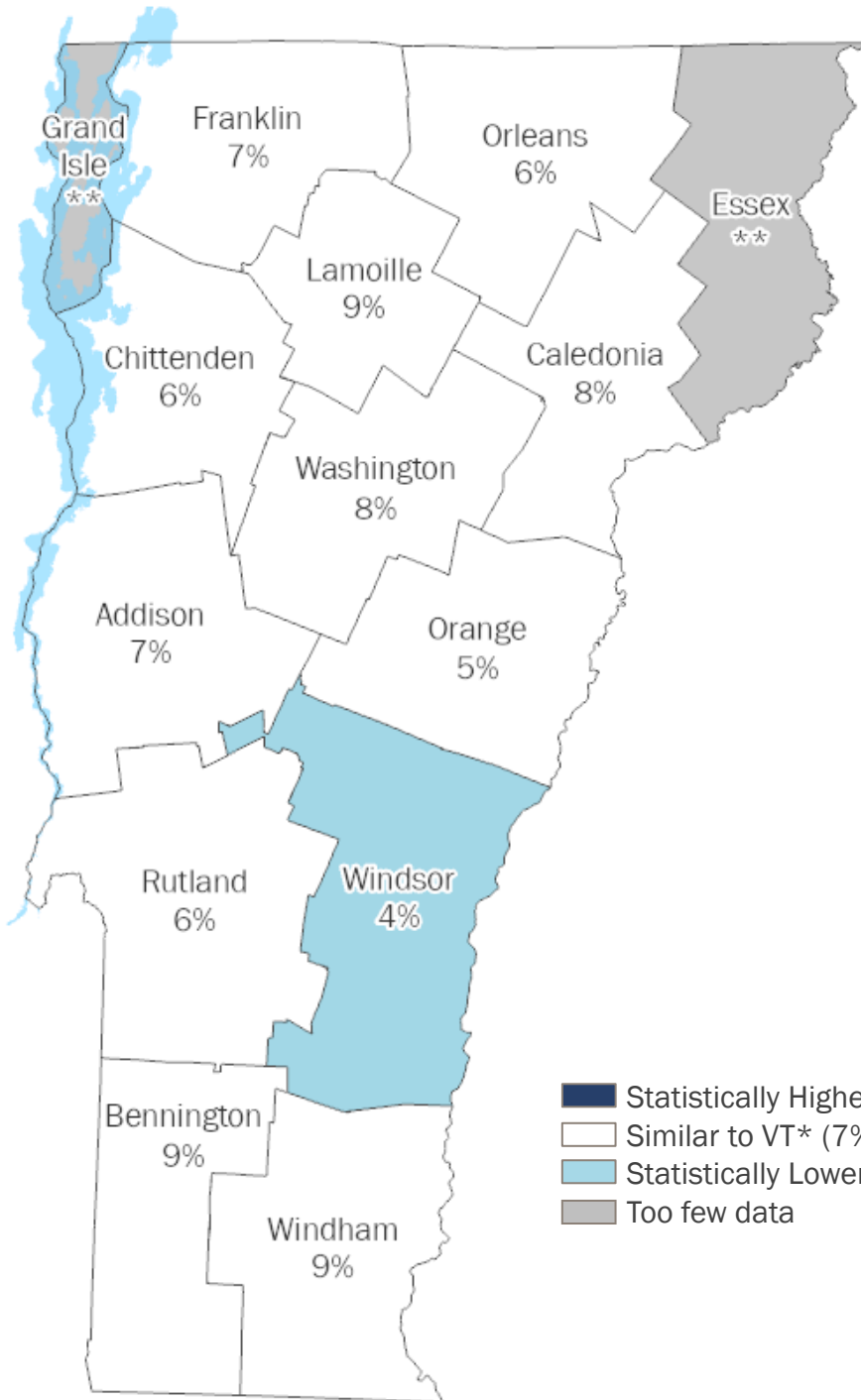


Vermont Adults who Did Not Visit Doctor Due to Cost



Note: This measure is a Healthy Vermonters 2030 indicator.

Vermont Adults who Did Not Visit Doctor Due to Cost by County, 2022-2023



Four percent of adults in Windsor County delayed medical care due to cost. This is statistically lower than the percent of all Vermont adults.

Adults in all other counties delay medical care due to cost at a similar rate to Vermont overall.

*Vermont estimate represents two years of data.

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

Quality of Life – Physical Health

Twelve percent of Vermont adults report poor physical health^o, statistically similar to the 13% of U.S. adults.

Poor physical health is reported at statistically similar rates for males and females.

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

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

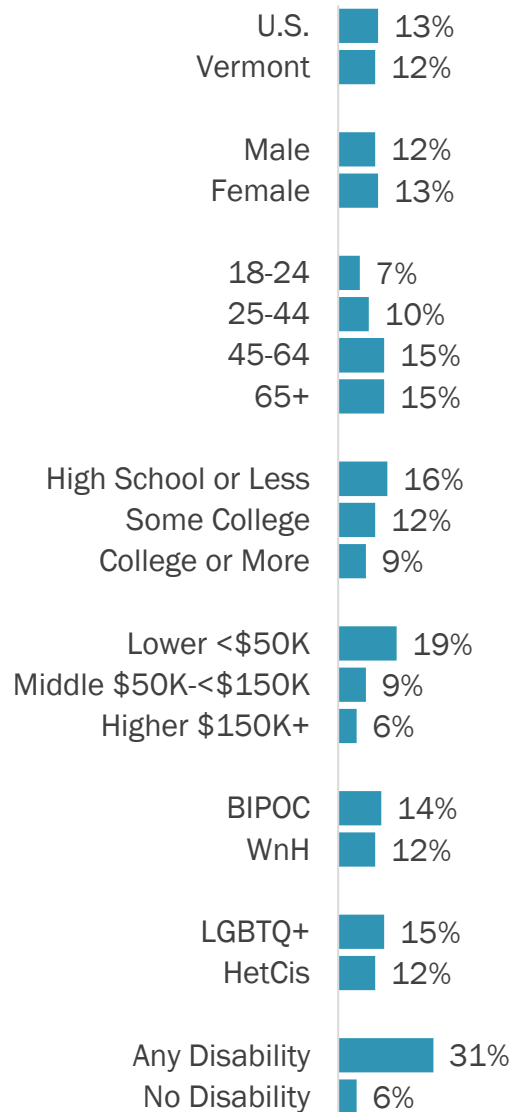
- Poor physical health is statistically higher among adults with some college or less.
- Adults in homes with lower incomes are statistically more likely to report poor physical health.

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

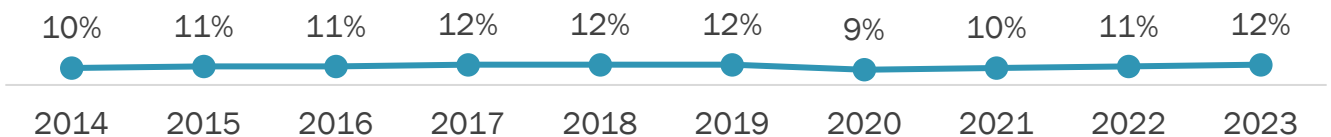
Adults with a disability are over five times more likely to report poor physical health than adults with no disability. This is a statistical difference.

The percent of adults with poor physical health is statistically similar to 2022, but statistically higher than 2014.

Vermont Adults with Poor Physical Health, 2023

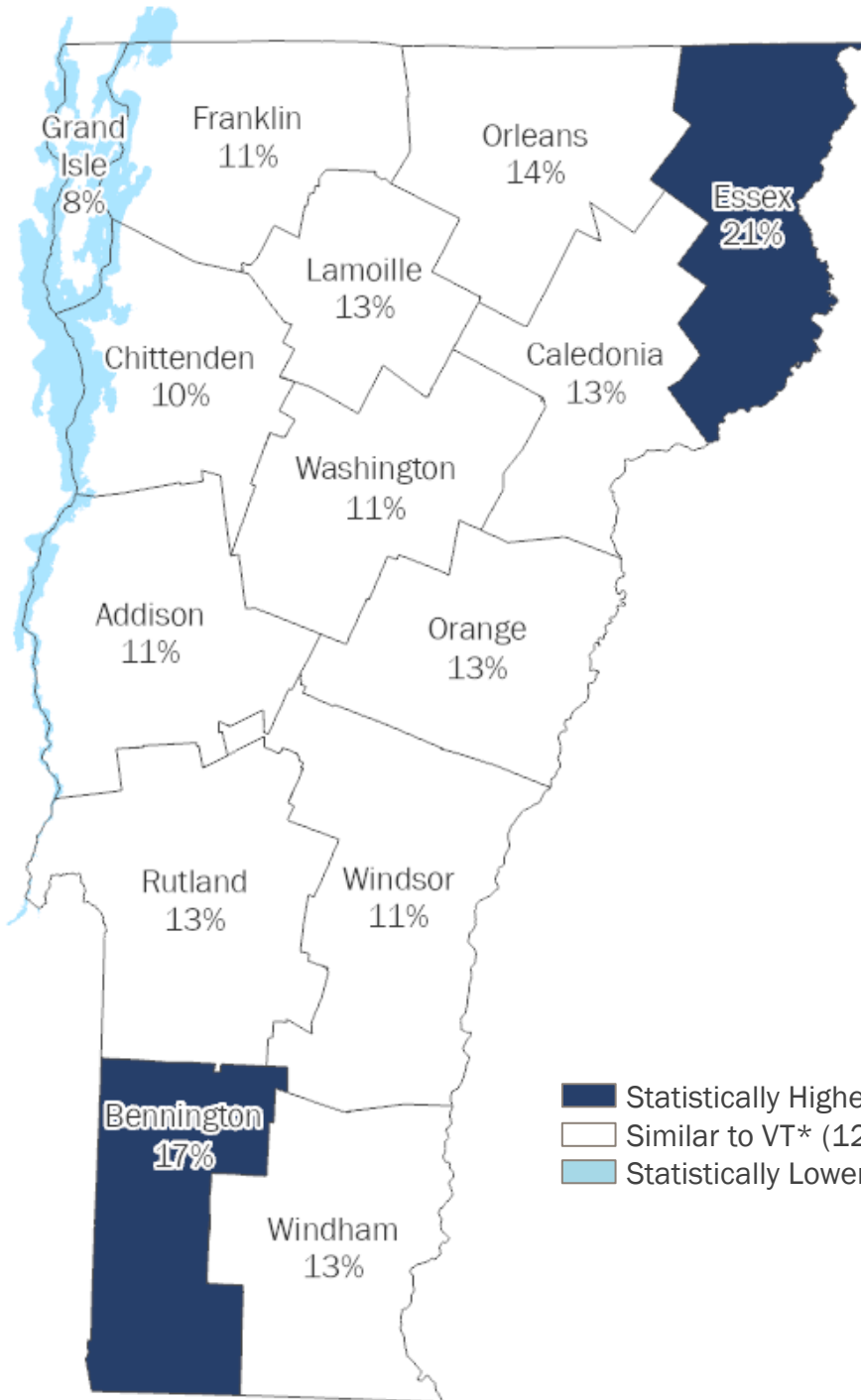


Vermont Adults with Poor Physical Health



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

Vermont Adults with Poor Physical Health^o by County, 2022-2023



Twenty-one percent of adults in Essex County and 17% in Bennington County had 14 or more poor physical health days in the past month. These rates are statistically higher than the percent of all Vermont adults.

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

- Statistically Higher than VT
- Similar to VT* (12%)
- Statistically Lower than VT

^oPoor physical health defined as 14+ days in the last 30 where physical health self-reported as not good.
*Vermont estimate represents two years of data.

Quality of Life – Mental Health

One in six Vermont adults report poor mental health^o (16%), the same as U.S. adults.

Females are statistically more likely to report poor mental health.

Younger adults are most likely to report poor mental health. Poor mental health statistically decreases with age.

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

- Poor mental health is statistically higher among adults with some college or less.
- Adults in homes with lower incomes are statistically more likely to report poor mental health.

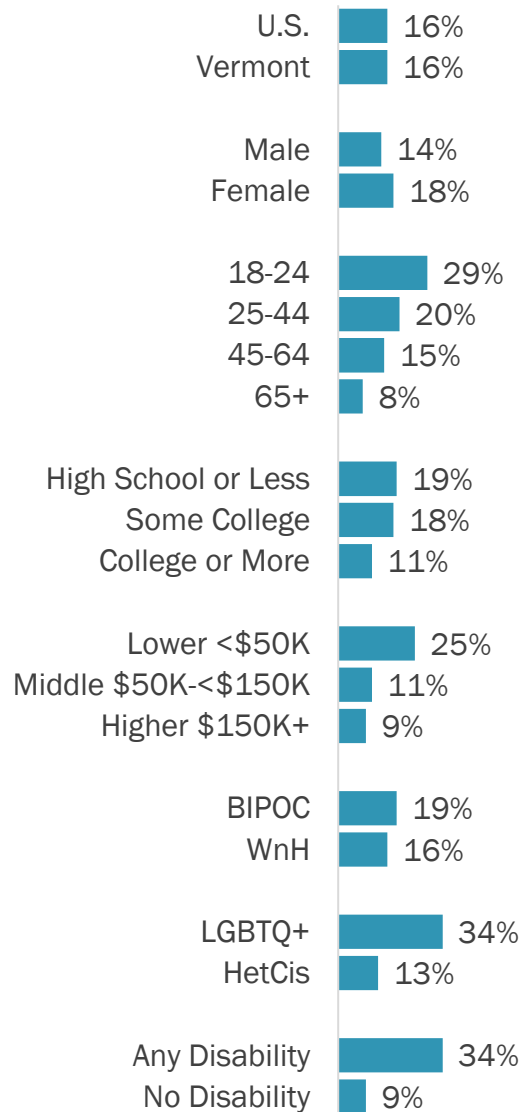
There are no statistical differences in mental health by race and ethnicity.

LGBTQ+ adults are more than two times as likely to report poor mental health than HetCis adults. This is a statistical difference.

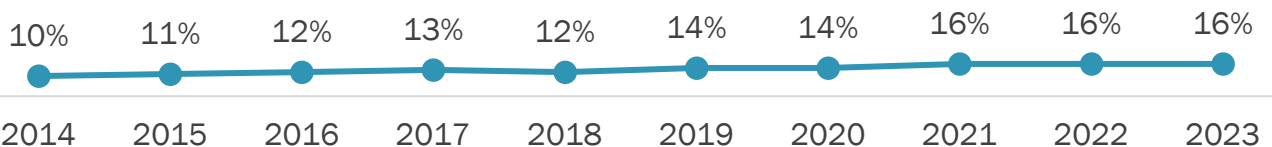
Adults with a disability are nearly four times as likely to report poor mental health than adults with no disability. This is a statistical difference.

The percent of adults reporting poor mental health is the same as 2022, but statistically higher than 2014.

Vermont Adults with Poor Mental Health, 2023

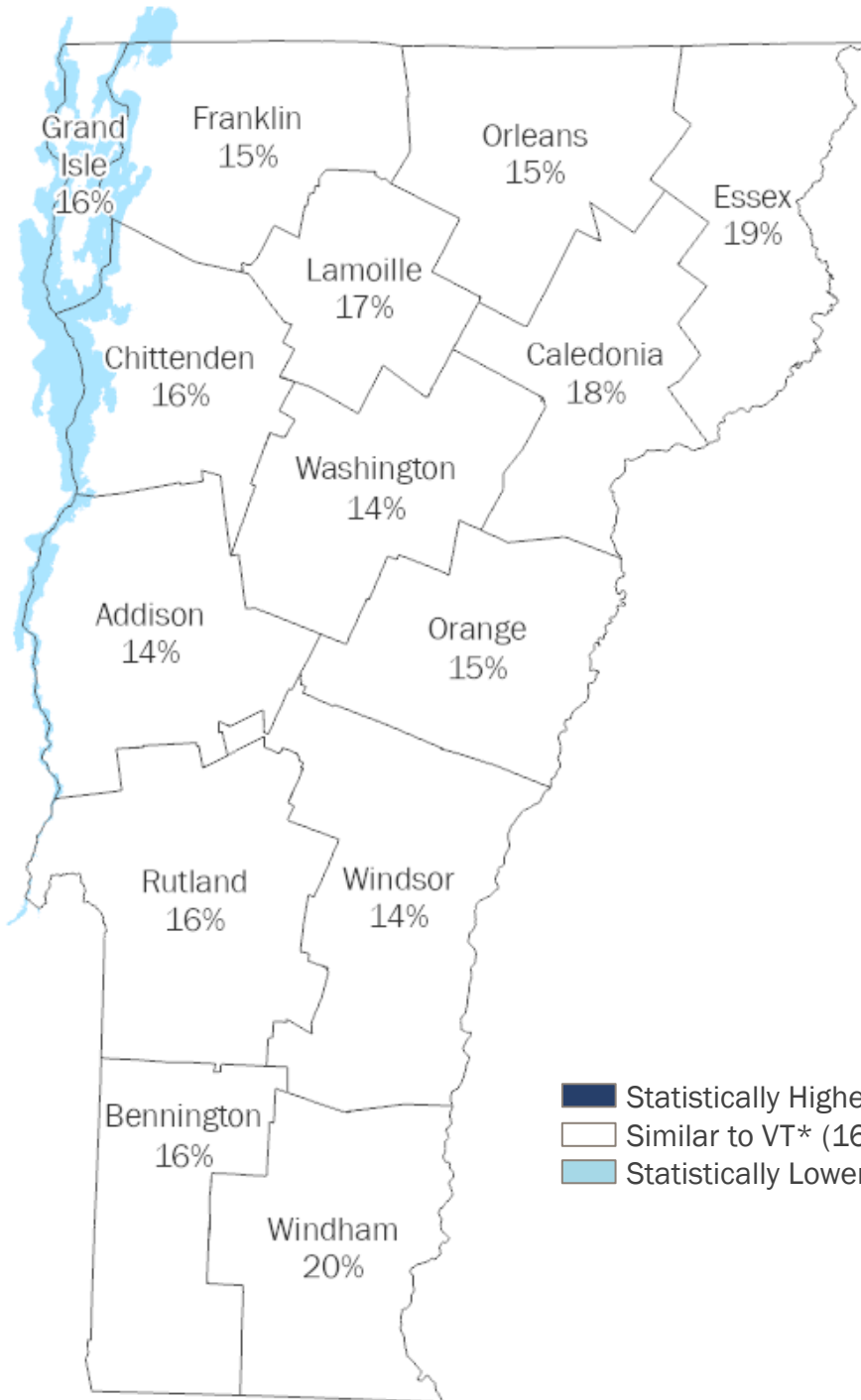


Vermont Adults with Poor Mental Health



^oPoor 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, 2022-2023



All counties report poor mental health at a similar rate to all Vermont adults.

- Statistically Higher than VT
- Similar to VT* (16%)
- Statistically Lower than VT

^oPoor mental health defined as 14+ days in the last 30 where mental health self-reported as not good.
*Vermont estimate represents two years of data.

Reactions to Race

In the past month, 2% of Vermont adults report experiencing any physical symptoms as a result of how they were treated based on their race.

Physical symptoms include sensations such as a headache, an upset stomach, tensing of muscles or a pounding heart.

Males and females report statistically similar rates of experiencing physical symptoms based on reactions to their race.

Adults ages 25-44 are statistically more likely than those 45-64 to experience physical symptoms based on reactions to their race.

Adults in homes with lower incomes are statistically more likely to experience physical symptoms based on reactions to their race than those in homes with middle incomes.

There are no statistical differences by education level or sexual orientation and gender identity.

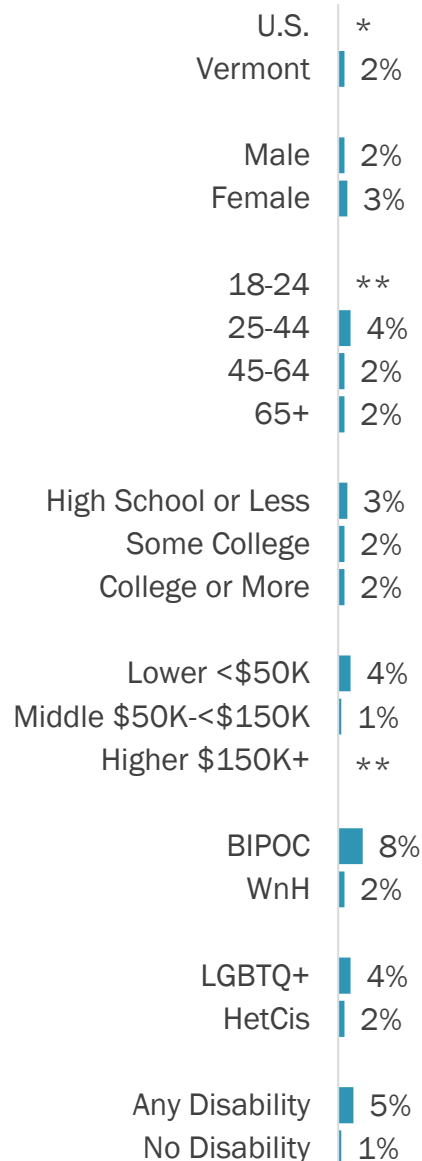
BIPOC adults are four times more likely to experience physical symptoms based on reactions to their race than white, non-Hispanic adults. This is a statistical difference.

Adults with a disability are five times more likely to experience physical symptoms based on reactions to their race than adults no disability. This is a statistical difference.

The percent of adults who report experiencing physical symptoms based on reactions to their race is the same as 2022 (2%).

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

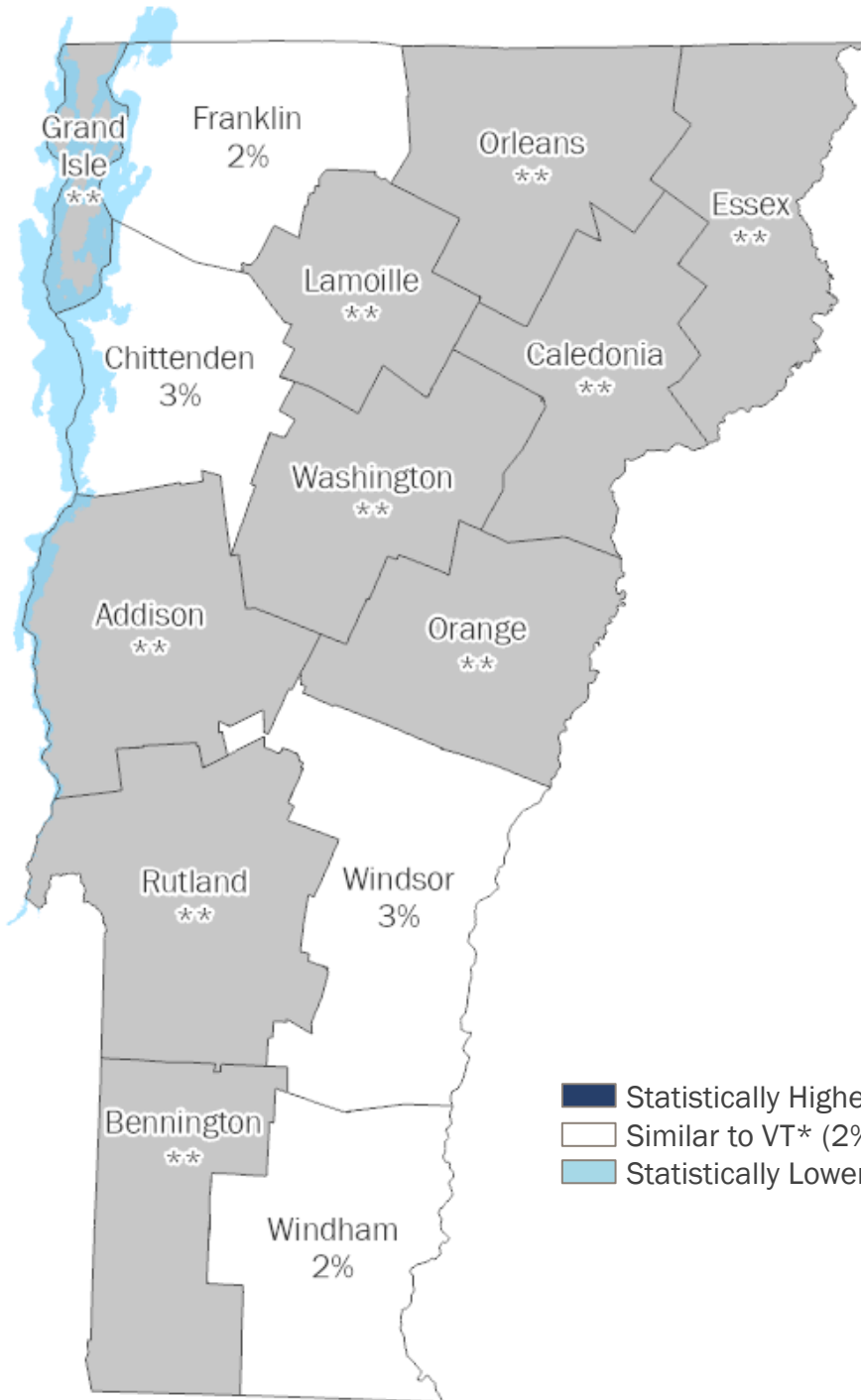
Vermont Adults who Experience Physical Symptoms Based on Reactions to their Race, 2023



*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 who Experience Physical Symptoms Based on Reactions to Their Race, by County, 2022-2023



All counties have a similar percent of adults who experience physical symptoms based on reactions to their race compared to Vermont overall.

- Statistically Higher than VT
- Statistically Lower than VT
- Similar to VT* (2%)

*Vermont estimate represents two years of data.

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

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.

Twenty-eight percent of Vermont adults have a disability. This is statistically lower than the 30% of U.S. adults.

Males and females report statistically similar rates of disability.

Adults 65 and older are statistically more likely to have a disability than those 25-64. Adults 18-24 and 45-64 are statistically more likely to have a disability than those 25-44.

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

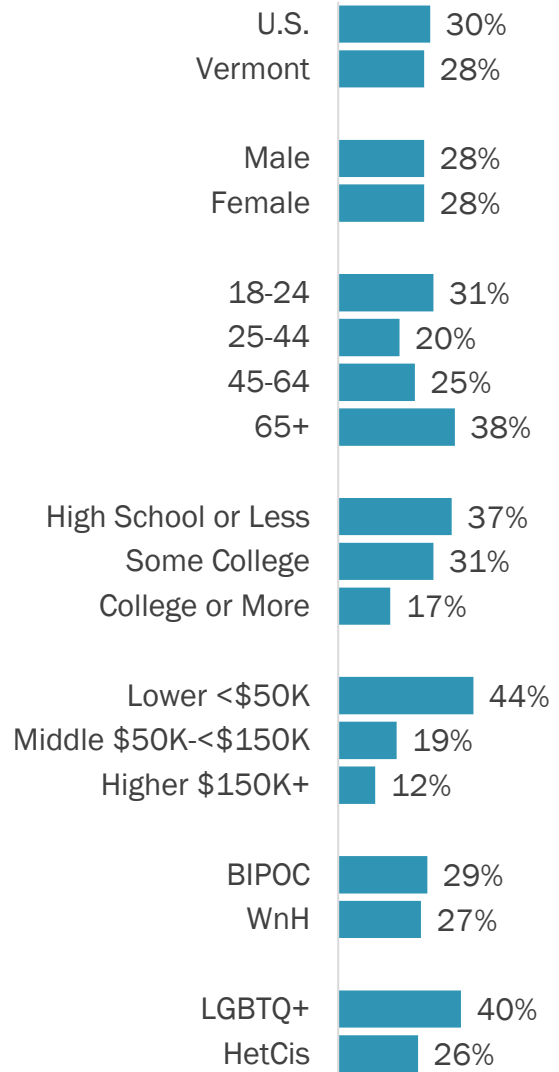
- All differences in disability by education and household income level are statistically significant.

There are no statistical differences in reported disability by race and ethnicity.

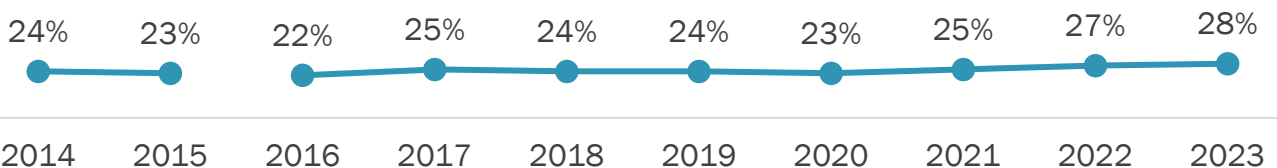
LGBTQ+ adults are statistically more likely to report a disability.

The percent of adults with a disability is statistically similar to 2022, but statistically higher than 2016.

Vermont Adults with Any Disability, 2023

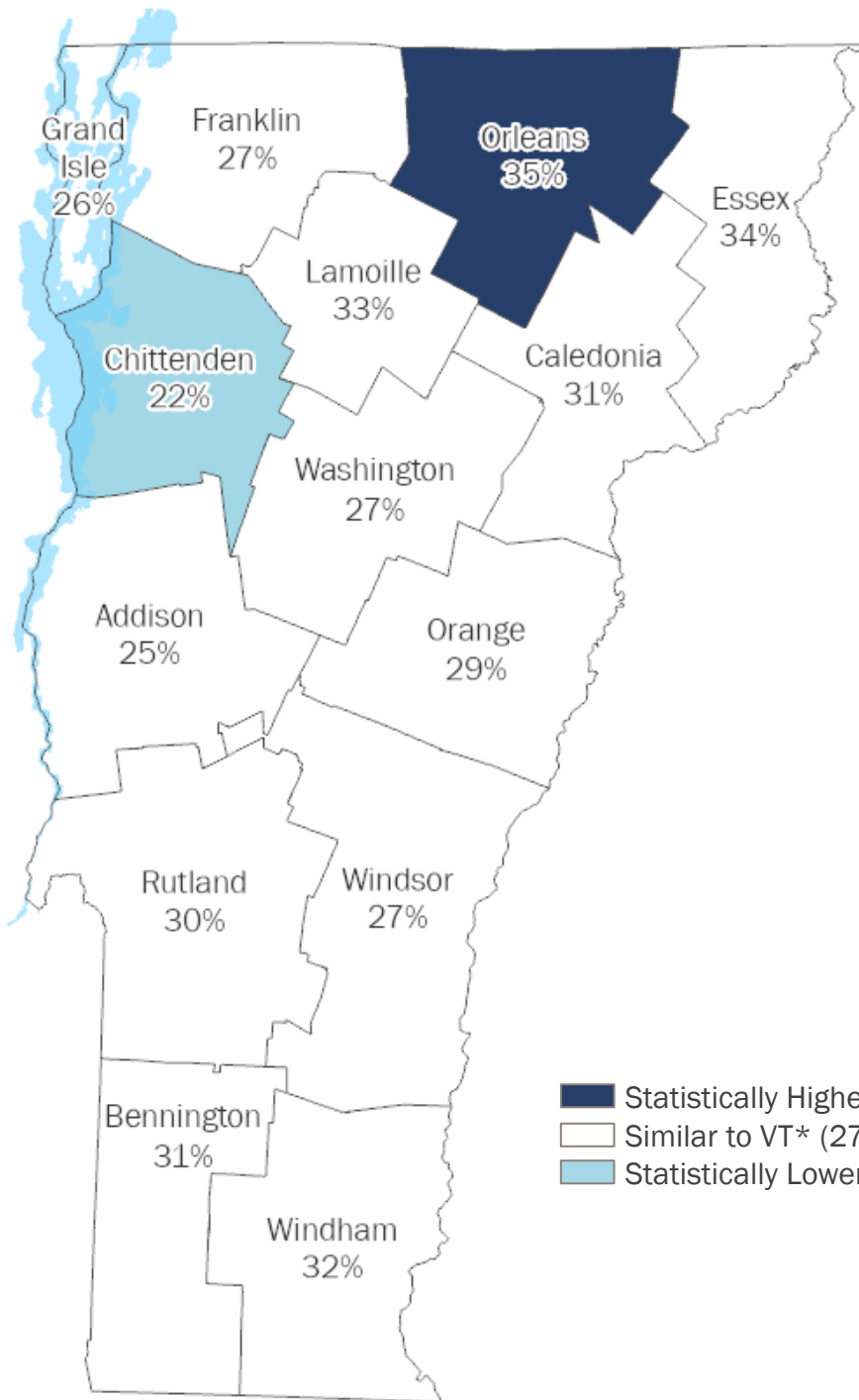


Vermont Adults with Any Disability



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, 2022-2023



More than one-third of adults in Orleans County have a disability (35%). This is statistically higher than all Vermont adults.

More than two in ten adults in Chittenden County have a disability (22%). This is statistically lower than all Vermont adults.

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

- Statistically Higher than VT
- Similar to VT* (27%)
- Statistically Lower than VT

^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.

*Vermont estimate represents two years of data.

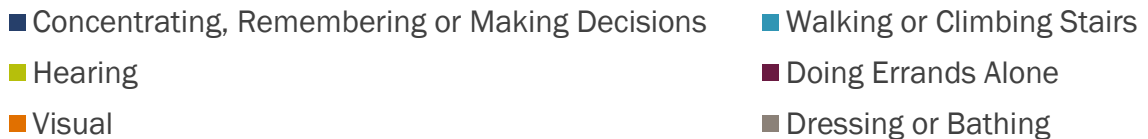
Disability – Type

Individual questions are asked about specific disabilities or challenges that adults may face.

- Thirteen percent of Vermont adults have serious difficulty concentrating, remembering or making decisions due to a physical, mental or emotional condition. This is statistically higher than the 9% in 2015.
- Eleven percent have serious difficulty walking or climbing stairs.
- Eight percent are deaf or have serious difficulty hearing. This is statistically higher than the 6% in 2016.
- Eight percent have difficulty doing errands alone. This is statistically higher than the 6% in 2015.
- Three percent are blind or have serious difficulty seeing.
- Three percent have difficulty dressing or bathing.

The percent of Vermont adults with all other types of disability are statistically similar to 2022 and 2015.

Type of Disability Among Vermont Adults



Note: Serious difficulty hearing was first asked on the 2016 BRFSS.

Falls, Adults 45+

More than one-quarter of Vermont adults ages 45 and older fell in the past year (27%). This is statistically higher compared to 25% of U.S. adults ages 45 and over.

Males and females report statistically similar rates of experiencing at least one fall in the past year.

Adults 65 and older are statistically more likely to experience a recent fall.

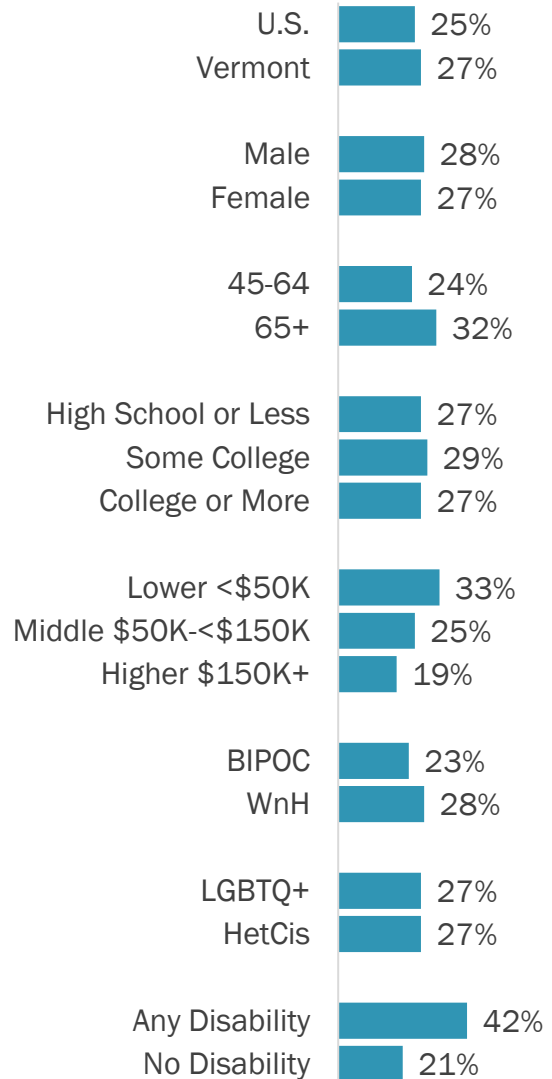
Adults in homes with lower incomes are statistically more likely to experience a recent fall.

Adults with a disability are two times as likely to experience a recent fall than adults with no disability. This is a statistical difference.

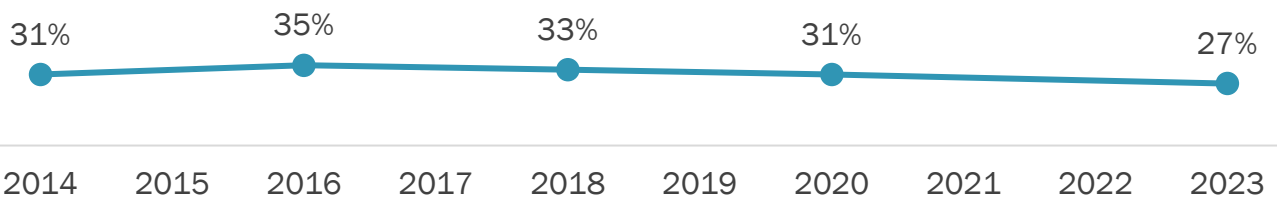
There are no statistical differences in recent falls by education level, race and ethnicity, or sexual orientation and gender identity.

The percent of adults experiencing at least one fall in the past year is statistically lower than 2020 and 2014.

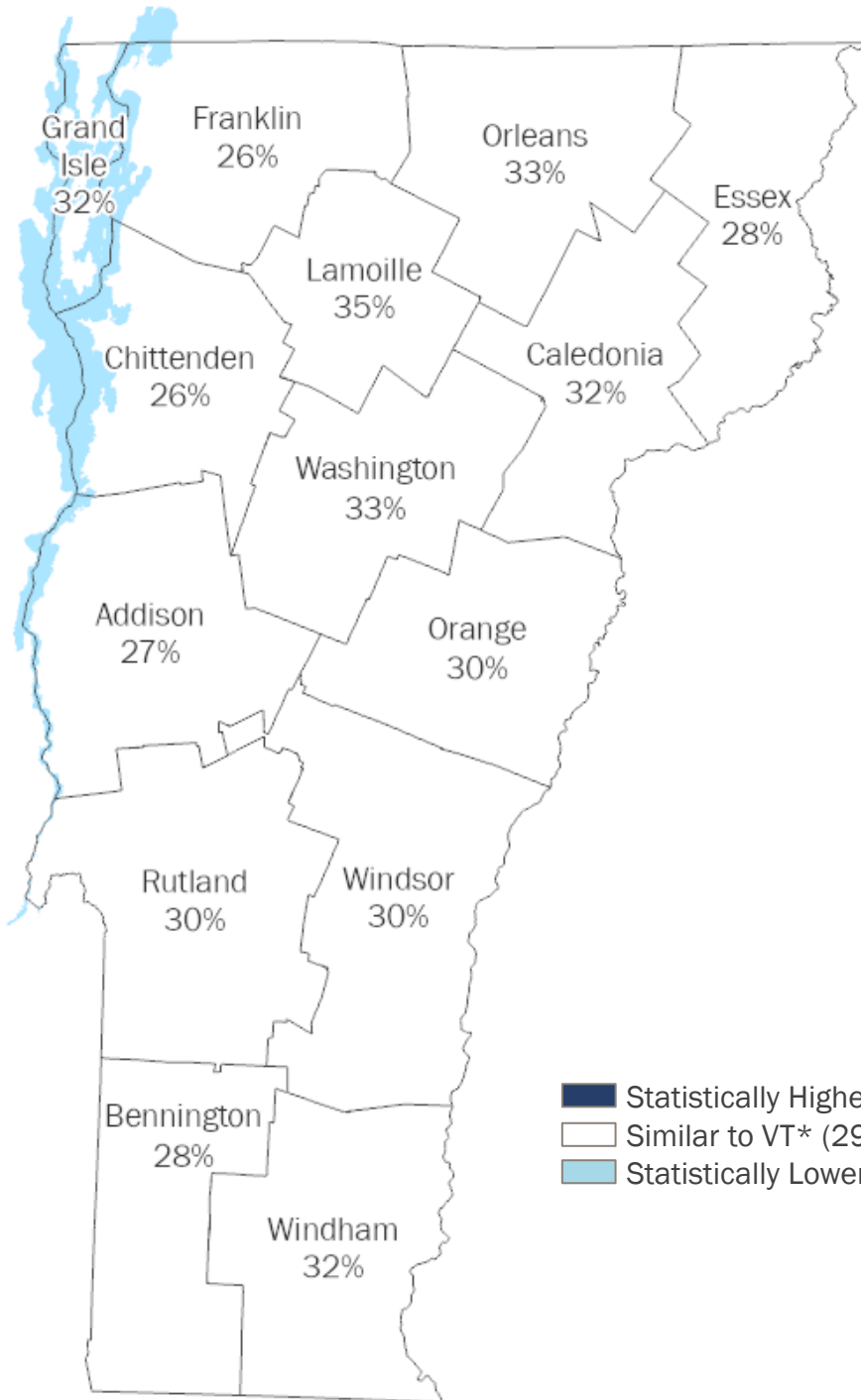
Vermont Adults 45+ who Fell in the Past Year, 2023



Vermont Adults Ages 45+ who Fell in the Past Year



Vermont Adults Ages 45+ who Fell in Past Year by County, 2020, 2023



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

- Statistically Higher than VT
- Similar to VT* (29%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Falls Resulting in Injury, Adults 45+

Of the Vermont adults ages 45 and older who fell at least once in the past year, one third say a fall resulted in an injury (34%). This is statistically lower compared to 41% 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.

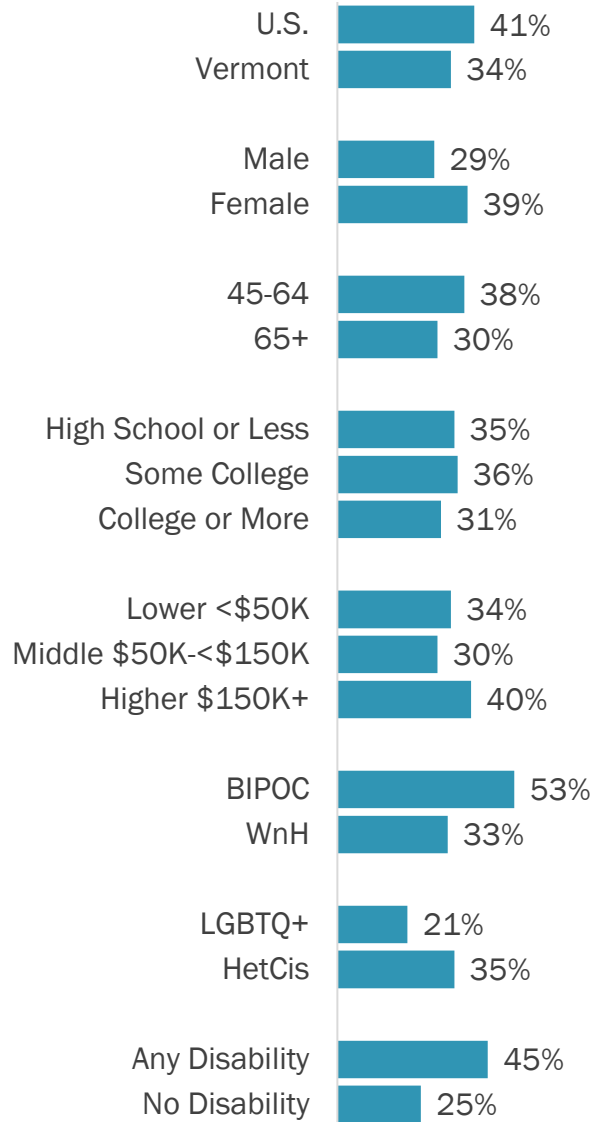
Males and females report statistically similar rates of a fall resulting in an injury.

