

St. Albans District Office

2014 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

VDH – Public Health Statistics
May 2016

 .VERMONT
DEPARTMENT OF HEALTH

Table of Contents

	Page
Introduction.....	3
Demographics.....	4
Health Status Indicators.....	6
Health Access Indicators.....	8
Disability.....	10
Chronic Conditions.....	11
Risk Behaviors.....	15
Preventive Behaviors – Fruit & Vegetable Consumption.....	19
Preventive Behaviors – Physical Activity Recommendations.....	21
Preventive Behaviors – Routine Doctor Visits and Immunizations.....	22
Oral Health.....	24
HIV Screening.....	26
Cancer Screening.....	27
Appendix A.....	29

What is the Behavioral Risk Factor Surveillance System or BRFSS?

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

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

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

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

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

A report summarizing the 2014 statewide results from the Vermont BRFSS can also be found on the VDH website:

http://healthvermont.gov/research/brfss/documents/summary_brfss_2014.pdf

Recent Changes to BRFSS Methodology

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

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

Demographics of St. Albans District Office*

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

More than half of St. Albans adults are female. About two-thirds of adults in the St. Albans area 25-64, with less than one in five ages 65 and older.

- St. Albans adults report a similar age distribution as Vermont adults overall.

Less than half of St. Albans area adults have a high school degree or less education.

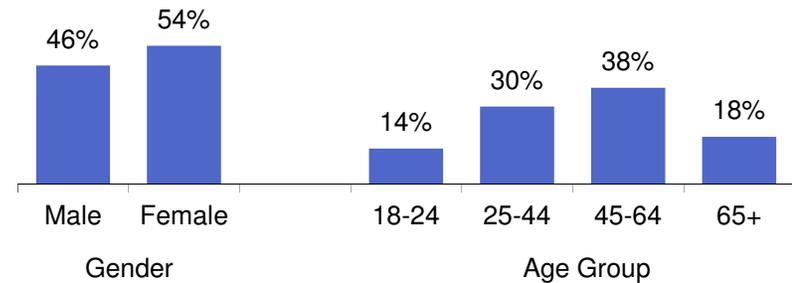
- St. Albans adults are significantly more likely than Vermont adults overall to have a high school degree or less (47% vs. 39%) and less likely to have a college education or higher (23% vs. 32%).

More than half of St. Albans adults live in a home making \$50,000 or more annually, while about one in five make less than \$25,000 annually.

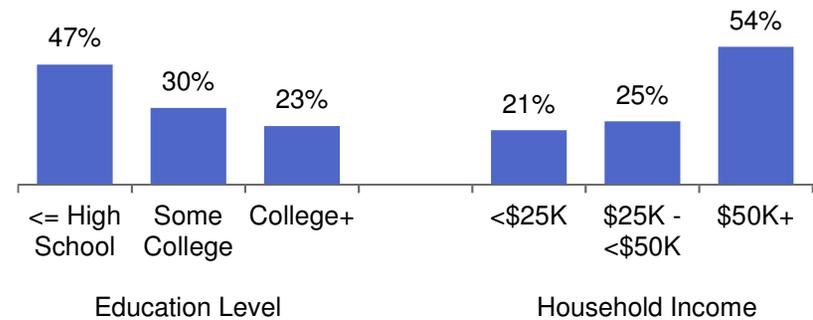
- St. Albans adults are significantly more likely than Vermont adults to live in homes with annual income of at least \$50,000 annually (54% vs. 48%).

Five percent of adults in the St. Albans area reported being a racial minority. This is statistically similar to the six percent of Vermont adults overall.

St. Albans Residents by Gender and Age



St. Albans Residents by Socio-Economic Status



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

Demographics of St. Albans District Office

More than six in ten (62%) St. Albans area adults are currently employed, while one in six (16%) are retired. Ten percent said they are a student or homemaker, and seven percent or fewer each said they are unable to work or unemployed (5%).

- St. Albans adults report a similar employment distribution to Vermont adults overall.

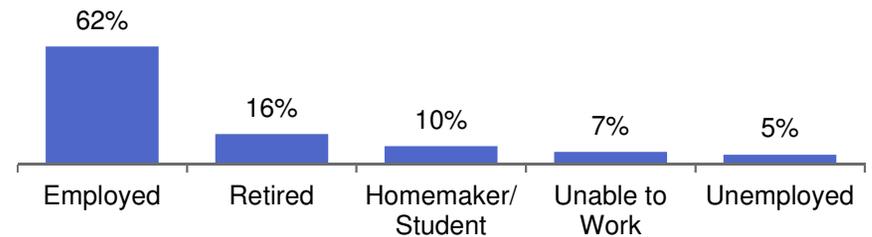
More than half (56%) of St. Albans area adults are married. One in five have never married, while thirteen percent are divorced. Six percent or fewer each are widowed or part of an unmarried couple.

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

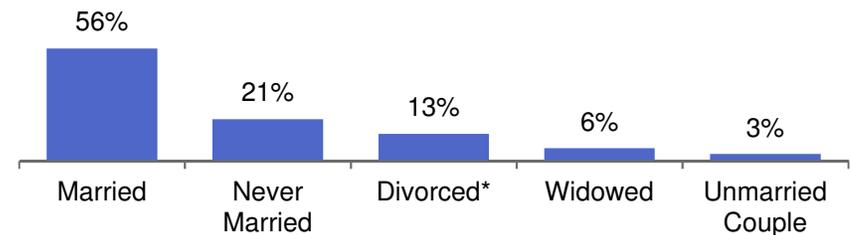
Two-thirds of adults in the St. Albans area said there are no children less than 18 in their home. Six percent reported having three or more children.

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

St. Albans Residents by Employment Status

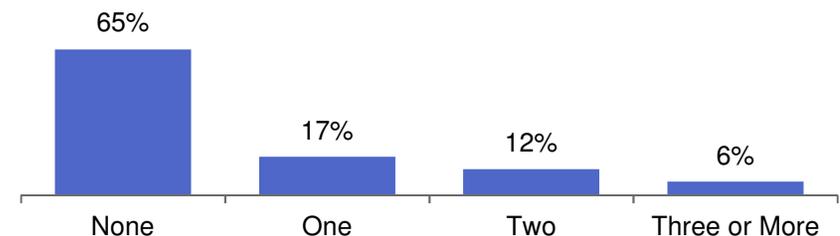


St. Albans Residents by Marital Status



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

St. Albans Residents by Children in Household



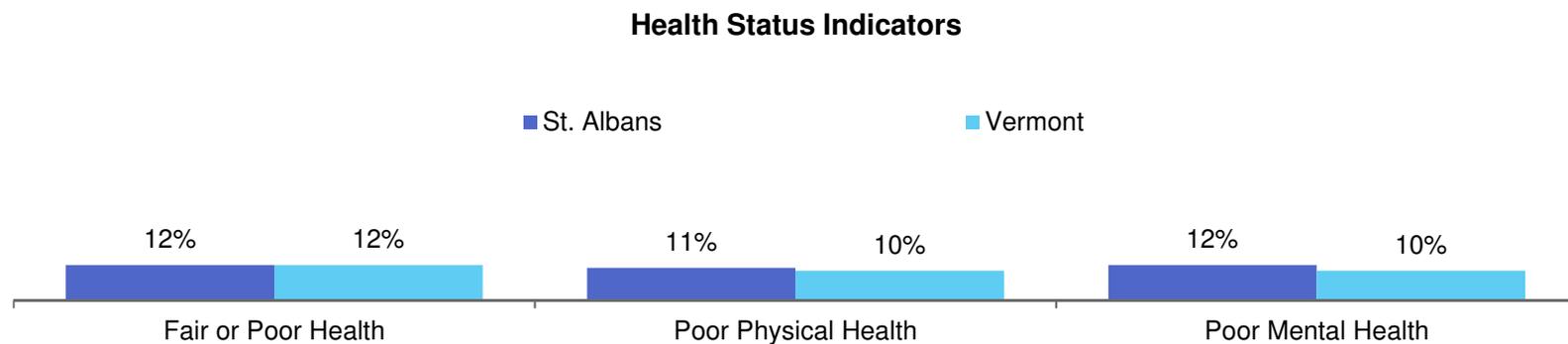
Health Status Indicators

In 2013-2014, one in eight (12%) St. Albans area adults reported being in fair or poor general health and poor mental health. Slightly less, 11% reported having poor physical health.

