



Women's Health Status Report

Vermont Department of Health
December 2002

02

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Vermont Department of Health

Agency of Human Services

108 Cherry Street, P.O. Box 70
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November 2002

Dear Vermonter,

The very essence of public health is examining the health of populations rather than the health of a single patient. Earlier this year, we published *Health Status Report '02* which provided information about Vermont's population as a whole. Now I am pleased to present *Women's Health Status Report '02*, a more detailed look at health issues and trends relating to women in Vermont.

In many areas women's health issues mirror those of the population as a whole, in other areas there are important differences. For example, people often think of cardiovascular disease as a man's disease. In fact, more women than men die from the combination of heart disease and stroke every year.

In this report we bring together data from many diverse sources into a single document. It includes trends in illness and disease, use of clinical preventive services, and trends in personal behaviors. It shows how women are doing in key areas, and allows us to compare to the nation and to *Healthy Vermonters 2010* public health goals.

Over the past decade, women's health has improved in many areas. Specifically, breast cancer screening has increased and death rates have come down; a higher proportion of pregnant women are getting early and adequate prenatal care; and fewer women are being diagnosed with chlamydia, the most common sexually transmitted disease.

It is also clear that we face many challenges in improving women's health status. There are broad disparities based on income and education in the areas of depression, obesity, physical activity, asthma and smoking. The rate of deaths from chronic lung disease is rising among women, even as it declines among men. A higher percentage of Vermont women binge drink compared to the U.S. as a whole. And still, too many women smoke during pregnancy.

This is the second in our series of reports on the Health Status of Vermonters. I hope you will join us in the work of public health and in improving the health of our communities and citizens.

Jan K. Carney, MD, MPH
Commissioner of Health

Access to Health Care

Healthy Vermonters 2010 Objectives:

Increase the percentage of people who have specific, ongoing primary care (a primary care provider).

Goal: 96%

VT 2001: 88% of women age 18+

Increase the percentage of people with health insurance.

Goal: 100%

VT 2000: 93% of women

Facts:

- Primary care includes screening for disease and risk factors, counseling about health-related behaviors, treating illness, and referring for specialty care. In 2001, approximately 209,800 Vermont women age 18+ (88%) reported having a primary care provider.

- Women of color, lesbians, disabled women, incarcerated women and homeless women experience major disparities in access to health care and in health status.¹

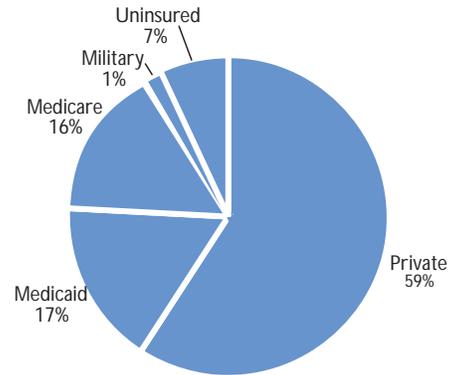
- In Vermont, 9 percent of women age 18-64 were uninsured in 2000 compared to 18 percent nationally. The percentage uninsured varies among Vermont women in different population groups—African American (8%), Asian/Pacific Islander (6%), American Indian (5%), Caucasian (7%) and Hispanic (15%).

- Nationally, women age 65+ spend 22 percent of their incomes on health care.¹

- Older women with limited incomes who do not have Medicaid to augment Medicare spend about half of their incomes for their health care.¹

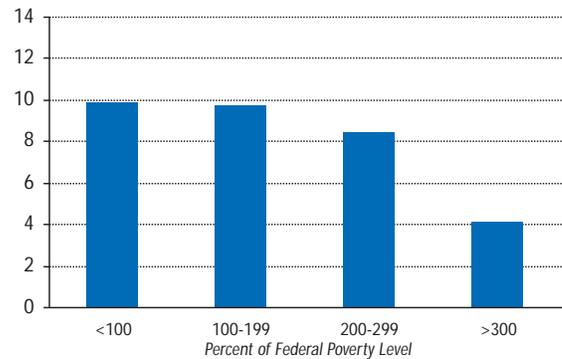
Source of Health Insurance

Percentage of women (2000)



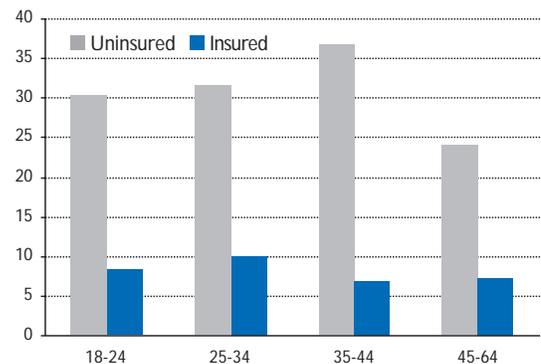
Uninsured by Federal Poverty Level

Percentage of Vermont women age 18-64 with NO health insurance (2000)



Cost as a Barrier to Health Care by Age

Percentage of Vermont women who postponed or did not get care due to cost (2000)



Alcohol & Drug Use

Healthy Vermonters 2010 Objectives:

Increase the percentage of adults counseled by a primary care professional about alcohol and drug use. National goal to be set.

VT 1996: 14% of women counseled about alcohol
8% of women counseled about drug use

Reduce alcohol-related motor vehicle deaths.

Goal: 4.0 per 100,000 population

VT 2001: 1.3 per 100,000 women

Facts:

- Women absorb and metabolize alcohol differently than men, and are susceptible to alcohol-related heart damage at lower levels of consumption than men.²

- Women who use alcohol have higher rates of liver disease and related deaths than men, and at earlier ages. Long-term heavy drinking increases the risk for high blood pressure and heart disease.¹

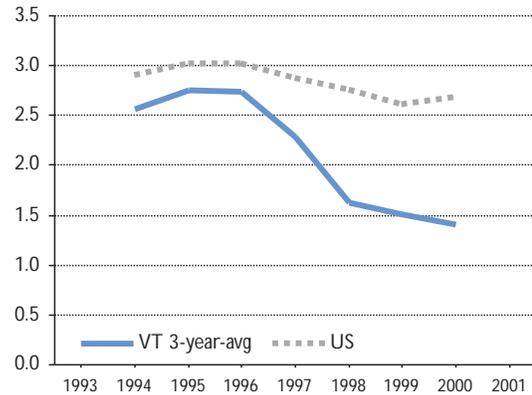
- Prenatal exposure to alcohol is one of the leading preventable causes of birth defects and mental retardation.³ In Vermont, 2.6 percent of women report alcohol use during pregnancy.

- In 2001, 7 percent of Vermont women reported heavy drinking (having an average of more than one drink per day), and 9 percent reported binge drinking five or more drinks on one or more occasions in the past month.

- In 2001, at least 1,981 Vermont women received substance abuse treatment, up from 1,339 in 1998.

