

INDICATORS/GOALS

★ statistically better than US ✘ statistically worse than US

Decrease % of youth who binge drink *

	2020 Goal	10%
• youth age 12-17	VT 2008-09	11%
	US 2008-09	9%

Decrease % of youth who used marijuana in the past 30 days

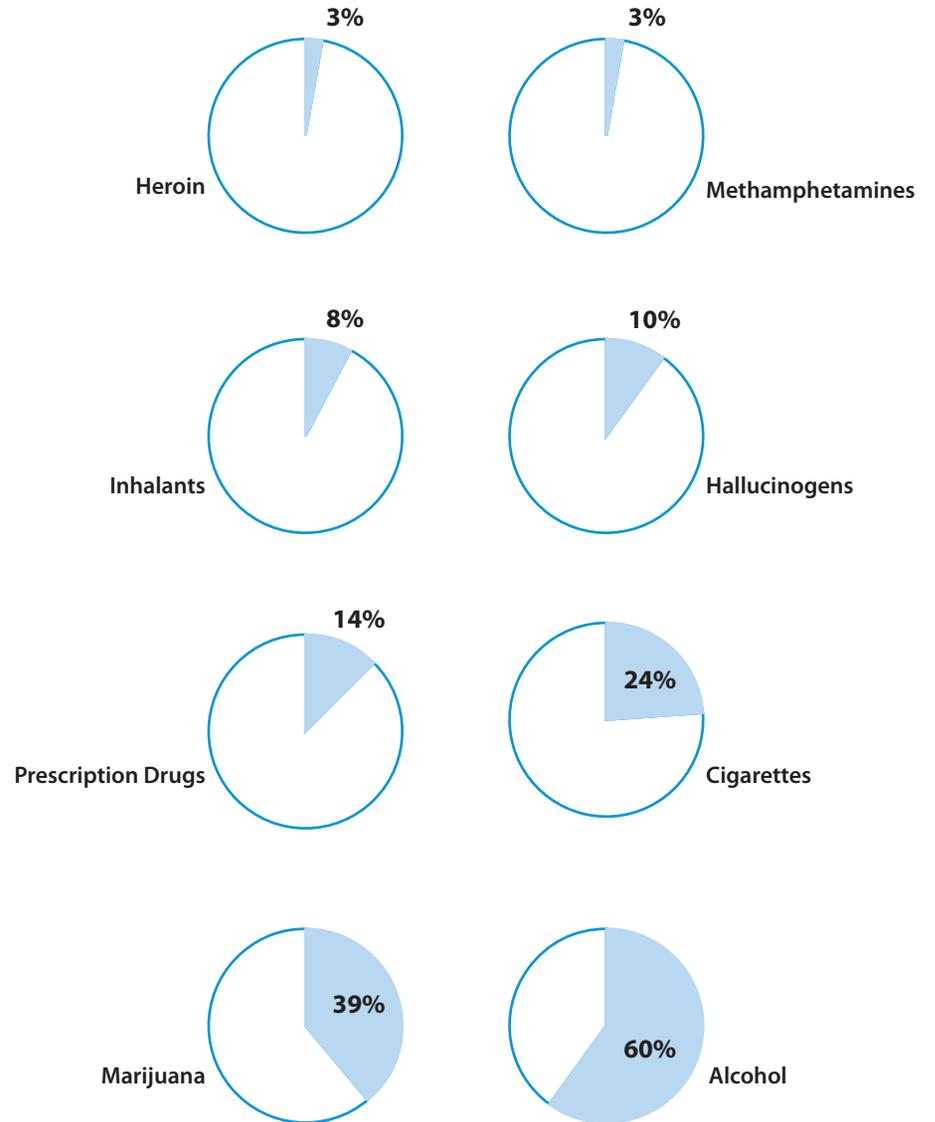
	2020 Goal	20%
• youth grades 9-12	VT 2011	24%
	US 2011	23%

Reduce % of people who need and do not receive treatment for alcohol use

	2020 Goal	5%
• youth age 12+	VT 2008-09	7%
	US 2008-09	7%

Youth Alcohol / Other Drug Use

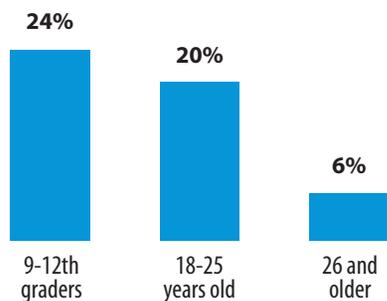
% of 9th–12th graders who have ever used drugs or alcohol • 2011