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

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

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



Health Status Indicators

St. Albans area women are statistically more likely to report poor mental health than men (15% vs. 8%).

- There are no statistical differences by gender, for reported fair or poor general health and poor physical health.

Fair or poor general health and poor physical health increase with age, however differences are not statistically significant.

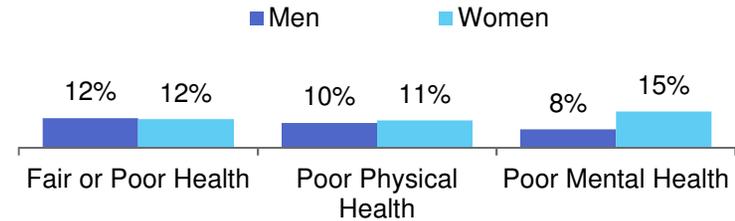
Reported poor mental health decreases as age increases.

- Younger adults 18-64 are significantly more likely to report poor mental health compared to older adults.

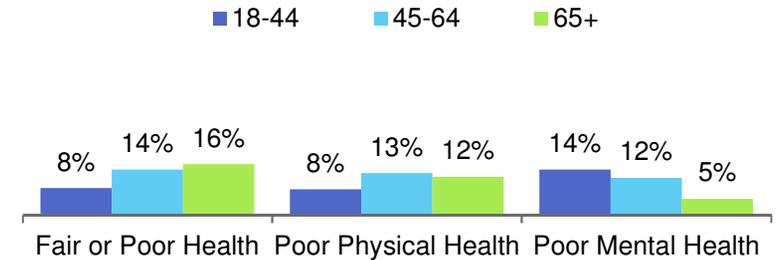
Poor health, regardless of the indicator, among St. Albans area adults is highest among those with the lowest annual household income.

- All differences by annual household income and fair or poor general health are statistically significant.
- Adults in homes making less than \$25,000 per year are significantly more likely to report poor physical and poor mental health than those in homes with more income.

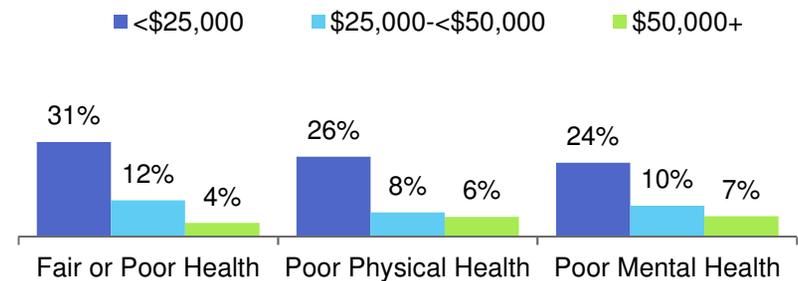
**Health Status Indicators by Gender
St. Albans Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level

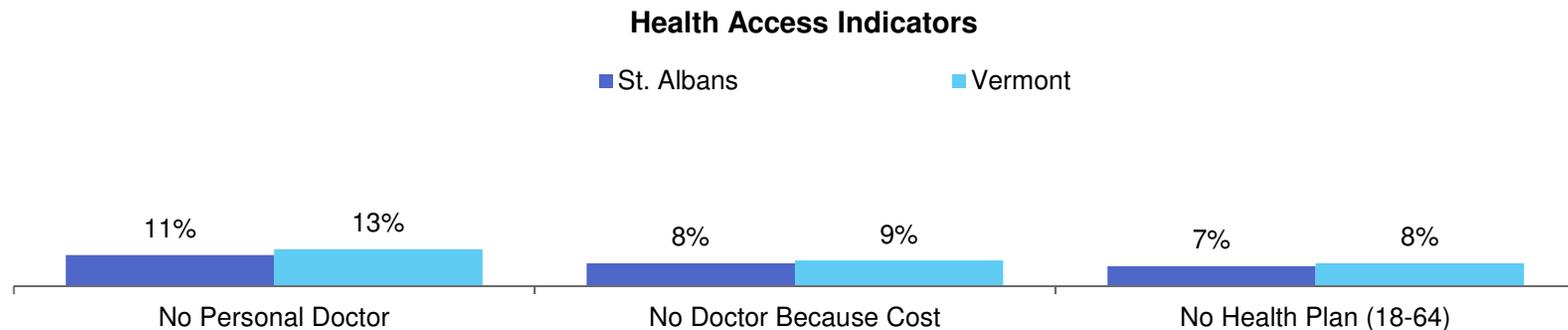


Health Access Indicators

In 2013-2014, about one in nine (11%) adults in the St. Albans area said they do not have a personal doctor for health care. Fewer, one in twelve (8%) said they needed care in the last year but did not seek it due to the cost. Among St. Albans area adults ages 18-64, seven percent said they do not have health insurance.

There are no differences in health care access, regardless of the measure, when comparing St. Albans area adults and Vermonters overall.

Additionally, among St. Albans area adults, health access indicators have not changed significantly since 2011. See Appendix A for results over time.



Health Access Indicators

St. Albans area men are significantly more likely than women to not have a primary care physician (16% vs. 6%).

- There are no significant differences by gender in reported delays in care due to cost and not having a health plan.

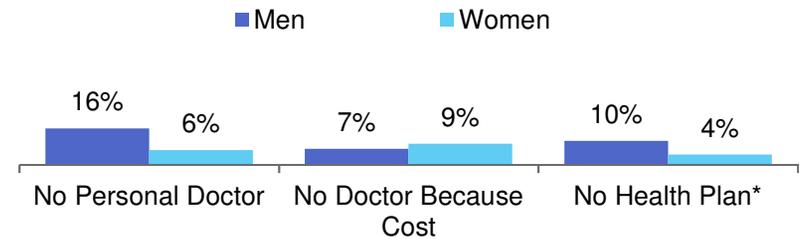
Poor health care access decreases with increasing age.

- Adults 65 and older are significantly less likely than those 18-44 to report not having a personal doctor.
- There are no statistical differences in delaying care and not having a health plan by age.

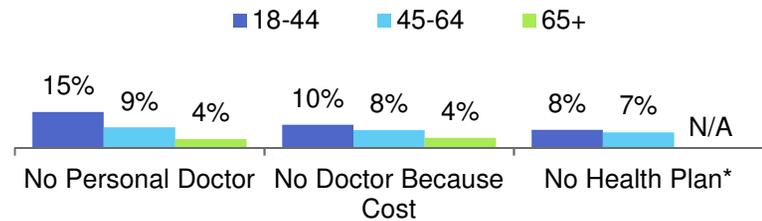
Adults in the St. Albans area with higher annual household incomes are less likely to report delaying care due to cost and not having a health plan.

- Adults living in homes with the highest incomes are significantly less likely to delay care compared with those in homes with less income.
- Similarly, adults 18-64 in homes with annual incomes of at least \$50,000 are significantly less likely than those with less income to not have a health plan.
- There are no differences in not having a personal health care provider by annual household income.

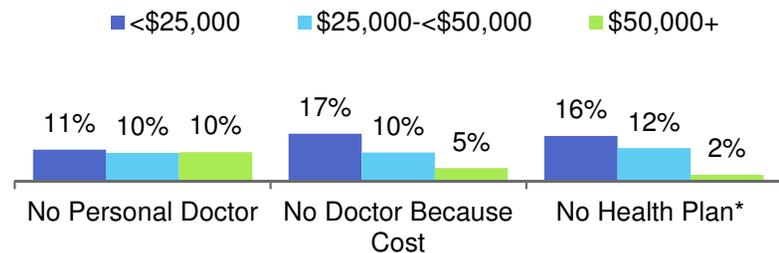
**Health Access Indicators by Gender
St. Albans Adults**



Health Access Indicators by Age



Health Access Indicators by Income Level



*Limited to adults 18-64.