There are no statistical differences in falls resulting in injury by age, education level or household income level.

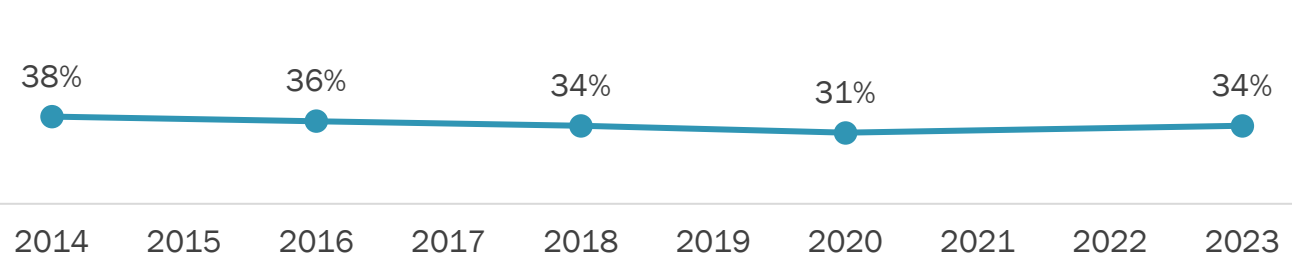
BIPOC adults, HetCis adults and adults with a disability are statistically more likely to report a fall that resulted in an injury.

The percent of adults reporting a fall resulting in an injury is statistically similar to 2020 and 2014.

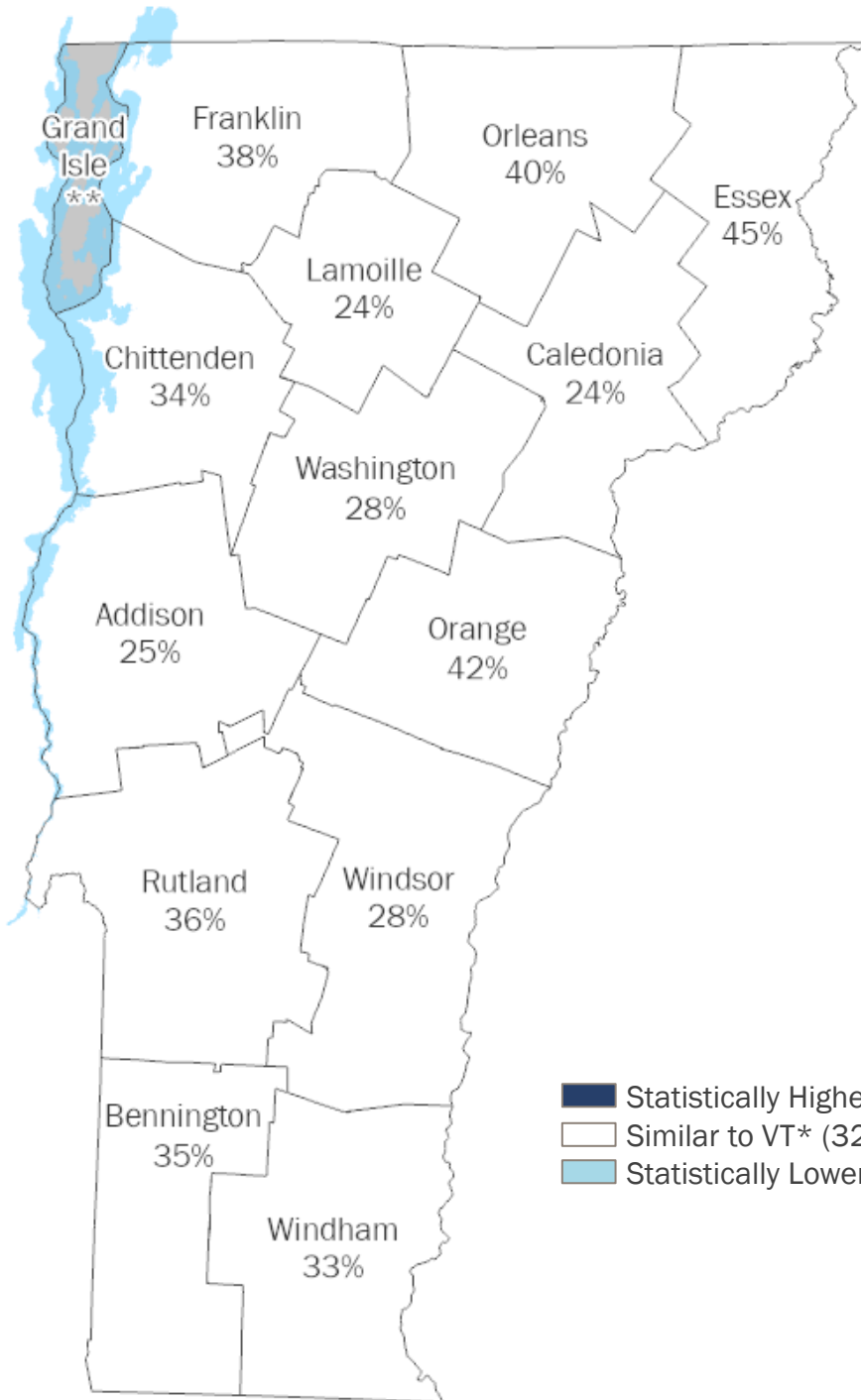
Vermont Adults 45+ who had a Fall Resulting in an Injury in the Past Year, 2023



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 Injury^o in Past Year, by County, 2020, 2023



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

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

*Vermont estimate represents two years of data.

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

Statistical comparisons are not completed on suppressed values.

Chronic Conditions

Arthritis

Nearly three in ten Vermont adults have arthritis (29%). This is statistically higher than the 25% of U.S. adults.

Females are statistically more likely to have arthritis.

Arthritis prevalence statistically increases with age.

The prevalence of arthritis is statistically higher among adults with some college or less.

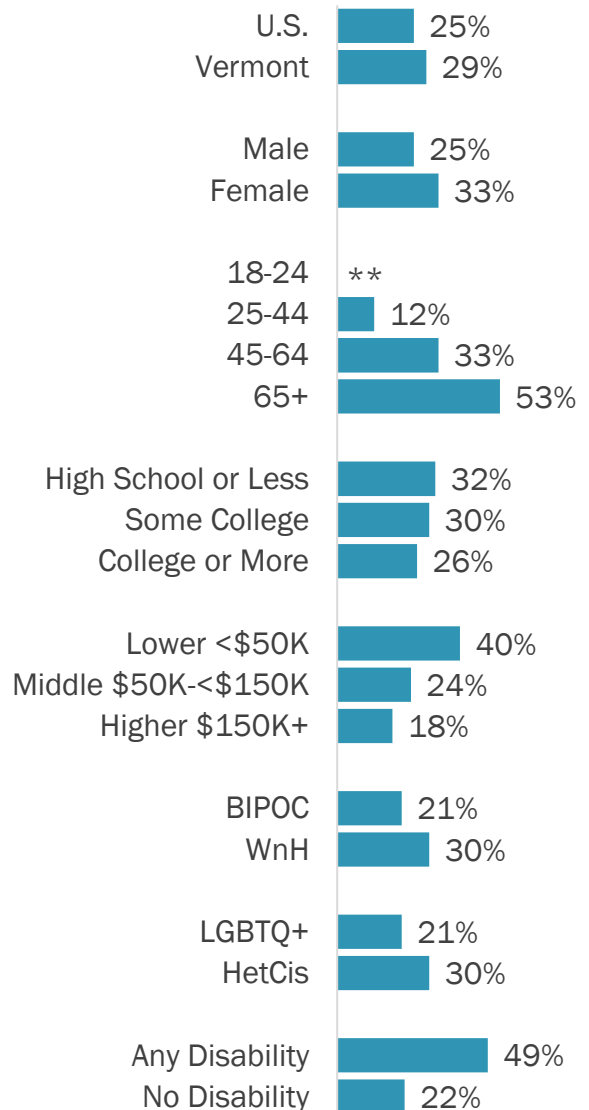
The prevalence of arthritis statistically decreases as household income increases.

White, non-Hispanic adults and HetCis adults are statistically more likely to report having arthritis.

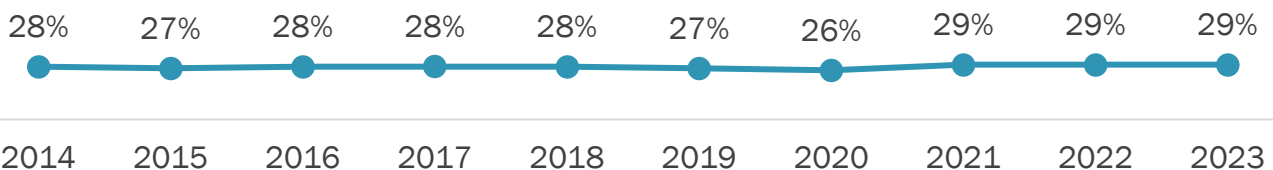
Adults with a disability are more than two times as likely to report having arthritis than adults with no disability. This is a statistical difference.

The percent of adults with arthritis is statistically similar to 2022 and 2014.

Vermont Adults with Arthritis, 2023

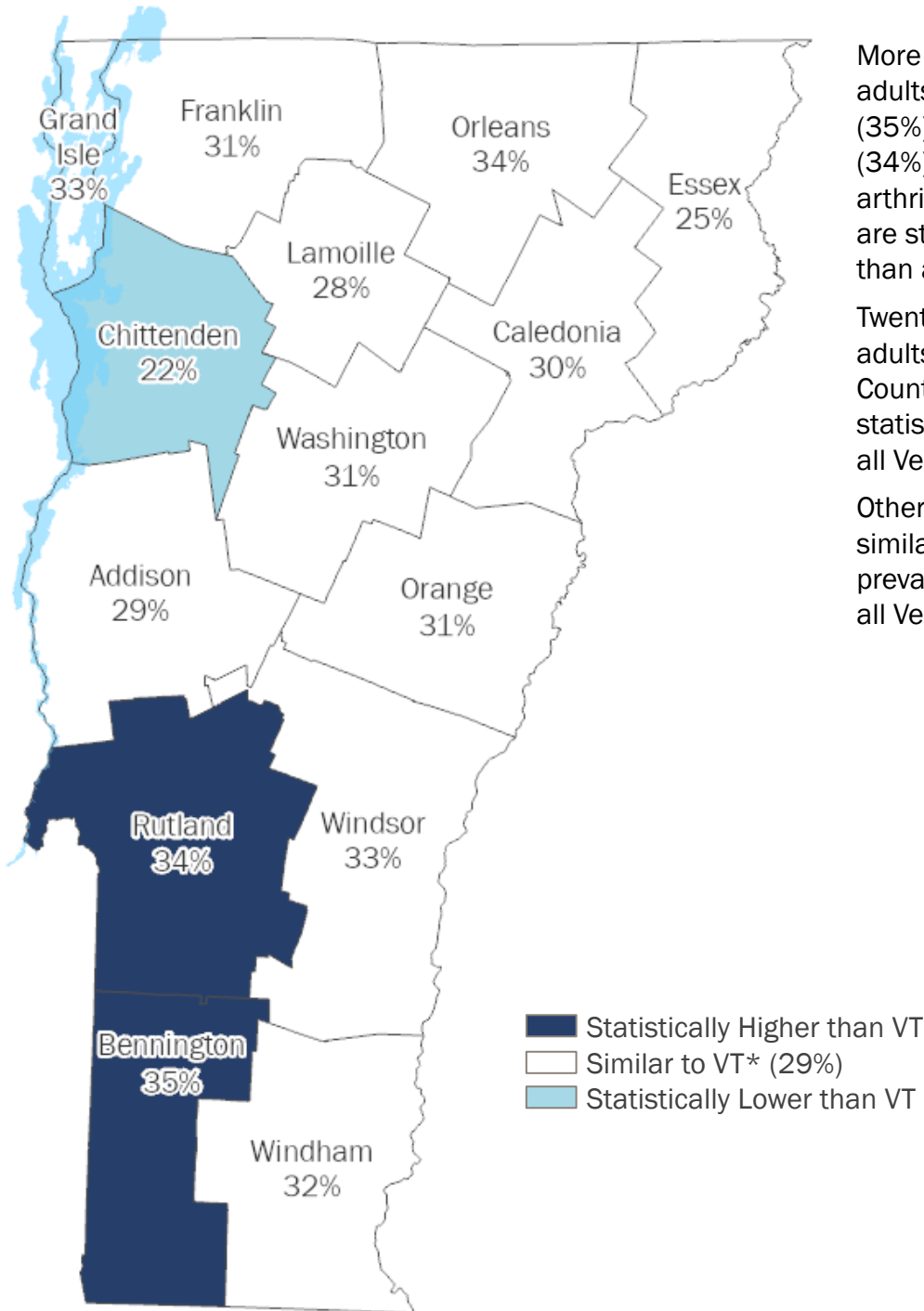


Vermont Adults with Arthritis



**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, 2022-2023



More than one-third of adults in Bennington (35%) and Rutland (34%) counties have arthritis. These rates are statistically higher than all Vermont adults.

Twenty-two percent of adults in Chittenden County have arthritis, statistically lower than all Vermont adults.

Other counties have a similar arthritis prevalence compared to all Vermont adults.

*Vermont estimate represents two years of data.

Asthma

More than one in 10 Vermont adults currently have asthma (11%), statistically higher than the 10% of U.S. adults.

Females are statistically more likely to have asthma.

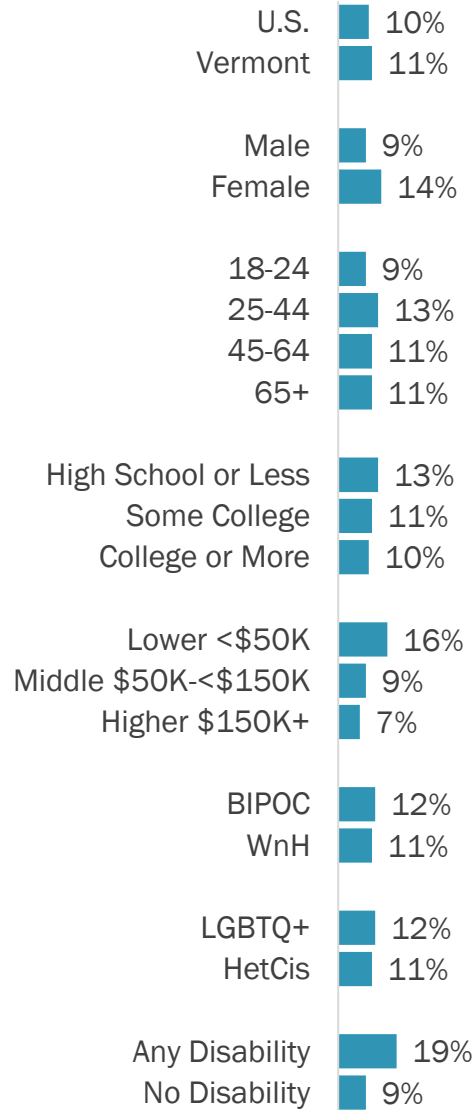
Adults with lower household incomes are statistically more likely to have asthma.

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

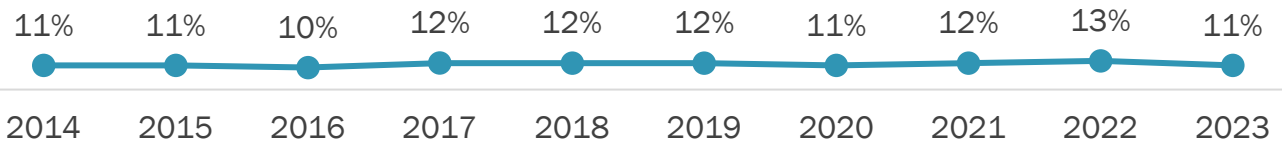
Adults with a disability are more than two times as likely to have asthma than those with no disability. This is a statistical difference.

The prevalence of asthma among Vermont adults is statistically similar to 2022 and 2014.

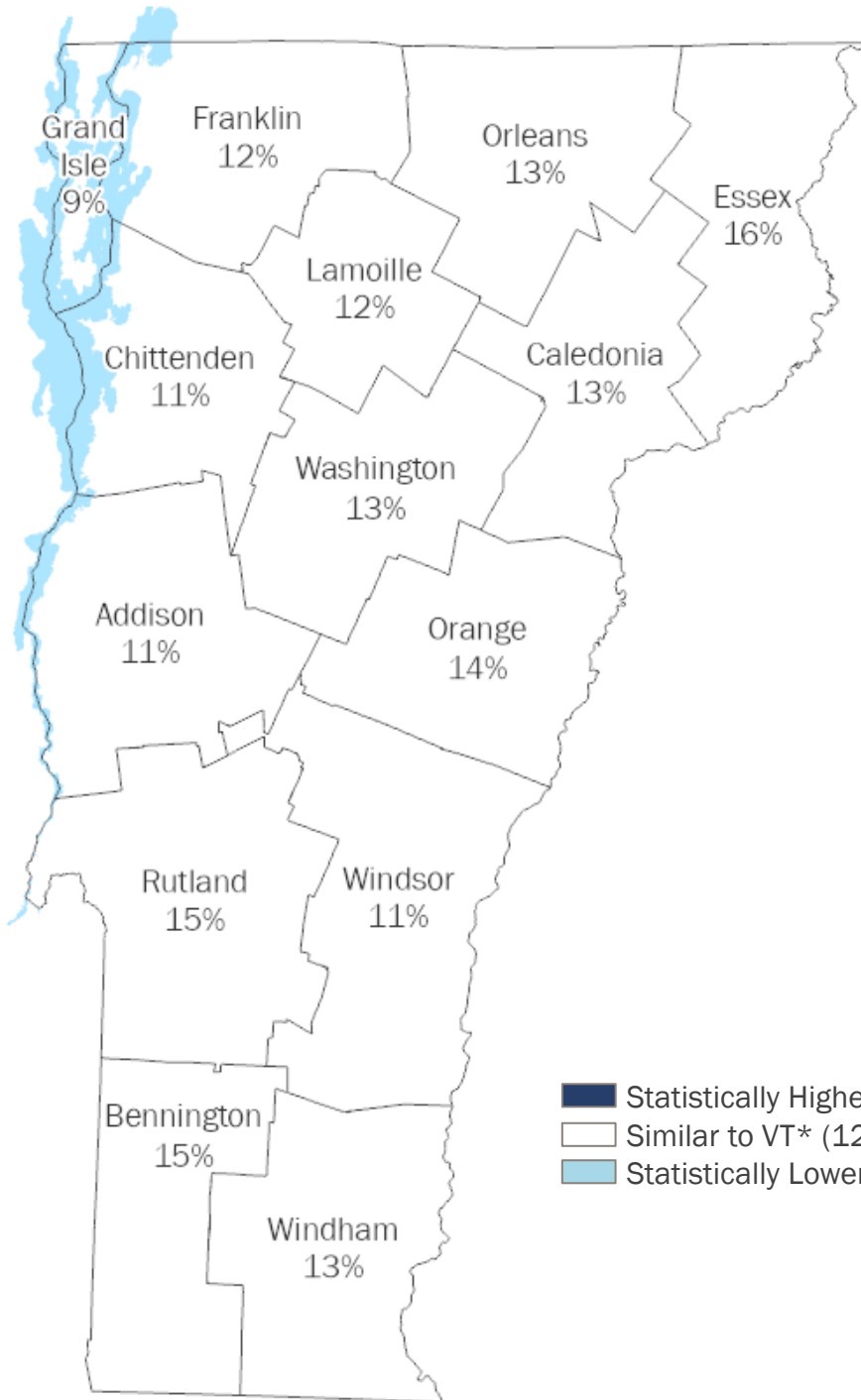
Vermont Adults with Asthma, 2023



Vermont Adults with Asthma



Vermont Adults with Asthma by County, 2022-2023



All counties have a similar asthma prevalence compared to all Vermont adults.

*Vermont estimate represents two years of data.

Non-Melanoma Skin Cancer

Seven percent of Vermont adults have ever been diagnosed with non-melanoma skin cancer. This is statistically higher than the 5% of U.S. adults.

Males and females report statistically similar rates of skin cancer.

Skin cancer prevalence statistically increases with age.

There are no statistical differences in skin cancer prevalence by education level or household income level.

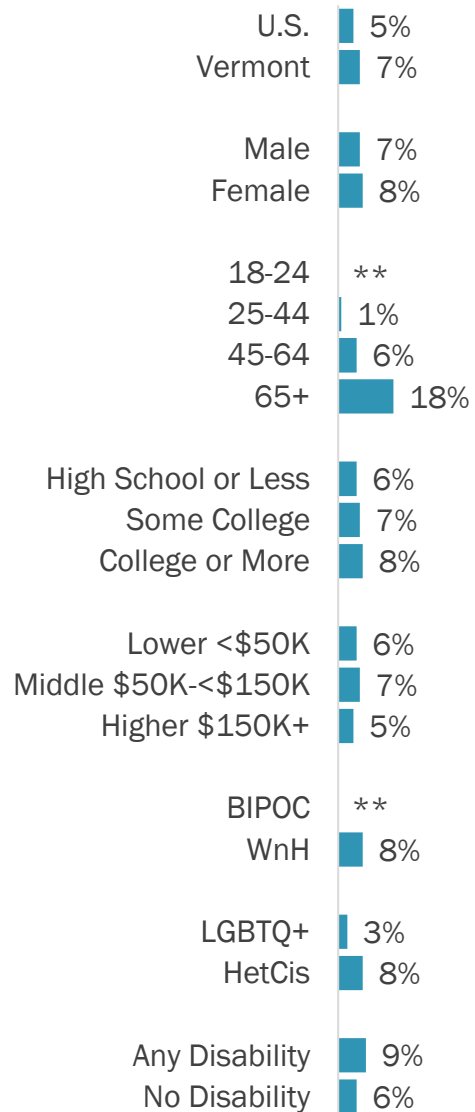
Statistical comparisons were not made for skin cancer prevalence by race and ethnicity due to data suppression.

HetCis adults and adults with a disability are statistically more likely to have ever had skin cancer.

The prevalence of skin cancer among Vermont adults is statistically higher than the 6% in 2022.

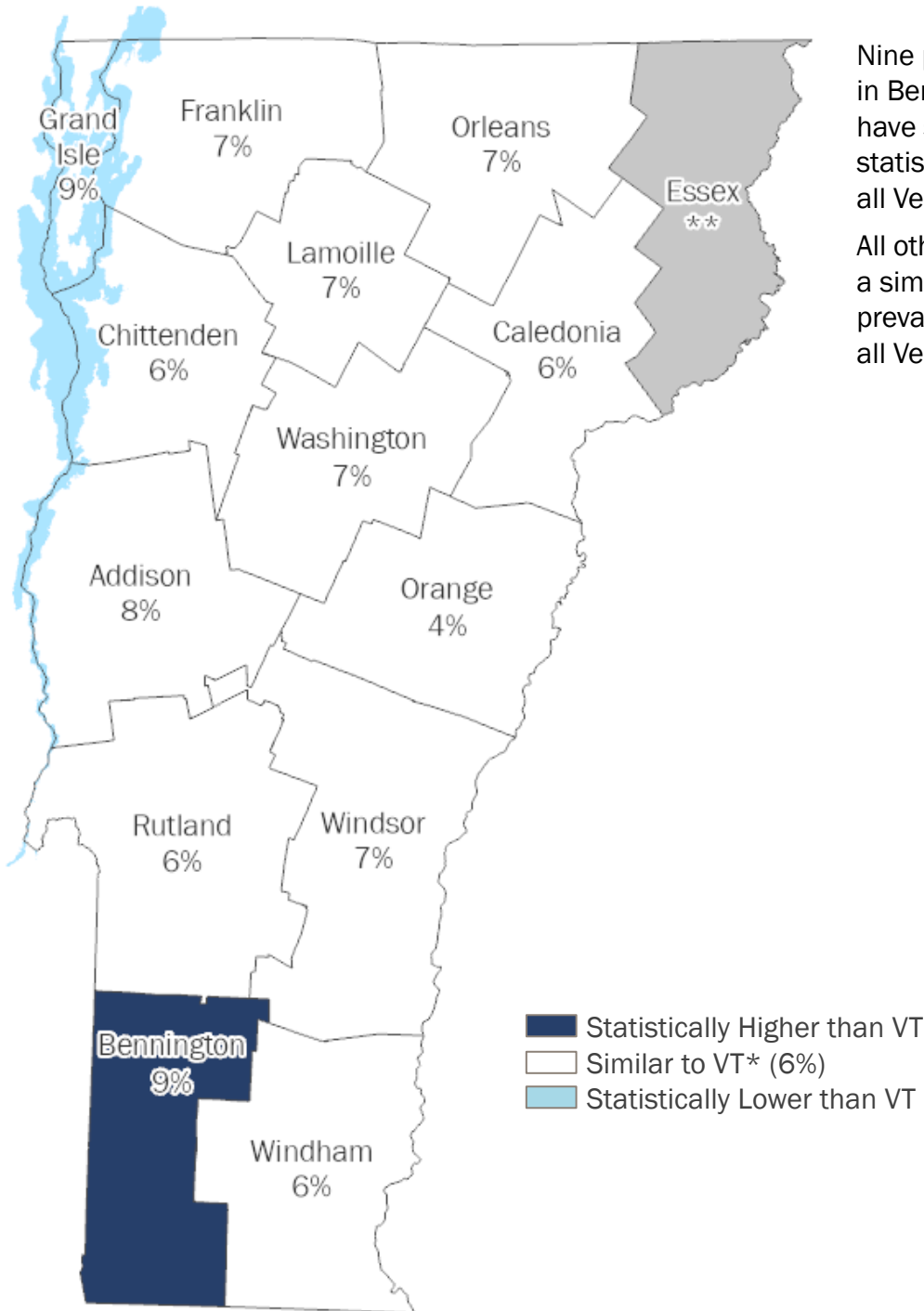
Note: Due to changes in the question in 2022, comparisons to prior years cannot be made. Additionally, due to this question only be asked in two survey years, a trend line is not provided.

Vermont Adults Ever Diagnosed with Non-Melanoma Skin Cancer, 2023



**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 Non-Melanoma Skin Cancer by County, 2022-2023



Nine percent of adults in Bennington County have skin cancer. This is statistically higher than all Vermont adults.

All other counties have a similar skin cancer prevalence compared to all Vermont adults.

*Vermont estimate represents two years of data.

Cancer (including Melanoma)

One in ten Vermont adults have ever been diagnosed with cancer (10%), statistically higher than the 8% of U.S. adults.

This definition excludes skin cancer, with the exception of melanoma.

Males and females report statistically similar rates of cancer.

The prevalence of cancer statistically increases with age.

There are no statistical differences in cancer prevalence by education level or sexual orientation and gender identity.

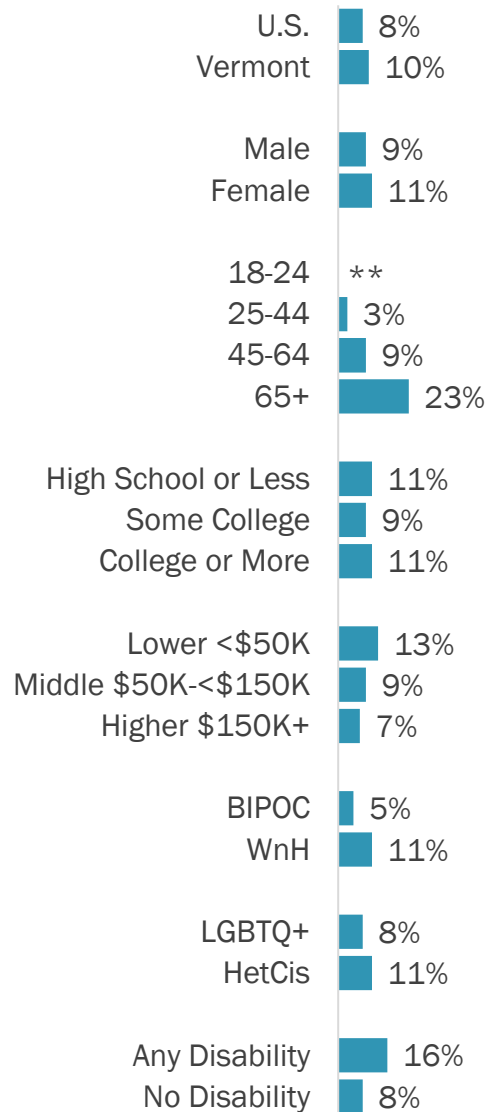
Adults living in homes with lower annual incomes are statistically more likely to have ever had cancer.

White, non-Hispanic adults and adults with a disability are statistically more likely to have ever had cancer.

The prevalence of skin cancer among Vermont adults is the same as in 2022.

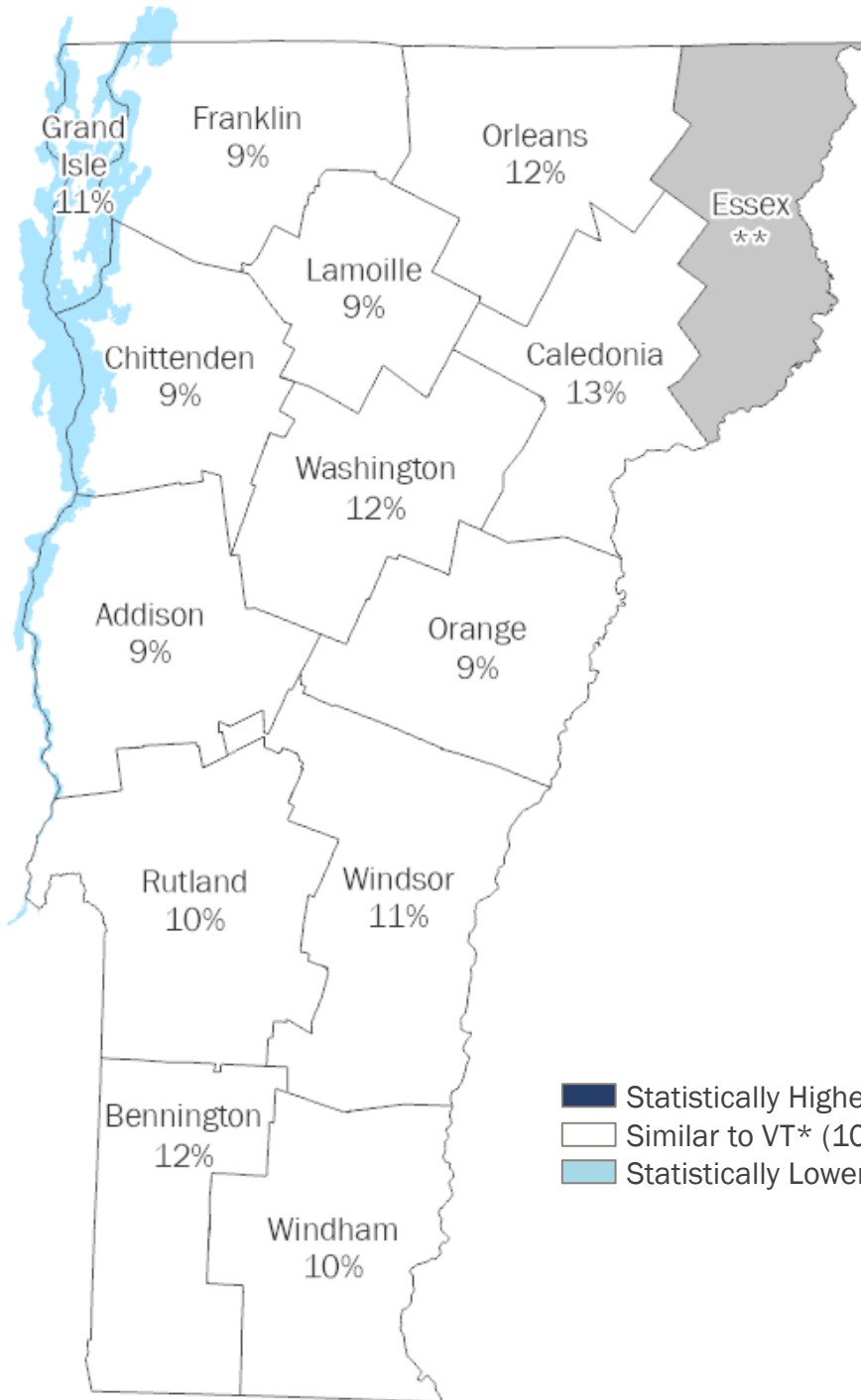
Note: Due to changes in the question in 2022, comparisons to prior years cannot be made. Additionally, due to this question only be asked in two survey years, a trend line is not provided.

Vermont Adults Ever Diagnosed with Cancer, 2023



**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 Cancer (including Melanoma) by County, 2022-2023



All counties have a similar cancer prevalence compared to all Vermont adults.

- Statistically Higher than VT
- Similar to VT* (10%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Cardiovascular Disease

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

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

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

Males are statistically more likely to have CVD.

The prevalence of CVD statistically increases with age.

Adults with some college education or less are statistically more likely to have CVD.

The prevalence of CVD is highest among adults in lower income households.

- All differences by income are statistically significant.

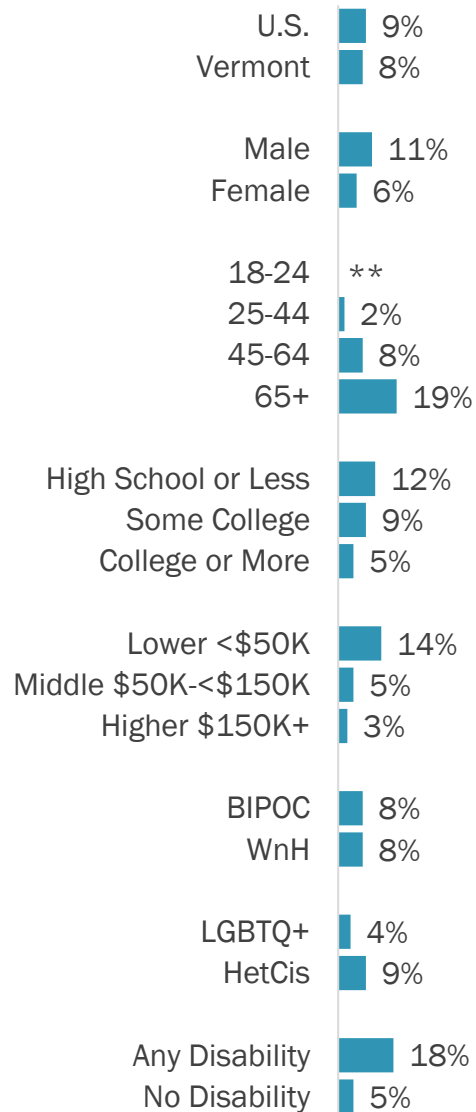
There are no statistical differences in CVD prevalence by race and ethnicity.

HetCis adults are more than two times as likely to report having CVD than LGBTQ+ adults. This is a statistical difference.

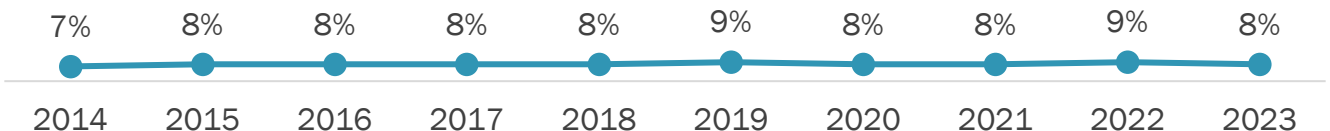
Adults with a disability are more than three times as likely to report having CVD than adults with no disability. This is a statistical difference.

The prevalence of CVD among Vermont adults is statistically similar to 2022 and 2014.

Vermont Adults with Cardiovascular Disease, 2023

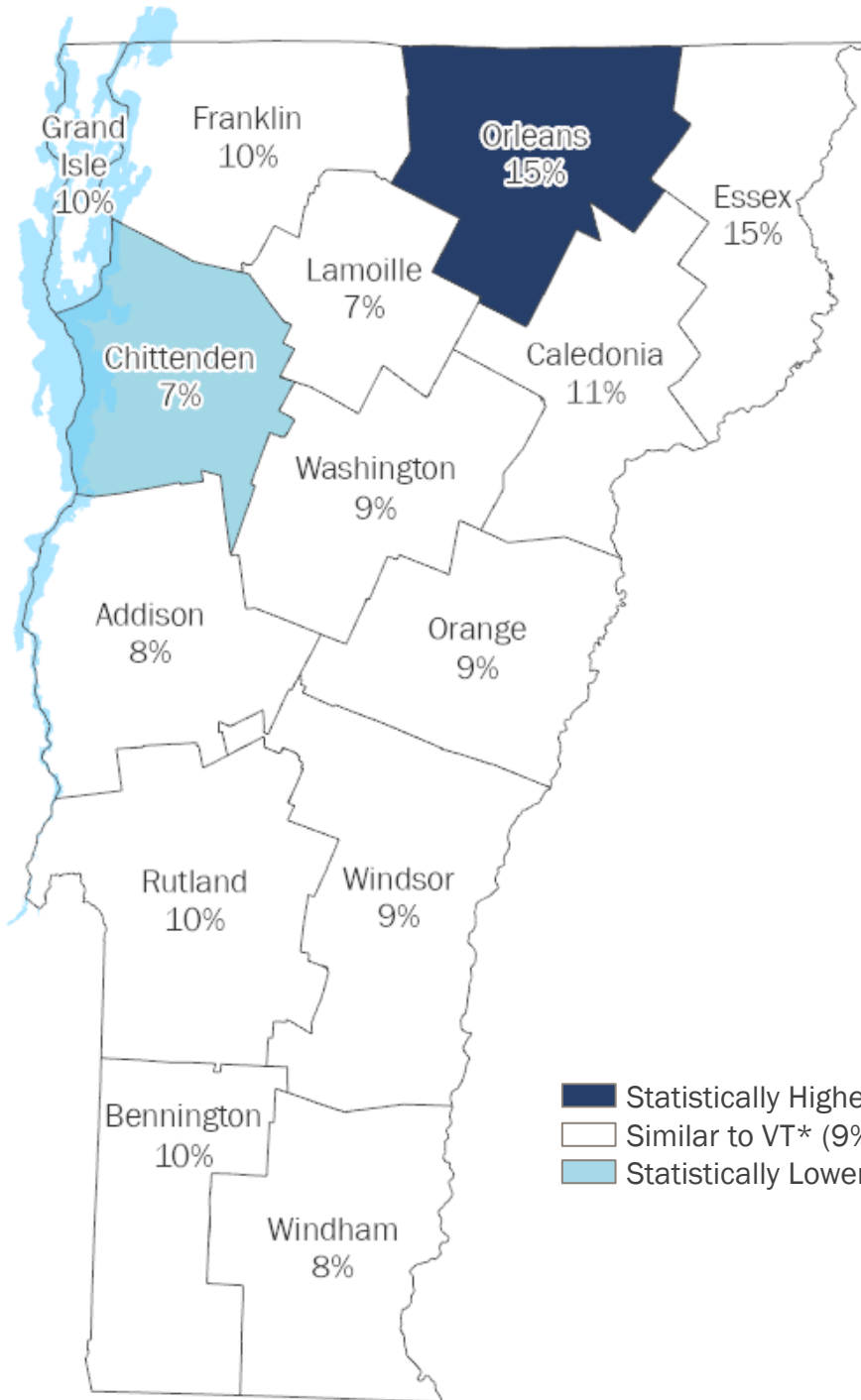


Vermont Adults with Cardiovascular Disease



**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^o by County, 2022-2023



Fifteen percent of Orleans County adults have CVD. This is statistically higher than all Vermont adults.

Seven percent of Chittenden County adults have CVD, which is statistically lower than all Vermont adults.

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

- Statistically Higher than VT
- Similar to VT* (9%)
- Statistically Lower than VT

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

*Vermont estimate represents two years of data.

Chronic Kidney Disease

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

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

Males and females report having chronic kidney disease at statistically similar rates.

The prevalence of chronic kidney disease statistically increases with age.

There are no statistical differences in the prevalence of chronic kidney disease by education level, race and ethnicity or sexual orientation and gender identity.

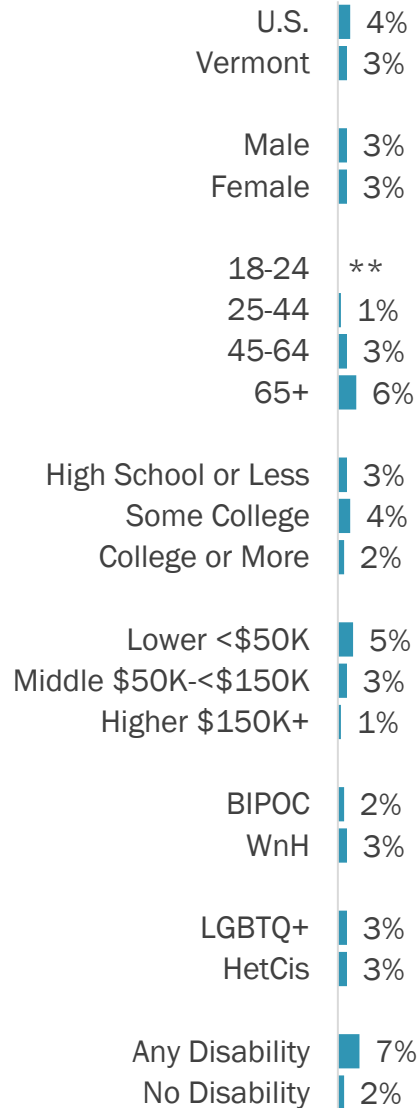
Adults in homes with lower incomes are five times more likely to have chronic kidney disease than those in homes with higher incomes. This is a statistical difference.

Adults with a disability are over three times as likely than those without a disability to report chronic kidney disease. This is a statistical difference.

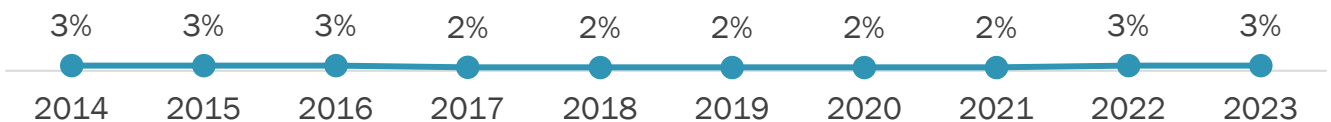
The percent of adults with chronic kidney disease is statistically similar to 2022 and 2014.

Chronic kidney disease is a concern for adults with diabetes. Among adults with diabetes, 13% have chronic kidney disease, statistically higher than the 2% of Vermont adults without diabetes.

