State Health Assessment Plan • Healthy Vermonters 2020

HEALTHY VERMONTERS 2020

VERMONT
DEPARTMENT OF HEALTH

December 2012

Contents

Healthy Vermonters 2020 is also available at: **healthvermont.gov**
Vermont Department of Health 108 Cherry Street, PO Box 70, Burlington, Vermont 05402

PHOTOS — front cover: Owls Head at Groton State Forest, Marshfield • by Kallie Huss
back cover (clockwise from top left): Calvin Coolidge Homestead • Jim Eaton; Arcadia Brook Farm, North Ferrisburg • Karen Pike; Burke Mountain • Dennis Curran; home flower garden • David Grass; Burlington • Karen Pike; Burlington • Karen Pike; home vegetable garden • David Grass; Lake Champlain, Sand Bar State Park • Dennis Curran

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HEALTHY VERMONTERS 2020

Dear Vermonter,

Our state has a long history of improving public health. Vermont was named the healthiest state in the 2012 *America's Health Rankings*. We have risen steadily in those rankings – from 20th in 1990 and 1991, to #1 healthiest for the fourth year in a row.

Our strengths include some of the social determinants that are at the foundation of good health: a high rate of high school graduation, higher median household income, lower unemployment, few violent crimes, nearly universal health insurance coverage, a ready availability of primary care providers, and the lowest rate of low birthweight babies. Vermonters are among the most physically active Americans, fewer people smoke, and we have a low rate of infectious disease.

But there are challenges ahead. With this publication of *Healthy Vermonters 2020*, we begin our third decade of engaging policymakers, government, health and human services professionals and the public in setting, measuring and working to achieve public health goals for the next 10 years.

Thanks to the dedicated focus of the many Vermonters involved in this undertaking, we present in the following pages our Healthy Vermonters goals – with information, maps and data from an array of sources that show where we are at the start of this decade, and where we aim to be by 2020.

Please join us in working for a healthier Vermont,

Harry Chen, MD
Commissioner of Health

Introduction

• *Healthy Vermonters 2020:* The State Health Assessment

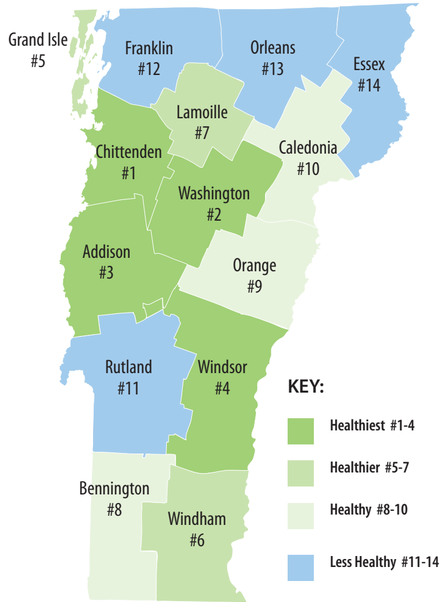
The Health Disparities of Vermonters, published by the Vermont Department of Health in 2010, offers an in-depth assessment of the differences in health status among the people of our state. The report details how our health is shaped by factors well beyond genetics and health care. Income, education and occupation, housing and the built environment, access to care, race, ethnicity and cultural identity, stress, disability and depression are "social determinants" that affect population health.

Also since 2010, the annual *County Health Rankings* by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, demonstrate that where and how we live matters to our health. Although Vermont has been ranked time and again, and by many measures, as one of the healthiest states, a closer look at how health factors and outcomes vary across the state tells the more complex story: *Even in the healthiest state, we are not all equally healthy.*

The purpose of this state health assessment – *Healthy Vermonters 2020* – is to prioritize goals and objectives for the decade, and provide the baseline data so we can track our progress into 2020. To do so, we have drawn upon these two reports and a broad array of data sources (see Reader's Guide and Data Sources, pages 6-7), and engaged state government, health and human services professionals and the public to provide their thoughtful review and comment.

• A Small State, More or Less Well Populated

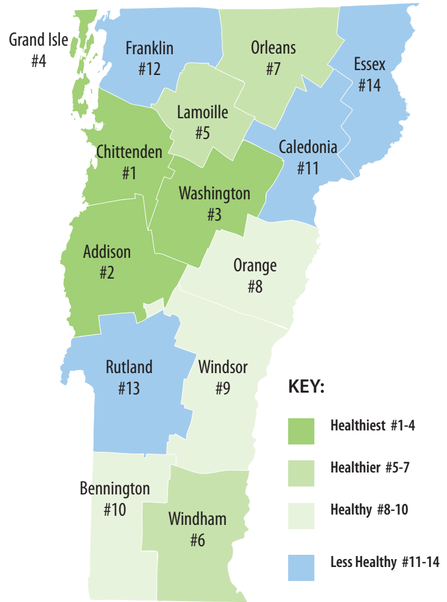
According to the 2010 U.S. Census, Vermont is home to just over 625,000 people. Our land mass is small – 9,216 square miles – and averages 68 people per square mile. Composed of 14 counties with 255 municipalities (towns, cities, unincorporated areas and gores), we are governed at the state and local (but not county) level. More than one-quarter of all Vermonters live in Chittenden County. Rutland County, the next most populous, has less than one-tenth of the state's population, and Washington County, where the state capital Montpelier is located, is a close third. The counties that make up the Northeast Kingdom – Caledonia, Essex and Orleans – are the least populated and the most rural.



Health Factor Rankings, by County

Rankings are based on a combination of health behavior measures (tobacco use, diet/exercise, alcohol use, sexual activity), clinical care measures (access, quality), socio-economic factors (education, employment, income, family/social support, community safety) and environmental measures (air quality and the built environment).

County Health Rankings 2012 • data 2002-2010



Health Outcome Rankings, by County

Rankings are based on a combination of morbidity measures (poor or fair health, poor physical health days, poor mental health days, low birthweight) and mortality (premature death).

County Health Rankings 2012 • data 2002-2010

• How Rural is Vermont?

While most agree that Vermont is a rural state, defining "rural" can be challenging. The U.S. Cenus Bureau considers rural to be any area that is not urban. For an area to be urban, there must be 2,500 or more residents. By this measure, 61 percent of Vermonters live in rural areas.

Various federal government agencies recognize more than 20 different definitions for rural. Depending on the specific definition, some Vermont communities could be considered rural or not, based on proximity to Chittenden County. By one definition, Vermont is the most rural state in the nation based on the fact that there are no towns with more than 50,000 residents. One county, Essex, is considered "frontier." By another definition, all of Chittenden, Franklin and Grand Isle counties are considered "non-rural" because they are part of the Burlington-South Burlington Metropolitan Statistical Area defined by the federal Office of Management and Budget.

• An Aging Population

Vermont is aging faster than other states. In 2010, the median age of Vermonters was 42 years, compared to the national median of 38 years. And the state/national age gap is widening, from about two years in 2000 to four years in 2010. More than one-third of Vermonters (37%) are between the ages of 40 and 64. The median age of Vermont men is just over 40 years, and the median age of women is 43.

• Growing Diversity

Vermonters come from a wide range of racial, ethnic and cultural backgrounds, including Black Americans and American Indians, many of whom are descendants of the original Abenakis. Many more recent residents come from Africa, the Middle East, Asia and Eastern Europe – and a Hispanic/Latino population from Mexico, Cuba and the Americas.

While Vermont's racial and ethnic minorities, at 6 percent of the total population, are proportionately small compared to the rest of the U.S., these populations are growing at a faster rate than the population overall. In 2010, Blacks or African Americans made up 1.1 percent, Asians (Chinese, Filipino, Japanese, Korean, Vietnamese), 1.4 percent, and Hispanics (Mexican, Puerto Rican, Cuban), 1.6 percent. Not included in these statistics are an estimated 5,000 undocumented people, mostly Mexican farm workers, according to the Federation for American Immigration Reform.

• Many Languages Spoken

During the novel influenza H1N1 pandemic in 2009/10, basic health information was needed in 11 languages plus English to communicate with all Vermonters. These included: Arabic, Burmese, Chinese, French, Nepali, Russian, Serbo-Croatian, Somali, Spanish, Swahili and Vietnamese.

According to the Vermont Center for Deaf and Hard of Hearing, more than 20,000 Vermonters are living with hearing loss, 2,000 of whom are profoundly deaf. Those who use American Sign Language may require a professional interpreter in many situations. Without access to health care or access to health information delivered in plain English or their own native language, many Vermonters do not have full access to quality health care.

• Income

Income is the most common measure of socio-economic status, and a strong predictor of the health of an individual or community.

The lower the income, the less likely it is that a person will have a healthy diet or have regular physical activity, and the more likely he or she will smoke. This leads to a greater likelihood of chronic conditions such as depression, obesity, asthma, diabetes, heart disease, stroke, and premature death.

In Vermont in 2011, the average per capita income was $28,376 and the median household income was $53,422, approximately the national average.

However, 11 percent of Vermonters earned incomes below the Federal Poverty Level (see page 6 for a description of FPL). Low income Vermonters are more likely to be female, young (age 18 to 34), less educated, unemployed or unable to work, or a member of a racial or ethnic minority.

• Education

Education is closely linked with occupation and income. Assessed together, these can provide another measure of socioeconomic status.

Vermonters tend to have more years of formal education than people in the rest of the U.S. In 2010, 90 percent of adults age 25 and older had a high school education or more, compared to 85 percent for the U.S., and 33 percent had earned a bachelor's degree or more, compared to 28 percent for the U.S.

Educational attainment varies across the state. Adults in Chittenden and Washington counties have higher levels of educational attainment, while those in the Canadian border counties have lower levels.

• Occupation

The state's workforce numbers just over 348,000, according to the U.S. Bureau of Labor Statistics. The state unemployment rate in June 2012 of 4.7 percent was lower than the national average of 8.2 percent. Unemployment affects health, and this is documented by a variety of data. People who report having high blood pressure, depression, and who smoke are more likely to be unemployed or unable to work.

• Housing & the Built Environment

A variety of health effects result when people must live in sub-standard housing, or have no place to call home.

The "built environment" matters to health, too. Conditions, resources and policies in our communities directly affect our exercise and play patterns, the kinds of foods, goods and services that are available, the quality of the air we breathe and the water we drink, and how well we are able to connect socially with other people.

Lead poisoning is a particular issue for children. In Vermont, as much as 70 percent of housing was built before 1978, the year that lead was banned in residential paint. Children are also exposed to lead by handling everyday objects, such as keys, jewelry or even inexpensive toys.

Vermont has little traffic congestion or industry that contributes to poor air quality. Even so, there are days when high levels of fine particulate matter in the air make it risky for the very young, the very old, and people with chronic conditions such as asthma, to be outdoors and physically active.

Public transportation is limited in many areas of the state, making it difficult for many to get to work, school, play or exercise, health care, groceries and markets, or community events. In recent years, a number of towns have worked to create public transportation links, and to construct sidewalks and paths for walking and biking.

Rural areas of the state, where people may live more than a short drive away from a well-stocked grocery store, can seem to be a food desert – a place lacking in fresh, affordable and nutritous foods. One expanding resource for local food products are farmers' markets, held throughout the growing season, and many indoor winter markets as well.

• Access to Care

Approximately 90 percent of all Vermonters have some type of health insurance coverage. Only 4 percent of children are uninsured. In 2011, nearly 14 percent of Vermonters were enrolled in Medicare, and nearly 20 percent were enrolled in Medicaid.

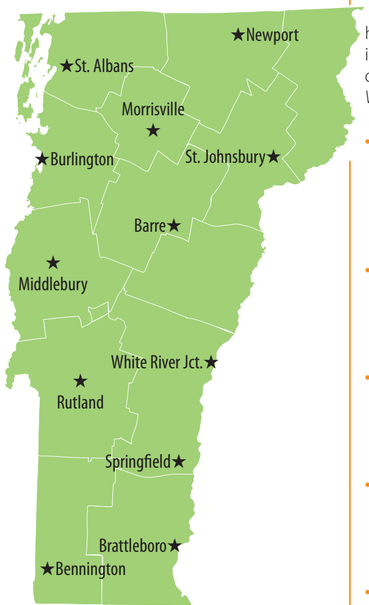
• Stress, Disability & Depression

Stress as a risk to health is difficult to quantify. As a rough measure, in 2008, 21 percent of adult Vermonters reported that their day-to-day activities were limited due to physical, mental or emotional problems, and 6 percent reported having a health problem that required the use of special equipment.

Prevalence of disability increases among adults who have low income or less education. Adults who have a disability are also more likely to have behaviors that compromise health – such as smoking or physical inactivity – and to have worse health outcomes. Depression among Vermonters correlates with lower income, less education and under- or unemployment.

– The Health Disparities of Vermonters 2010

★ **Health Department District Offices**



State Assets

Vermont benefits from a number of assets that are key to the Vermont Department of Health's mission to protect and promote the best of health for all Vermonters. These assets will aid in implementing and monitoring the progress of our *State Health Improvement Plan* and *Healthy Vermonters 2020* goals.

- The Vermont Department of Health is the single public health agency that serves all Vermonters, with its central offices and lab in Burlington, and 12 district offices located around the state.
- Vermont is a small state, with a history of collaboration among state government, community agencies, coalitions, hospitals, health centers and health care providers.
- State health reform efforts have included a focus on promoting health and preventing chronic illness. Public Health is written into the state's health reform law.
- Dedicated public health professionals have expertise in evidence-based strategies for achieving *Healthy Vermonters 2020* and *State Health Improvement Plan* goals.
- The Health Department has a strong framework for performance management, and experience setting, monitoring and reporting on long term goals for the past 20 years, starting with *Healthy Vermonters 2000*.