Disability

About a quarter (24%) of Vermont adults reported having a disability in 2014. The same proportion was reported among adults in the St. Albans area.

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

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

Reported disability among St. Albans area residents is highest among older adults.

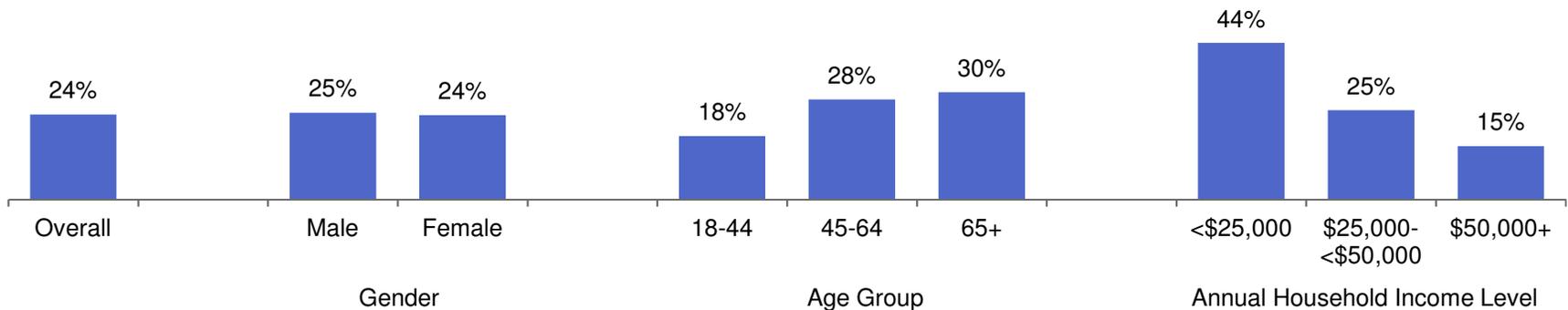
- Adults 65 and older are significantly more likely than those 18-44 to report a disability.

St. Albans area adults with low annual household incomes are more likely to be disabled.

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

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

**Disability, Overall and by Sub-groups
St. Albans Adults**



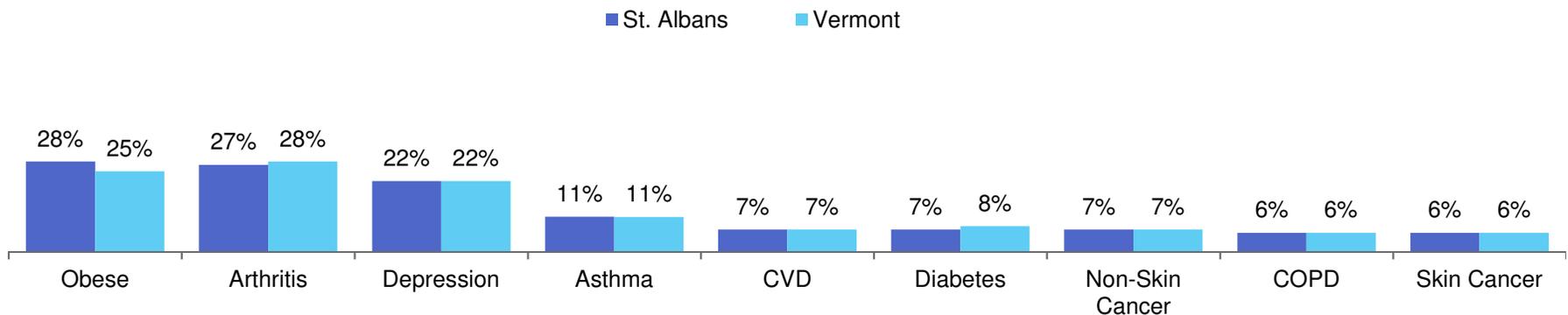
Chronic Conditions

More than a quarter (28%) of St. Albans adults, reported being obese. Slightly fewer, 27%, said they have ever been diagnosed with arthritis. About one in five (22%) have ever been diagnosed with a depressive disorder.

One in nine (11%) St. Albans adults has been diagnosed with asthma. Seven percent or fewer each reported ever being diagnosed with cardiovascular disease (CVD), diabetes, non-skin skin cancer, chronic obstructive pulmonary disease (COPD), and skin cancer.

There are no statistical differences in chronic disease prevalence for the selected chronic conditions among St. Albans area adults compared with Vermont adults overall. Additionally, the prevalence of the selected chronic conditions have not changed significantly since 2011. See Appendix A for results over time.

Prevalence of Selected Chronic Conditions



CVD = cardiovascular disease.

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

Chronic Conditions

St. Alban area women have a significantly higher prevalence of depression compared to area men (29% vs. 13%).

- There are no statistical differences in the prevalence of arthritis, obesity, and asthma by gender among St. Albans area adults.

Arthritis prevalence among St. Albans adults increases with increasing age.

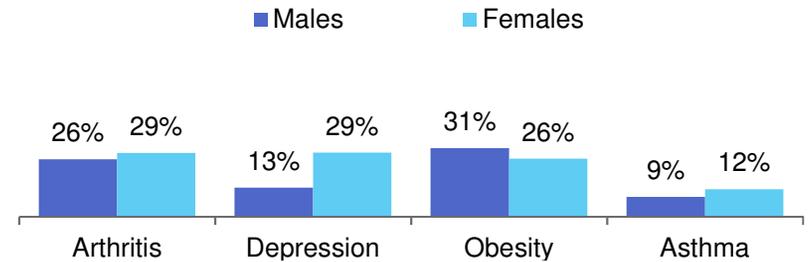
- All differences by age are statistically significant.

Adults ages 45-64 are significantly more likely than older adults to report a depressive disorder.

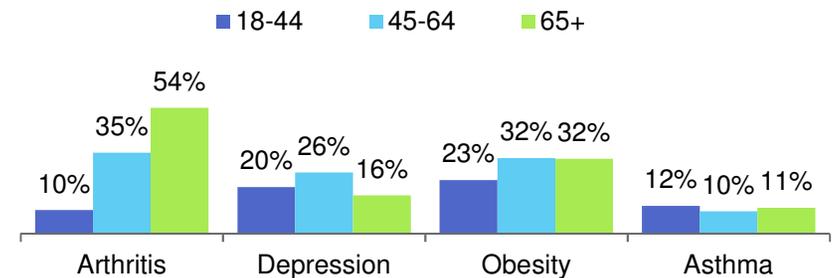
St. Albans area adults living in homes with less income are more likely than those in homes with higher incomes to have arthritis, depression, and asthma.

- Adults in homes with incomes of less than \$25,000 per year are significantly more likely than those with more income to report arthritis and depressive disorders.
- Adults in homes making less than \$25,000 per year are also significantly more likely than those in homes with incomes of at least \$50,000 to have asthma.
- There are no differences by annual household income level in rates of obesity.

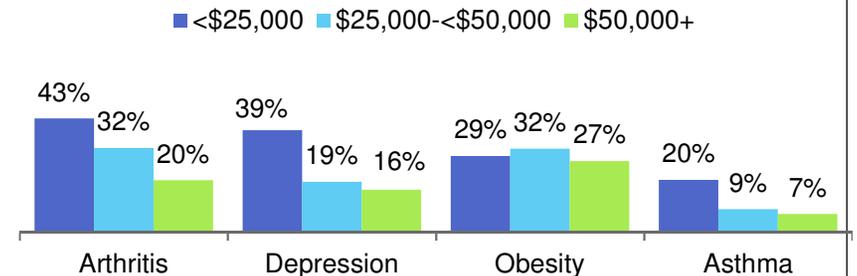
**Chronic Conditions by Gender
St. Albans Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



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

Chronic Conditions

There are no statistically significant differences by gender for the prevalence of cardiovascular disease, diabetes, and COPD.

