



Health Status Report '02

Vermont Department of Health
June 2002

Contents

Health Status Indicators

• Access to Health Care	2
• Alcohol & Drug Use	4
• Arthritis, Osteoporosis & Disabilities	6
• Cancer	7
Breast & Cervical Cancer	8
Colorectal Cancer	10
Lung Cancer	12
Prostate Cancer	13
• Diabetes	14
• Environmental Health/Food Safety	16
• Heart Disease & Stroke	18
• HIV, AIDS & STDs	20
• Immunizations & Infectious Diseases	22
• Injury & Violence	24
• Maternal, Infant & Child Health	26
• Mental Health & Suicide	28
• Oral Health	30
• Overweight & Obesity	32
• Physical Activity & Nutrition	34
• Respiratory Diseases	36
• Tobacco	38

County Summary	40
-----------------------------	-----------

Healthy Vermonters 2010 Objectives by AHS Indicators	44
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- Pregnant Women & Young Children Thrive
- Children Live in Stable, Supported Families/Ready for School
- Youth Choose Healthy Behaviors/Succeed in School/Successfully Transition to Adulthood
- Families Live in Safe & Supportive Communities/Adult Health
- Elders Live with Dignity & Independence

Data Notes	48
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References	49
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This publication is available in other accessible formats and at the Vermont

Department of Health website:

www.HealthyVermonters.info



Vermont Department of Health

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Dear Vermonter,

One of the most important jobs in public health is to analyze trends and use what we learn as a catalyst for improving the health of the population.

With *Health Status Report '02*, we bring together data from many diverse sources into a single document to present an overview of the health of Vermonters. It includes trends in illness and disease, county information, use of clinical preventive services, and trends in personal behaviors. It shows how we are doing as a state in key areas, and allows us to compare ourselves to the nation and to Healthy Vermonters 2010 public health goals.

So how is our health? Over the past 10 years, public health has improved in many areas. We have met or made substantial progress towards more than two-thirds of the goals established in *Healthy Vermonters 2000*, the predecessor to *Healthy Vermonters 2010*. Specifically, breast cancer screening has increased and death rates have come down; more children are being screened for lead poisoning and fewer poisoned; and the teen pregnancy rate among 15- to 17-year-olds is the lowest in the nation. We have achieved a substantial reduction in cigarette smoking among teenagers, and are starting to see declines in alcohol and marijuana use among young Vermonters as well.

It is also clear that we have many challenges ahead. Adult obesity has nearly doubled in 10 years time. Adult binge drinking rates range from 13 percent in Windham County to 22 percent in Chittenden County. The diabetes-related death rate is consistently worse than the U.S. rate. And still, too many women smoke during pregnancy.

Improving public health requires us to take an unflinching look at our collective health, to set measurable goals, and to make a commitment to work together to address these serious and preventable health problems. In the past decade, we made real improvements using this public health approach. Now we must focus on a new set of ambitious—but achievable—Healthy Vermonters 2010 goals.

As you review the pages in this report, please join us in the work of public health and in improving the health of Vermonters in each and every Vermont community.

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.

Goal: 96%

VT: Data Not Available

Increase the percentage of people with health insurance.

Goal: 100%

VT 2000: 92%

Increase the percentage of people counseled by a primary care professional, in the past three years, about health behaviors. National goal to be set.

Facts:

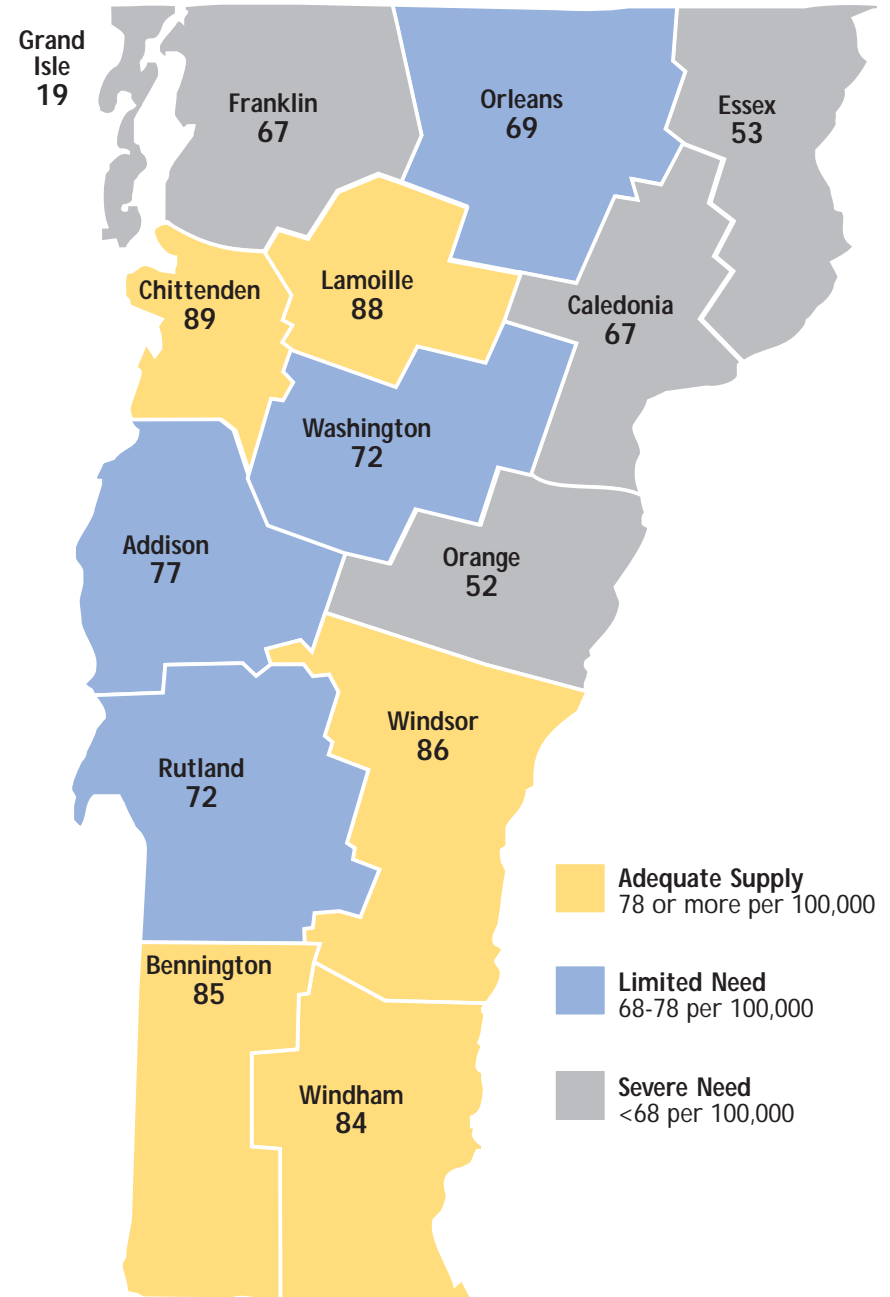
- In 2000, approximately 8.4 percent (51,390) of Vermonters were uninsured, compared to 15.5 percent nationally.
- Health insurance provides a basic level of access to health care. Uninsured people are less than half as likely as people with health insurance to have a primary care professional, to receive appropriate preventive care (e.g. mammograms, Pap tests), or to have had any recent medical visits.
- A long-term relationship between a patient and a primary care professional ensures that a patient's medical history is complete and up-to-date, that medical care is consistent and coordinated over time and includes recommended preventive care.
- Full access to care requires that a patient have adequate knowledge of the health care system, and of when and how to use it.

Potential Barriers to Access:

- Lack of insurance or being underinsured
- High deductibles, exclusions or high co-payments
- Shortage of health care professionals
- Lack of transportation
- Cultural, language or physical barriers

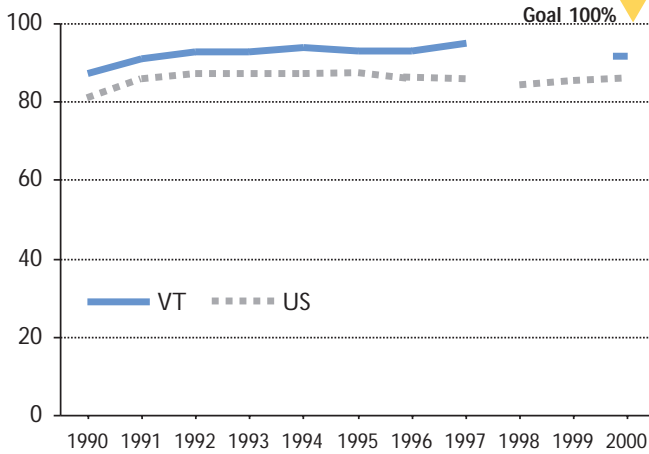
Primary Care Physician to Population Ratio

Primary care physicians per 100,000 population (2000)



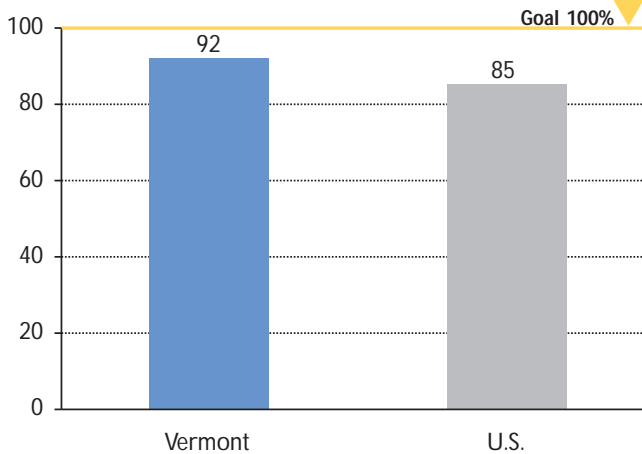
Children with Health Insurance

Percentage of children under age 18 with some form of health insurance



Health Insurance

Percentage of population with some form of health insurance (2000)



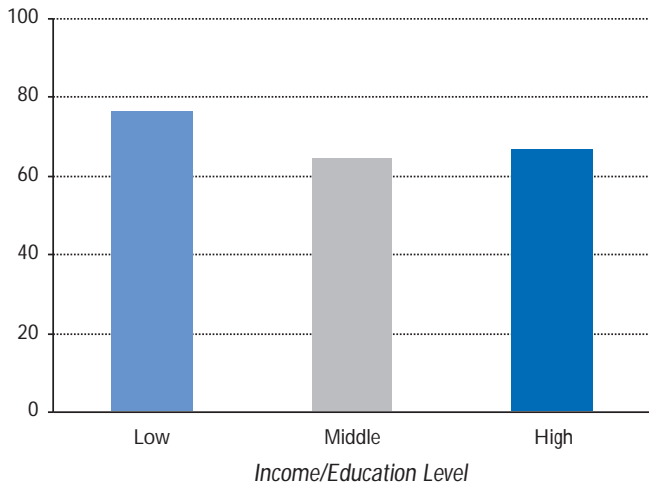
Health Insurance by County 2000

Percentage of adults with health insurance

Addison	89
Bennington	90
Caledonia	89
Chittenden	93
Essex	88
Franklin	92
Grand Isle	92
Lamoille	86
Orange	89
Orleans	88
Rutland	91
Washington	92
Windham	88
Windsor	89
STATEWIDE	92

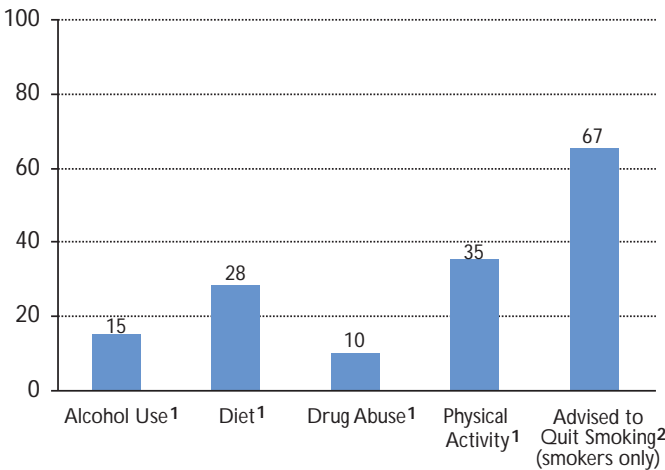
Checkup by Income/Education

Percentage of Vermont adults age 25-64 who had a routine checkup within the past year (1996-2000)



Health Behavior Counseling

Percentage of Vermont adults counseled in past 3 years by a primary care professional (1996¹, 2000²)



Healthy Vermonters 2010 Objectives:

Increase the percentage of schools that provide comprehensive education to prevent health problems.

Goal: 95%

VT (1999)

Alcohol, tobacco and other drugs	84%
HIV/STD	83%

U.S. (1994)

Alcohol and other drugs	90%
Tobacco	86%
HIV/STD/unintended pregnancy	65%

Alcohol & Drug Use

Healthy Vermonters 2010 Objectives:

Increase the percentage of adults counseled by a primary care professional about alcohol use and drug abuse.
National goal to be set. VT 1996: 15% (alcohol) 10% (drugs)

Reduce alcohol-related motor vehicle deaths.
Goal: 4.0 per 100,000 VT 2000: 5.1 per 100,000

Reduce the percentage of youth who used alcohol before age 13.
Goal: 0 VT 2001: 27% (grades 8-12)

Reduce the percentage of youth who engage in binge drinking
Goal: 3.0% VT 2001: 25% (grades 8-12)

Reduce the percentage of youth who use marijuana.
Goal: 0.7% VT 2001: 26% (grades 8-12)

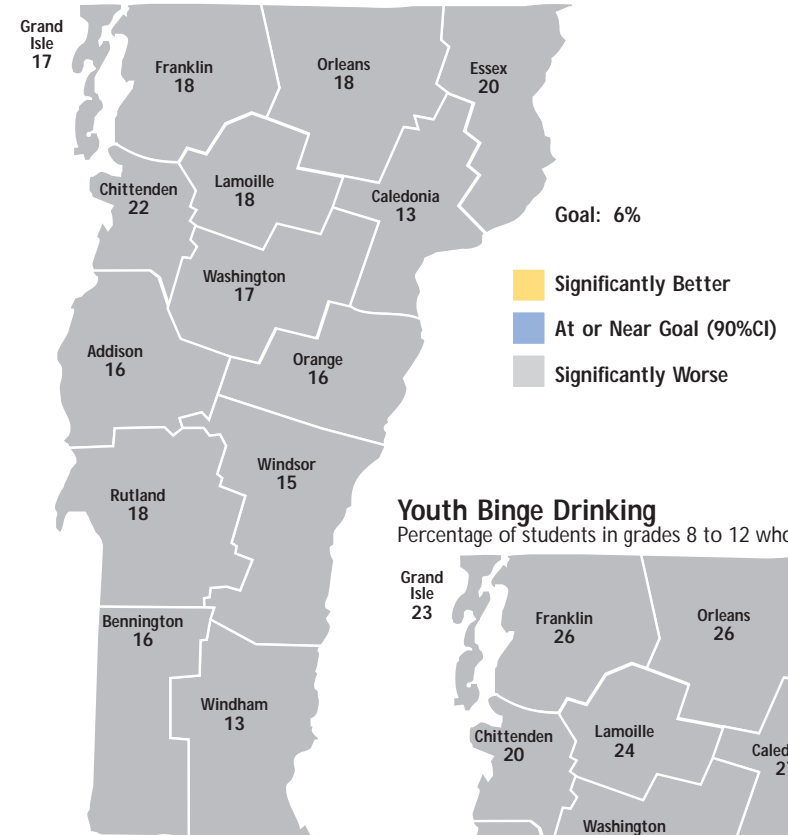
Reduce the percentage of college students who engage in binge drinking.
Goal: 20% VT 1998: 50%

Facts:

- Each year in Vermont, approximately 215 people die from alcohol-related causes including motor vehicle crashes and other injuries, liver and heart diseases, and certain cancers.
- Prenatal exposure to alcohol and illicit drugs can damage the developing brain and lead to serious health problems for the infant.
- Availability and perception of risk are important factors in adolescent substance abuse. In 2001, 45 percent of 8th graders reported that it's easy to get alcohol and 28 percent think there is no great risk of harm if they have one or two drinks nearly every day.
- In 2001, 15 percent of Vermont students in grades 8 to 12 reported ever using hallucinogens and 3 percent reported ever using heroin.

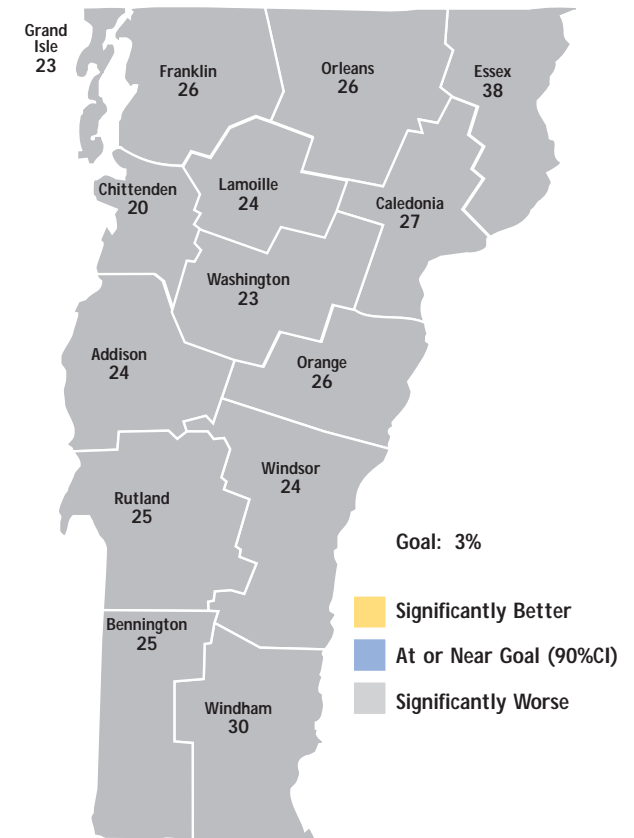
Adult Binge Drinking

Percentage of adults who binge drink (1996-2000)



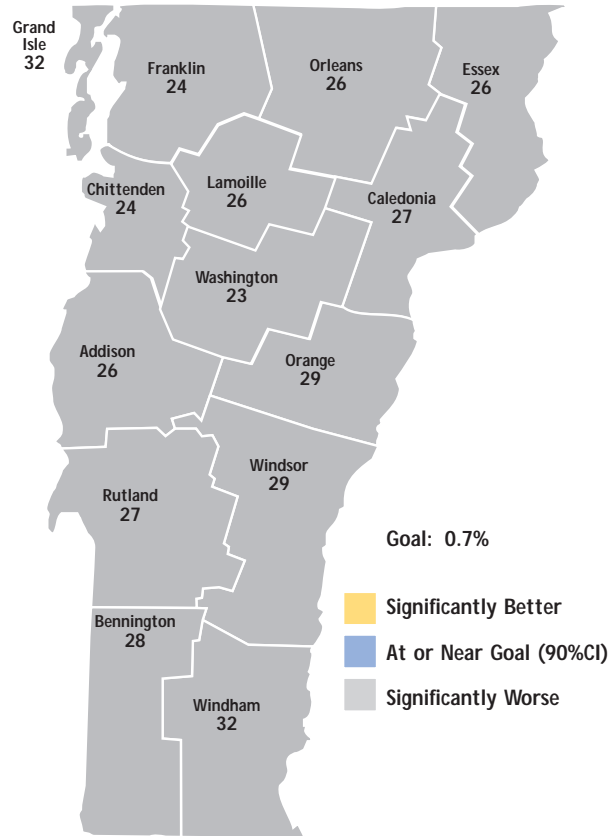
Youth Binge Drinking

Percentage of students in grades 8 to 12 who binge drink (2001)



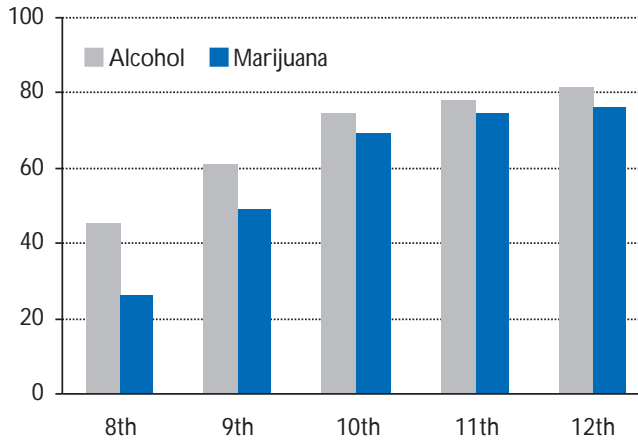
Youth Marijuana Use

Percentage of students in grades 8 to 12 who use marijuana (2001)



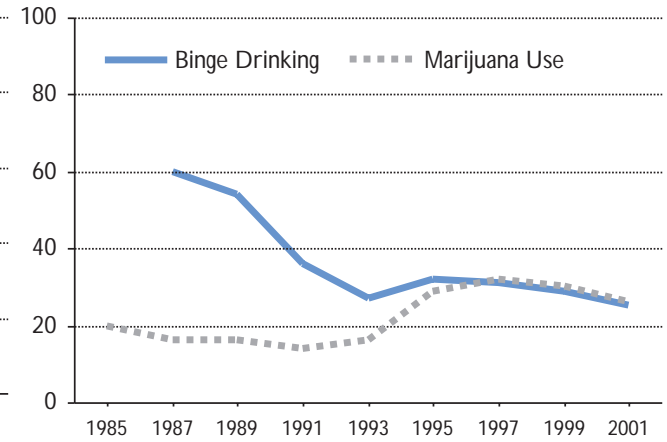
VT Youth Perception of Availability 2001

Percentage of students who report that alcohol and marijuana are easy to get



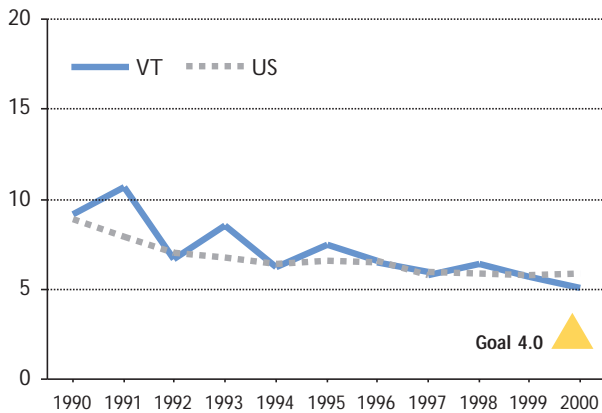
Youth Binge Drinking & Marijuana Use

Percentage of Vermont students in grades 8-12



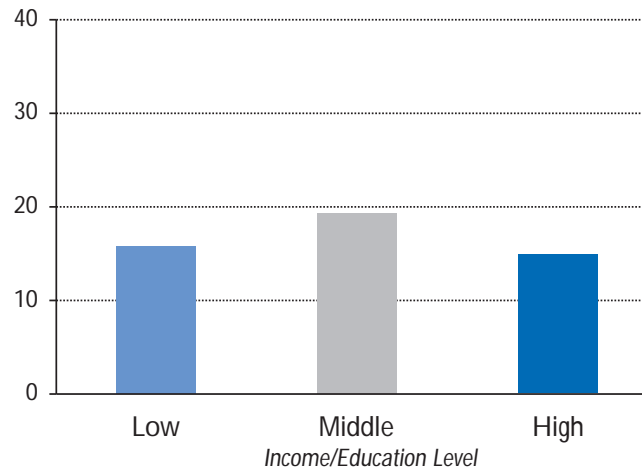
Alcohol-related Motor Vehicle Deaths

Deaths per 100,000 population



Problem Drinking by Income/Education

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



Definitions:

- Binge Drinking - Five or more drinks on a single occasion, one or more times in the past month
- Adult Chronic Drinking - An average of two or more drinks per day, or 60 or more drinks per month
- Youth Chronic Drinking - Alcohol use on 10 or more days during the past month

A drink is defined as a 12 ounce beer, a 5 ounce glass of wine, or 1.5 ounces of 80-proof distilled spirits.