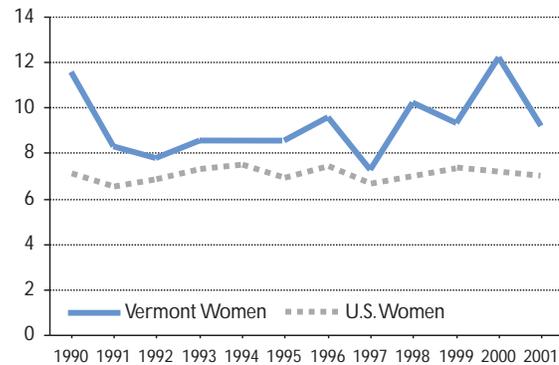
Alcohol-related Motor Vehicle Deaths

Per 100,000 females



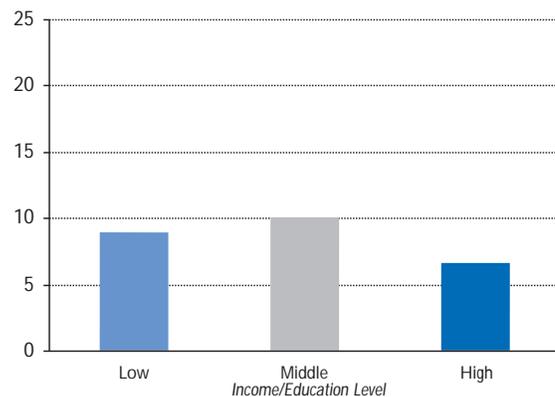
Binge Drinking

Percentage of women who report having had five or more drinks on a single occasion



Problem Drinking by Income/Education

Percentage of Vermont women age 25-64 who binge drink, are chronic drinkers, or who drink and drive (1996-2000)



Arthritis & Osteoporosis

Healthy Vermonters 2010 Objectives:

Increase the percentage of adults who have seen a health care professional for their arthritis.

National goal to be set.

VT 2000: 36% of women

Increase the percentage of women age 50+ counseled about prevention of osteoporosis.

National goal to be set.

VT 2000: 61% of women

Facts:

- Arthritis is more common in women than in men. It is the most common chronic condition among women in the U.S.⁴ In 2000, an estimated 60,400 Vermont women had been diagnosed with arthritis.

- All forms of arthritis can be treated and some can be prevented. Maintaining a healthy weight can reduce a person's risk of developing osteoarthritis. Physical activity helps control arthritis pain and joint swelling.⁴

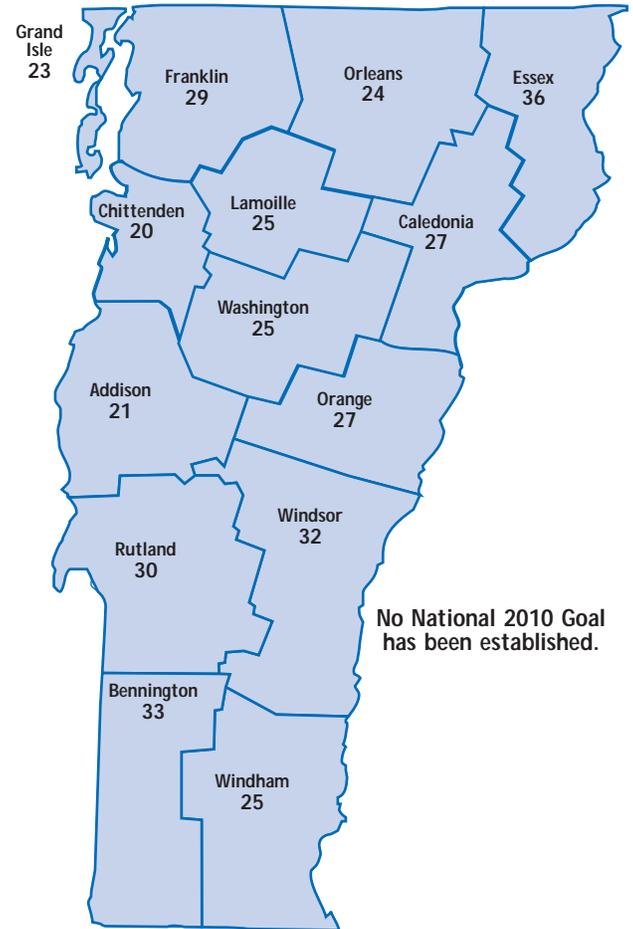
- Osteoporosis is the leading cause of disability among women and contributes to hip fracture.⁵

- Women develop osteoporosis more often than men, in part because they can lose up to 20 percent of bone mass in the seven years following menopause.⁶

- Women age 65+ should be routinely screened for osteoporosis. Routine screening should begin at age 60 for women at increased risk.⁷

Arthritis Prevalence

Percentage of women ever diagnosed with arthritis (1999-2000)



No National 2010 Goal has been established.

Risk Factors for Arthritis and Osteoporosis

Arthritis

- Obesity
- Sports injuries
- Joint injuries
- Work injuries
- Repetitive motion

Osteoporosis

- Menopause before age 45
- Hysterectomy before age 45
- Cigarette smoking
- Excessive alcohol use
- Diet low in calcium
- Family history of osteoporosis

Cancer

Healthy Vermonters 2010 Objectives:

Increase the percentage of women age 40+ who have had a mammogram in the preceding two years, and women age 18+ who have had a Pap test within the preceding three years.

Goal: 70% (mammogram) 90% (Pap test)
 VT 2000: 78% (mammogram) 86% (Pap test)

Increase the percentage of adults age 50+ who have had a fecal occult blood test (FOBT) in preceding two years and who have ever had a sigmoid/colonoscopy.

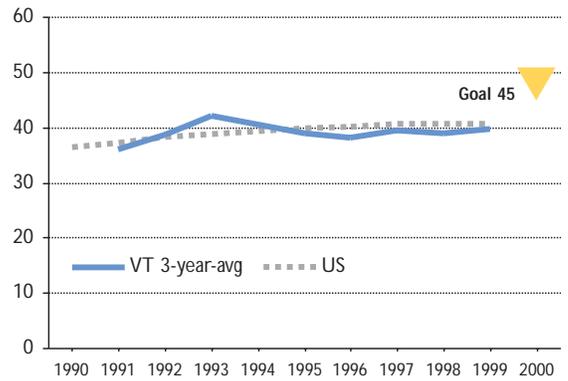
Goal: 50%
 VT 1999: 21% of women (FOBT)
 18% of women (sigmoid/colonoscopy)

Facts:

- The three leading causes of cancer death for women in Vermont and nationwide are lung cancer, breast cancer, and colorectal cancer, in that order.⁸
- Nationally lung cancer death rates are rising in women and falling in men. More women die each year from lung cancer than from breast cancer.⁸
- Cigarette smoking is by far the leading risk for developing lung cancer.⁹
- Each year in Vermont, an average of 187 women are diagnosed with colorectal cancer and 71 women die from this cancer. Vermont's female incidence rate is statistically worse than the national average.
- People over age 50 are at highest risk for colorectal cancer. A family history of colorectal cancer, physical inactivity, obesity and smoking are also risks.¹⁴