Reader's Guide

• Healthy Vermonters 2020 Goals
This report presents more than 100 public health indicators and goals for 2020 in 21 focus areas organized into five thematic chapters:

- *A Healthy Lifetime*
- *Providing for Better Public Health*
- *Behaviors, Environment & Health*
- *Diseases & Health Conditions*
- *Public Health Preparedness*

These goals were carefully identified by state government, health, health care and human services professionals, and the public as the priorities for improving the health of Vermonters in this decade. The goals are calculated to be at least a 10 percent improvement by 2020. Each focus area presents information in charts, graphs and text to show where we are at the beginning of this decade, and where we aim to be by 2020.

• Vermont/U.S. Comparisons
State and national data as close to the baseline of 2010 are provided, and compared to each *Healthy Vermonters 2020* goal. When there is a statistically significant difference between Vermont and U.S. data, it is noted with these symbols:

Vermont is statistically better than the U.S. ✪
Vermont is statistically worse than the U.S. ✘
In some cases, we have noted that the U.S. and Vermont data are not comparable, or that the data are not available. A number of goals are yet to be developed.

• Behavioral Risk Factor Survey Changes
Much of the data presented here comes from the Behavioral Risk Factor Surveillance System (BRFSS), a state-based system of health surveys established by the Centers for Disease Control & Prevention (CDC) in 1984. BRFSS surveys a sample of adults about their health conditions, risks and behaviors, practices for preventing disease, and access to health care.

The steady rise in U.S. households that have only cell phones has caused the BRFSS to add cell phones to their samples. An estimated three of 10 Americans and two in 10 Vermonters have only cell phones.

Adding cell phones to the survey samples was necessary to accurately reflect the population. Cell phone users tend to be younger, single, and rent instead of own their own homes, and there are differences in attitude and behaviors, too. The addition of cell phones necessitated a new system of weighting.

Starting with the 2011 BRFSS data, the result of this change is reflected in increases or decreases in certain statistics.

For example, the adult smoking prevalence in Vermont for 2011 is reported as 20 percent, compared to 16 percent in 2010.

• Federal Poverty Level
In Vermont, disparities in health outcomes are often a function of income (or poverty) levels. For this reason, key data in this report have been charted by income level comparisons.

Federal Poverty Guidelines are issued each year by the U.S. Department of Health and Human Services. They are a national measure of poverty that takes income and household size into consideration, and are used to determine eligibility for an array of programs and services.

These guidelines are sometimes referred to as the Federal Poverty Level (FPL), as they are in this report.

In 2010, the FPL was income of $10,830 a year for an individual, and $17,570 for a family of four.

By 2012, the FPL increased to $11,170 a year for an individual and $23,050 for a family of four.

• Health Disparities by Race and Ethnicity
Nationally, health disparities by race can be observed in, for example, cancer rates, injuries or deaths from any cause. Statistically significant differences in health behaviors or outcomes between white non-Hispanics and people of racial and ethnic minority groups in Vermont are noted in text throughout this report.

Data Sources & References

Vermont

Agency of Education
- *School Health Profile Report*

Agency of Human Services
Department of Health
- *Adult Tobacco Survey*
- *Adult Blood Lead Epidemiology & Surveillance*
- *Asthma Call Back Survey*
- *Behavioral Risk Factor Surveillance System*
- *Blood Lead Surveillance System*
- *Cancer Registry*
- *Childhood Hearing Health data*
- *Children with Special Health Needs data*
- *Envision Program*
- *Food & Lodging Inspection data*
- *Immunization Registry*
- *Oral Health Survey*
- *Pregnancy Risk Assessment Monitoring System*
- *Radon Mitigation Survey*
- *Reportable Disease Surveillance data*
- *School Nurse Report*
- *Special Supplemental Nutrition Program for Women, Infants & Children (WIC)*
- *Vermont Dentist Survey*
- *Vermont Physician Survey*
- *Vital Statistics System*
- *Youth Health Survey*
- *Youth Risk Behavior Survey*

Department of Mental Health *data*
Department of Vermont Health Access *data*

Agency of Natural Resources
- *Department of Environmental Conservation data*

Agency of Transportation
- *Governor's Highway Safety Program data*

Department of Financial Regulation
- *Insurance Survey*
- *Vermont Uniform Hospital Discharge Data Set*

Department of Taxes
- *Cigarette Excise Tax Stamp data*

Vermont Association of Hospitals & Health Systems
Vermont Crime Information Center

United States

Agency for Healthcare Research & Quality
- *Health Care Cost & Utilization Project*

National Cancer Institute
- *Surveillance, Epidemiology & End Results Registries (SEER)*

National Highway Traffic Safety Administration
US Census Bureau & US Bureau of Labor Statistics
- *Annual Social & Economic Supplement to the Current Population Survey*

US Department of Labor/Occupational Safety & Health Administration
- *Annual Survey of Occupational Injuries and Illnesses*

Department of Health & Human Services
Centers for Disease Control & Prevention
- *Healthy People 2020*
- *National Health & Nutritional Examination Survey*
- *National Healthcare Safety Network*
- *National Immunization Survey*
- *National Notifiable Disease Surveillance System*
- *U.S. Renal Data System*

Substance Abuse & Mental Health Services Administration
- *National Survey on Drug Use and Health*

Family Planning

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Increase % of pregnancies that are planned

2020 Goal	65%
VT 2008	54%
US data not comparable	

Increase % of youth who used contraception at most recent sexual intercourse *

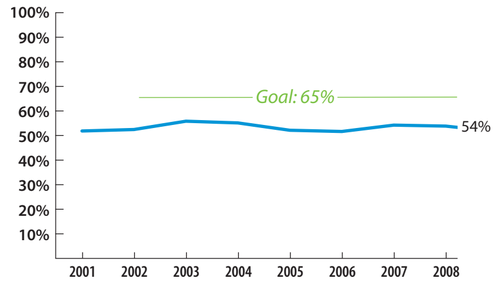
• 9th-12th graders	2020 Goal	95%
	VT 2011	86% ✪
	US 2011	71%

Increase % of youth who receive education on sexually transmitted diseases

• females	2020 Goal	* * *
	VT data not available	
	US 2006-08	93%
• males	2020 Goal	* * *
	VT data not available	
	US 2006-08	92%

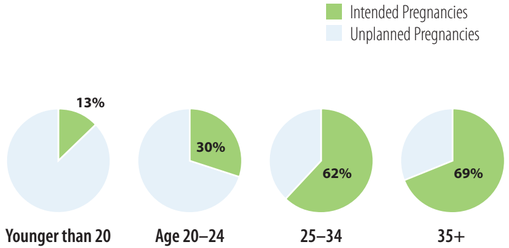
Intended Pregnancy

% of pregnancies that women report are planned



Intended Pregnancy & Age of Mother

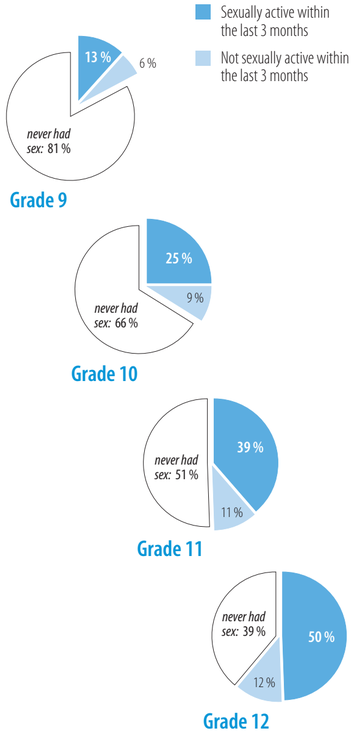
% of pregnancies that women report are intended • 2009



* represents % of males and females who used contraception to avoid pregnancy
* * * goal to be developed

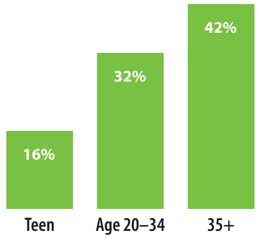
Sexual Activity

Among 9th-12th graders • 2011



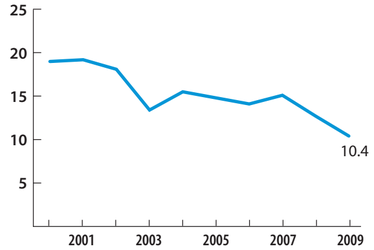
Preconception Health Counseling

% of women who talked with a health care worker about healthy pregnancy before conception, by age • 2008



Teen Pregnancy

of pregnancies per 1,000 females age 15-17



• Planning is Good for Family Health

Family planning is one of the 10 great public health achievements of the 20th century, helping men and women to be more intentional about timing of pregnancy, birth spacing and family size. Family planning contributes to healthier outcomes for everyone – babies, children, women, families and communities.

• Intended vs. Unplanned Pregnancy

Women who prepare for childbearing are more likely to have good health habits before they become pregnant – to eat nutritious foods, take folic acid, be physically active, not smoke and not drink, get into prenatal care early – and their babies are more likely to be born healthy. Unplanned pregnancies can be costly, both in health and social terms. This is especially true for younger parents, who may be less educated, have lower incomes and greater dependence on welfare, have more physical and mental stresses, and a worse outlook for the future.

• The Power of Reproductive Health Ed

Reproductive health education in schools can empower teens to make informed decisions about abstinence, sexual activity, contraception and protection. Teens who have complete information and who are aware of their choices are better equipped to avoid pregnancy and sexually transmitted diseases, and have a better basis for healthy lifestyles and relationships as they enter adulthood.

In Vermont, white teens have a higher rate of pregnancy (13.6 per 1,000) than teens of racial or ethnic minority groups (8.7 per 1,000).

Maternal & Infant Health

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Reduce sudden, unexpected infant deaths
(# per 1,000 live births)

2020 Goal	0.62
VT 2005-09	0.69
US 2006	0.93

Increase % of pregnant women who –

- drink no alcohol

2020 Goal	100%
VT 2008	88%
US data not comparable	

- do not smoke

2020 Goal	90%
VT 2009	81% ✘
US 2007	90%

- do not use illicit drugs

2020 Goal	100%
VT 2009	95%
US data not comparable	

Increase % of women delivering a live birth who –

- discussed preconception health before pregnancy

2020 Goal	40%
VT 2008	29%
US data not available	

- had a healthy weight before pregnancy

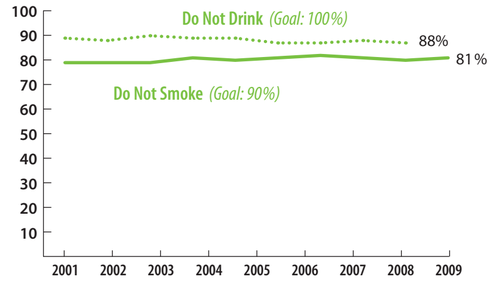
2020 Goal	65%
VT 2008	52%
US data not comparable	

Increase % of infants who are breastfed exclusively through 6 months

2020 Goal	40%
VT 2007	22% ✪
US 2007	14%

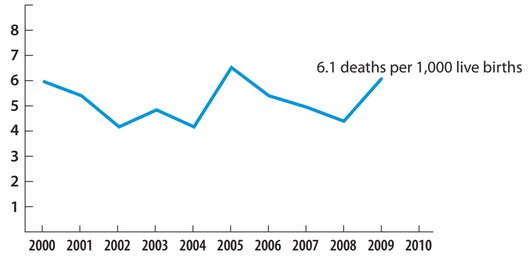
Healthy Behaviors During Pregnancy

% of pregnant women who –



Infant Mortality

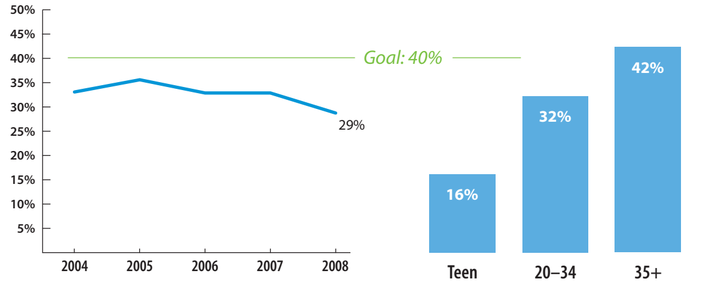
of deaths within the first 12 months of life, per 1,000 live births



Preconception Health Care

% of women who talked with a health care worker about having a healthy pregnancy before conception

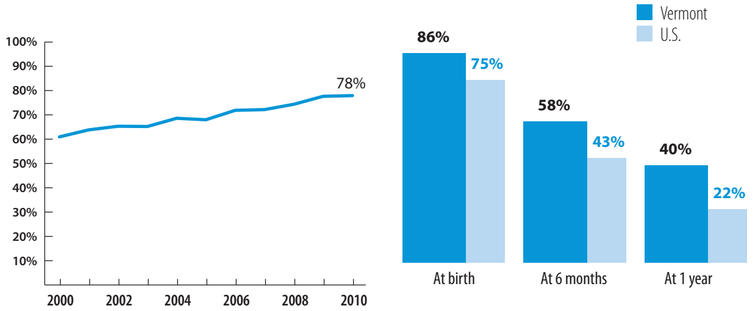
by age of woman • 2008



Breastfeeding

% of women who breastfed their babies at any point during the first year of life

by age of baby • 2007



• Sudden Unexpected Infant Death

Recent public health and forensic research has shown that what had been called SIDS (Sudden Infant Death Syndrome) can be attributed to causes such as sudden infection, maltreatment, unsafe sleep environment or rare diseases. Keeping health care providers and families accurately informed about infant care and safety can help prevent sudden unexpected deaths.

• No Smoking, Alcohol, Drugs

Smoking is the most preventable cause of low birth weight in babies, and low birth weight is closely linked to infant mortality. A mother's use of even small amounts of alcohol or drugs can cause developmental, neurological and physical health problems for her baby.

• Importance of Preconception Care

Preconception care promotes the health of women of reproductive age by promoting health behaviors, screening and interventions to reduce risk factors and control conditions (such as high blood pressure, diabetes or asthma) that might negatively affect a future pregnancy.