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: 31%

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

National goal to be set. VT 2000: 61%

Increase the percentage of adults with disabilities reporting sufficient emotional support.

Goal: 79% VT: Data Not Available

Facts:

- In 2000, an estimated 97,000 Vermonters were diagnosed with arthritis and an estimated 62,000 reported activity limitations due to chronic joint symptoms.

- Most people with arthritis are younger than age 65; however, arthritis affects 50 percent of people age 65 and older.

- The most common risk factors for arthritis include obesity, joint injuries and repetitive motion.

- 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, and physical activity helps control the joint swelling and pain of arthritis.

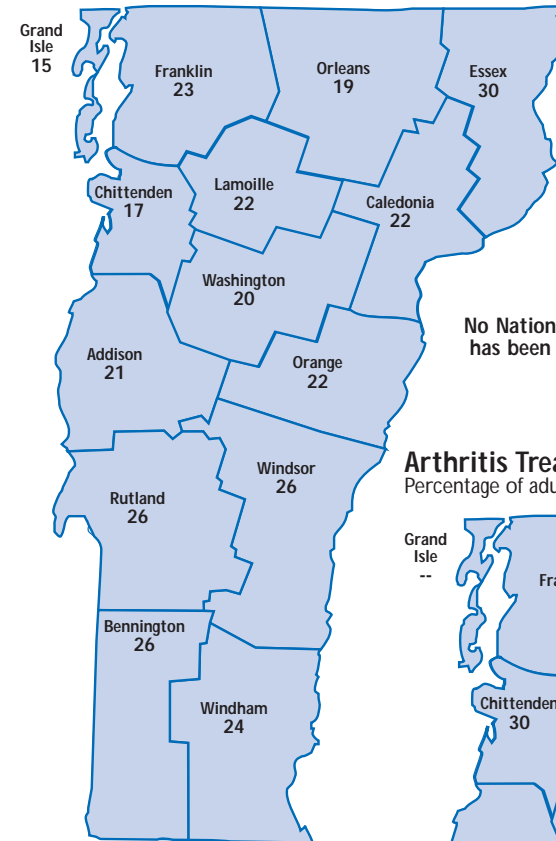
- Osteoporosis is a leading cause of disability, especially among women. Prevention measures include regular weight bearing exercise, a diet with enough calcium (at least 1200 mg/day) and vitamin D (at least 400 IU/day), and not smoking.

- Total annual hospital charges from arthritis in VT: \$32.9 M

- Total annual hospital charges from osteoporosis in VT: \$699,000

Arthritis Prevalence

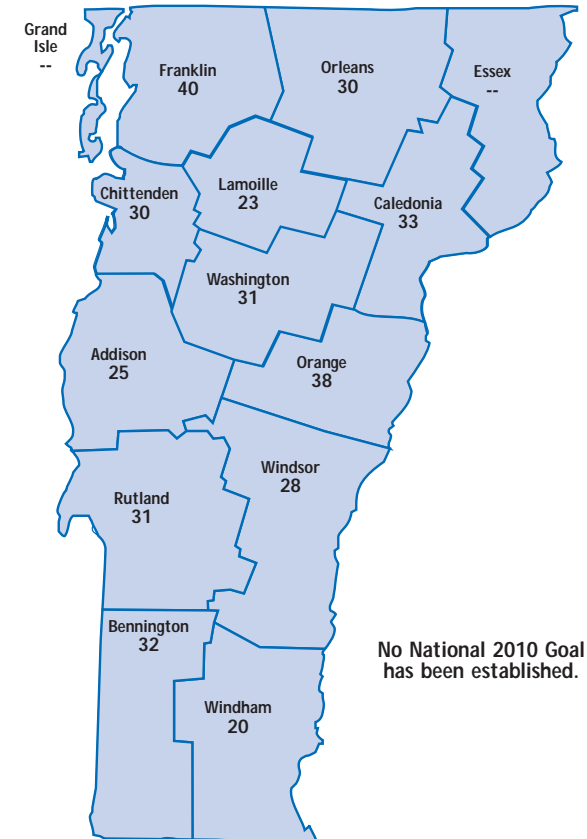
Percentage of adults ever diagnosed with arthritis (1999-2000)



No National 2010 Goal has been established.

Arthritis Treatment

Percentage of adults with arthritis getting treatment (1999-2000)



No National 2010 Goal has been established.

Cancer

Healthy Vermonters 2010 Objectives:

Increase the percentage of at-risk adults (age 18+) counseled by their physician, in the past three years, about tobacco use cessation (smokers), physical activity and cancer screening.

National goal to be set. VT 2000: 67% (smoking cessation)
VT 1996: 35% (physical activity)

Increase the percentage of people (age 18+) who use at least one protective measure to decrease their risk of skin cancer.

Goal: 75% VT: Data Not Available

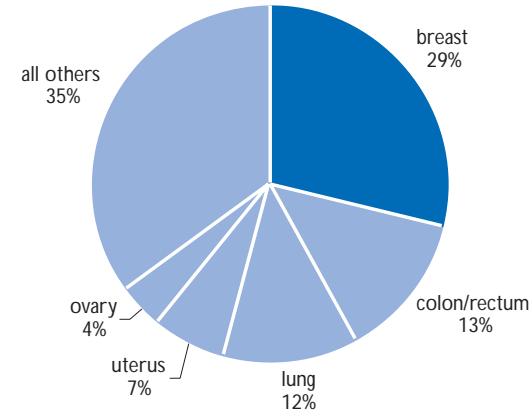
(See other cancer goals, pages 8-13.)

Facts

- Cancer is the name for a group of more than 100 different diseases that have similar characteristics.
- Cancer is the second leading cause of death in Vermont, accounting for nearly one-quarter of all deaths in the state.
- Each year in Vermont, more than 2,800 new cases are diagnosed and over 1,200 people die from some form of cancer.
- Breast and prostate cancer are the mostly commonly diagnosed cancers in women and men, respectively. However, lung cancer is the leading cause of cancer death for both men and women.
- Nearly 60 percent of new cancers are diagnosed in people age 65 and older. Still almost anyone may develop cancer, including children and young adults.
- Many types of cancer can be prevented or successfully treated if detected early.
- Total annual hospital charges from malignant cancers in VT: \$41.5 M

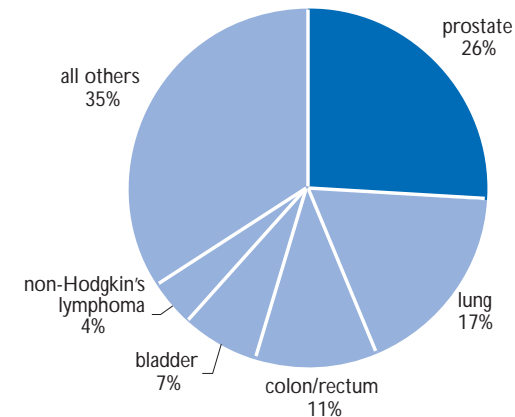
Cancer Among Females

Percentage of new cases diagnosed among Vermont females (1995-1997)



Cancer Among Males

Percentage of new cases diagnosed among Vermont males (1995-1997)



Breast & Cervical Cancer

Healthy Vermonters 2010 Objectives:

Increase the percentage of women age 40+ who have had a mammogram in the preceding two years.

Goal: 70% VT 2000: 78%

Increase the percentage of women age 18+ who have had a Pap test in the preceding three years.

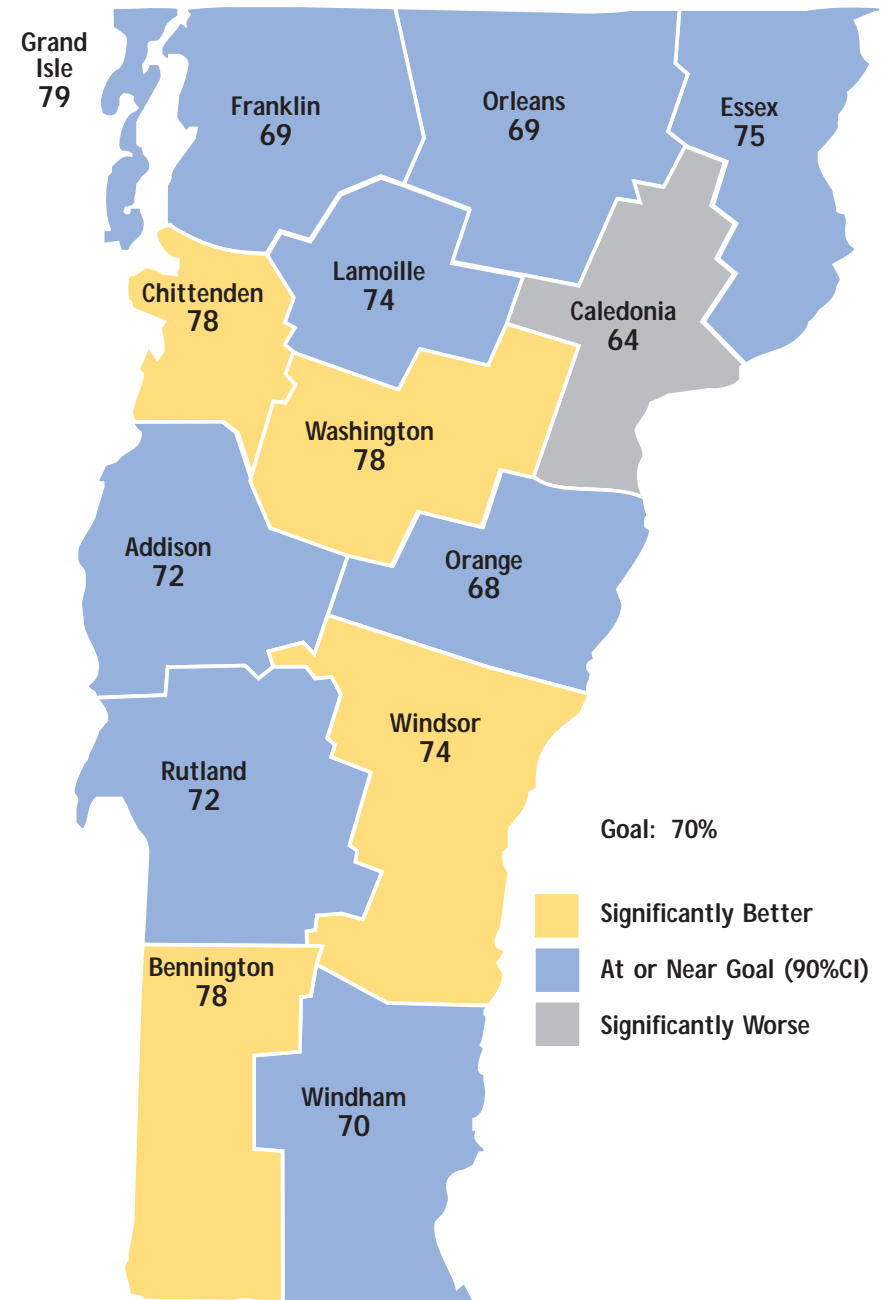
Goal: 90% VT 2000: 94%

Facts:

- Vermont's breast cancer death rate has decreased in the past 10 years. Still, each year in Vermont, approximately 408 new cases are diagnosed and 95 women die from breast cancer.
- Each year approximately 33 women are diagnosed with cervical cancer in Vermont and 10 women die.
- Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer death (after lung cancer) among Vermont women.
- Early detection of breast cancer (through regular breast self-exams, clinical breast exams, and mammograms) increases the chances of long-term survival.
- Cervical cancer deaths are nearly always preventable with early diagnosis through Pap tests and treatment.
- Nationally, the incidence of breast cancer before age 45 is higher for African American women; after age 45 rates are higher for white women. The incidence of cervical cancer is higher for racial and ethnic minority women than for white women.
- Total annual hospital charges from breast and cervical cancer in VT: \$3.8 M

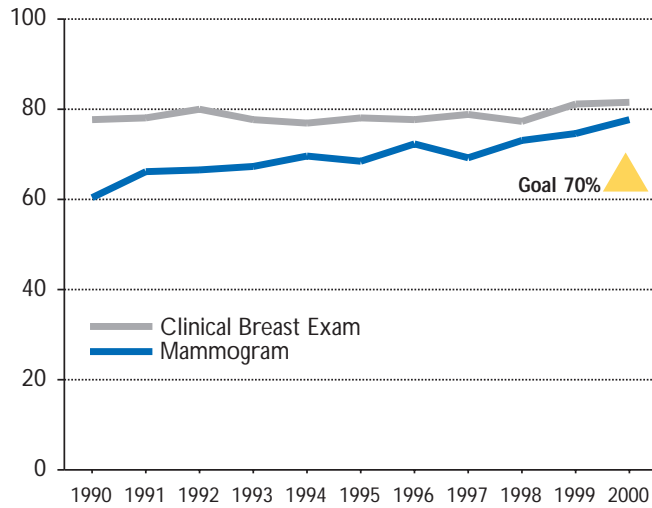
Breast Cancer Screening

Percentage of women age 40+ who had a mammogram in past two years (1996-2000)



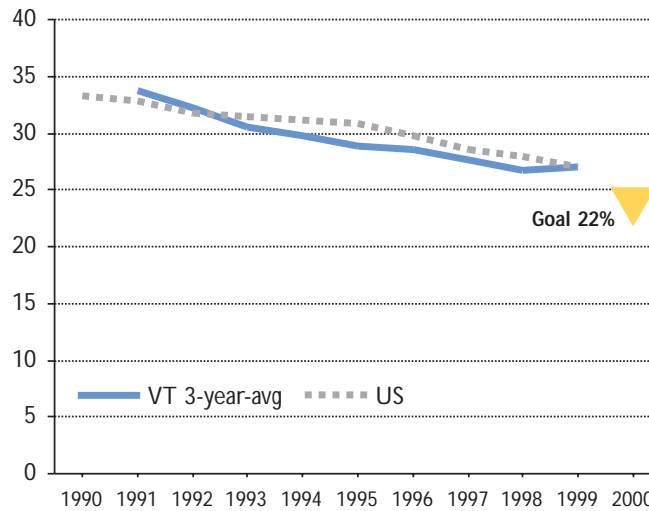
Breast Cancer Screening

Percentage of Vermont women age 40+ screened in the past 2 years



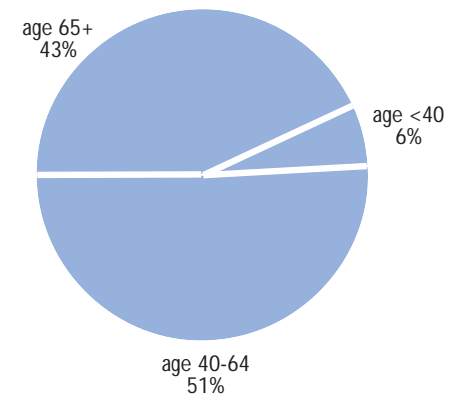
Breast Cancer Deaths

Per 100,000 women



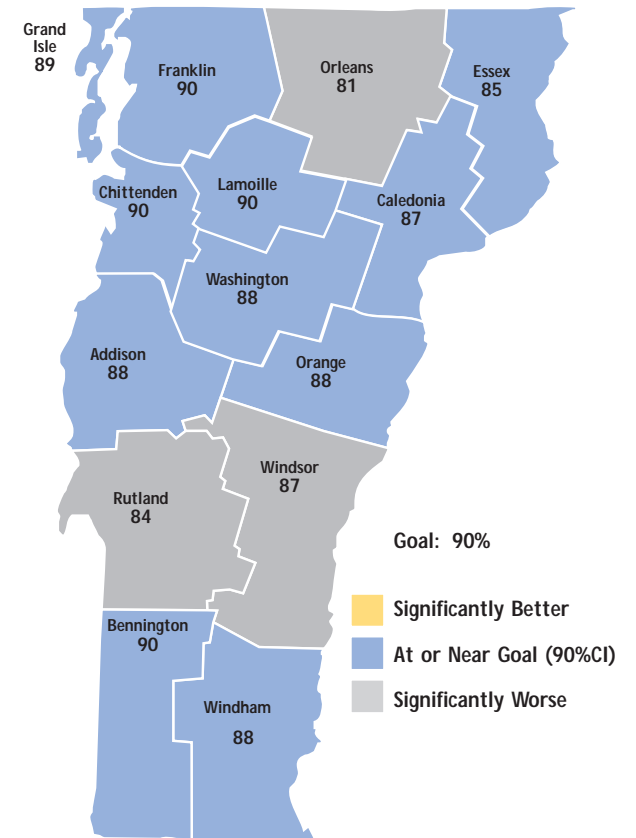
Breast Cancer by Age at Diagnosis

Percentage of Vermont women diagnosed (1995-1997)



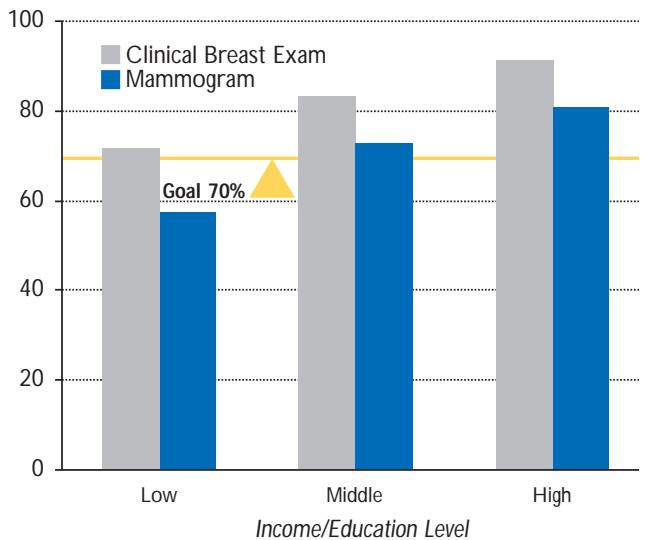
Cervical Cancer Screening

Percentage of women age 18+ screened within 3 years (1996-2000)



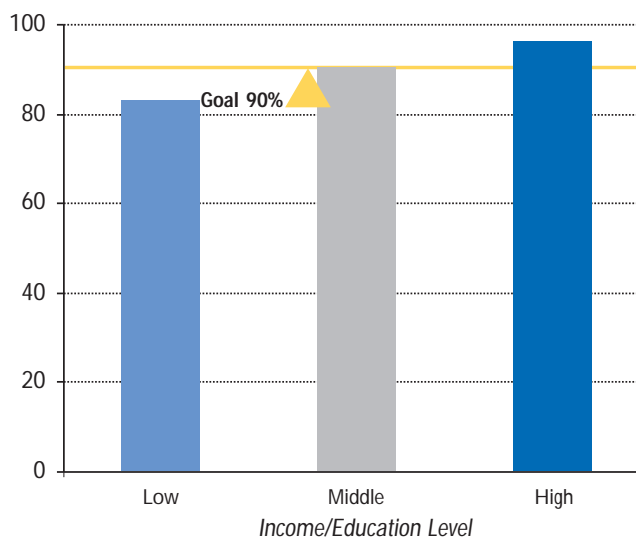
Breast Cancer Screening by Income/Education

Percentage of Vermont women age 40-64 screened in the past 2 years (1996-2000)



Cervical Cancer Screening by Income/Education

Percentage of women age 25-64 who had Pap test within 3 years (1996-2000)



Colorectal Cancer

Healthy Vermonters 2010 Objectives:

Increase the percentage of adults age 50+ who have had a fecal occult blood test (FOBT) in the past two years.

Goal: 50% VT 1999: 37%

Increase the percentage of adults age 50+ who have ever had a sigmoidoscopy.

Goal: 50% VT 1999: 42%

Facts:

- Colorectal cancer is the second leading cause of cancer death after lung cancer. Each year in Vermont, approximately 339 new cases are diagnosed and 143 residents die from colorectal cancer.

- Colorectal cancer can be prevented. Routine use of recommended screening tests for people age 50 and older can detect the cancer when it is most treatable.

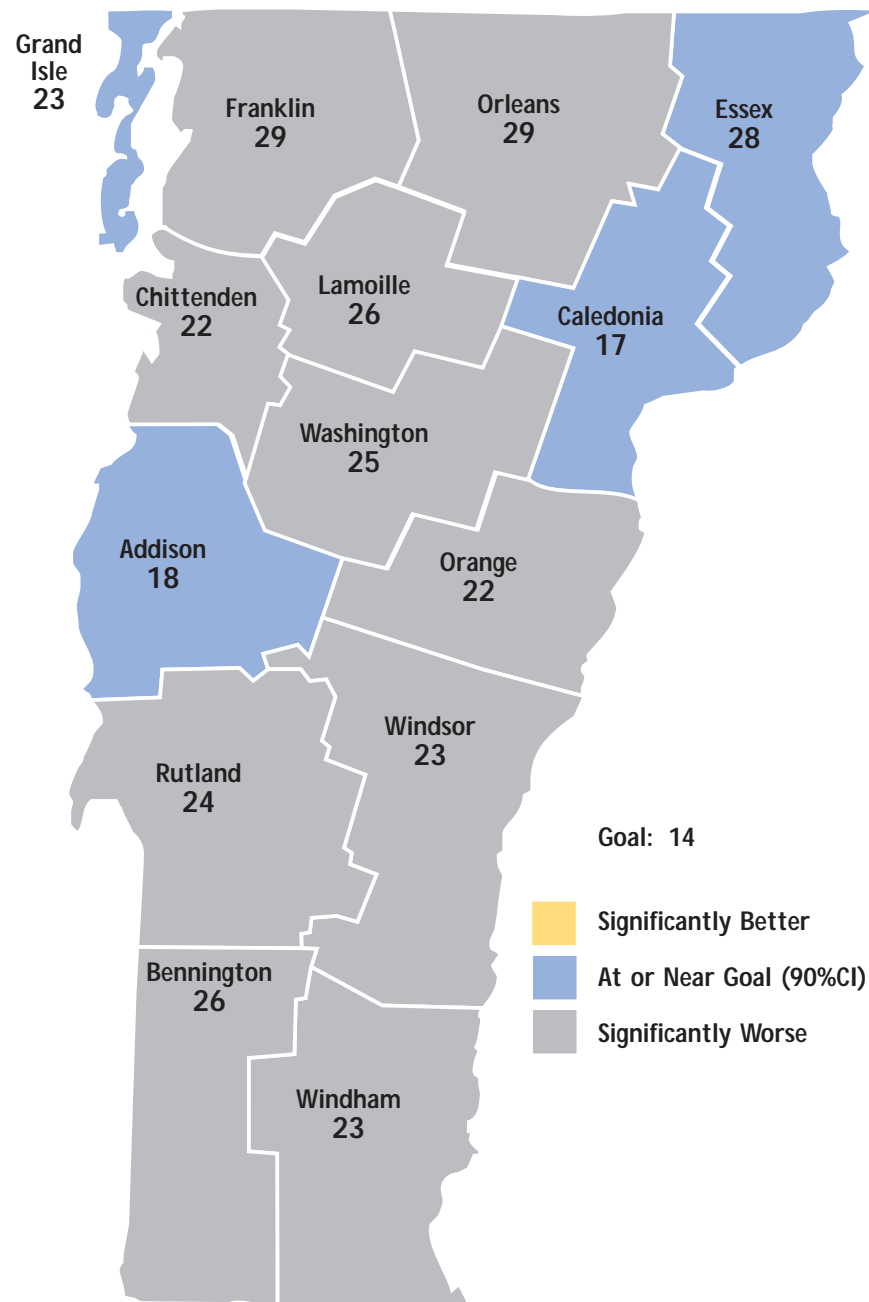
- Nationally, about 75 percent of all new cases of colorectal cancer occur in people with no known risks for the disease. The remaining cases occur in people who have a family history of colorectal cancer, previous adenomatous polyps, or a condition like inflammatory bowel disease.

- Screening recommendations for people age 50 and older:
 Fecal occult blood test (FOBT) every year, or
 Sigmoidoscopy every 5 years, or
 FOBT annually and sigmoidoscopy every 5 years, or
 Colonoscopy every 10 years, or
 Double-contrast barium enema every 5-10 years.