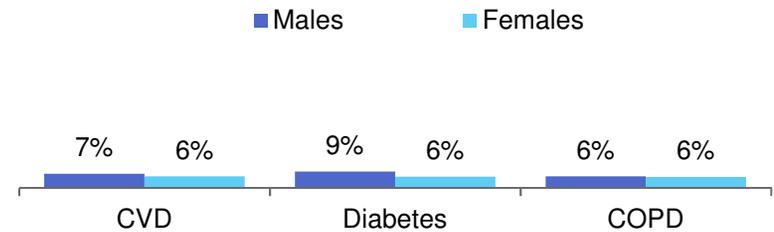
Reported cardiovascular disease, diabetes and COPD among St. Albans area adults all increase as age increases.

- St. Albans adults 65 and older are significantly more likely to report COPD than younger adults.
- All differences by age for cardiovascular disease and diabetes are statistically significant.

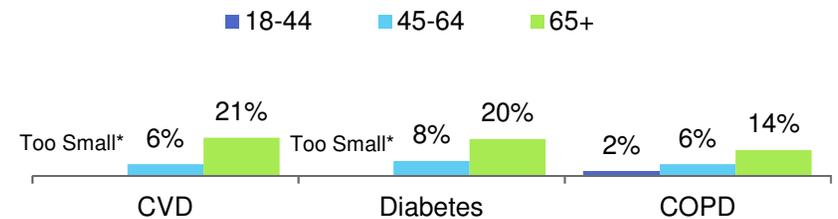
The prevalence of cardiovascular disease, diabetes, and COPD all decrease as annual household income increases.

- Adults in homes making \$50,000 or more per year are significantly less likely than those with the lowest incomes to report cardiovascular disease.
- Similarly, adults in homes making at least \$50,000 a year are significantly less likely to report diabetes and COPD, compared to homes with less income.

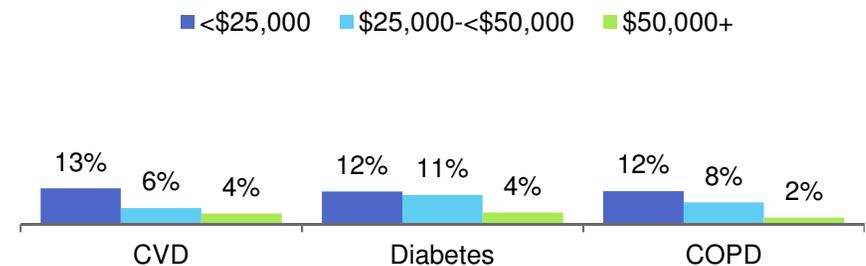
**Chronic Conditions by Gender
St. Albans Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

Chronic Conditions

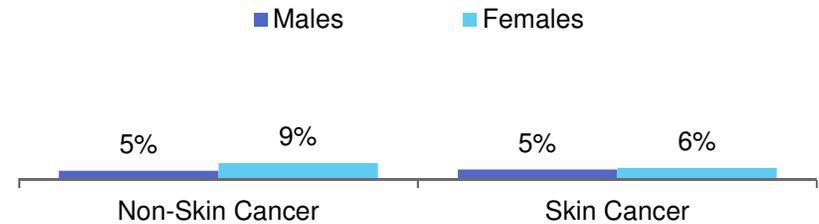
Among St. Albans adults, there are no statistical differences in the prevalence of non-skin cancer and skin cancer by gender.

Reported skin cancer and non-skin cancer prevalence increases with increasing age.

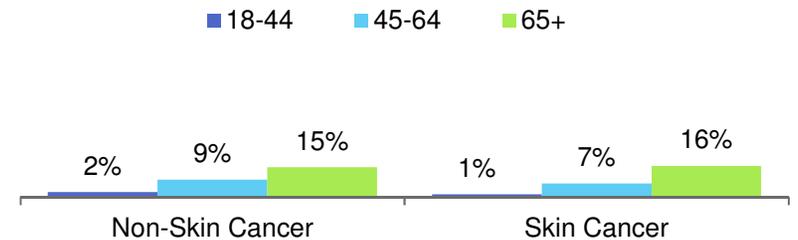
- Adults 45 and older are significantly more likely than those 18-64 to report ever having a non-skin cancer.
- All differences in the prevalence of skin cancer are statistically significant by age.

There are no statistical differences by annual household income level in the prevalence of skin and non-skin cancers.

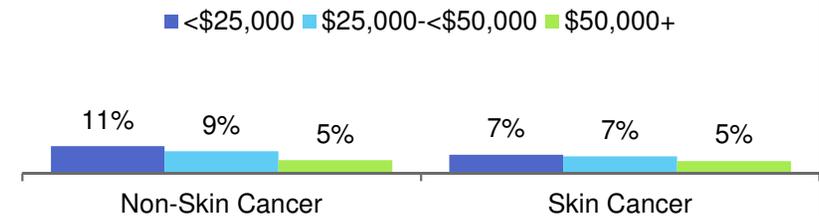
**Chronic Conditions by Gender
St. Albans Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Risk Behaviors

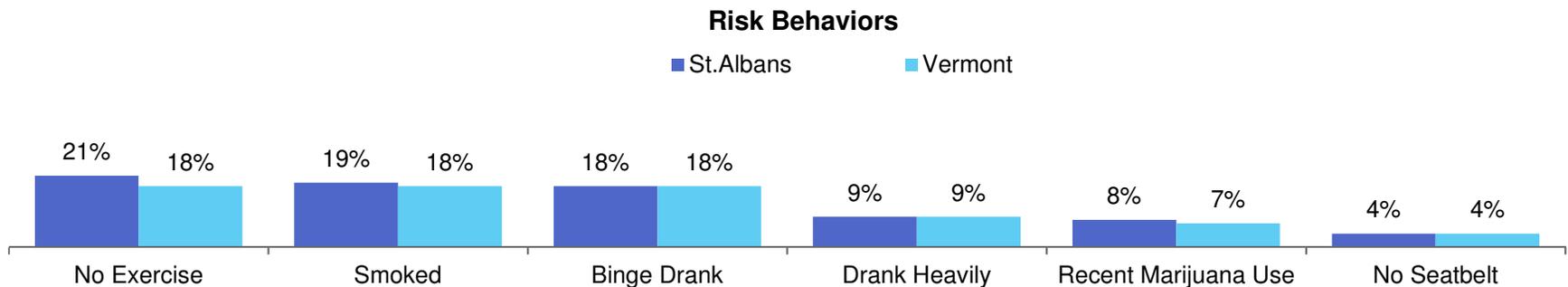
In 2013-2014, St. Albans adults were more likely than Vermont adults overall to report not participating in any leisure time physical activity during the past month (21% vs. 18%). However, these differences are not statistically significant.

About one in five (19%) St. Albans adults reported being a current smoker, similar to the 18% among Vermont adults. Among smokers, 60% tried to quit in the last year, also similar to the 59% reported among Vermont smokers.

St. Albans area adults and Vermont adults overall reported similar rates of binge drinking, recent marijuana use, heavy drinking and seldom or never wearing a seatbelt.

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

There are no statistical differences between St. Albans area adults and Vermont adults for any risk behavior measures. Additionally, risk behavior prevalence has not changed significantly for any measure since 2011. See Appendix A for results over time.



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

Risk Behaviors

There are no differences by gender, among St. Albans area adults, in smoking and not participating in leisure time physical activity during the previous month.

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

- Adults 65 and older are significantly less likely to smoke than younger adults.

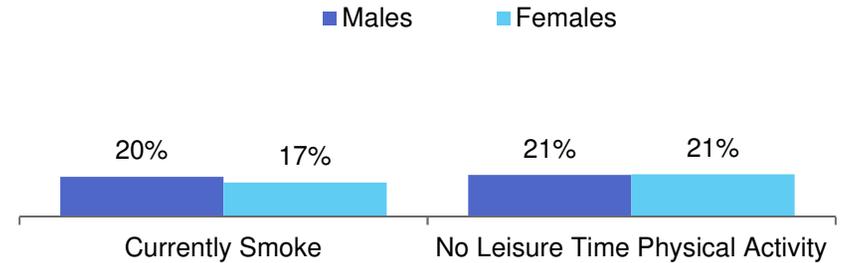
Conversely, not participating in physical activity increases with increasing age.