Vermont Adults with Chronic Kidney Disease, 2023

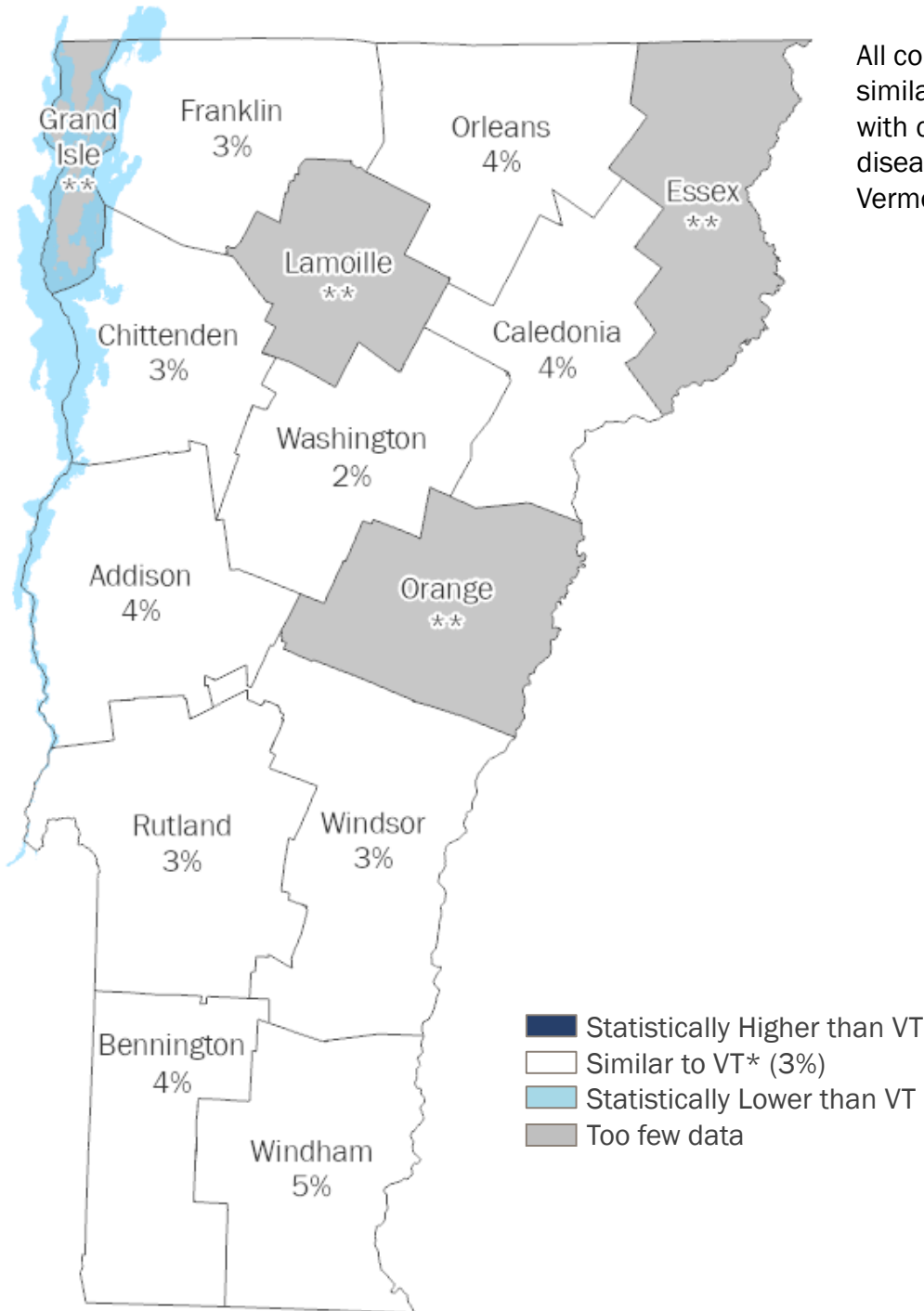


Vermont Adults with Chronic Kidney Disease



**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, 2022-2023



All counties have a similar percent of adults with chronic kidney disease compared to Vermont overall.

*Vermont estimate represents two years of data.

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

Chronic Obstructive Pulmonary Disease (COPD)

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

Males and females report having COPD at statistically similar rates.

The prevalence of COPD among Vermont adults statistically increases with age.

Adults with less education and lower household incomes are more likely to have COPD.

- All differences by education level are statistically significant.
- Adults in homes with lower incomes are statistically more likely to have COPD.

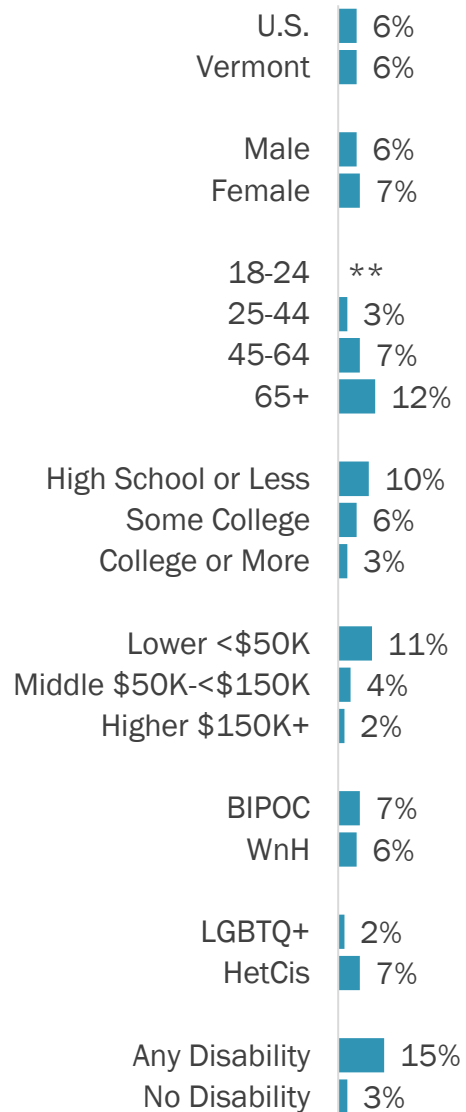
There are no statistical differences in the prevalence of COPD by race and ethnicity.

HetCis adults are over three times as likely to report having COPD than LGBTQ+ adults. This is a statistical difference.

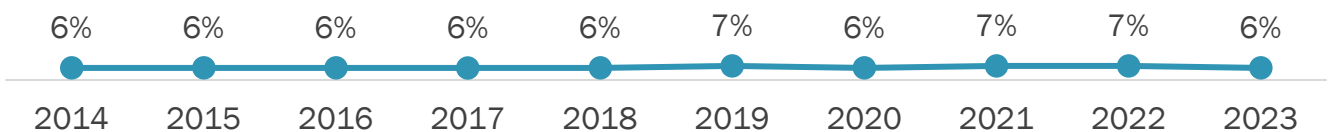
Adults with a disability are five times as likely to report having COPD than adults without a disability. This is a statistical difference.

The percent of Vermont adults with COPD is statistically similar to 2022 and 2014.

Vermont Adults with COPD, 2023

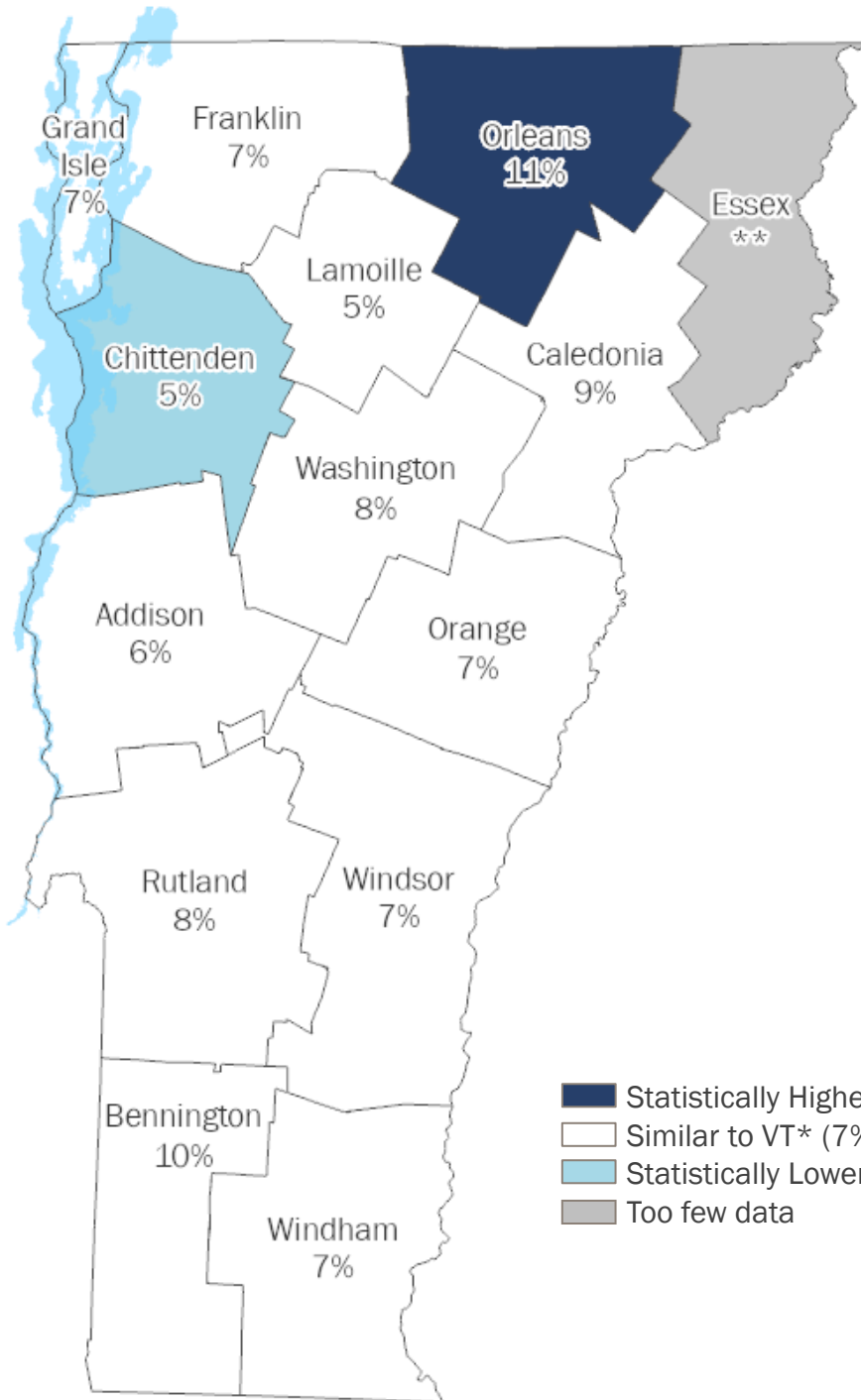


Vermont Adults with COPD



**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, 2022-2023



Eleven percent of Orleans County adults have COPD. This is statistically higher than Vermont overall.

Five percent of Chittenden County adults have COPD. This is statistically lower than all Vermont adults.

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

*Vermont estimate represents two years of data.

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

COVID-19 Long-Term Effects

Among the 57% of Vermont adults who have ever tested positive for COVID-19, 11% report experiencing symptoms (that did not exist prior to having the virus) that lasted for three months or longer.

A positive test includes being diagnosed by a health care provider or receiving a positive home test.

Females report statistically higher rates of long-term effects from COVID-19.

Adults ages 45-64 are statistically more likely than those 65 and older to experience long-term effects.

There are no statistical differences in experiencing long-term effects by education level, race and ethnicity, or sexual orientation and gender identity.

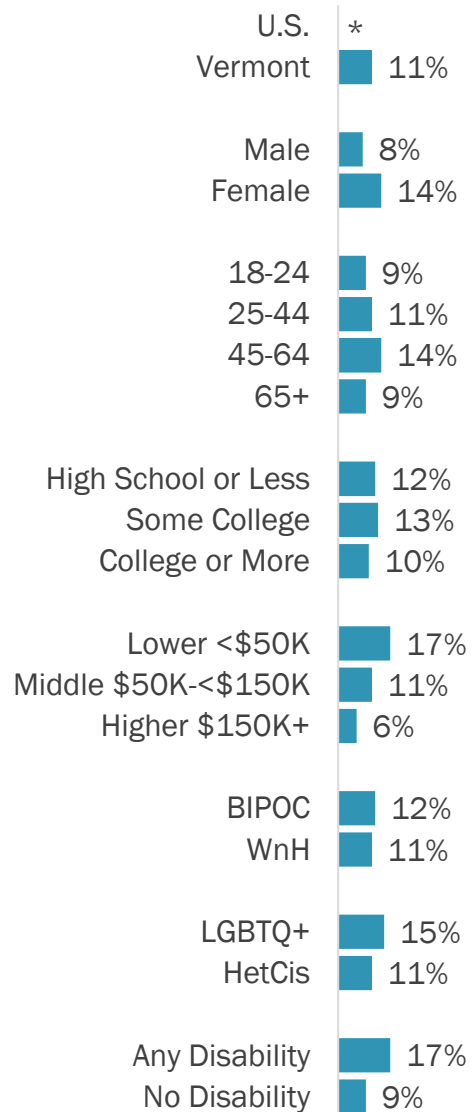
The prevalence of long-term effects from COVID-19 statistically decreases as household income level increases.

Adults with a disability are nearly two times as likely to report long-term effects from COVID-19 than those with no disability.

The percent of Vermont adults with long-term effects from COVID-19 is statistically lower than the 16% in 2022.

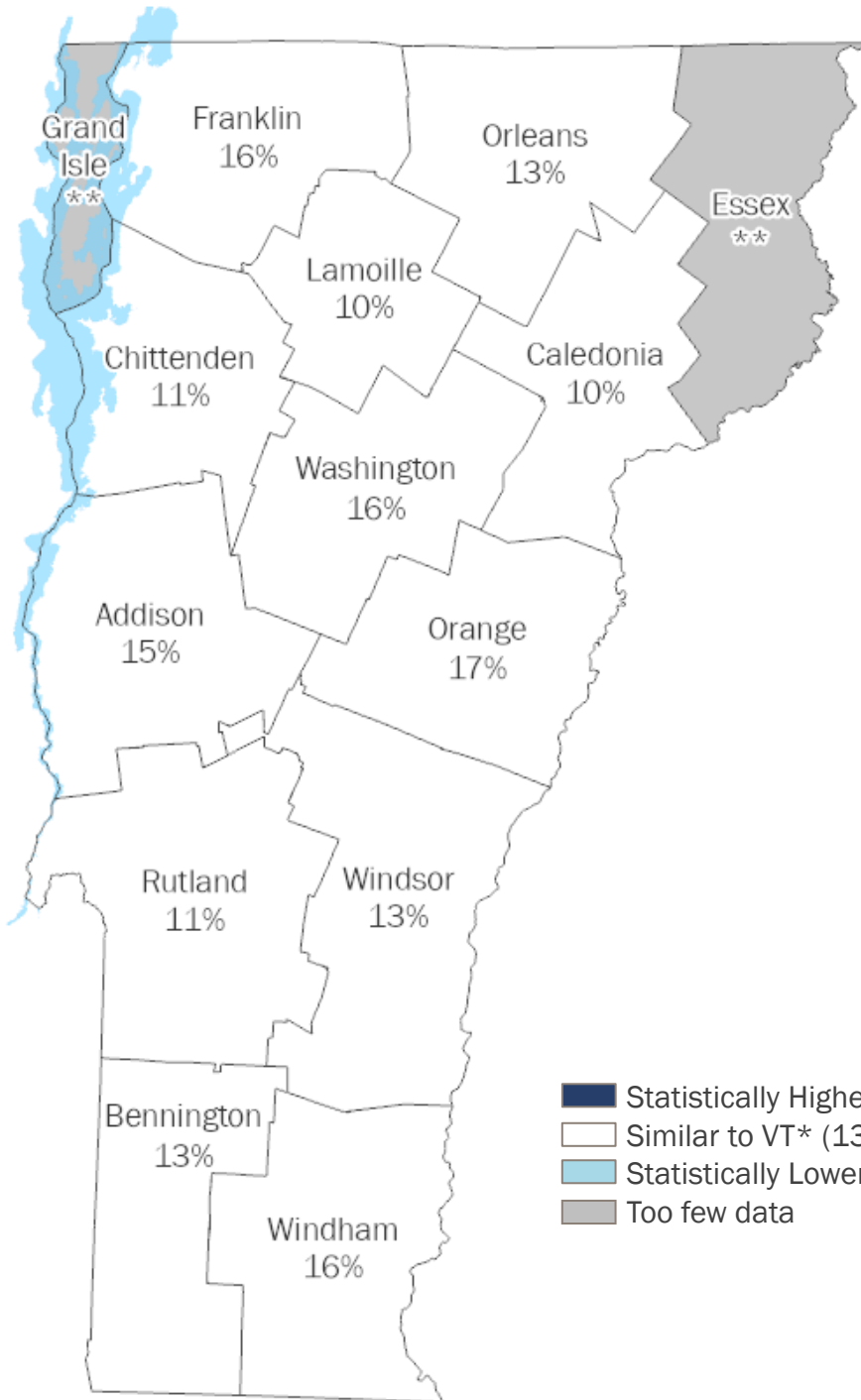
Note: Due to changes in methodology in 2023, use caution when comparing to previous years. Additionally, due to this question only be asked in its current form in two survey years, a trend line is not provided.

Vermont Adults with Long-Term COVID-19 Effects, 2023



*No national estimate available.

Vermont Adults with COVID-19 Long-Term Effects by County, 2022-2023



All counties have a similar prevalence of long-term effects from COVID-19 compared to Vermont overall.

*Vermont estimate represents two years of data.

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

Depressive Disorder

More than one-quarter of Vermont adults report ever being told they have a depressive disorder (26%). This is statistically higher than the 20% of U.S. adults.

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

Females are statistically more likely to report having a depressive disorder.

Adults 18-64 are statistically more likely to have a depressive disorder compared to older adults. Adults 25-44 are statistically more likely to have a depressive disorder than those 45-64.

There are no statistical differences in the prevalence of depressive disorders by education level or race and ethnicity.

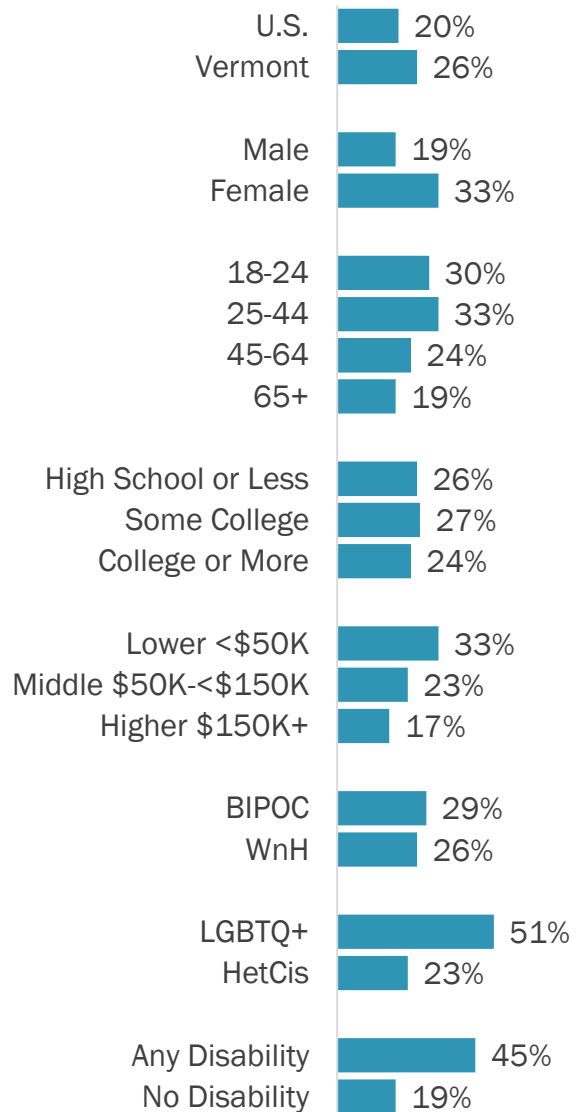
The prevalence of depressive disorders statistically decreases with household income level.

LGBTQ+ adults are more than two times as likely to have a depressive disorder than HetCis adults. This is a statistical difference.

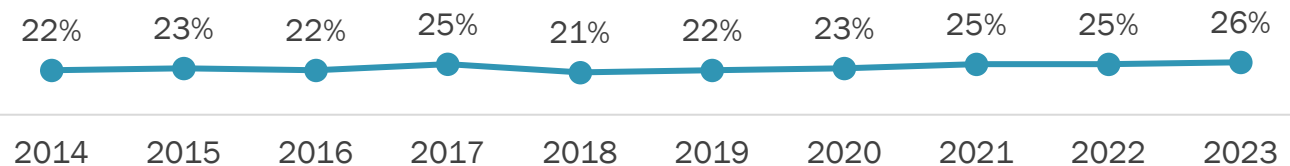
Adults with a disability are more than two times as likely to report having a depressive disorder than those with no disability. This is a statistical difference.

Depressive disorders among Vermont adults is statistically similar to 2022, but statistically higher than 2014.

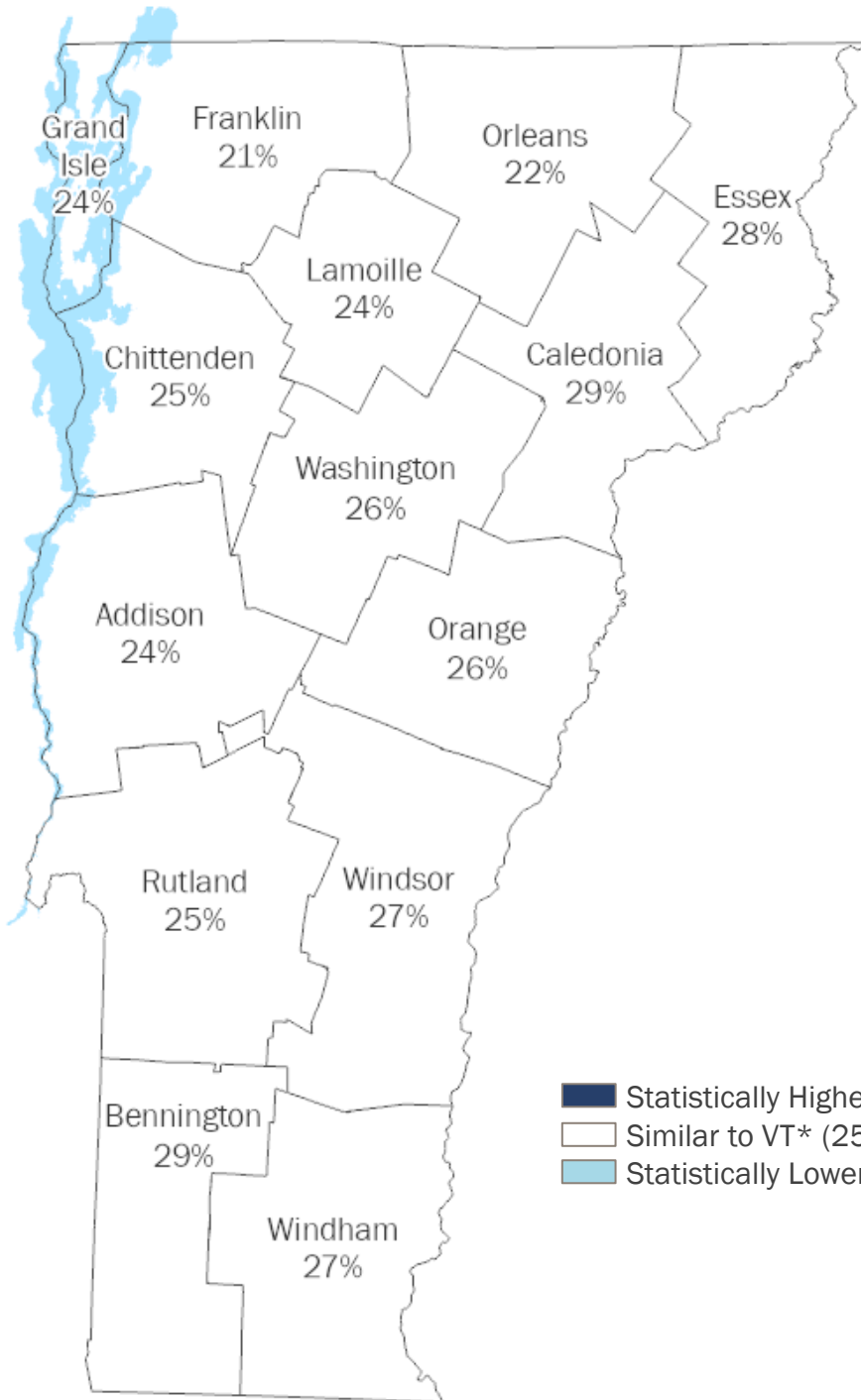
Vermont Adults with a Depressive Disorder, 2023



Vermont Adults with a Depressive Disorder



Vermont Adults with a Depressive Disorder by County, 2022-2023



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

*Vermont estimate represents two years of data.

Prediabetes

One in ten Vermont adults have ever been diagnosed with borderline or prediabetes.

Males and females report statistically similar rates of prediabetes.

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

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

Adults in homes with lower incomes are statistically more likely to have prediabetes than those in higher income homes.

There are no statistical differences in prediabetes prevalence by race and ethnicity.

HetCis adults are nearly two times as likely to have prediabetes than LGBTQ+ adults. This is a statistical difference.

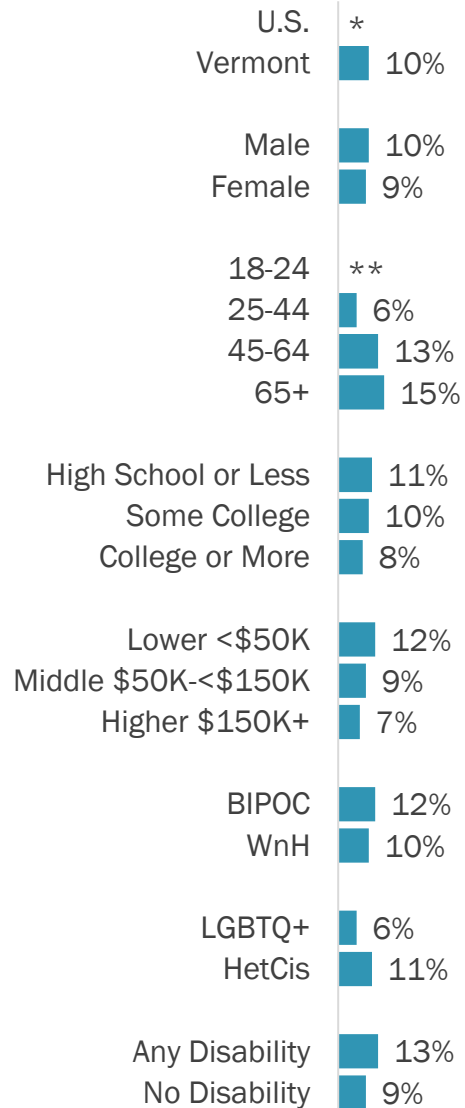
Adults with a disability are statistically more likely to have prediabetes.

The prevalence of diabetes among Vermont adults is statistically similar to 2021, but statistically higher than 2014.

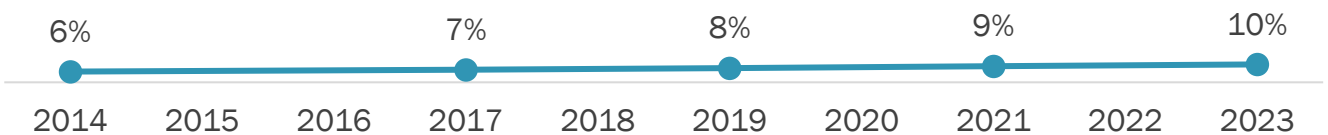
Prediabetes is likely underreported due to a relatively low rate of testing. Seventy-six percent of Vermont adults were tested for diabetes or high blood sugar in the prior three years.

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

Vermont Adults with Prediabetes, 2023



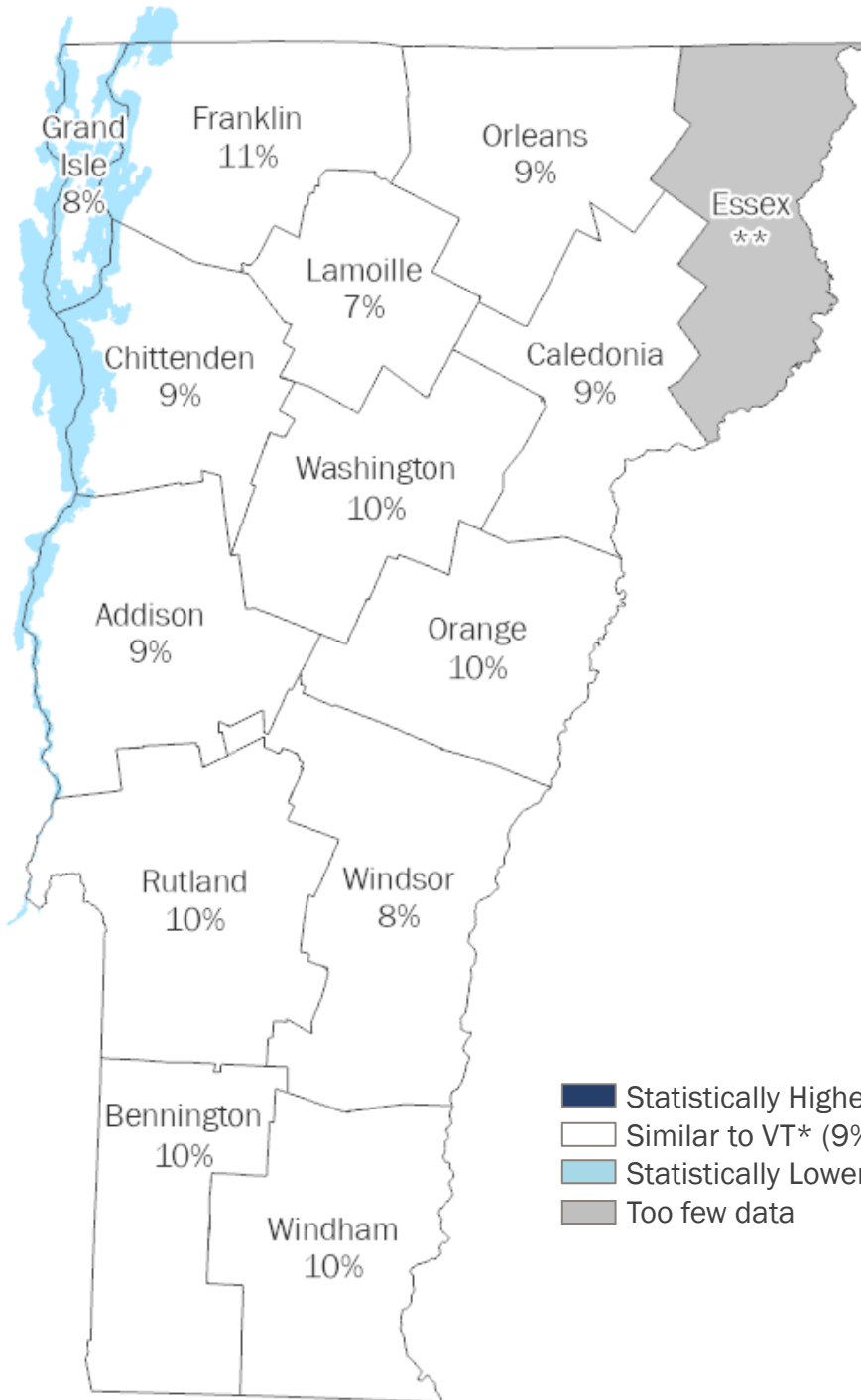
Vermont Adults with Prediabetes



*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 Prediabetes by County, 2021, 2023



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

*Vermont estimate represents two years of data.

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

Diabetes

Nine percent of Vermont adults have ever been diagnosed with diabetes, statistically lower than the 12% among U.S. adults.

The average age of diagnosis in Vermont is 48 years old.

Males and females report statistically similar rates of diabetes.

The prevalence of diabetes statistically increases with age.

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

- Adults with some college or less education are statistically more likely to have diabetes.
- The prevalence of diabetes statistically decreases as household income level increases.

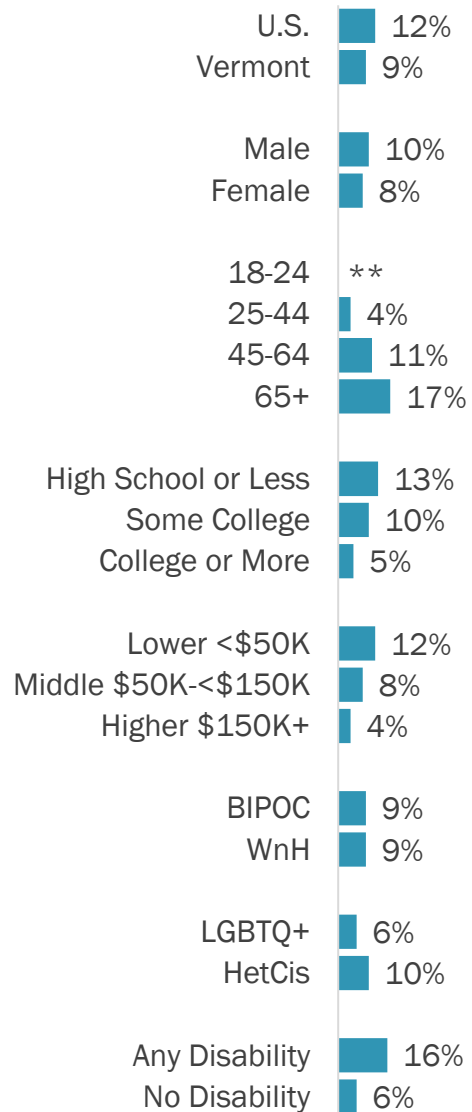
There are no differences in diabetes prevalence by race and ethnicity.

HetCis adults are statistically more likely to have diabetes.

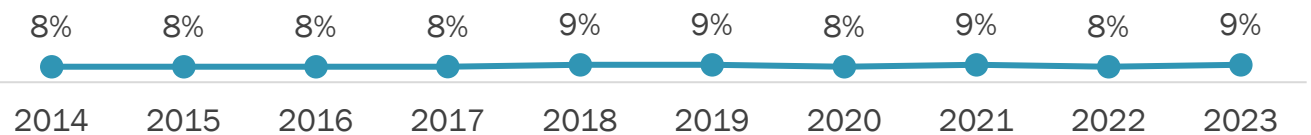
Adults with a disability are more than two times as likely to report having diabetes than those with no disability. This is a statistical difference.

The prevalence of diabetes among Vermont adults is statistically similar to 2022 and 2014.

Vermont Adults with Diabetes, 2023

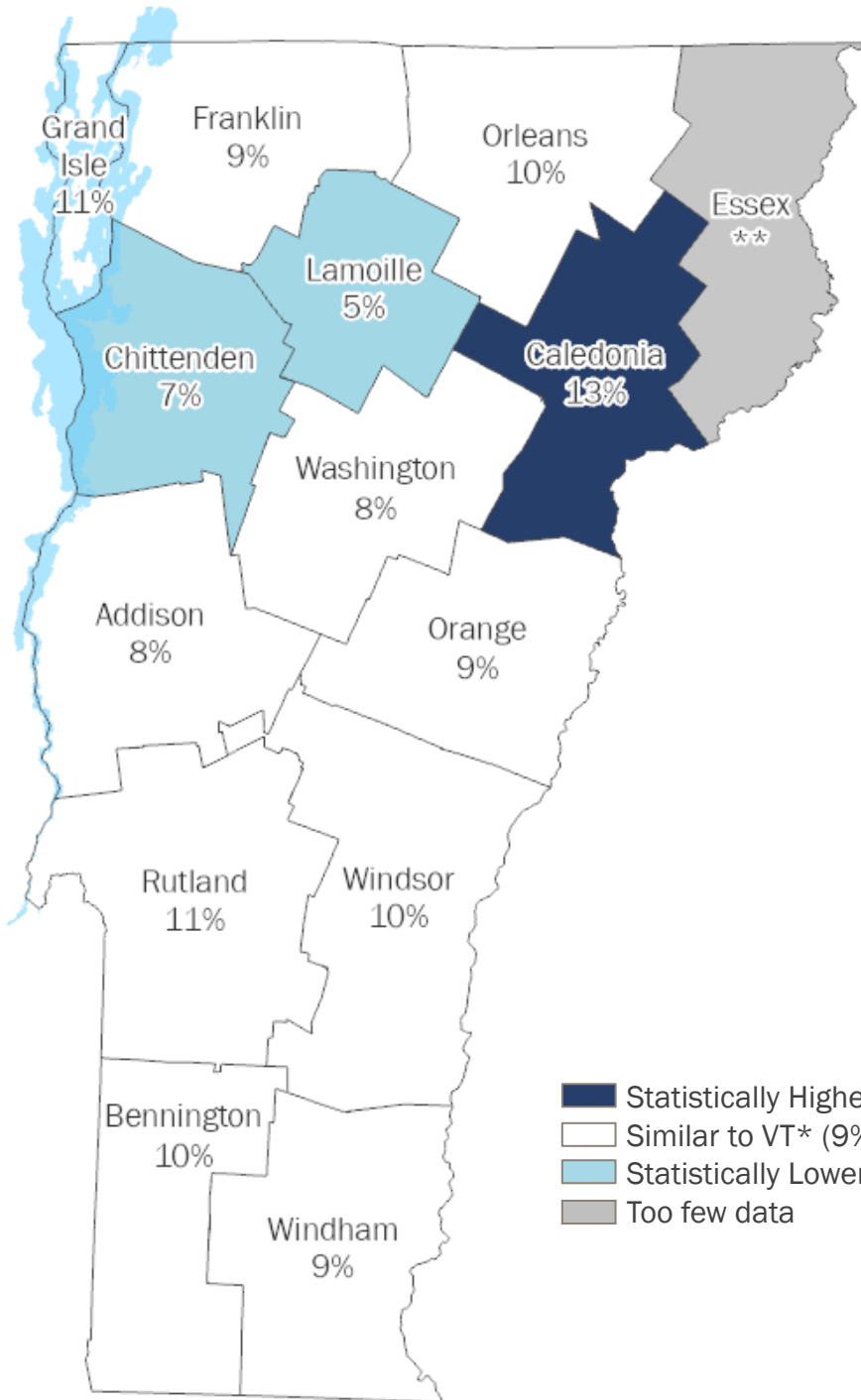


Vermont Adults with Diabetes



**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, 2022-2023



Thirteen percent of Caledonia County adults have diabetes. This is statistically higher than Vermont overall.

Seven percent of Chittenden County and 5% of Lamoille County adults have diabetes, which is statistically lower than Vermont overall.

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

*Vermont estimate represents two years of data.

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

High Cholesterol

More than one-third of Vermont adults report they have ever been told they have high cholesterol (34%). This is statistically lower compared to 38% of U.S. adults.

This is likely an underestimate as only 86% 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 (57%).

Males are statistically more likely to have high cholesterol.

The prevalence of high cholesterol statistically increases with age.

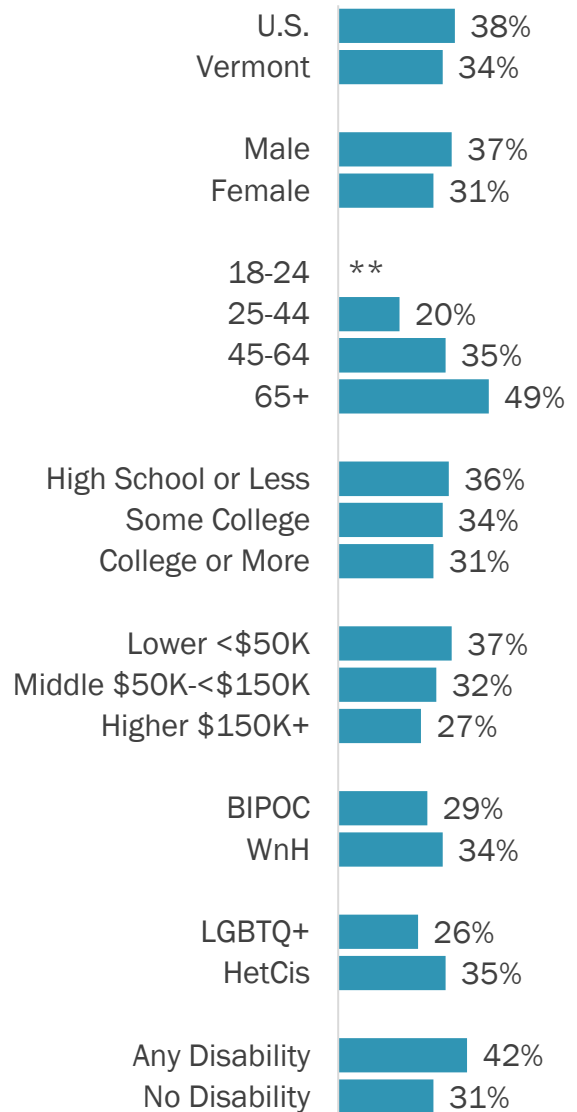
There are no differences in high cholesterol prevalence by education level or race and ethnicity.

The prevalence of high cholesterol is statistically higher among adults with lower household incomes.

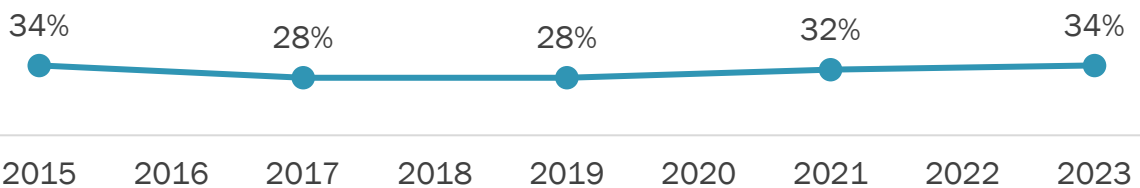
HetCis adults and adults with a disability are statistically more likely to report high cholesterol.

The prevalence of high cholesterol among Vermont adults is statistically similar to 2021 and 2015.

Vermont Adults with High Cholesterol, 2023

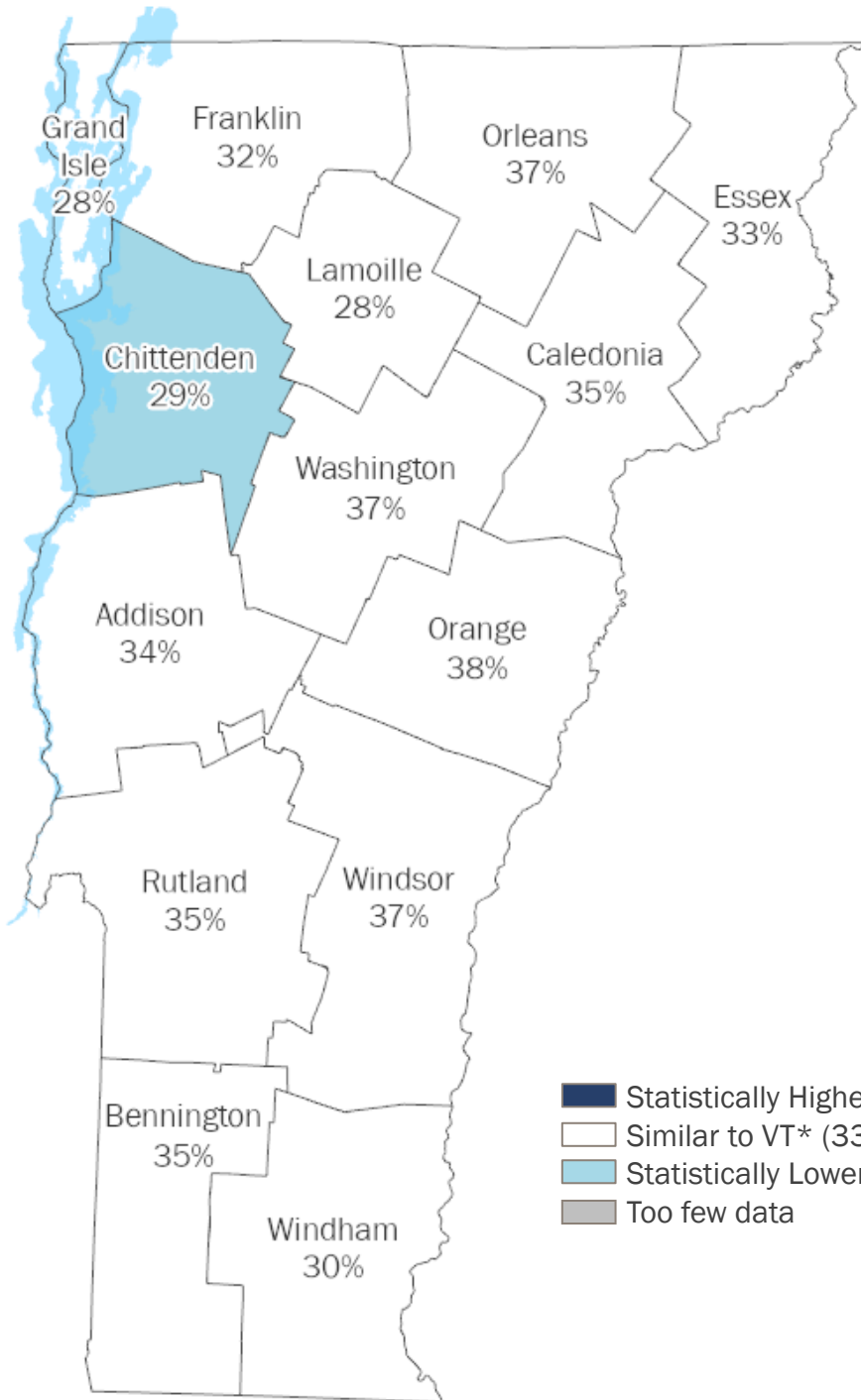


Vermont Adults with High Cholesterol



**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, 2021, 2023



Nearly three in ten Chittenden County adults have high cholesterol (29%). This is statistically lower than Vermont overall.