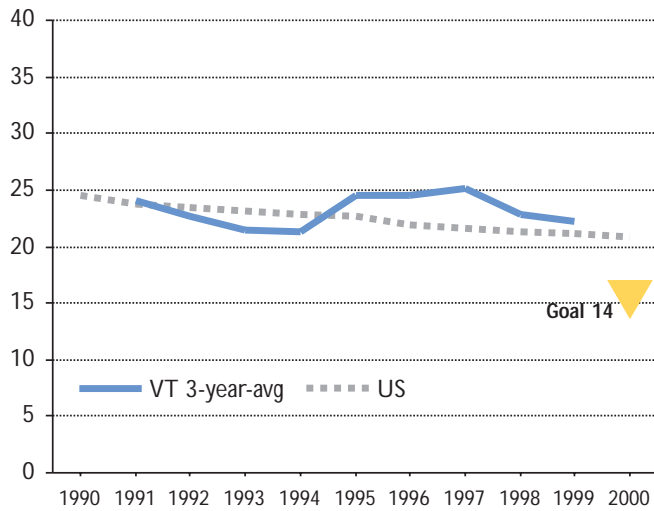
- Total annual hospital charges from colorectal cancer in VT: \$6 M

Colorectal Cancer Deaths

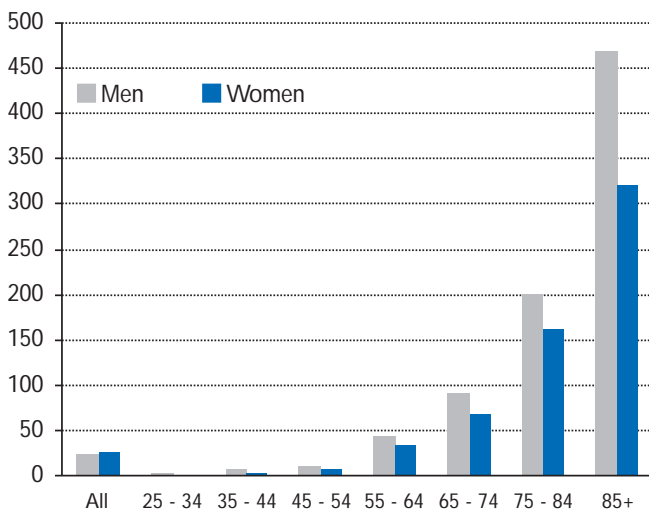
Per 100,000 people (1996-2000)



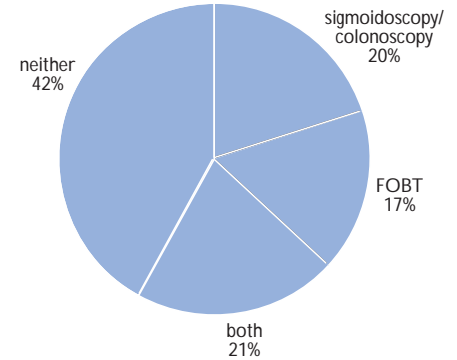
Colorectal Cancer Deaths Per 100,000 people



Colorectal Cancer Deaths by Age/Gender Per 100,000 people in Vermont (1996-2000)

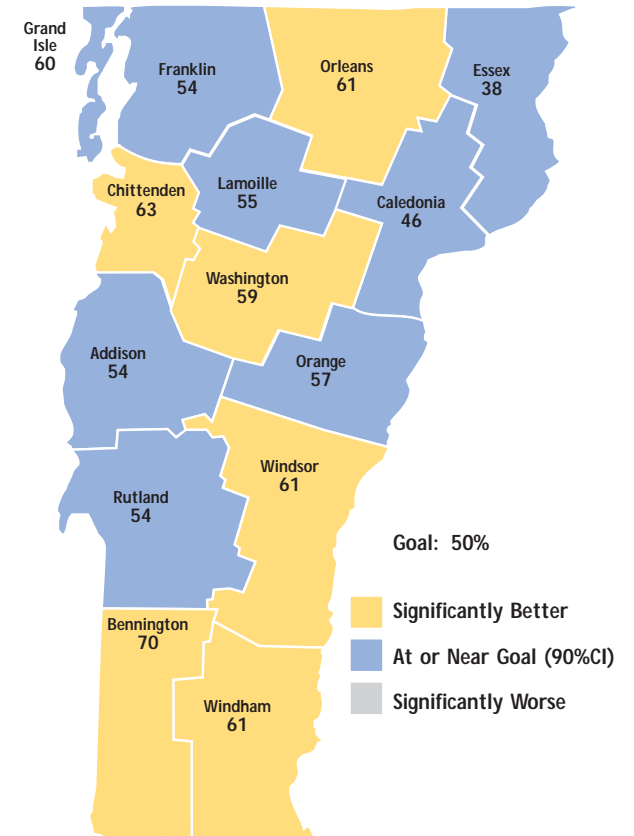


Colorectal Cancer Screening Percentage of Vermont adults age 50+ (1996, 1997, 1999)



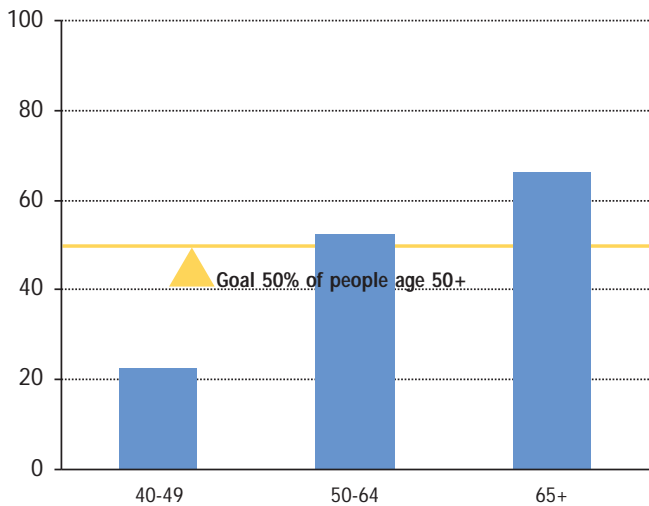
Colorectal Cancer Screening Percentage of adults age 50+ who had recommended FOBT or sigmoidoscopy/colonoscopy (1996, 1997, 1999)

Percentage of adults age 50+ who had recommended FOBT or sigmoidoscopy/colonoscopy (1996, 1997, 1999)



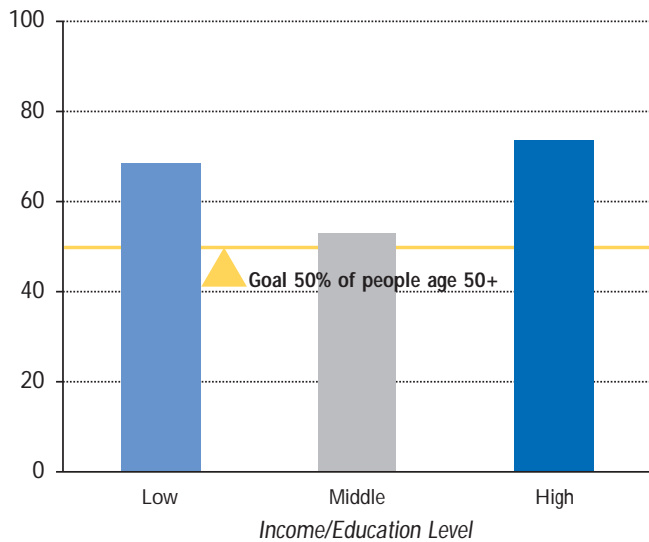
Colorectal Cancer Screening by Age Percentage of Vermont adults who had recommended FOBT or sigmoidoscopy/colonoscopy (1996, 1997, 1999)

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



Colorectal Screening by Income/Education Percentage of Vermont adults age 50-64 who had recommended FOBT or sigmoidoscopy/colonoscopy (1996, 1997, 1999)

Percentage of Vermont adults age 50-64 who had recommended FOBT or sigmoidoscopy/colonoscopy (1996, 1997, 1999)



Lung Cancer

Healthy Vermonters 2010 Objectives:

Increase the percentage of smokers (age 18+) counseled by their physician about tobacco use cessation.

Goal to be set. VT 2000: 67%

Reduce the percentage of adults (age 18+) who smoke cigarettes.

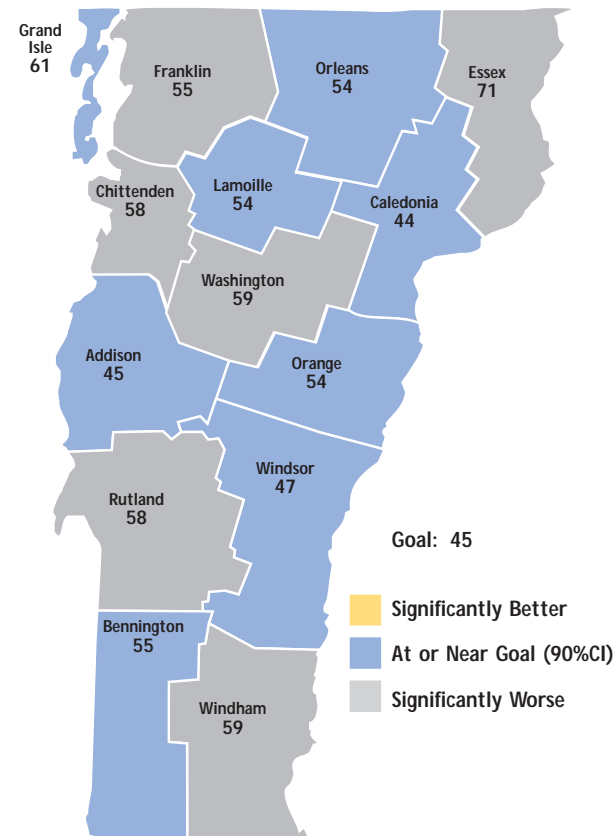
Goal: 12% VT 2000: 21%

Facts:

- Lung cancer is the leading cause of cancer death among both men and women.
- Each year in Vermont, approximately 413 new cases of lung cancer are diagnosed and 330 residents die from this disease.
- Among men, the lung cancer death rate has declined, while the rate among women has continued to increase.
- Nationally, cigarette smoking accounts for approximately 85 percent of lung cancer cases.
- Deaths from lung cancer reflect people's smoking habits of decades past. The single most effective way to prevent lung cancer is to not smoke.
- **Quitting smoking** greatly reduces the risk of dying from lung cancer. Other risks include environmental tobacco smoke (secondhand smoke), radon gas and occupational exposures to substances like asbestos.
- Currently, there are no recommended screening tests for lung cancer.
- Total annual hospital charges from lung cancer in VT: \$3.9 M

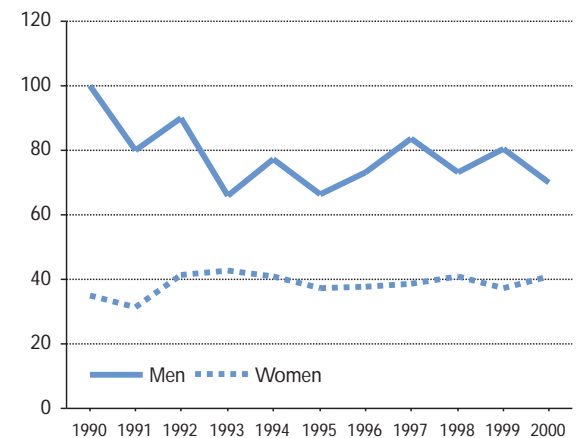
Lung Cancer Deaths

Per 100,000 people (1996-2000)



Lung Cancer Deaths by Gender

Per 100,000 people in Vermont



Prostate Cancer

Healthy Vermonters 2010 Objectives:

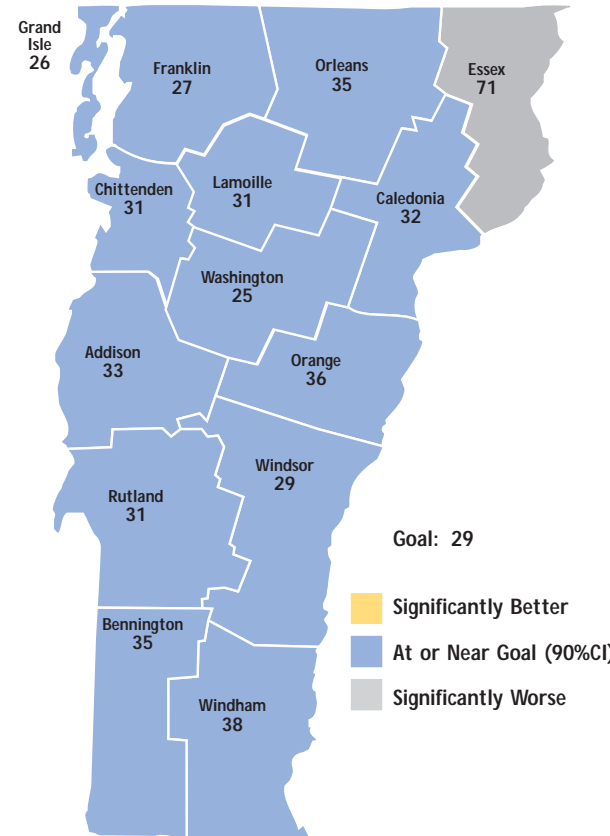
There are no Healthy Vermonters 2010 objectives for prostate cancer. The national objective is to reduce prostate cancer deaths. Goal: 29 per 100,000 men VT 2000: 32 per 100,000 men

Facts:

- Prostate cancer is the most commonly diagnosed cancer and the second leading cause of cancer death among Vermont men.
- Each year in Vermont approximately 369 new cases are diagnosed and 70 men die from prostate cancer.
- Prostate cancer is rarely seen in men younger than age 55. About 80 percent of new cases in Vermont are diagnosed in men over age 65.
- Age, race, and family history of prostate cancer are known risk factors for the disease. Nationally, prostate cancer rates are higher among African American men compared to white men.
- The benefits of various screening methods such as digital rectal examination (DRE) and prostate-specific antigen (PSA) tests are still being studied.
- Generally, it is recommended that men talk with their physician about prostate cancer and a schedule for checkups.
- Total annual hospital charges for prostate cancer in VT: \$2.2 M

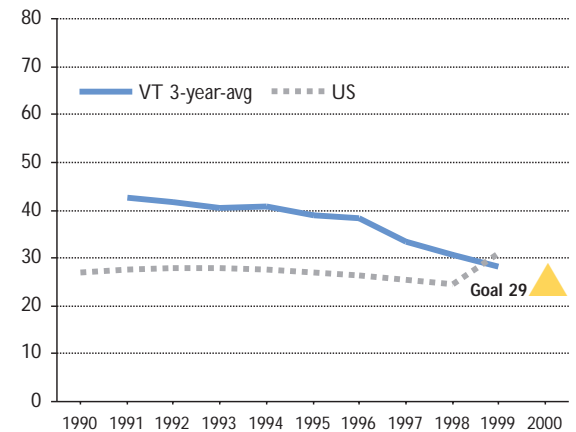
Prostate Cancer Deaths

Per 100,000 men (1996-2000)



Prostate Cancer Deaths

Per 100,000 men



Diabetes

Healthy Vermonters 2010 Objectives:

Reduce diabetes-related deaths.

Goal: 45 per 100,000 VT 2000: 96 per 100,000

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

Goal: 5.4 per 10,000 VT 1999: 7.1 per 10,000

Increase the percentage of adults with risk factors for diabetes who have ever been tested.
Vermont goal to be set.

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

Goal: 60% VT 2000: 44% (age 18+)

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

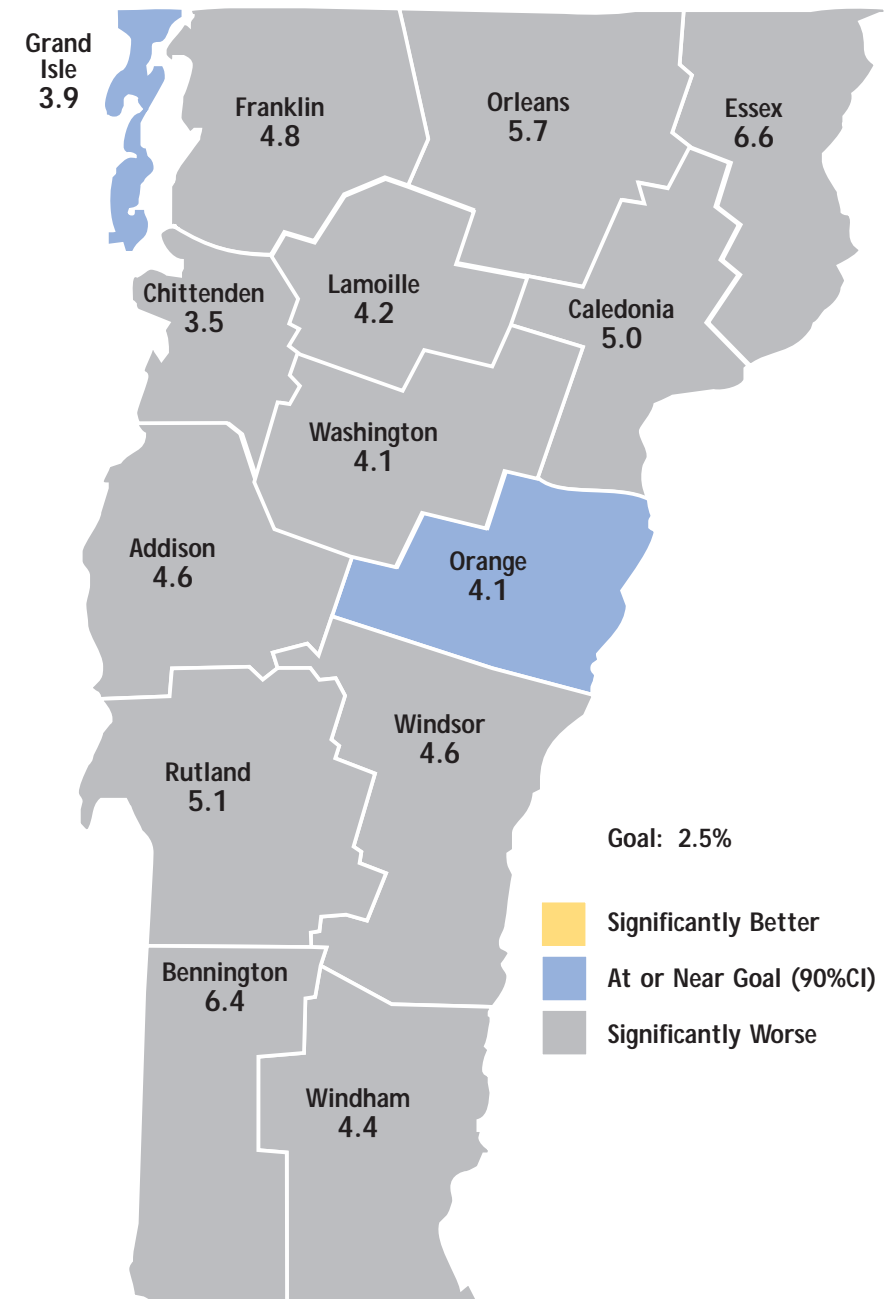
Goal: 75% VT 2000: 80%

Facts:

- Approximately 543 Vermonters die from diabetes-related causes each year.
- An estimated 30,000 Vermonters have diabetes. About one-third of those have not yet been diagnosed.
- People with risk factors (see page 17) should talk to their health care provider about screening for diabetes.
- Early diagnosis of diabetes give the patient access to education, self-management information and skills (monitoring of blood glucose, diet control, etc.), and health care that can reduce complications and improve quality of life.
- Total annual hospital charges from diabetes in VT: \$84.6 M

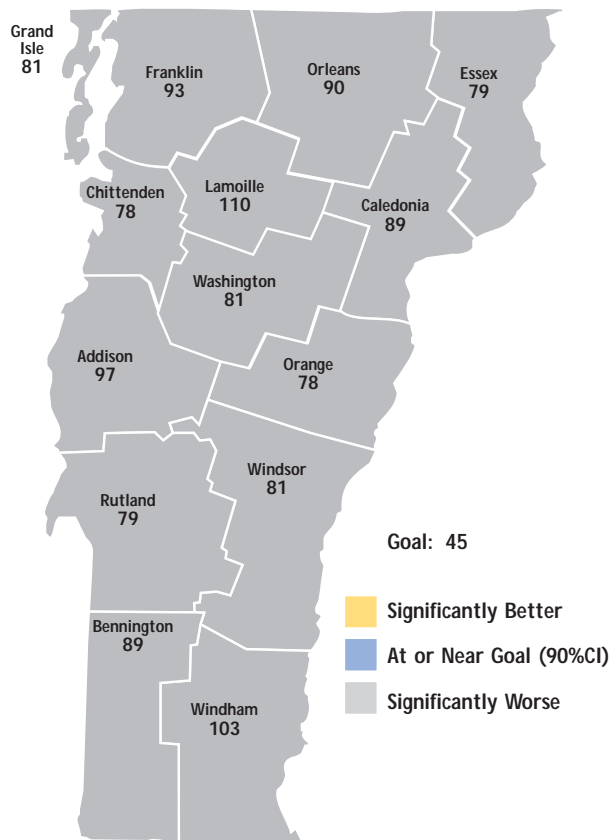
Diabetes Prevalence

Percentage of adults ever diagnosed with diabetes (1996-2000)



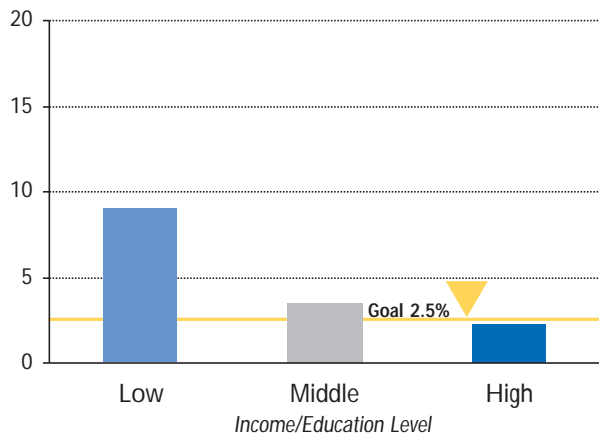
Diabetes-Related Deaths

Per 100,000 people (1996-2000)



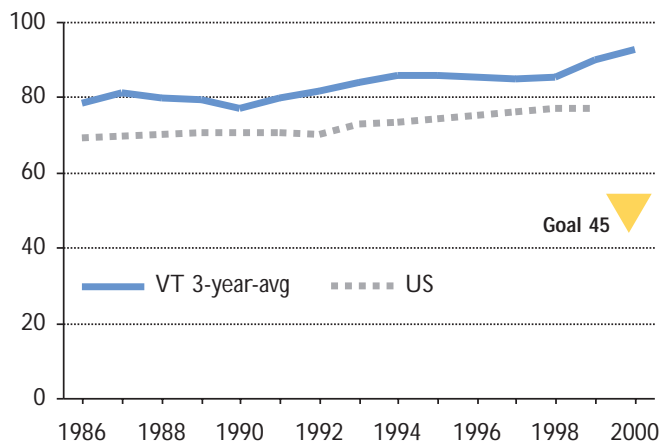
Diabetes by Income/Education

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



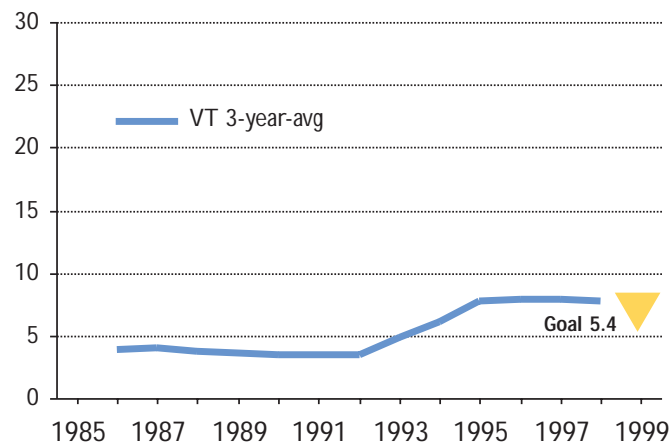
Diabetes-related Deaths

Per 100,000 people



Diabetes Hospitalizations

Per 10,000 Vermont adults age 18-64



Risk Factors for Diabetes

- Age over 45
- Obesity
- Physical inactivity
- Having very large baby/gestational diabetes
- Family history of diabetes
- Being African American, Hispanic/Latino, Asian American or Pacific Islander, or American Indian

Prevention and Control

Improved diet and exercise habits are essential for controlling and reducing the complications of diabetes. This can actually prevent Type 2 diabetes, or may be the only treatment required.