- Younger adults are statistically more likely to participate in physical activity compared to adults 65 and older.

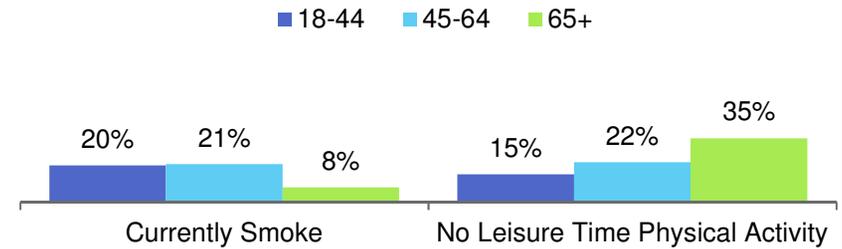
St. Albans area adults in homes with more income are less likely to currently smoke and less likely to not participate in physical activity.

- All differences in annual household income and smoking prevalence are statistically significant.
- Adults in homes that make less than \$25,000 annually are statistically more likely to not exercise compared to those in homes with greater household incomes.

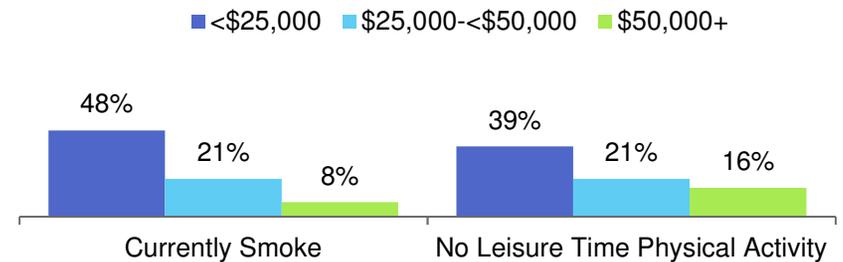
**Risk Behaviors by Gender
St. Albans Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



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

Risk Behaviors

A quarter of men in the St. Albans area said they binge drank in the last month. This is significantly higher than the 14% reported among women.

Additionally, area men are significantly more likely than women to have used marijuana recently (11% vs. 4%).

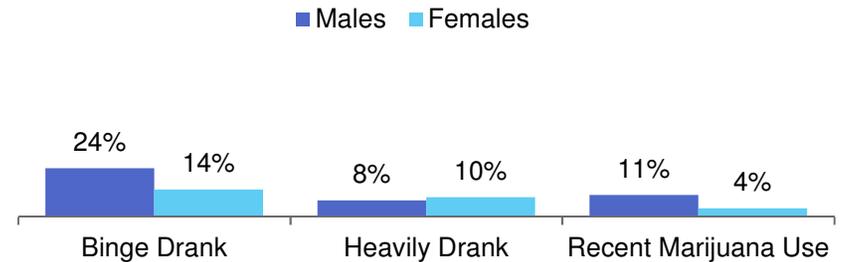
There are no differences by gender in rates of heavy drinking.

Binge drinking, heavy drinking and recent marijuana use rates are lowest among older adults.

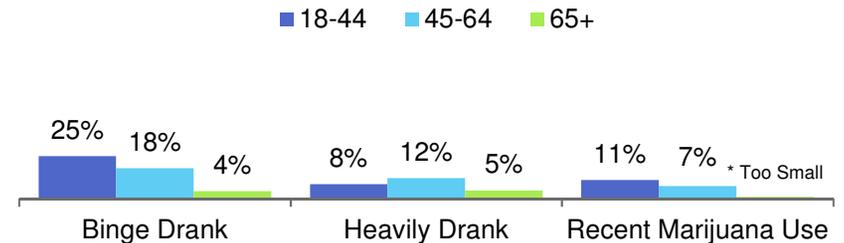
- Adults 65 and older are significantly less likely than those 18-64 to report binge drinking.
- Similarly adults 65 and older are significantly less likely than those 45-64 to report heavy drinking.
- Adults 18-44 are significantly more likely than adults 65 and older to report using marijuana recently.

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

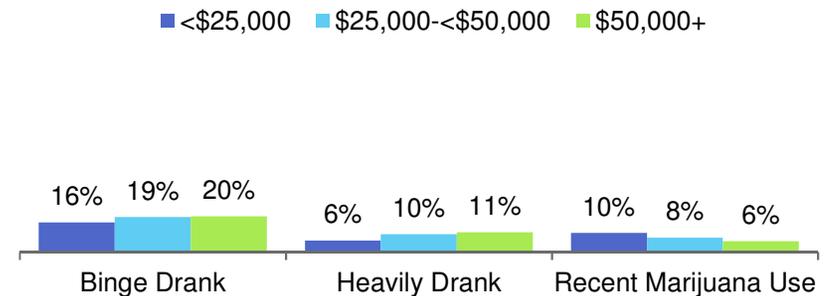
**Risk Behaviors by Gender
St. Albans Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



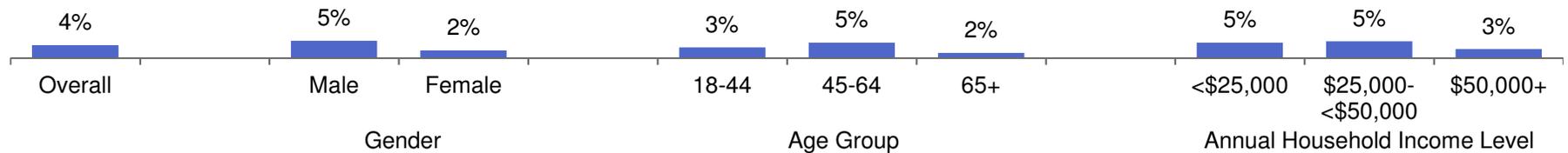
*Sample size is too small to report.

Risk Behaviors

Overall, approximately one in twenty-five (4%) adults in the St. Albans area said they seldom or never wear a seatbelt when riding or driving in a car. This is the same as reported among Vermont adults overall.

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

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
St. Albans Adults**

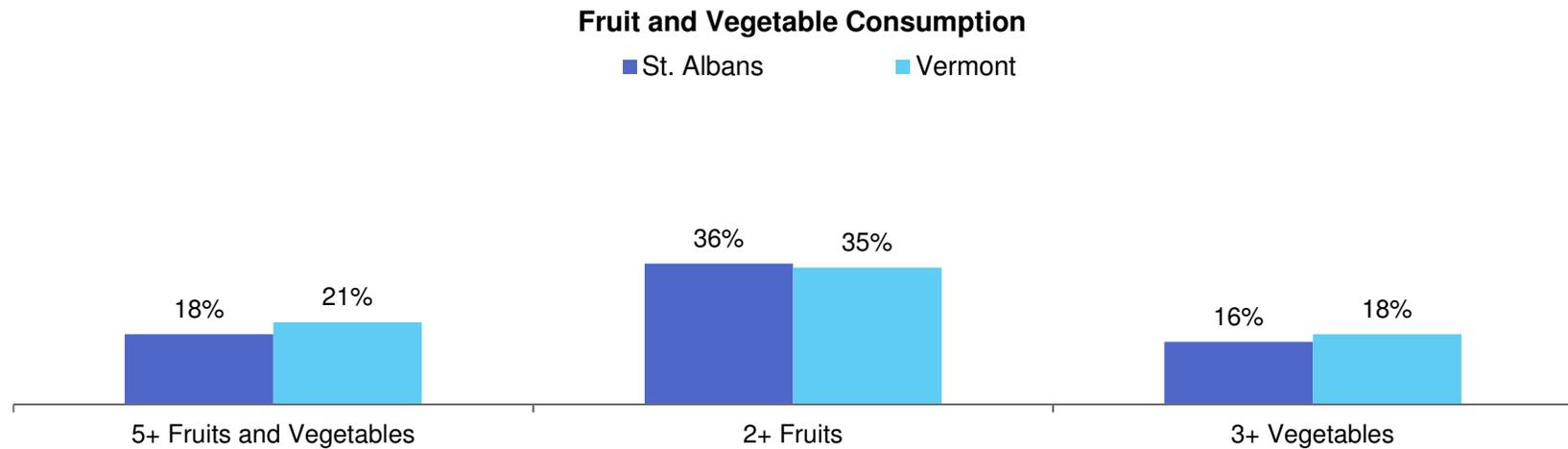


Preventive Behaviors

In 2011-2013, one in five St. Albans area adults reported eating five or more fruit and vegetables per day. Nearly four in ten ate two or more fruits and 16% reported eating three or more vegetables.