• Breastfeeding is Best

Scientific evidence is clear that breastfeeding for the first six months of life helps prevent obesity and Type 2 diabetes. Breastfeeding mothers are also at lower risk of breast and ovarian cancer, diabetes, hypertension and cardiovascular disease. Among WIC participants in Vermont, 82% of mothers of racial or ethnic minority groups breastfeed their babies, compared to 77% of white non-Hispanic mothers.

Early Childhood Screening

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Increase % of babies –

• who are screened for hearing loss by 1 month of age	2020 Goal	100%
	VT 2009	95% ✪
	US 2007	82%
• who need and receive an audiological evaluation by 3 months of age	2020 Goal	55%
	VT 2009	48% ✘
	US 2007	66%
• with hearing loss who receive intervention services by 6 months of age	2020 Goal	55%
	VT 2009	50%
	US 2007	50%

Increase % of children –

• who are screened for Autism Spectrum Disorder and other developmental delays by 24 months of age	VT/2020 Goal	* * *
	US 2007	20%
• with Autism Spectrum Disorder diagnosis who have first evaluation by 36 months of age	VT/2020 Goal	* * *
	US 2006	39%
• who are ready for school in five domains of healthy development	2020 Goal	65%
	VT 2010	56%
	US data not available	
• age 10-17 who have had a wellness exam in the past 12 months	2020 Goal	65%
	VT 2010-11	57%
	US data not comparable	

Decrease % of students absent from school due to illness/injury	VT/2020 Goal	* * *
	US 2008	5%
Increase % of middle schools that require newly hired staff who teach Health Education to be State licensed or endorsed	VT/2020 Goal	* * *
	US 2006	51%

• Newborn Screening for Hearing

At least one in six Americans has a sensory or communication impairment or disorder. Even when temporary and mild, such disorders can affect health. Any barrier to physical balance and communication with others can make a person feel socially isolated, have unmet health needs, and limited success in school or on the job. Very early screening and intervention for hearing loss improves physical development, language, learning and literacy for these children.

• Well Child Ready for School

Social and emotional development in early childhood is strongly connected with later academic achievement. Early and continuous developmental screening results in timely identification and referral. This is important so that children arrive at Kindergarten competent in all five developmental domains.

• Wellness Check-ups for Adolescents

High quality preventive services for school-age youth include annual well exams, with assessments of physical activity, nutrition, sexual behavior, substance abuse and behaviors that can result in injuries.

• Quality Early Health Education

Health education by qualified teachers builds the knowledge, attitudes and skills that students need to make healthy decisions, become health literate, and look out for the health of others. Curricula should address tobacco/alcohol/drug use, nutrition, mental and emotional health, physical activity, safety and injury prevention, sexual health and violence prevention.

Five Domains of Healthy Development:

- Social-Emotional Development
- Approaches to Learning
- Communication
- Cognitive Development
- Wellness

Well children demonstrate age-appropriate self-help skills, and seldom or never appear to be inhibited by illness, fatigue or hunger.

Vermont's Statewide Report on Kindergarten Readiness 2011-2012

** * * Vermont data not available and goal to be developed*

Welcome to Medicare Wellness Exam

Covers:

- Medical/Family History
- Health Conditions
- Prescriptions
- Blood Pressure
- Vision
- Weight/Height
- Vaccinations
- Preventive Health Screenings

• Welcome to Medicare

Medicare covers all the costs for a one-time, comprehensive "Welcome to Medicare" preventive visit during the first 12 months of having 'Part B.' After 12 months, a yearly wellness visit to develop or update a personalized plan to prevent disease based on current health and risk factors is covered. Anyone with Medicare is eligible for this benefit, and there is no cost if the doctor or other health care provider accepts assignment. This is a valuable health benefit, yet few people take advantage of it.

• The Wellness Visit

During the visit, the health care provider will complete a comprehensive physical exam, evaluate the patient's medical history, and:

- record and evaluate medical and family history, current health conditions, and prescriptions
- check blood pressure, vision, weight and height to get a baseline for care
- make sure clinical preventive services such as cancer screenings and vaccinations are up to date
- order further tests, depending on patient's general health and medical history

• The Wellness Plan

Following the visit, the health care provider will provide a plan or checklist with free screenings and preventive services needed.

Older Adults

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Increase % of older adults who use the Welcome to Medicare benefit

2020 Goal	25%
VT data not available	
US 2008	7%

Increase % of older adults who are up to date on recommended preventive services

• females	2020 Goal	55%
	VT 2010	47%
	US 2008	48%
• males	2020 Goal	55%
	VT 2010	50%
	US 2008	46%

Access to Health Services

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Increase # of practicing primary care providers
Full Time Equivalents (FTEs) - US data not available

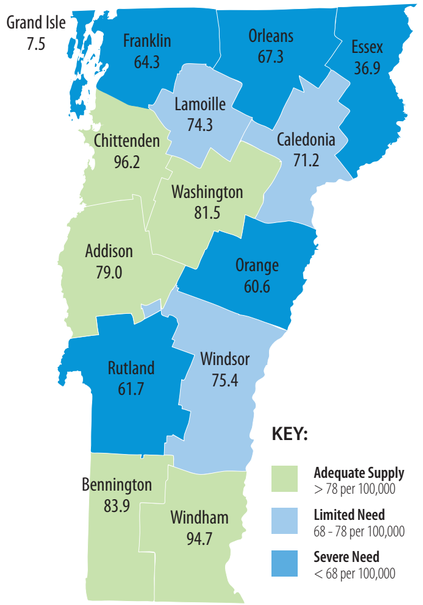
• MDs and DOs	2020 Goal	541
	VT 2010	492
• Physician Assistants	2020 Goal	80
	VT 2010	67
• Nurse Practitioners	2020 Goal	100
	VT 2010	83

Increase % of people who have health insurance	2020 Goal	100%
• adults age 18+	VT 2010	89% ✪
	US 2010	82%
• younger than 18	VT 2010	96% ✪
	US 2010	90%
• all ages	VT 2010	91% ✪
	US 2010	84%
Increase % of adults who have a usual primary care provider	2020 Goal	100%
	VT 2010	90% ✪
	US 2010	82%
Reduce % of people who cannot obtain care, or delay medical or dental care or prescriptions	2020 Goal	5%
	VT 2010	9% ✪
	US 2010	15%
Increase % of people who have a specific source of ongoing health care		* * *
Increase % of people with insurance coverage for clinical preventive services		* * *

Supply of Primary Care Physicians

Full-Time Equivalent (FTE) physicians per 100,000 people, by county • 2010

Includes Medical Doctors (MDs) and Doctors of Osteopathic Medicine (DOs)

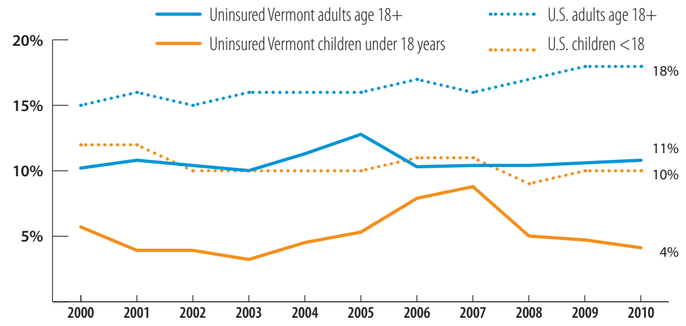


# FTEs, by county	
Addison	29
Bennington	31
Caledonia	22
Chittenden	151
Essex	2
Franklin	31
Grand Isle	.5
Lamoille	18
Orange	18
Orleans	18
Rutland	38
Washington	49
Windham	42
Windsor	43

Statewide: 78.6 FTEs per 100,000 people

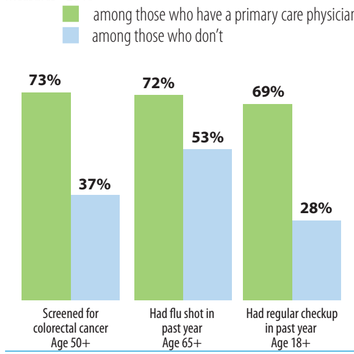
** * * comparable Vermont /U.S. data not available and goal to be developed*

No Health Insurance



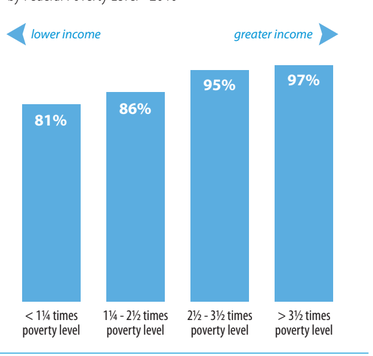
Access to Routine Health Care

% of people following recommended preventive health measures • 2010



Health Insurance & Income

% of adults age 18-64 who have health insurance, by Federal Poverty Level • 2010



• Health Insurance for All

Having good health insurance is the starting point for a person's access to quality health care. Compared to the U.S., Vermonters, especially children, have had higher rates of insurance coverage. The goal of universal health insurance coverage is well within reach.

• Importance of a Medical Home

Having good access to health care means more than simply having insurance. A medical home is a consistent health care setting with a regular primary care provider or team that ensures quality and appropriate care that includes clinical preventive services such as vaccinations, blood pressure and cholesterol checks, cancer screenings, etc.

• Unequal Access to Quality Care

Health insurance coverage is not equal across all groups in the state: eight out of 10 adults of racial or ethnic minority groups have health insurance coverage and a primary care provider, compared to nine of 10 white non-Hispanics. Insurance coverage is nearly universal among people with the highest incomes, while two of 10 adults at the lowest income levels have no health insurance.

Physicians Accepting New Patients

% of primary care physicians who accepted —

	2000	2006	2010
any new patients	**80%**	**82%**	**83%**
new Medicaid patients	72%	68%	72%
new Medicare patients	73%	72%	69%

Immunization & Infectious Disease

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Increase % of children age 19-35 months
who receive recommended vaccines * [1,2,3]

2020 Goal	80%
VT 2010	41%
US 2010	57%

Increase % of children in Kindergarten who are vaccinated
with two or more doses of MMR vaccine
(measles, mumps, rubella)

2020 Goal	95%
VT 2010-11	91%
US data not comparable	

Increase % of youth age 13-15 who are vaccinated
with one dose of Tdap vaccine
(tetaunus, diphtheria, pertussis)

2020 Goal	90%
VT 2010	83%
US data not comparable	

Increase % of adults age 65+ who –

• receive an annual flu shot

2020 Goal	90%
VT 2010	71% ✪
US 2008	66%

• have ever been vaccinated against pneumonia

2020 Goal	90%
VT 2010	73% ✪
US 2008	68%

Increase % of treatment completion among contacts to sputum smear positive cases who are diagnosed with latent TB and started treatment

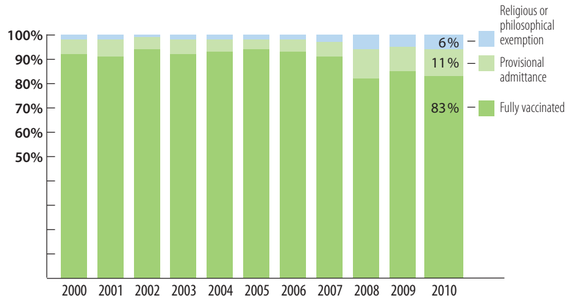
2020 Goal	90%
VT 2006-10	88%
US 2007	68%

Reduce rate of central line-associated bloodstream infections

2020 Goal	0.15
VT 2010	0.78
US 2010	0.68

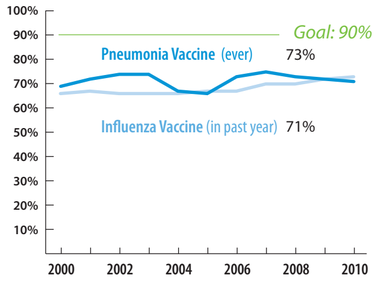
Immunization Status for Kindergarteners

% of children entering Kindergarten, by immunization status



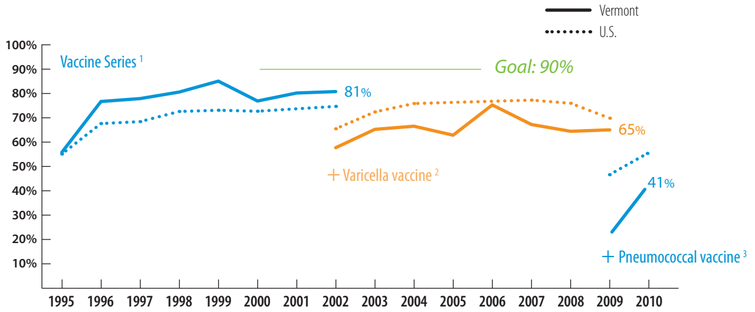
Adult Influenza/Pneumonia Immunization

% of people age 65+ who are vaccinated



Immunization Status for Babies

% of babies age 19 to 35 months who have had recommended vaccinations *



Vaccine Series for Babies

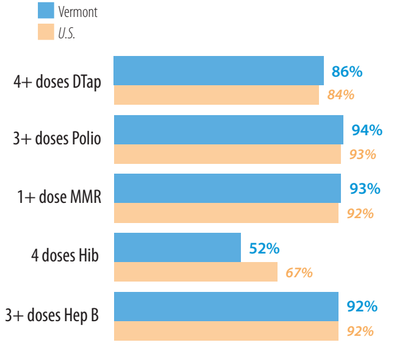
% of babies age 19-35 months who are fully immunized with five universally recommended vaccines • 2010 *

Vaccine Series [1]

DTaP to prevent Diphtheria, Tetanus and Pertussis (Whooping Cough)
Polio to prevent Polio
MMR to prevent Measles, Mumps and Rubella
Hib to prevent Haemophilus Influenzae b
Hep B to prevent Hepatitis B

+ Varicella Vaccine [2]
to prevent Varicella (Chickenpox)

+ Pneumococcal Vaccine [3]
to prevent Pneumococcal Disease



* *A national shortage of Hib vaccine contributed to lower rates of fully immunized babies in Vermont and the U.S. for 2009 and 2010.*

• Why Vaccinate?