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

- Statistically Higher than VT
- Similar to VT* (33%)
- Statistically Lower than VT
- Too few data

*Vermont estimate represents two years of data.

Hypertension

One-third of Vermont adults have been told they have hypertension, also known as high blood pressure (33%). This is statistically lower compared to 34% of U.S. adults.

Among diagnosed adults, 77% are taking prescription medicine for their hypertension.

Males are statistically more likely to have been diagnosed with hypertension.

Hypertension statistically increases with age.

Adults with some college or less are statistically more likely to have hypertension compared to those with a college degree or more.

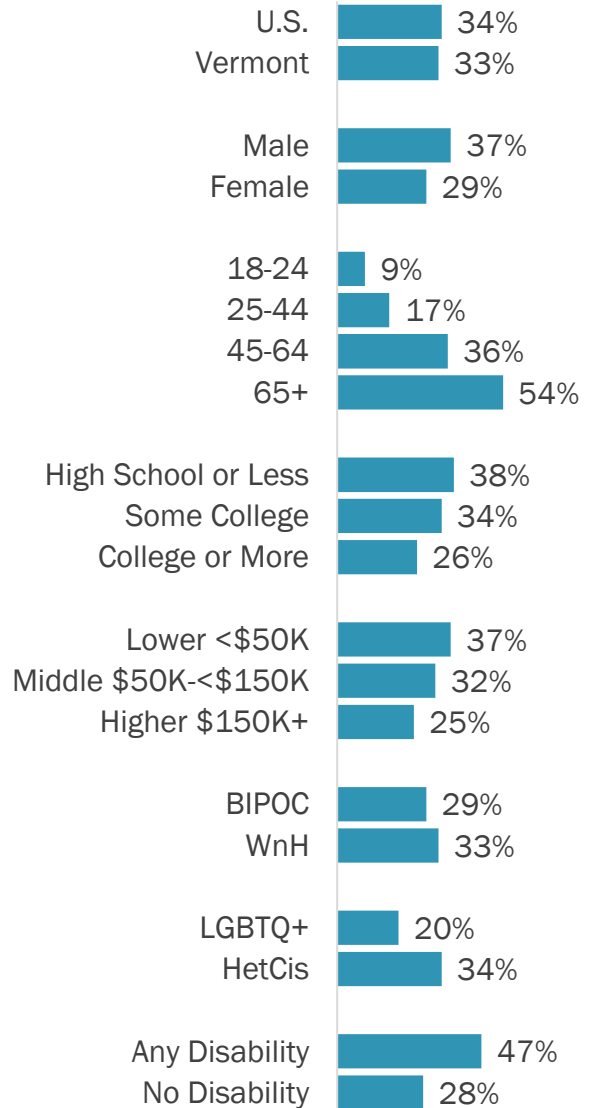
Adults in homes with lower to middle incomes are statistically more likely to have hypertension than those in homes with higher incomes.

There are no differences in hypertension prevalence by race and ethnicity.

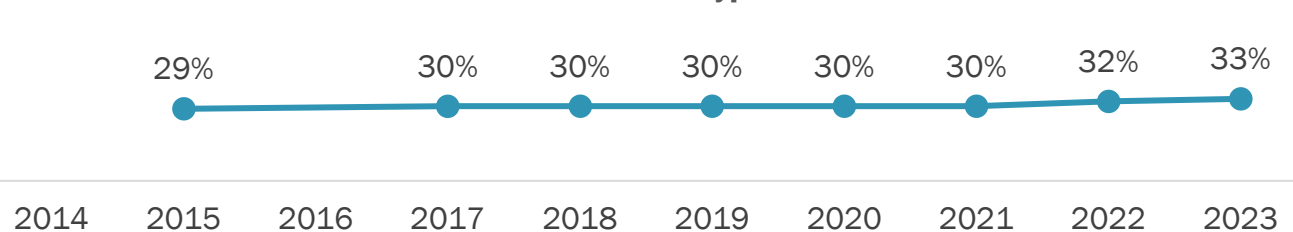
HetCis adults and adults with a disability are statistically more likely to report having hypertension.

The prevalence of hypertension among Vermont adults is statistically similar to 2022, but statistically higher than 2015.

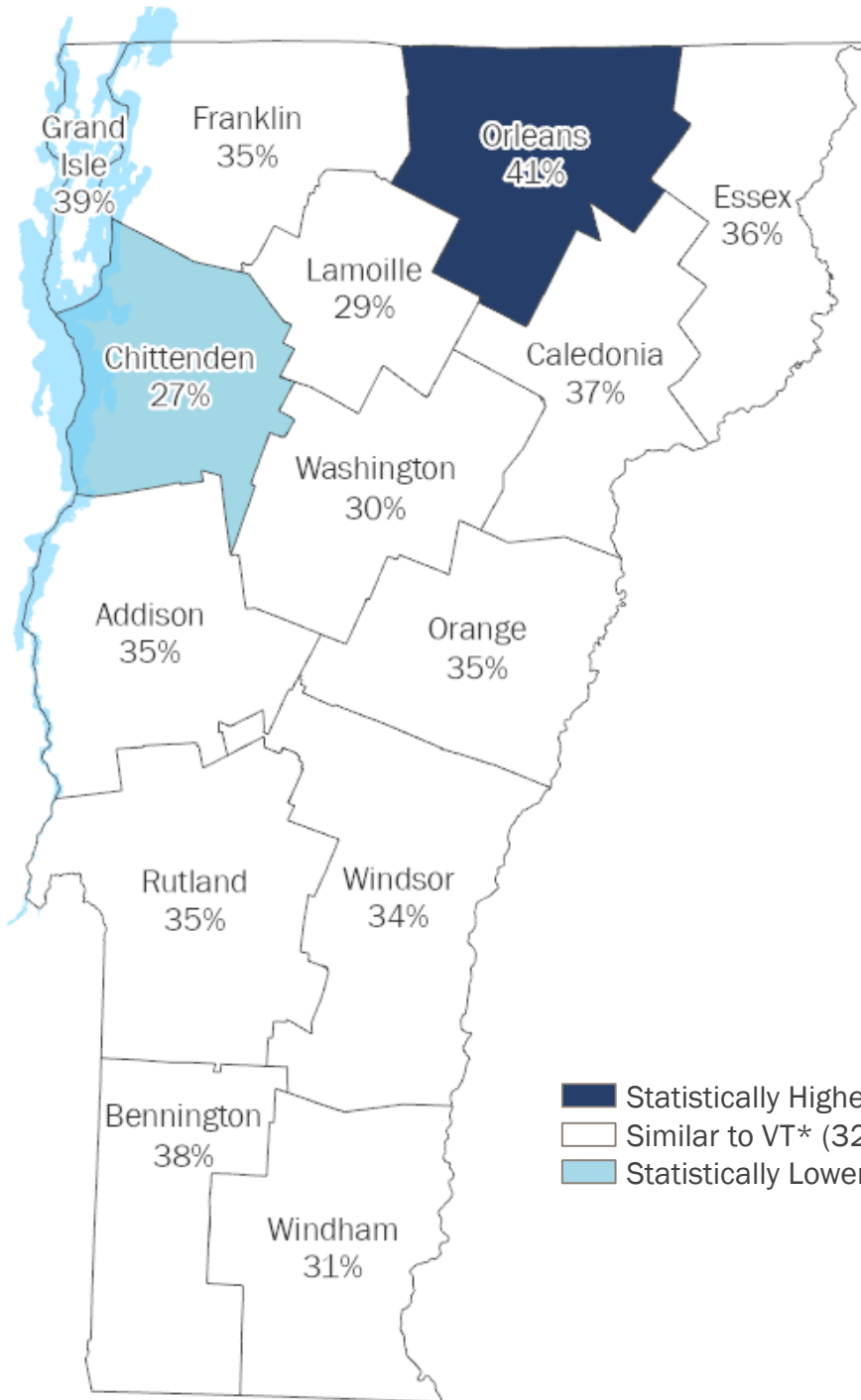
Vermont Adults with Hypertension, 2023



Vermont Adults with Hypertension



Vermont Adults with Hypertension by County, 2022-2023



More than four in ten adults in Orleans County have hypertension (41%). This is statistically higher than Vermont overall.

More than one-quarter of adults in Chittenden County have hypertension (27%), which is statistically lower than Vermont overall.

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

*Vermont estimate represents two years of data.

Risk Factors and Behaviors

Alcohol Consumption – Any in Past Month

Six in ten Vermont adults had any alcohol in the past month (61%). This is statistically higher than the 52% of U.S. adults.

Males report using alcohol at a statistically higher rate.

Adults ages 25-64 are statistically more likely to report using alcohol than older adults.

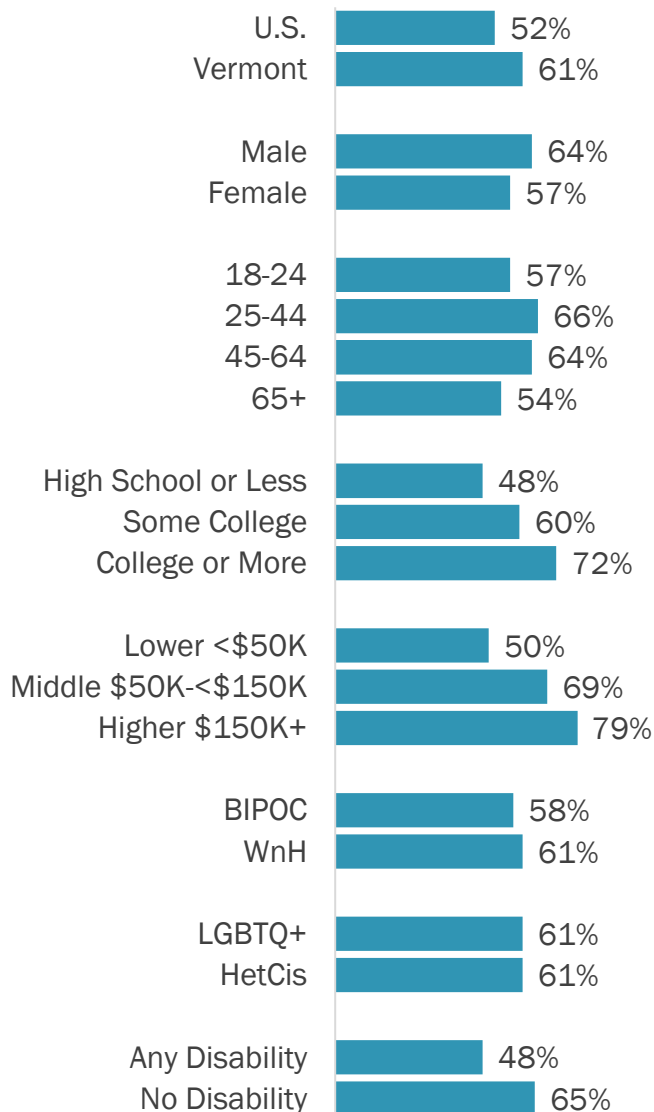
The prevalence of alcohol use statistically increases with education level and household income level.

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

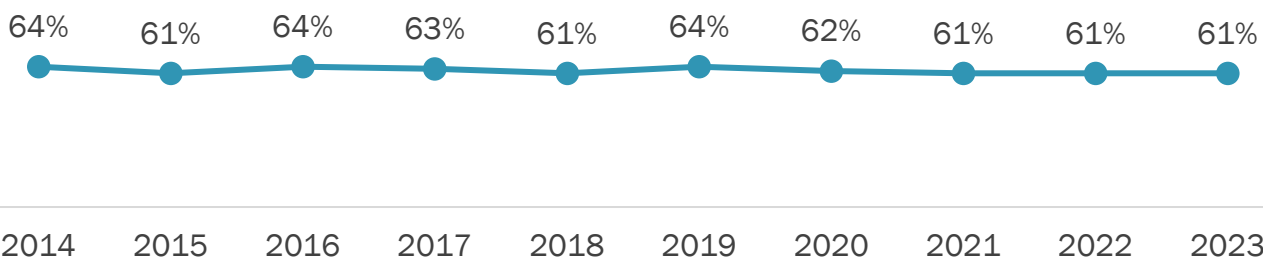
Adults with no disability are statistically more likely to use alcohol.

The prevalence of alcohol use among adults is statistically similar to 2022, but statistically lower than 2014.

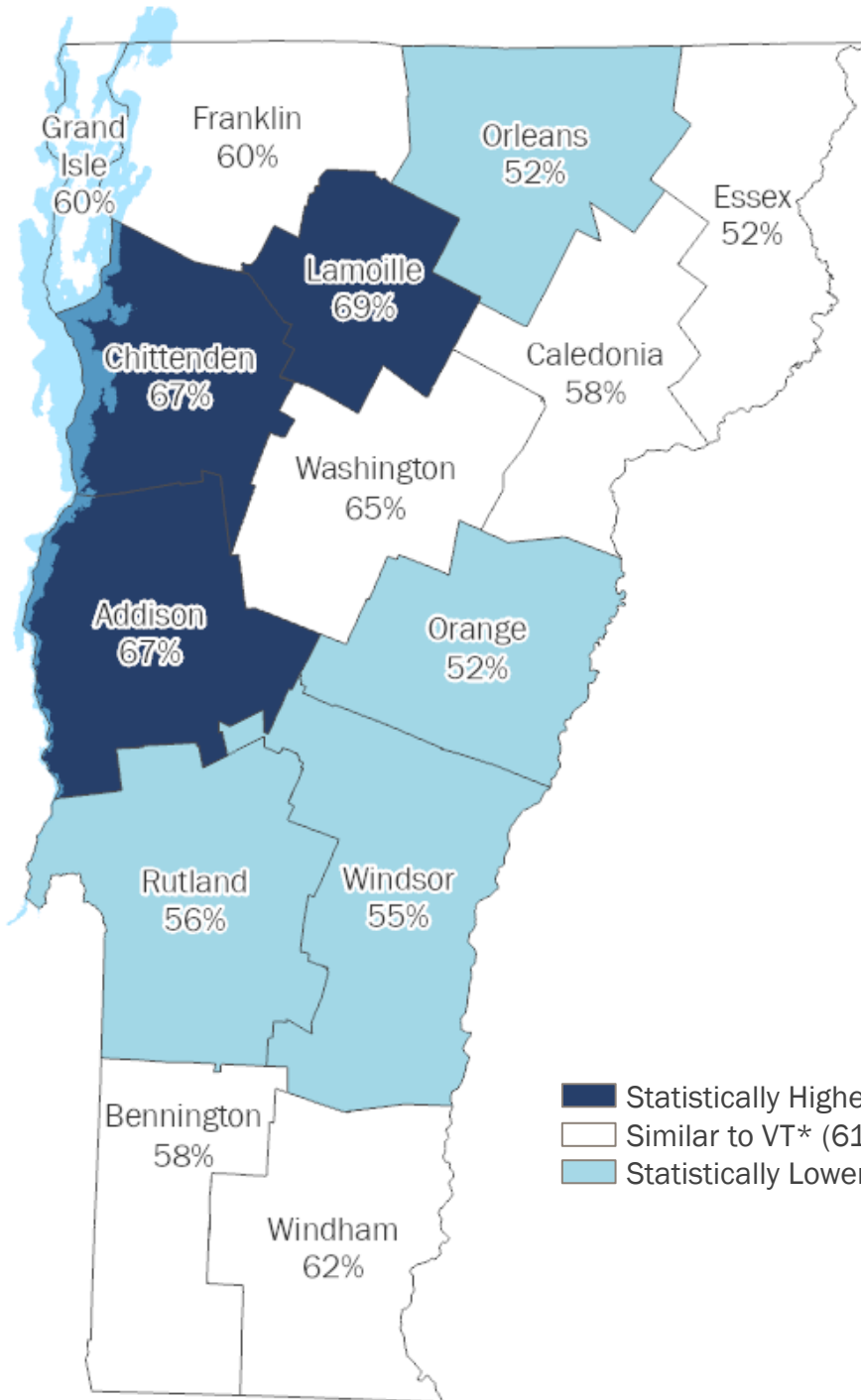
Vermont Adults with Any Alcohol Consumption, 2023



Vermont Adults with Any Alcohol Consumption



Vermont Adults with Any Alcohol Consumption by County, 2022-2023



Nearly seven in ten adults in Lamoille (69%), Addison (67%), and Chittenden (67%) counties consumed alcohol in the past month. These rates are statistically higher than Vermont overall.

Fifty-six percent of adults in Rutland, 55% in Windsor, and 52% in Orange and Orleans counties consumed any alcohol in the past month. These rates are 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* (61%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Alcohol Consumption – Binge Drinking

Sixteen percent of Vermont adults report binge drinking in the past month, statistically similar to the 15% of U.S. adults.

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

Males are statistically more likely to binge drink.

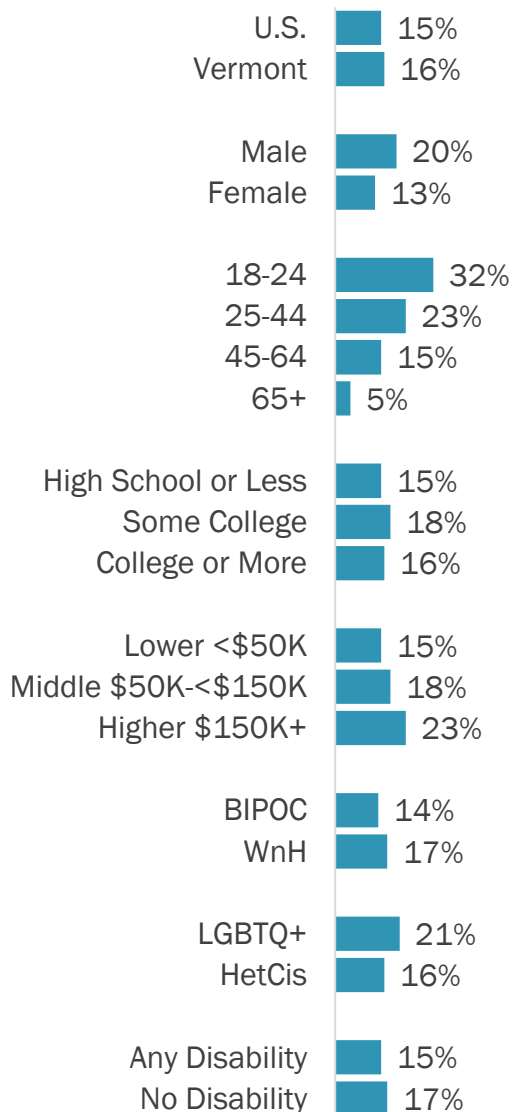
Binge drinking statistically decreases with age.

Adults in homes with higher incomes are statistically more likely to binge drink than those in homes with lower incomes.

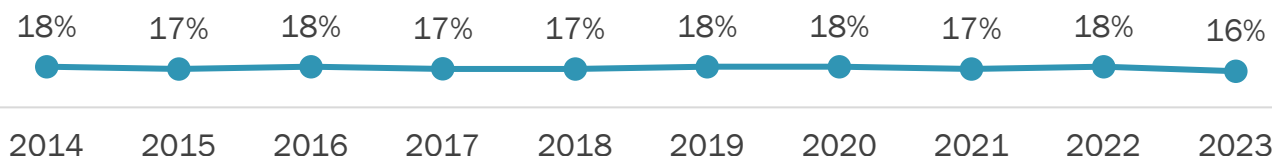
There are no statistical differences in binge drinking by education level, race and ethnicity, sexual orientation and gender identity, or disability status.

The percent of Vermont adults binge drinking is statistically similar to 2022 and 2014.

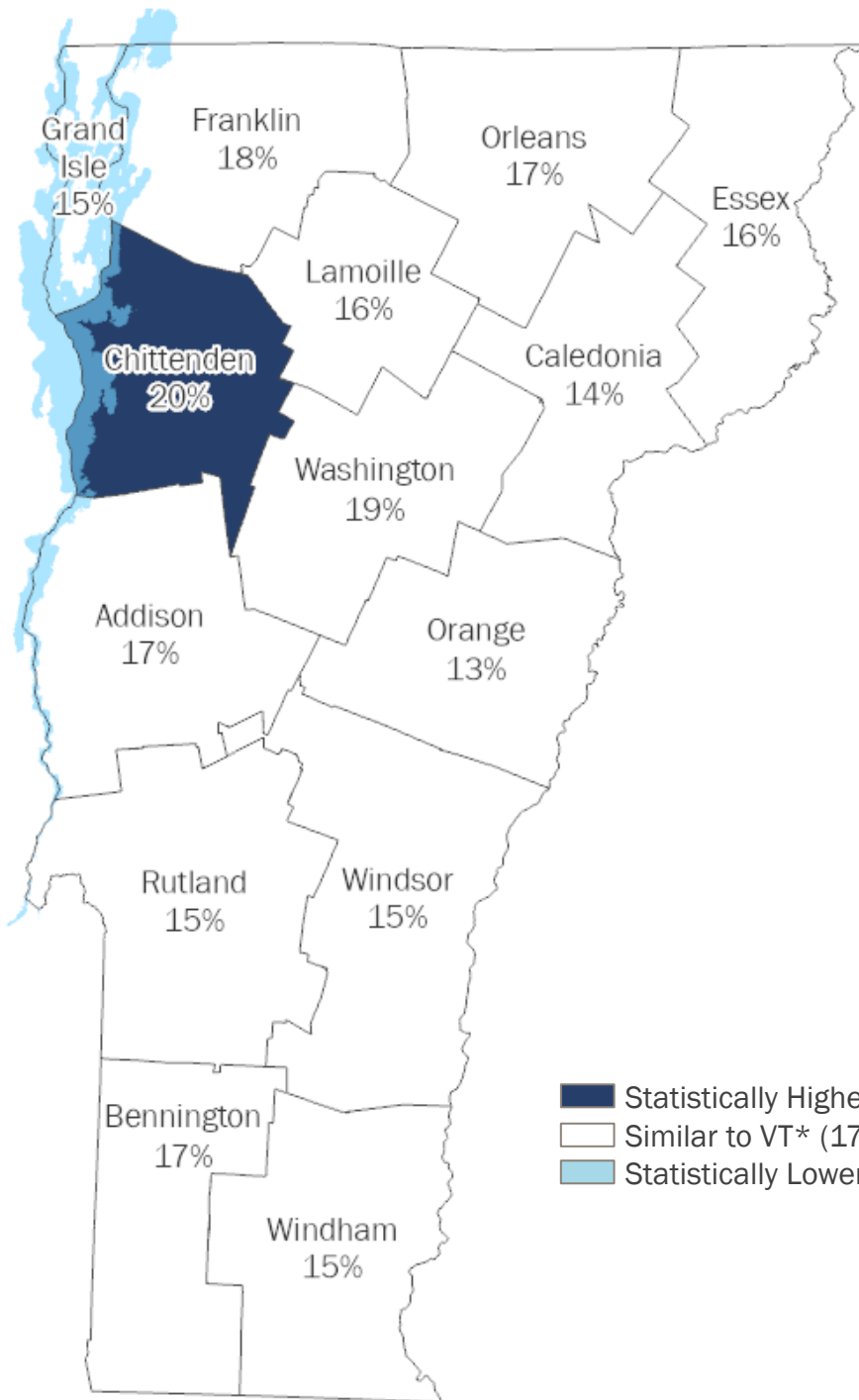
Vermont Adults who Report Binge Drinking, 2023



Vermont Adults who Report Binge Drinking



Vermont Adults who Report Binge Drinking^o by County, 2022-2023



Two in ten Chittenden County adults binge drank in the past month. This is statistically higher than all Vermont adults.

All other counties have a similar binge drinking rate compared to Vermont.

- Statistically Higher than VT
- Similar to VT* (17%)
- Statistically Lower than VT

^oBinge drinking is defined as five or more drinks on an occasion for males and four or more for females.
*Vermont estimate represents two years of data.

Alcohol Consumption – Heavy Drinking

Eight percent of Vermont adults report drinking heavily in the past month, which is statistically higher than the 6% of U.S. adults.

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

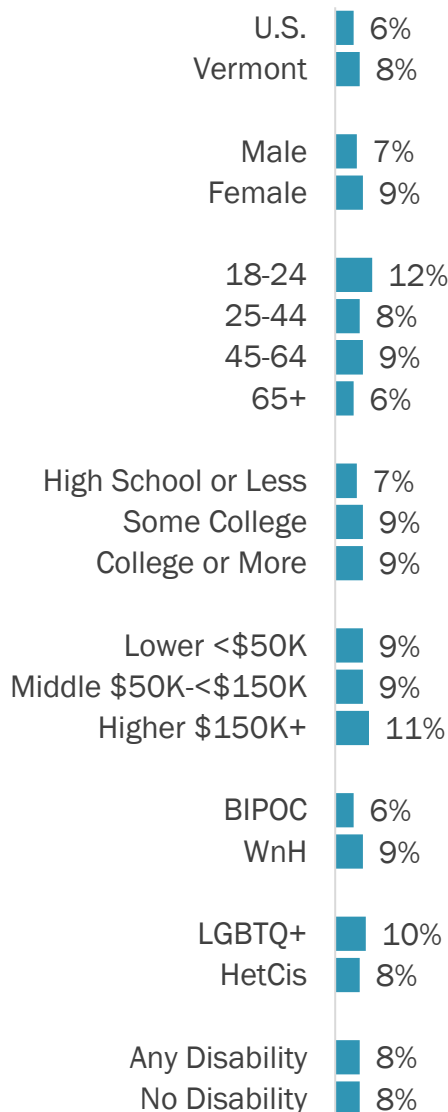
Males and females report statistically similar rates of heavy drinking.

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

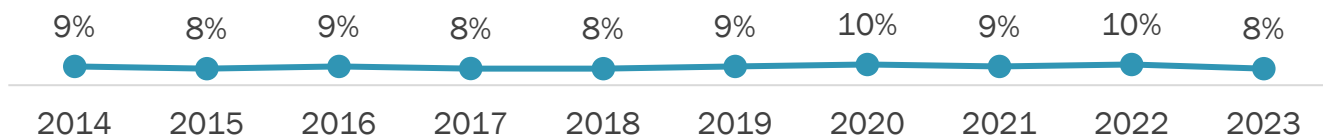
There are no statistical differences in heavy drinking by education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The percent of adults drinking heavily is statistically similar to 2022 and 2014.

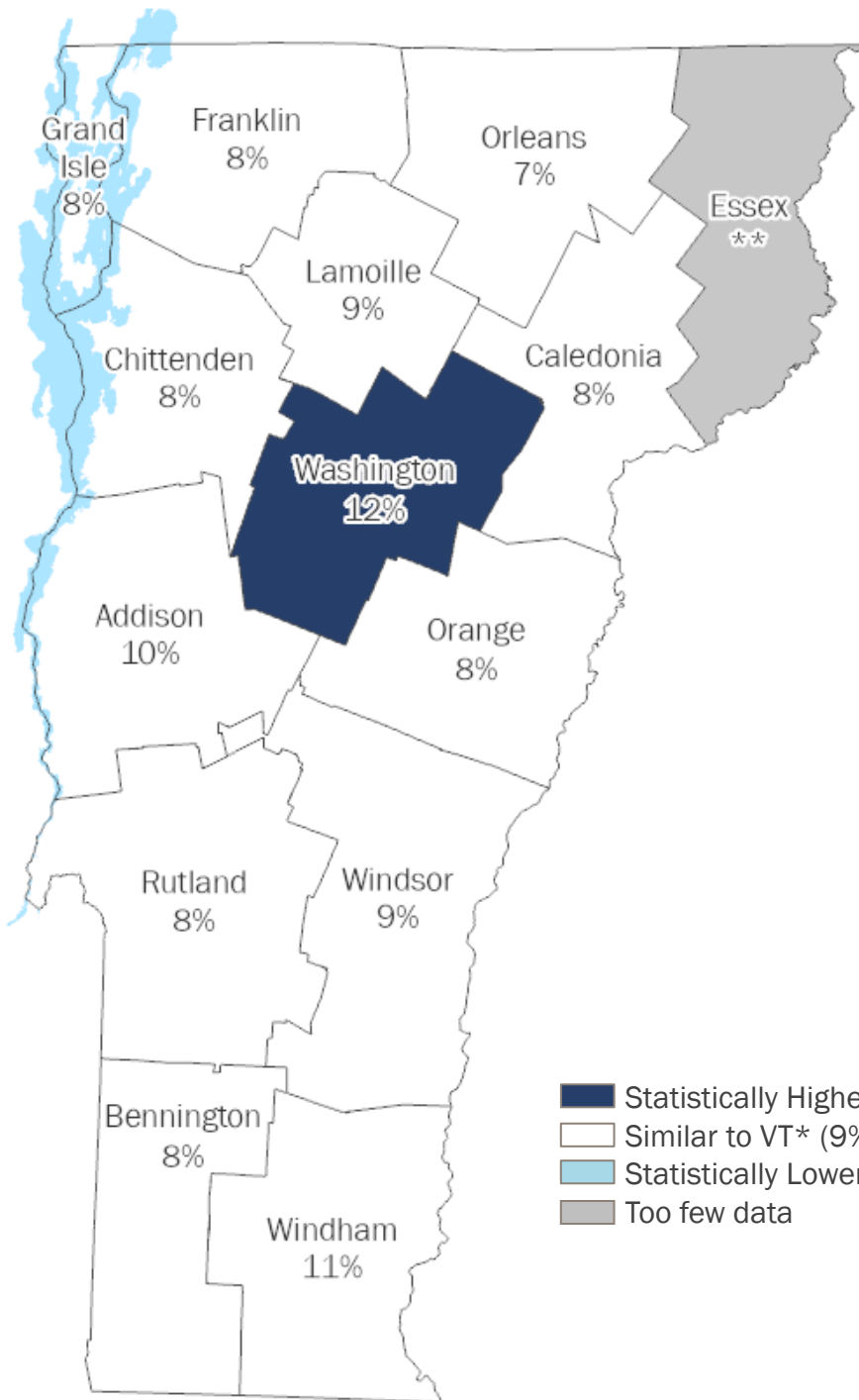
Vermont Adults who Report Heavy Drinking, 2023



Vermont Adults who Report Heavy Drinking



Vermont Adults who Report Heavy Drinking^o by County, 2022-2023



Twelve percent of Washington County adults report heavy drinking in the past month. This is statistically higher than all Vermont adults.

All other counties have similar rates of heavy drinking compared to Vermont overall.

^oHeavy drinking is defined as more than two drinks per day for males and more than one for females.

*Vermont estimate represents two years of data.

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

Statistical comparisons are not completed on suppressed values.

Alcohol Consumption – Driving Under the Influence

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

Males and females report statistically similar rates of drinking and driving.

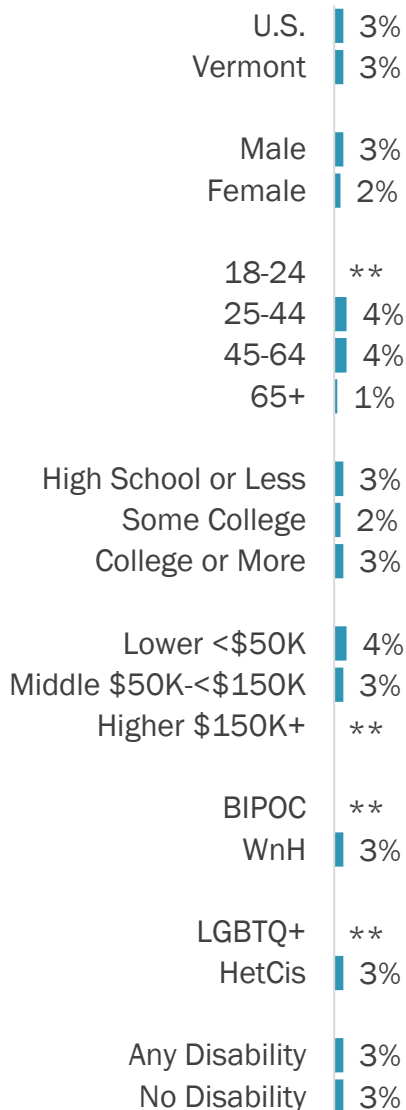
Adults 25-64 are statistically more likely to drink and drive than older adults.

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

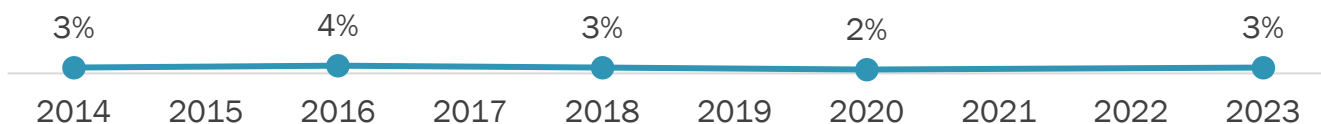
Statistical comparisons were not made for drinking and driving by race and ethnicity or sexual orientation and gender identity due to data suppression.

Adults report drinking and driving at statistically similar rates to 2020 and 2014.

Vermont Adults who Report Driving After Drinking Alcohol, 2023

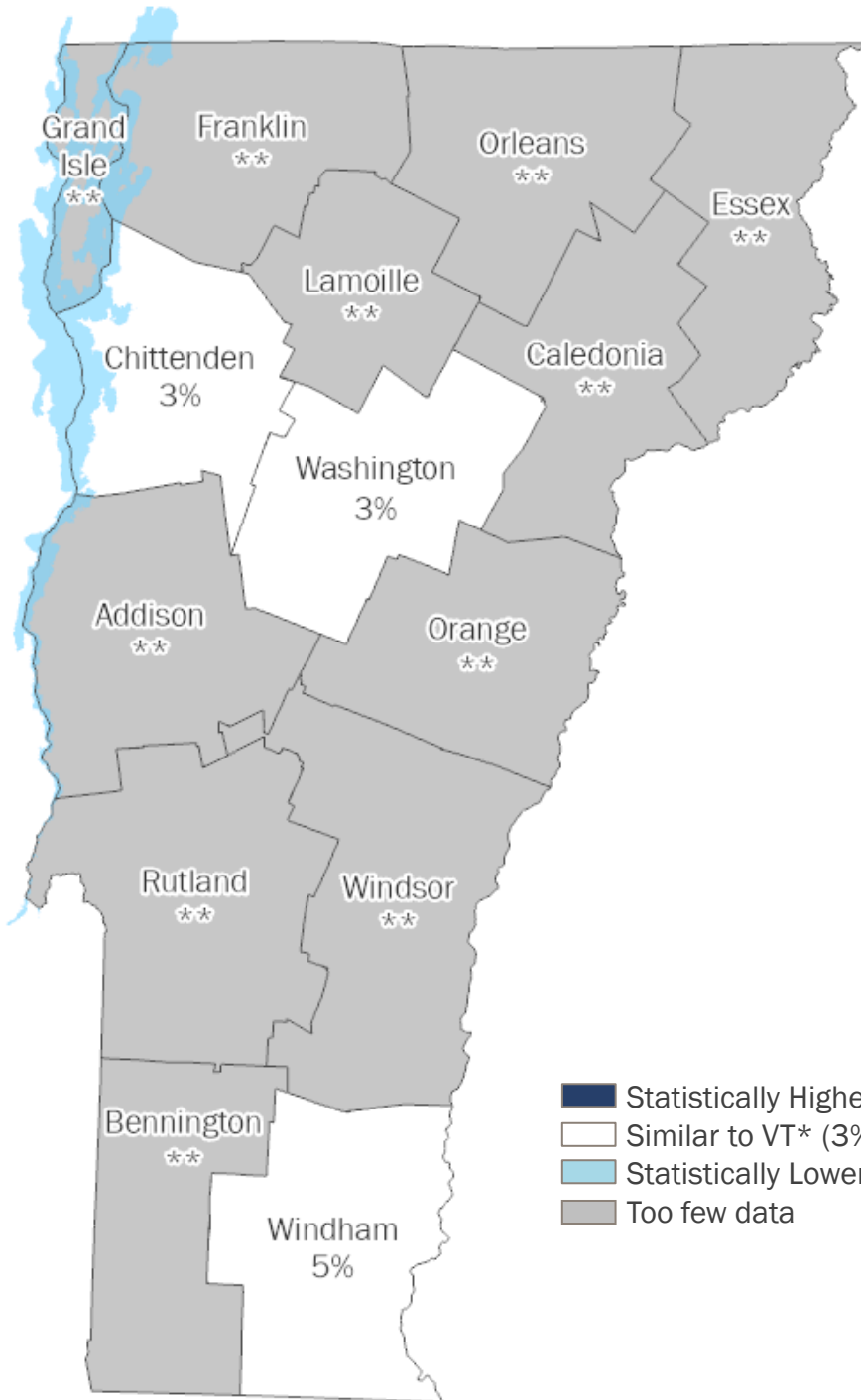


Vermont Adults who Report Driving After Drinking Alcohol among those who Drink



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

Vermont Adults who Report Driving After Drinking Alcohol by County, 2020, 2023



All counties have a similar rate of driving after drinking alcohol compared to Vermont overall.

- Statistically Higher than VT
- Similar to VT* (3%)
- Statistically Lower than VT
- Too few data

*Vermont estimate represents two years of data.

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

Cannabis Use

Nearly one-quarter of Vermont adults report using cannabis in the past month (24%).

Males are statistically more likely to use cannabis.

Cannabis use decreases with age.

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

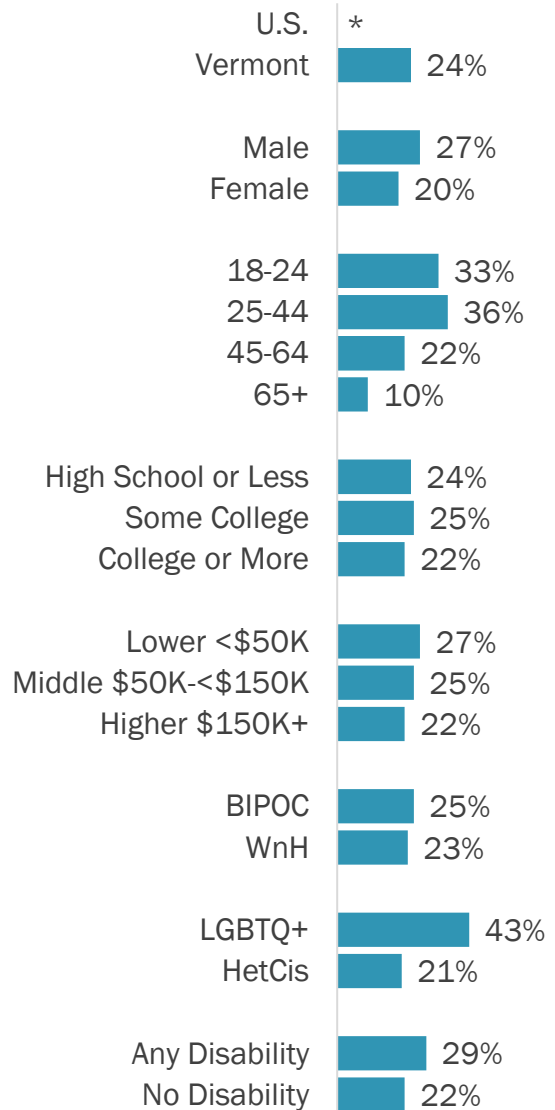
There are no statistical differences in cannabis use by education level, household income level, or race and ethnicity.

LGBTQ+ adults are two times as likely to use cannabis than HetCis adults. This is a statistical difference.

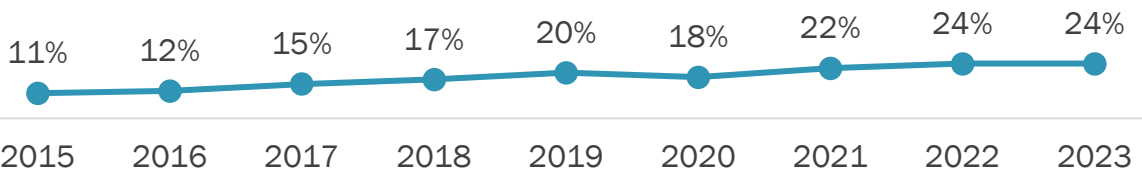
Adults with a disability are statistically more likely to use cannabis.

The prevalence of cannabis use is statistically similar to 2022, but statistically higher than 2015.

Vermont Adults who Use Cannabis, 2023

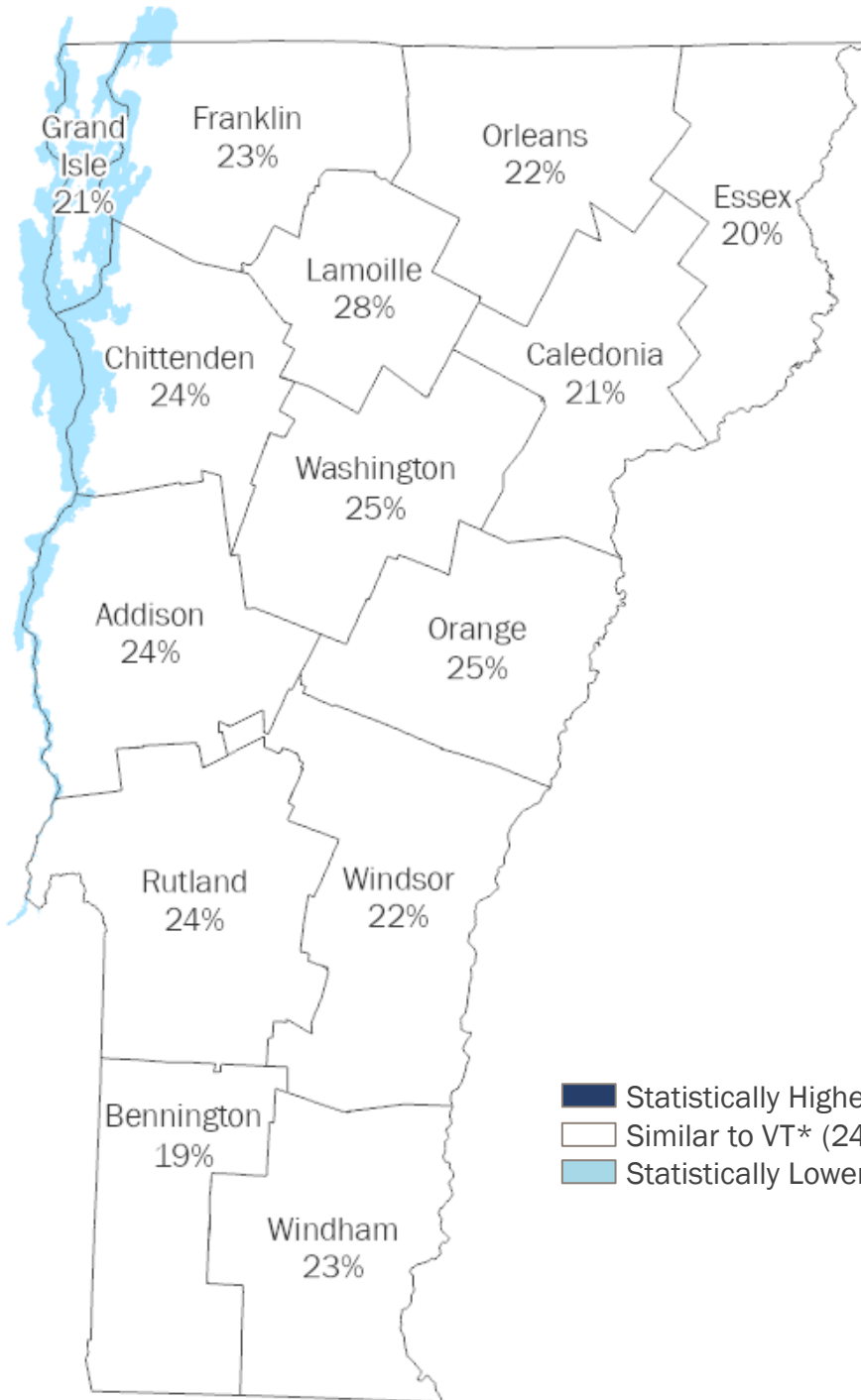


Vermont Adults who Use Cannabis



*No national estimate available.