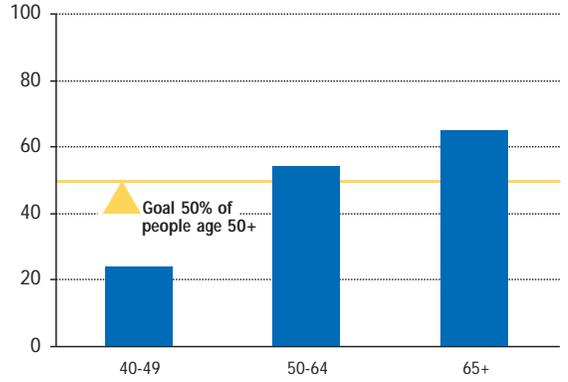
Lung Cancer Deaths

Per 100,000 women



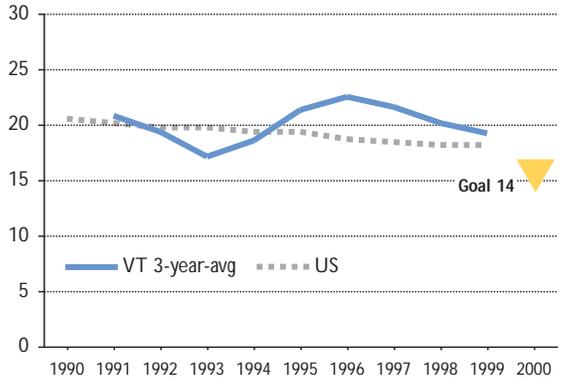
Colorectal Cancer Screening by Age

Percentage of Vermont women who had screening FOBT or sigmoidoscopy/colonoscopy (1996, 1997, 1999)



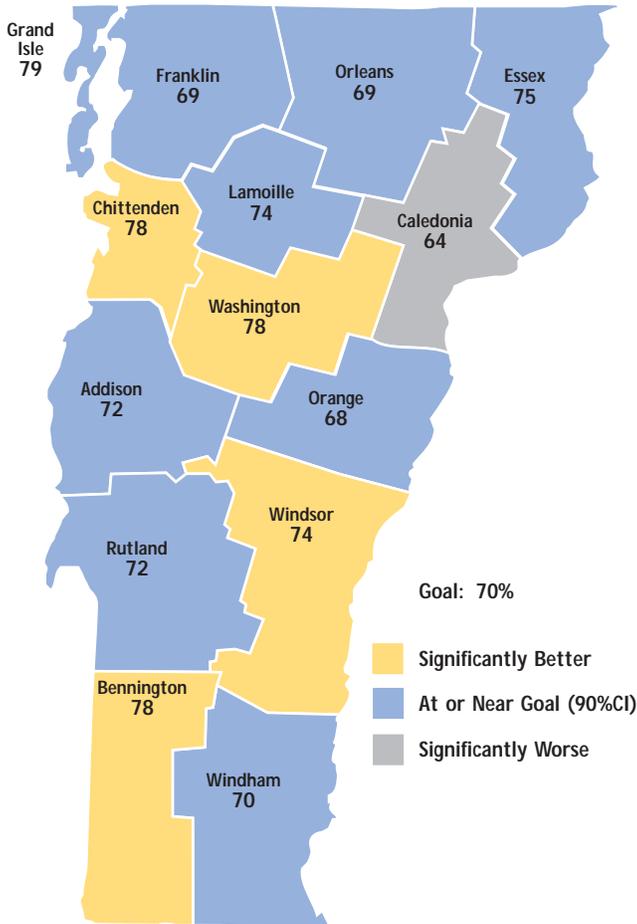
Colorectal Cancer Deaths

Per 100,000 women



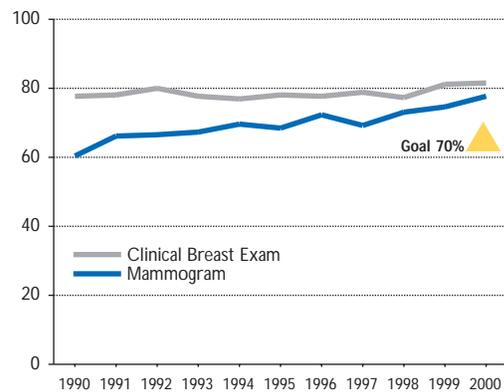
Breast Cancer Screening (1996-2000)

Percentage of women age 40+ who had a mammogram in past two years



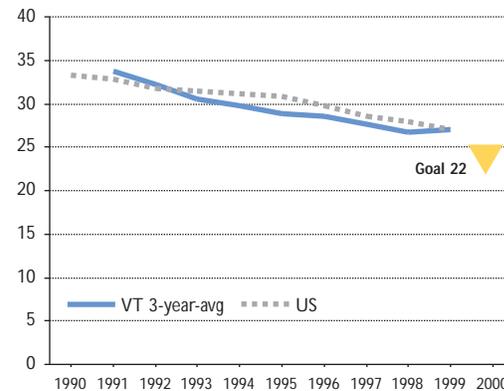
Breast Cancer Screening

Percentage of women age 40+ screened in the past two years



Breast Cancer Deaths

Per 100,000 women



- Early detection can prevent colorectal cancer by finding polyps and removing them before they become cancerous. Beginning at age 50 all adults should be screening by colonoscopy, sigmoidoscopy or FOBT.⁸

- Breast cancer is the most commonly *diagnosed* cancer among women.¹⁰ Each year in Vermont, approximately 433 new cases of breast cancer are diagnosed and 95 women die from the disease.

- Nationally, breast cancer death rates are 36 percent higher among black women than among white women. This higher mortality rate is due mostly to detection and diagnosis at a later stage.^{11,12}

- Women age 40 and older should get a breast cancer screening mammogram every one to two years.¹³

Diabetes

Healthy Vermonters 2010 Objectives:

Reduce diabetes-related deaths.

Goal: 45 per 100,000

VT 2001: 82 per 100,000 women

Reduce hospitalizations related to uncontrolled diabetes among adults age 18-64.

Goal: 5.4 per 10,000

VT 1997-99: 2.9 per 10,000 women

Increase the percentage of people with diabetes who receive formal diabetes education.

Goal: 60%

VT 2001: 42 % of women

Increase the percentage of adults with diabetes who have an annual dilated eye exam.

Goal: 75%

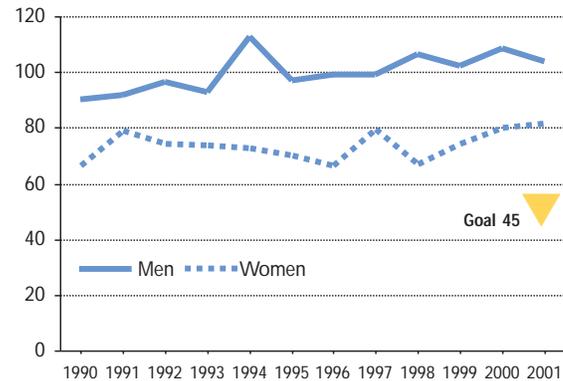
VT 2001: 73% of women

Facts:

- Approximately 289 Vermont women die from diabetes-related causes each year.
- Women with diabetes are at greater risk for diabetes-related blindness than men and have a shorter life expectancy than women without diabetes.¹⁵
- Diabetes is a major contributor to health problems such as heart disease, stroke, blindness, kidney disease, and non-traumatic leg and foot amputations.¹⁶
- Nationally, the prevalence of diabetes is at least 2.4 times higher among black, Hispanic, American Indian, and Asian/Pacific Islander women than among white women.¹⁵

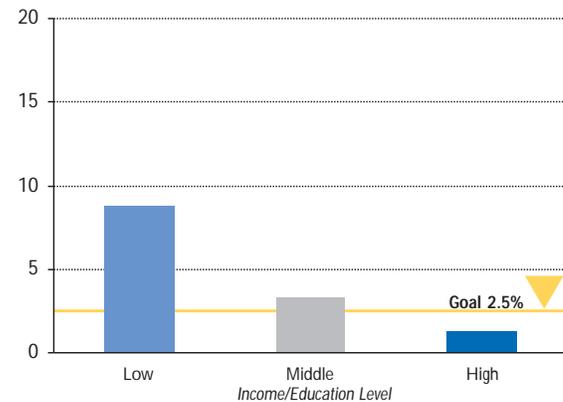
Diabetes-related Deaths

Deaths per 100,000 Vermont adults



Diabetes by Income/Education

Percentage of Vermont women age 25-64 who report being told by a physician that they have diabetes (1996-2000)



Risk Factors for Diabetes

- Age over 45
- Being obese
- Inadequate physical activity
- Having a very large baby or gestational diabetes
- Being African American, Hispanic/Latino, Asian American, Pacific Islander or American Indian
- Having a close relative with diabetes (mother, father, sister or brother)

Heart Disease & Stroke

Healthy Vermonters 2010 Objectives:

Reduce coronary heart disease deaths.