A person who is fully immunized is protected against vaccine-preventable diseases or severe illness, and helps protect the community from disease outbreaks. Children, adolescents and adults should be vaccinated according to the Centers for Disease Control & Prevention (CDC) recommendations.

• Vaccinate for Life

In Vermont in 2010, 6% of children entering Kindergarten had a religious or philosophical exemption, one of the highest percentages of all the states. Another 11% entered provisionally, without being up to date on their vaccinations. Because immunity to some diseases wanes over time, adolescents need one dose of the Tdap vaccine between age 13 and 15 to boost their immunity. Routine annual flu vaccination is now recommended for everyone age 6 months and older. Pneumococcal vaccine is recommended for everyone age 65 and older, and for those with high-risk conditions.

• Treat Tuberculosis

Vermont averages five cases of TB every year. Active (infectious) TB can be treated with a nine month course of antibiotics, but this treatment must be completed to be effective.

• Reduce Health Care Associated Infections

A central line-associated bloodstream infection is serious. Infection happens when germs enter the bloodstream through a central line (tube) that health care providers place in the patient's body to give fluids, blood or medications or to do certain medical tests quickly.

Oral Health

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Increase % of population served by community public water systems that have optimally fluoridated water

2020 Goal	65%
VT 2010	57% ✘
US 2008	72%

Increase % of people who use the dental care system each year

- age 6-9

2020 Goal	100%
VT 2010	95%
US data not available	

- grades K-12

2020 Goal	85%
VT 2009-10	65%
US data not available	

- age 18+

2020 Goal	85%
VT 2010	74% ✪
US 2010	68%

Reduce % of children who have ever had decay

- age 6-9

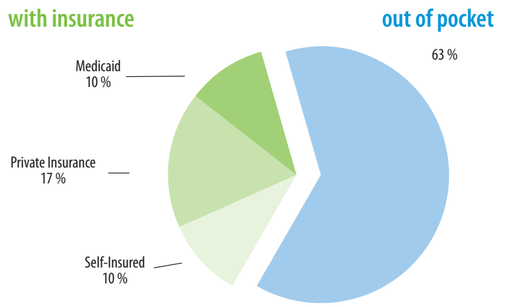
2020 Goal	30%
VT 2010	34%
US data not comparable	

Reduce % of adults age 45-65 who have ever had a tooth extracted

2020 Goal	45%
VT 2010	52%
US 2010	54%

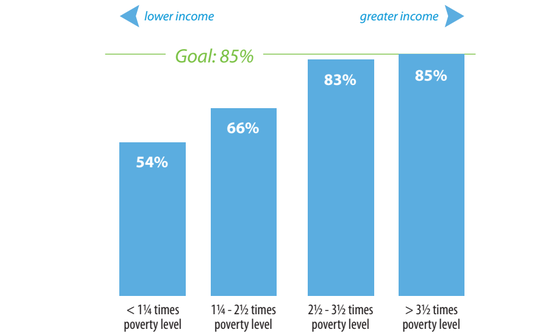
How Vermonters Pay For Dental Care

% by method of payment • 2009



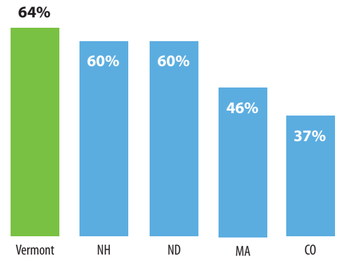
Access & Income

% of adults who used the dental care system in the last year, by Federal Poverty Level • 2010



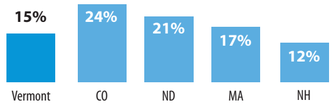
Sealants in Children

% of 3rd graders who have sealants, Vermont compared to other states with oral health surveys • 2009-2010



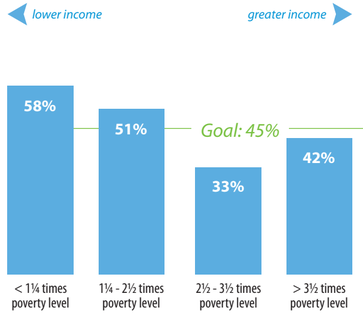
Tooth Decay in Children

% of 3rd graders who have untreated dental decay, Vermont compared to other states with oral health surveys • 2009-2010



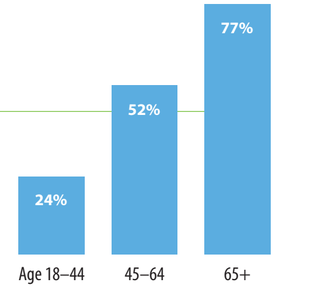
Tooth Extractions & Income

% of adults age 45 to 64 who have ever had any teeth extracted, by Federal Poverty Level • 2010



Tooth Extractions & Age

% of adults who have ever had any teeth extracted, by age • 2010



• Important to Overall Health

Good oral health is integral to overall health. Tooth decay is one of the most common chronic diseases in children, and gum disease affects a high percentage of adults. Infection and inflammation in the mouth have been linked to complications of pregnancy, Type 2 diabetes, heart disease and stroke.

• Fluoridation is a Public Health Benefit

Fluoridation has a proven track record of more than 50 years for preventing dental decay, and it benefits everyone in the community, regardless of socioeconomic status. Yet fewer than 60% of Vermonters served by community public water systems have optimally fluoridated water.

• Oral Health Care for All

Vermont has one of the highest rates of oral health care use and dentist participation in Medicaid in the nation. But not everyone has access to quality care. Delays in treatment can cause pain, infection and complications for other health conditions. Improving the overall health of all Vermonters will depend in part on making sure that everyone who has health care has oral health care, too.

• Preventing Dental Decay

Efforts to reduce childhood caries include school fluoride mouthrinse programs, finding a dental home for children who have not been to the dentist, and adding oral health to WIC services for some participants. Improvements in preventive efforts and clinical treatment have made it possible for more people to keep all of their teeth for most of their lives.

Mental Health

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Reduce suicide deaths
(# per 100,000 people)

	2020 Goal	11.7
	VT 2009	13.0
	US 2007	11.3

Decrease % of suicide attempts that require medical attention

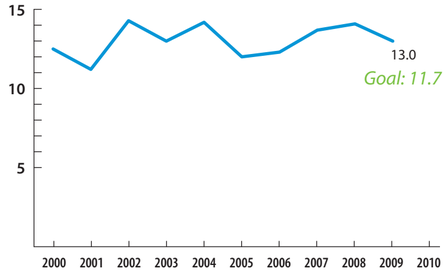
	2020 Goal	1.0%
• youth grades 9-12	VT 2009	1.6%
	US 2009	1.9%

Increase % of people who have primary care provider visits that include depression screening

	VT/2020 Goal	* * *
• adults	US 2007	2.2%
• youth age 12-18	US 2005-07	2.1%

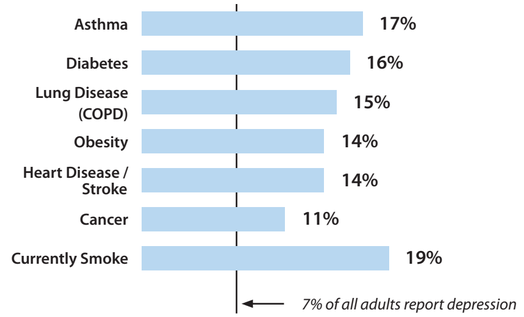
Suicide Deaths

of deaths per 100,000 Vermonters



Depression & Chronic Illness

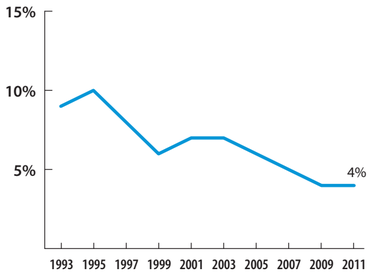
In 2010, % of adults who report having depression, among those who have —



*** *Vermont data not available and goal to be developed*

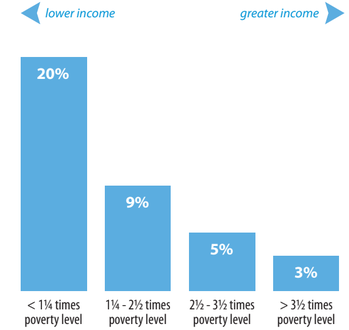
Youth Suicide Attempts

% of 9th-12th graders who reported making a suicide attempt, whether or not it required medical attention



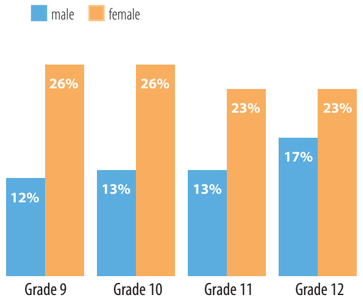
Adult Depression & Income

% of adults who report depression, by Federal Poverty Level • 2010



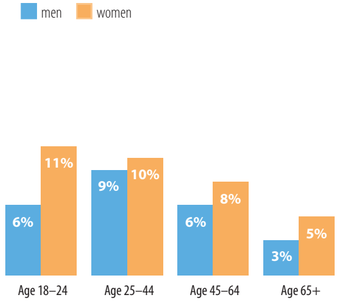
Youth Depression & Age/Gender

% of 9th-12th graders who report feeling sad or helpless • 2011



Adult Depression & Age/Gender

% of adults who report depression • 2010



• What is Mental Health?

Mental health is a state of successful mental function and performance that results in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

Mental disorders are health conditions that are characterized by alterations in thinking, mood or behavior associated with distress or impaired functioning. Mental disorders contribute to a host of problems, including disability, pain or death.

Mental illness is the term that refers collectively to all diagnosable mental disorders. Symptoms of mental illness often lessen over time, and people can enjoy considerable improvement or full recovery.

• Depression is a Chronic Illness

Depression is a chronic illness that is associated with other chronic conditions. In Vermont, adults of racial and ethnic minority groups are more likely to report moderate to severe depression (17%) compared to white non-Hispanic adults (7%). Young people of racial and ethnic minority groups are more likely to make a suicide attempt that requires medical attention (5%) compared to white non-Hispanic youth (1%). However, white non-Hispanic adults have a higher rate of death from suicide (14.1 per 100,000 people) compared to adults of racial and ethnic minority groups (4.5 per 100,000).

Alcohol & Other Drug Use

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Decrease % of youth who binge drink *

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

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

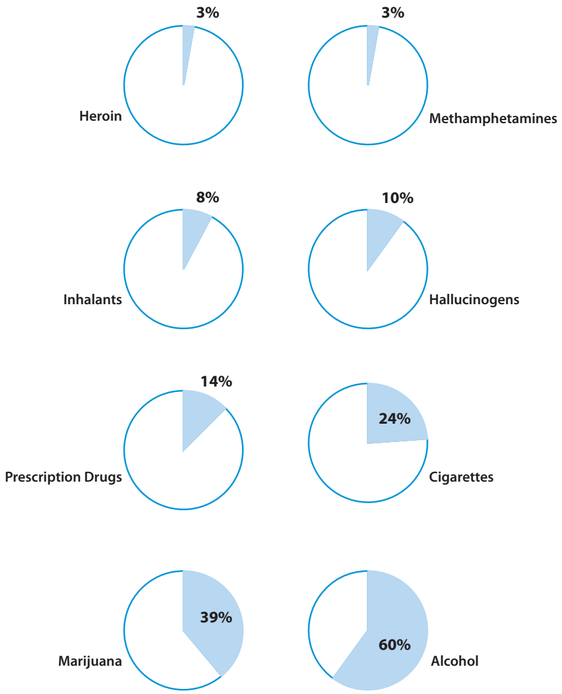
• youth grades 9-12	2020 Goal	20%
	VT 2011	24%
	US 2011	23%

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

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

Youth Alcohol / Other Drug Use

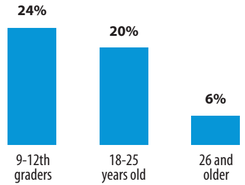
% of 9th–12th graders who have ever used drugs or alcohol • 2011



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

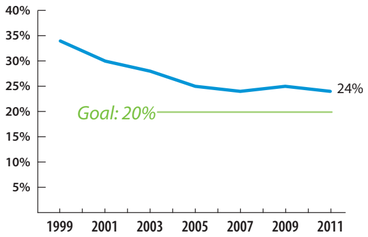
Marijuana Use

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



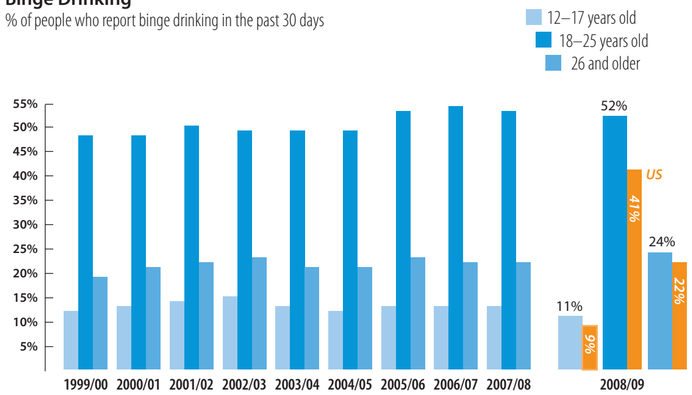
Marijuana Use

% 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%).