* 5 or more drinks on a single occasion, once or more often in the past 30 days

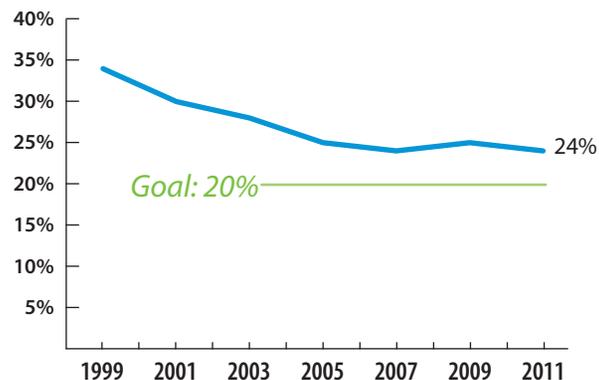
Marijuana Use

% of people who report using marijuana in the past 30 days • 2009-10



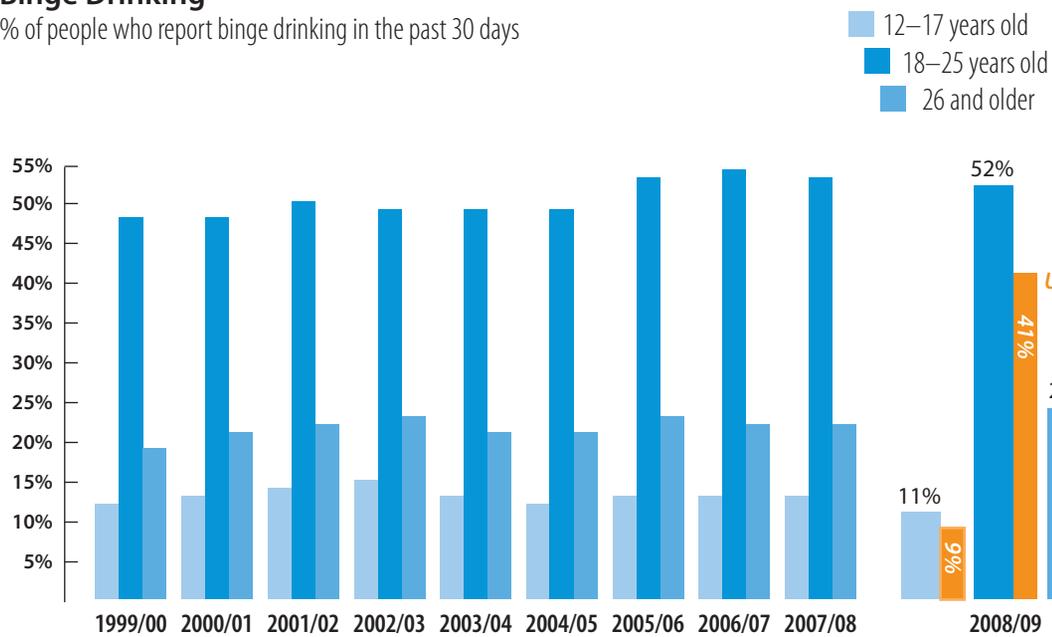
Marijuana Use

% of youth in grades 9-12 who report using marijuana in the past 30 days



Binge Drinking

% of people who report binge drinking in the past 30 days



• Health Consequences of Alcohol

Alcohol plays a major role in many motor vehicle crash fatalities, suicides, domestic violence and unintentional injuries. Fetal exposure to alcohol (and drugs) causes developmental, neurological and physical health problems. A baby born with Fetal Alcohol Effects faces a lifetime of serious and irreversible problems. Recent scientific evidence suggests that using marijuana may harm thinking, judgment, physical and mental health.

• Binge Drinking & Marijuana Use

The age when a young person starts drinking strongly predicts alcohol dependence. Easy access and perception of risk matter, too. In 2011, 9% of 6th-8th graders reported drinking before age 11, 4% reported binge drinking in the past month, and 40% said that alcohol is easy to get. Alcohol and illicit drug use often go hand in hand: 39% of Vermont 9th-12th graders reported ever using marijuana, and 62% said that marijuana is easy to get. Of all the states, Vermont has one of the highest rates for marijuana use among young people.

• More Treatment Services Needed

Unmet addiction treatment need is defined as an individual who meets the criteria for abuse of, or dependence on, illicit drugs or alcohol, but has not received specialty addiction treatment in the past year.

In Vermont, adults of racial and ethnic minority groups are more likely to use marijuana (13%), compared to white non-Hispanics (8%).

INDICATORS/GOALS

★ statistically better than US ✗ statistically worse than US

Reduce % of adults who smoke cigarettes

2020 Goal	12%
VT 2010	16%
US 2010	17%

Reduce % of youth who smoke cigarettes

• 9th-12th graders

2020 Goal	10%
VT 2011	13% ★
US 2011	18%

Increase % of adult smokers who attempted to quit smoking in the past year

2020 Goal	80%
VT 2010	62%
US 2010	58%

Establish statewide laws on smoke-free indoor air that prohibit smoking in public places

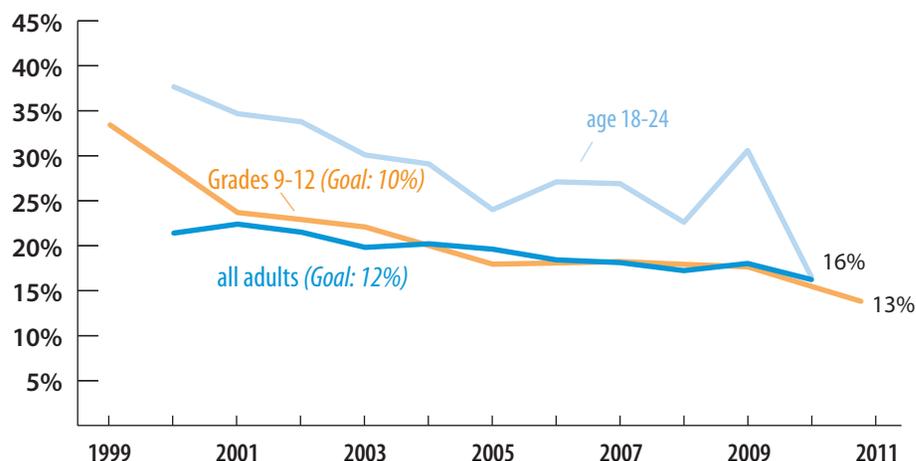
2020 Goal	12 (of 17)
VT 2010	8
US data	not available

✓ Vermont has smoke-free laws in place
 ✗ Vermont does not have smoke-free laws in place

- | | |
|-----------------------------------|--|
| ✓ Private Workplaces | ✗ Entrances/Exits to Public Places |
| ✓ Public Workplaces | ✗ Mental Health Treatment Facilities |
| ✓ Restaurants | ✗ Substance Abuse Treatment Facilities |
| ✓ Bars | ✗ Multi-Unit Housing |
| ✓ Public Transportation | ✗ Hotels/Motels |
| ✓ Commercial Day Care Centers | ✗ College Campuses |
| ✓ Home-Based Day Care Centers | ✗ Hospital Campuses |
| ✓ Prisons/Correctional Facilities | ✗ Vehicles with Children |
| | ✗ Gaming Halls |

