



MEASURING COMMUNITIES

Mapping Progress for Military & Veteran Families

Vermont Congressional District

Total Population
623,989

The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives. To view congressional districts, visit www.govtrack.us/congress/members/map

37,666

Veterans

6% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

3,092

Military Members

0.5% of total population

Active Duty and Selected Reserve 2019

Veteran Population by Gender

Gender	District	State	National
Male	90.7%	90.7%	91.0%
Female	9.3%	9.3%	9.0%



Congressional District has **259,589** total households, **34,979** or **13.5%** of those are veteran households.

10,111

Veteran Dependents

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

3,660

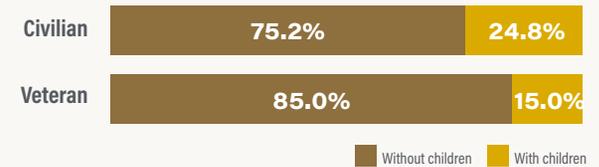
Military Dependents

Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

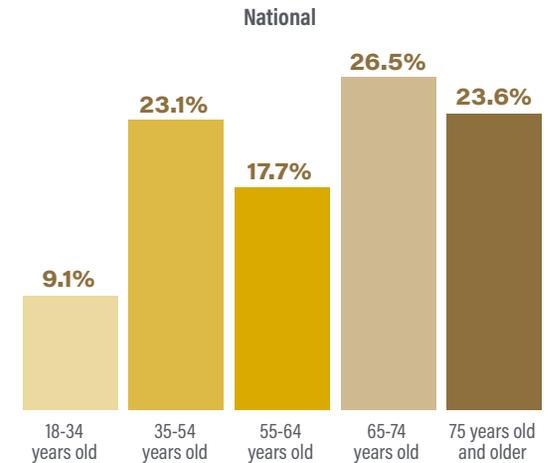
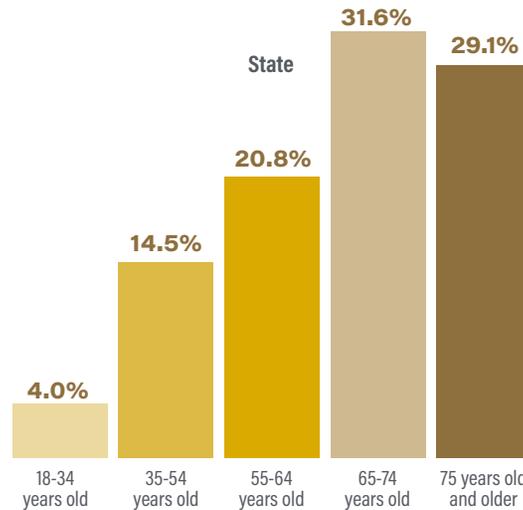
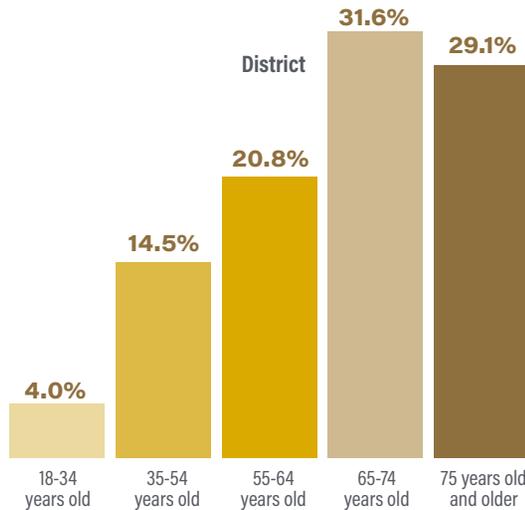
Disability

Civilians	14.5%
Veterans	20.3%

Households and Children



Veteran Population by Age



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www.measuringcommunities.org



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Military Family Research Institute
Center for Regional Development



Vermont Congressional District Health and Well-Being

Poverty, Insurance Coverage and Unemployment

	District	State	National
Civilian Poverty Rate	10.2%	10.2%	11.8%
Veteran Poverty Rate	5.8%	5.8%	6.7%
Child Poverty Rate (18 and younger)	12.1%	21.1%	18.0%
Veteran Uninsured	1.8%	1.8%	3.2%
Unemployment (Feb. 2020)	2.6%	2.6%	3.5%
Unemployment (May 2020)	12.6%	12.6%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

Households on SNAP benefits



Food Desert

	Percentage	Number
Low income civilian population living a mile or more from a supermarket	12.5%	78,547

Households with Food Insecurity and Access



The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

References

AARP Livability Index - Great Neighborhoods for All Ages. (n.d.). Retrieved July 9, 2020, from <https://livabilityindex.aarp.org/>
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Rural-Urban Continuum

According to the Rural-Urban Continuum, the counties of Addison, Bennington, Caledonia, Essex, Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor in Vermont are defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

Digital Divide Index Range

District	State
13.85-34.95	13.85-34.95

In Vermont, areas of concern include the county of Essex. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

AARP Livability Index Range

District	State
43-60	43-60

In Vermont, the counties of Caledonia, Essex, Orange, and Orleans have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures that assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.

According to the AARP Livability Index, an average community livability score is 50, an above-average score is over 50, and a below-average score is below 50.