Tobacco Use

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

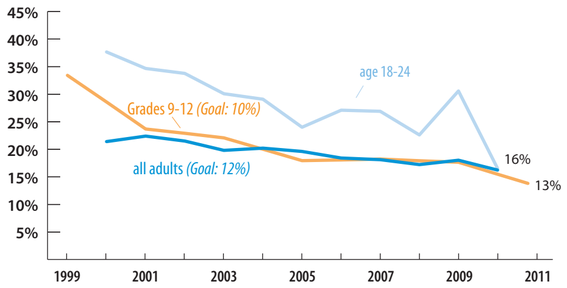
2020 Goal	12 (of 17)
VT 2010	8
US data not available	

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

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

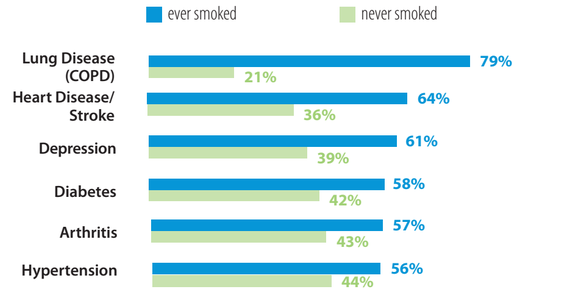
Cigarette Smoking

% 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

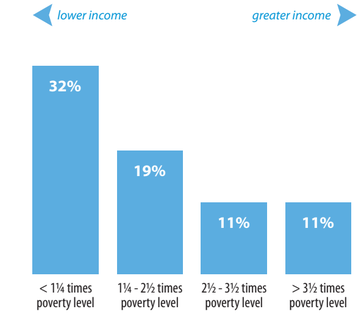
Tobacco Policies Timeline

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

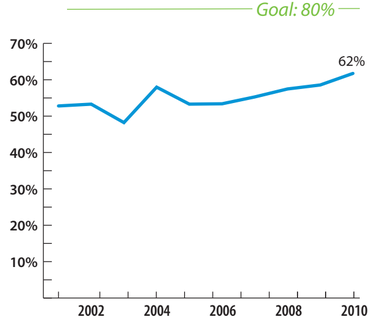
Smoking & Income

% 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%).

Nutrition & Weight

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%
VT 2010	12%
US data not comparable	

- youth grades 9-12

2020 Goal	8%
VT 2011	10%
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%
VT 2011	36%
US 2011	34%

- adults age 18+

2020 Goal	45%
VT 2009	38% ✪
US 2009	32%

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

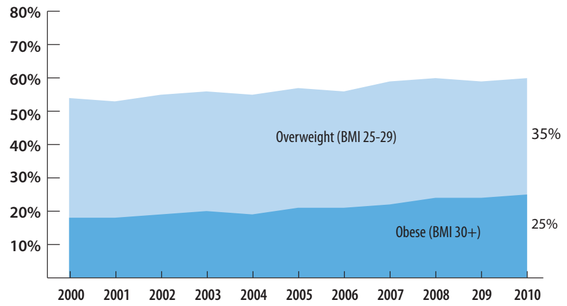
- youth grades 9-12

2020 Goal	20%
VT 2011	17%
US 2011	15%

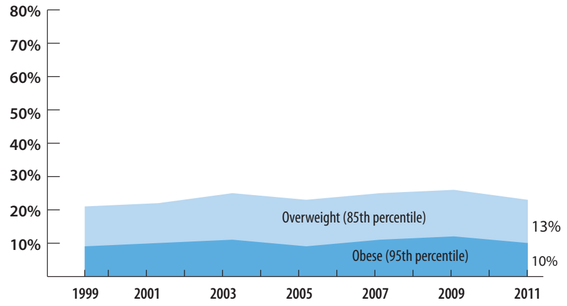
- adults age 18+

2020 Goal	35%
VT 2009	30% ✪
US 2009	26%

Prevalence of Overweight & Obesity in Adults
% of adults age 20+

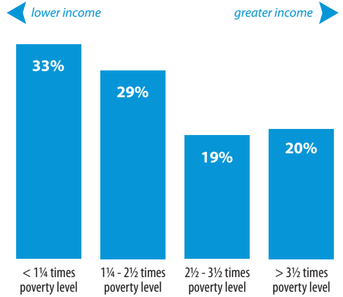


Prevalence of Overweight & Obesity in Youth
% of youth in grades 9–12

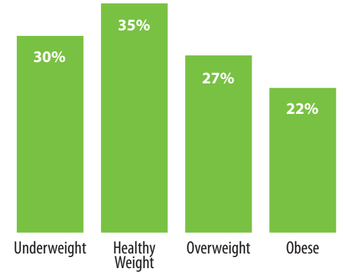


* *To calculate Body Mass Index (BMI) for adults: go to healthvermont.gov, then select Fit & Healthy Vermonters.* * * *among children enrolled in WIC*

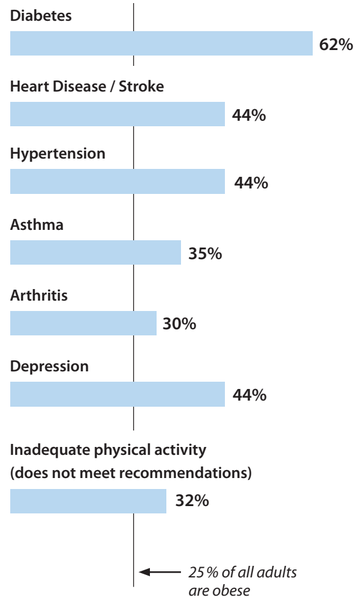
Weight & Income
% of obese adults age 20+, by Federal Poverty Level • 2010



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%).

Physical Activity

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

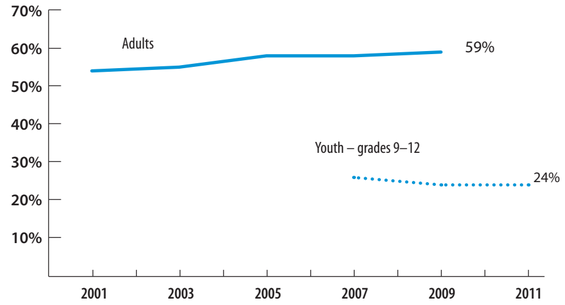
2020 Goal	* * *

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	

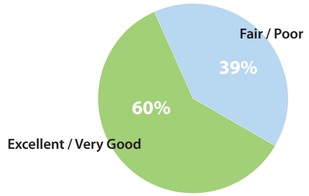
Physical Activity

% of Vermonters who meet physical activity guidelines



Perception of Health

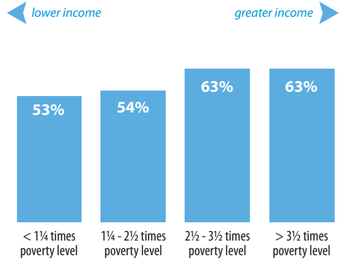
Among all adults who meet physical activity guidelines • 2010



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

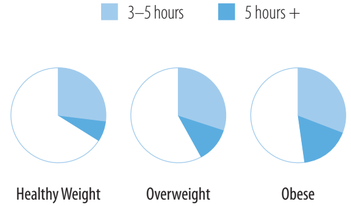
Physical Activity & Income

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



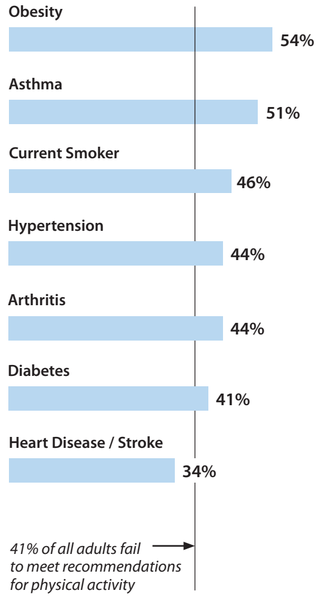
Screen Time & Weight

% 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.

Injuries

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)

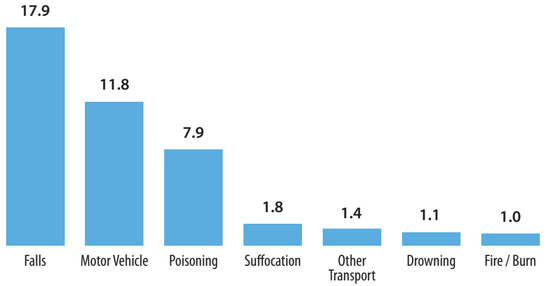
2020 Goal	116.9
VT 2009	129.9 ✘
US 2007	45.3

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

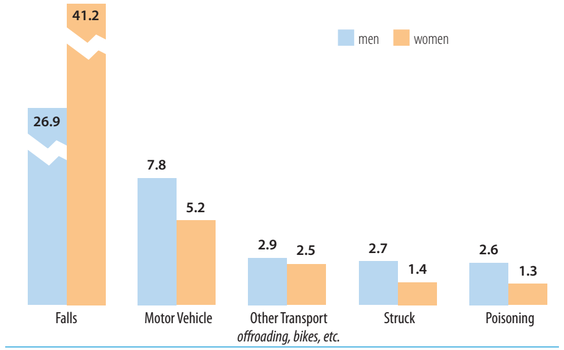
Unintentional Injury Deaths, by Cause

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



Injury Hospitalizations

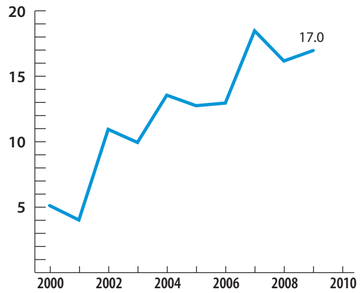
of hospitalizations each year per 10,000 people, by cause of injury • 2005-2009



** hospital and emergency department visits*

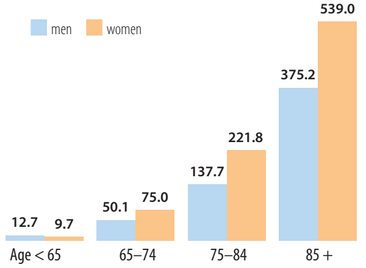
Deaths from Falls

of deaths per 100,000 people, all ages



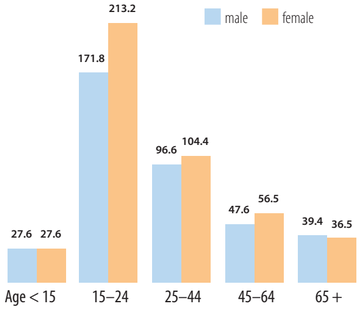
Hospitalizations for Falls

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



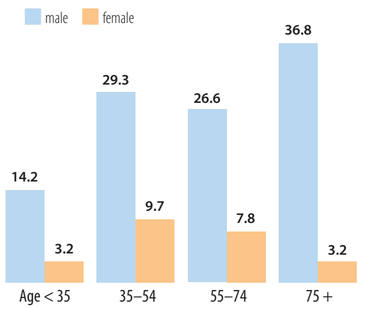
ED Visits for Motor Vehicle Crashes

of visits to the Emergency Department each year per 10,000 people • 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.

Environmental Health

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)

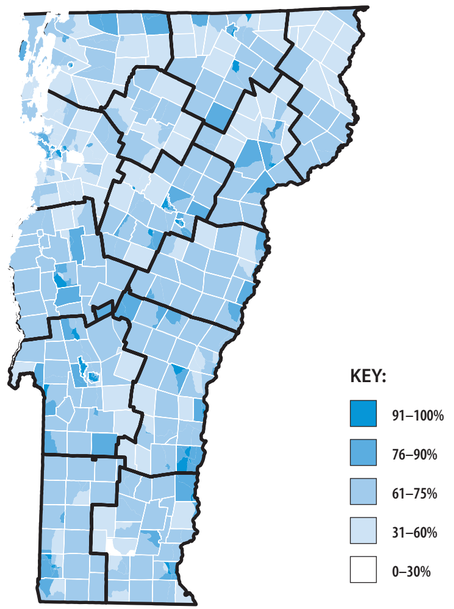
2020 Goal	9.3
VT 2009	10.3 ✪
US 2008	22.5

Reduce % of inspections that find critical food safety violations

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

Older Housing Stock

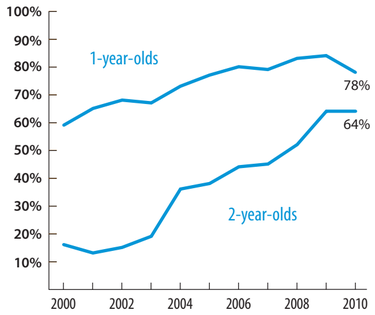
% of housing built before 1980 that may present lead hazard, by town • 2000 Census Block data



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

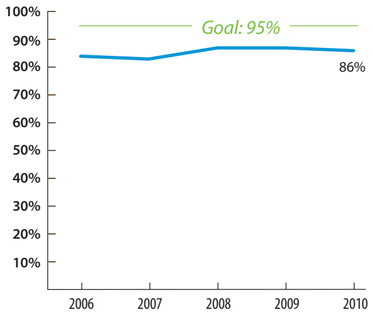
Blood Lead Level Testing

% of children tested for lead poisoning



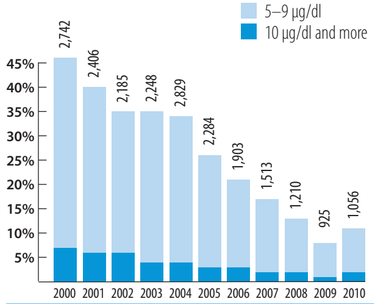
Safe Drinking Water

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



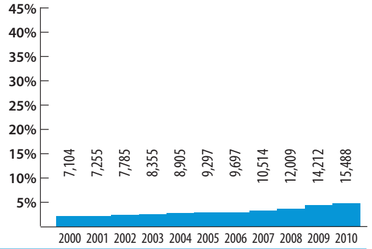
Elevated Blood Lead Levels

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



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.