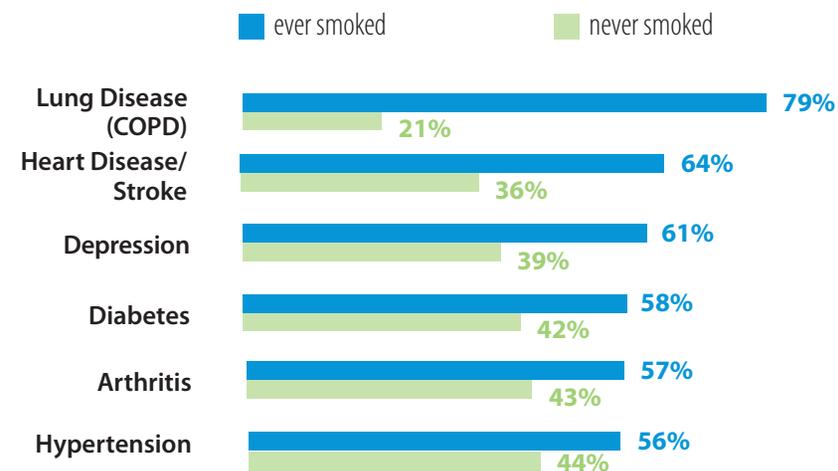
Cigarette Smoking

% of Vermonters who are current smokers, by age group



Smoking & Chronic Disease

Smoking status of adults who have chronic illnesses • 2010



54% of all adults have never smoked

Tobacco Policies Timeline

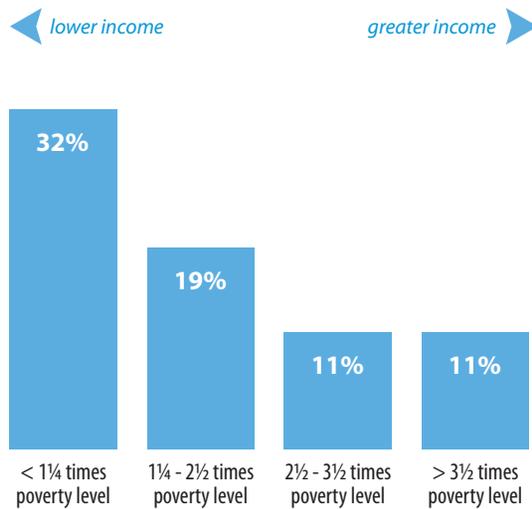
In 1993, Vermont had the first Clean Indoor Air Act in the U.S.

1987	Smoke-free workplace law
1991	Sales to <18 years old banned
1993	Clean Indoor Air Act
1995	Smoke-free schools Vermont Kids Against Tobacco (VKATs) started
1997	Vending machine sales banned
2001	Quit Line begins Our Voices Exposed (OVX) started
2000	Vermont Tobacco Control Program begins

2002	Single cigarette sales banned Cigarette tax increased to \$1.19
2005	Comprehensive Clean Indoor Air Act Smoke-free foster homes/cars
2006	Cigarette tax increased to \$1.99
2007	Youth Access Quit Line started
2008	Internet/mail order sales banned
2009	100% smoke-free workplaces Cigarette tax increased to \$2.24
2010	Cigarette tax increased to \$2.62

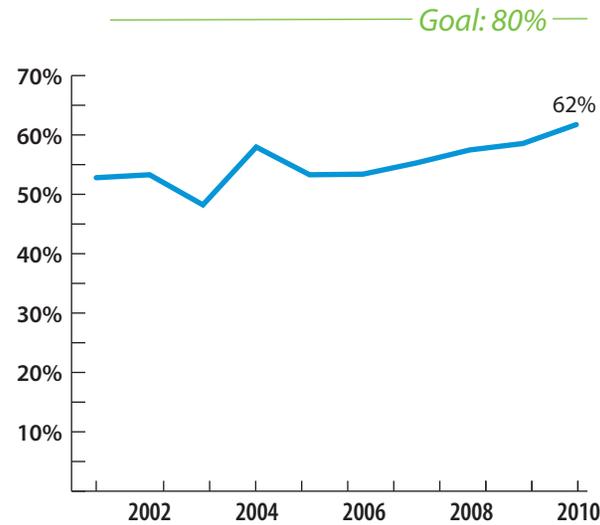
Smoking & Income

% of current adult smokers, by Federal Poverty Level • 2010



Quit Attempts

% of current adult smokers who made an attempt to quit smoking



• Tobacco: Still the #1 Real Killer

Tobacco is still the leading cause of preventable death. Smoking leads to or complicates asthma, heart disease, cancer, lung diseases, stroke, low birth weight in babies, and infant mortality. Of the estimated 75,500 adult Vermonters who smoked in 2010, half of those who continue will likely die of a smoking-related cause.

• Who Smokes and Who Does Not?

About one-third of very low income (31%), and uninsured (35%) adults smoke. Those who did not graduate from high school are more likely to smoke (39%), and an estimated 38% of adults with mental illness smoke. Also in Vermont, 27% of adults and 19% of youth of racial and ethnic minorities are current smokers, compared to 17% of adults and 13% of white non-Hispanic youth.

• Exposure to Smoke = Smoking

There is no safe level of exposure to second-hand smoke, yet 43% of adult nonsmokers in Vermont report having been exposed recently. Laws and bans on smoking in public places, at home and in the car, lead to quit attempts.

• Most Smokers Try to Quit

Quitting has almost immediate health benefits, but it can take many tries before a smoker can quit successfully. Every year since 2004, more than half of all smokers in Vermont have made a quit attempt. At 69%, smokers of racial or ethnic minorities have a higher quit attempt rate than white non-Hispanic smokers (58%).

INDICATORS/GOALS

★ statistically better than US ✘ statistically worse than US

Reduce % of adults age 20+ who are obese

(as measured by BMI *)

2020 Goal	20%
VT 2010	25% ★
US 2010	28%

Reduce % of children and youth who are obese

(as measured by age-specific BMI *)

• children age 2-5 **	2020 Goal	10%	• youth grades 9-12	2020 Goal	8%
	VT 2010	12%		VT 2011	10%
	US data not comparable			US 2011	13%

Reduce % of households with food insecurity

2020 Goal	5%
VT 2006	8%
US data not comparable	

Increase % of people who eat 2+ servings of fruit/day

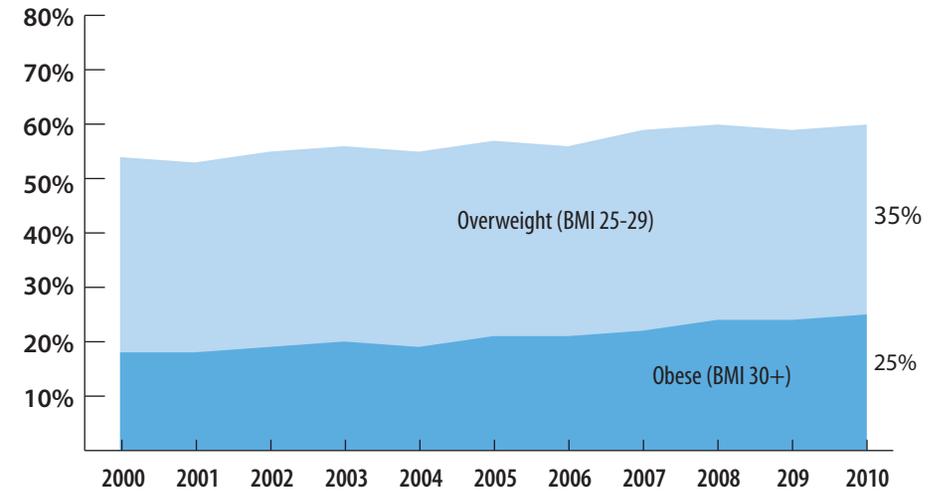
• youth grades 9-12	2020 Goal	40%	• adults age 18+	2020 Goal	45%
	VT 2011	36%		VT 2009	38% ★
	US 2011	34%		US 2009	32%