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

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



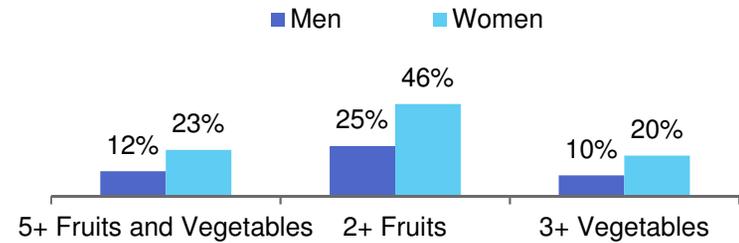
Preventive Behaviors

Women in the St. Albans area are more likely to eat fruits and vegetables than men.

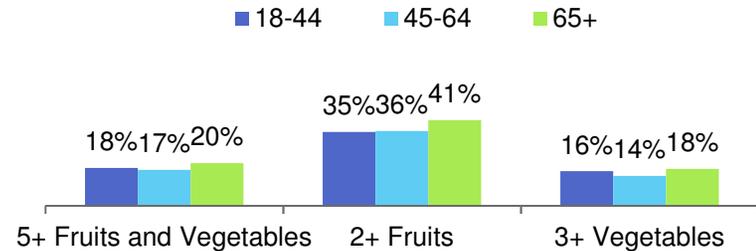
- About a quarter of women ate five or more fruits and vegetables daily, significantly higher than the 12% of men.
- Nearly half of women ate two or more fruits and two in ten ate three or more vegetables. Both are higher than the respective 25% and 10% reported among men.

Among St. Albans area adults, there are no differences in fruit and vegetable consumption by age or annual household income.

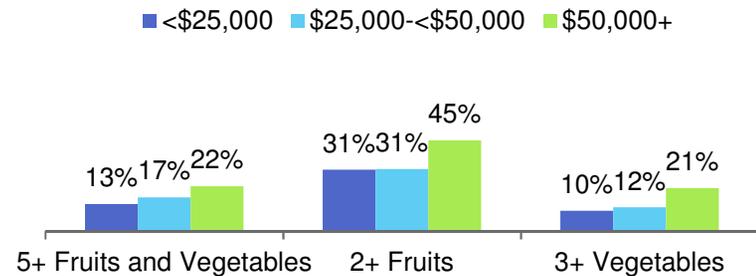
**Preventive Behaviors by Gender
St. Albans Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



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

Preventive Behaviors

In 2011-2013, half of St. Albans area adults reported meeting physical activity recommendations.* This is significantly lower than the six in ten (58%) among Vermont adults overall.

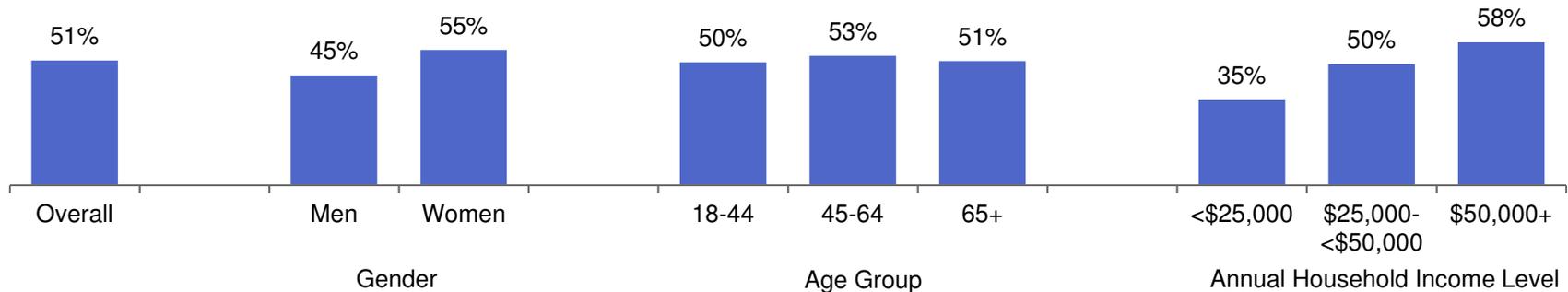
Among St. Albans adults, there are no differences in meeting physical activity recommendations by gender or age.

St. Albans area adults that live in homes with more income are more likely to meet physical activity recommendations compared to adults that live in homes with less income.

- Adults that make \$50,000 or more annually are significantly more likely to meet physical activity recommendations compared to adults that make less than \$25,000 annually.

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

**Met Physical Activity Recommendations, Overall and by Sub-groups
St. Albans Adults**



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

www.cdc.gov/physicalactivity/everyone/guidelines/index.html

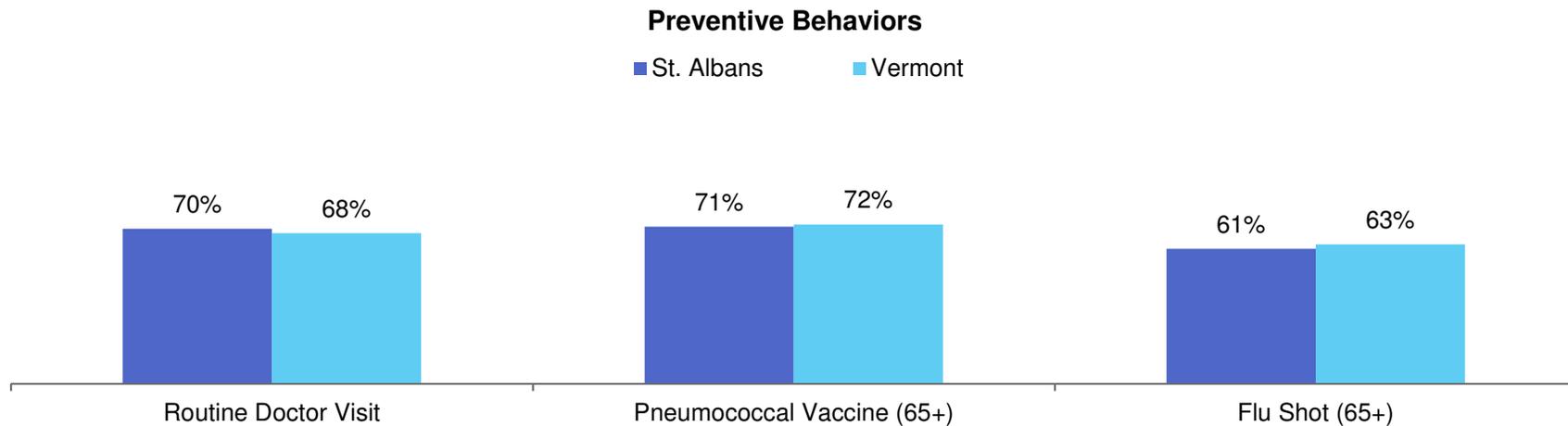
Preventive Behaviors

Seven in ten adults in the St. Albans area said they saw their doctor for a routine visit in the previous year. This is similar to the 68% reported among all Vermont adults.

Seven in ten (71%) of St. Albans area adults ages 65 and older have ever gotten a pneumococcal vaccine. Fewer, 61% reported getting a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to St. Albans adults, 61% and 63%, respectively.

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



Preventive Behaviors

St. Albans area women are statistically more likely than men to routinely visit the doctor compared to area men (75% vs. 64%).