Type 1 Diabetes

(*insulin-dependent diabetes mellitus*)

Occurs most often in children and teens. Usually appears suddenly and progresses quickly. Characterized by an absolute insulin deficiency.

Type 2 Diabetes

(*non-insulin dependent diabetes mellitus*)

Occurs most often in overweight adults age 40+. Onset is usually gradual. Characterized by a resistance to insulin.

Healthy Vermonters 2010 Objectives:

Increase the percentage of people who follow key food safety practices at home.

Goal: 79% VT 1999: 78%

Improve food employee behaviors and food preparation practices in retail food establishments.

National goal to be set.

Increase the percentage of the population on community public water systems whose drinking water meets safe standards.

Goal: 95% VT 1999: 89%

Increase the percentage of people who live in homes tested for radon.

Goal: 20% VT 1994: 13%

Facts:

- Foodborne illness is widely underreported. CDC estimates that foodborne diseases cause approximately 76 million illnesses, 325,000 hospitalizations and 5,000 deaths in the U.S. each year.

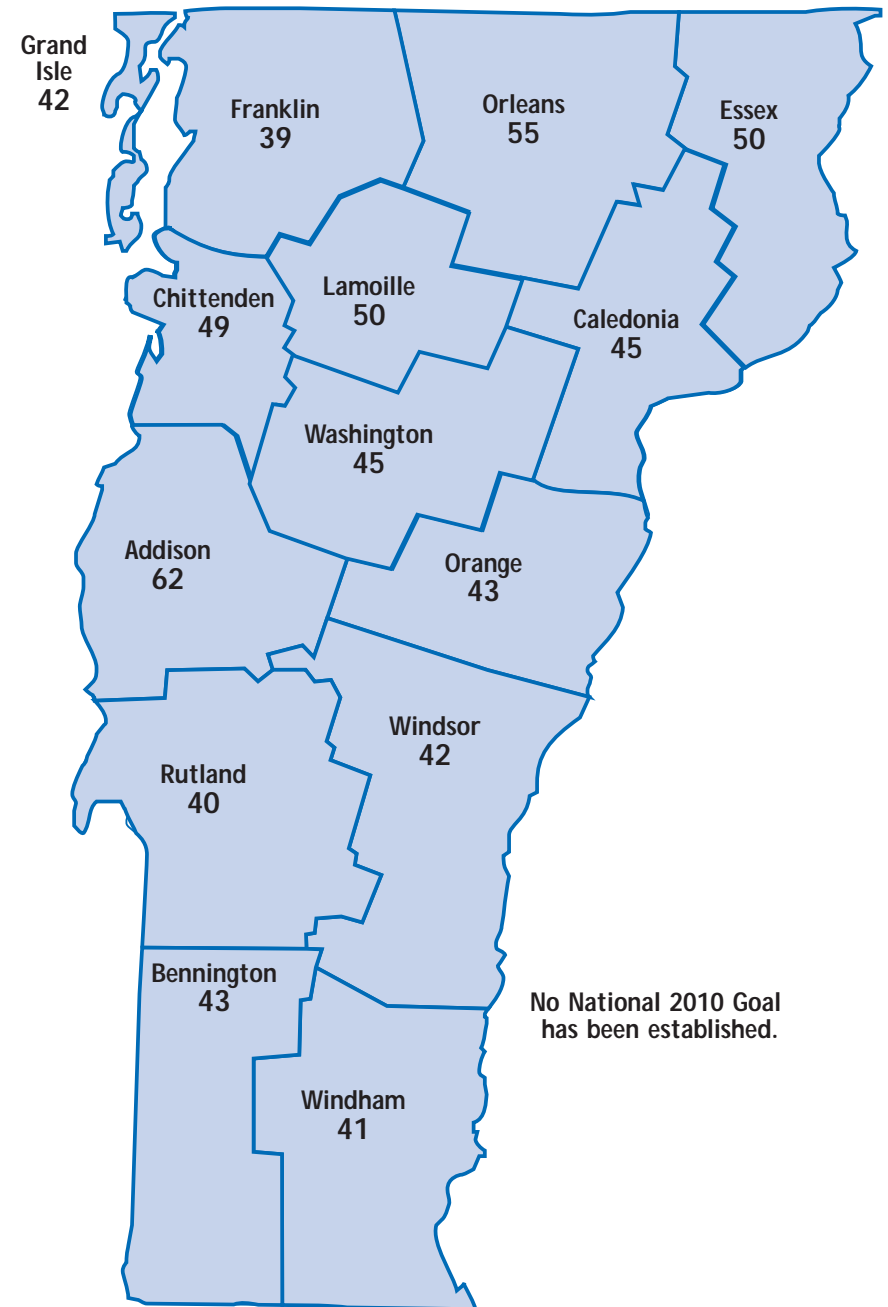
- The five greatest risks for foodborne disease outbreaks are: keeping food too long at improper temperatures, inadequate cooking, contaminated equipment, food from an unsafe source, and poor personal hygiene among food handlers.

- Approximately 70 percent of Vermonters get their drinking water from public water systems. Public supplies are monitored for contamination from bacteria, chemicals and radionuclides.

- About 40 Vermont deaths may be attributable to radon each year. The risk of lung cancer is increased even more for a smoker exposed to radon gas. A radon test is the only way to find out if radon is present in the home.

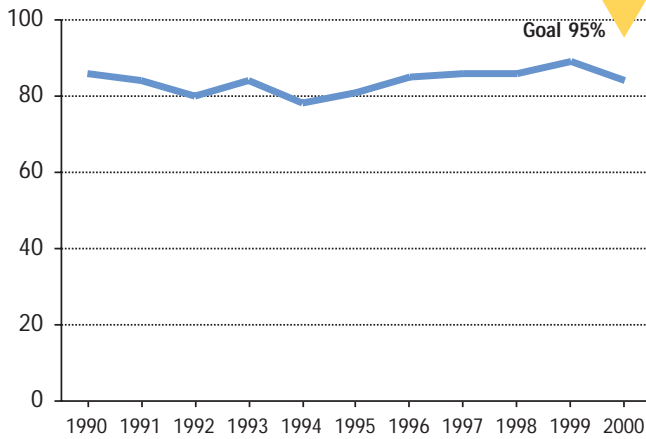
Common Food or Waterborne Diseases

Reported Cases of Campylobacter, Cryptosporidiosis, E.Coli O157:H7, Giardia and Salmonella per 10,000 people (1997-2001)



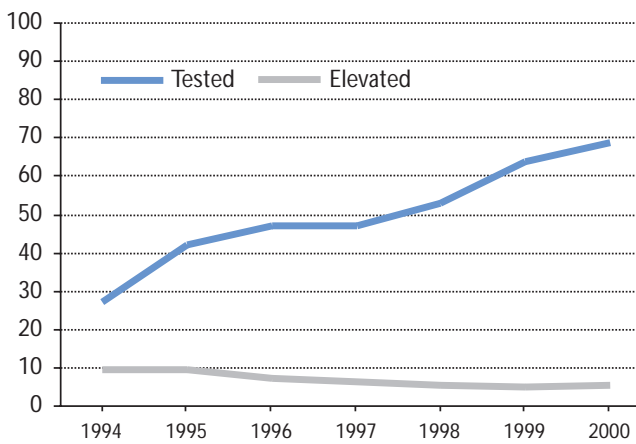
Safe Drinking Water

Percentage of Vermonters on public drinking water systems whose water consistently meet standards



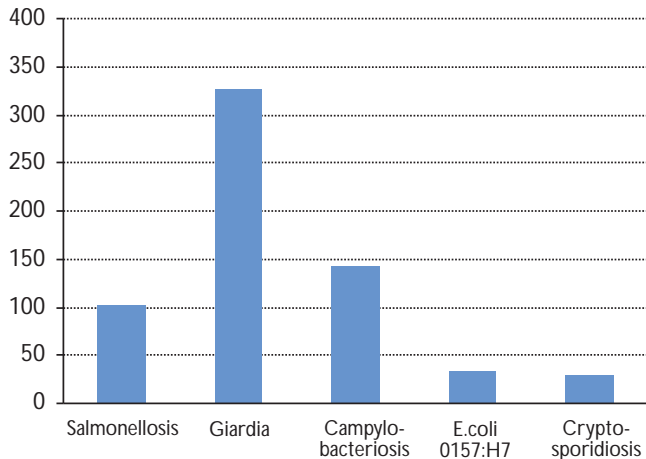
Childhood Lead Poisoning

Percentage of Vermont 1-year-olds tested for lead poisoning or with elevated blood lead levels (>10 µg/dl)



Common Food or Waterborne Diseases

5-year median number of cases reported to the Vermont Department of Health (1996-2000)



Food safety practices that reduce risk of illness:

- Wash hands and food preparation surfaces often
- Do not contaminate one food with another
- Cook food to proper temperatures
- Refrigerate food promptly

WATER TESTING GUIDELINES:

Recommended Testing for Homeowners with Privately Owned Wells

- Routine bacteriological test every year
- Routine inorganic chemical scan every 5 years
- Routine gross alpha screen every 5 years
- If pregnant women or child under age 6 months, test for nitrates and nitrites
- If pregnant woman or child under age 6 years, test for lead and fluoride

• If chemical or septic odor, call Vermont Department of Health for consultation

Source: Vermont Department of Health

Required Testing for Regulated Public Drinking Water Systems

(requirements vary based on number of people served and type of water source)

- Routine bacteriological tests every month
- Routine inorganic chemical scan every 3 years
- Routine lead, copper and nitrates test at specific intervals
- Routine organic chemical scan quarterly
- Routine radionuclides every 4 years
- Daily turbidity if surface water source
- Pesticides every 3 years

Source: Vermont Department of Environmental Conservation

Heart Disease & Stroke

Healthy Vermonters 2010 Objectives:

Reduce coronary heart disease deaths.

Goal: 166 per 100,000 VT 2000: 174 per 100,000

Reduce stroke deaths.

Goal: 48 per 100,000 VT 2000: 55 per 100,000

Reduce the percentage of adults with high blood pressure.

Goal: 16% VT 1999: 22%

Reduce the percentage of adults who smoke cigarettes.

Goal: 12% VT 2000: 21%

Facts:

- Nationally and in Vermont, death rates from heart disease and stroke have been steadily declining over the past 30 years. Still, heart disease is the leading cause of death in Vermont and stroke is the third leading cause.

- In Vermont an average of 1,108 residents die each year from heart disease and 347 die from stroke.

- Clinical preventive services shown to reduce risk include counseling to stop smoking, periodic blood pressure screening, cholesterol screening, and controlling high blood pressure and high blood cholesterol.

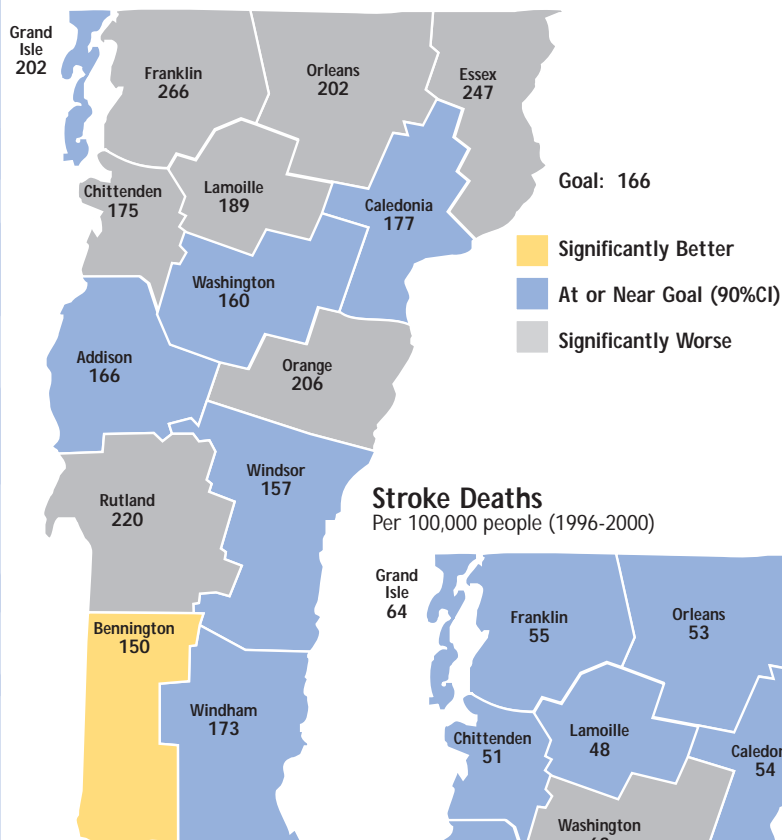
- Behaviors that help lower a person's risk of dying from heart disease or stroke include **Not Smoking**, staying at a healthy weight, eating less fat and high cholesterol foods, exercising regularly and learning about signs and symptoms.

- Total annual hospital charges from heart disease in VT: \$60.8 M

- Total annual hospital charges from stroke in VT: \$15.4 M

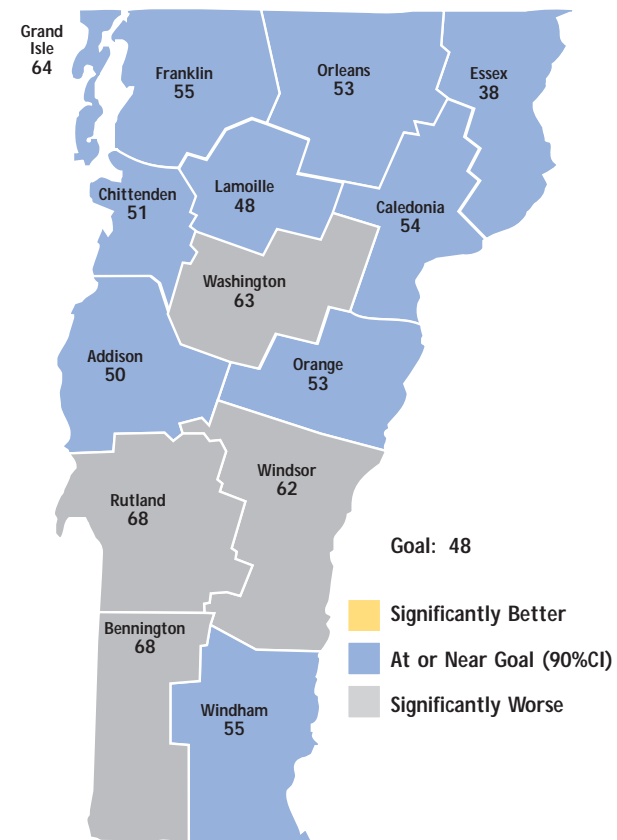
Heart Disease Deaths

Per 100,000 people (1996-2000)



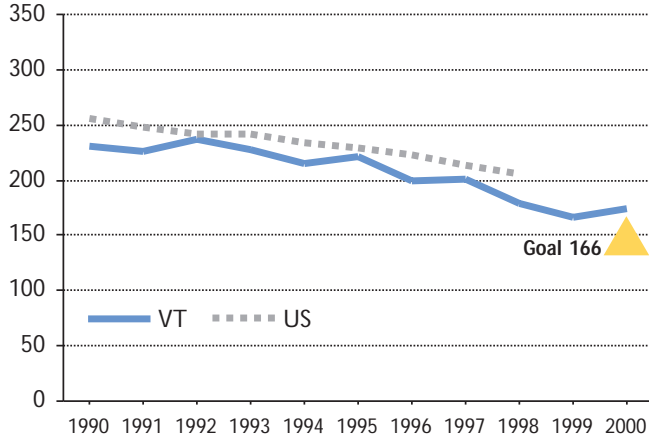
Stroke Deaths

Per 100,000 people (1996-2000)



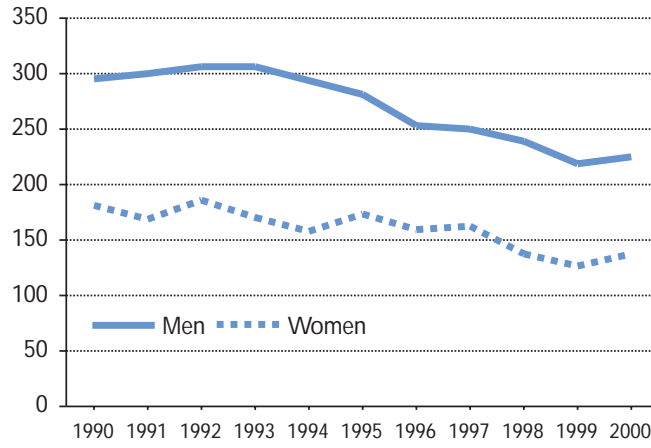
Heart Disease Deaths

Deaths per 100,000



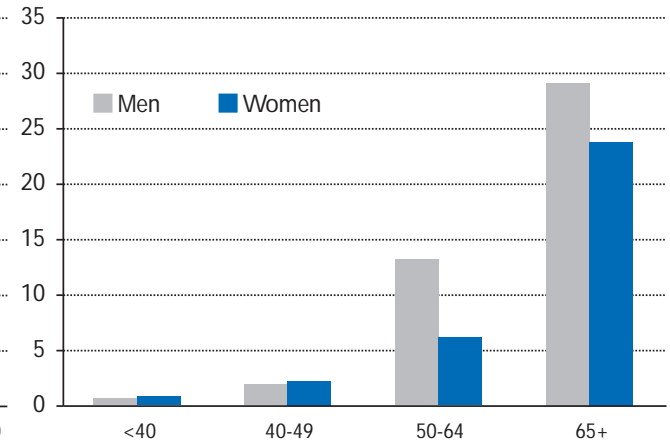
Heart Disease Deaths by Gender

Per 100,000 people in Vermont



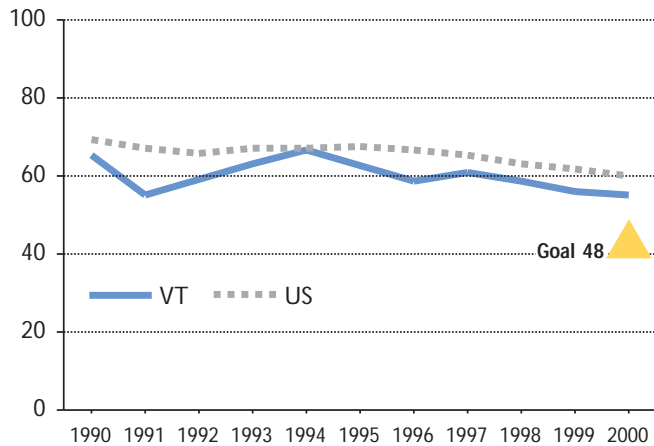
Heart Disease Prevalence

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



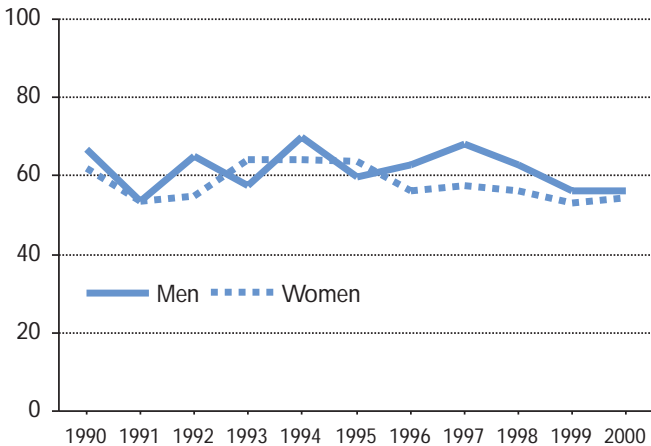
Stroke Deaths

Per 100,000 people



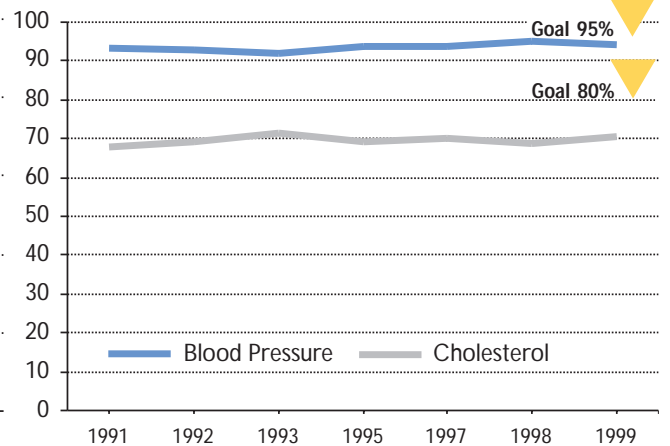
Stroke Deaths by Gender

Per 100,000 people in Vermont



Blood Pressure & Cholesterol Checks

Percentage of Vermont adults who had blood pressure check within 2 years and cholesterol check within 5 years



Healthy Vermonters 2010 Objectives:

Reduce HIV infection among adolescents and adults.

National goal to be set.

Increase the percentage of sexually active adults at risk for HIV/STDS who use condoms.

Goal: 75% VT 1999: 47%

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

Goal: 3% VT 2000: 2.9%

Increase the percentage of adolescents who either abstain from sexual intercourse or use condoms if currently sexually active.

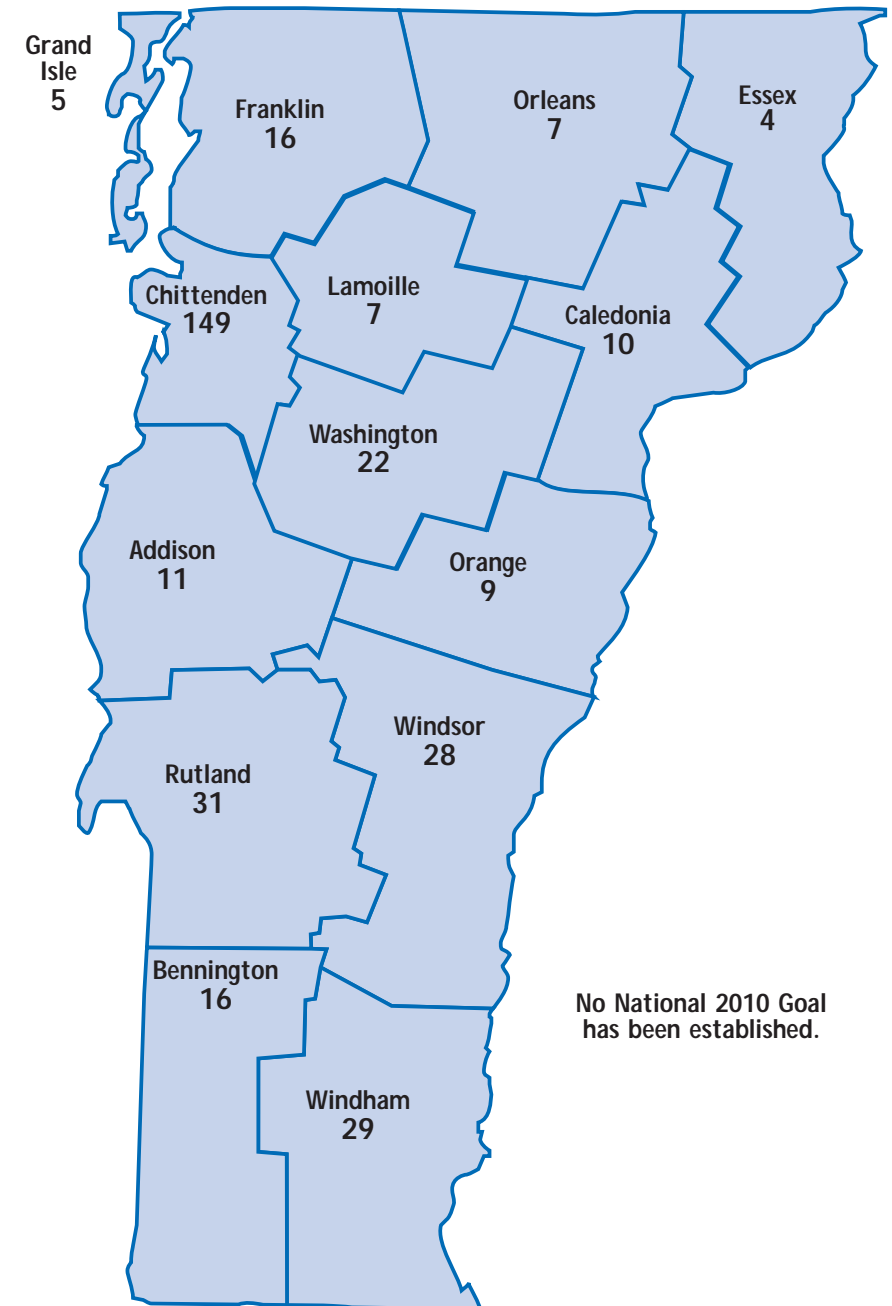
Goal: 95% VT 2001: 88% (grades 8-12)

Facts:

- Through December 2001, 417 Vermont residents have been diagnosed with AIDS; about half of those individuals have died.
- In 2000, HIV (human immunodeficiency virus) became a reportable disease in Vermont; 142 case reports of people living with HIV have been received through December, 2001.
- The national Centers for Disease Control and Prevention (CDC) estimates that one in three people with HIV **do not** know that they are infected.
- Chlamydia is the most-reported sexually transmitted disease. If untreated, up to 40 percent of infected women develop Pelvic Inflammatory Disease; up to 20 percent will become infertile.
- Abstaining from sexual intercourse is the only sure way to prevent sexually transmitted diseases, including HIV, AIDS and chlamydia. For those who are sexually active, proper use of latex condoms is the most effective way to prevent transmission.