Heart Disease & Stroke

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Reduce coronary heart disease deaths
(# per 100,000 people)

2020 Goal	89.4
VT 2009	111.7 ✪
US 2009	126.0

Reduce stroke deaths
(# per 100,000 people)

2020 Goal	23.4
VT 2009	29.3 ✪
US 2009	38.9

Reduce % of people with high blood pressure

- children younger than age 18 — 2020 Goal: * * * VT/US data not available
- adults (age 18+)

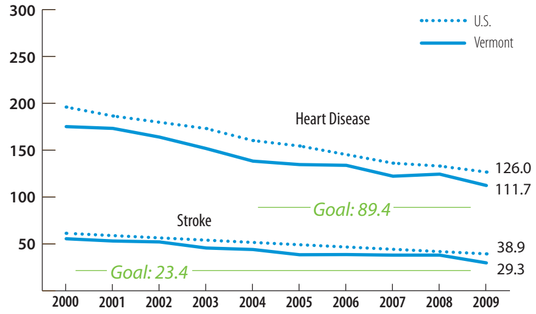
2020 Goal	20%
VT 2009	25% ✪
US 2009	28%

Increase % of adults who have had their cholesterol checked in the past 5 years

2020 Goal	85%
VT 2009	75%
US 2009	76%

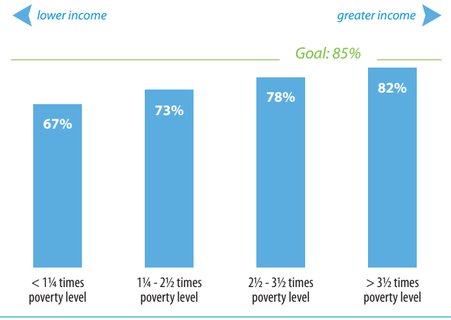
Heart Disease & Stroke Deaths

per 100,000 people



Cholesterol Check & Income

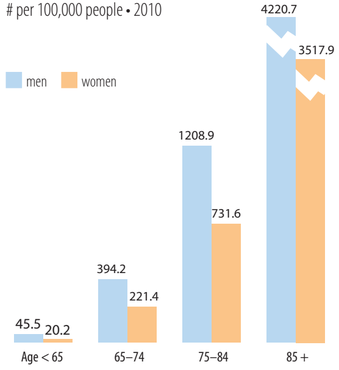
% of adults who have had their cholesterol checked within the past five years, by Federal Poverty Level • 2010



** age 8-17 years* ** * * goal to be developed*

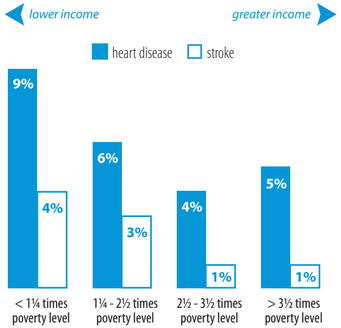
Heart Disease & Stroke Deaths

per 100,000 people • 2010



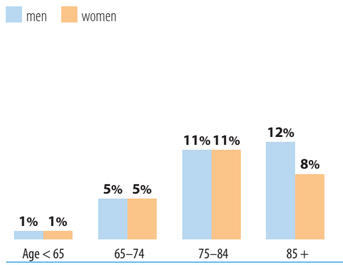
Heart Disease/Stroke & Income

% of adults who have had heart disease or a stroke, by Federal Poverty Level • 2010



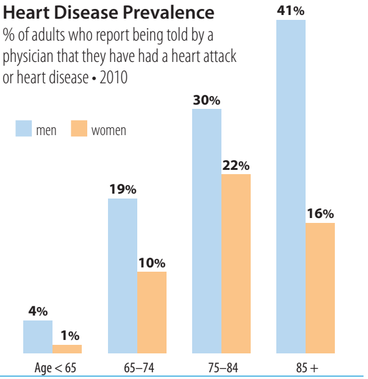
Stroke Prevalence

% of adults who report being told by a physician that they have had a stroke • 2010



Heart Disease Prevalence

% of adults who report being told by a physician that they have had a heart attack or heart disease • 2010



• What is Heart Disease?

More than 43,000 adult Vermonters have some form of cardiovascular disease. Nationally and in Vermont, death rates from heart disease and stroke have been declining steadily over the past several decades. Still, heart disease is the second leading cause of death after cancer, and stroke is the fifth leading cause of death.

• Preventing Heart Disease & Stroke

Mounting evidence suggests a relationship between heart disease and environmental and psychosocial factors. Communities can help by creating a healthy environment that supports health-promoting behaviors. Access to fresh, healthy and affordable food, safe and smoke-free places to gather and exercise may help people reduce their risk for many chronic conditions, including heart disease.

• Preventing Heart Disease & Stroke

Clinical preventive services have been shown to lower risk of disease. These services include counseling to stop smoking, periodic blood pressure and cholesterol screening, and controlling high blood pressure and cholesterol.

• Know Your Numbers!

About one-quarter of Vermonters have not had their cholesterol checked in the past five years. All adults should know their cholesterol and blood pressure numbers, and how to keep them in control. Knowing the signs and symptoms of heart attack and stroke, calling 9-1-1 right away, and getting timely treatment also saves lives.

Cancer

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Reduce overall cancer deaths

(# per 100,000 people)

2020 Goal	151.6
VT 2009	168.4
US 2007	178.4

Increase % of cancer survivors who report –

- excellent to good general health

2020 Goal	85%
VT 2010	76%
US data not available	

- always or usually getting emotional support

2020 Goal	90%
VT 2010	83%
US data not available	

Increase % of adults who receive recommended –

- cervical cancer screening (women age 21+)

2020 Goal	95%
VT 2010	84%
US 2010	83%

- breast cancer screening (women age 50-74)

2020 Goal	95%
VT 2010	83% ✪
US 2010	80%

- colorectal cancer screening (men and women age 50-75)

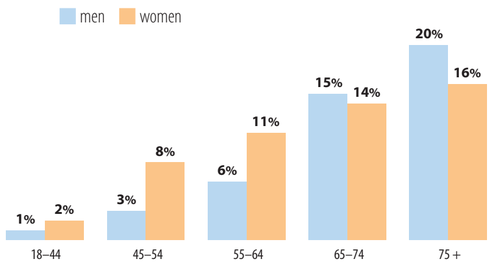
2020 Goal	80%
VT 2010	71% ✪
US 2010	63%

- discussion about PSA screening for prostate cancer with health care provider (men)

2020 Goal	* * *
VT/US data not available	

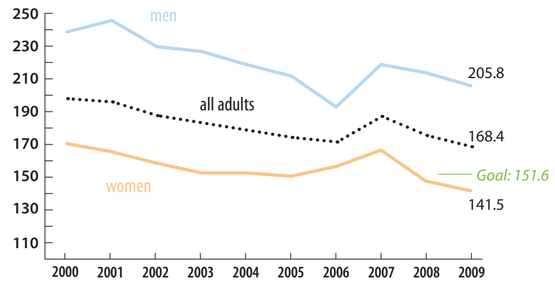
Cancer Prevalence & Age/Gender

% of adults who report they have ever been diagnosed with cancer • 2010



Cancer Deaths

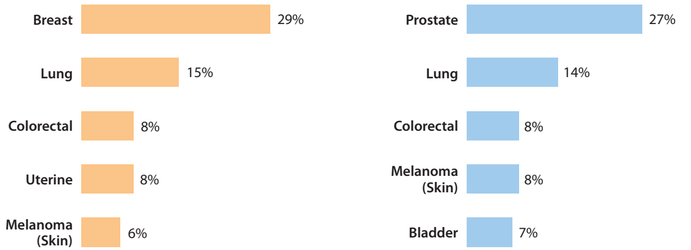
per 100,000 people



** * * goal to be developed*

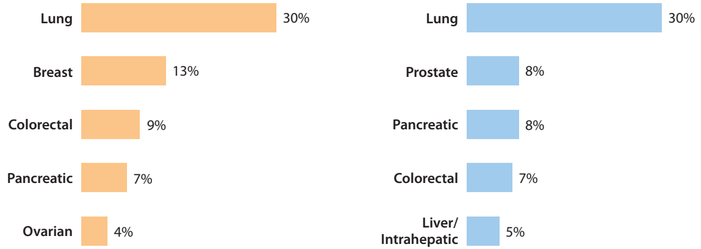
Most Commonly Diagnosed Cancers

% of all cancer diagnoses 2009, by type: in women in men



Most Common Causes of Cancer Deaths

% of all cancer deaths 2009, by type: in women in men



• Cancer is Not One Disease, but Many

Cancer is not one disease, but a group of more than 100 different diseases that often develop gradually as the result of a complex mix of lifestyle, environment and genetic factors. Cancer will affect all of us in some way. Either we have had cancer ourselves, or we know someone who has.

• Incidence & Mortality

Nearly one-half of all men and one-third of all women will develop cancer in their lifetime. Each year more than 3,500 Vermonters are diagnosed with some form of cancer. Cancer has overtaken heart disease, and is now the leading cause of death in Vermont. Each year, more than 1,200 Vermonters die from some form of cancer.

• Risk Factors

Cancer occurs in people of all ages, but risk increases significantly with age. Nearly two-thirds of cancer deaths in the U.S. can be linked to tobacco use, poor diet, obesity and lack of physical activity. Not all cancers are preventable, but risk for many can be reduced through a healthy lifestyle.

• Cancer is Survivable

Cancer is most survivable when found and treated early. New and improved treatments are helping people live longer than ever before. The five-year survival rate is the percentage of people who live at least five years beyond the diagnosis. An estimated 29,000 Vermonters are living with a current or previous diagnosis of cancer.

• Breast Cancer

In Vermont, breast cancer is the most commonly diagnosed cancer in women, with about 500 women diagnosed each year. The breast cancer death rate has decreased since the 1990s. Still, each year, about 80 women die from breast cancer.

Because incidence of breast cancer increases with age, women age 50 to 74 should have a mammogram every two years. Women who have had breast cancer or have a mother, sister or daughter with breast cancer have a greater risk. Risk may also be related to hormones and diet. Women under age 50 who are at higher risk due to personal or family history should discuss screening with their health care provider.

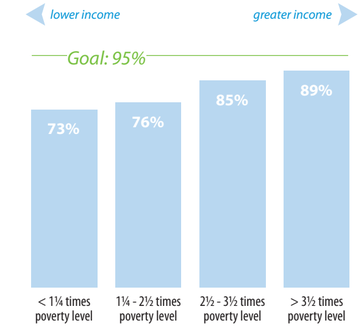
Mammography, combined with a clinical breast exam, is still the most effective means of early detection. In Vermont, the majority of breast cancers are diagnosed at the localized stage – the most treatable stage before the cancer has spread. Still, screening is underutilized.

• Cervical Cancer

Some cervical cancers result from infection with one of the strains of HPV, the human papilloma virus. In Vermont each year, about 16 women are diagnosed and four die from the disease. Cervical cancers do not form suddenly. HPV vaccination, early detection through Pap tests, and treatment of pre-cancerous lesions make deaths from cervical cancer almost entirely preventable. The HPV vaccine doesn't protect against all strains, so women should start having regular Pap tests at age 21.

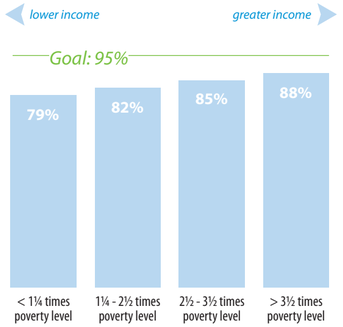
Mammograms & Income

% of women age 50-74 who report having a mammogram in past 2 years, by Federal Poverty Level • 2010



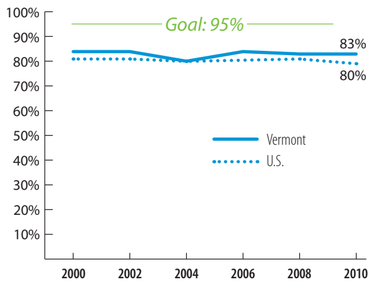
Pap Test & Income

% of women age 21+ who report having a Pap test in past 3 years, by Federal Poverty Level • 2010



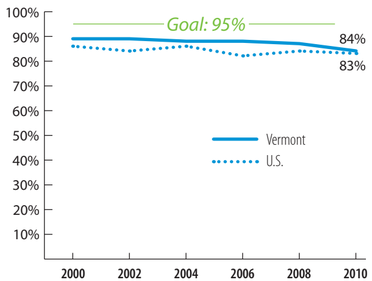
Breast Cancer Screening

% of women age 50-74 who have had a mammogram in the past 2 years



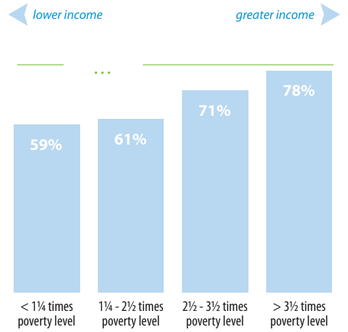
Cervical Cancer Screening

% of women age 21+ who have had a Pap test in the past 3 years



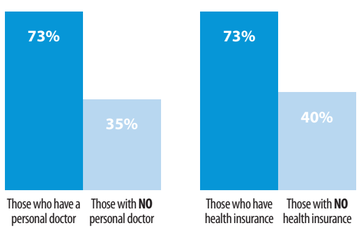
Colorectal Screening & Income

% of adults age 50-75 who report having been screened for colorectal cancer in the past 5 years • 2010



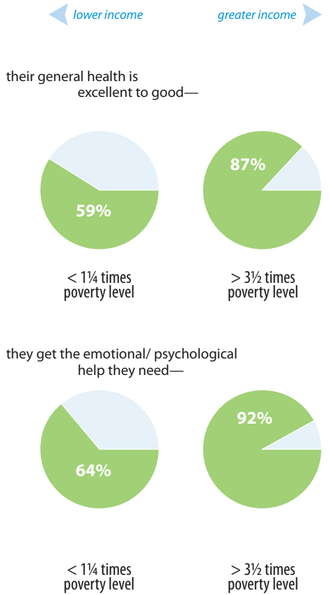
Colorectal Cancer Screening & Health Care

% of adults age 50-75 who report having been screened for colorectal cancer in the past 5 years • 2010



Cancer Survivors' Health & Income

In 2010, % of cancer survivors who report that –



• Prostate Cancer

Prostate cancer is the most common cancer diagnosed among Vermont men. Each year more than 500 men are diagnosed, and nearly 60 die from the disease. Having a frank and detailed discussion with a primary care provider about possible harms and benefits of screening or treatment is essential for making an informed decision.