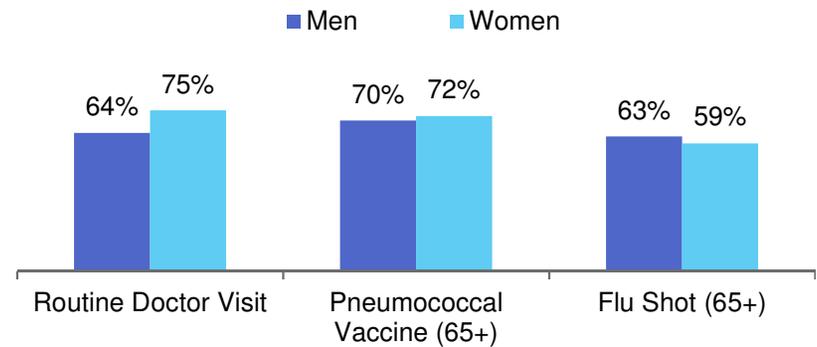
- Receipt of pneumococcal or flu vaccines among adults 65 and older do not differ significantly by gender.

Routine visits to the doctor in the last year increases as age increases.

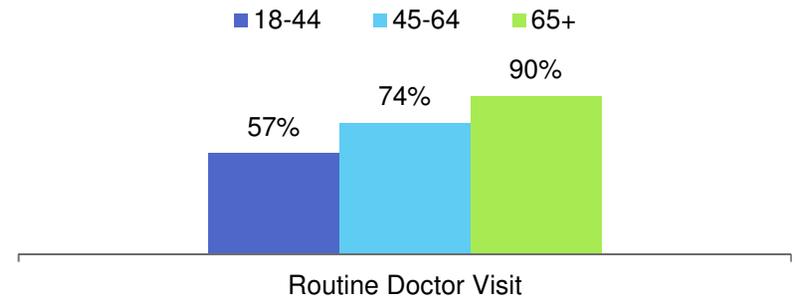
- All differences by age are statistically significant.

There are no differences by annual household income level in the receipt of doctor visits, pneumococcal vaccines, and flu shots.

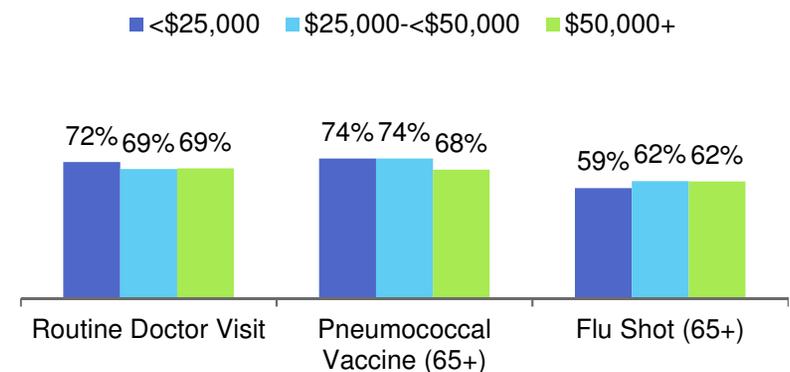
**Preventive Behaviors by Gender
St. Albans Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level

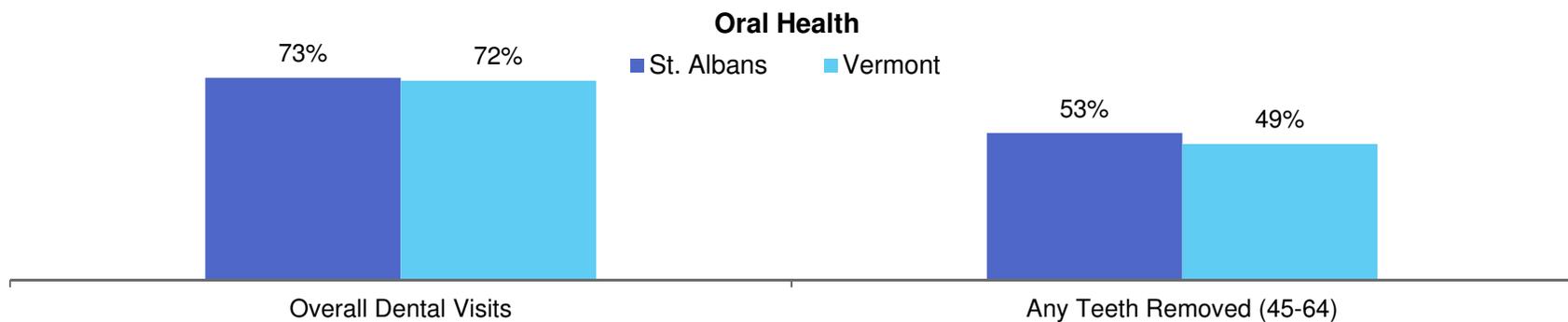


Oral Health

More than seven out of ten (73%) St. Albans adults reported visiting the dentist within the past year. More than half of adults 45-64 (53%) said they have had one or more teeth extracted in their lifetime.

- Reported dental visits and teeth extractions are similar among St. Albans area adults and Vermont adults overall.

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



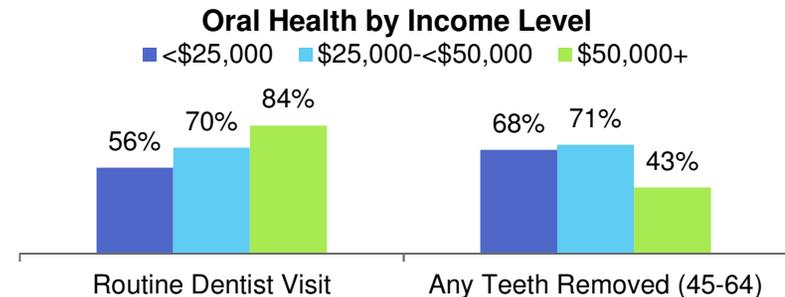
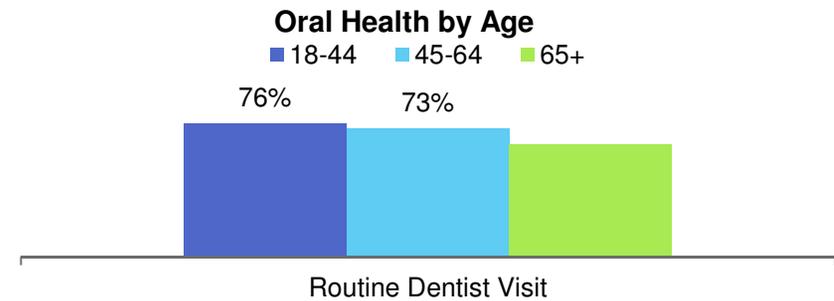
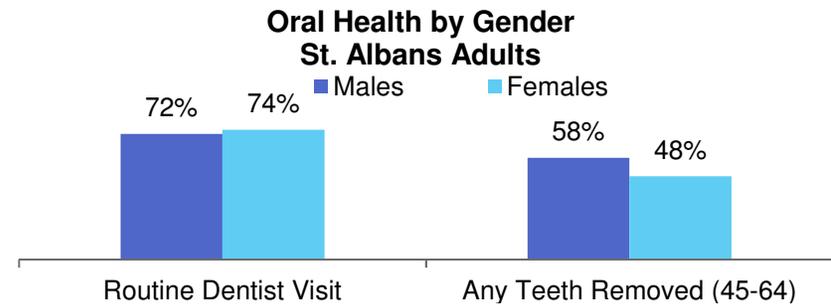
Oral Health

There are no statistically significant differences by gender and age in routine dental visits and teeth removed, among St. Albans area adults.

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

Adults in home with higher incomes are more likely to routinely visit the dentist and less likely to have had teeth removed.

- Adults in homes making \$50,000 or more per year are significantly more likely than those in homes with less income to have seen a dentist in the last year.
- St. Albans area adults ages 45-64 in homes making at least \$50,000 annually are significantly less likely than those in homes with less income to have had a teeth removed



HIV Screening

In 2013-2014, three in ten (29%) St. Albans area adults had ever been tested for HIV, this was statistically similar to the 31% reported among Vermont adults overall.