Goal: 166 per 100,000 population

VT 2001: 132 per 100,000 women

Reduce stroke deaths.

Goal: 48 per 100,000 population

VT 2001: 54 per 100,000 women

Reduce the percentage of adults with high blood pressure.

Goal: 16%

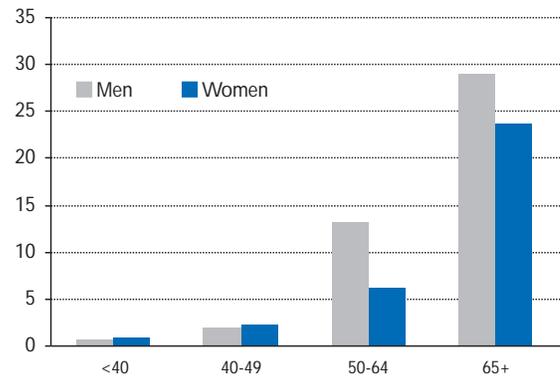
VT 2001: 22% of women

Facts:

- Heart disease is the leading cause of death among women. More than half of all heart disease deaths each year occur among women.¹⁷
- In 2001, the heart disease death rate in Vermont was 132 per 100,000 women compared to 236 per 100,000 men.
- Stroke is the third leading cause of death, behind heart disease and cancer. At all ages, more women than men die of stroke.¹⁸
- In 1999, 97 percent of Vermont women had their blood pressure checked within two years and 72 percent had their cholesterol checked within five years.
- Smoking cigarettes is a major risk factor for heart disease and stroke.¹⁸ In Vermont, 21 percent of women smoke.

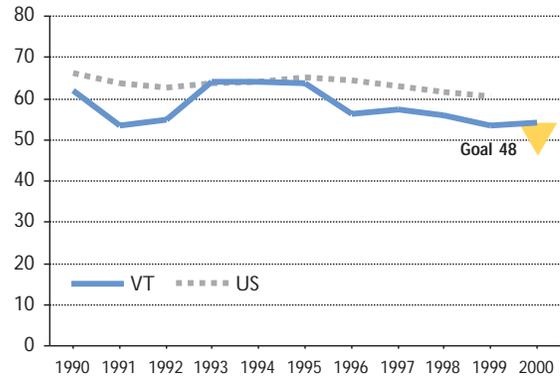
Heart Disease Prevalence by Age and Gender

Percentage of Vermont adults who report being told by a physician that they have cardiovascular disease (1999)



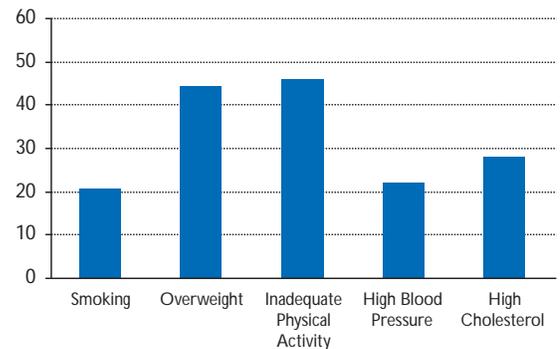
Stroke Deaths

Per 100,000 women



Prevalence of Risk Factors

Percentage of Vermont women who report risk factors for heart disease and stroke (2001)



HIV, AIDS & STDs

Healthy Vermonters 2010 Objectives:

Reduce HIV infection among adolescents and adults.
National goal to be set.

Increase the percentage of sexually active adults age 18-49 at risk for HIV/STDs who use condoms.

Goal: 75%

VT 2000-01: 51% percent of women at risk

Reduce the percentage of people age 15-24 with *Chlamydia trachomatis* infections (attending family planning clinics).

Goal: 3%

Vermont gender-specific data not currently available.

Facts:

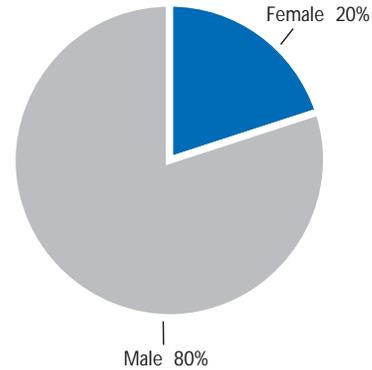
- As of September 2002, at least 35 Vermont women were living with HIV and an additional 50 women had been diagnosed with AIDS. About one-third the women with HIV were infected through heterosexual contact and one-third through injection drug use.

- In 1999, HIV/AIDS was the fifth leading cause of death for U.S. women aged 25-44. Among African American women in this same age group, HIV/AIDS was the third leading cause of death.¹⁹

- Chlamydia is the most reported sexually transmitted disease. If untreated, up to 40 percent of infected women develop Pelvic Inflammatory Disease and up to 20 percent will become infertile.¹⁰

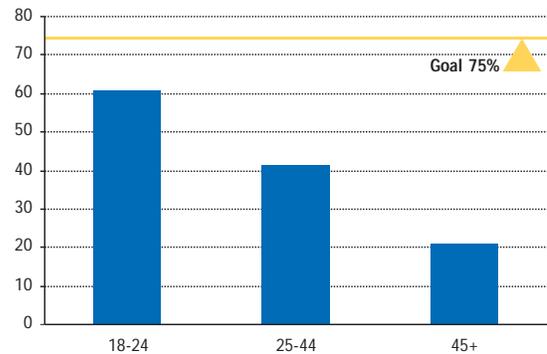
- Pelvic inflammatory disease (PID) is an infection of the genital tract. Untreated, PID can lead to infertility, tubal (ectopic) pregnancy, chronic pelvic pain, and other serious consequences.²⁰

Cumulative HIV Infection by Gender
Percentage of Vermont cases



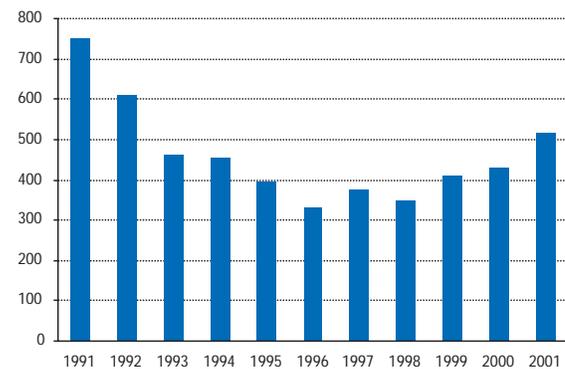
Condom Use by Age

Percentage of Vermont women at high risk for HIV and STDs who used a condom at last intercourse (2000-2001)



Chlamydia Infection

Number of reported cases of chlamydia infection among Vermont women age 15-44



Immunization & Infectious Disease

Healthy Vermonters 2010 Objectives:

Increase the percentage of adults age 65+ who receive annual influenza immunizations and who have ever been vaccinated against pneumococcal disease.