• Colorectal Cancer

Colorectal cancer kills more Vermonters than any other cancer except lung cancer. Each year, approximately 300 people are diagnosed, and 100 die from the disease. Colorectal cancer develops slowly, so early diagnosis often leads to a complete cure. Screening is recommended for everyone age 50 to 75 years old.

• Living With and Beyond Cancer

Living with cancer can affect all aspects of a person's life. Emotional, psychological, physical, financial and social support are all equally vital to restoring a person's quality of life.

• Cancer Disparities

Nationally, white non-Hispanics have a higher risk for female breast, melanoma and bladder cancer, and lower risk for prostate, colorectal and cervical cancer than people of racial or ethnic minority groups. In Vermont, white non-Hispanics are more likely to die from cancer (169.2 deaths per 100,000 people) than people of racial or ethnic minority groups (103.7 per 100,000).

Diabetes

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Increase % of people with diabetes who have –

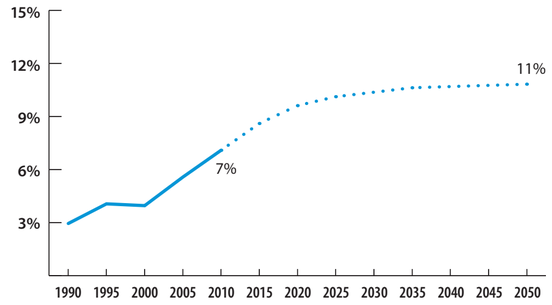
• diabetes education	2020 Goal	60%
	VT 2010	51%
	US 2008	57%
• blood pressure under control	VT/2020 Goal	* * *
	US 2005-08	52%
• annual dilated eye exam	2020 Goal	60%
	VT 2010	51%
	US 2008	53%
• an A1C* value of less than 7%	VT/2020 Goal	* * *
	US 2005-08	54%

Reduce the rate of new cases of end-stage renal disease
(# per million people)

2020 Goal	200.0
VT 2009	222.0 ✪
US 2007	353.8

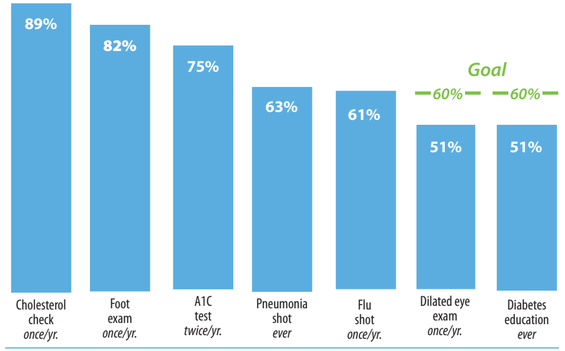
Projected Prevalence of Diabetes

% of adults who have diabetes



Clinical Care for Diabetes

% of adults with diabetes who report they have medical care that meets clinical guidelines • 2010

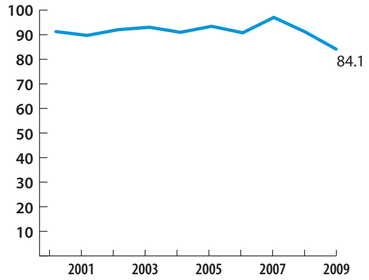


* *A1C is a measure of diabetes control*

* * * *Vermont data not available and goal to be developed*

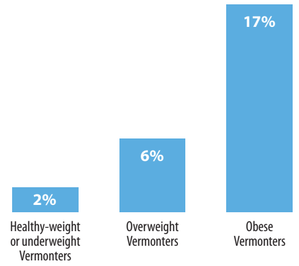
Diabetes-related Deaths

per 100,000 people



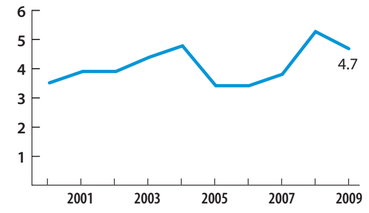
Diabetes & Weight

In 2010, % of adults who have diabetes, among —



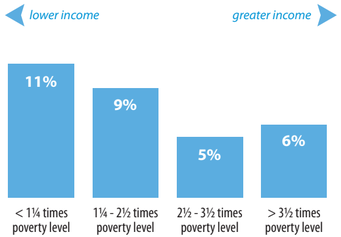
Diabetes Hospitalizations

per 10,000 people



Diabetes & Income

% of adults who have diabetes, by Federal Poverty Level • 2010



• Diabetes is Linked to Obesity

The growing prevalence of Type 2 diabetes is linked to the obesity epidemic. About 95% of diabetes is Type 2, which can be prevented, delayed or better managed with healthy eating and physical activity. An estimated 50,000 Vermonters have diabetes, and 130,000 have pre-diabetes and are at risk of developing the disease. Yet more than one-quarter of those with diabetes, and more than three-quarters with pre-diabetes have not yet been diagnosed.

• Who is at Risk?

Overweight and inactivity, having high blood pressure, high cholesterol, being age 45 and older, or having a family history of diabetes puts a person at risk of developing diabetes – as well as women who have had gestational diabetes, delivered a baby over nine pounds, or have had polycystic ovary syndrome. In Vermont, people of racial and ethnic minority groups are at greater risk (9%), compared to white non-Hispanics (6%).

• Diabetes Education is Key

Only a little more than half of Vermonters who have diabetes have ever had formal education about screening, treatment and self-management, yet having these skills can reduce many serious and life-threatening complications, and improve quality of life.

• Chronic Kidney Disease

Diabetes is the most common cause of chronic kidney disease that can progress to kidney failure.

Respiratory Disease

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Reduce hospitalizations for asthma (# per 10,000 people)

• children under age 5	2020 Goal	14.0
	VT 2009	19.0 ✪
	US 2007	41.4
• age 5-64	2020 Goal	4.2
	VT 2009	4.9 ✪
	US 2007	11.1
• age 65+	2020 Goal	9.3
	VT 2009	11.8 ✪
	US 2007	25.3

Increase % of people with asthma who have a written asthma management plan from a health care provider –

• children younger than 18	2020 Goal	65%
	VT 2010	48%
• adults age 18+	2020 Goal	40%
	VT 2010	32%

US data not comparable

Increase % of people with asthma who have been advised to make changes at home, school and work –

• children younger than 18	2020 Goal	50%
	VT 2010	33%
• adults age 18+	2020 Goal	45%
	VT 2010	35%

US data not comparable

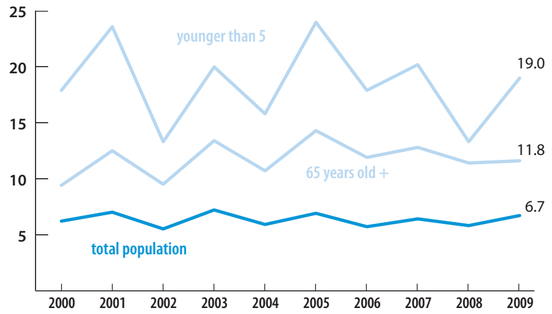
Reduce % of adult non-smokers exposed to secondhand smoke

2020 Goal	30%
VT 2010	43%

US data not comparable

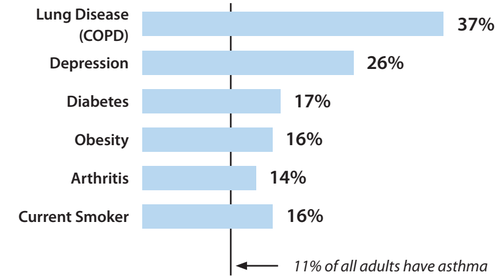
Asthma Hospitalizations

of hospital discharges per 10,000 people



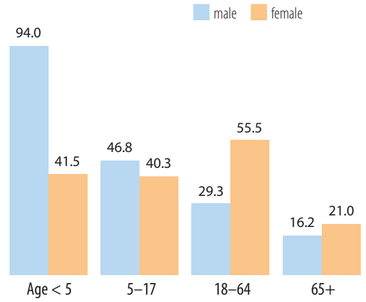
Asthma & Chronic Disease

% of adults who have asthma, among those who have–



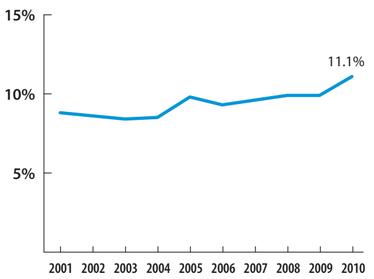
Emergency Dept. Visits for Asthma

visits to the ED per 10,000 people • 2009 *



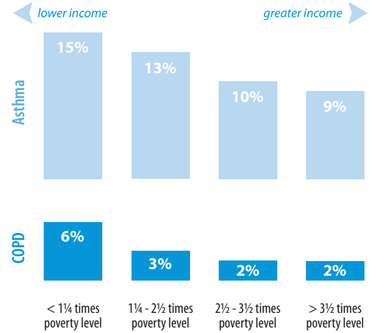
Asthma Prevalence

% of adults who currently have asthma



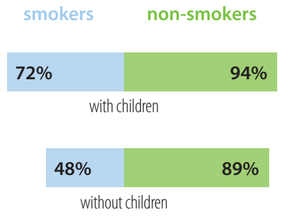
Respiratory Disease & Income

% of adults who have asthma or chronic obstructive pulmonary disease, by Federal Poverty Level • 2010



Smoking Bans

% of adults who report they have smoking bans at home to protect against exposure to secondhand smoke • 2010



* *all visits for asthma that did not result in hospitalization*

• Asthma

Asthma is a serious chronic disease that inflames and narrows the airways in the lungs, and can cause recurring attacks of wheezing, chest tightness, shortness of breath and coughing. Asthma affects people of all ages, but it most often starts during childhood. In Vermont, about 67,000 people are known to have asthma. Nearly 13,000 of them are children. Between 1980 and 1994, the prevalence of asthma in the U.S. increased by 75%.

• Reduce Hospitalizations for Asthma

Utilization of acute inpatient care for asthma is an indicator of the health of Vermonters who have asthma. Asthma hospitalizations have been declining over time with improved clinical care and patients following treatment guidelines, and may be due also to efforts to mitigate the environmental triggers that can exacerbate asthma.

• Importance of an Asthma Action Plan

People with asthma should routinely check in with their health care provider and have an asthma action plan to help identify triggers in the environment to change or avoid, recognize symptoms, and know when and how to use medications and seek medical attention.

• Zero Exposure to Secondhand Smoke

There is no safe exposure to tobacco smoke, especially for children. A growing number of adults, both smokers and nonsmokers, have instituted smoking bans at home and in the car.

Arthritis & Osteoporosis

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Reduce % of adults with diagnosed arthritis who have limitations in their activity

2020 Goal	40%
VT 2009	45%
US 2008	45%

Increase % of adults with diagnosed arthritis who receive –

• counseling on physical activity

2020 Goal	65%
VT 2003	58%
US data not comparable	

• arthritis education

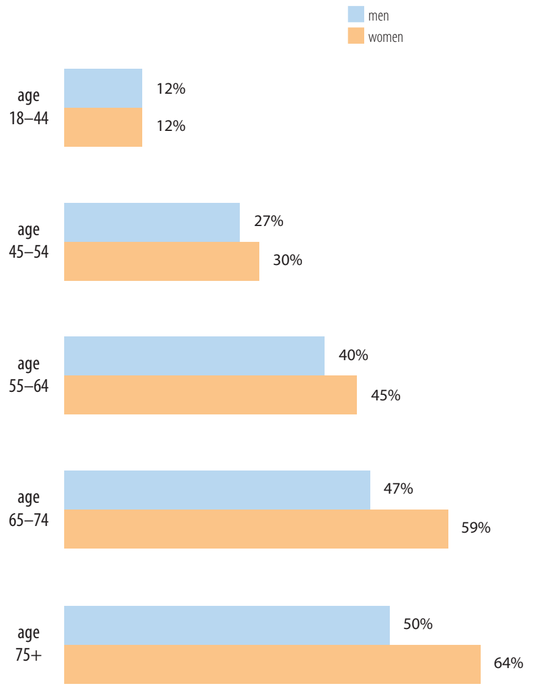
2020 Goal	15%
VT 2003	12%
US data not comparable	

Reduce % of adults age 50+ who have osteoporosis

2020 Goal	10%
VT 2007	12%
US data not comparable	

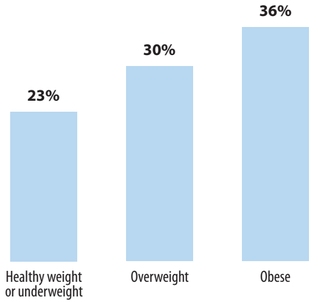
Arthritis & Age

% of adults who have doctor-diagnosed arthritis, by age • 2006-2009



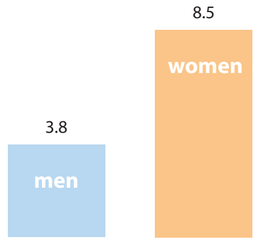
Arthritis & Weight

% of adults who have arthritis, by weight as measured by Body Mass Index (BMI) • 2009



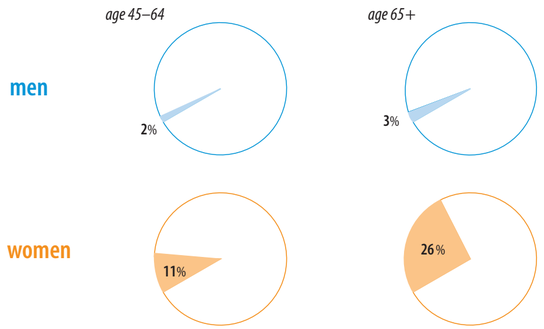
Prevalence of Hip Fractures

of hospital discharges for hip fractures among Vermonters age 65+ per 1,000 people • 2009



Osteoporosis by Age/Gender

% of adults ever diagnosed with osteoporosis • 2007



• What is Arthritis and Who Has It?