Vermont Adults who Use Cannabis by County, 2022-2023



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

- Statistically Higher than VT
- Similar to VT* (24%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Cannabis Use – Primary Method & Reason

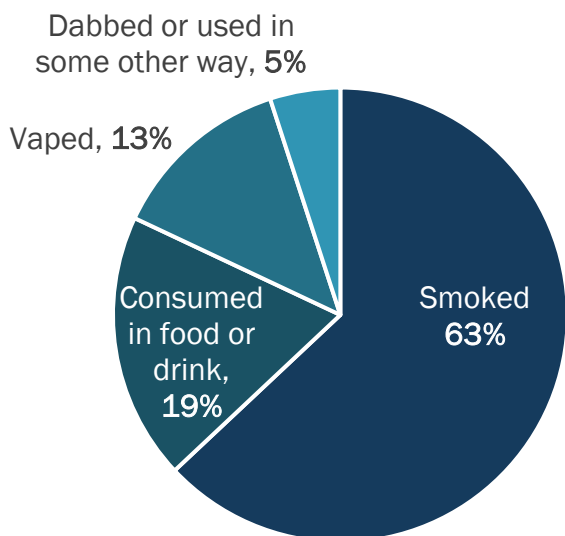
Vermont adults using cannabis were asked about their primary method of use:

- Most users say their primary method was smoking (63%).
- Nearly two in ten users mainly consume it in food or drink (19%).
- Thirteen percent of users mainly vape.
- Five percent of users mainly dab or use cannabis in some other way.
- All methods of use are statistically similar to 2022.

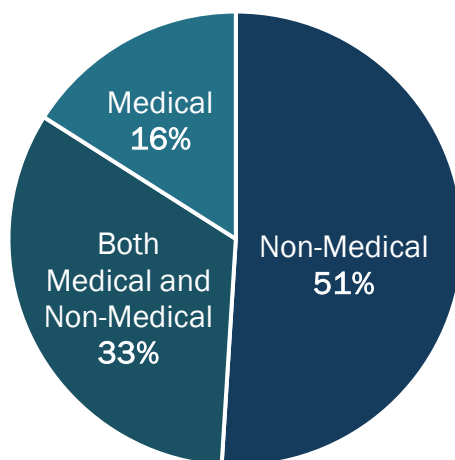
Vermont adults using cannabis in the past month were asked about their reason for use:

- More than half of users say it is usually for non-medical reasons (51%).
- One-third of users mainly use it for both medical and non-medical reasons (33%).
- Sixteen percent of users mainly use it for medical reasons.
- All reasons for use are statistically similar to 2022.

**Primary Method of Cannabis Use
among Vermont Adults
Using in the Past Month, 2023**



**Reason for Cannabis Use
among Vermont Adults
Using in the Past Month, 2023**



Cannabis Use – Driving Under the Influence

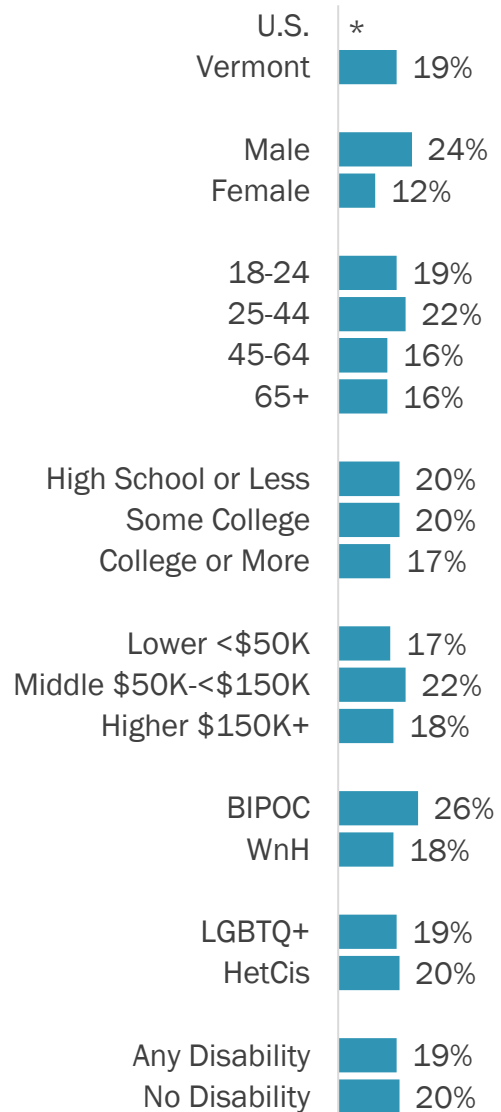
Nineteen percent of cannabis users drove within three hours of use at least once in the past month.

Males are statistically more likely to drive after using cannabis.

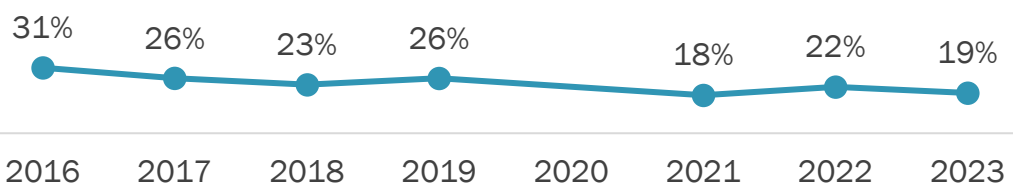
There are no statistical differences in driving after cannabis use by age, education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The prevalence of driving after cannabis use is statistically similar to 2022, but statistically lower than 2016.

Vermont Adults who Report Driving After Using Cannabis, 2023

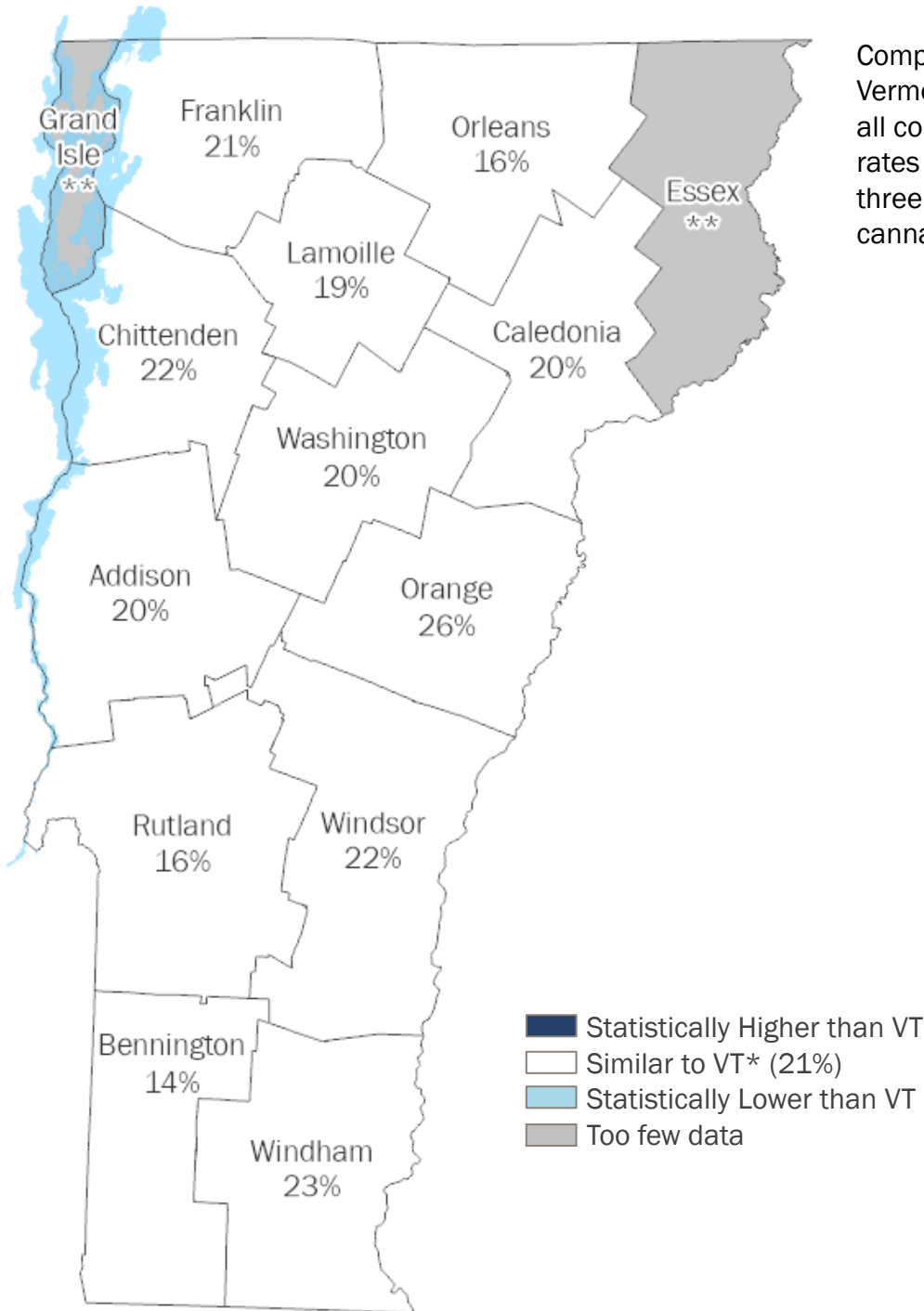


Vermont Adults who Report Driving After Using Cannabis



*No national estimate available.

Vermont Adults who Report Driving After Using Cannabis by County, 2022-2023



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

*Vermont estimate represents two years of data.

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

Tobacco Use – E-Cigarette Use

Five percent of Vermont adults report currently using electronic cigarettes (e-cigarettes) or other electronic vaping products. This is statistically lower compared to the 7% of U.S. adults.

Males and females report statistically similar rates of e-cigarette use.

E-cigarette use statistically decreases with age.

Adults with some college education or less are statistically more likely to use e-cigarettes than those with a college degree or more.

There are no statistical differences in e-cigarette use by household income level or race and ethnicity.

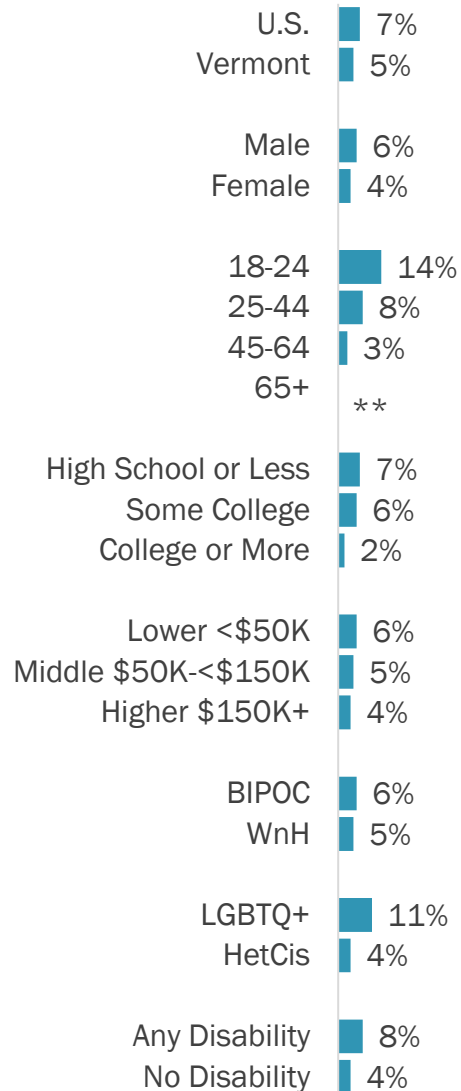
LGBTQ+ adults are nearly three times as likely to use e-cigarettes than non-LGBTQ+ adults. This is a statistical difference.

Adults with a disability are two times as likely to use e-cigarettes than adults with no disability. This is a statistical difference.

The rate of e-cigarette use among Vermont adults is statistically similar to 2022 and 2016.

Among adults who currently use e-cigarettes, 17% report usually smoking menthol e-cigarettes.

Vermont Adults who Currently Use E-Cigarettes, 2023



Vermont Adults who Currently Use E-Cigarettes

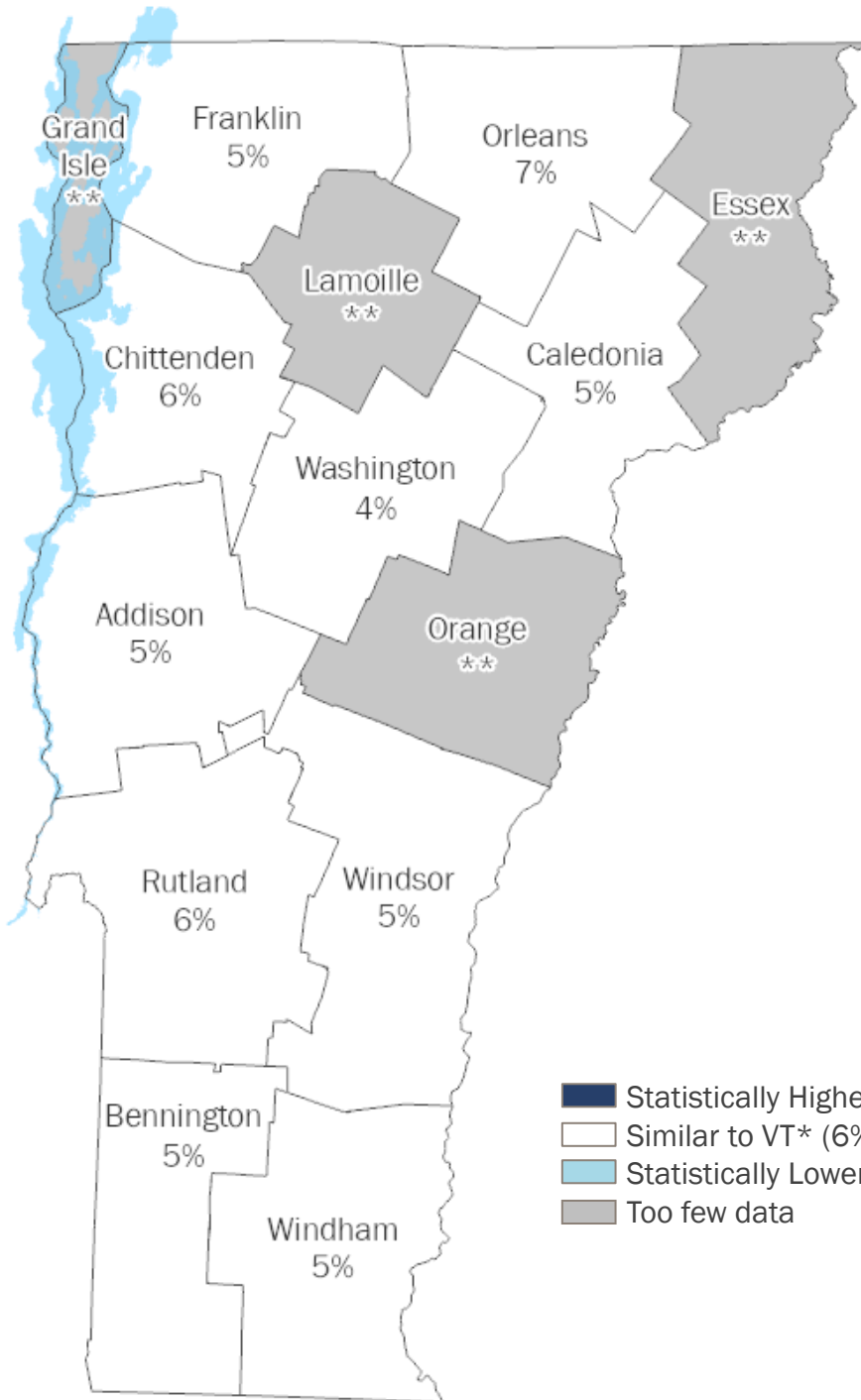


**Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Statistical comparisons are not completed on suppressed values.

Note: In 2022, changes were made to the question used to measure e-cigarette use. Due to this, use caution when comparing to previous years.

Vermont Adults who Currently Use E-Cigarettes by County, 2022-2023



Compared to the Vermont rate, adults in all counties have similar rates of e-cigarette use.

- Statistically Higher than VT
- Similar to VT* (6%)
- Statistically Lower than VT
- Too few data

*Vermont estimate represents two years of data.

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

Tobacco Use – Smokeless Tobacco

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

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

Males are statistically more likely to use smokeless tobacco.

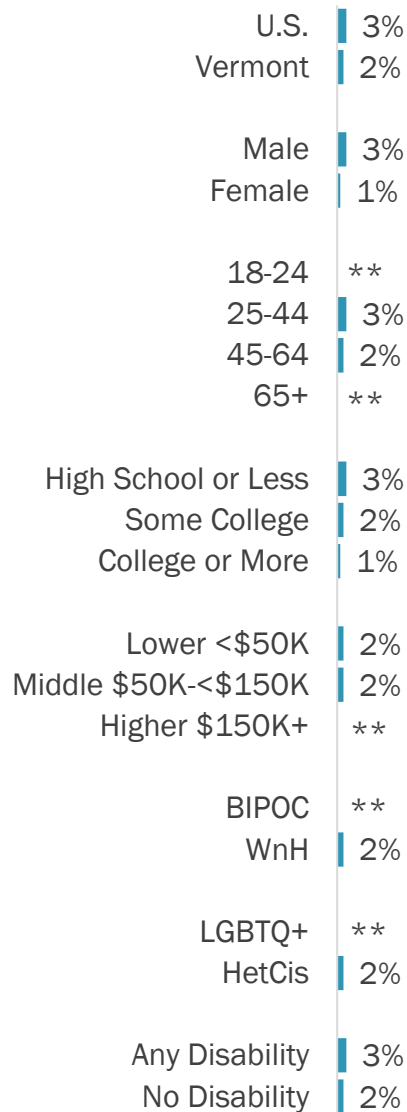
There are no statistical differences in smokeless tobacco use by age, household income level or disability status.

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

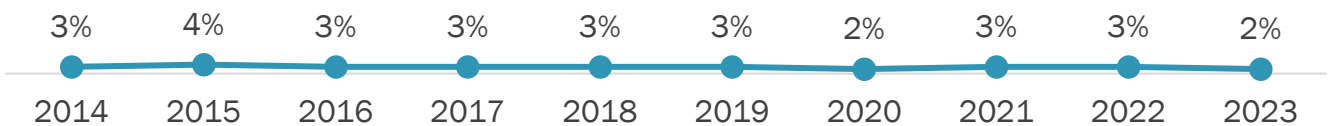
Statistical comparisons were not made for smokeless tobacco use by race and ethnicity or sexual orientation and gender identity due to data suppression.

The percent of adults using smokeless tobacco is statistically similar to 2022, but statistically lower than 2014.

Vermont Adults who Use Smokeless Tobacco, 2023

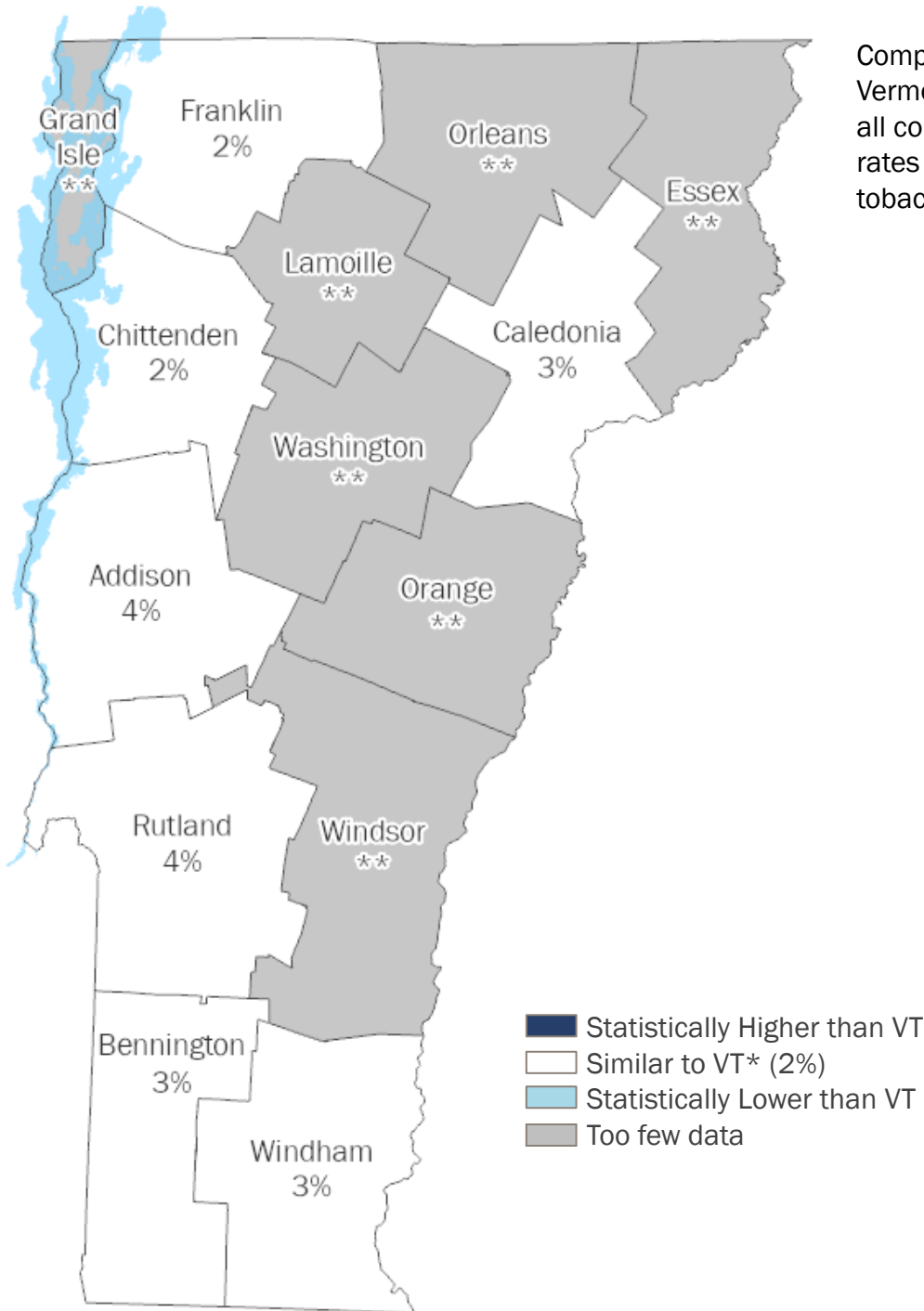


Vermont Adults who Use Smokeless Tobacco



**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, 2022-2023



Compared to the Vermont rate, adults in all counties have similar rates of smokeless tobacco use.

*Vermont estimate represents two years of data.

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

Tobacco Use – Cigarette Smoking

More than one in ten Vermont adults report smoking cigarettes (11%). This is the same rate as U.S. adults.

Males and females report statistically similar rates of cigarette smoking.

Adults 25-64 are statistically more likely to smoke cigarettes than adults 18-24 and those 65 and older.

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

- All differences in smoking by education level are statistically significant.
- All differences in smoking by household income level are statistically significant, except between homes with middle and higher incomes.

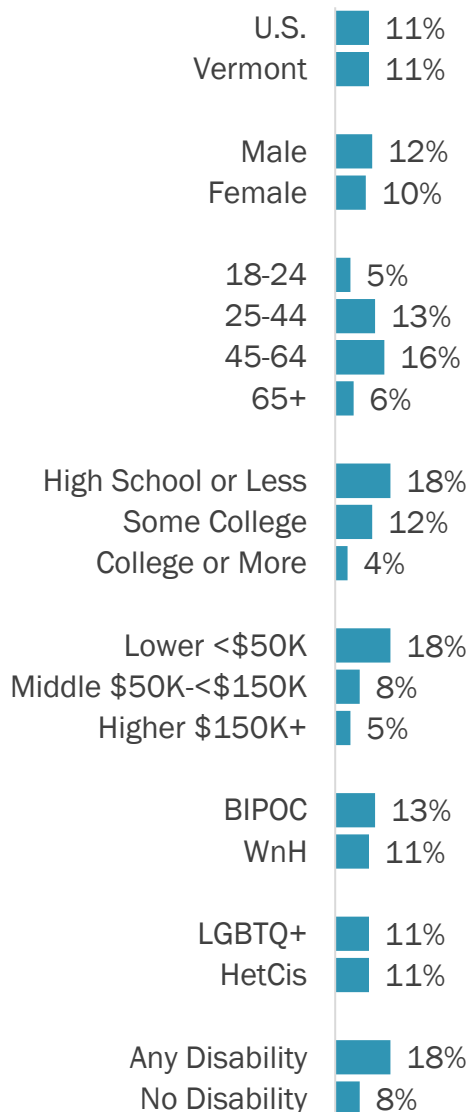
There are no statistical differences in smoking by race and ethnicity, or sexual orientation and gender identity.

Adults with a disability are more than two times as likely to smoke cigarettes than adults with no disability. This is a statistical difference.

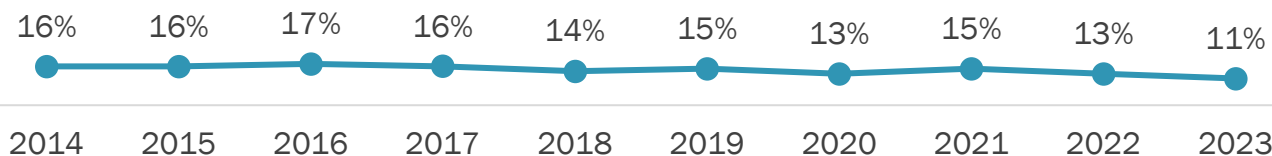
The smoking rate among Vermont adults is statistically similar to 2022, but statistically lower than 2014.

Among adults who currently smoke, 16% report usually smoking menthol cigarettes.

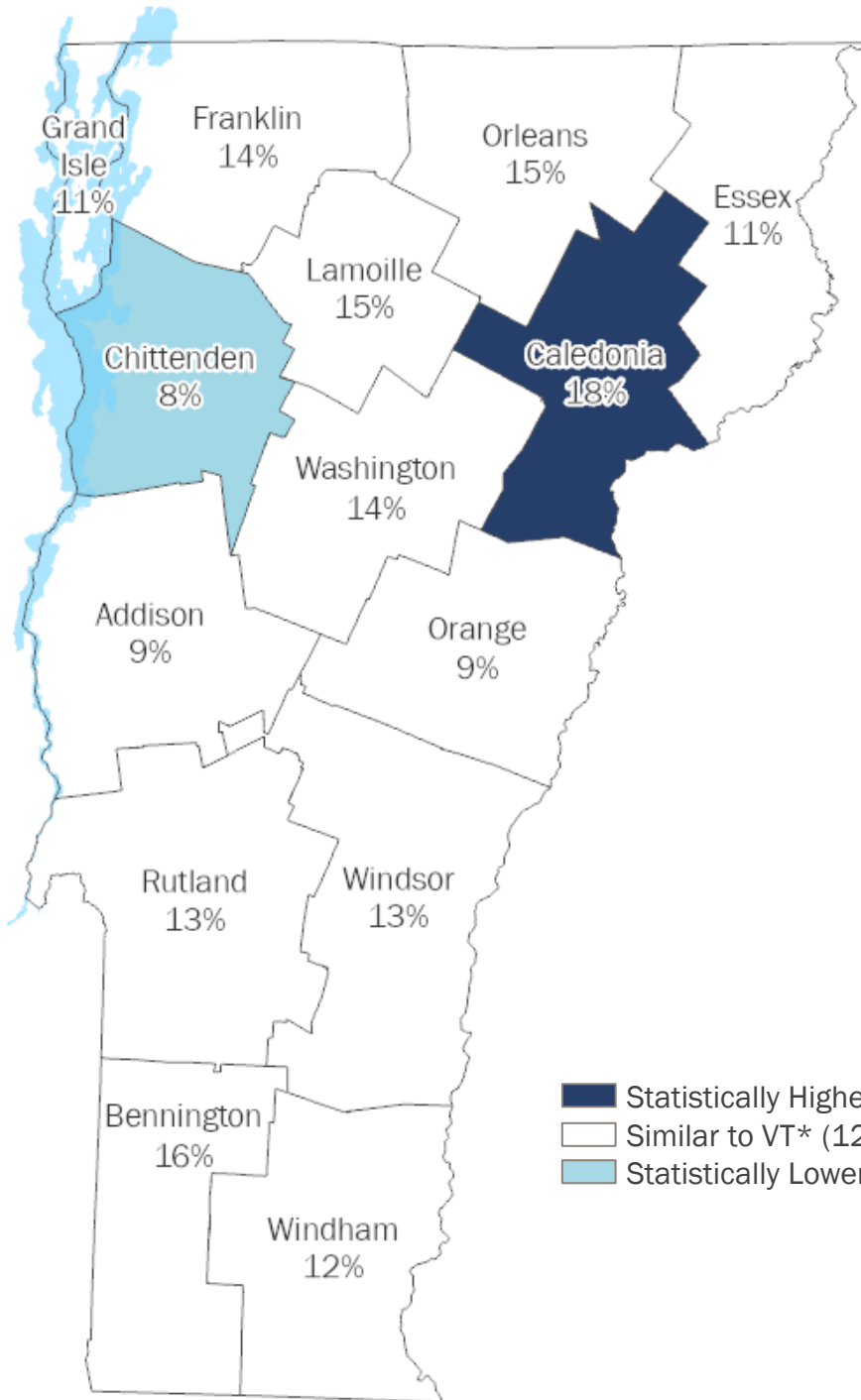
Vermont Adults who Currently Smoke Cigarettes, 2023



Vermont Adults who Currently Smoke Cigarettes



Vermont Adults who Currently Smoke Cigarettes by County, 2022-2023



Eighteen percent of Caledonia County adults smoke cigarettes. This is statistically higher than Vermont adults overall.

Eight percent of adults in Chittenden County smoke cigarettes, which is statistically less than Vermont adults overall.

All other counties have smoking rates similar to Vermont.

- Statistically Higher than VT
- Similar to VT* (12%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

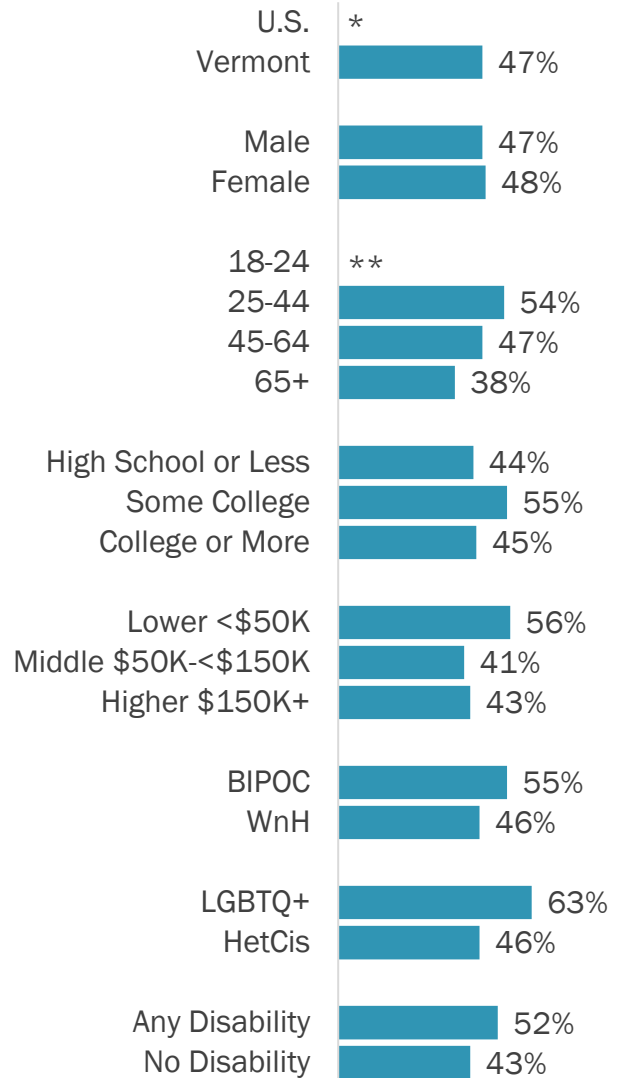
Tobacco Use – Quit Attempts

Nearly half of Vermont adults who smoke cigarettes have tried to quit smoking in the past year (47%).

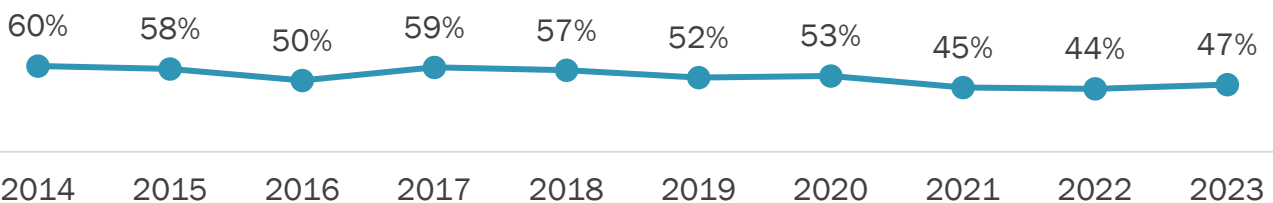
There are no statistical differences in trying to quit smoking by sex, age, education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The percent of adults who smoke cigarettes and have tried to quit is statistically similar to 2022, but statistically lower than 2014.

Vermont Adults who Tried to Quit Smoking, 2023



Vermont Adults who Tried to Quit Smoking

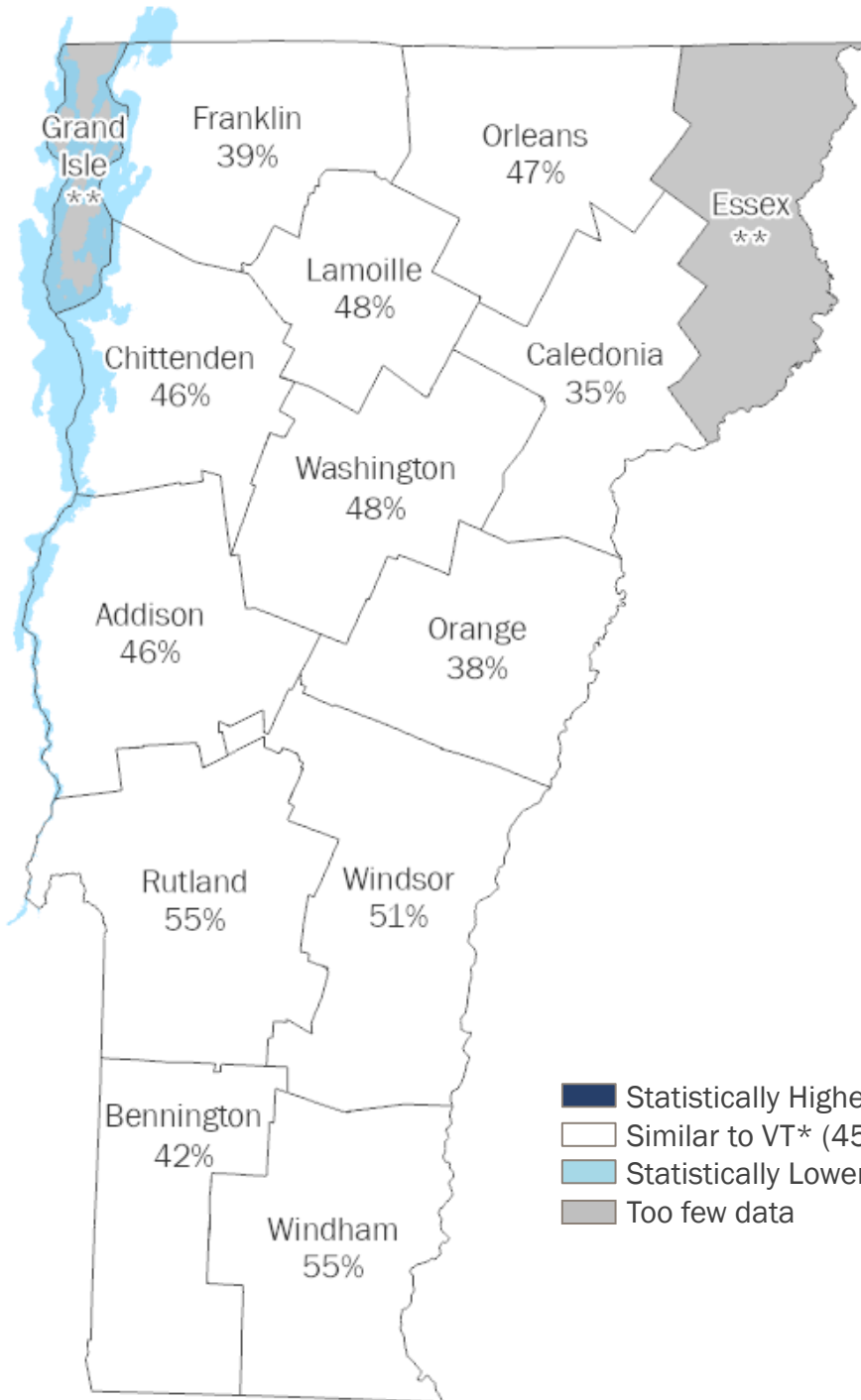


*No national estimate available.

**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 who Tried to Quit Smoking by County, 2022-2023



Compared with Vermont, all counties have a similar percent of adults who have tried to quit smoking cigarettes.

*Vermont estimate represents two years of data.

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

BMI-Defined Obesity, Adults 20+

Three in ten Vermont adults ages 20 and older have BMI-defined obesity (30%), statistically lower than the 34% among U.S. adults of the same age.

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

Males and females report statistically similar rates of obesity.

All differences in obesity by age are statistically significant, except between adults 25-44 and those 45-64.

Adults with some college education or less are statistically more likely to have obesity than those with a college degree or more.

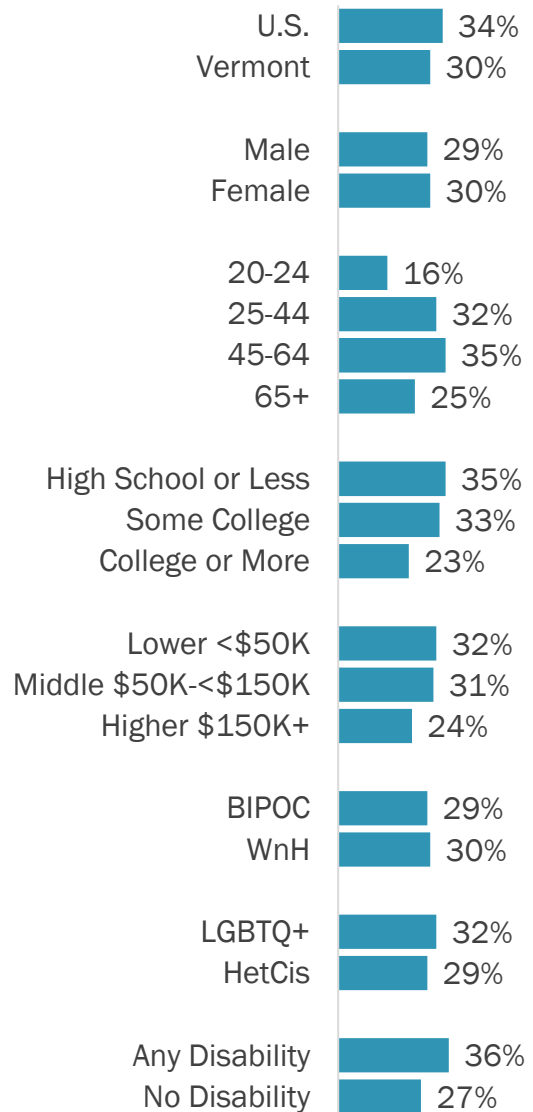
Adults in homes with lower to middle incomes are statistically more likely to have obesity than those in homes with higher incomes.

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

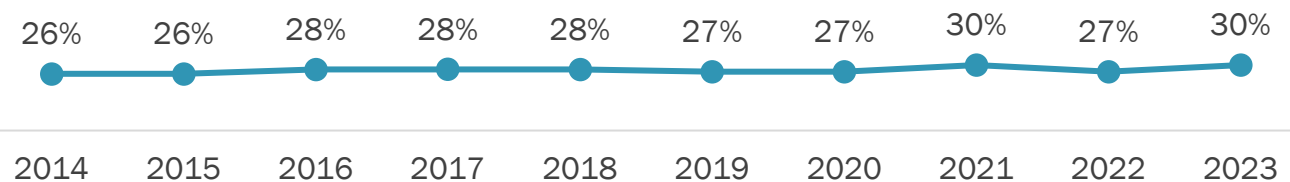
Adults with a disability are statistically more likely to have obesity.

The prevalence of obesity is statistically similar to 2022, but statistically higher than 2014.