Goal: 90%

VT 2001: 69% of women (influenza)

64% of women (pneumococcal disease)

Reduce pneumonia/influenza hospitalizations among adults age 65+.

Goal: 8.0 per 10,000

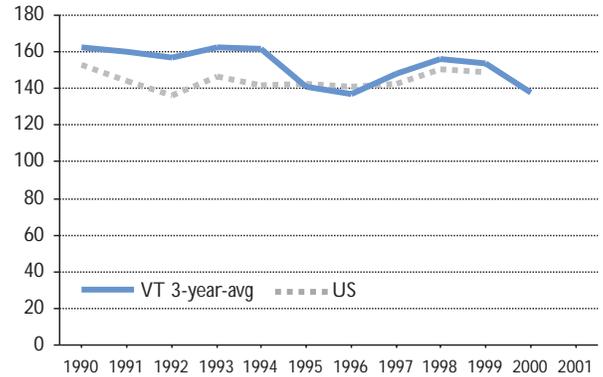
VT 1999: 16.5 per 10,000 women

Facts:

- Most people who get influenza (flu) recover in one to two weeks. However, some people develop life-threatening complications such as pneumonia as a result of flu.
- Each year in Vermont approximately 105 women die because of influenza and pneumonia. About 90 percent of these women are over age 65.
- The risk of death from influenza and pneumonia increases with age. In 2000, the Vermont influenza and pneumonia death rate for women age 75 to 84 was 136 per 100,000. For women age 75 to 84, the rate was 609 per 100,000.
- Immunization can greatly reduce the number of people hospitalized for influenza and pneumonia. Still, vaccines are underutilized.¹⁰
- An annual flu shot and a one-time pneumococcal shot is recommended for all adults age 65+.

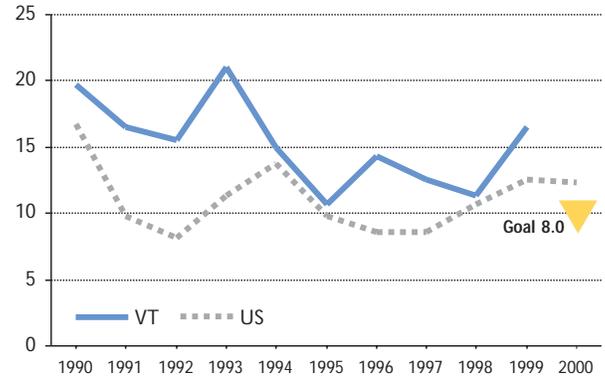
Pneumonia/Influenza Deaths

Per 100,000 women age 65+



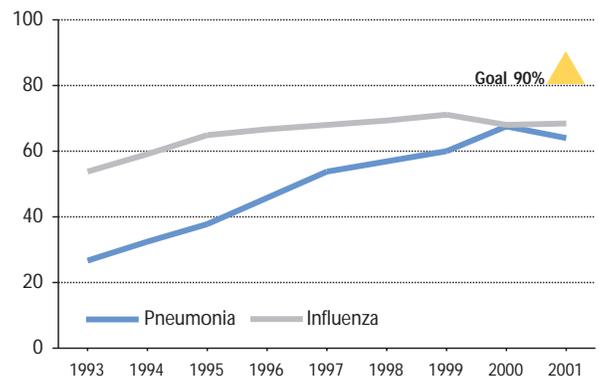
Hospitalizations for Pneumonia and Influenza

Per 10,000 Vermont women age 65+



Pneumonia and Influenza Immunization

Percentage of Vermont women age 65+ who report receiving vaccine as recommended



Injury & Violence

Healthy Vermonters 2010 Objectives:

Increase the percentage of people who use safety belts.

Goal: 92%

VT 1997: 81% of women (age 18+)

Further reduce physical assaults by intimate partners among people age 12+.

Goal: 3.3 per 1,000

Vermont data not currently available.

Facts:

- Motor vehicle crashes are the leading cause of death for young women under age 24.²¹

- Approximately 70 percent of people killed in crashes in Vermont are unrestrained. Women report using seat belts more often than men (81% vs. 66%).

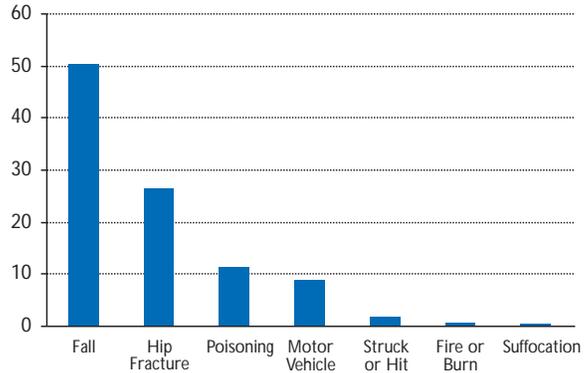
- In a national survey, 25 percent of women reported being raped or assaulted by an intimate partner (i.e. current or former spouse, boyfriend) at some time in their lives. Women are also more likely than men to be murdered by an intimate partner.²²

- Of the 7,178 people served in 2001 by the Vermont Network Against Domestic Violence and Sexual Assault, 5,690 of the victims of domestic violence and 731 of the victims of sexual assault were women.

- Falls are the leading cause of injury hospitalizations in Vermont. Hip fractures are a common outcome of falls among elderly Vermonters. About half of elderly people hospitalized for hip fractures cannot return home or live independently after their injury.²³

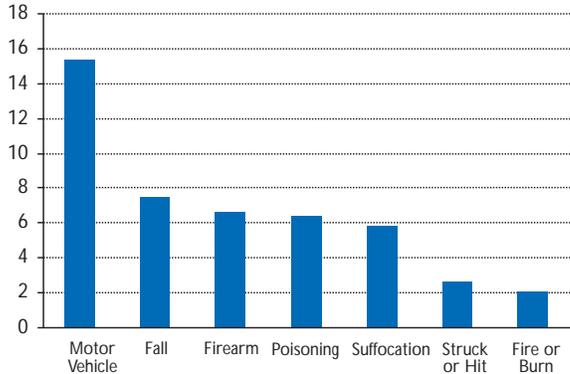
Leading Injury Hospitalizations

Per 10,000 Vermont women age 18+ (1993-1999)



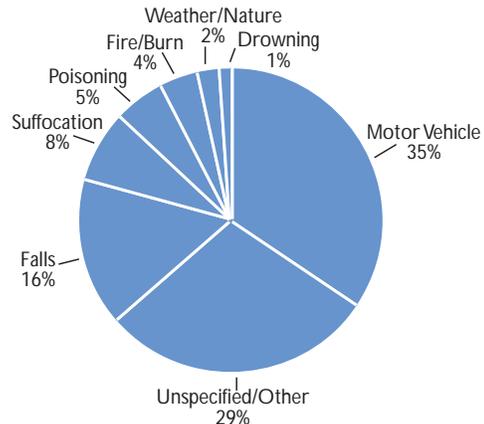
Leading Injury Deaths

Per 100,000 Vermont women age 18+ (1990-2000)



Unintentional Injury Deaths

Percentage of Vermont women age 18+ (1990-2000)



Maternal & Reproductive Health

Healthy Vermonters 2010 Objectives:

Increase the percentage of women who receive early and adequate prenatal care and who begin care during first trimester (3 months).