The term arthritis is used to describe more than 100 conditions that affect the joints and tissues, including osteoarthritis, rheumatoid arthritis, lupus, carpal tunnel syndrome, fibromyalgia and gout. Osteoarthritis is the most common form of arthritis, and the most common cause of disability. As the population ages, the number of adults with doctor-diagnosed arthritis and limitations in activity is likely to grow steadily through 2030.

People who are overweight or obese are more likely to have arthritis compared to those who are normal weight or underweight. Contrary to national statistics, in Vermont arthritis is more common among racial and ethnic minorities (31%) than among white non-Hispanics (25%).

• What is Osteoporosis and Who Has It?

Osteoporosis is a thinning of bone tissue and loss of bone density over time. About 12% of adult Vermonters have been diagnosed, with highest rates among older women.

• Prevention, Treatment and Management

Maintaining a healthy weight, not smoking, avoiding excessive alcohol use, adequate intake of calcium and vitamin D, physical activity, strength training and weight bearing exercise promotes bone health and helps to prevent disease. Physical activity helps control the joint swelling and pain of arthritis. Early diagnosis, treatment and appropriate self-management can slow progression of disease, depression, ease fatigue, and improve quality of life.

HIV, AIDS & STDs

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Increase % of sexually active people who use condoms

• females grades 9-12	2020 Goal	65%
	VT 2011	58%
	US 2011	54%
• females age 18-44	2020 Goal	45%
	VT 2008	41%
	US data not comparable	
• males grades 9-12	2020 Goal	75%
	VT 2011	68%
	US 2011	67%
• males age 18-44	2020 Goal	65%
	VT 2008	59%
	US data not comparable	

Increase % of people tested for HIV

• youth younger than age 18 (ever tested)	2020 Goal	15%
	VT 2011	10%
	US data not available	
• adults age 18-64 (tested past 12 months)	2020 Goal	10%
	VT 2010	5% ✘
	US 2010	10%

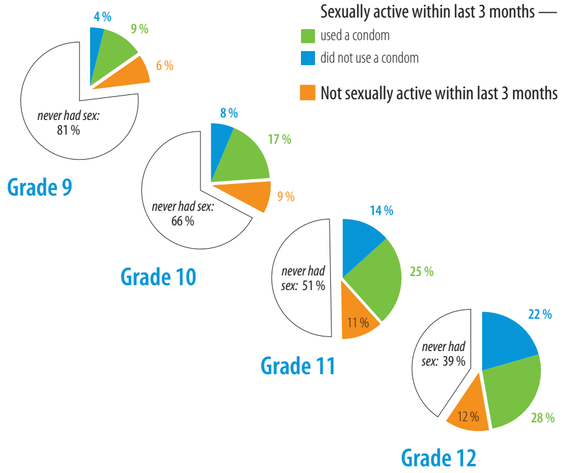
Reduce # of new HIV diagnoses (5-year average)	2020 Goal	5
	VT 2006-10	9
	US data not available	

Reduce % of females age 15-24 with chlamydia infection

2020 Goal	1.0%
VT 2010	1.6% ✪
US 2008	7.4%

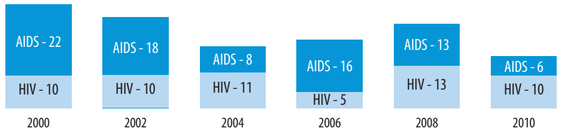
Youth Sexual Behavior

among 9th-12 graders, by self-report • 2011



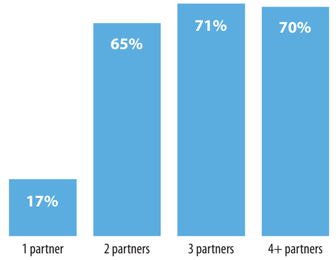
HIV & AIDS Diagnoses

of newly diagnosed cases statewide each year



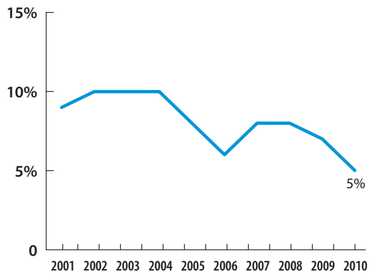
Condom Use by Adults

% who used condoms among adults who have had sex in the past 12 months, by number of sex partners • 2008



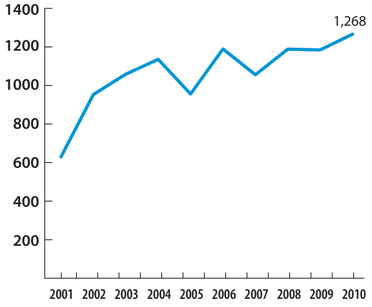
HIV Testing

% of adults age 18-64 who report they have been tested for HIV in the past 12 months



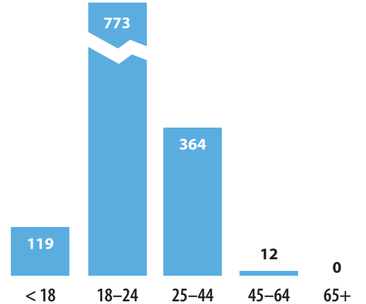
Chlamydia Diagnoses

of cases reported to the Vermont Department of Health



Chlamydia by Age

of cases reported, by age group • 2010



• HIV and AIDS

HIV is a serious infection that, without treatment, can lead to AIDS and early death. The number of people living with HIV in the U.S. is nearly 1.2 million, with about 50,000 new cases diagnosed each year. At the close of 2010, 238 Vermonters were known to be living with AIDS, and 161 were known to be living with HIV. An estimated 100 more are living with the virus, but are unaware.

• Know Your HIV Status

Most people don't know that it can take, on average, 11 years for HIV infection to develop into AIDS. Early diagnosis and treatment can improve health and years of life for people with HIV, and keep the virus from infecting others. HIV is now considered a survivable chronic illness, and everyone who is sexually active should be tested. In Vermont, 15% of people of racial and ethnic minorities have been tested, compared to 6% of white non-Hispanics.

• Preventing Sexually Transmitted Diseases

Fewer than 25% of all sexually active Vermonters age 18 to 64 who engage in behaviors that put them at risk for HIV report using a condom. In Vermont, adults of racial and ethnic minority groups are more likely to use a condom (24%), compared to white non-Hispanics (15%).

• Chlamydia

Every year in Vermont, an estimated 5,000 people are infected with chlamydia, yet only about 1,200 cases are diagnosed, treated and reported to the Health Department. Left untreated, chlamydia can lead to Pelvic Inflammatory Disease and infertility.

Public Health Preparedness

INDICATORS/GOALS

✪ statistically better than US ✘ statistically worse than US

Reduce the time it takes for the state public health agency –

- to activate designated personnel in response to a public health emergency

2020 Goal	60 min.
VT 2009	66 min.
US 2009	66 min.

- to issue official information about a public health emergency

2020 Goal	60 min.
VT	data not available
US	data not available

- to establish after-action reports and improvement plans following responses to public health emergencies and exercises

2020 Goal	40 days
VT 2008/09	60 days ✘
US 2009	46 days

Increase % of crisis and emergency risk messages to protect public health that demonstrate use of best practices * * *

• Prepared to Respond

Public health emergencies can affect the lives of all Vermonters. When responding to infectious disease oubreaks, natural or man-made disasters or environmental hazards, the Vermont Department of Health must be prepared to respond quickly and effectively, along with government, the health sector, and community partners.

One measure of preparedness is the ability to activate designated personnel within one hour of a recognized public health emergency.

• Prepared to Inform

Rapid release of accurate information can minimize rumors and incorrect information, and empower people to make good decisions and take positive actions to protect themselves and others. The structure and tone of risk communication messages is as important as timeliness. These messages differ from day-to-day health communication, and must be tailored to the event, using proven crisis and emergency risk communication principles.

• Prepared to Recover and Improve

After every real event and exercise, a review process is imperative to learn what we can do better in the future. The After Action Review/Improvement Process is structured to help assess strengths and areas for improvement soon after any response and recovery effort.

Vermont's Public Health Emergency Response

- **2000** Preparedness planning
- **2001** Sept. 11 attacks
- **2002** Anthrax threats
  KI distribution
  Smallpox vaccinations
- **2004** Pneumonic plague exercise (1 week)
  Flu vaccine shortage
- **2005** Pandemic flu planning
  Hurricane relief efforts
- **2006** Pandemic flu summits
  Pandemic flu exercise (2 weeks)
  Tire burn surveillance
- **2007** Pandemic flu exercises
  KI distribution
- **2008** Hospital surge exercise
  Flood response
  Pandemic flu 'Take the Lead'
- **2009** H1N1 flu/vaccination clinics
  Empire '09 dirty bomb ingestion pathway exercise (1 week)
- **2010** Vermont Yankee tritium leak
  CatEx hurricane exercise (3 days)
- **2011** Spring flooding
  Fukushima response
  Hurricane Irene flooding
- **2012** Radiological emergency training/exercises (1 week)
  Hurricane Sandy
  Pertussis outbreak
  Tdap vaccine clinics

** * * data and goal to be developed*

Healthy Vermonters 2010 • Report Card

Following are Healthy Vermonters goals that were set in 2000 for the decade ahead, with a report on progress made by 2010 denoted by:
✔ met goal ✪ statistically better than US ✘ statistically worse than US

Behaviors, Environment & Health

INCREASE % OF –
- ✔✪ youth who engage in regular physical activity
- ✔✪ adults who engage in regular physical activity
- youth who eat 2+ servings of fruit/day
- ✪ adults who eat 2+ servings of fruit/day
- youth who eat 3+ servings of vegetables/day
- ✪ adults who eat 3+ servings of vegetables/day
- adults who have food security
- ✪ adults who attempt to quit smoking
- pregnant women who quit smoking during first trimester
- ✔ smokers with children who don't allow smoking at home
- ✔ smokers with children who don't allow smoking in their car
- adults who always use safety belts
- youth who always use safety belts
- 1-year-olds who have had a blood lead test
- 2-year-olds who have had a blood lead test
- population on systems that meet safe drinking water standards
- adults who live in homes that have been tested for radon

DECREASE % OF –
- ✔✪ adults who have NO leisure time physical activity
- youth who watch TV or use a computer 5+ hours/day
- ✪ adults who are obese
- youth who are obese or overweight
- WIC participants age 2-5 who are overweight

DECREASE % OF –
- ✪ adults who smoke cigarettes
- ✪ youth who smoke cigarettes
- youth who use spit tobacco
- youth who smoke cigars, cigarillos, little cigars
- youth who binge drink
- ✘ youth who use marijuana
- youth who used alcohol before age 13

REDUCE RATE OF –
- ✔ alcohol-related motor vehicle deaths
- work-related injuries resulting in medical treatment, lost time from work, or restricted work activity
- residential fire deaths
- child abuse substantiated cases
- ✔✪ physical assaults by intimate partners
- eliminate elevated blood lead levels in children age 1-5

Providing for Better Public Health

INCREASE % OF –
- ✔✪ adults with a usual primary care provider
- people who have health insurance
- ✪ pregnant women who receive prenatal care in first trimester
- ✪ pregnant women who receive early and adequate prenatal care
- children who receive universally recommended vaccines
- ✘ children who receive varicella vaccine
- adults who receive annual influenza immunizations
- ✪ adults who have ever been vaccinated against pneumoccal disease
- ✔✪ adults who use the dental health system each year
- ✔ children who get dental sealants
- population served by fluoridated community public water systems
- dentists who counsel patients to quit smoking

DECREASE % OF –
- ✪ low birth weight births
- ✪ very low birth weight births
- ✔ children who have ever had decay
- ✔ children who had untreated decay
- ✪ suicide attempts by youth

REDUCE RATE OF –
- infant deaths
- ✔ ✪ pregnancies among girls age 15-17
- ✔ pneumonia/influenza hospitalizations among adults age 65+
- ✔ reduce or eliminate vaccine-preventable diseases: Hib B, Measles, Rubella, Hepatitis B
- reduce or eliminate vaccine-preventable diseases: Pertussis
- suicide deaths

Chronic Diseases & Health Conditions

INCREASE % OF –
- adults who have had their cholesterol checked within the past 5 years
- ✔ ✪ women age 40+ who have had a mammogram in the past 2 years
- women age 18+ who have had a Pap test in the past 3 years
- ✘ adults who have had a FOBT in the past 2 years
- ✔ ✪ adults age 50+ who have ever had a sigmoidoscopy or colonoscopy
- adults who take protective measures to reduce risk of skin cancer
- adults with disabilities who have sufficient emotional support
- sexually active unmarried people age 18-44 who use condoms
- youth who have never had sexual intercourse
- ✔ sexually experienced youth who are not currently sexually active
- sexually active youth who used a condom the last time they had sex

INCREASE % OF people with diabetes who –
- receive diabetes education
- have an annual dilated eye exam
- ✔ have A1C test at least twice a year
- ✪ have a foot exam at least once a year
- had a flu shot in past 12 months
- ✔ ✪ have ever had a pneumonia vaccination
- ✔ ✪ have had cholesterol measured at least once in past year

INCREASE % OF people with asthma who receive –
- patient education with info about community/self-help resources
- written asthma management plans from their health care provider

INCREASE % OF people with chronic joint symptoms –
- ✔ who have seen a health care provider for their symptoms

INCREASE % OF adults with doctor-diagnosed arthritis who have –
- received effective, evidence-based arthritis education
- received counseling on weight reduction (for overweight/obese adults)
- counseling on physical activity

DECREASE % OF –
- adults with high blood pressure
- ✔ children who are regularly exposed to tobacco smoke at home
- adults exposed to tobacco smoke at home during past 7 days
- adults with arthritis who are limited in their ability to work

REDUCE RATE OF –
- ✔ ✪ coronary heart disease deaths
- ✔ ✪ stroke deaths
- ✘ diabetes deaths
- ✔ ✪ hospitalizations for uncontrolled diabetes among adults
- ✘ COPD deaths among people age 45+
- ✔ asthma hospitalizations among people under age 18

HEALTHY VERMONTERS 2020