HIV/AIDS by County of Residence at Diagnosis

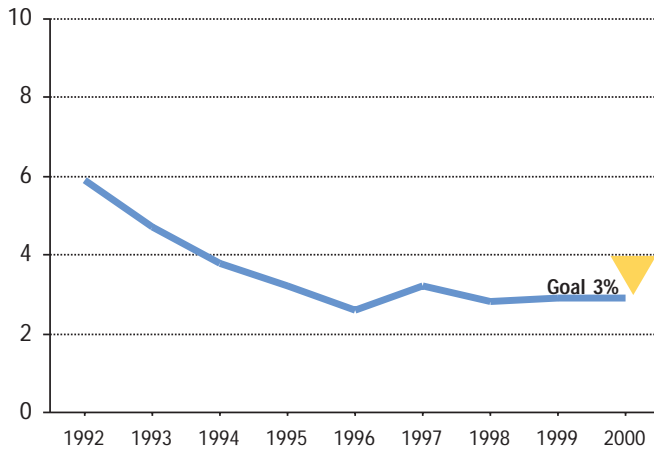
Number of people living with HIV/AIDS (2001)



No National 2010 Goal has been established.

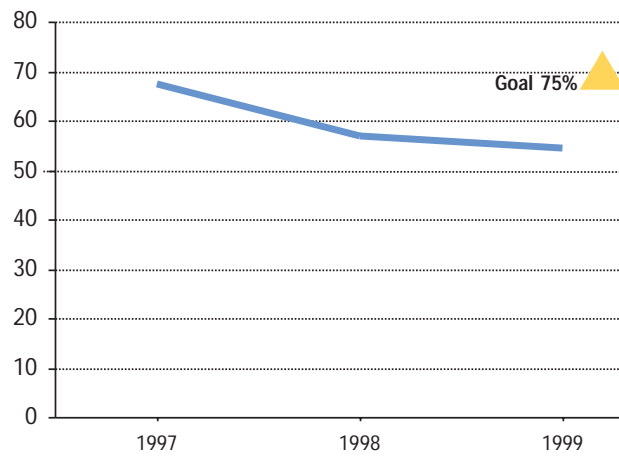
Chlamydia

Percentage of people age 15-24 screened at family planning sites in Vermont and diagnosed with chlamydia



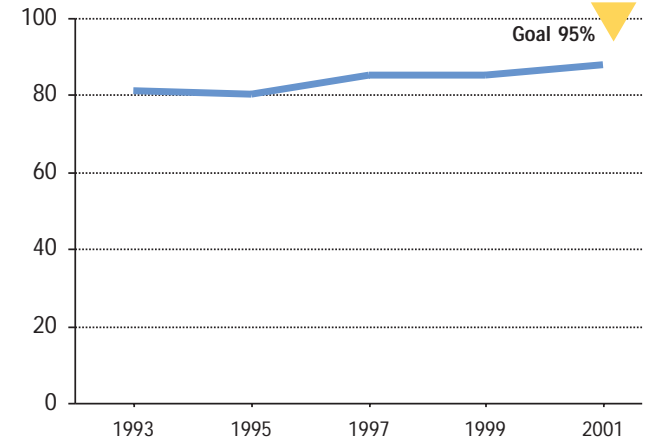
Adult Condom Use

Percentage of Vermont adults age 18-49 with multiple sex partners who report use of condoms



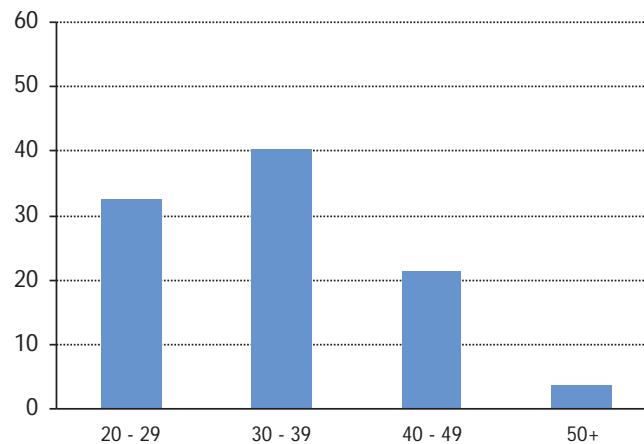
Abstinence or Condom Use

Percentage of Vermont students in grades 8-12 who abstain from intercourse/use condoms if sexually active



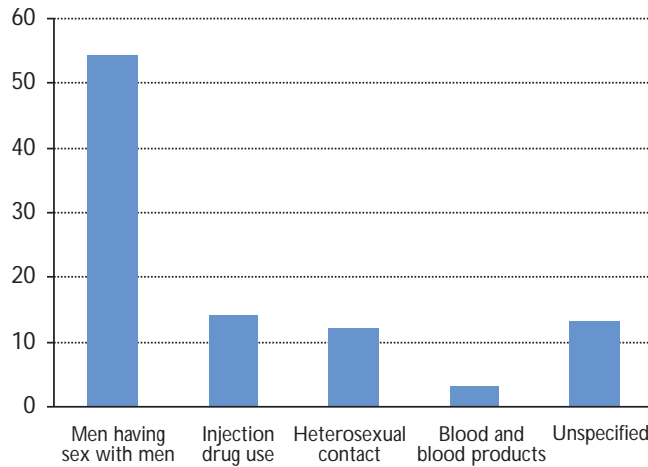
HIV by Age at Diagnosis

Percentage of people with HIV in Vermont (2001)



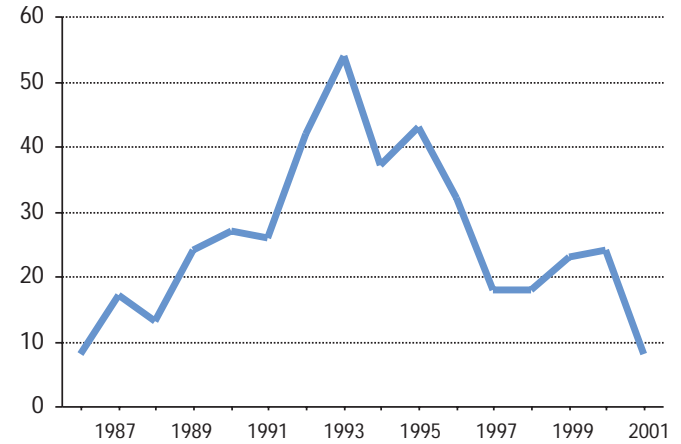
HIV by Mode of Exposure

Percentage of people with HIV in Vermont (2001)



AIDS Cases by Year of Diagnosis

Number of new Vermont cases diagnosed



Healthy Vermonters 2010 Objectives:

Increase the percentage of children (age 19-35 months) who receive recommended vaccines.

Goal: 90% VT 2000: 83% (4:3:1:3 - see pg 23.)
 VT 2000: 57% (varicella)

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

Goal: 90% VT 2000: 69% (influenza)
 VT 2000: 66% (pneumococcal disease)

Reduce pneumonia/influenza hospitalizations among adults age 65+.

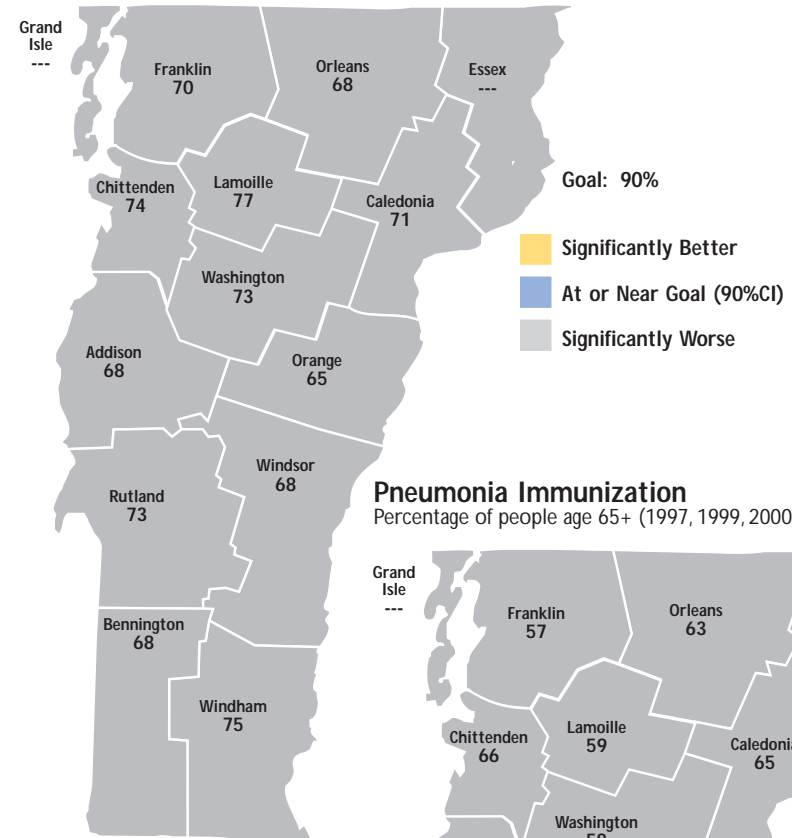
Goal: 8.0 per 10,000 VT 1999: 17.4 per 10,000

Facts:

- Immunizations protect young children from diseases like measles, mumps, rubella, diphtheria, tetanus, pertussis (whooping cough), varicella (chickenpox), polio and Hib.
- Varicella (chickenpox) is generally a mild, childhood disease. However, it can lead to bacterial infection or pneumonia.
- Each year, 150 to 200 Vermonters (mostly elderly) die of pneumonia or influenza. These illnesses are a leading cause of hospitalization among people age 65 and older.
- Immunization can greatly reduce the number of people hospitalized for influenza and pneumonia; still, vaccines are underutilized.
- Although there have been no human cases of rabies in Vermont in decades, 57 animals tested positive in 2000 and 50 people required treatment for exposure to rabid animals.
- Total annual hospital charges from vaccine-preventable disease in Vermont: \$2.6 M

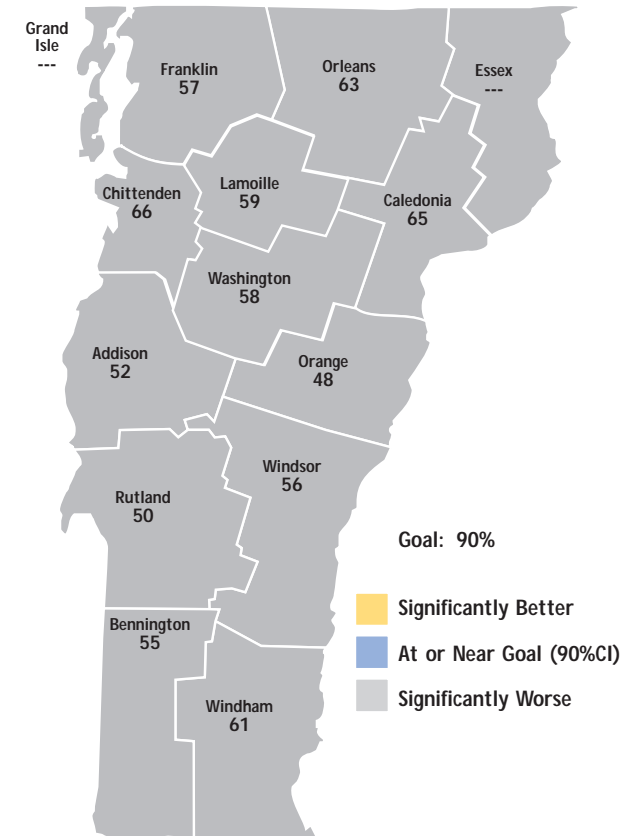
Influenza Immunization

Percentage of adults age 65+ (1997, 1999, 2000)



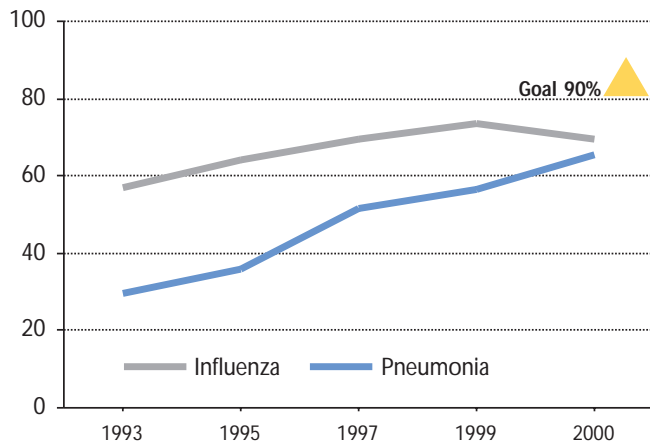
Pneumonia Immunization

Percentage of people age 65+ (1997, 1999, 2000)



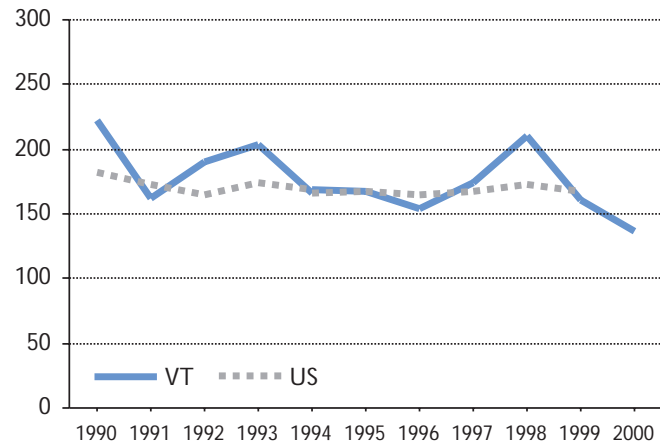
Influenza and Pneumonia Immunization

Percentage of adults age 65+ who receive vaccine



Pneumonia/Influenza Deaths

Per 100,000 adults age 65+



Healthy Vermonters 2010 Objectives:

Increase the percentage of children included in an immunization registry.

Goal: 95% VT 2000: 0

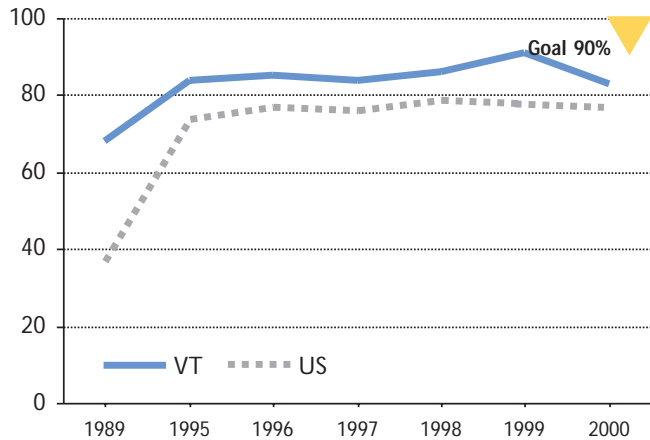
Reduce or eliminate cases of vaccine preventable disease.

	VT Goal	VT 2000*
Measles	0	3
Rubella	0	0
Hepatitis B (age 2-18)	0	0
Pertussis (under age 7)	8	34
<i>Haemophilus influenzae</i> B (under age 5)	0	1

*Cases reported to the VT Dept. of Health.

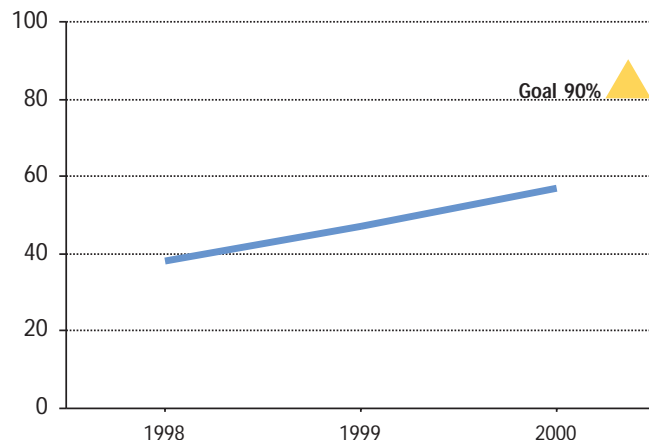
Childhood Immunization

Percentage of 2-year-olds receiving recommended vaccines (4:3:1:3)



Varicella Immunization

Percentage of Vermont 2-year-olds who receive recommended vaccine at or after age 12 months



2002 Recommended Childhood Immunizations

(to be completed by age 19-35 months)

4:3:1:3

- 4 doses DTP, DTaP, or DT vaccine (*diphtheria, tetanus, pertussis*)
- 3 doses polio vaccine
- 1 dose measles-containing vaccine
- 3 doses Hib (*Haemophilus influenzae B*) vaccine* (*Fourth dose recommended for some products.)

Other

- 1 dose varicella vaccine
- 3 doses Hepatitis B vaccine
- 4 doses pneumococcal vaccine

Healthy Vermonters 2010 Objectives:

Reduce residential fire deaths.

Goal: 0.2 per 100,000 VT 2000: 3.0 per 100,000

Further reduce child abuse substantiated cases among children under age 18.

Goal: 10.3 per 1,000 VT 2000: 7.1 per 1,000

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

Goal: 3.3 per 1,000 VT 1999: 3.0 per 1,000

Reduce work-related injuries among workers age 16+.

Goal: 4.3 per 100 VT 1999: 6.9 per 100

Increase the percentage of people who always use safety belts.

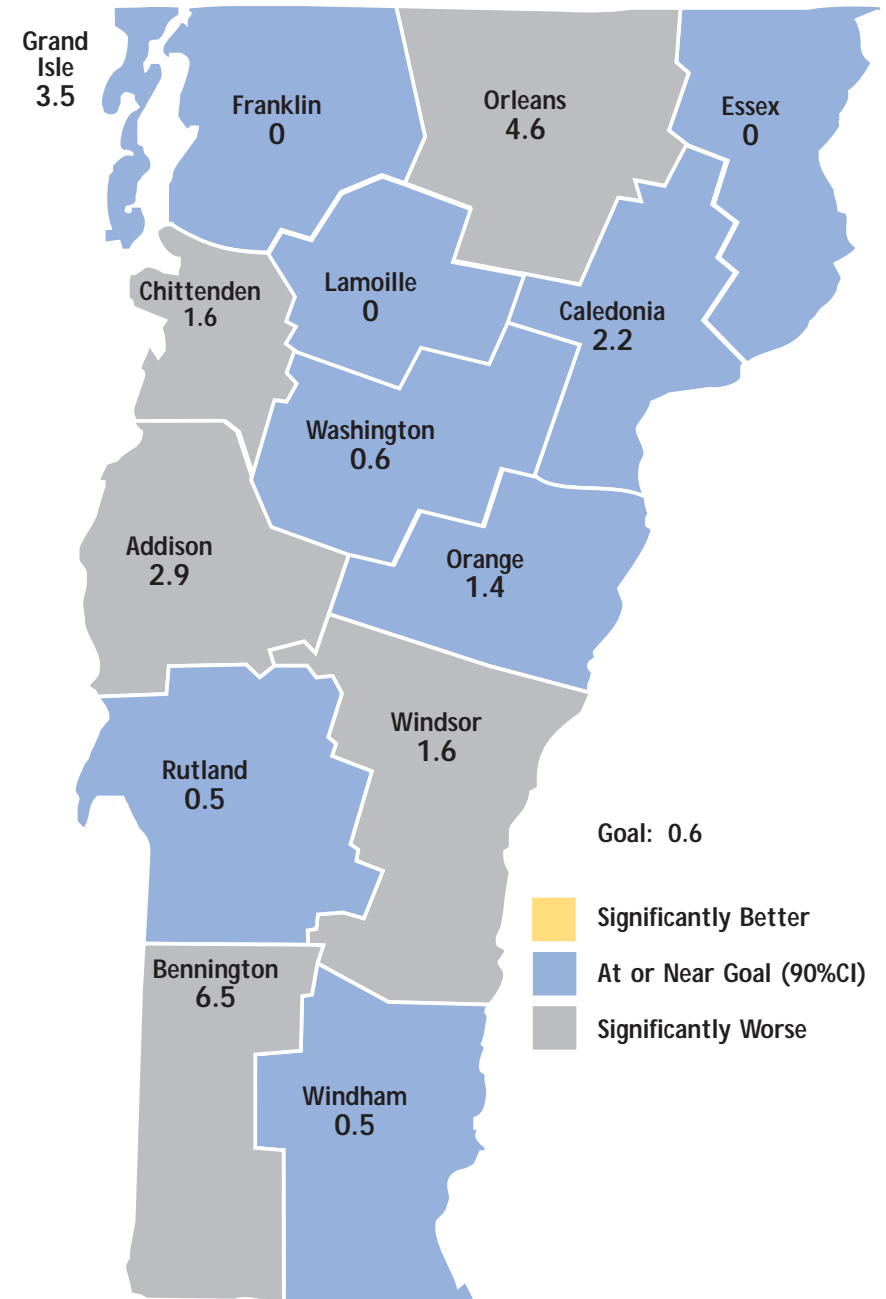
Goal: 92% VT 2000: 62% (age 18+)
 VT 2001: 79% (grades 8-12)

Facts:

- From 1996-2000, 51 Vermonters died in fires that were not intentionally set. Lack of a working smoke detector is a major risk factor.
- In Vermont, physical abuse, sexual abuse, and neglect of children have all declined since 1990. Compared to the U.S., Vermont has a higher rate of sexual abuse and a lower rate of child neglect.
- About 13 Vermont workers die each year as a result of injuries sustained on the job.
- From 1996-2000, 66 percent of vehicle occupants killed in Vermont crashes were not properly restrained.
- Total annual hospital charges for leading injury-related causes in VT: falls \$19.5 M, motor vehicle \$ 9.7 M, poisoning \$2.6 M

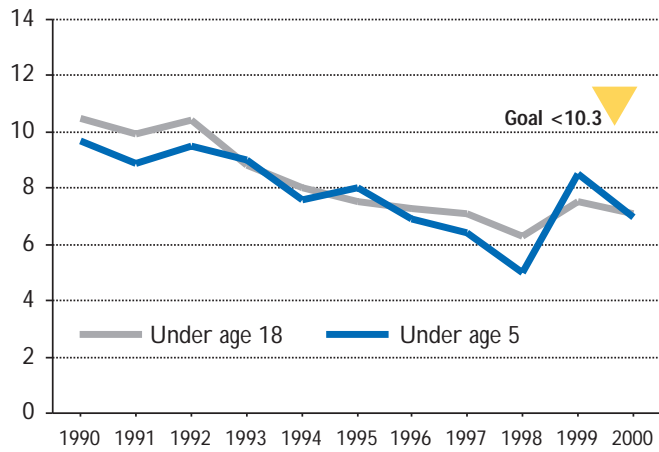
Residential Fire Deaths

Unintentional deaths per 100,000 people (1996-2000)



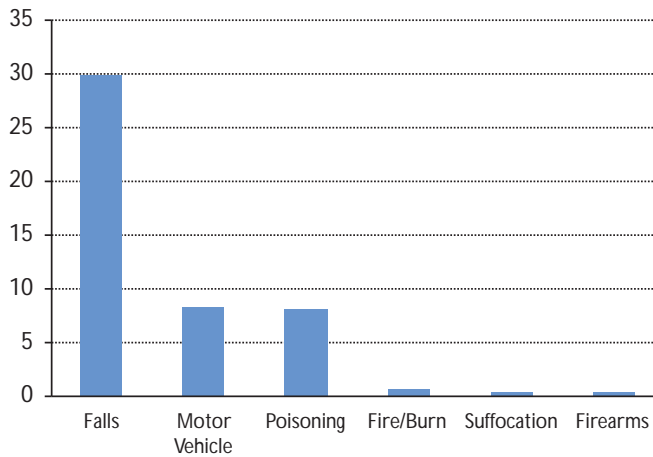
Child Abuse and Neglect

Substantiated victims per 1,000 Vermont children



Leading Injury Hospitalizations

Per 10,000 Vermonters (1993-1999)

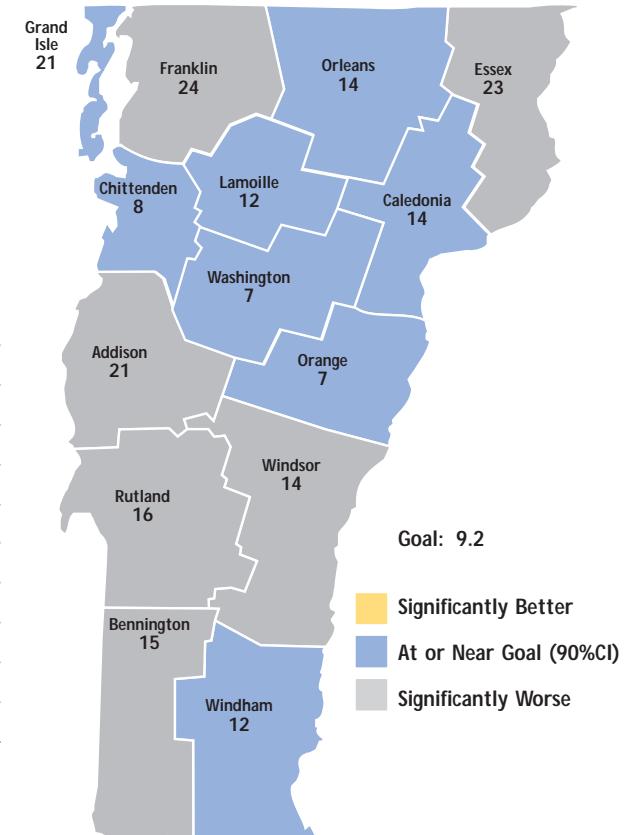


Alcohol is a risk factor for almost every type of injury.