Goal: 90%

VT 2000: 74% (early and adequate)

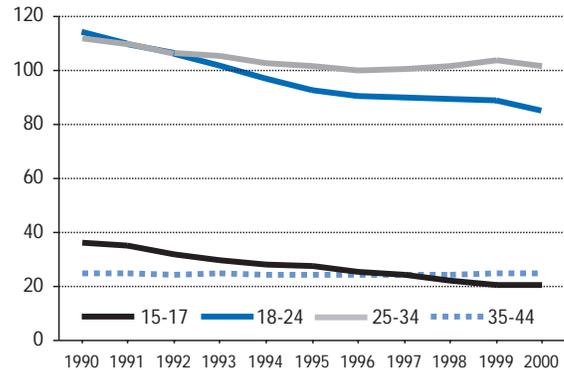
VT 2000: 89% (first trimester)

Facts:

- Comprehensive prenatal care beginning in the first trimester of pregnancy and including all recommended visits benefits the health of mother and baby.
- In Vermont, the percentage of women who received early and adequate prenatal care increased from 65 percent in 1990 to 74 percent in 2000.
- Cesarean-section is the most frequently performed surgical procedure among women of child bearing age in the U.S. and Vermont.²⁴
- Of the total 6,112 Vermont births in 2000, 17 percent were low risk Cesarean deliveries (*full-term, single baby, non-breech births*). The national Healthy People 2010 objective is 15 percent.
- Hysterectomy is the second most frequently performed surgical procedure after Cesarean-section.
- After menopause, women are at higher risk for heart disease, breast and uterine cancer and osteoporosis.
- Hormone replacement therapy is used by nearly 40 percent of postmenopausal women in the U.S.²⁴ Based on current research, women should discuss the risks and benefits with their physician.

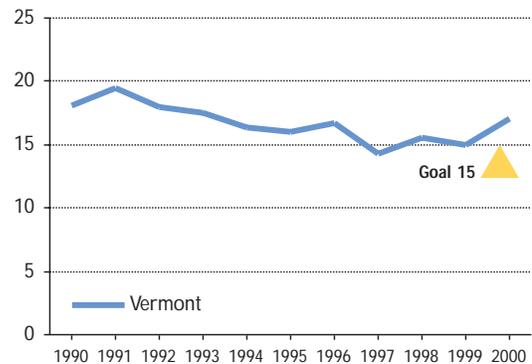
Pregnancy Rate by Age Group

Pregnancies per 1,000 Vermont women (3-year moving average)



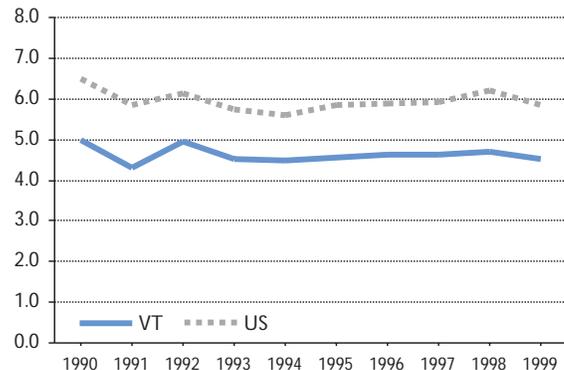
Cesarean Delivery Rate

Percent of Vermont resident low risk births (full-term, single baby, non-breech, first births)



Hysterectomy Rate

Per 1,000 women age 18+



Mental Health & Suicide

Healthy Vermonters 2010 Objectives:

Reduce suicide deaths.

Goal: 5.0 per 100,000

VT 2001: 3.7 per 100,000 women (preliminary)

Increase the percentage of adults who are screened for depression by a primary care professional.

Goal to be set.

Facts:

- Women are twice as likely as men to attempt suicide (although men are nearly five times as likely to die from a suicide attempt).²³

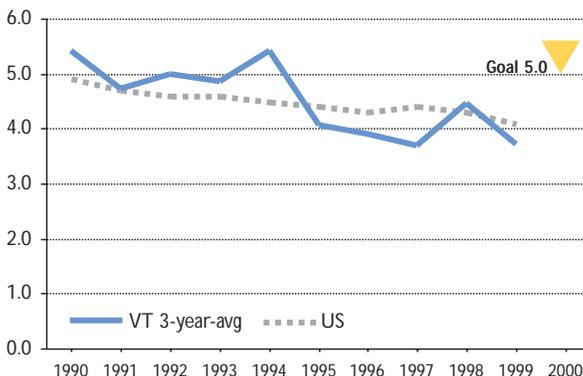
- Depression is associated with a number of risk factors including a family history of major depression, socioeconomic status, and past trauma including physical and sexual abuse.²⁵

- Women do not experience more mental illness than men; however, certain mental disorders disproportionately affect women. These include major depression, postpartum depression, anxiety and eating disorders.¹

- Poor young women appear to be at greater risk for depression than other population groups. They have disproportionately higher rates of past exposure to trauma, including rape, sexual abuse, crime victimization, and physical abuse; poorer support systems; and greater barriers to treatment.²⁵

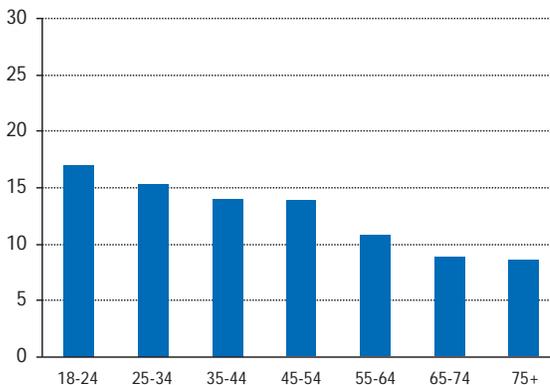
- Menopause has little bearing on gender differences in depression and does not appear to be associated with increased rates of depression in women.²⁵

Suicide Deaths Per 100,000 women



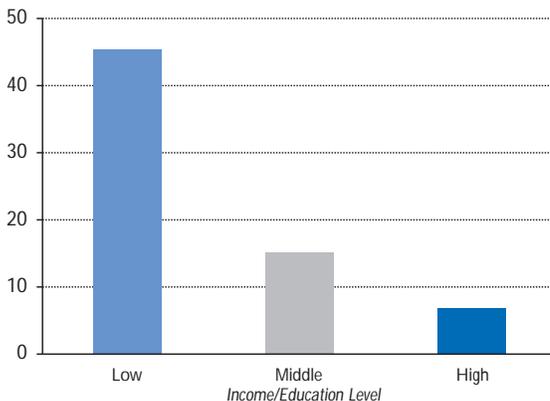
Depression by Age Group

Percentage of Vermont women at risk (1996-2000)



Depression by Income/Education

Percentage of Vermont women age 25-64 at risk (1996-2000)



Obesity & Physical Activity

Healthy Vermonters 2010 Objectives:

Reduce the percentage of adults age 20+ who are obese.