Increase % of people who eat 3+ servings of vegetables/day

• youth grades 9-12	2020 Goal	20%	• adults age 18+	2020 Goal	35%
	VT 2011	17%		VT 2009	30% ★
	US 2011	15%		US 2009	26%

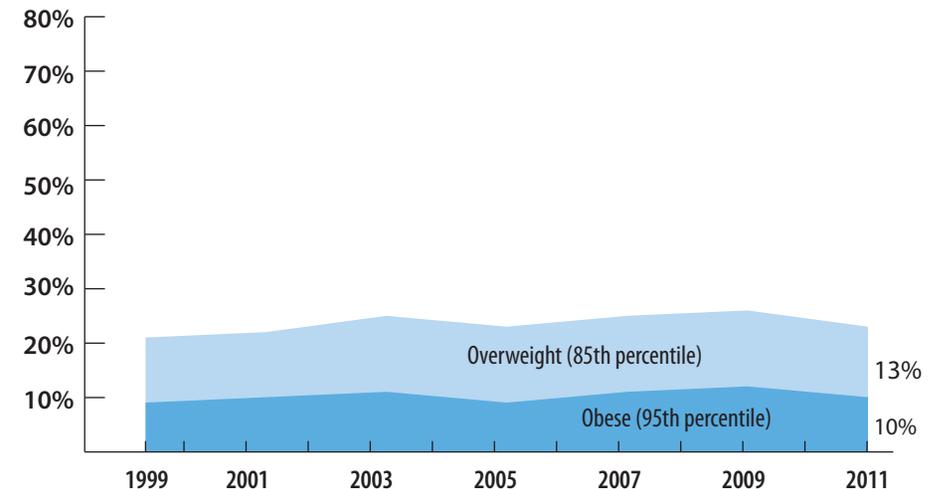
Prevalence of Overweight & Obesity in Adults

% of adults age 20+



Prevalence of Overweight & Obesity in Youth

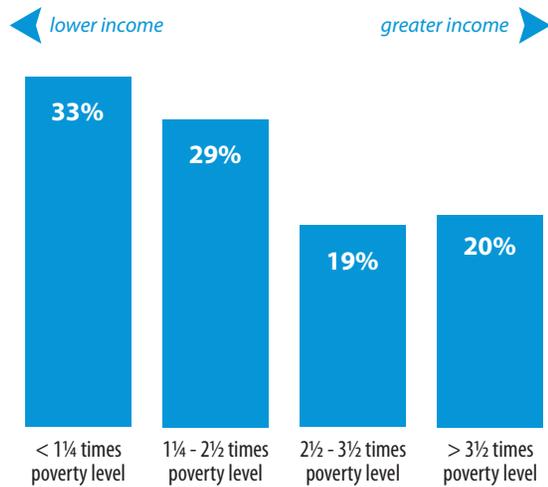
% of youth in grades 9-12



* To calculate Body Mass Index (BMI) for adults: go to healthvermont.gov, then select Fit & Healthy Vermonters. ** among children enrolled in WIC

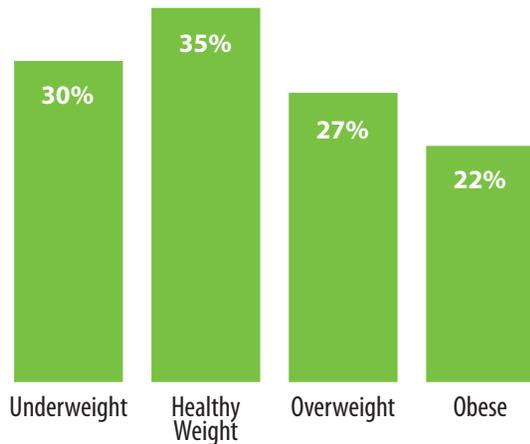
Weight & Income

% of obese adults age 20+, by Federal Poverty Level • 2010



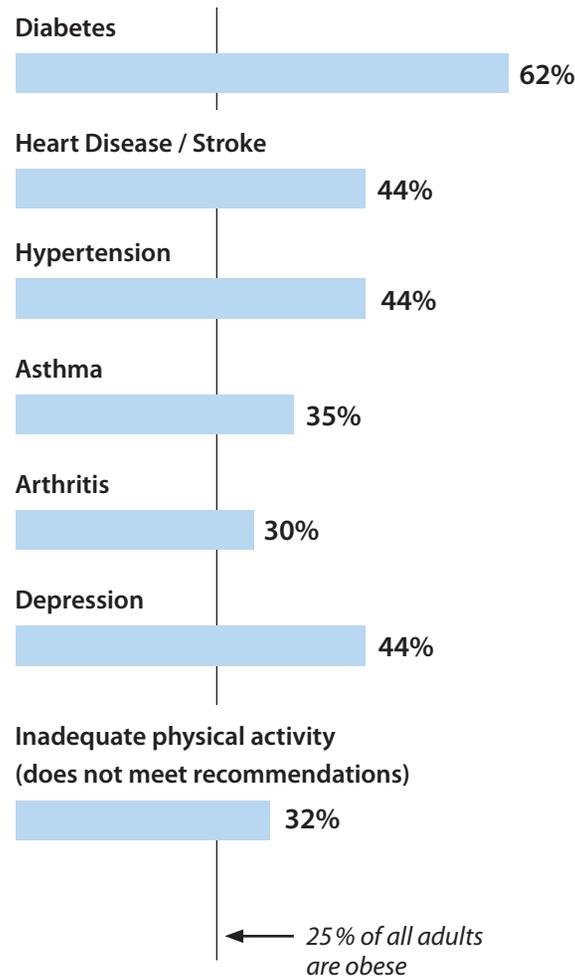
Weight & Healthy Diet

% of adults in each weight category who eat at least five servings of fruit and vegetables each day • 2009



Obesity & Chronic Disease

In 2010, % of adults who report being obese, among those who have —



• A Growing Trend toward Obesity

Vermonters, like other Americans, are growing more overweight – a trend that holds true for both adults and children. Obesity is a complex, multi-faceted condition but, simply stated, is the result of eating too much and moving too little.

• After Smoking, Obesity is #2 Real Killer

The terms ‘overweight’ and ‘obese’ describe weight ranges that are above what is medically considered to be healthy. Being overweight or obese greatly increases a person’s risk for many serious health conditions, including high blood pressure, high cholesterol, Type 2 diabetes, heart disease and stroke, gallbladder disease, osteoarthritis, sleep apnea and some cancers.