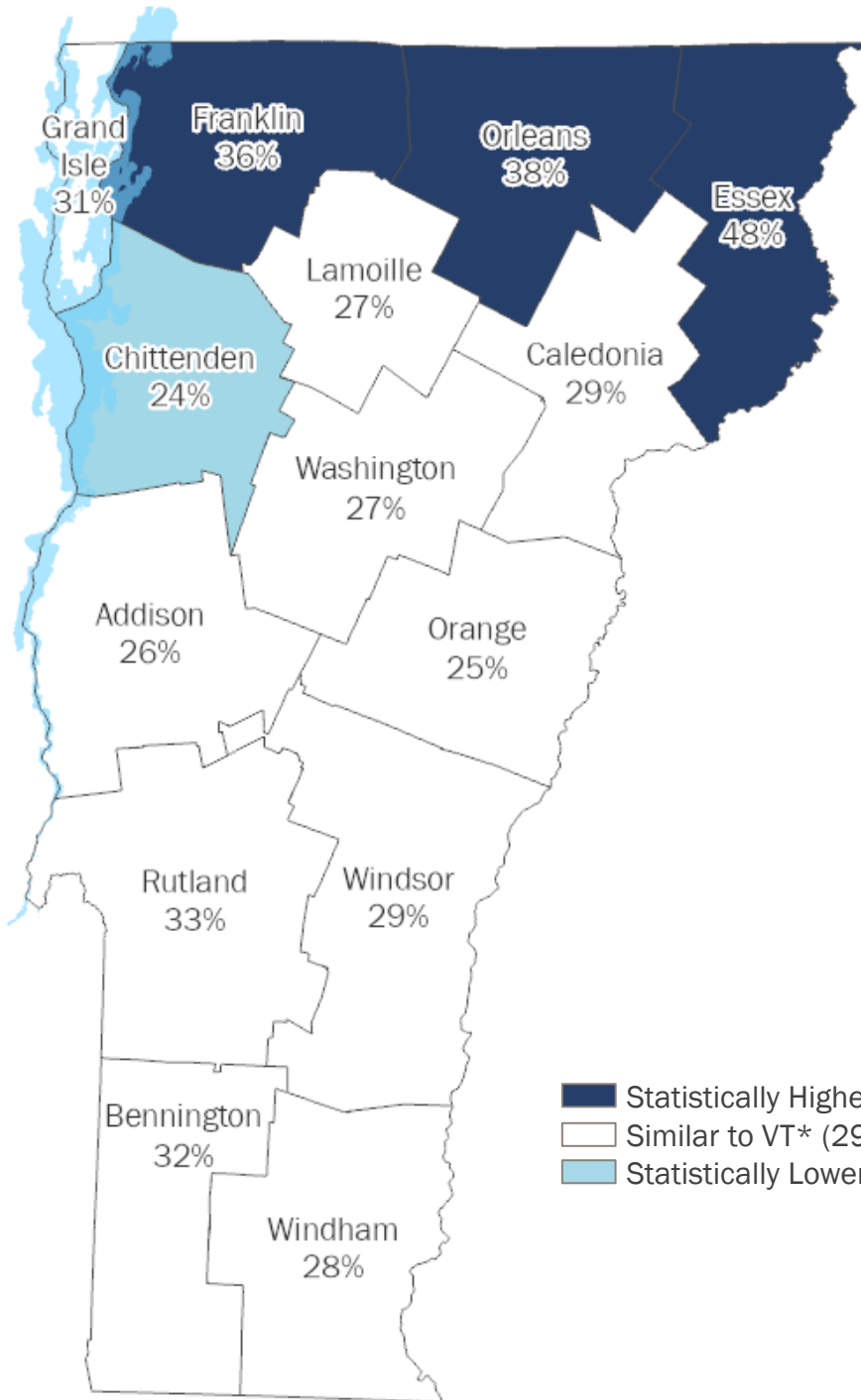
Vermont Adults 20+ with BMI-Defined Obesity, 2023



Vermont Adults 20+ with BMI-Defined Obesity



Vermont Adults Ages 20+ with BMI-Defined Obesity by County, 2022-2023



Essex (48%), Orleans (38%), and Franklin (36%) counties have statistically higher rates of obesity compared to all Vermont adults 20 and older.

Nearly one-quarter of Chittenden County adults 20 and older have obesity (24%). This is statistically lower than all Vermont adults of the same age.

All other counties have a similar percent of adults with obesity compared to the Vermont rate.

- Statistically Higher than VT
- Similar to VT* (29%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

BMI-Defined Overweight, Adults 20-59

One-third of Vermont adults ages 20 to 59 are overweight (33%) according to their BMI. This is statistically similar to the 35% of U.S. adults of the same age.

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

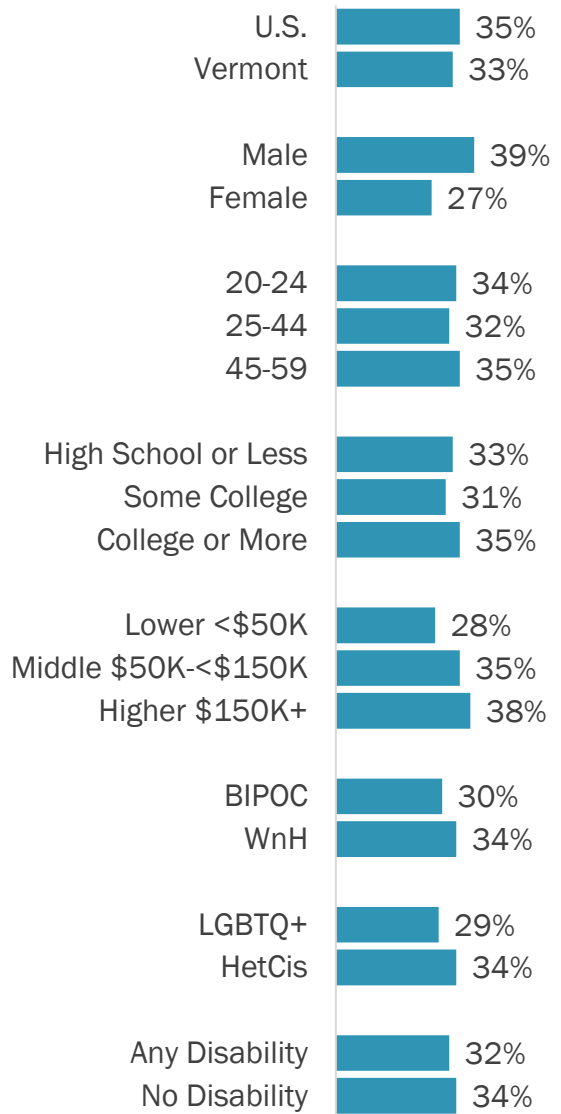
Males are statistically more likely to be overweight.

There are no statistical differences in overweight status by age, education level, race and ethnicity, sexual orientation and gender identity, or disability status.

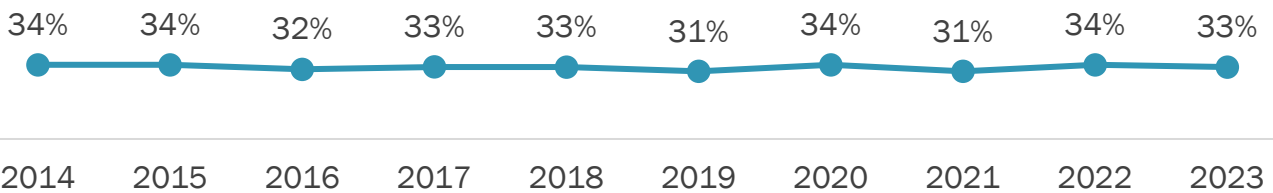
Adults in homes with higher incomes are statistically more likely to be overweight than those in homes with lower incomes.

The prevalence of being overweight is statistically similar to 2022 and 2014.

Vermont Adults 20-59 with BMI-Defined Overweight Status, 2023

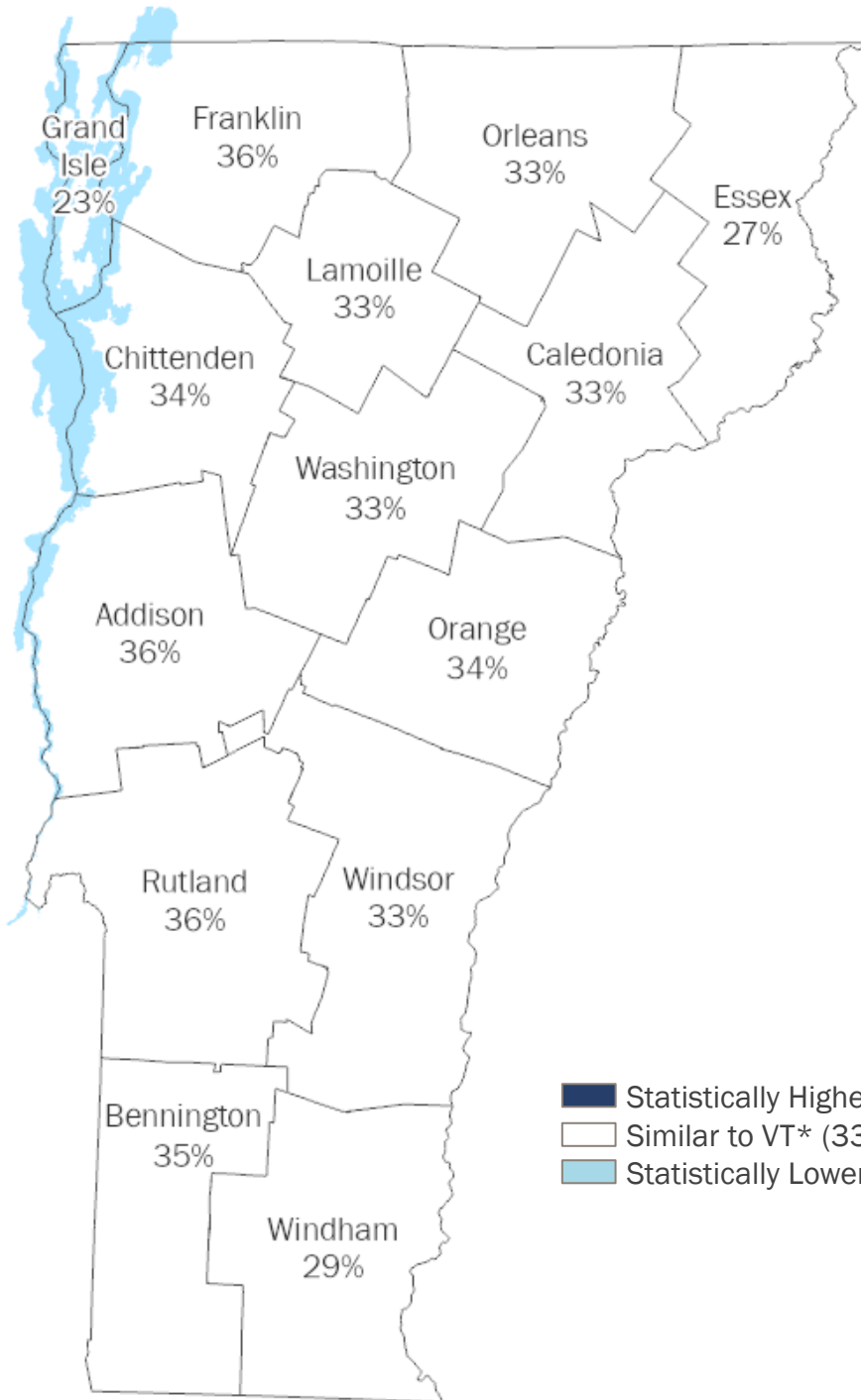


Vermont Adults 20-59 with BMI-Defined Overweight Status



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

Vermont Adults Ages 20-59 with BMI-Defined Overweight Status, by County, 2022-2023



All counties have a similar percent of adults ages 20-59 who are overweight according to their BMI compared to Vermont adults of the same age.

*Vermont estimate represents two years of data.

Community Safety for Walking

Twelve percent of Vermont adults say their community is only slightly safe or not at all safe for walking.

Males and females report their community is not safe for walking at statistically similar rates.

Adults 18-24 are statistically more likely to say their community is not safe for walking than those 45 and older. Adults 25-64 are statistically more likely to say the same as older adults.

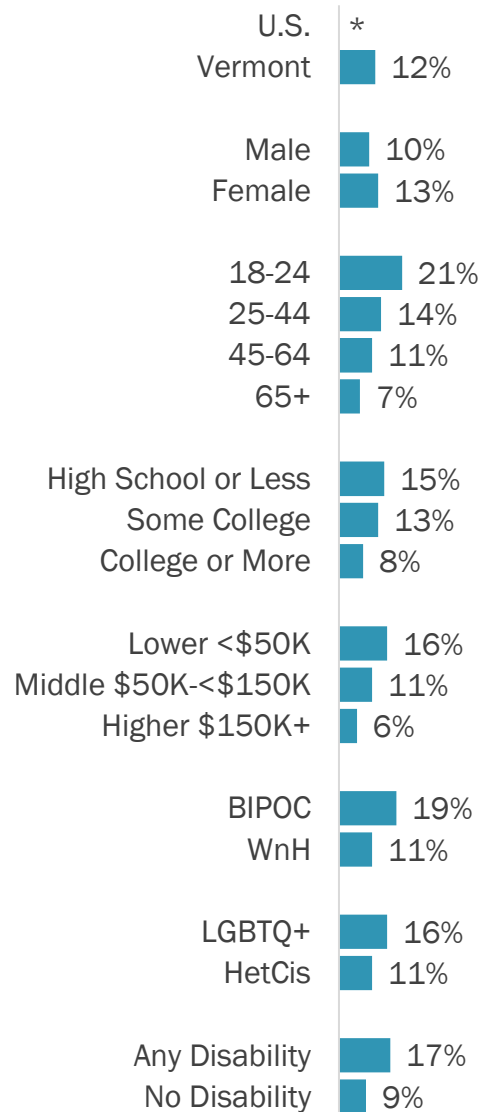
Adults with less education and lower household income are more likely to say their community is not safe for walking.

- Adults with some college education or less are statistically more likely to say their community is not safe for walking than adults with a college degree or more.
- Rating one's community as not safe for walking statistically decreases as household income level increases.

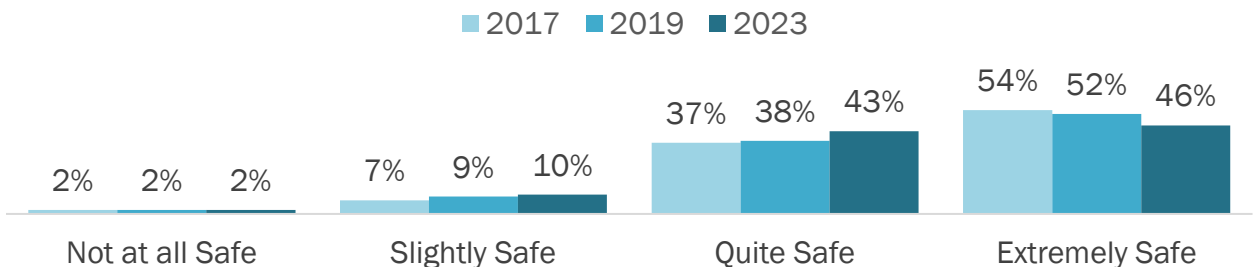
BIPOC adults, LGBTQ+ adults and adults with a disability are statistically more likely to say their community is not safe for walking.

The percent of adults that report their community is not safe for walking is statistically similar to 2019, but statistically higher than 2017.

Vermont Adults who Rated Community Not Safe for Walking, 2023

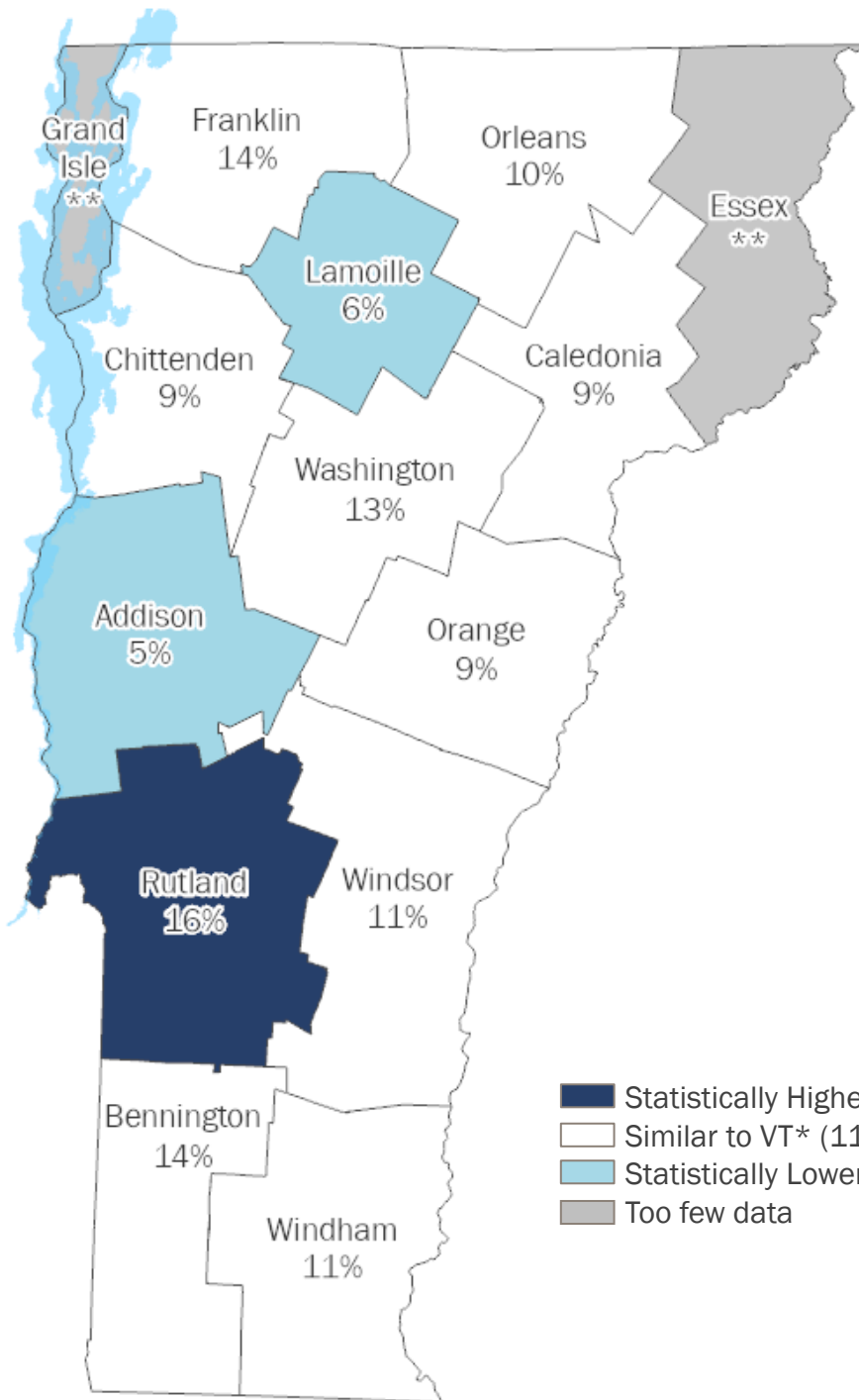


Community Safety for Walking



*No national estimate available.

Vermont Adults who Rated Community Not Safe for Walking by County, 2019, 2023



Adults in Rutland County (16%) are statistically more likely to say their community is either only slightly safe or not at all safe for walking.

Adults in Lamoille (6%) and Addison (5%) counties are statistically less likely to say their community is not safe for walking.

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

*Vermont estimate represents two years of data.

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

Firearm Storage

Among adults with a firearm in the home, 17% have a loaded firearm.

More broadly, among all Vermont adults:

- 40% have a firearm in the home.
- 7% have a loaded firearm in the home.
- 4% have an unlocked, loaded firearm in the home.

Males are statistically more likely to keep a loaded firearm in the home.

Adults with a high school education or less are statistically more likely to keep a loaded firearm in the home than those with a college degree or more.

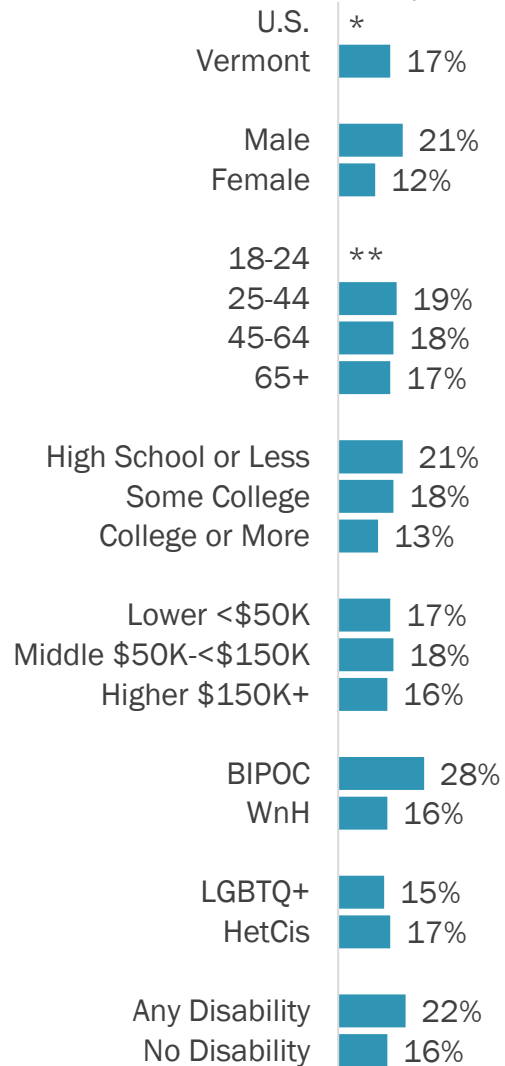
BIPOC adults are statistically more likely to keep a loaded firearm in the home.

There are no statistical differences in whether a firearm is stored loaded by age, household income level, sexual orientation and gender identity, or disability status.

Among Vermont households with a firearm in the home, the percent of those that store a firearm loaded is statistically similar to the 18% in 2020.

Among Vermont households with a loaded firearm in the home, 57% keep a loaded firearm unlocked. This is statistically similar to the 60% in 2020.

Households with a Loaded Firearm, among Vermont Adults with a Firearm in the Home, 2023



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



2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

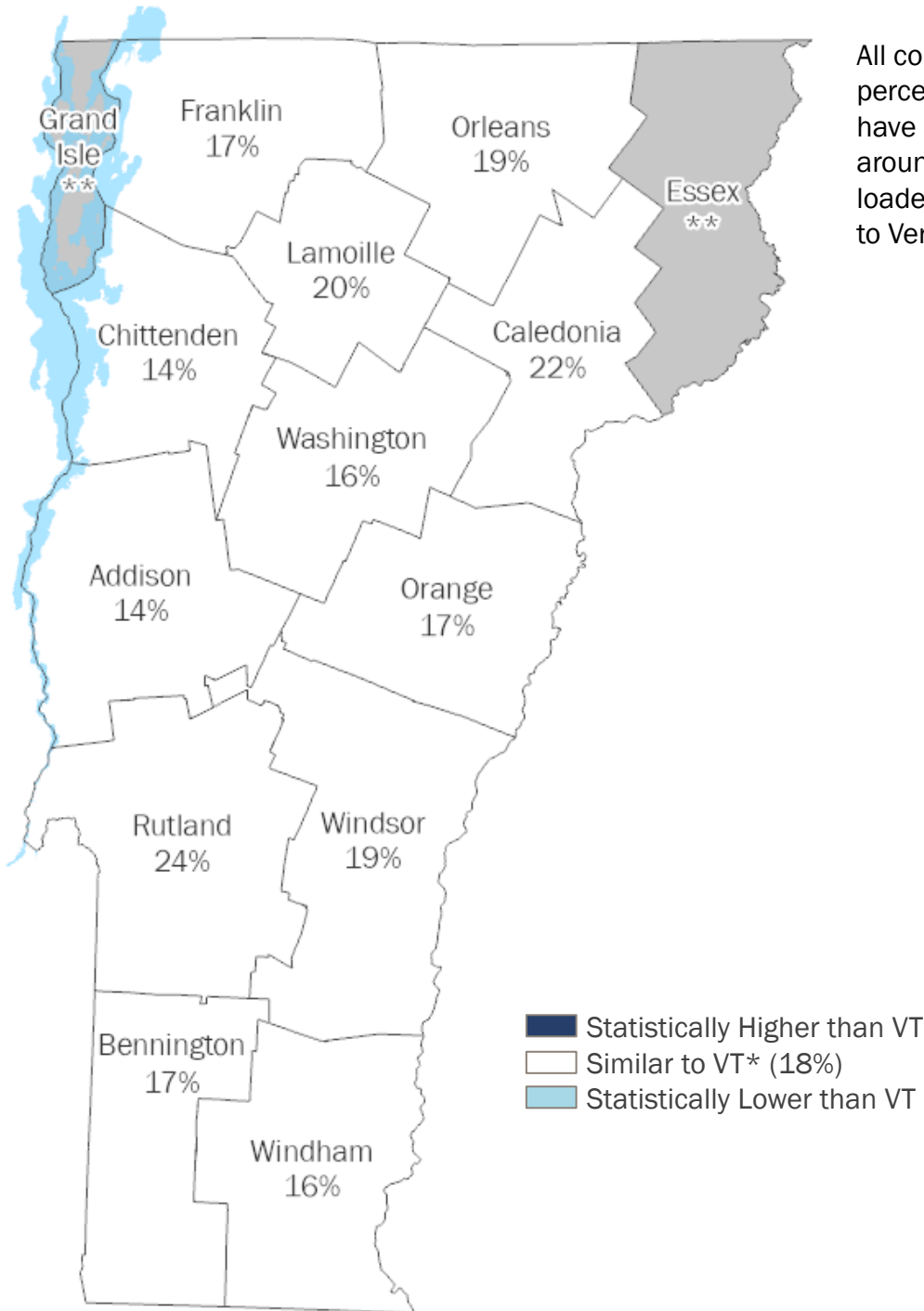
*No national estimate available.

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

Statistical comparisons are not completed on suppressed values.

For more information, refer to the [Vermont Department of Health Firearm Safety Webpage](#).

Vermont Households with a Loaded Firearm in the Home by County, 2020, 2023



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

*Vermont estimate represents two years of data.

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

Housing and Health

In the past year, nearly one in ten 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 (9%).

Females are statistically more likely to recently experience an illness or symptom caused or made worse by their home environment.

There are no statistical differences in housing and health by age or race and ethnicity.

Adults with some college education or more are statistically more likely to report their health was affected by their home environment.

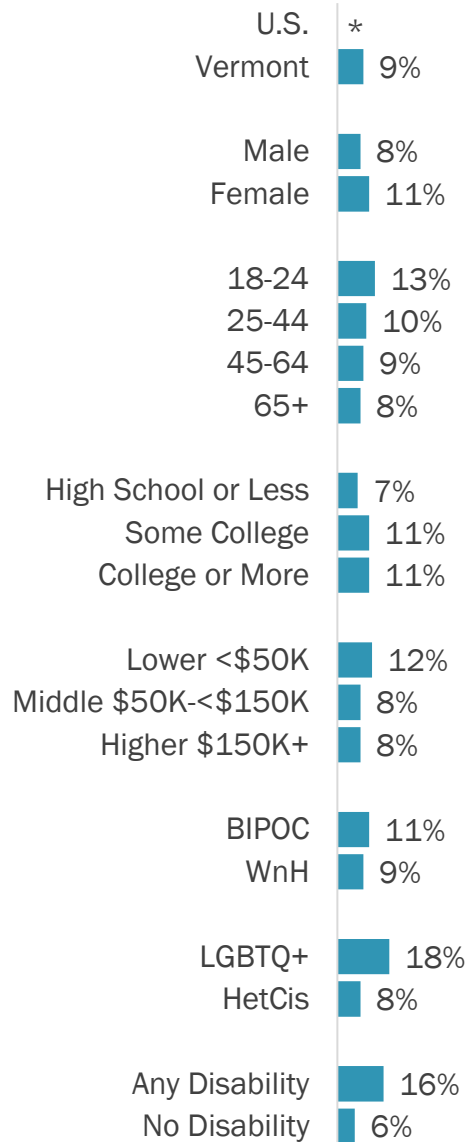
Adults with lower household incomes are statistically more likely to report their health was affected by their home environment than those with middle household incomes.

LGBTQ+ adults and adults with a disability are more than two times as likely to report their health was affected by their home environment than HetCis adults and adults with no disability, both statistically significant differences.

The percent of adults that report their health was affected by their home environment is statistically higher than the 3% in 2020.

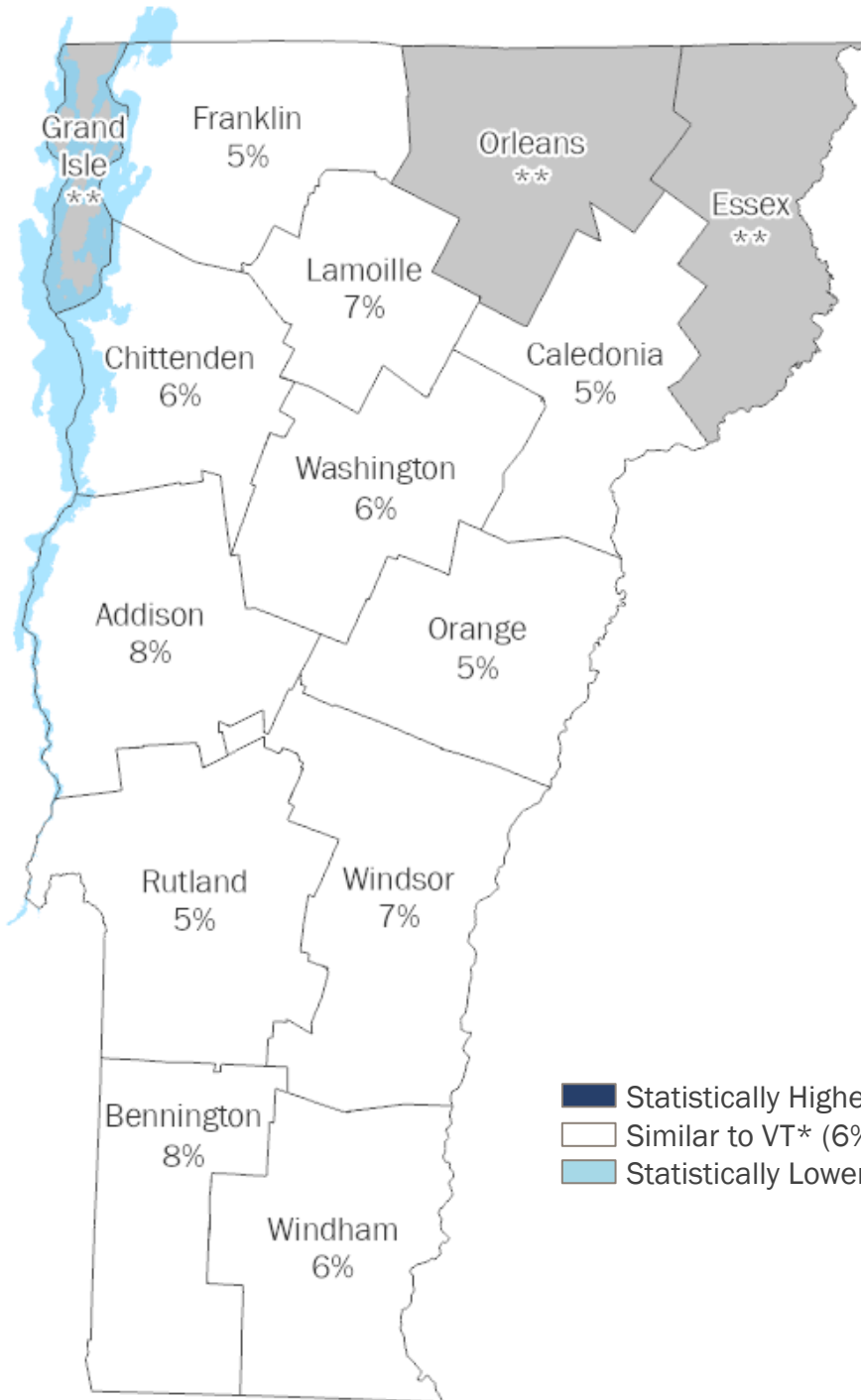
Note: Due to this question only be asked in two survey years, a trend line is not provided.

Vermont Adults with Illness or Symptom Caused or Made Worse by Home Environment in Past Year, 2023



*No national estimate available.

Vermont Adults with Illness or Symptom Caused or Made Worse by Home Environment in Past Year, by County, 2020, 2023



All counties have similar percent of adults with a recent illness or symptom that was caused or made worse by their home environment compared to all Vermont adults.

*Vermont estimate represents two years of data.

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

Statistical comparisons are not completed on suppressed values.

No Leisure Time Physical Activity

Two in ten Vermont adults report they did not participate in any leisure time physical activity during the previous month (20%). This is statistically lower than the 25% among U.S. adults.

Males and females report not participating in leisure time physical activity at statistically similar rates.

Adults 45 and older are statistically more likely to not participate in leisure time physical activity compared to younger adults.

Adults with less education and lower household income are more likely to not participate in leisure time physical activity.

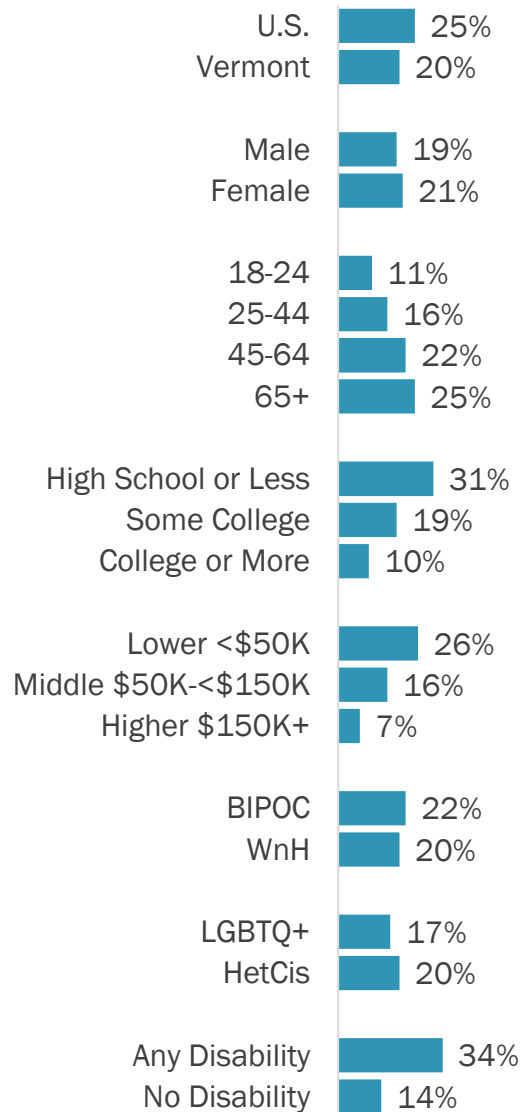
- All differences by education and household income level are statistically significant.

There are no statistical differences in no leisure time physical activity by race and ethnicity, or sexual orientation and gender identity.

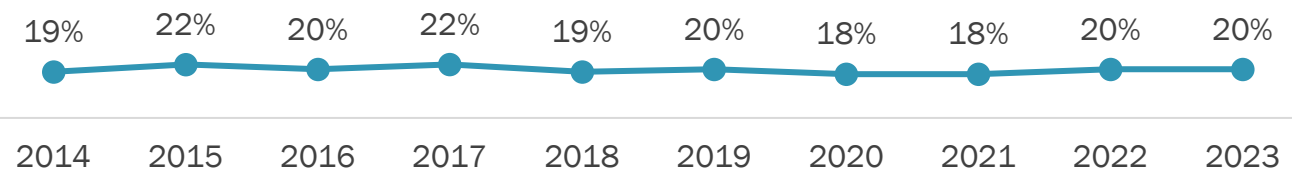
Adults with a disability are nearly two and a half times as likely to report no leisure time physical activity than those with no disability. This is a statistical difference.

No leisure time physical activity is statistically similar to 2022 and 2014.

Vermont Adults with No Leisure Time Physical Activity, 2023

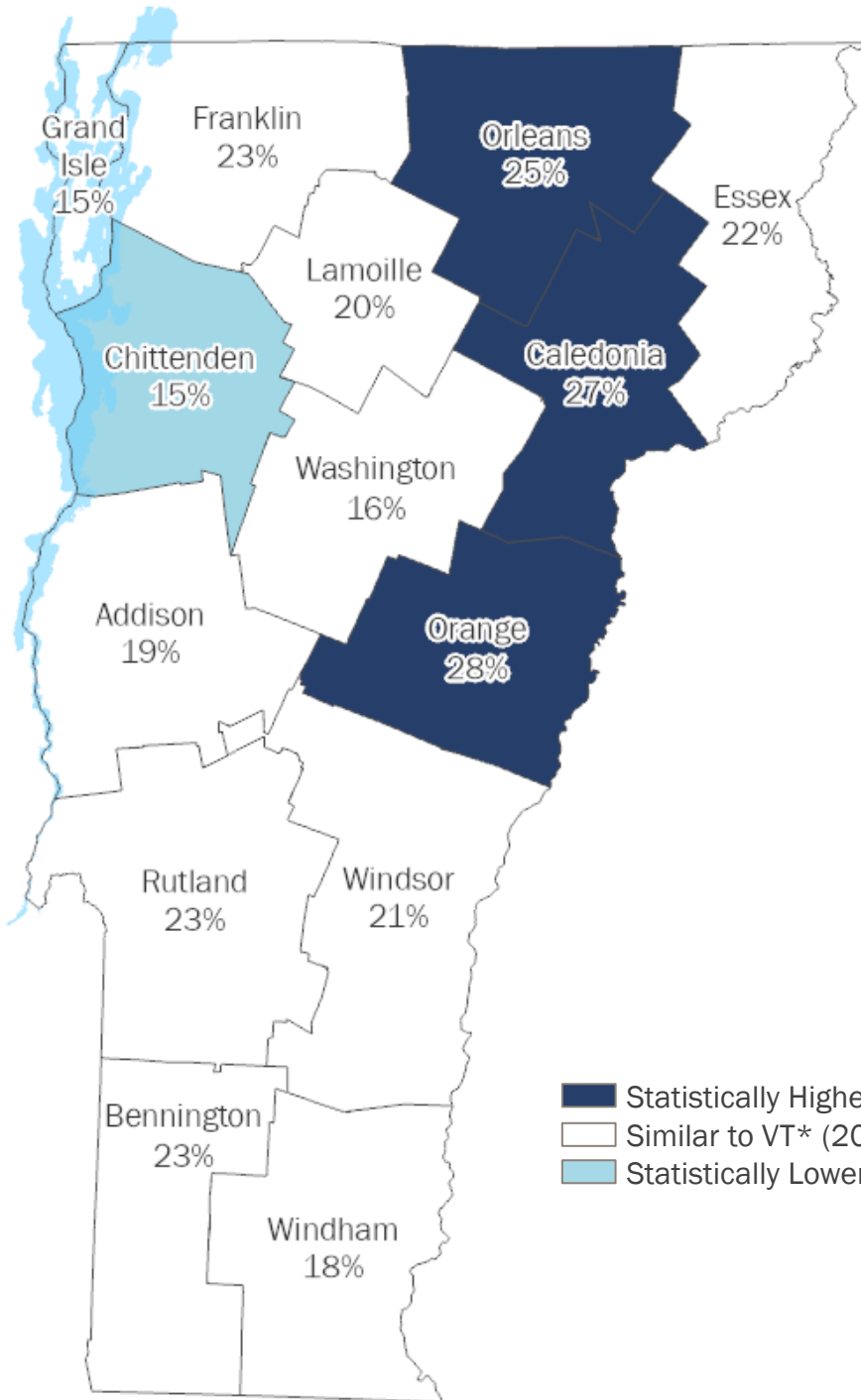


Vermont Adults with No Leisure Time Physical Activity



Note: This measure is a Healthy Vermonters 2030 indicator.

Vermont Adults with No Leisure Time Physical Activity by County, 2022-2023



Adults in Orange (28%), Caledonia (27%), and Orleans (25%) counties report not participating in any leisure time physical activity at statistically higher rates than the statewide rate.

Fifteen percent of adults in Chittenden County do not participate in any leisure time physical activity. This is statistically lower than the Vermont rate.

All other counties have a similar percent of adults reporting no leisure time physical activity compared to the Vermont rate.

- Statistically Higher than VT
- Similar to VT* (20%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Seatbelt Use

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

Males are statistically more likely to rarely or never wear a seatbelt.

The percent of adults rarely or never wearing a seatbelt statistically decreases as education level increases.

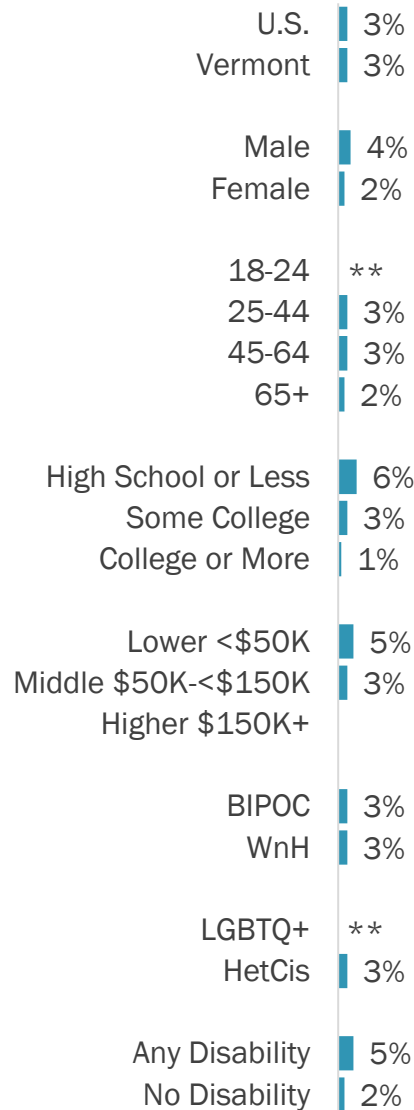
Adults in homes with lower incomes are statistically more likely to rarely or never wear a seatbelt than those in homes with middle incomes.

There are no statistical differences in rarely or never wearing a seatbelt by age, race and ethnicity or sexual orientation and gender identity.

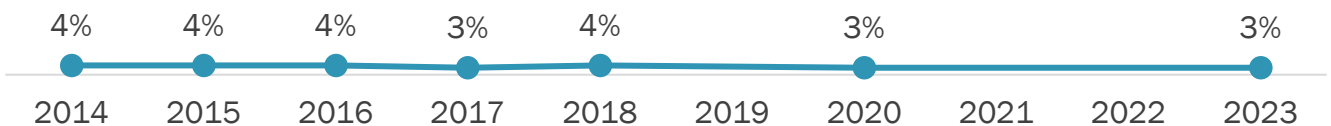
Adults with a disability are more than two times as likely to rarely or never wear their seatbelt compared to adults with no disability. This is a statistical difference.

The percent of Vermont adults rarely or never wearing their seatbelt is the same as 2020 and statistically similar to 2014.

Vermont Adults who Rarely or Never Wear Seatbelt, 2023

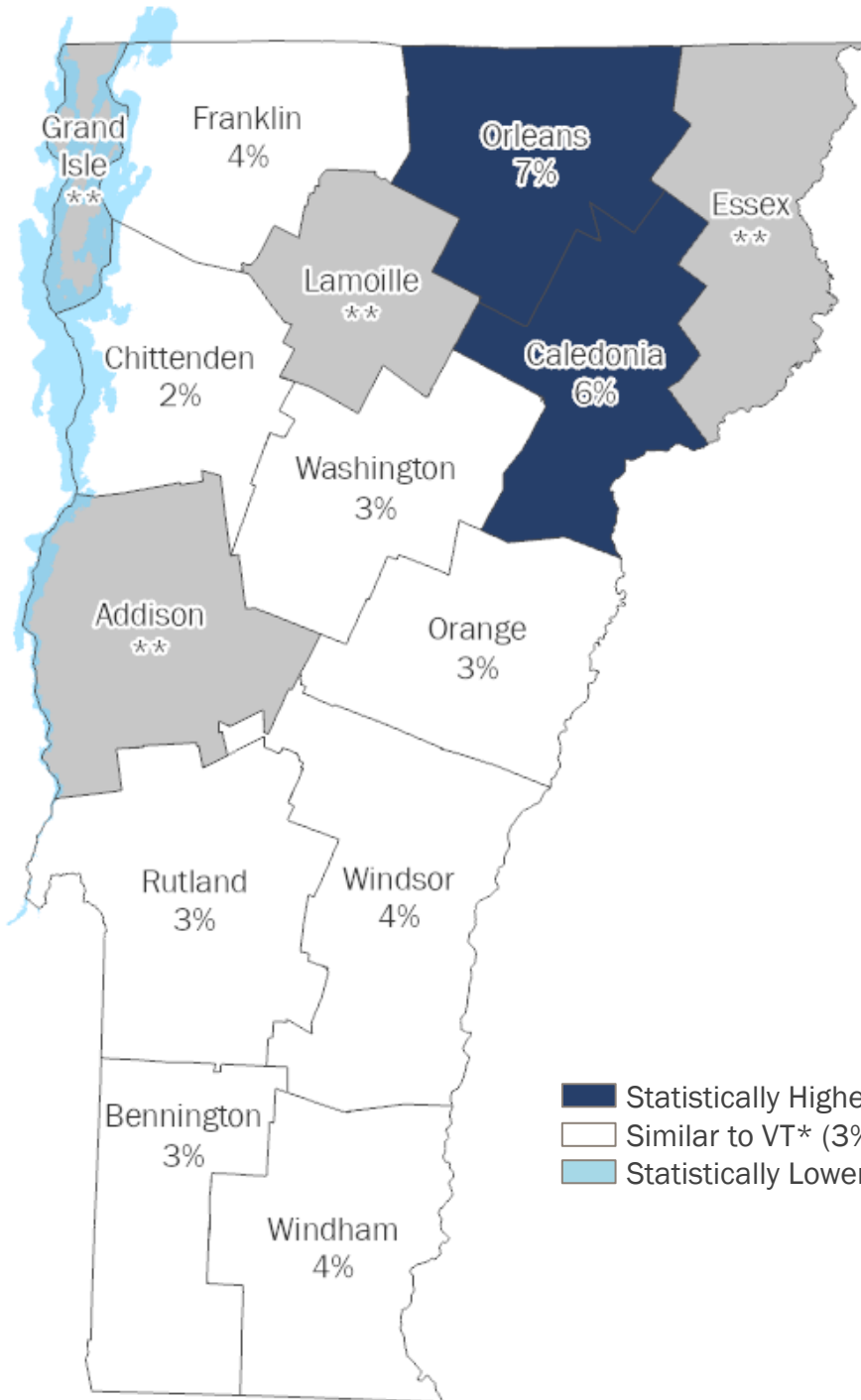


Vermont Adults who Rarely or Never Wear Seatbelt



**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 Rarely or Never Wear Seatbelt by County, 2020, 2023



Adults in Orleans (7%) and Caledonia (6%) counties are statistically more likely to rarely or never wear a seatbelt compared to Vermont overall.