Goal: 15%

VT 2001: 17% of women

Increase the percentage of adults age 18+ who engage in regular physical activity.

Goal: 50%

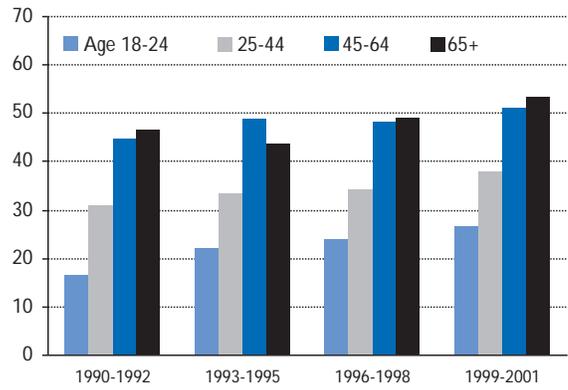
VT 2001: 54% of women

Facts:

- In Vermont, 44 percent of women are over healthy weight (BMI 25+). *Body Mass Index equals 704 times weight (lbs.) divided by height (inches) squared (wt/ht²).*
- Nationally, overweight and obesity are more prevalent among women in racial and ethnic minority populations than among non-Hispanic white women.²⁶
- Women of all ages benefit from daily physical activity. The same benefits can be gained in longer sessions of moderately intense activities (e.g., 30 minutes of brisk walking) or in shorter sessions of more strenuous activities (e.g., 20 minutes of jogging).²⁷
- Social support from family and friends is consistently and positively related to regular physical activity.²⁷
- Physical activity and healthy eating reduces risks for premature heart disease and stroke, high blood pressure, cancer, and diabetes. It also helps to maintain healthy bones, muscles, and joints; control weight; build lean muscle; and reduce body fat.²⁷

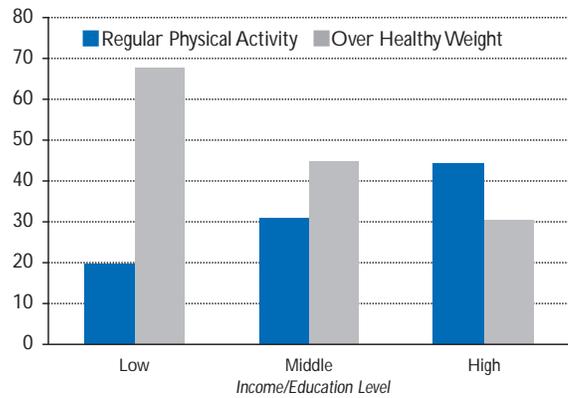
Over Healthy Weight by Age Group

Percent of Vermont women



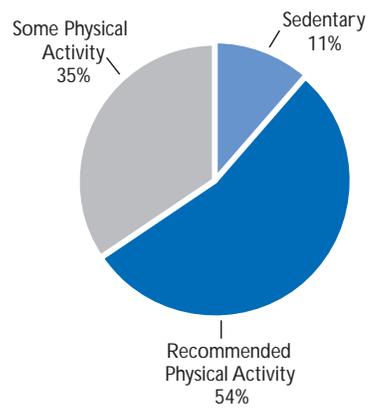
Weight & Physical Activity by Income/Education

Percentage of Vermont women (1996, 1998, 2000)



Physical Activity

Percentage of Vermont women (2001)



Respiratory Disease

Healthy Vermonters 2010 Objectives:

Reduce COPD deaths among adults age 45+.

Goal: 60 per 100,000

VT 1999-2001: 122 per 100,000 women

Facts:

- In Vermont, COPD (chronic lower respiratory diseases including emphysema and chronic bronchitis) is the fourth leading cause of death among women.

- Each year approximately 156 Vermont women age 45 and older die from COPD.

- Nationally, the greatest increase in the COPD death rate occurred in females between 1979 and 1989, particularly in black females (117.6% for black females vs. 93% for white females). These increases reflect the increased number of women who smoke cigarettes.²⁸

- Up to 90 percent of COPD is attributable to cigarette smoking. Other risk factors include occupational/environmental exposure to air pollution, history of childhood respiratory infections, age and heredity.²⁸

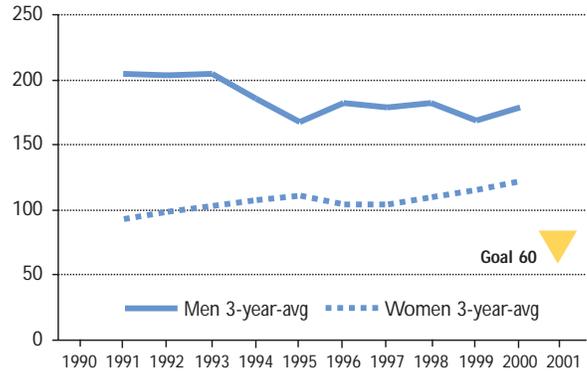
- Asthma is a serious chronic respiratory condition that affects both children and adults.¹⁰

- In Vermont, asthma is more prevalent among women (8.9%) than men (6.2%) based on 1999 and 2000 data.

- Nationally, women are more likely than men to use health care for asthma, including hospitalizations and physician office visits. Mortality rates for asthma are also higher for women, blacks and the elderly.^{29,30}

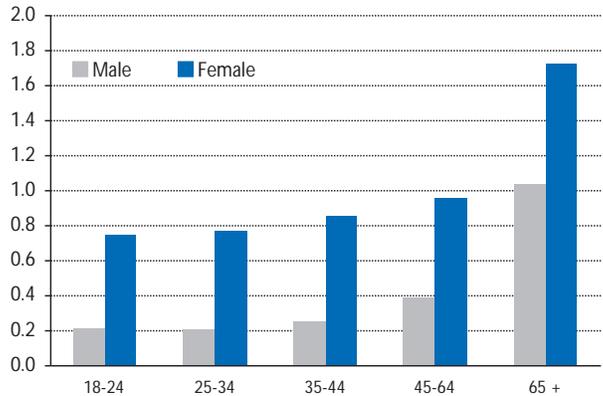
COPD Deaths by Gender

Per 100,000 people in Vermont age 45+



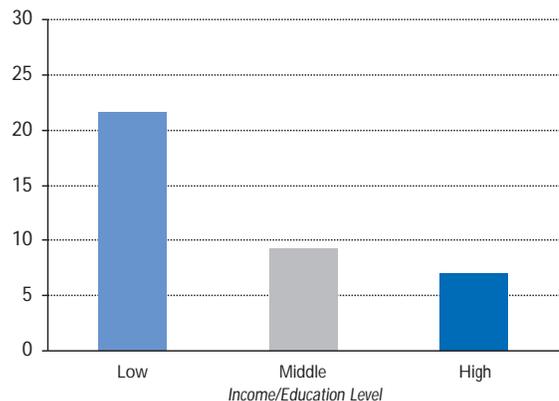
Asthma Hospitalizations by Gender & Age Group

Per 1,000 Vermont residents in age group (1990-1999)



Asthma Prevalence by Income/Education

Percentage of Vermont women age 25-64 who report being told by a physician that they have asthma (1996-2000)



Healthy Vermonters 2010 Objectives:

Reduce the percentage of adults who smoke.