• Who is at Risk?

Obesity affects people of all racial and ethnic backgrounds, income and education levels. In Vermont, the highest rates are among those people who have lower incomes.

• The Problem with Food Insecurity

Food insecurity means not having enough food to eat and not having enough money to buy food. Adults who do not have food security must often compromise quality for quantity, buying less nutritious and higher-calorie, but lower-cost foods for themselves and their families.

• Eat More Colors!

A healthy diet includes five servings of fruit and vegetables every day. Vermont youth of racial or ethnic minority groups are more likely to eat at least five servings (31%), compared to white non-Hispanic youth (24%).

INDICATORS/GOALS

★ statistically better than US ✗ statistically worse than US

Reduce % of adults who have no leisure time physical activity

• adults age 18+	2020 Goal	15%
	VT 2010	17% ★
	US 2010	24%

Increase % of people who meet physical activity guidelines

• adults age 18+	2020 Goal	65%
	VT 2009	59% ★
	US 2009	49%
• youth grades 9-12	2020 Goal	30%
	VT 2011	24% ✗
	US 2011	29%

Increase % of children age 2-5 who do not watch TV, videos or play video or computer games more than 2 hours/day

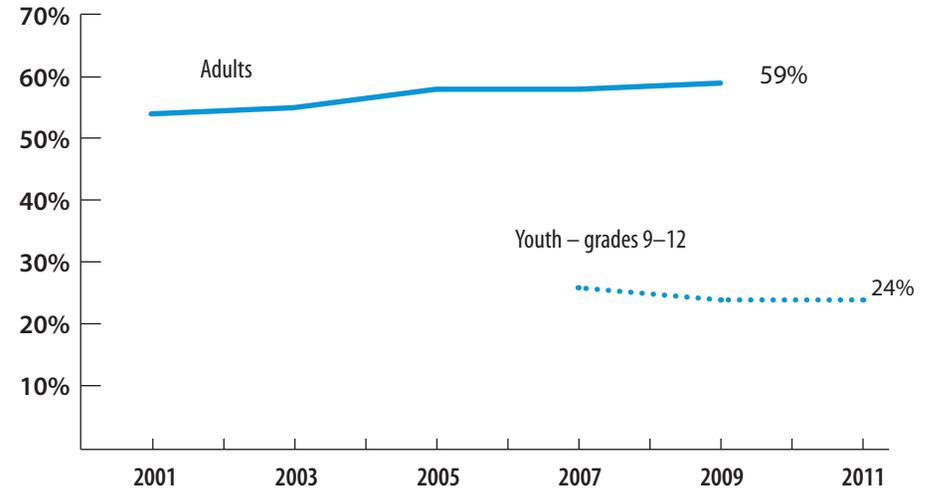
2020 Goal ***

Increase % of youth in grades 9-12 who have no more than 2 hours of screen time per day ****

2020 Goal 70%
 VT 2010 64%
 US data not comparable

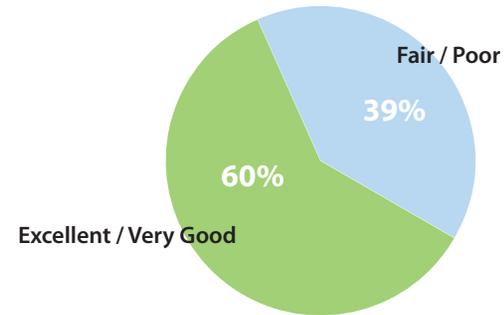
Physical Activity

% of Vermonters who meet physical activity guidelines



Perception of Health

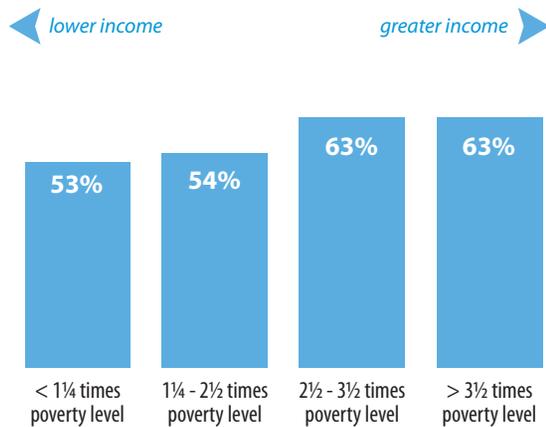
Among all adults who meet physical activity guidelines • 2010



*** Vermont/U.S. data not available and goal to be developed
 **** outside of school for non-school work

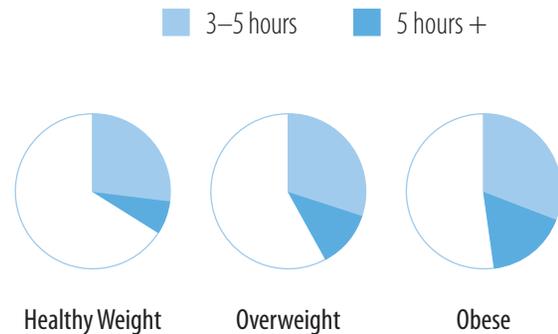
Physical Activity & Income

% of adults who meet physical activity guidelines by Federal Poverty Level • 2010



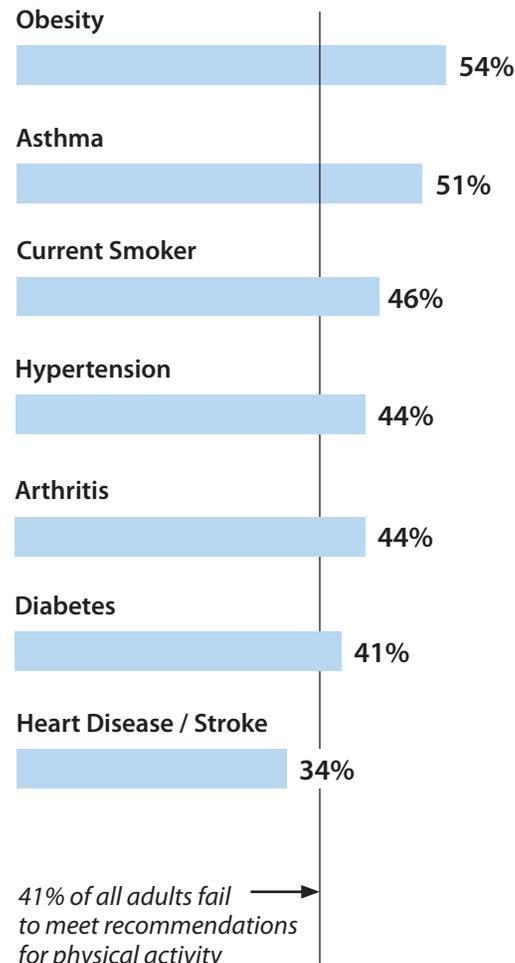
Screen Time & Weight

% of 9th-12 graders who spend at least 3 hours of leisure time in front of a TV or computer screen • 2011



Chronic Disease & Physical Activity

In 2010, % of people who do not get the recommended amount of physical activity, among those who have—



• Move More!