The percent of adults who rarely or never wear a seatbelt in all other counties is similar to Vermont.

*Vermont estimate represents two years of data.

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

Sunburns

Nearly four in ten Vermont adults had at least one sunburn in the past year (38%).

Males and females report a recent sunburn at statistically similar rates.

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.

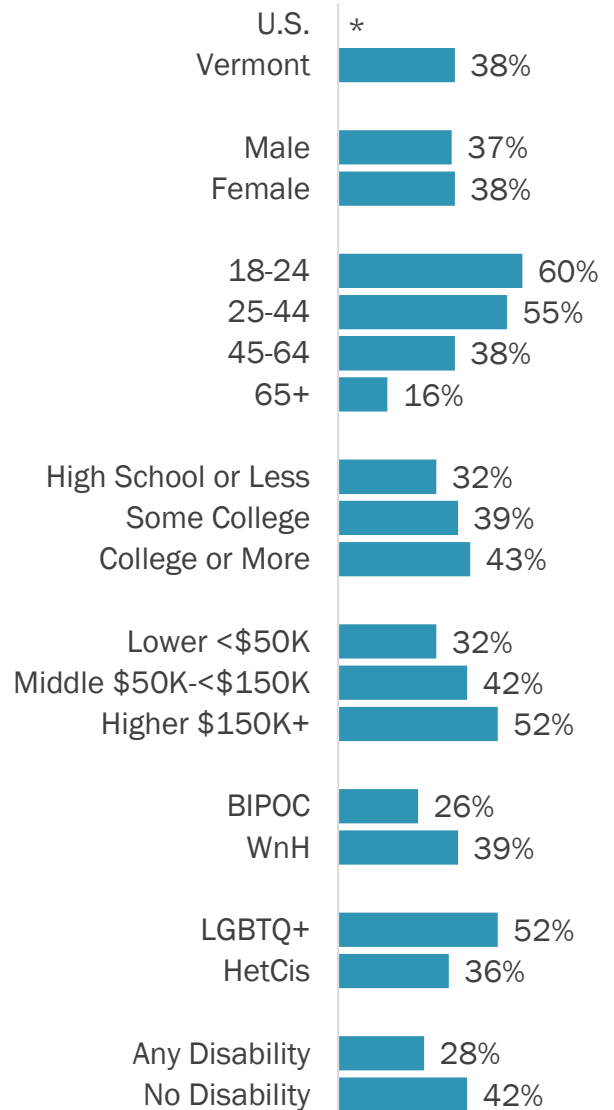
Having a recent sunburn statistically increases with household income.

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

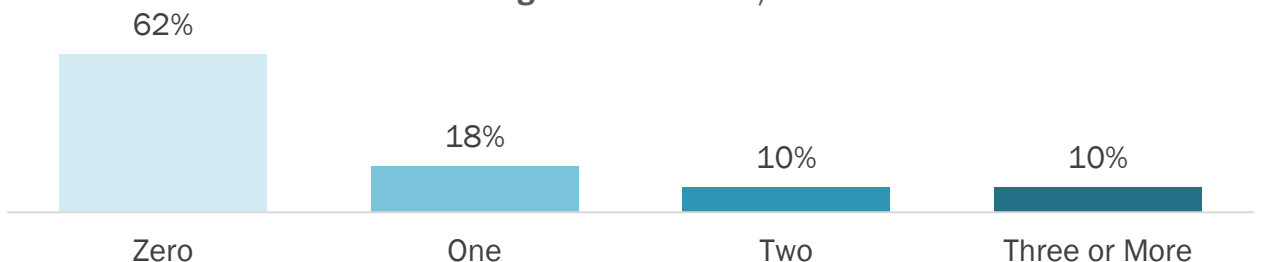
The percent of Vermont adults with a sunburn in the past year is statistically lower than the 44% in 2019.

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

Vermont Adults with Sunburn in Past Year, 2023

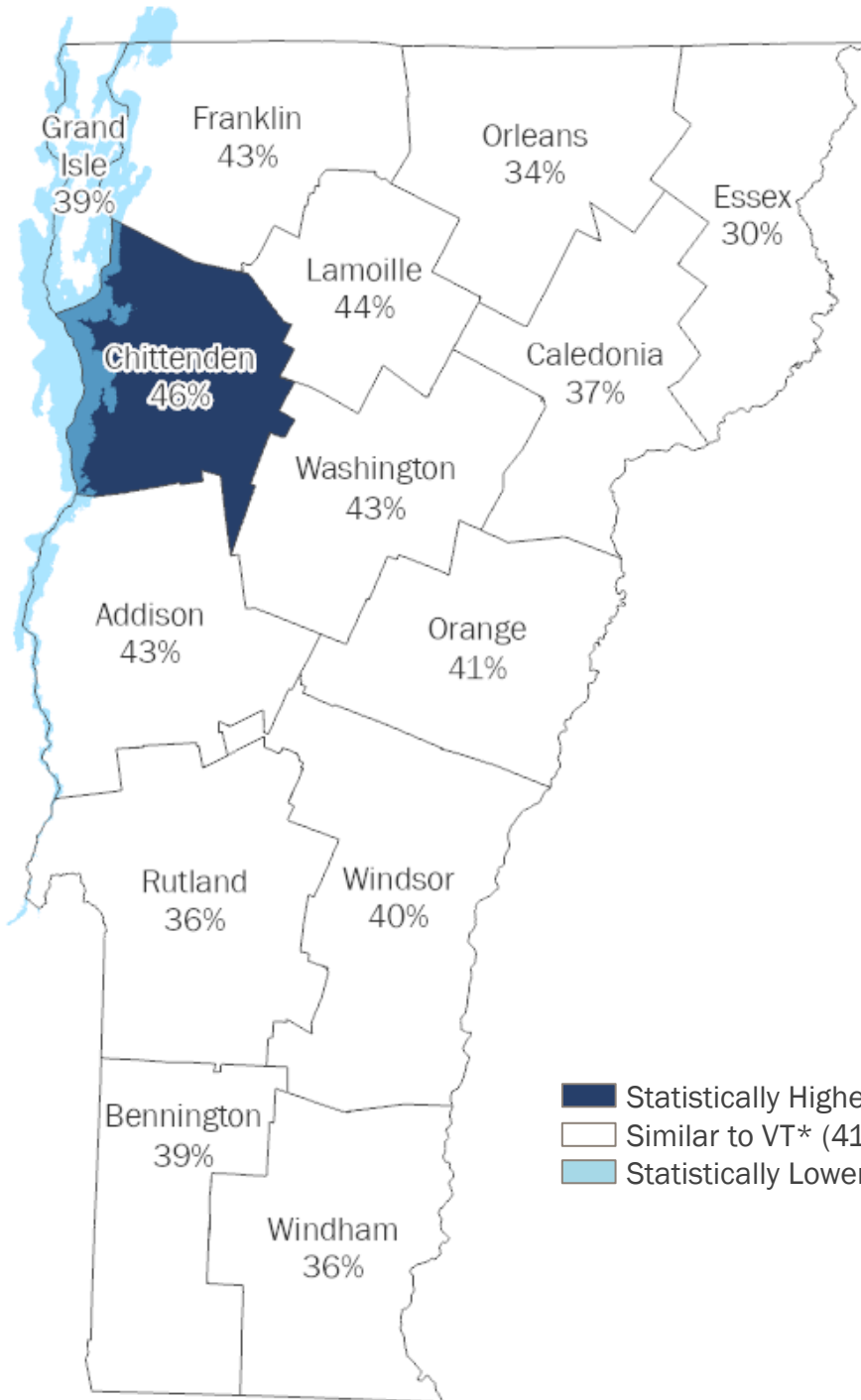


Number of Sunburns in Past Year among Vermont Adults, 2023



*No national estimate available.

Vermont Adults with Sunburn in Past Year by County, 2019, 2023



Forty-six percent of Chittenden County adults had at least one sunburn in the past year. This is statistically higher than the statewide rate.

The percent of adults with a sunburn in the past year in all other counties is similar to the Vermont rate.

- Statistically Higher than VT
- Similar to VT* (41%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Preventive Behaviors and Screenings

Immunizations – COVID-19 Vaccine

More than nine in ten Vermont adults have ever received a COVID-19 vaccine (91%).

Females are statistically more likely to have ever received a COVID-19 vaccine.

Adults 65 and older are statistically more likely to have received a COVID-19 vaccine than adults 18-64. Adults 45-64 received a COVID-19 vaccine at a statistically higher rate than adults 25-44.

The percent of adults ever receiving a COVID-19 vaccine statistically increases with education level.

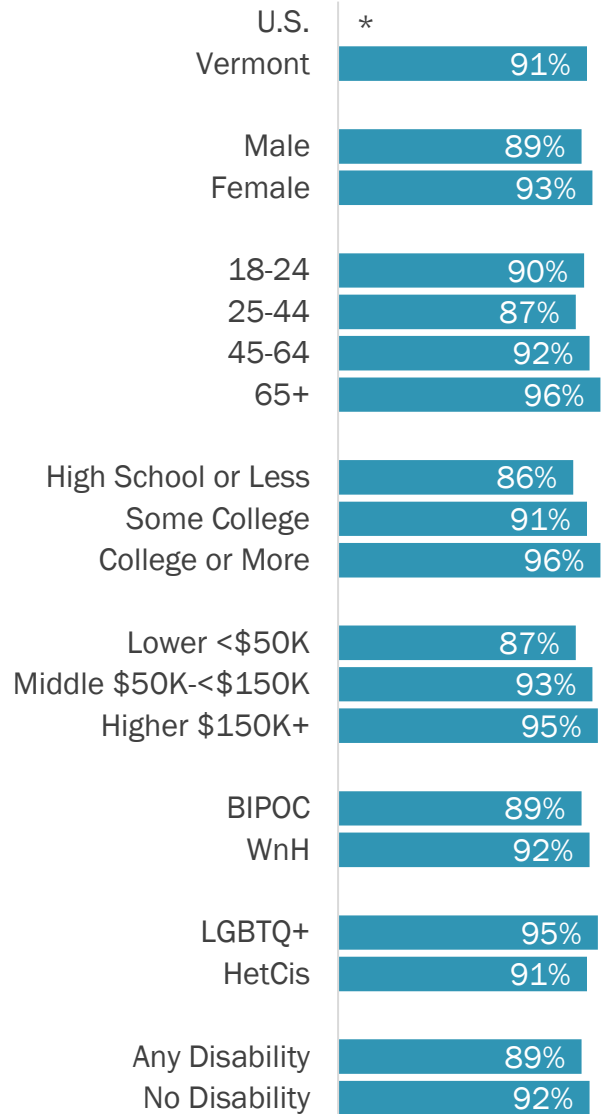
Adults with middle to higher incomes and LGBTQ+ adults are statistically more likely to have received a COVID-19 vaccine.

There are no statistical differences in COVID-19 vaccination by race and ethnicity or disability status.

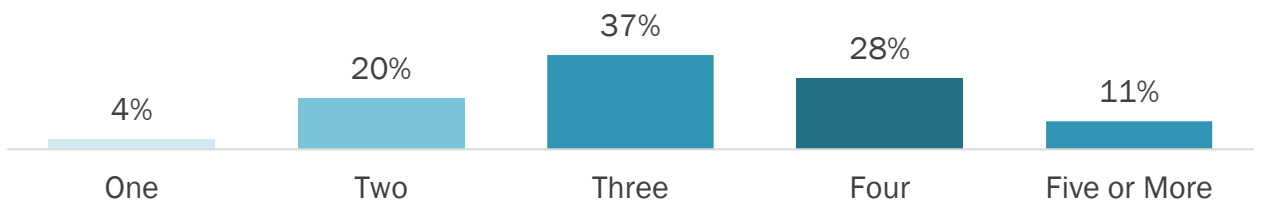
Among adults who have not received a COVID-19 vaccine, 3% percent say they will definitely or probably get a vaccine, 14% say they will probably not get one, and 83% say they will definitely not get a COVID-19 vaccine.

Note: Due to changes in methodology in 2023, trend and county-level data are not available.

Vermont Adults who Had a COVID-19 Vaccine, 2023



Number of COVID-19 Vaccines Received among Vermont Adults, 2023



*No national estimate available.

Immunizations – Flu Vaccine, Adults 65+

Seven in ten Vermont adults ages 65 and older had a flu vaccine in the past year (70%). This is statistically higher than the 63% of U.S. adults ages 65 and older.

A flu vaccine includes either a shot in the arm, or spray or mist in the nose.

Males and females 65 and older report getting a recent flu vaccine at statistically similar rates.

Older adults with a college degree or more are statistically more likely to have received a recent flu vaccine.

Older adults in homes with middle to higher incomes are statistically more likely to have had a recent flu vaccine.

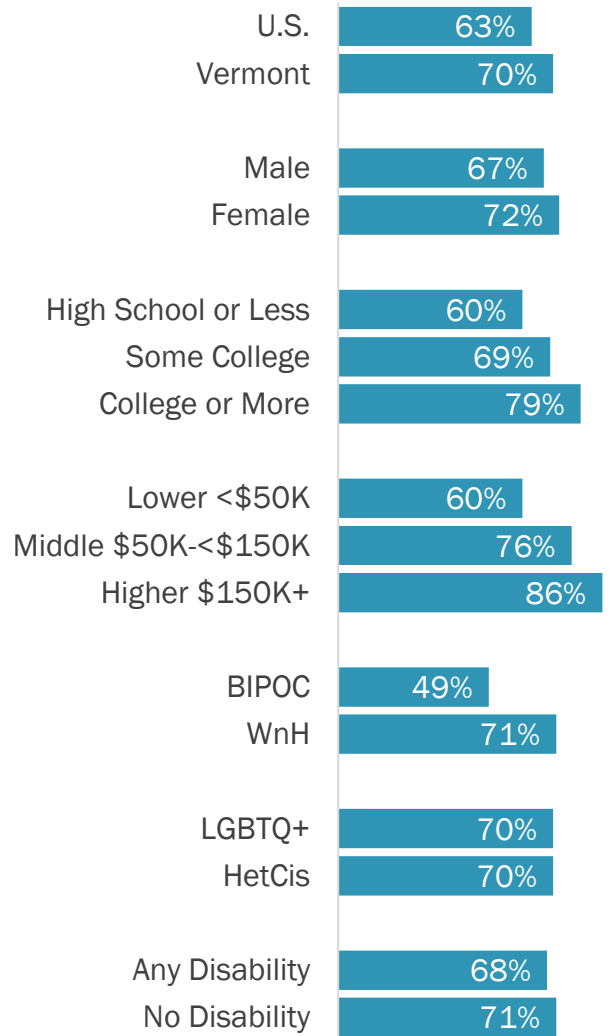
White, non-Hispanic adults are statistically more likely to have had a recent flu vaccine.

There are no statistical differences among older adults by sexual orientation and gender identity, or disability status.

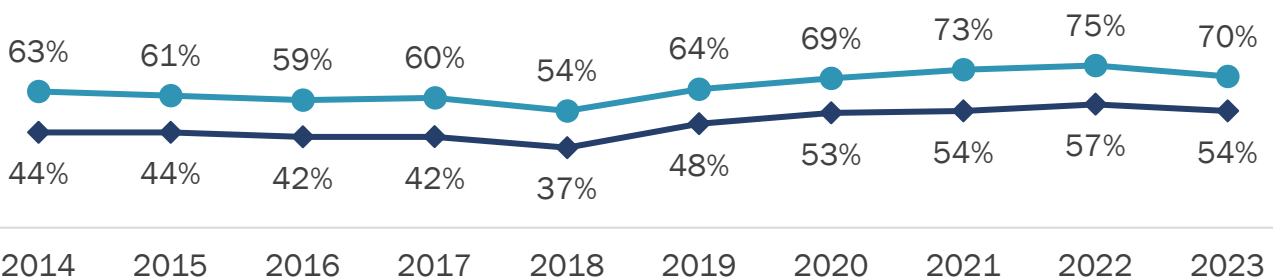
The percent of adults 65 and older receiving a flu vaccine in the past year is statistically similar to 2022, but statistically higher than 2014.

The percent of all adults receiving a flu vaccine in the past year is statistically similar to 2022, but statistically higher than 2014.

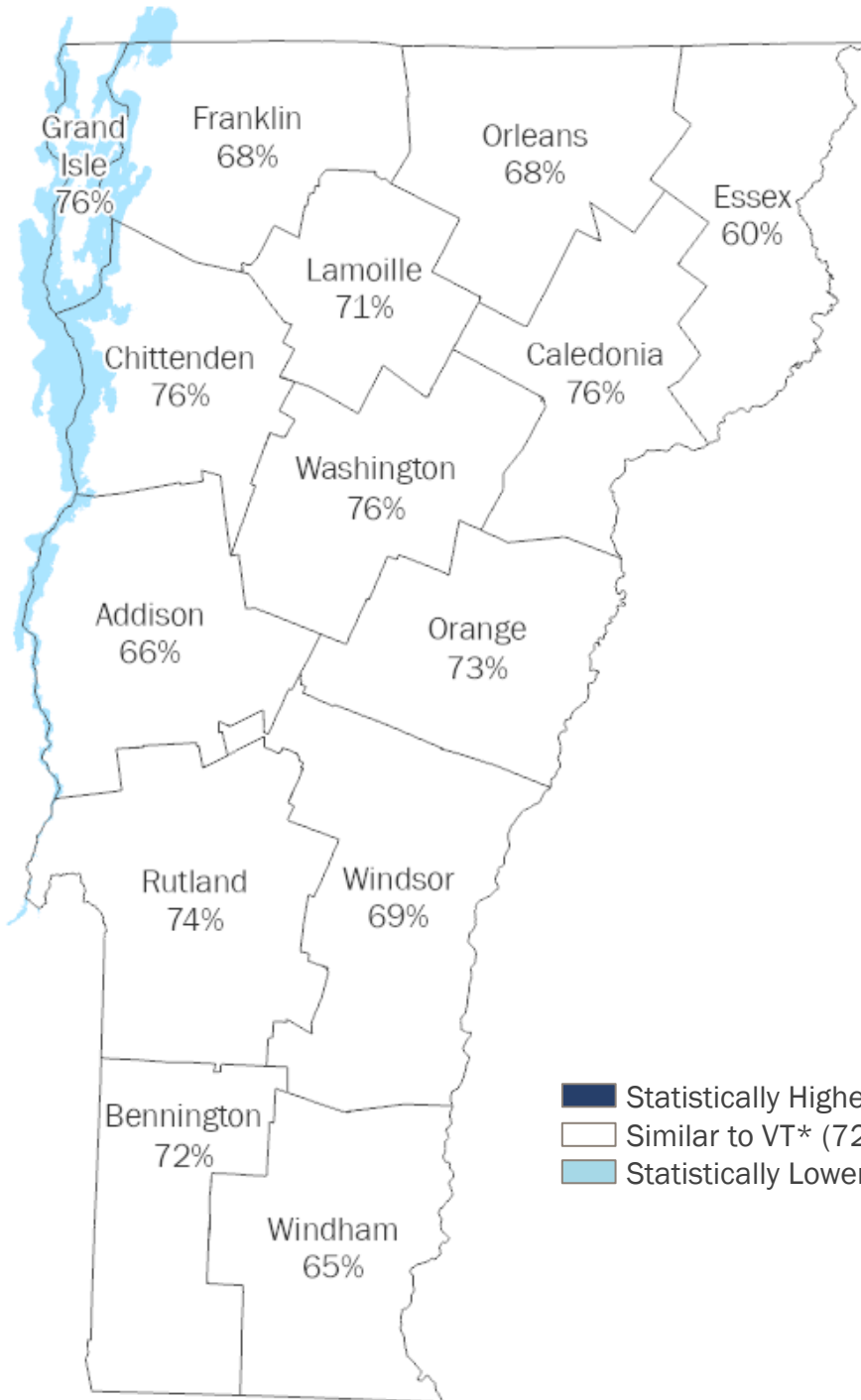
Vermont Adults 65+ who Had a Flu Vaccine in Past Year, 2023



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



Vermont Adults Ages 65+ who Had a Flu Vaccine in Past Year by County, 2022-2023



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

- Statistically Higher than VT
- Similar to VT* (72%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Immunizations – Pneumococcal Vaccine, Adults 65+

Seven in ten Vermont adults ages 65 and older have ever received a pneumococcal vaccine (70%). This is the same as U.S. adults ages 65 and older.

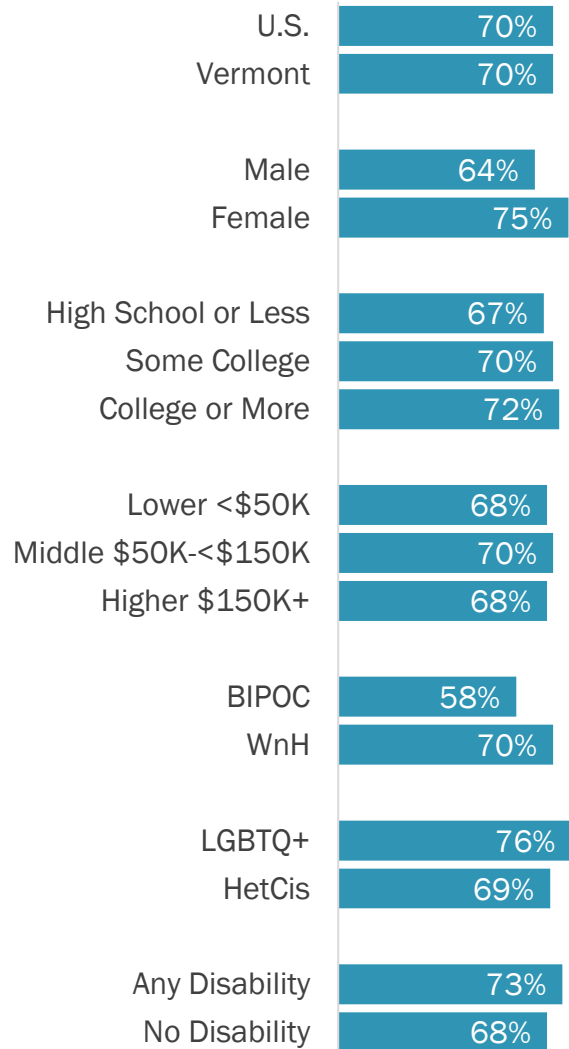
Females 65 and older are statistically more to have ever received a pneumococcal vaccine.

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

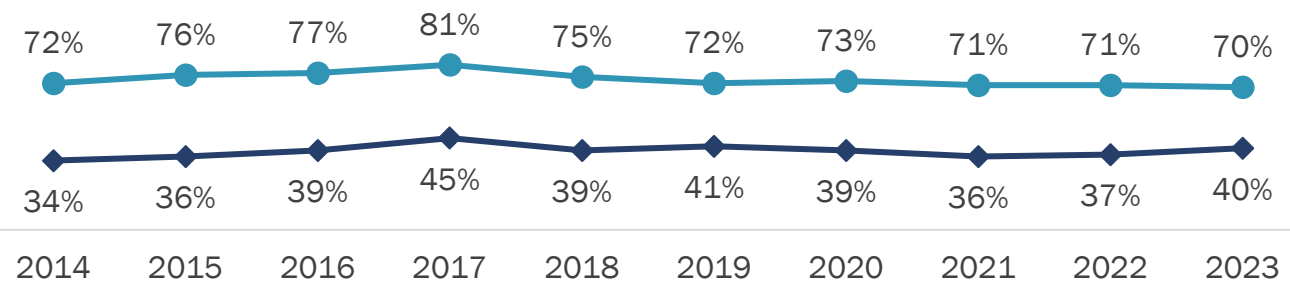
The percent of adults 65 and older ever having a pneumococcal vaccine is statistically similar to 2022 and 2014.

The percent of all adults ever having a pneumococcal vaccine is statistically similar to 2022, but statistically higher than 2014.

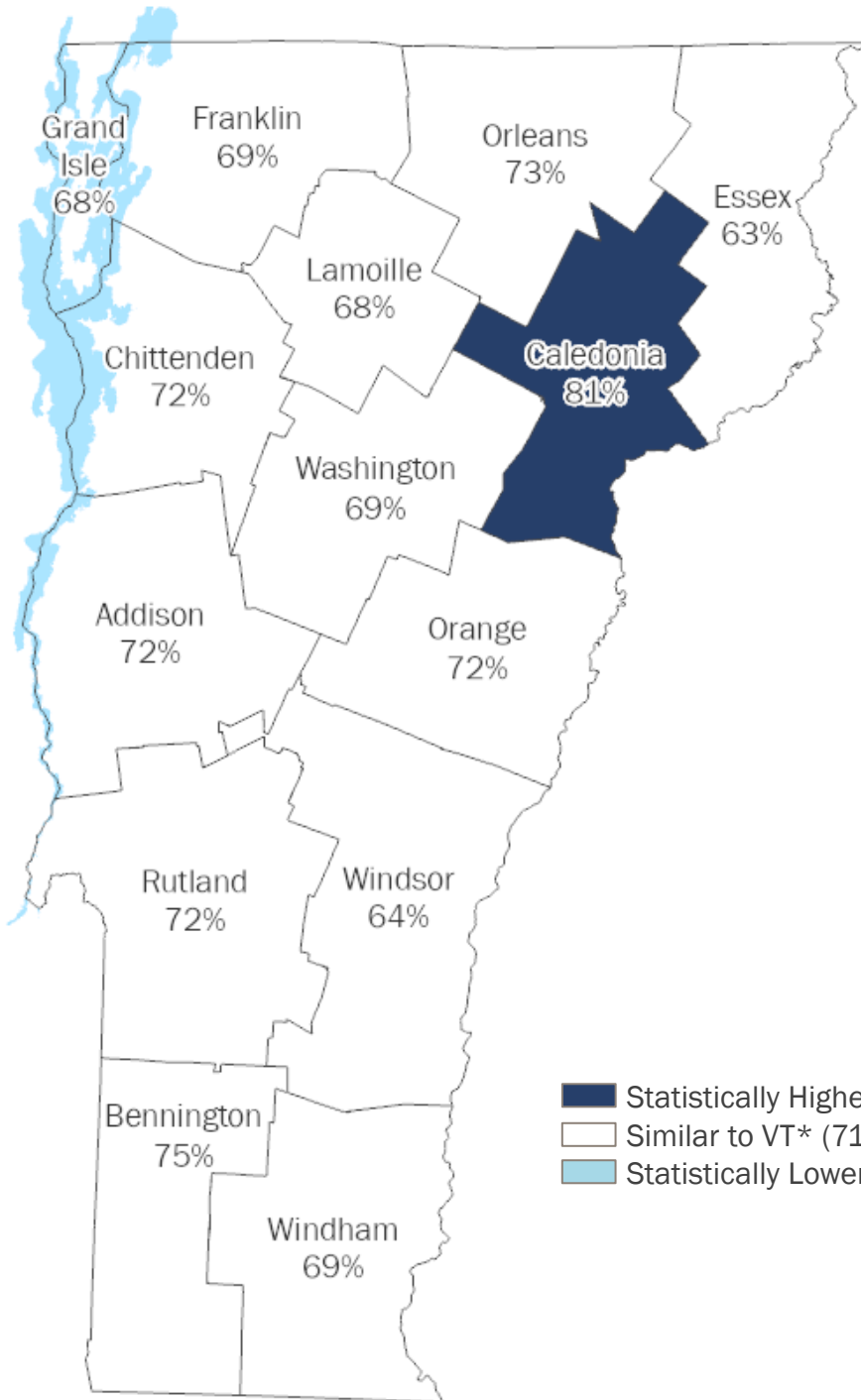
Vermont Adults 65+ who Ever Had a Pneumococcal Vaccine, 2023



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



Vermont Adults Ages 65+ who Ever Had a Pneumococcal Vaccine, by County, 2022-2023



More than eight in ten adults 65 and older in Caledonia County have ever received a pneumococcal vaccine (81%). This is statistically higher than all Vermont adults of the same age.

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

- Statistically Higher than VT
- Similar to VT* (71%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Immunizations – Shingles Vaccine, Adults 50+

Nearly six in ten Vermont adults ages 50 and older have ever had a shingles vaccination (59%). This is statistically higher than the 44% of U.S. adults ages 50 and older.

Males and females 50 and older report receipt of a shingles vaccine at statistically similar rates.

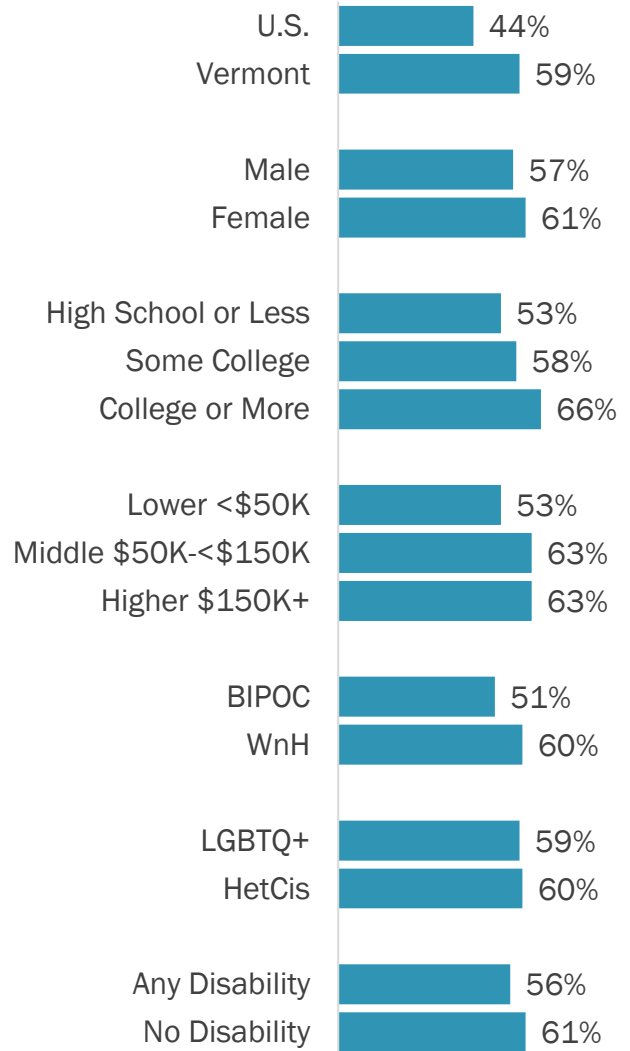
Older adults with a college degree or more are statistically more likely to have received a shingles vaccine.

Older adults in homes with middle to higher incomes are statistically more likely to have had a shingles vaccine.

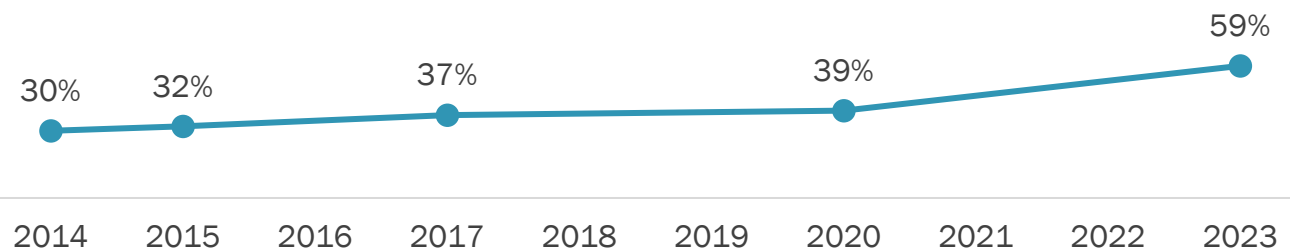
There are no statistical differences in receipt of a shingles vaccine among adults 50 and older by race and ethnicity, sexual orientation and gender identity, or disability status.

The percent of adults 50 and older receiving a shingles vaccine is statistically higher than 2020 and 2014.

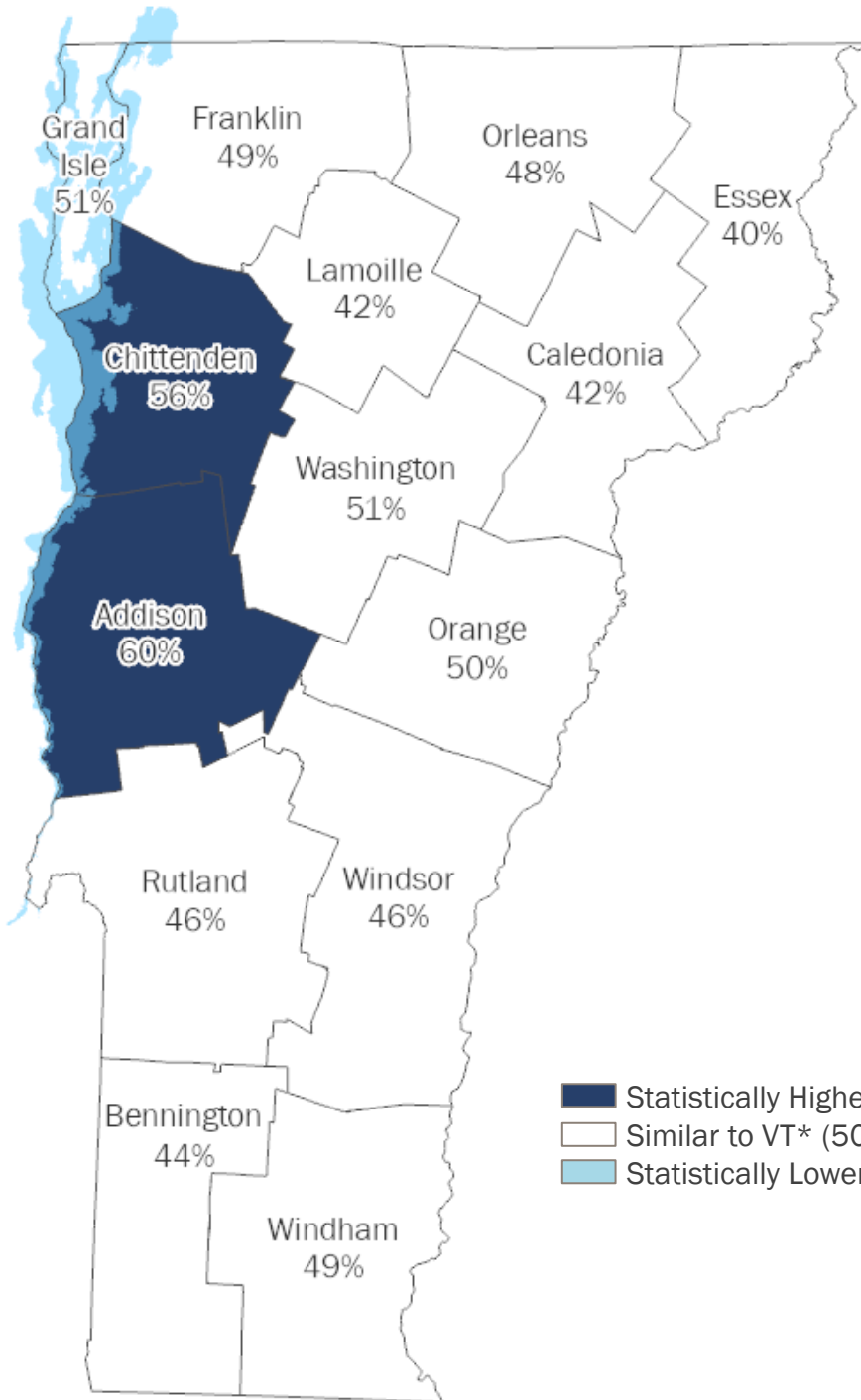
Vermont Adults 50+ who Ever Had a Shingles Vaccine, 2023



Vermont Adults 50+ who Ever Had a Shingles Vaccine



Vermont Adults Ages 50+ who Ever Had a Shingles Vaccine by County, 2020, 2023



Adults 50 and older in Addison (60%) and Chittenden (56%) counties have statistically higher rates of adults ever receiving a shingles vaccine compared to the Vermont rate of adults of the same age.

Shingles vaccination rates among adults ages 50 and older in all other counties are similar to the Vermont rate for that age group.

- Statistically Higher than VT
- Similar to VT* (50%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Routine Doctor Visits

More than three-quarters of Vermont adults had a routine doctor visit in the past year (77%). This is statistically similar to the 78% of U.S. adults.

Females are statistically more likely to have had a routine doctor visit in the past year.

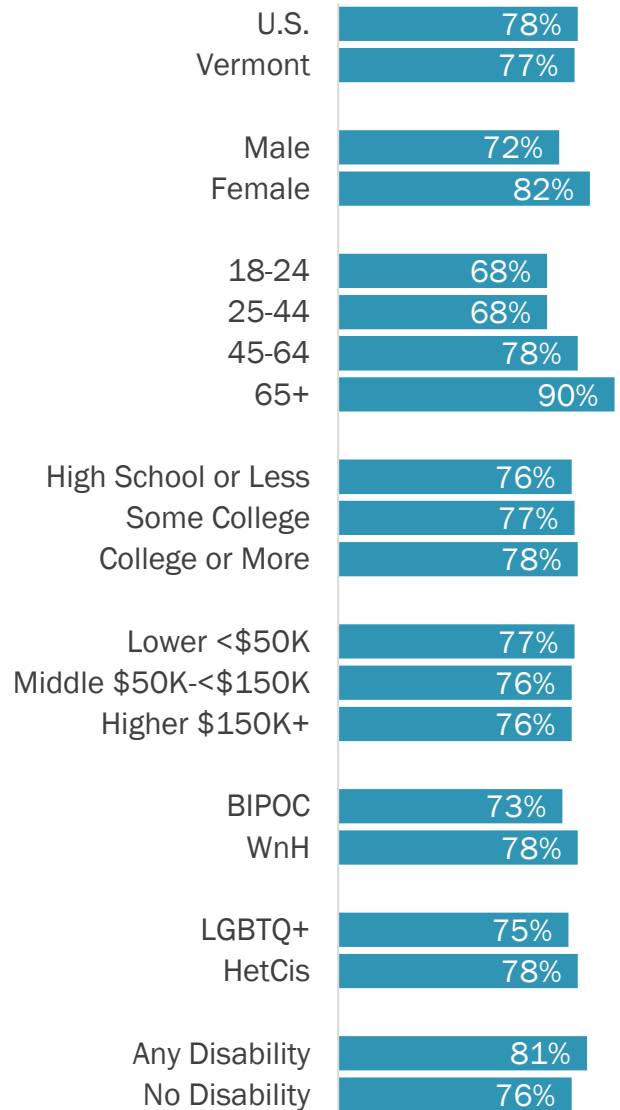
All differences in doctor visits by age are statistically significant, except between adults 18-24 and adults 25-44.

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

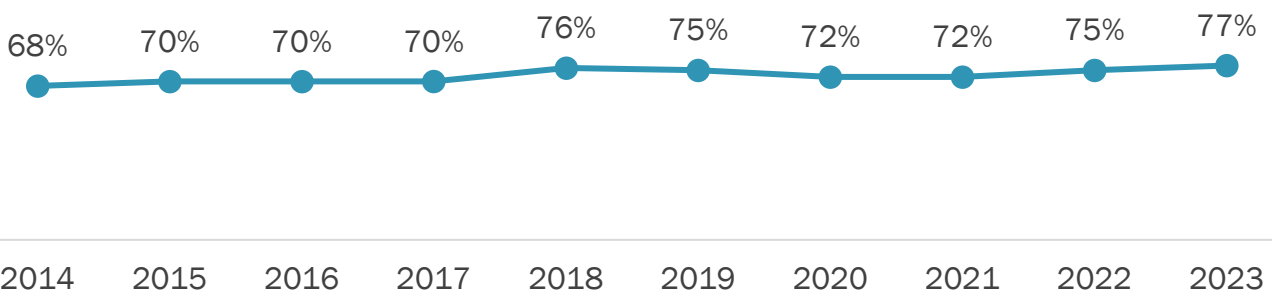
Adults with a disability are statistically more likely to have seen a doctor for a routine visit in the past year.

Routine doctor visits are statistically similar to 2022, but statistically higher than 2014.