- Motor vehicle crashes
- Falls
- Fires
- Drownings
- Suicide
- Homicide
- Domestic violence
- Child abuse and neglect

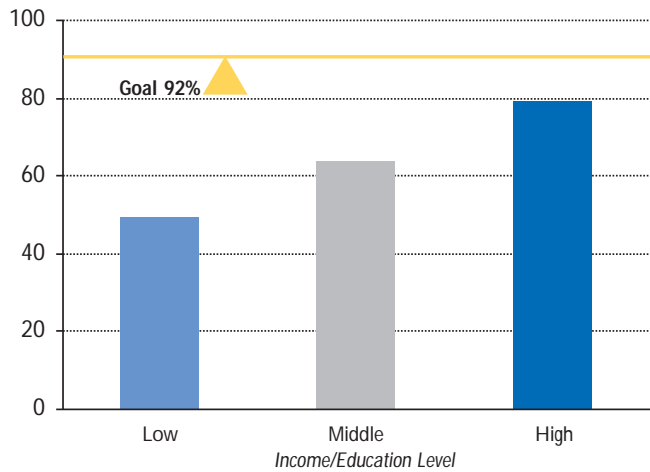
Motor Vehicle Crash Deaths

Per 100,000 people (1996-2000)



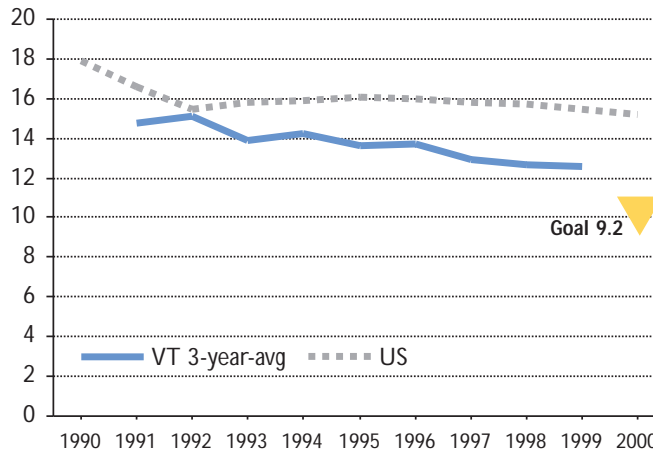
Seatbelt Use by Income/Education

Percentage of Vermont adults age 25-64 who always use a seat belt (1993, 1995, 1997)



Motor Vehicle Crash Deaths

Per 100,000 people



Healthy Vermonters 2010 Objectives:

Reduce infants deaths.

Goal: 4.5 per 1,000 live births VT 2000: 6.0 per 1,000 live births

Reduce the percentage of low birth weight births (≤ 5.5 lbs).

Goal: 5% VT 2000: 6.1%

Reduce the percentage of very low birth weight births (≤ 3.3 lbs).

Goal: 0.9% VT 2000: 1.1%

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)

Further reduce teen pregnancy rate among girls age 15-17.

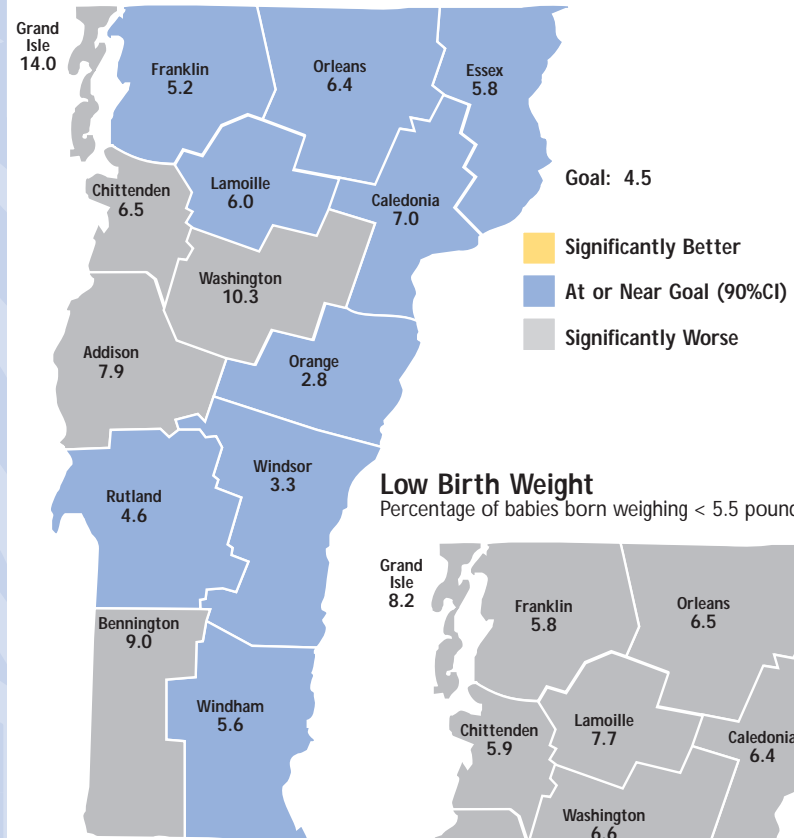
Goal: 43 per 1,000 VT 2000: 19 per 1,000

Facts:

- An average of 41 infants die in Vermont each year. The major causes are birth defects, complications of prematurity and Sudden Infant Death Syndrome (SIDS).
- Infant mortality is closely linked with birth weight. Beginning prenatal care early, NOT smoking or drinking, gaining enough weight during pregnancy and allowing for adequate time between pregnancies all help prevent low birth weight.
- Smoking during pregnancy is the single most important preventable risk factor for low birth weight in Vermont.
- Comprehensive prenatal care includes screening for medical conditions, guidance about nutrition and weight gain, and counseling about risks like smoking, alcohol use and domestic violence.
- Total annual hospital charges for low weight births in VT: \$1.46 M

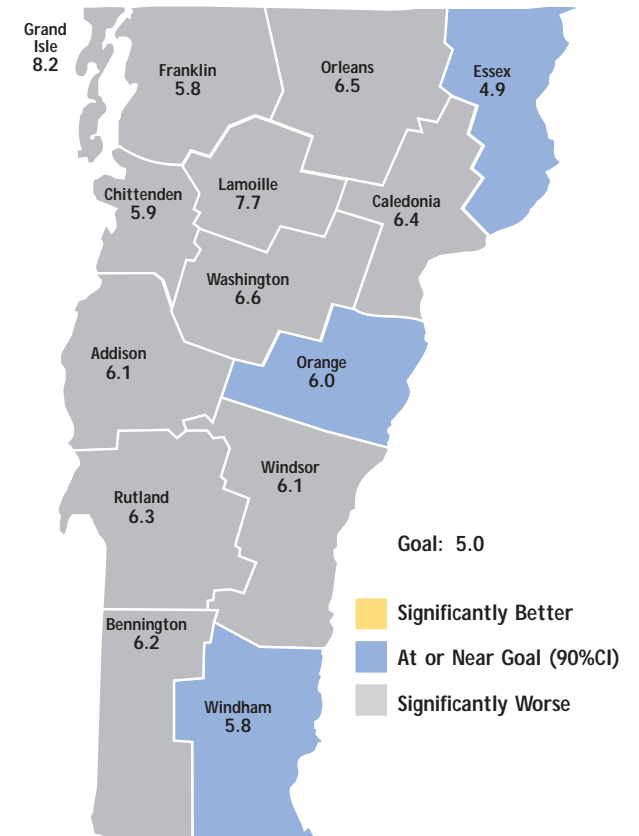
Infant Mortality

Deaths per 1,000 live births (1996-2000)



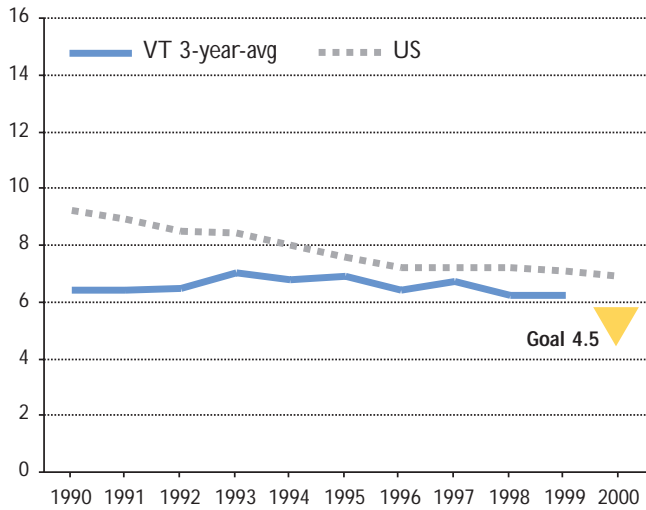
Low Birth Weight

Percentage of babies born weighing < 5.5 pounds (1996-2000)



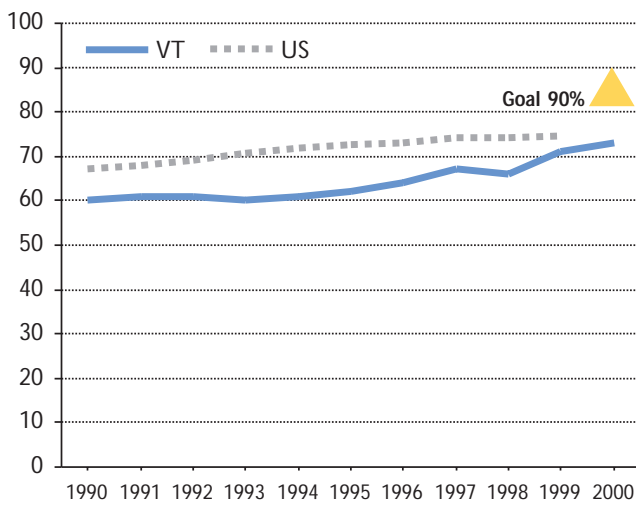
Infant Mortality

Deaths per 1,000 live births



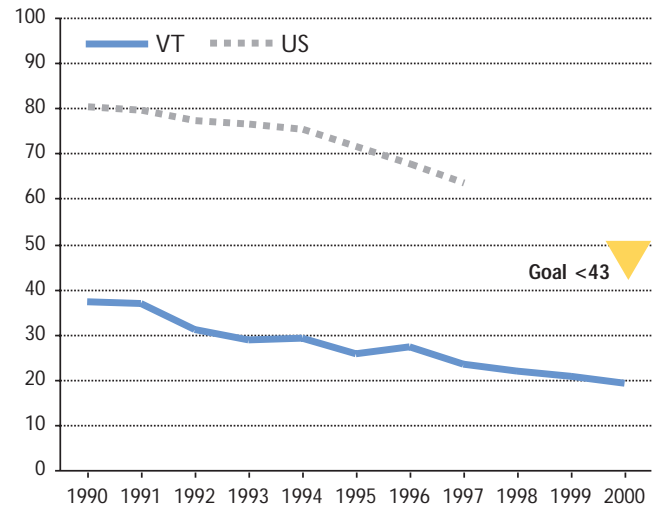
Early and Adequate Prenatal Care

Percentage of pregnant women



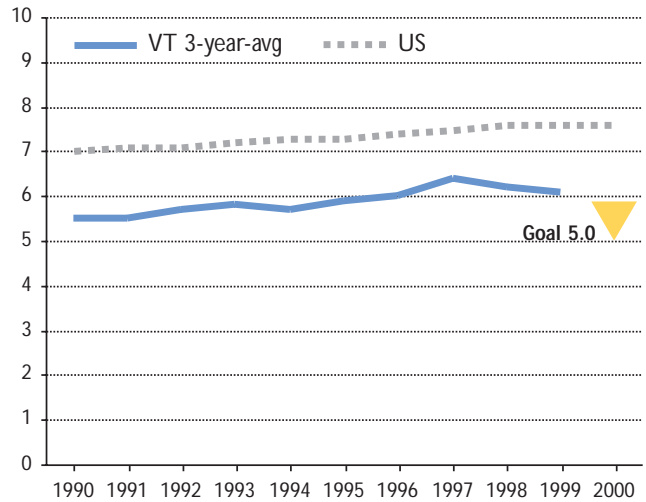
Young Teen Pregnancy

Pregnancies per 1,000 girls age 15-17



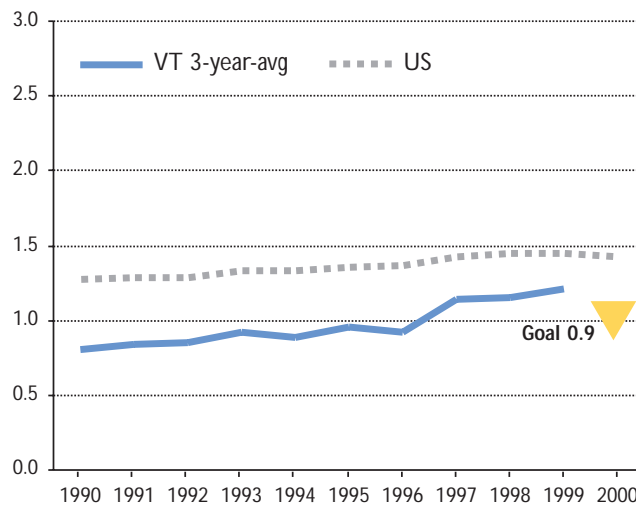
Low Birth Weight

Percentage of babies born weighing 5.5 pounds or less



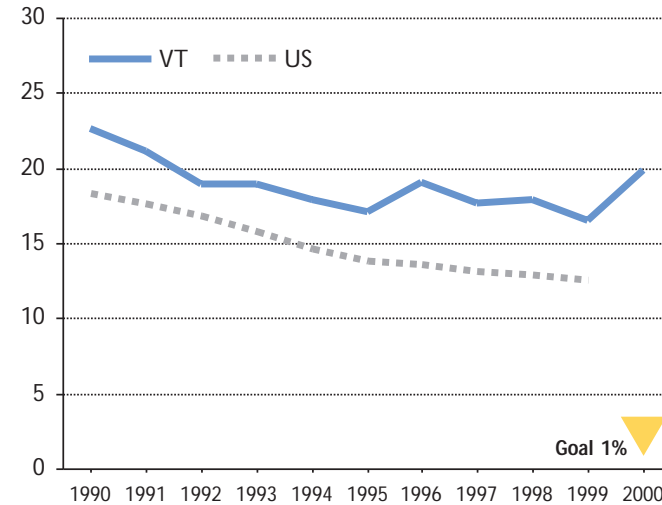
Very Low Birth Weight

Percentage of babies born weighing 3.3 pounds or less



Smoking during Pregnancy

Percentage of mothers who smoked



Mental Health & Suicide

Healthy Vermonters 2010 Objectives:

Reduce suicide deaths.

Goal: 5.0 per 100,000 VT 2000: 12.3 per 100,000

Reduce the percentage of adolescents who attempt suicide.

Goal: 1% VT 2001: 2.2% (grades 8-12)

Increase the percentage of children with mental health problems who receive treatment and the percentage of adults who are screened for depression by a primary care professional.

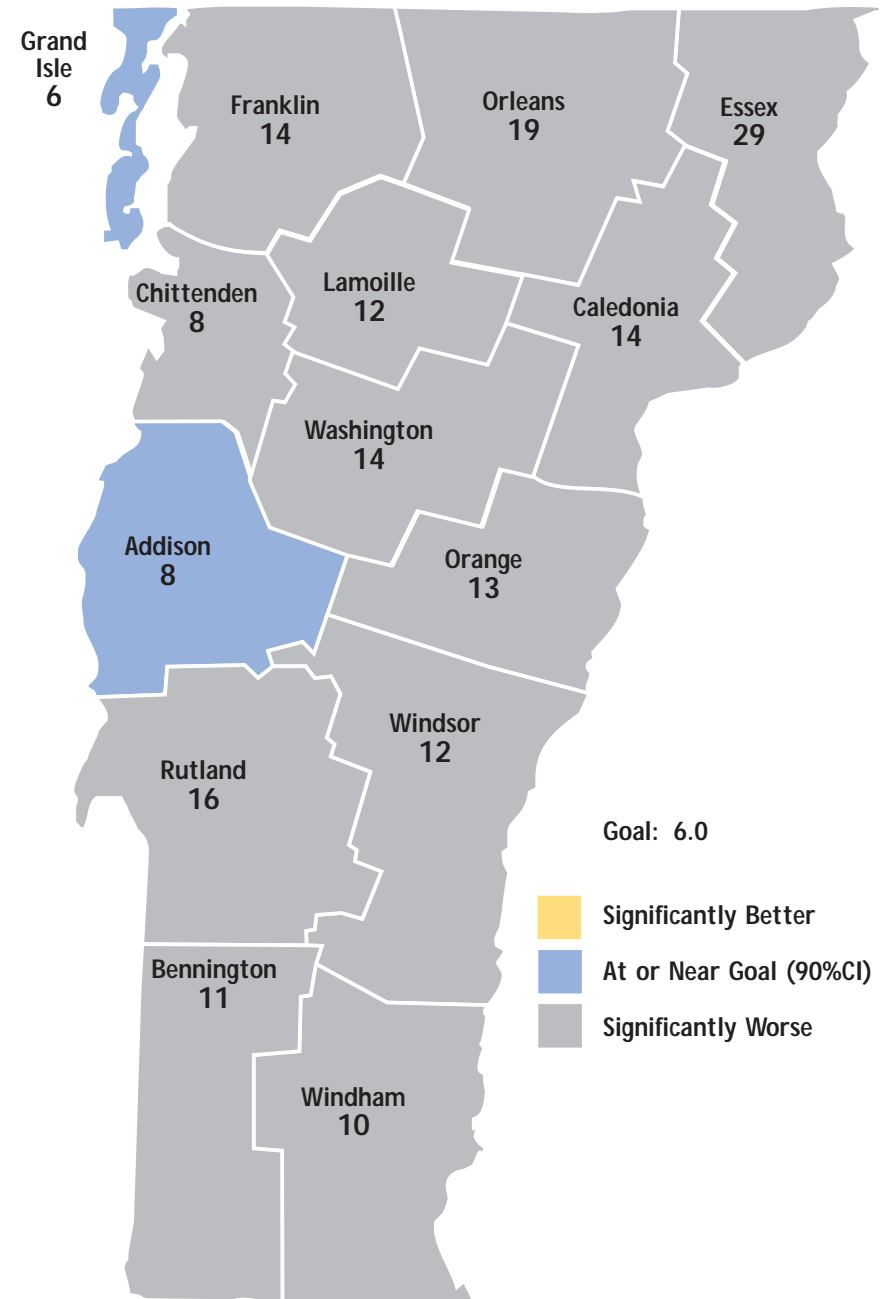
Goals to be set.

Facts:

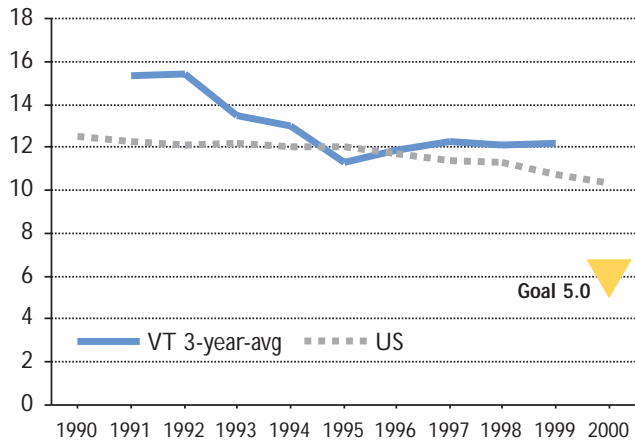
- In Vermont, suicide consistently ranks as one of the top 10 leading causes of death. An average of 73 Vermonters commit suicide each year.
- Firearms are the most common method of suicide followed by poisoning and suffocation.
- Mental disorders affect people of all ages; all racial, ethnic, educational and socioeconomic groups; and both genders.
- Mental disorders vary in severity. More severe conditions include schizophrenia, major depression, manic-depressive or bipolar illness, obsessive-compulsive disorder and panic disorder.
- Depression is the most common mental health disorder, and a leading cause of suicide, yet less than one-quarter of adults diagnosed with depression receive treatment.
- While depression affects 5 to 10 percent of patients seen in primary care practice, as many as half of them may not be recognized as such by their primary care provider.
- Total annual hospital charges for suicide attempts in VT: \$2.2 M

Suicide Deaths

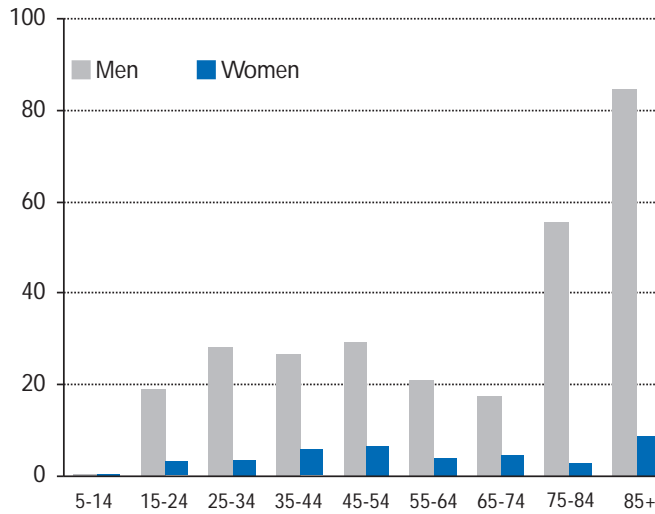
Per 100,000 people (1996-2000)



Suicide Deaths Per 100,000 people



Suicide Deaths by Age & Gender Per 100,000 Vermonters (1996-2000)



Youth Suicide Attempts 2001

Percentage of Vermont students in grades 8-12

	Boys	Girls
Made a plan about how to attempt suicide	10%	17%
Actually attempted suicide	4%	10%
Attempted suicide and required medical treatment	2%	2%

Facts:

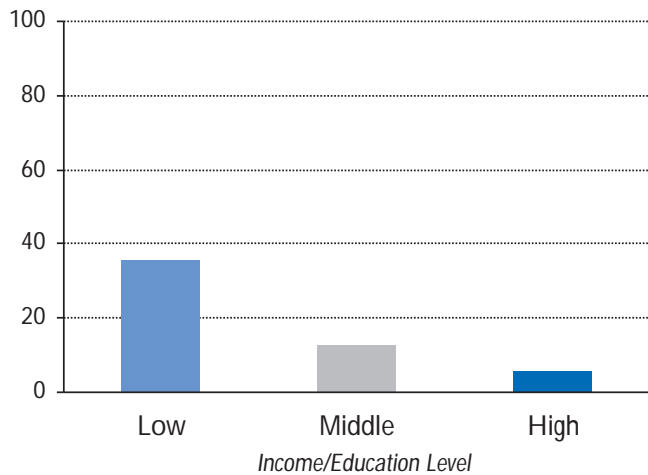
- Suicide is the third leading cause of death for 10- to 14-year-olds, and the the second leading cause for 15-34 year olds.