Physical activity is any body movement that speeds up your heart beat and makes you breathe harder. Regular physical activity is one of the best things you can do for your health. It helps build and maintain bones and muscles, control weight, improve your strength and endurance, and makes you feel better, both physically and mentally.

• Physical Activity Guidelines

Adults need an average of at least 150 minutes each week of moderate intensity physical activity such as brisk walking (30 minutes, five days a week) – or at least 75 minutes of vigorous intensity exercise (15 minutes, five days a week). Adults should also try to do muscle-strengthening activities two or more days each week.

For children and teens, physical activity should add up to 60 minutes or more each day. Each week should also include three days of some vigorous-intensity activity like soccer, basketball, running or swimming, and three days of muscle and bone-strengthening activities such as gymnastics or climbing on a jungle gym. In Vermont, more white non-Hispanic youth meet physical activity guidelines (48%), compared to youth of racial or ethnic minority groups (42%).

• Limit Screen Time!

Television viewing, video gaming and computer use are the most common sedentary leisure time activities in the U.S. Rates of screen time among children and adolescents are increasing, and this trend is associated with inactivity and a rise in obesity.

INDICATORS/GOALS

★ statistically better than US ✗ statistically worse than US

Reduce non-fatal motor vehicle crash-related injuries

(# hospital/emergency department visits per 10,000 people)

2020 Goal	785.8
VT 2008	873.1
US data not comparable	

Reduce fall-related deaths among people age 65+

(# per 100,000 people)

2020 Goal	116.9
VT 2009	129.9 ✗
US 2007	45.3

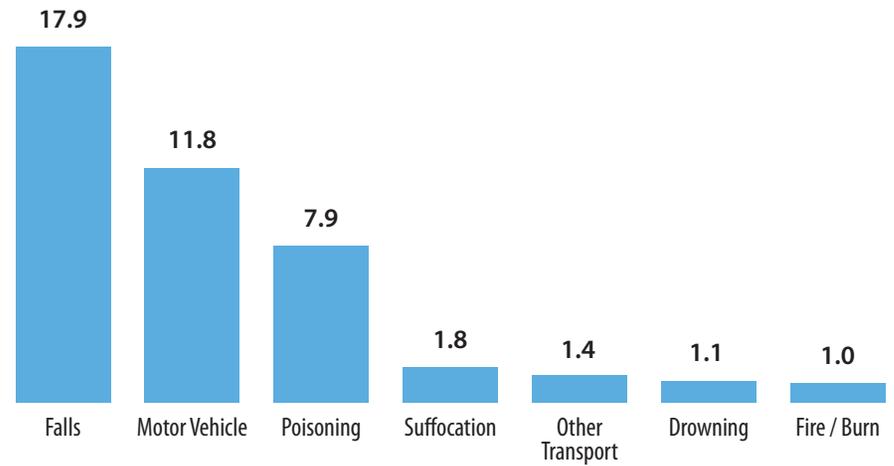
Reduce emergency department visits for self-harm injuries

(# visits per 10,000 people)

2020 Goal	139.1
VT 2009	154.6
US 2008	125.3

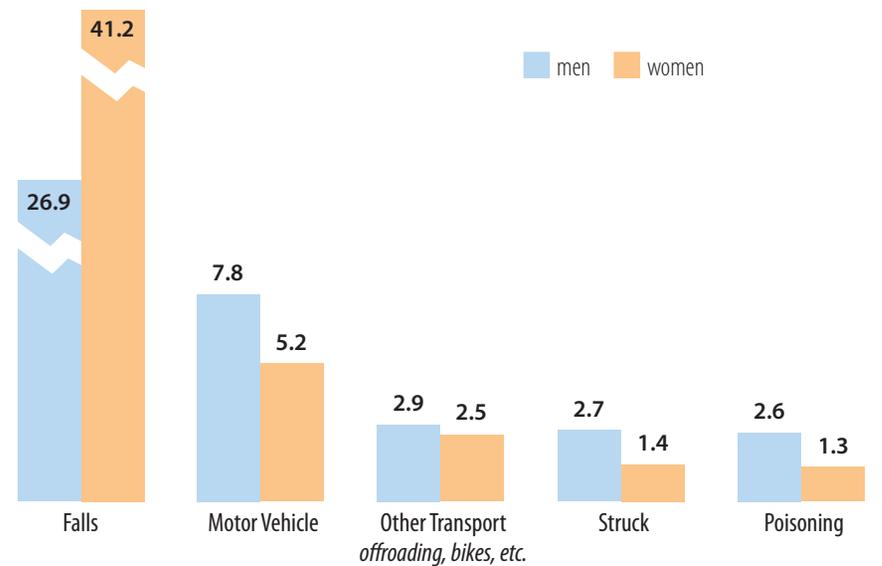
Unintentional Injury Deaths, by Cause

injuries each year per 100,000 people • 2005-2009



Injury Hospitalizations

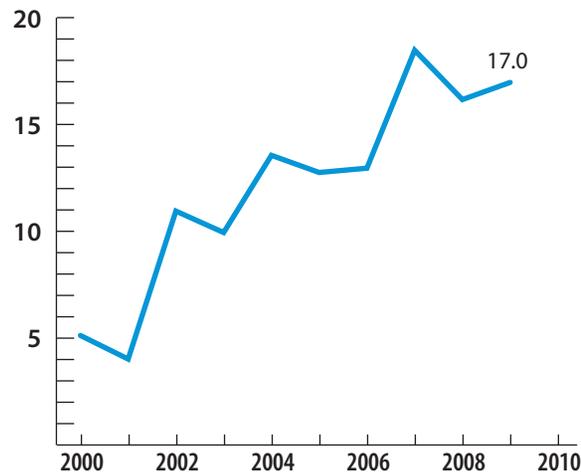
of hospitalizations each year per 10,000 people, by cause of injury • 2005-2009