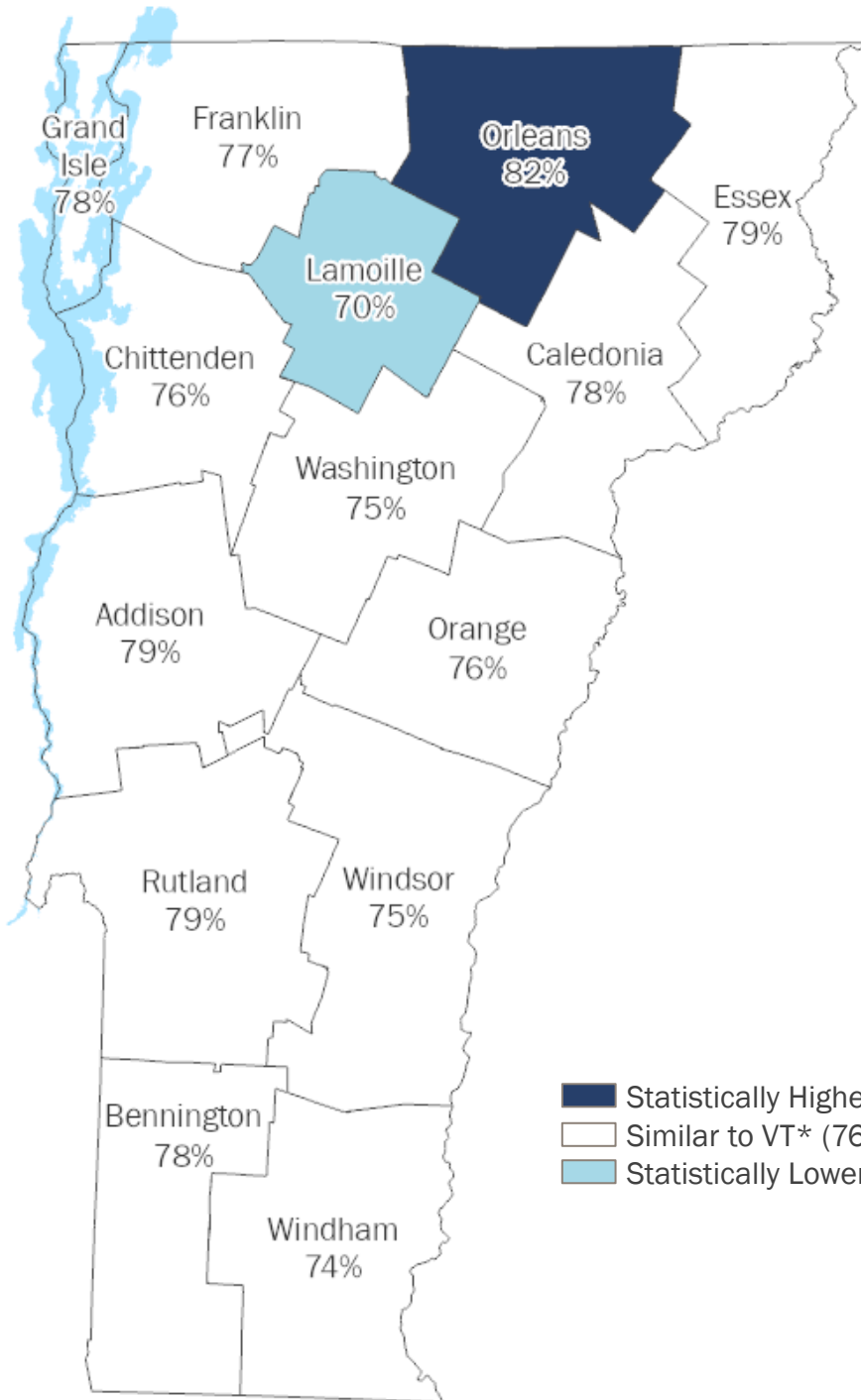
Vermont Adults who Had a Routine Doctor Visit in Past Year, 2023



Vermont Adults who Had a Routine Doctor Visit in Past Year



Vermont Adults who Had a Routine Doctor Visit in Past Year by County, 2022-2023



More than eight in ten adults in Orleans County have had a doctor visit in the past year (82%). This is statistically higher than the Vermont rate.

Seven in ten adults in Lamoille County have had a doctor visit in the past year (70%). This is statistically lower than the Vermont rate.

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

- Statistically Higher than VT
- Similar to VT* (76%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Physical Activity Recommendations

Nearly seven in ten Vermont adults meet aerobic physical activity recommendations (67%), statistically higher than the 60% of U.S. adults.

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

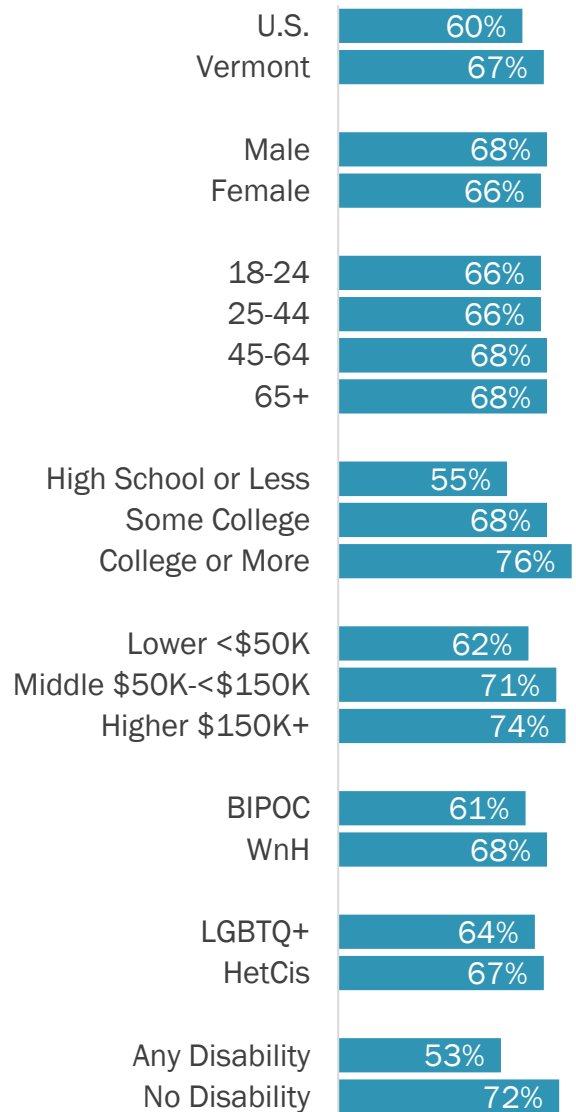
There are no statistical differences in meeting aerobic physical activity recommendations by sex, age, race and ethnicity or sexual orientation and gender identity.

The percent of adults meeting physical activity recommendations statistically increases with education level.

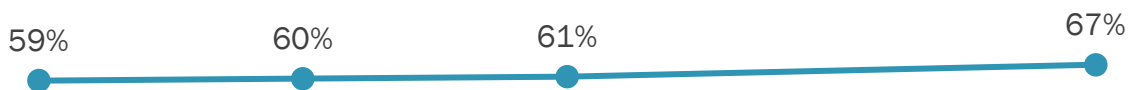
Adults in homes with middle to higher incomes and adults with no disability are statistically more likely to meet the recommendations.

The percent of Vermont adults meeting aerobic physical activity recommendations is statistically higher than 2019 and 2015.

Vermont Adults who Meet Physical Activity Recommendations, 2023



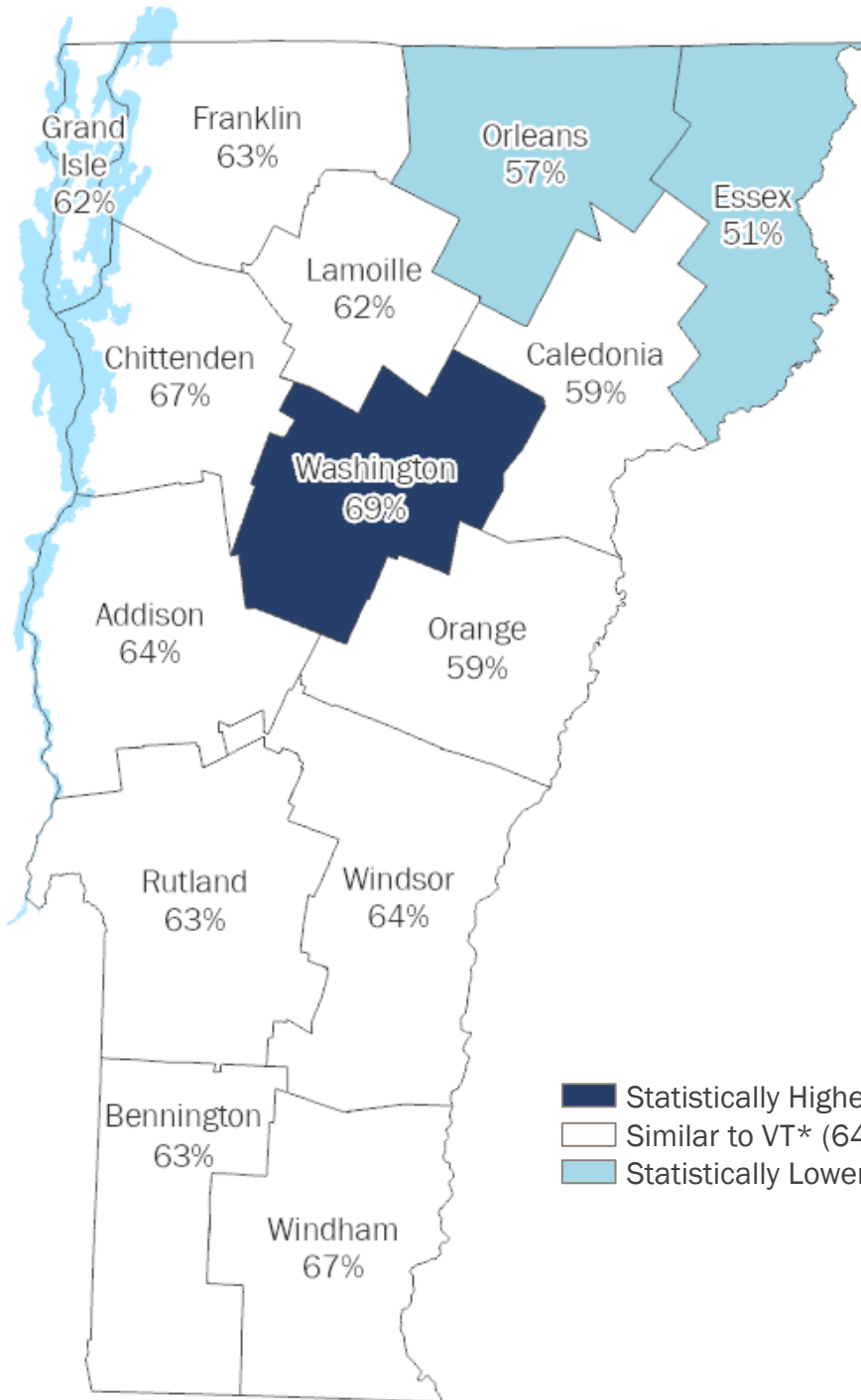
Vermont Adults who Meet Physical Activity Recommendations



2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

For additional information, refer to the [CDC Physical Activity Recommendations](#).

Vermont Adults who Meet Physical Activity Recommendations^o by County, 2019, 2023



Nearly seven in ten Washington County adults meet aerobic physical activity recommendations (69%). This is statistically higher than the Vermont rate.

Fifty-seven percent of Orleans County and 51% of Essex County adults meet aerobic physical activity recommendations. This is statistically lower than the statewide rate.

All other counties have a similar percent of adults meeting physical activity recommendations compared to Vermont overall.

- Statistically Higher than VT
- Similar to VT* (64%)
- Statistically Lower than VT

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

*Vermont estimate represents two years of data.

Strength Building Recommendations

More than four in ten Vermont adults participate in muscle strengthening activities at least twice per week (42%). This is statistically similar to the 41% of U.S. adults.

Males are statistically more likely to meet strength building recommendations.

Adults 18-24 are statistically more likely to meet strength building recommendations than those 25-64.

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.

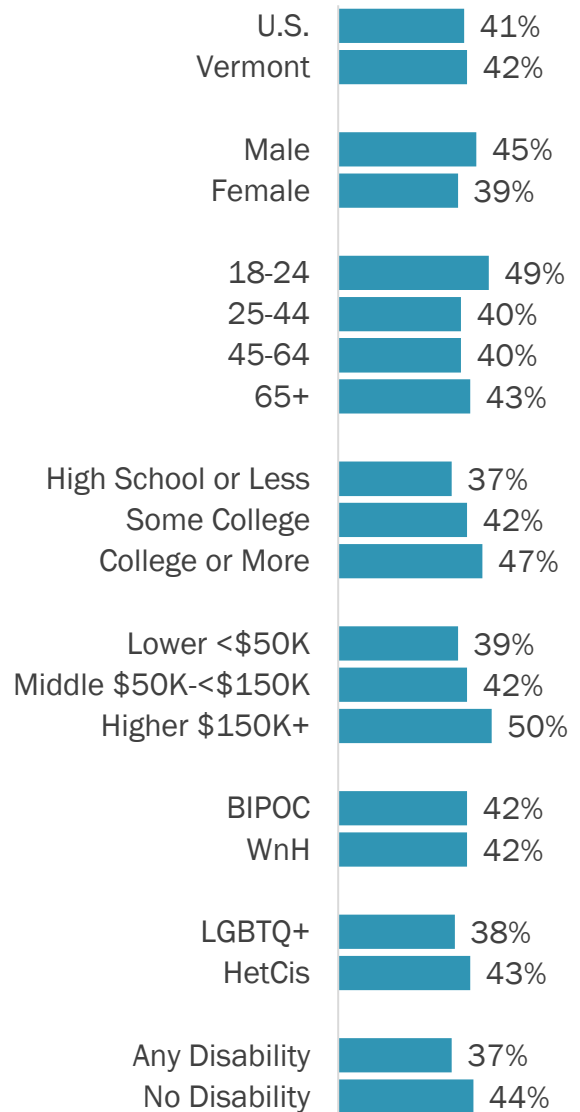
Adults in homes with higher incomes are statistically more likely to meet strength building recommendations.

There are no statistical differences in meeting strength building recommendations by race and ethnicity, or sexual orientation and gender identity.

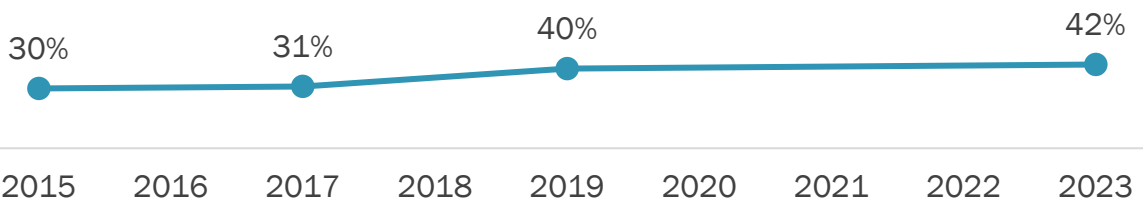
Adults with no disability are statistically more likely to meet strength building recommendations.

The percent of Vermont adults participating in muscle strengthening activities at least twice per week is statistically similar to 2019, but statistically higher than 2015.

Vermont Adults who Meet Strength Building Recommendations, 2023

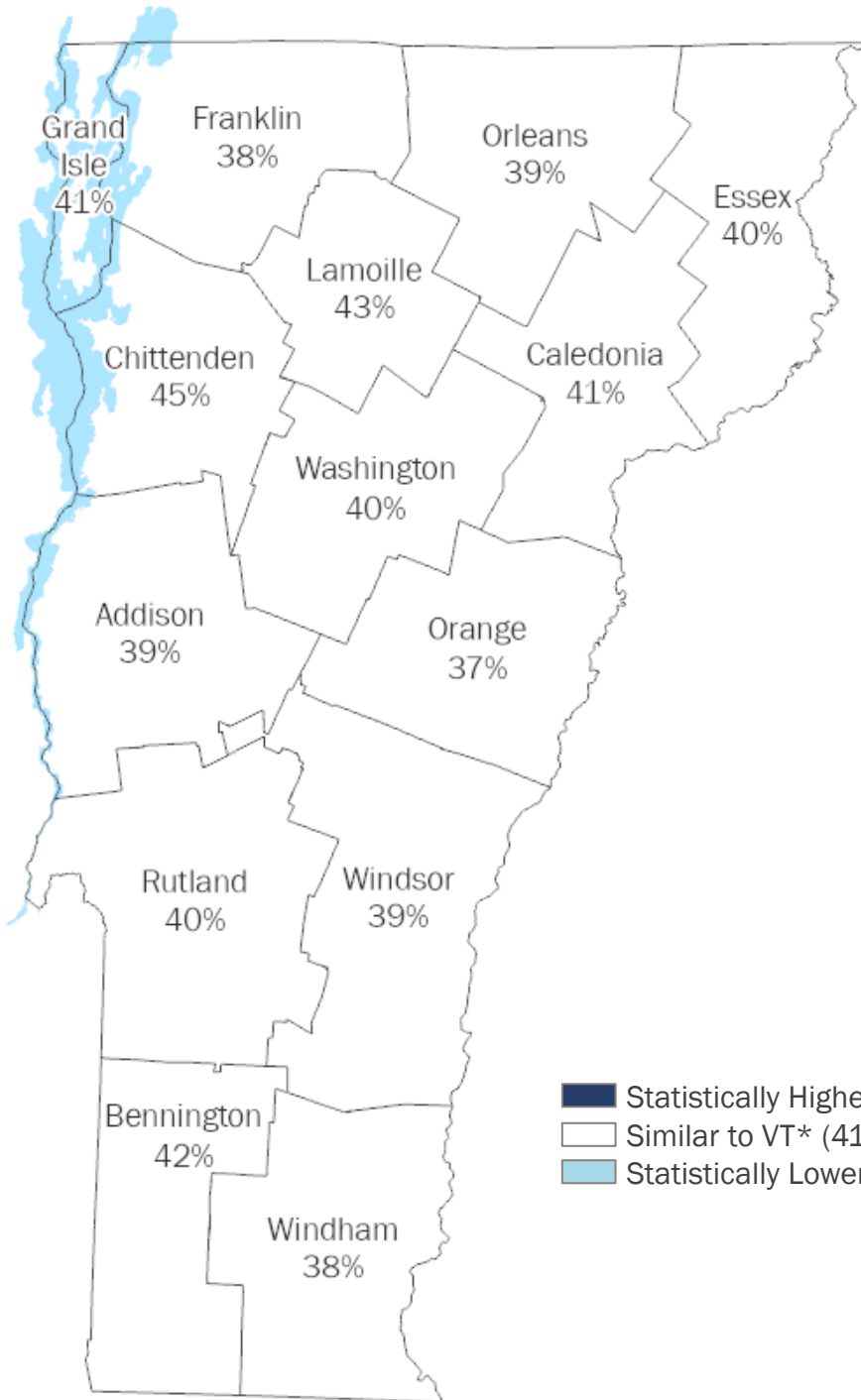


Vermont Adults who Meet Strength Building Recommendations



For additional information, refer to the [CDC Physical Activity Recommendations](#).

Vermont Adults who Meet Strength Building Recommendations^o by County, 2019, 2023



All counties have a similar percent of adults meeting strength building recommendations compared to Vermont overall.

- Statistically Higher than VT
- Statistically Lower than VT
- Similar to VT* (41%)

^oMuscle strengthening recommendations for adults are defined as participating in muscle strengthening activities at least twice per week.

*Vermont estimate represents two years of data.

Cholesterol Screening

Eighty-six percent of Vermont adults report having their cholesterol checked within the past five years. This is statistically lower than the 88% of U.S. adults.

Females are statistically more likely to have recently checked their cholesterol.

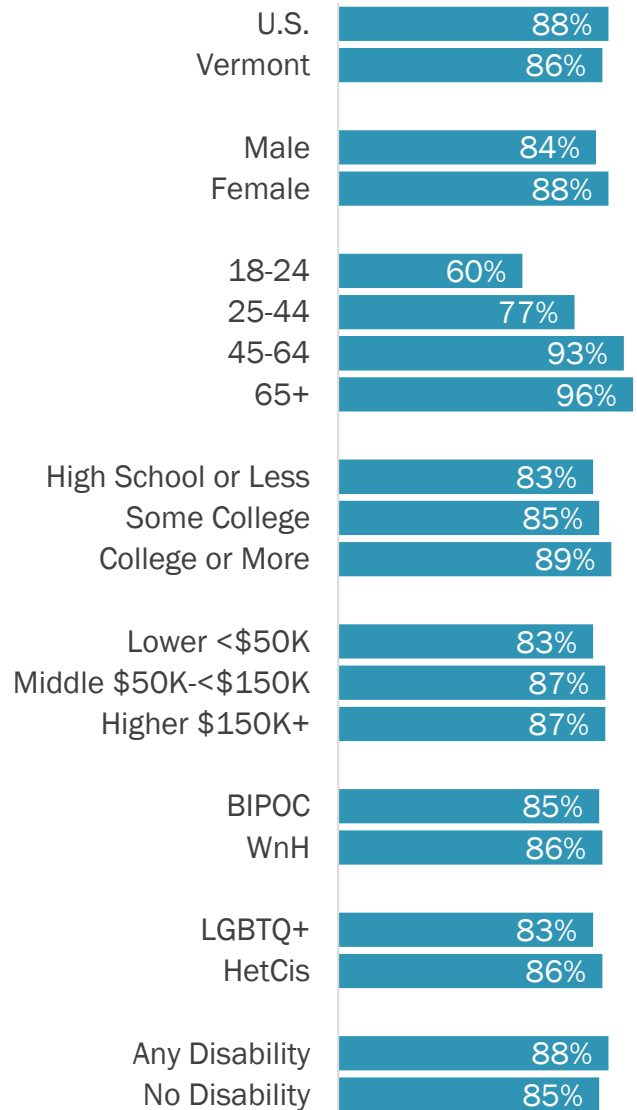
The prevalence of recent cholesterol screening statistically increases with age.

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

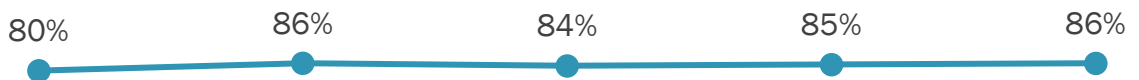
There are no statistical differences in recent cholesterol screening rates by household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The percent of adults having their cholesterol checked within the past five years is statistically similar to 2021, but statistically higher than 2015.

Vermont Adults who Had Cholesterol Screening in Past 5 Years, 2023



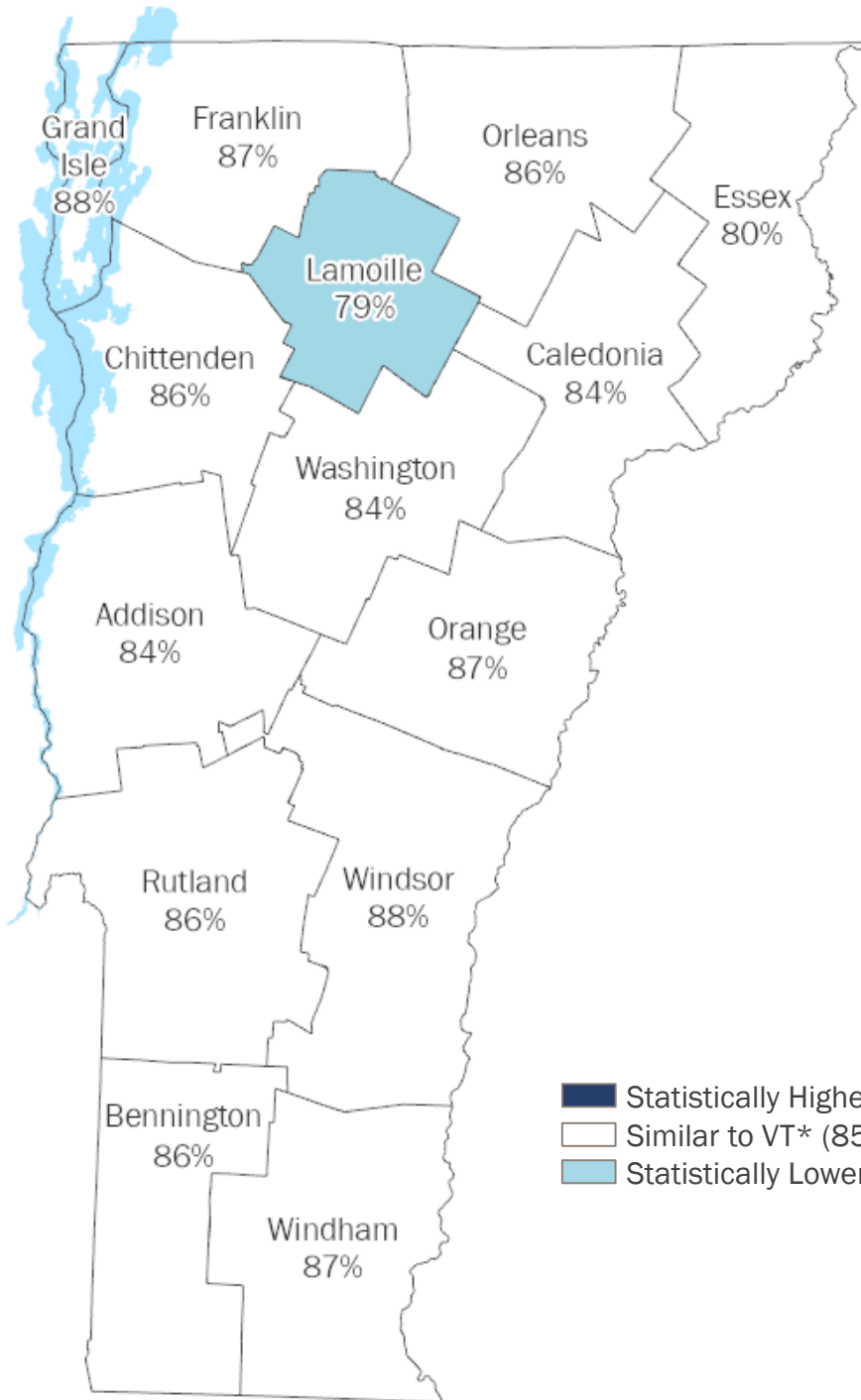
Vermont Adults who Had Cholesterol Screening in Past 5 Years



2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

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

Vermont Adults who Had Cholesterol Screening in Past 5 Years by County, 2021, 2023



Nearly eight in 10 Lamoille County adults have had a recent cholesterol screening (79%). This is statistically lower than all Vermont adults.

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

- Statistically Higher than VT
- Similar to VT* (85%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

HIV Screening – Ever

Thirty-seven percent of Vermont adults have ever been tested for HIV.

- This increases to 45% for adults ages 18-64.

Vermont adults report a statistically lower rate of ever being tested for HIV compared to the 39% of U.S. adults.

- Adults 18-64 report being tested for HIV at the same rate as U.S. adults in that age group.

Among all Vermont adults regardless of age, males and females report ever testing for HIV at statistically similar rates.

All differences in HIV testing prevalence by age are statistically significant, except between adults 25-44 and those 45-64.

Adults with some college education or more are statistically more likely to have ever had an HIV test.

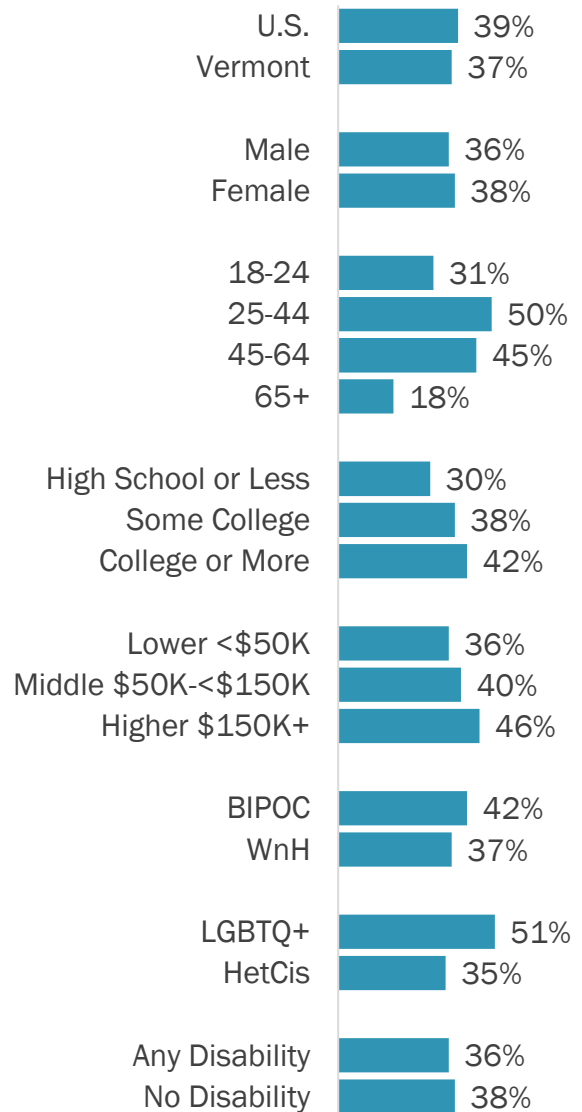
Adults with higher household incomes are statistically more likely to have ever had an HIV test compared to those with lower household incomes.

There are no statistical differences in HIV testing by race and ethnicity or disability status.

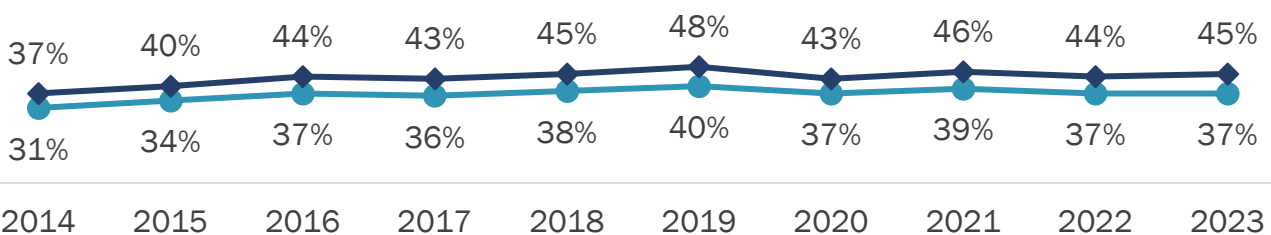
LGBTQ+ adults are statistically more likely to have ever had an HIV test.

HIV testing among all adults and those 18-64 is statistically similar to 2022, but statistically higher than 2014.

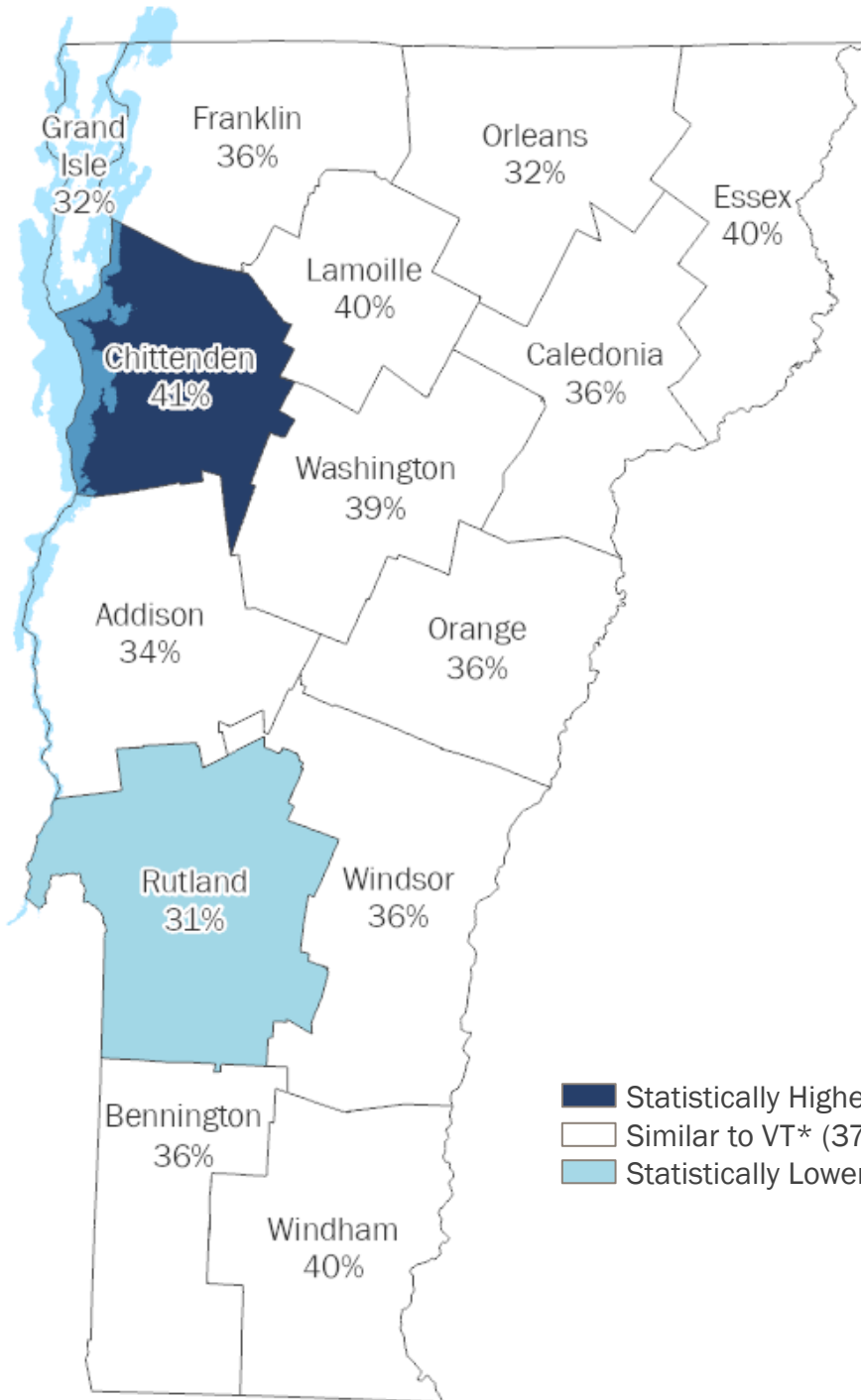
Vermont Adults Ever Tested for HIV, 2023



Vermont Adults and Adults 18-64 Ever Tested for HIV



Vermont Adults who Have Ever Been Tested for HIV by County, 2022-2023



Forty-one percent of adults in Chittenden County have ever been tested for HIV. This is statistically higher than all Vermont adults.

Thirty-one percent of adults in Rutland County have ever been tested for HIV. This is statistically lower than all Vermont adults.

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

- Statistically Higher than VT
- Similar to VT* (37%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

HIV Screening – In Past Year

Six percent of adults have had an HIV test in the past year. This increases to 9% for adults ages 18-64.

Recent HIV testing is statistically lower among Vermont adults compared to all U.S. adults (10%) and U.S. adults 18-64 (13%).

Among all Vermont adults, males and females report recent HIV testing at statistically similar rates.

HIV screening in the past year decreases with age.

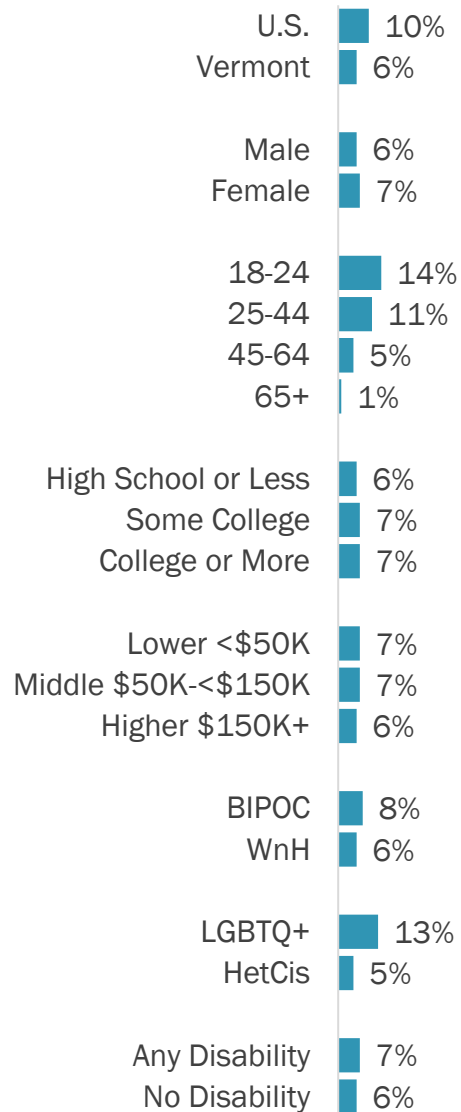
- All differences in HIV screening by age are statistically significant, except between adults 18-24 and those 25-44.

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

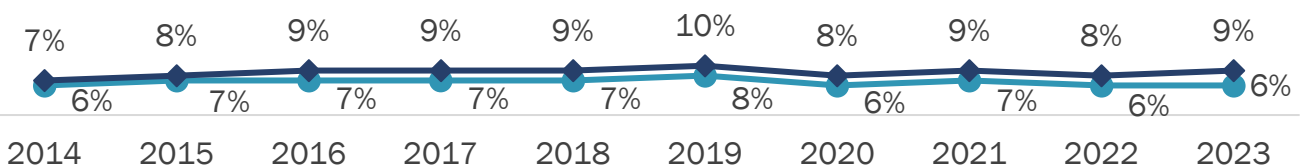
LGBTQ+ adults are more than two times as likely to have had an HIV test in the past year than HetCis adults. This is a statistical difference.

HIV screening in the past year among all adults and those 18-64 is statistically similar to 2022 and 2014.

Vermont Adults Tested for HIV in Past Year, 2023

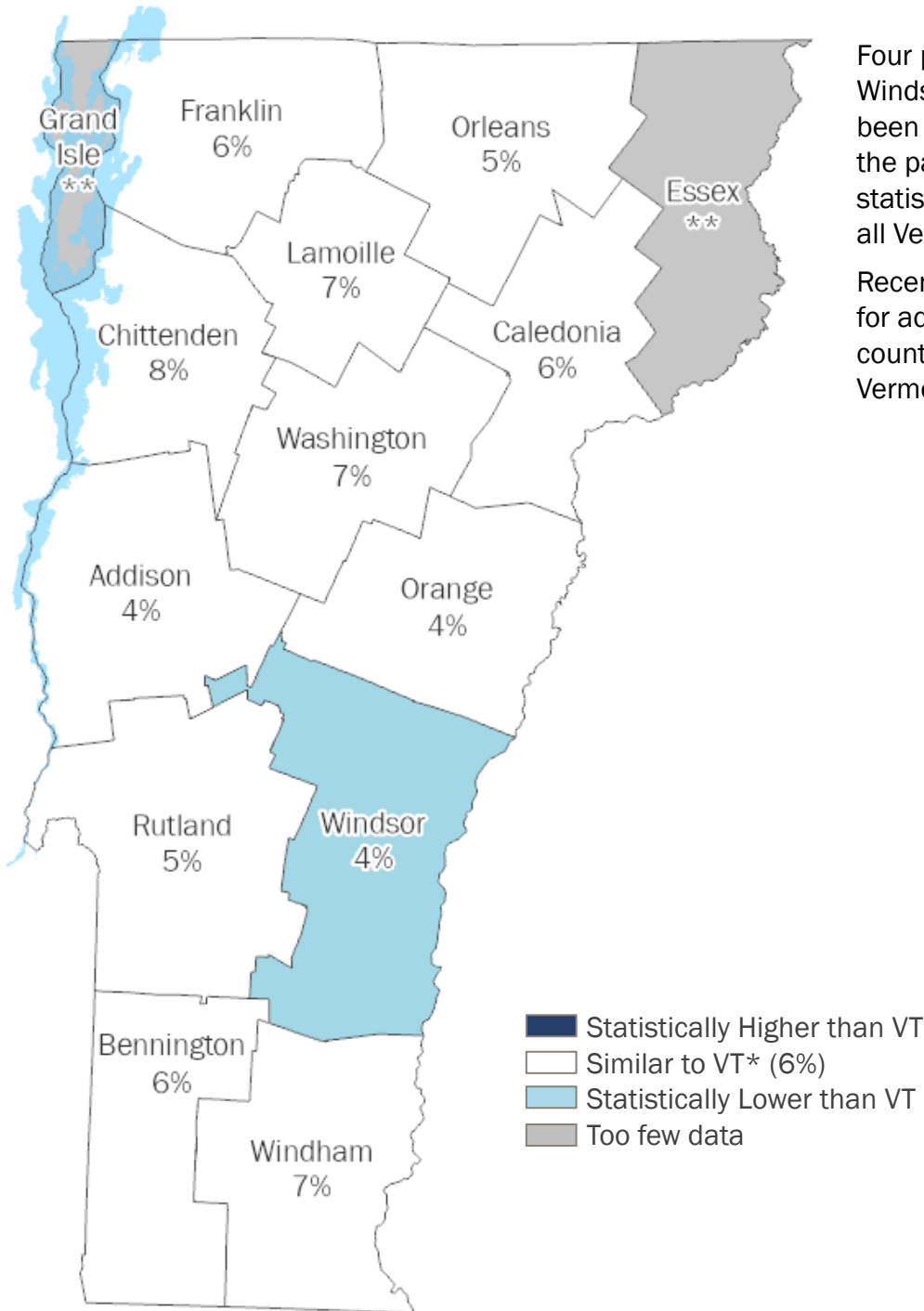


Vermont Adults and Adults 18-64 Tested for HIV in Past Year



Note: The methodology of analysis for this indicator has been updated.

Vermont Adults who Have Been Tested for HIV in Past Year by County, 2022-2023



Four percent of adults in Windsor County have been tested for HIV in the past year. This is statistically lower than all Vermont adults.

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

*Vermont estimate represents two years of data.

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

Local Fish Consumption

In the past month, 6% of Vermont adults ate fish caught in local waters. This includes self-caught fish or fish caught by a friend or relative. These data do not include fish bought from a store.

Males are statistically more likely to eat fish caught in Vermont waters.

Adults with some college education are statistically more likely to eat fish caught in local waters than those with a college degree or more.

BIPOC adults are two times as likely to eat locally caught fish than white, non-Hispanic adults. This is a statistical difference.

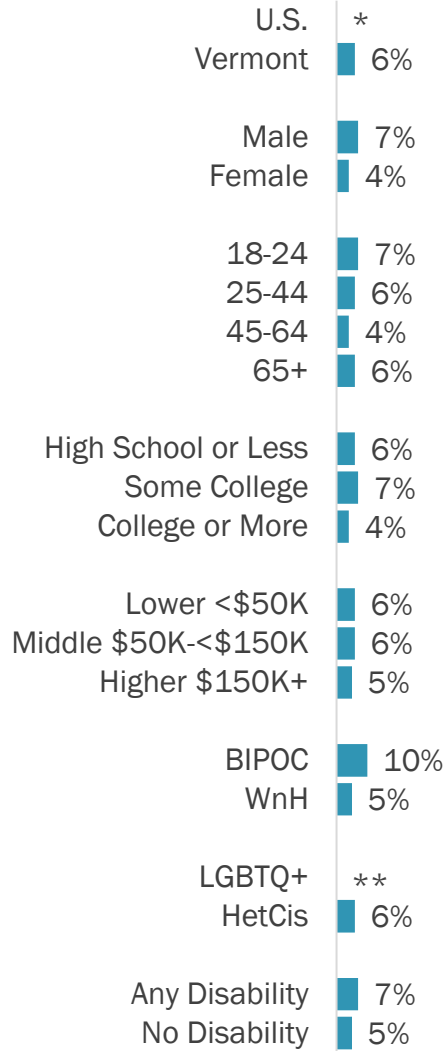
There are no statistical differences in eating locally caught fish by age, household income level, or disability status.

Statistical comparisons were not made for sexual orientation and gender identity due to data suppression.

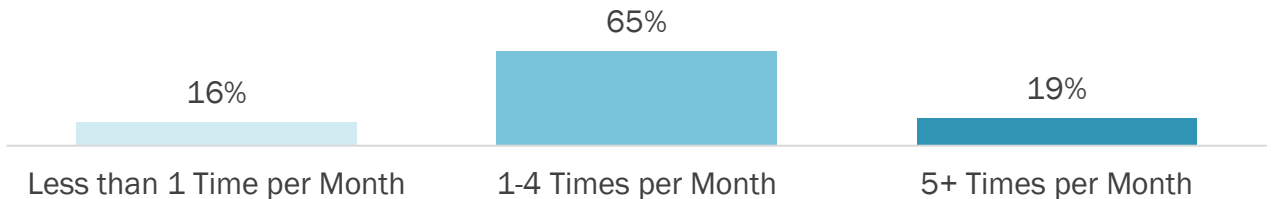
Among adults who ate fish caught in Vermont waters, 16% did so less than one time in the past month, 65% did so one to four times in the past month and 19% did so five or more times in the past month.

Note: 2023 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults who Eat Fish Caught in Vermont Waters, 2023



How Often Adults Eat Locally Caught Fish among Vermont Adults who Eat Fish Caught in Vermont Waters, 2023



*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.

For more information, refer to the [Vermont Department of Health Fish Consumption Recommendations](#).



Report Prepared By:

Vermont Department of Health
Division of Health Statistics & Informatics
280 State Drive Waterbury, Vermont 05671

For More Information:

Visit: www.healthvermont.gov/brfss
Email: ahs.vdhbrfss@vermont.gov
Call: (800) 869-2871