- Nationally, gay and lesbian adolescents are two to three times more likely to attempt suicide than their heterosexual peers.

- Young people who are at greatest risk often have clinical depression and may also exhibit behavior problems including drinking and other drug use.

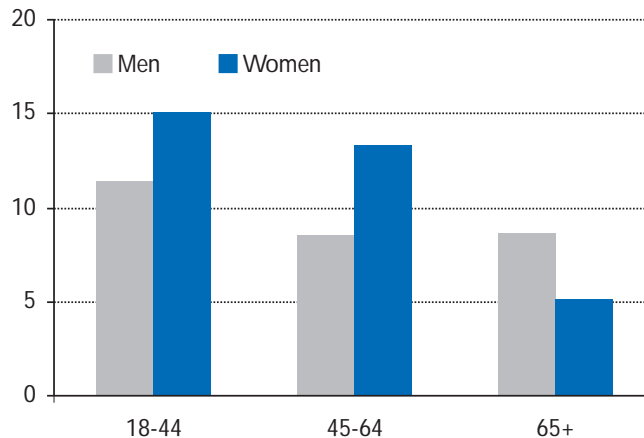
Depression by Income/Education

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



Depression by Age & Gender

Percentage of Vermont adults (1996-2000)



Healthy Vermonters 2010 Objectives:

Increase the percentage of the population served by community public water systems having optimally fluoridated water.

Goal: 75% VT 2000: 56%

Increase the percentage of people who use the dental system each year.

Goal: 83% VT 2000: 76% (age 18+)

Increase the percentage of dentists who counsel patients about quitting smoking.

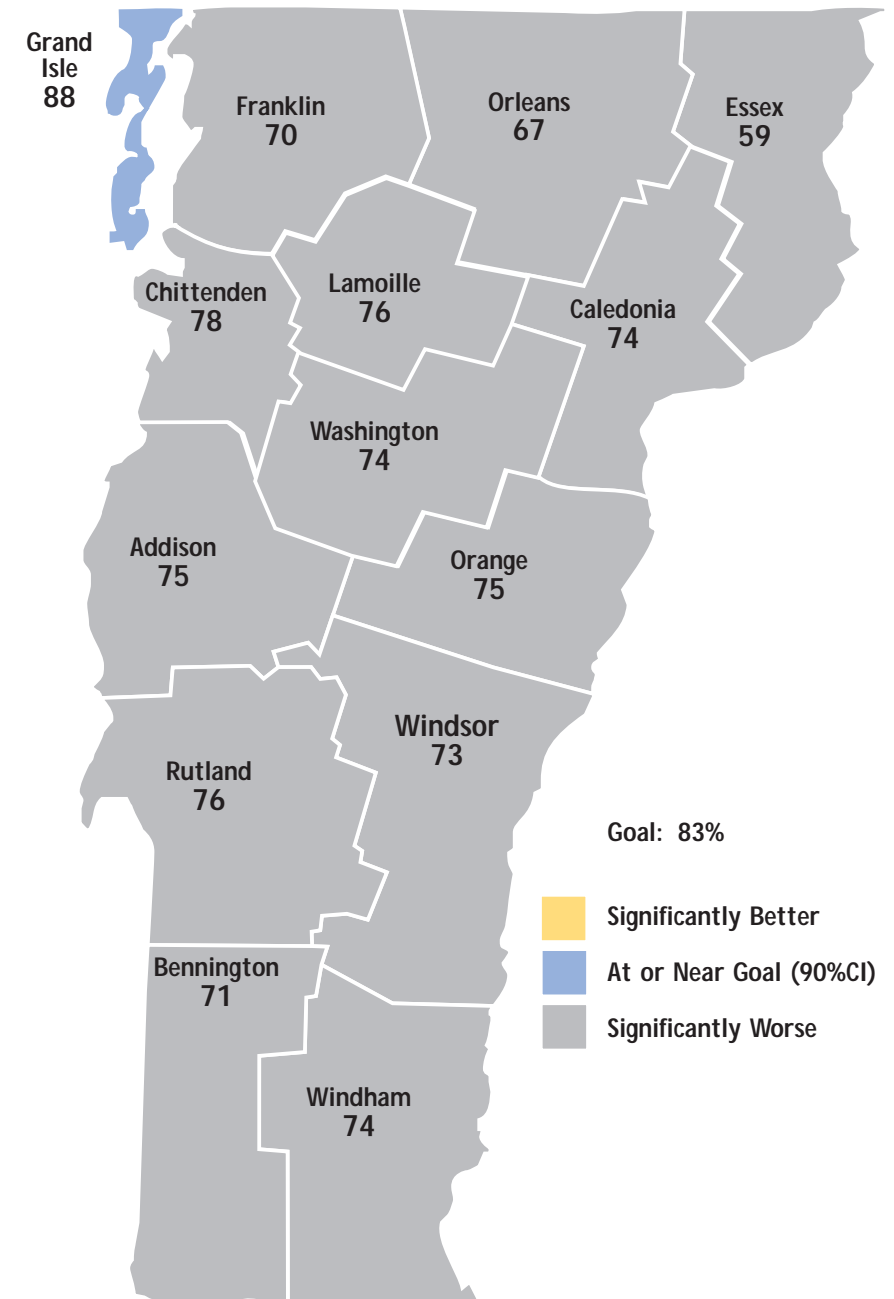
Goal: 85% VT: Data Not Available

Facts:

- In communities that add fluoride to their drinking water, children have 30 to 50 percent fewer cavities. In Vermont, about half of the public community drinking water systems serving more than 500 people add fluoride to the water.
- Regular dental checkups can prevent or diagnose and treat early gum disease, tooth decay and oral cancer.
- Placing sealants (plastic coatings applied to the tooth biting surface) on permanent molar teeth shortly after they come in protects the teeth from bacteria that cause tooth decay.
- In 1998, there were 347 dentists practicing in Vermont; 272 in primary care practice. The primary care dentist to population ratio was approximately 39 dentists per 100,000 population.
- Dentists and dental hygienists are in a unique position to identify early signs of tobacco use and counsel smokers to quit.
- Total annual cost of oral health treatment in Vermont: \$127 M

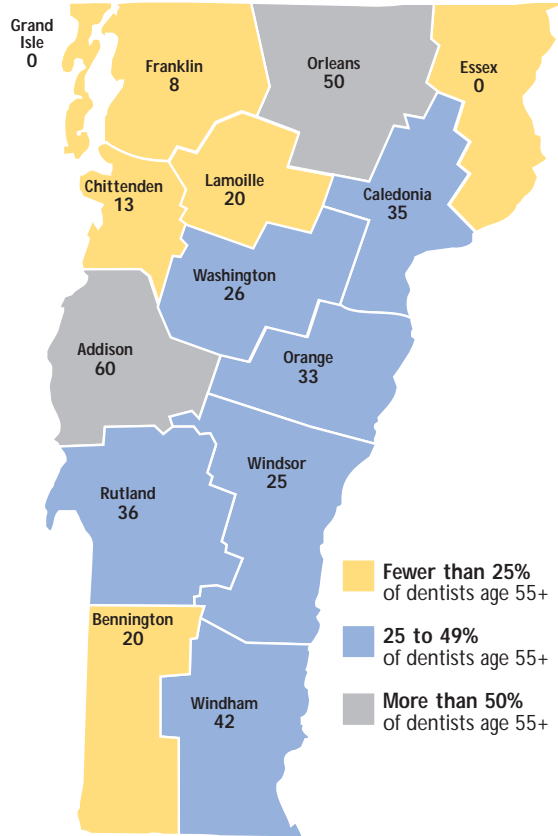
Adult Dental Care

Percentage of adults who saw a dentist in the past year (1999-2000)



Primary Care Dentists by Age

Percentage of primary care dentist age 55+ (1998)

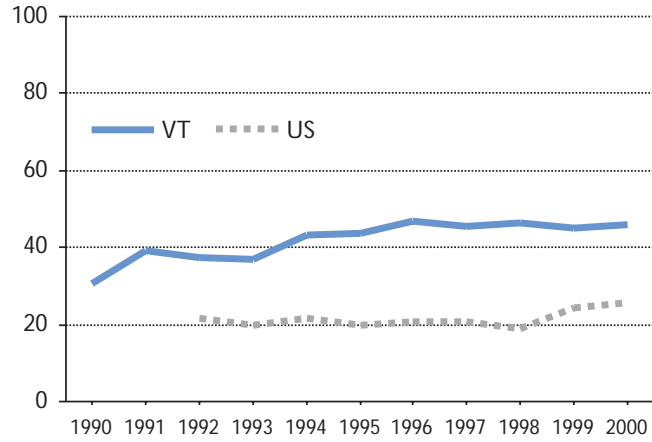


Dentist Age and Patient Care Hours

In Vermont, 64 percent of dentists are in mid-career (age 35-54), 11 percent are under age 35, and 25 percent are age 55 or older and may be closer to retirement.

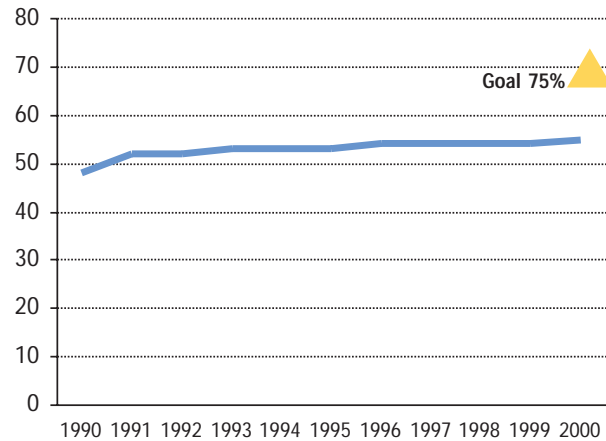
Medicaid: Children's Dental Visits

Percentage of enrolled children age 0-21 who had at least one dental visit during the year



Fluoride in Public Drinking Water

Percentage of population on public drinking water whose water is optimally fluoridated



Healthy Vermonters 2010 Objectives:

Reduce the percentage of children with untreated dental decay.

Goal: 21% VT 1993-94: 19% (age 6-8)

Reduce the percentage of youth with untreated dental decay.

Goal: 15% VT 1993-94: 22% (age 14-15)

Increase the percentage of children who get dental sealants.

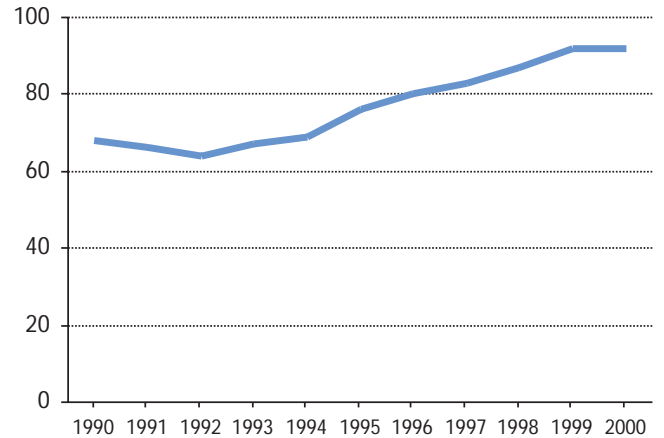
Goal: 50% VT 1993-94: 43% (age 8)

Increase the percentage of youth who get dental sealants.

Goal: 50% VT 1993-94: 45% (age 14)

Schools Providing Fluoride Mouthrinse

Percentage of Vermont schools without fluoridated water that provide fluoride for students in grades 1-8



Overweight & Obesity

Healthy Vermonters 2010 Objectives:

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

Goal: 15% VT 2000: 18%

Reduce the percentage of youth who are obese or overweight.

Goal: 5% VT 2001: 10% (grades 8–12)

Increase food security (having enough food to eat and enough money to buy food) to reduce hunger.

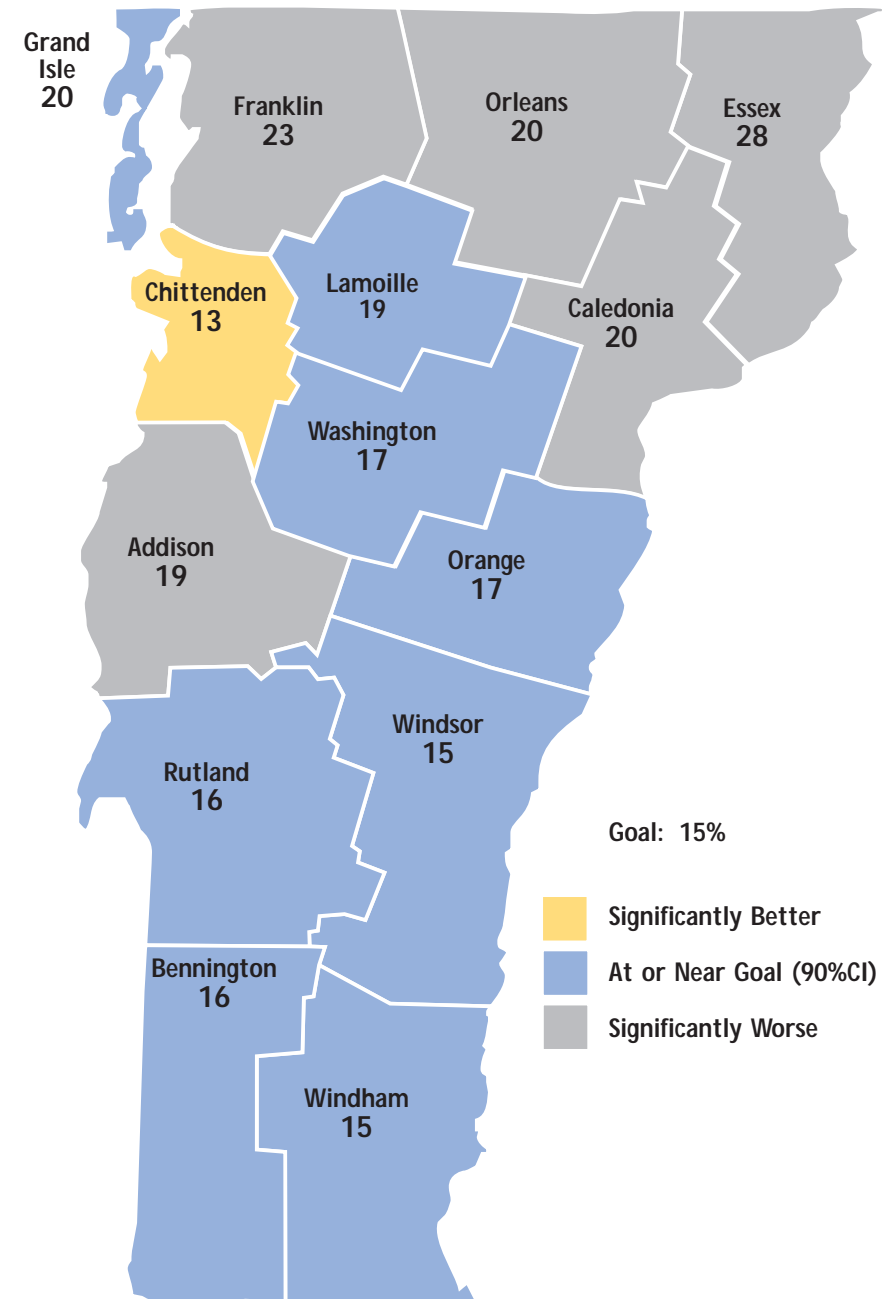
Goal: 94% VT 2000: 94% (age 18+)

Facts:

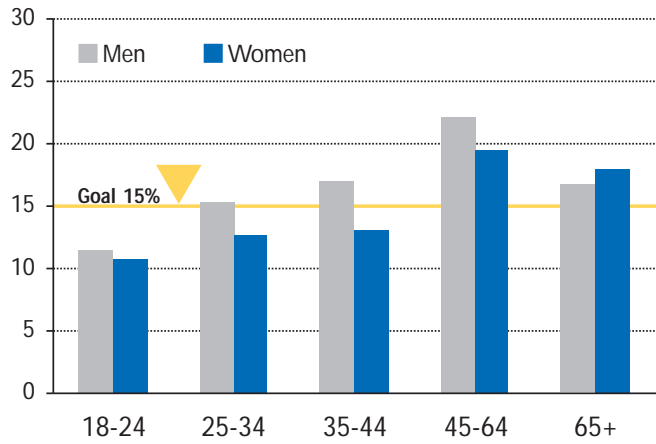
- In Vermont, 53 percent of adults are obese or overweight; that translates to about 226,615 Vermonters above a healthy weight.
- The percentage of obese adults in Vermont has increased 71 percent since 1990.
- In Vermont, 23 percent of youth in grades 8 through 12 are either overweight or close to becoming overweight; that translates to about 7,110 students.
- Being overweight substantially increases risks for many chronic diseases including high blood pressure, type 2 diabetes, osteoarthritis, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and breathing problems, and certain cancers including breast, prostate and colorectal cancer.
- Even modest weight loss by overweight individuals can decrease their risk for these diseases.
- Achieving and maintaining a healthy weight requires a balanced, reduced-calorie diet and increased physical activity.

Obesity

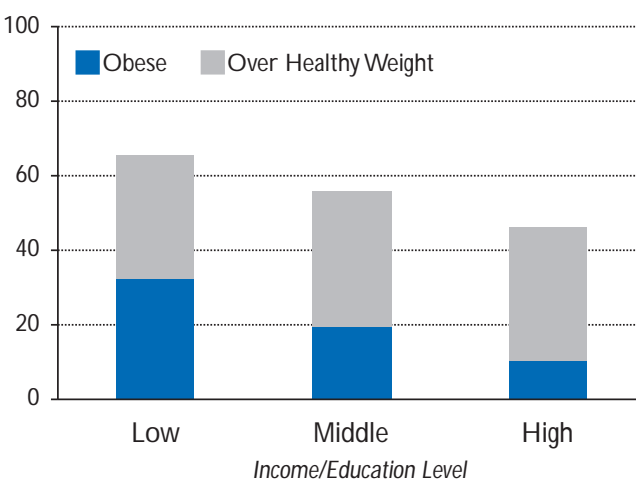
Percentage of adults age 20+ who are obese (1996-2000)



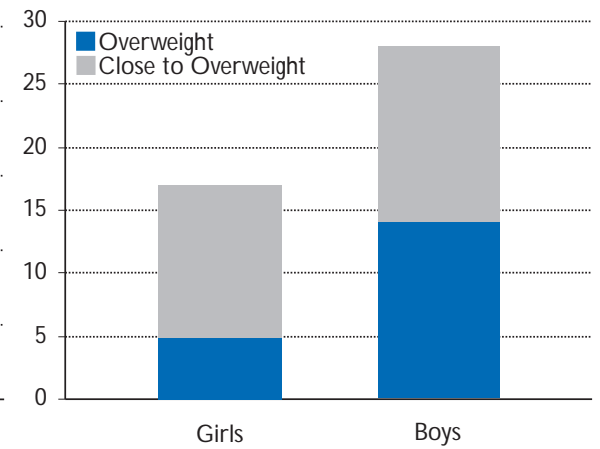
Adult Obesity by Age & Gender
Percentage of Vermont adults (1996-2000)



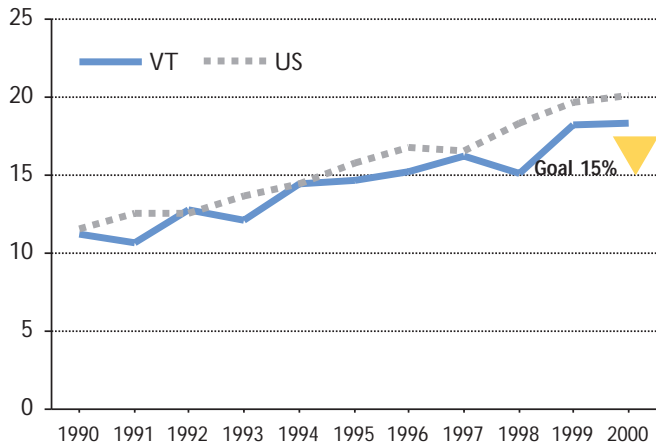
Over Healthy Weight by Income/Education
Percentage of Vermont adults age 25-64 (1996-2000)



Youth Over Healthy Weight by Gender
Percentage of students in grades 8-12 (2001)



Adult Obesity
Percentage of adults age 20+



Body Mass Index (BMI) Table for Adult Men & Women

Height (in feet and inches)	Healthy Weight						Over Healthy Weight					Obese	
	BMI	19	20	21	22	23	24	25	26	27	28	29	30
4'10"	91	96	100	105	110	115	119	124	129	134	138	143	167
4'11"	94	99	104	109	114	119	124	128	133	138	143	148	173
5'	97	102	107	112	118	123	128	133	138	143	148	153	179
5'1"	100	106	111	116	122	127	132	137	143	148	153	158	185
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	191
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	197
5'4"	110	116	122	128	134	140	145	151	157	163	169	174	204
5'5"	114	120	126	132	138	144	150	156	162	168	174	180	210
5'6"	118	124	130	136	142	148	155	161	167	173	179	186	216
5'7"	121	127	134	140	146	153	159	166	172	178	185	191	223
5'8"	125	131	138	144	151	158	164	171	177	184	190	197	230
5'9"	128	135	142	149	155	162	169	176	182	189	196	203	236
5'10"	132	139	146	153	160	167	174	181	188	195	202	207	243
5'11"	136	143	150	157	165	172	179	186	193	200	208	215	250
6'	140	147	154	162	169	177	184	191	199	206	213	221	258
6'1"	144	151	159	166	174	182	189	197	204	212	219	227	265
6'2"	148	155	163	171	179	186	194	202	210	218	225	233	272
6'3"	152	160	168	176	184	192	200	208	216	224	232	240	279
6'4"	156	164	172	180	189	197	205	213	221	230	238	246	287

Healthy Vermonters 2010 Objectives:

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

Goal: 50% VT 2000: 33%

Increase the percentage of middle and junior high schools that require daily physical education for all students.

Goal: 25% VT: Data Not Available

Increase the percentage of people who eat 2+ daily servings of fruit.