* hospital and emergency department visits

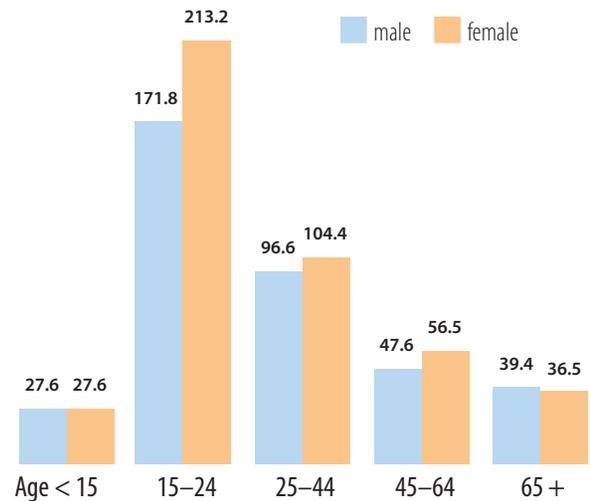
Deaths from Falls

of deaths per 100,000 people, all ages



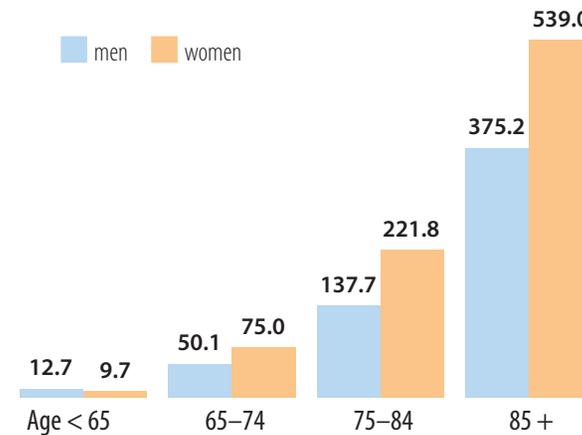
ED Visits for Motor Vehicle Crashes

of visits to the Emergency Department each year per 10,000 people • 2005-2009



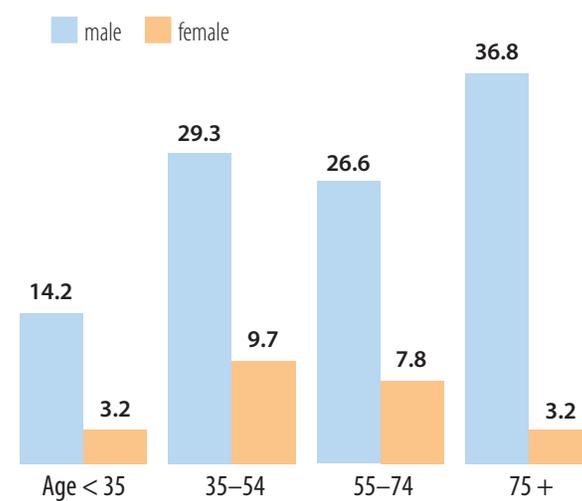
Hospitalizations for Falls

of hospitalizations each year per 10,000 people, by age • 2005-2009



Suicide Deaths

of deaths each year per 100,000 people • 2005-2009



• Many Injuries are Preventable

Injuries are a leading cause of disability and death for all Vermonters, regardless of a person's age, gender or socioeconomic status. Whether they are unintentional or the result of intentional or violent acts, most injuries can be prevented with public health interventions. White non-Hispanic Vermonters are more likely to die of unintentional injuries (4.9 deaths per 100,000 people) than those of racial and ethnic minority groups (1.2 deaths per 100,000).

• Motor Vehicle Crashes

Motor vehicle injuries are a significant cause of injury and death, both nationally and in Vermont. This is especially true for teens and older people. The underlying causes are many and complex: young or inexperienced drivers, drinking under the influence, speeding and distracted driving, often in combination with snow and ice.

• Falls

Unintentional falls are not accidents, but are preventable with specific interventions. Fall injuries for the elderly can have a profound impact on quality of life, mobility, independent living, and increased risk of early death.

• Self-harm or Suicide Attempts

White non-Hispanic adults in Vermont have a higher rate of suicide (14.1 per 100,000 people) than people of racial and ethnic minority groups (4.5 per 100,000). Main methods of suicide are firearms, poisoning and suffocation. Mental illness, life trauma, death of a family member and personal economic crisis are major risk factors. Everyone can play a role in preventing suicidal or self-harm behaviors in others.

INDICATORS/GOALS

★ statistically better than US ✗ statistically worse than US

Increase % of the population served by community public water supplies that meet Safe Drinking Water standards

2020 Goal	95%
VT 2010	86%
US data not comparable	

Increase % of homes with elevated radon levels that have an operating radon mitigation system

2020 Goal	35%
VT 2010 *	28%
US data not comparable	

Increase % of schools that have an indoor air quality management system

2020 Goal	10%
VT 2010	7%
US data not comparable	

Reduce % of children who have elevated blood lead levels (≥ 10 µg/dl)

• younger than age 6

2020 Goal	0%
VT 2010	0.6%
US data not comparable	

Reduce # of adults who have elevated blood lead levels from work exposures

(# per 100,000 employed adults)

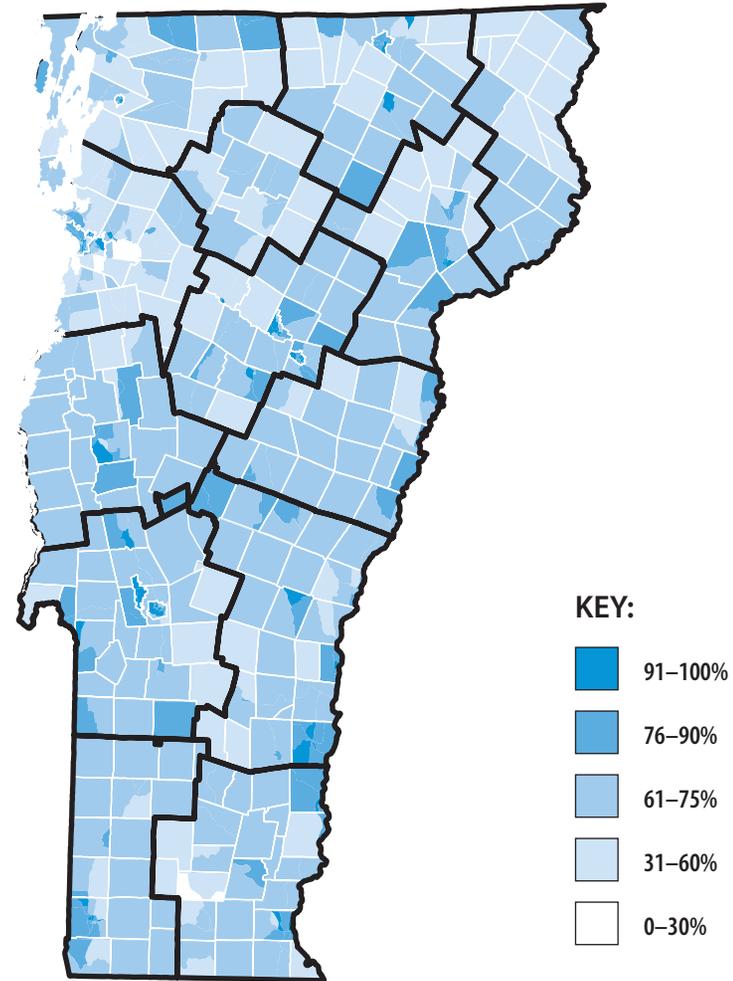
2020 Goal	9.3
VT 2009	10.3 ★
US 2008	22.5