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

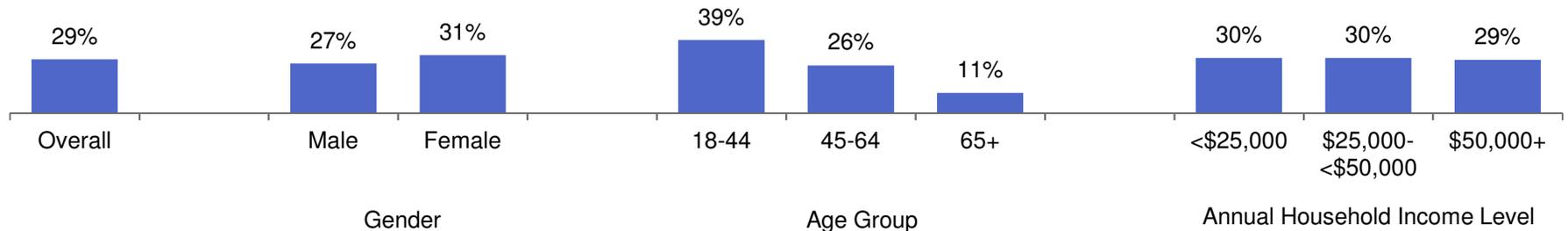
Ever having an HIV test decreases with increasing age. In other words, older adults are less likely to have had an HIV test.

- All differences by age are statistically significant.

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

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

**Ever Had HIV Test, Overall and by Sub-Groups
St. Albans Adults**



Cancer Screening

In 2012-2014, more than three quarters (78%) of women ages 50-74 in the St. Albans area reported meeting breast cancer screening recommendations. This is similar to the 79% among all Vermont women in this age group.

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

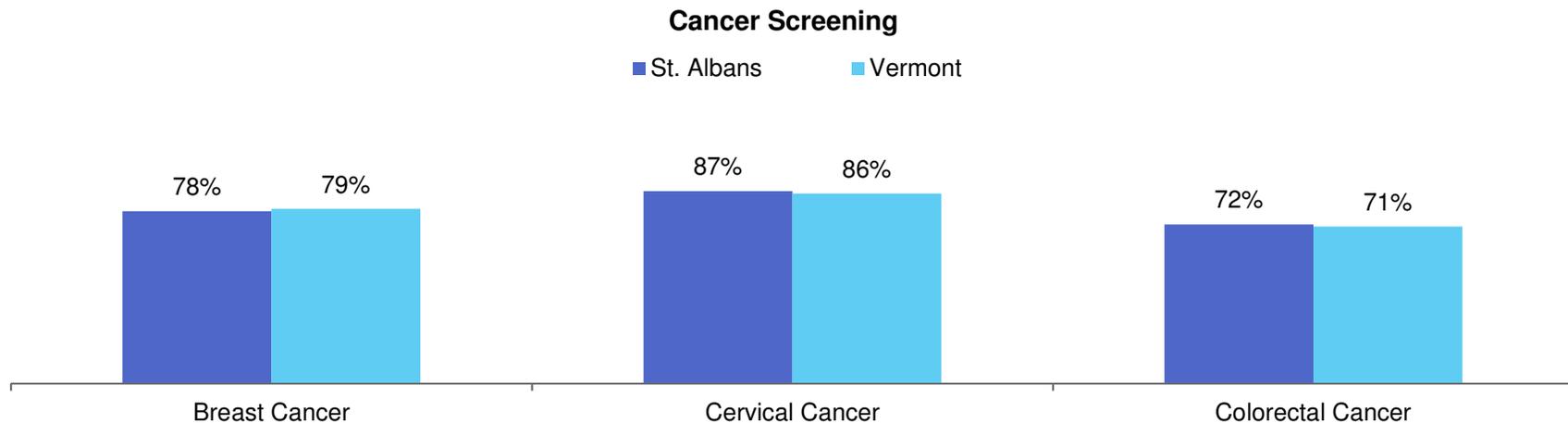
Eighty-seven percent of women 21-65 and older who live in the St. Albans area met cervical cancer recommendations, statistically similar to the 86% among Vermont women of the same age.

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

Among adults 50 to 75 living in the St. Albans area, less than three-quarters (72%) met colorectal cancer screening recommendations. This also is similar to the rate reported by all Vermonters of the same age (71%).

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

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

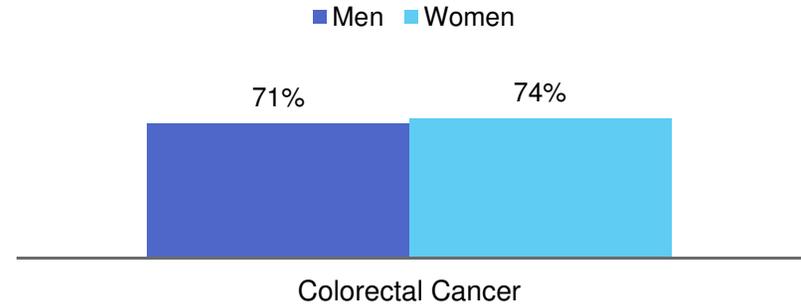


Cancer Screening

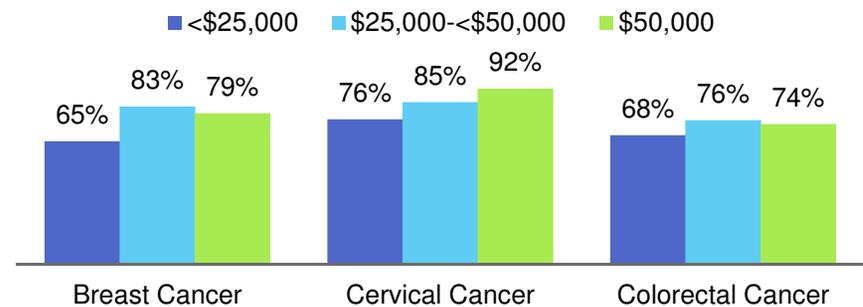
Among St. Albans area adults, there are no differences by gender in receipt of recommended colorectal cancer screenings.

Likewise, there are no differences by annual household income in receipt of recommended breast, cervical, and colorectal cancer screenings.

Cancer Screening By Gender St. Albans Adults



Cancer Screening by Income Level



Appendix A: St. Albans District Office Trend Results (2011-2014)

Health Status Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Fair or Poor General Health	13%	13%	12%	No
Poor Physical Health	12%	12%	11%	No
Poor Mental Health	11%	10%	12%	No
Disabled	22%	22%	24%	No
Health Access Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
No Personal Doctor	12%	11%	11%	No
No Doctor Because of Cost	9%	8%	8%	No
No Health Plan (ages 18-64)	12%	9%	7%	No
Chronic Conditions	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Arthritis	26%	27%	27%	No
Depression	19%	21%	22%	No
Obesity	28%	28%	28%	No
Asthma	11%	10%	11%	No
Diabetes	8%	8%	7%	No
Non-Skin Cancer	7%	6%	7%	No
Cardiovascular Disease (CVD)	8%	8%	7%	No
Skin Cancer	5%	6%	6%	No
Chronic Obstructive Pulmonary Disease (COPD)	6%	6%	6%	No

VDH – May 2016

St. Albans District Office: BRFSS Data, 2011-2014

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

Risk Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Smoking	21%	17%	19%	No
Binge Drinking	19%	20%	18%	No
No Exercise	25%	21%	21%	No
Recent Marijuana Use	8%	8%	N/A	No
Heavy Drinking	7%	8%	9%	No
Seldom or Never use Seatbelt	7%	5%	4%	No
Preventative Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Routine Doctor Visit, in Last year	69%	69%	70%	No
Pneumococcal Vaccine, Ever, Ages 65+	72%	72%	71%	No
Flu Shot in the Last Year, Ages 65+	63%	63%	61%	No
Ever Tested for HIV	30%	30%	29%	No

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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

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

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

Towns included in the St. Albans Health District are: Bakersfield, Berkshire, Enosburg, Fairfax, Fairfield, Fletcher, Franklin, Georgia, Highgate, Montgomery, Richford, Sheldon, St. Albans City, St. Albans Town, Swanton, Alburgh, Grand Isle, Isle La Motte, North Hero, South Hero.