Goal: 12%

VT 2001: 21% of women

Increase the percent of adults who attempt to quit.

Goal: 75%

VT 2001: 51% of women

Increase the percentage of pregnant women who quit smoking during the first trimester of pregnancy.

Goal: 30%

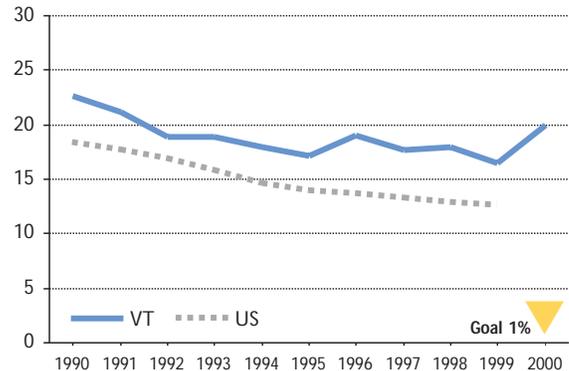
VT 2000: 20% of women

Facts:

- Cigarette smoking leads to or complicates heart disease, cancer and emphysema. Women also experience unique smoking-related disease risks related to pregnancy, oral contraception use and menstruation.³¹
- Smoking during pregnancy increases the risk of low birth weight, spontaneous abortion, and Sudden Infant Death Syndrome (SIDS).¹⁰
- Nationally, smoking decreased among women from 1965 to 1998 (34% to 22%). Most of the decline occurred prior to 1990.³¹
- In Vermont, smoking prevalence is more than three times higher among women who did not finish high school (33%) than among college graduates (11%).
- In 2001, 87 percent of women smokers who saw a doctor were counseled to quit, and 51 percent of women smokers quit or tried to quit.

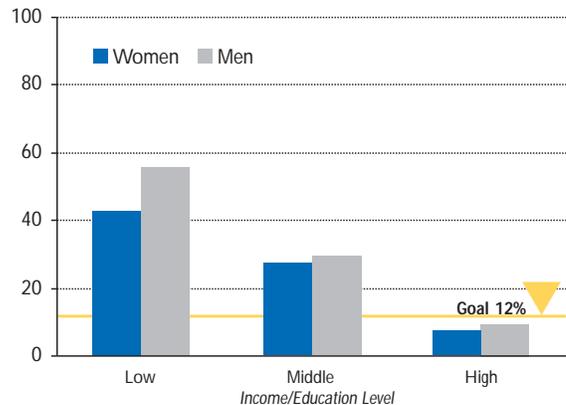
Smoking during Pregnancy

Percentage of mothers who smoked



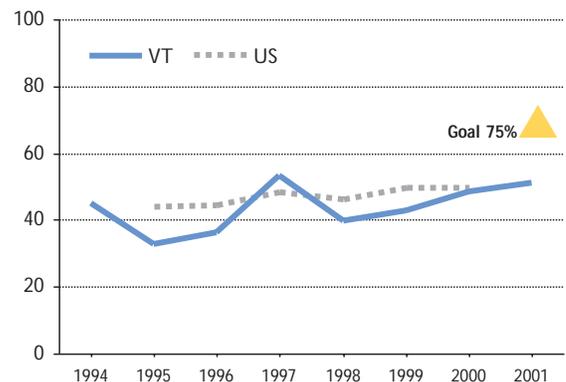
Smoking by Gender and Income/Education

Percentage of Vermont adults age 25-64 (1996-2000)



Quit Smoking

Percentage of women smokers who quit or tried to quit



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- ²³Vermont Department of Health, *Vermont Injury Plan 2001*.

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²⁷Office of the Surgeon General. *Physical Activity & Health: A Report of the Surgeon General*. 1996.

²⁸Centers for Disease Control and Prevention. Surveillance Summaries, August 2, 2002. *MMWR* 2002:51 (No.SS-6).

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³⁰Centers for Disease Control and Prevention. Self-Reported Asthma Prevalence Among Adults-US, 2000. *MMWR* 2001:50 (32):682-6.

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Vermont Data Sources

Vermont Assn. of Hospitals and Health Care Systems (*VT Explor*)
 Vermont Department of Banking, Insurance and Health Care Administration (*Vermont Family Health Insurance Survey*)
 Vermont Department of Health (*Adult Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, Vital Statistics System, ADAP Treatment Data, Reportable Disease Surveillance System, Cancer Registry*)
 Vermont Department of Public Safety
 Vermont Network Against Domestic Violence and Sexual Assault (*FY2001 Annual Report*)

Data Notes

Income/Education Levels - Low income/educational level is defined as having a high school education or less, and less than \$15,000 annual income (or less than \$20,000 per household). High income/educational level is defined as having a college education or more and over \$35,000 annual income. Middle income/education includes everyone else.

About the Maps - The terms "better" and "worse" are used only in comparison to Healthy Vermonters 2010 goals.

- *Significantly Better* means that the entire confidence interval for the county rate is better than the 2010 goal.
- *At or Near Goal* means that the 2010 goal falls within the confidence interval for the county.
- *Significantly Worse* means that the entire confidence interval for the county rate is worse than the 2010 goal.

Vermont Adult Population by Race, Ethnicity and Age Group (2000)

	18-24		25-34		35-44		45-64		65+	
	women	men								
White	26,275	27,781	36,142	35,054	50,485	48,681	74,205	73,120	44,791	31,709
Black	293	307	137	198	192	298	131	227	51	41
Am. Indian or Alaskan Native	109	120	145	177	346	142	340	378	35	40
Asian	414	457	468	469	421	240	421	263	82	54
Native Hawaiian or Pac. Isl.	0	11	11	17	15	25	20	9	7	5
More than one race	518	459	496	507	624	545	782	619	238	208
Other/Unknown	146	153	121	113	75	53	78	57	17	17
Hispanic or Latino	510	530	369	348	364	272	450	477	166	126

Vermont Adult Population by County, Gender and Age Group (2000)

	18-24		25-34		35-44		45-64		65+	
	women	men								
Addison	2215	2295	2078	1895	2891	2830	4340	4416	2310	1755
Bennington	1530	1316	2021	1883	2991	2819	4906	4603	3581	2586
Caledonia	1148	1457	1633	1636	2330	2204	3775	3738	2524	1748
Chittenden	9875	9356	10610	10595	13124	12627	16380	15711	8284	5496
Essex	214	206	368	360	505	525	789	858	539	442
Franklin	1534	1648	3163	3036	4010	4060	5046	5157	2918	2086
Grand Isle	176	213	398	350	609	627	978	988	461	389
Lamoille	1127	1188	1489	1578	1987	1894	2824	2863	1488	1150
Orange	944	1262	1557	1513	2542	2344	3606	3617	2033	1579
Orleans	899	967	1457	1566	2008	2021	3408	3391	2312	1640
Rutland	2545	2742	3710	3496	5248	5079	8256	8105	5585	3895
Washington	2208	2974	3614	3383	4942	4724	7625	7470	4490	2973
Windham	1499	1661	2595	2381	3900	3553	6056	5986	3572	2601
Windsor	1597	1790	3128	3074	4956	4539	8065	7795	5172	3901
VERMONT	27,511	29,075	37,821	36,746	52,043	49,846	76,054	74,698	45,269	32,241