Reduce % of inspections that find critical food safety violations

2020 Goal	35%
VT 2010	43%
US data not available	

Older Housing Stock

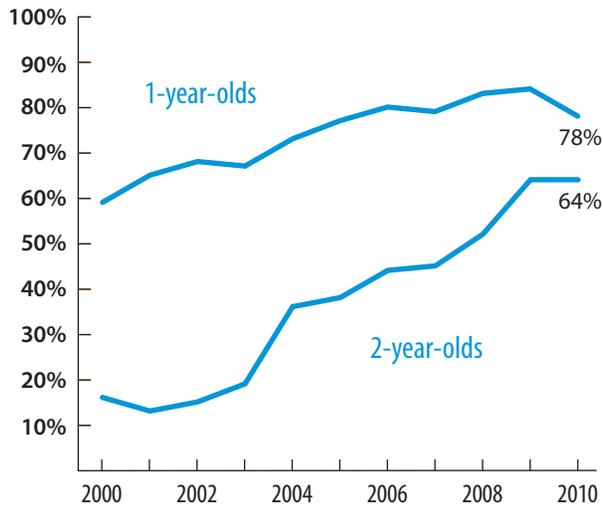
% of housing built before 1980 that may present lead hazard, by town • 2000 Census Block data



* During a followup study of 120 homes with elevated radon levels (≥4 pCi/L), 34 had installed radon mitigation systems.

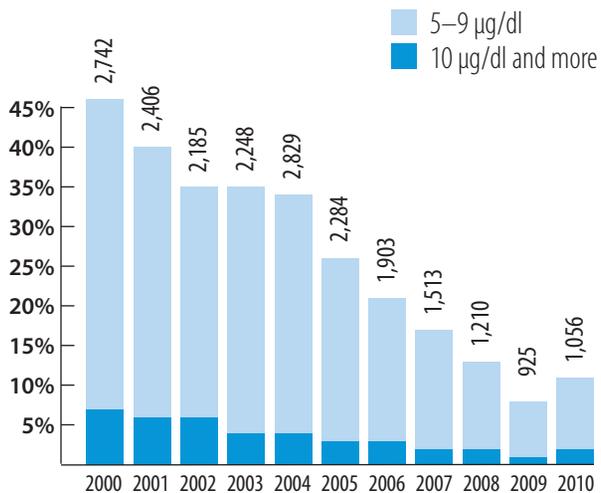
Blood Lead Level Testing

% of children tested for lead poisoning



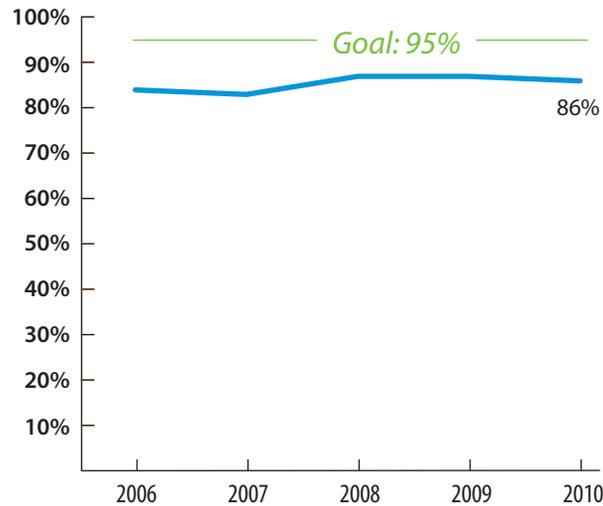
Elevated Blood Lead Levels

Of children age 1-5 tested for lead, # of children with elevated blood lead levels



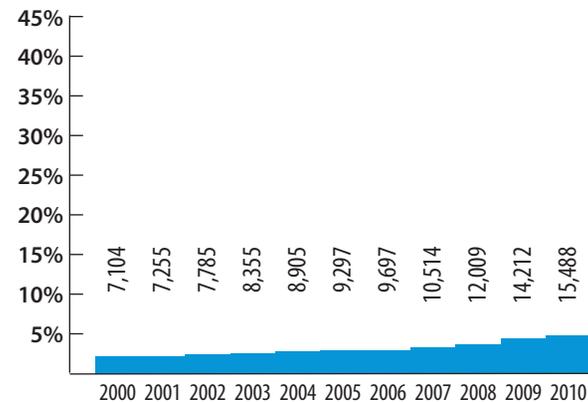
Safe Drinking Water

% of people on public drinking water systems whose water meets standards



Home Radon Testing

of residences that have been tested for radon (cumulative from 2000)



• Lead

There is no safe level of lead in the body. In children, exposure to lead may result in learning disabilities, behavioral problems, decreased intelligence and poisoning. Lead paint and dust from lead paint are the main sources of lead exposure for children.

• Safe Drinking Water

About 60 percent of Vermonters get their drinking water from public water systems, which are routinely monitored for contamination from harmful bacteria, chemicals and radionuclides. Everyone else gets their drinking water from private wells or springs, which homeowners should have periodically tested.

• Healthy & Safe Schools

Children spend much of their time in school buildings and can be affected by chemical, biological and physical hazards there. Environmental health management strategies can improve indoor air quality and reduce hazardous exposures.

• Radon

Radon is a naturally occurring gas released from bedrock. You cannot see, smell or taste radon, but it is the second leading cause of lung cancer after smoking. The only way to determine if radon is present in your home is to test for it. New homes can be built to be radon-resistant, and older homes with elevated radon levels can have mitigation systems installed. In Vermont, of the approximately 15,500 homes that have ever been tested, one in 10 have elevated radon that should be mitigated.