Goal: 75% VT 1998: 50% (age 18+)
VT 2001: 41% (grades 8-12)

Increase the percentage of people who eat 3+ daily servings of vegetables.

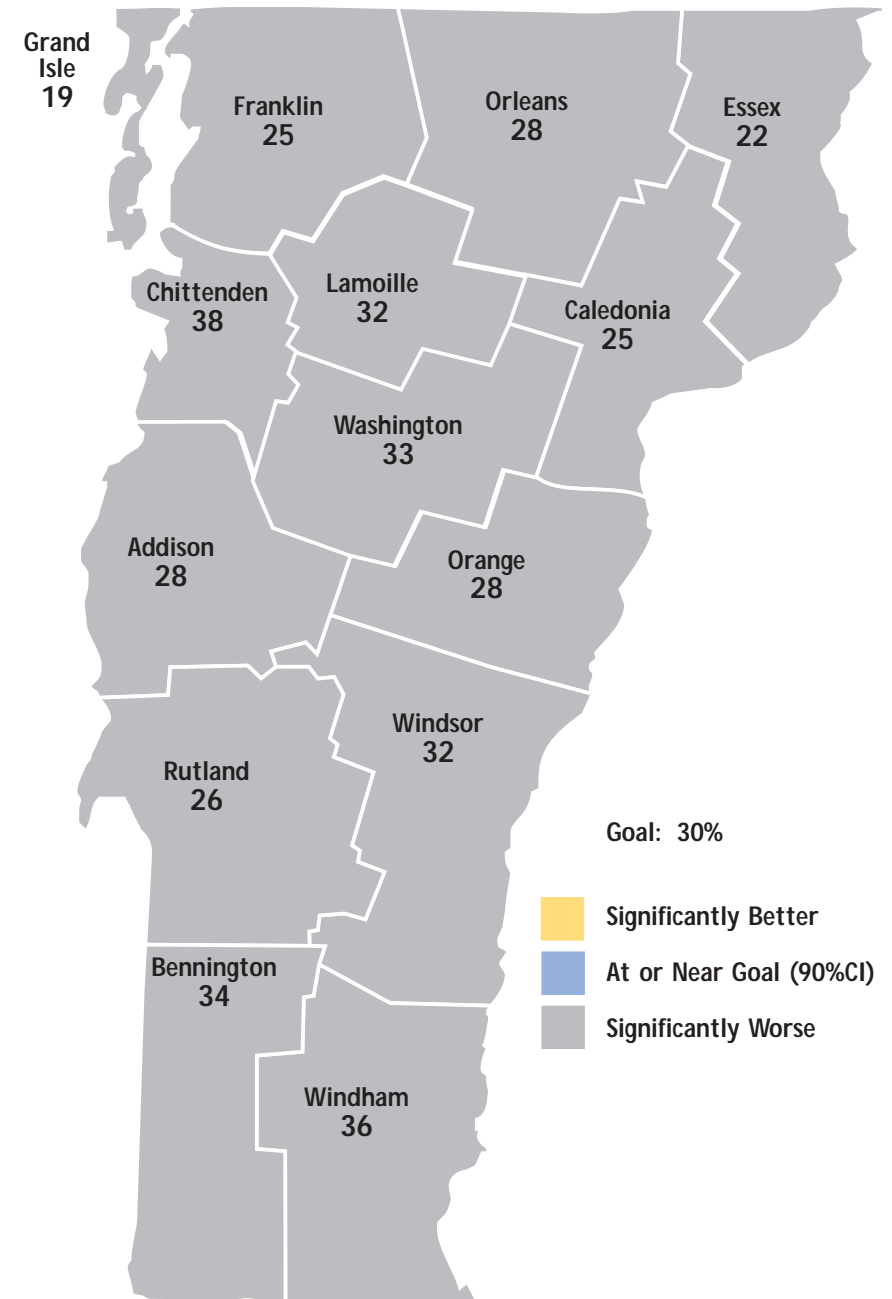
Goal: 50% VT 1998: 41% (age 18+)
VT 2001: 16% (grades 8-12)

Facts:

- Physical activity and healthy eating decrease the risks for premature heart disease, stroke, high blood pressure, cancer, diabetes, arthritis, and osteoporosis.
- Regular physical activity helps build and maintain healthy bones and muscles, controls weight, reduces feelings of depression and anxiety, and promotes well-being.
- School physical education programs can increase participation in physical activity and help students develop the knowledge, attitudes and skills they need to engage in lifelong physical activity.
- Television viewing (and now computer use) is the primary sedentary leisure activity in the U.S. In Vermont, 18 percent of students in grades 8 to 12 spend five or more hours each day watching TV or playing video games or using computers for fun.

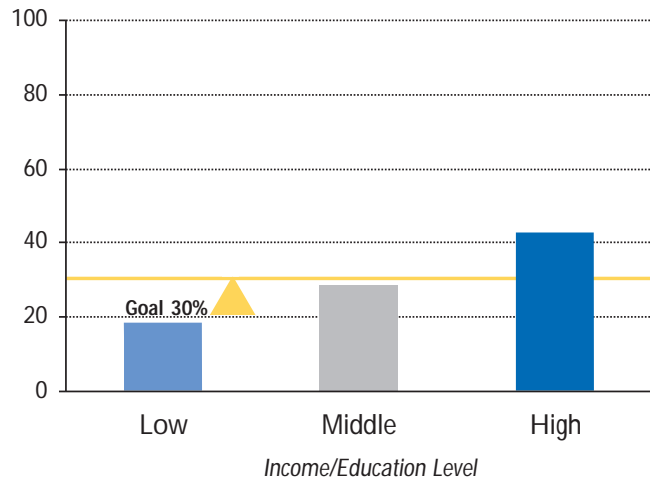
Regular Exercise

Percentage of people age 18+ who engage in regular physical activity 30 minutes a day, 5 days a week (1996, 1998, 2000)



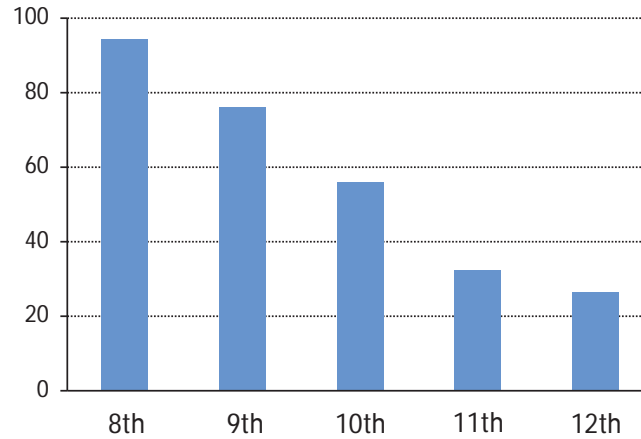
Regular Exercise by Income/Education

Percentage of Vermont adults age 25-64 who exercise at least 30 minutes/day, 5 days/week (1996, 1998, 2000)



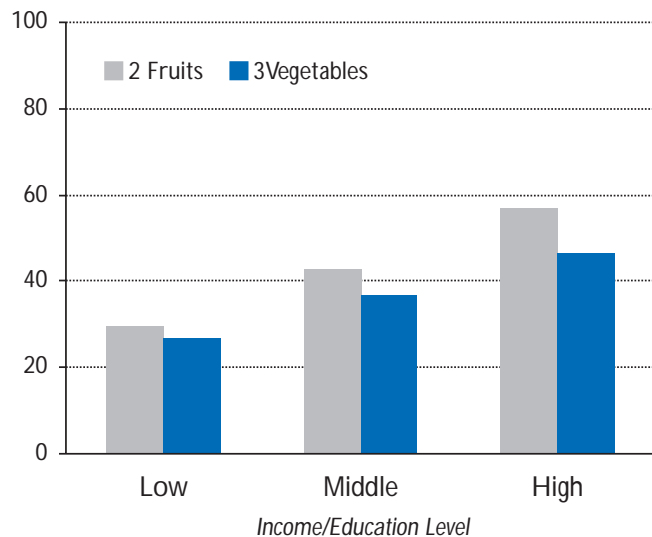
Daily Physical Education Class by Grade

Percentage of Vermont students who take a physical education (PE) class every day (2001)



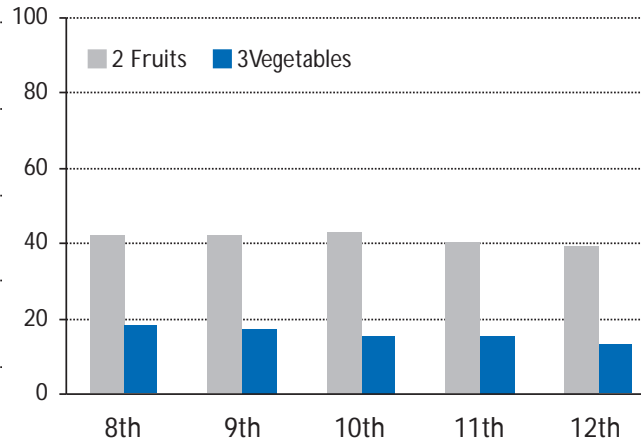
Fruits & Vegetables by Income/Education

Percentage of Vermont adults age 25-64 who eat two fruits and three vegetables daily (1994, 1996, 1998)



Fruits & Vegetables by Grade

Percentage of Vermont students who eat two fruits and three vegetables daily (2001)



U.S. Surgeon General's Recommendations on Physical Activity and Health

- People of all ages benefit from a moderate amount of daily physical activity (30 minutes of exercise five or more times a week).
- Physical activity need not be strenuous to be beneficial.

2000 Dietary Guidelines for Americans from USDA and US Department of Health and Human Services

- Aim for fitness, aim for a healthy weight and be physically active each day.
- Choose a variety of grains daily, especially whole grains.
- Choose a variety of fruits and vegetables daily, especially dark green leafy vegetables, orange vegetables and fruits, and dry beans and peas.
- Select from fresh, frozen, dried and canned products to obtain five or more servings of fruits and vegetables daily.
- Maintain a diet that contains less than 10 percent of calories from saturated fat, and no more than 30 percent of calories from any type of fat.
- Choose and prepare foods with less salt.

Respiratory Disease

Healthy Vermonters 2010 Objectives:

Reduce COPD deaths.

Goal: 18 per 100,000 VT 2000: 50 per 100,000

Reduce the percentage of young children who are regularly exposed to tobacco smoke in the home.

Goal: 10% VT 2000: 21% (under age 5)

Further reduce pediatric asthma hospitalizations among people under age 18.

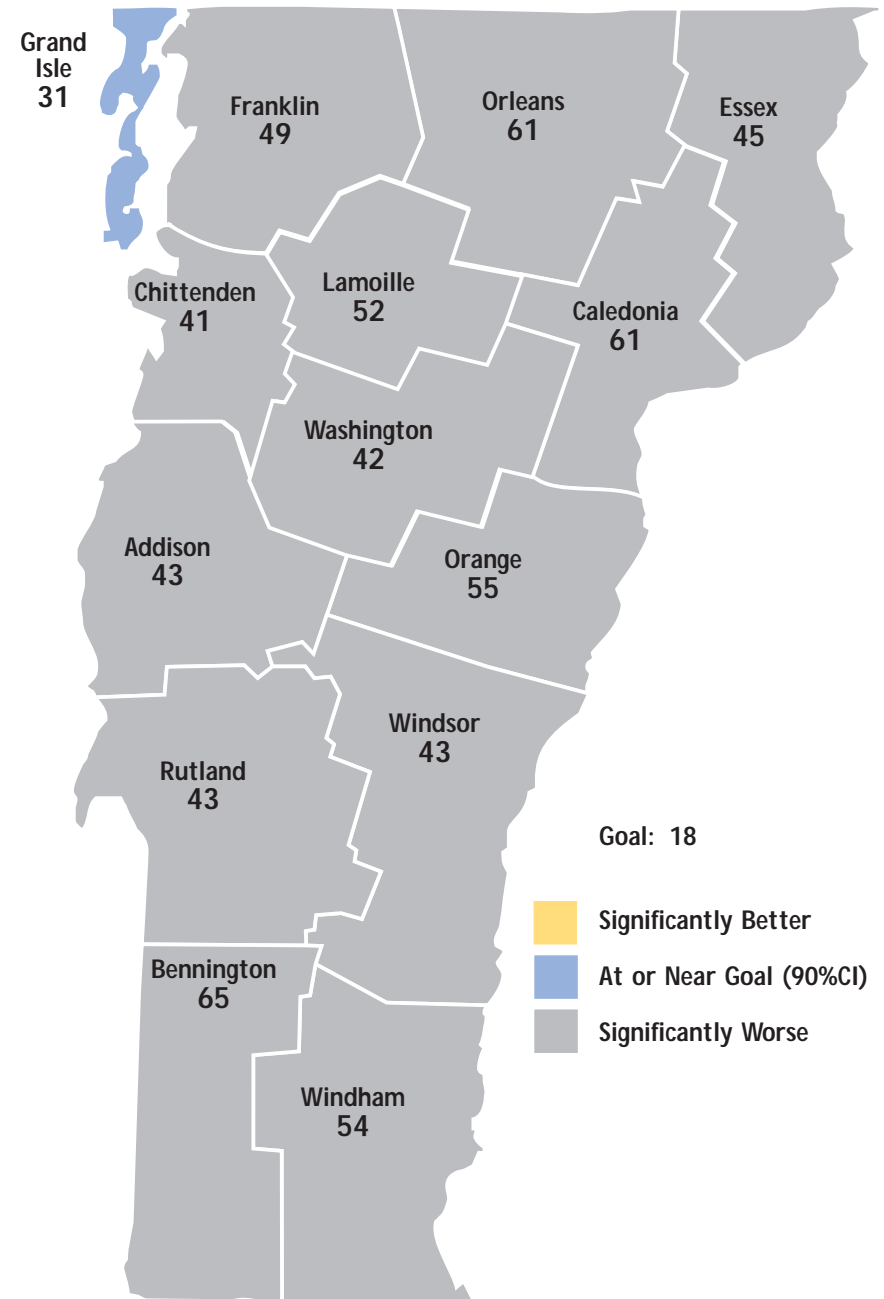
Goal: 17.3 per 10,000 VT 1999: 7.3 per 10,000

Facts:

- In Vermont, COPD (chronic obstructive pulmonary disease, also referred to as chronic lower respiratory diseases) is the fourth leading cause of death, killing an average of 287 people each year.
- COPD is actually a group of diseases, including emphysema and chronic bronchitis, that obstruct airflow within the lungs.
- Up to 90 percent of COPD is attributable to cigarette smoking.
- Asthma is a serious chronic respiratory condition that affects both children and adults. Nationally, it is the leading chronic illness of children and a leading cause of school absenteeism.
- Following treatment guidelines and patient self-management practices, and using environmental strategies to reduce exposure to asthma triggers such as tobacco smoke, cat dander or dust mites can reduce the occurrence of acute attacks and lower emergency room visits and hospitalizations.
- Total annual hospital charges from chronic lower respiratory disease in VT: \$9.4 M
- Total annual hospital charges from asthma in VT: \$2 M

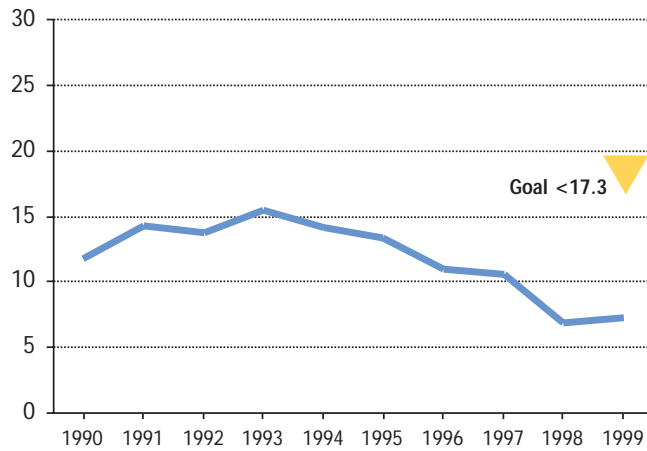
COPD Deaths

Per 100,000 people (1996-2000)



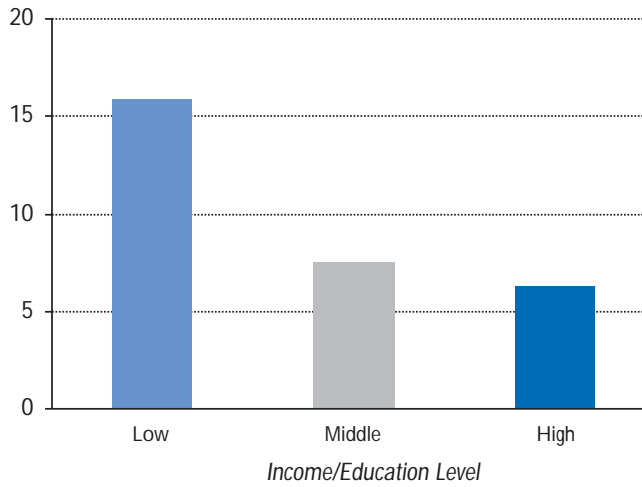
Pediatric Asthma Hospitalizations

Per 10,000 people in Vermont under age 18



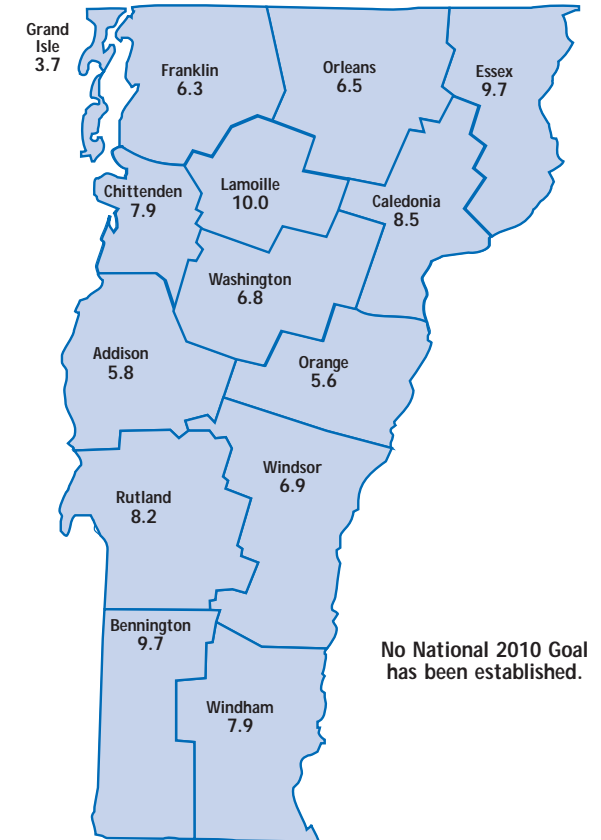
Asthma by Income/Education

Percentage Vermont adults age 25-64 (2000)



Asthma Prevalence

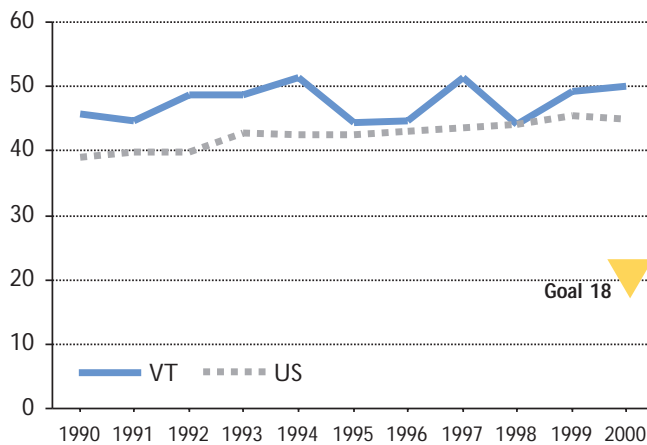
Percentage of adults ever diagnosed with asthma (1999-2000)



No National 2010 Goal has been established.

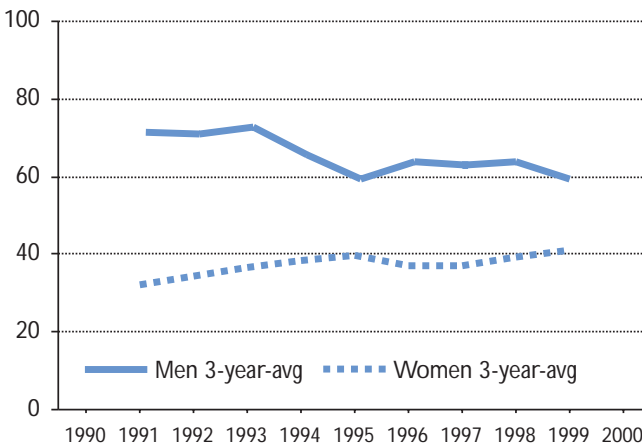
COPD Deaths

Per 100,000 people



COPD Deaths by Gender

Per 100,000 people in Vermont



Healthy Vermonters 2010 Objectives:

Reduce the percentage of adults who smoke cigarettes.

Goal: 12% VT 2000: 21% (age 18+)

Reduce the percentage of youth who smoke cigarettes.

Goal: 16% VT 2001: 22% (grades 8-12)

Reduce the percentage of youth who use spit tobacco.

Goal: 1% VT 2001: 4.8% (grades 8-12)

Reduce the percentage of youth who smoke cigars, cigarillos and little cigars.

Goal: 8% VT 2001: 11% (grades 8-12)

Increase the percentage of adult smokers who attempt to quit.

Goal: 75% VT 2000: 49%

Increase the percentage of pregnant women who quit smoking during the first trimester (3 months) of pregnancy.

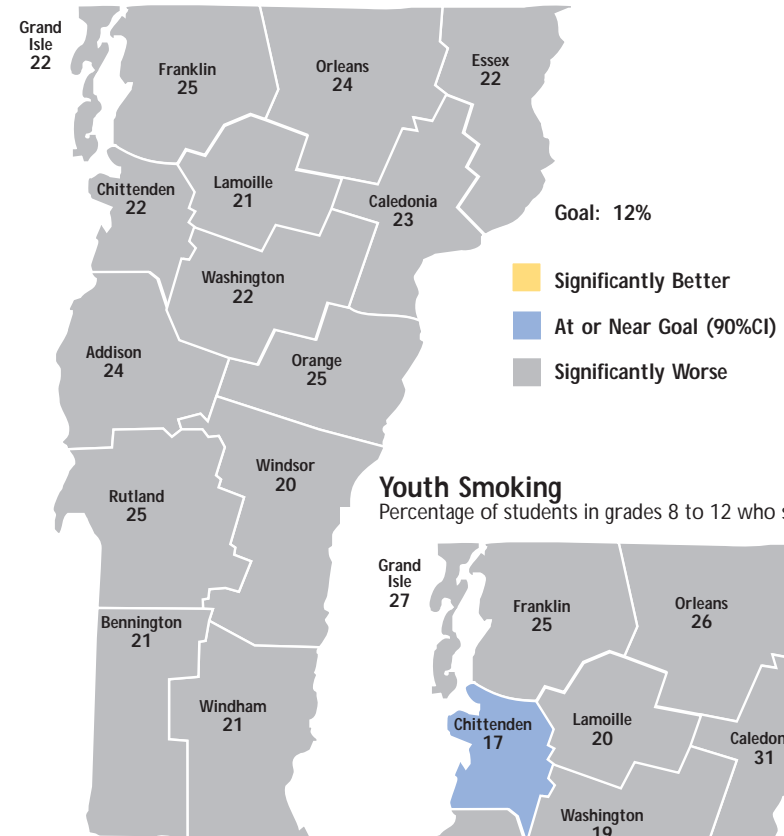
Goal: 30% VT 2000: 22%

Facts:

- Smoking leads to or complicates heart disease, cancer, COPD, stroke, pneumonia, low birth weight and infant mortality.
- Smoking during pregnancy increases the risk of low birth weight, spontaneous abortion, and Sudden Infant Death Syndrome (SIDS).
- Nearly half (46%) of all Vermont smokers have children under age 17 living in their household.
- Quitting smoking has almost immediate health benefits. After quitting for one year, the risk of heart disease from smoking-related causes is reduced by half.
- Total annual smoking-attributable medical care costs in VT: \$182 M

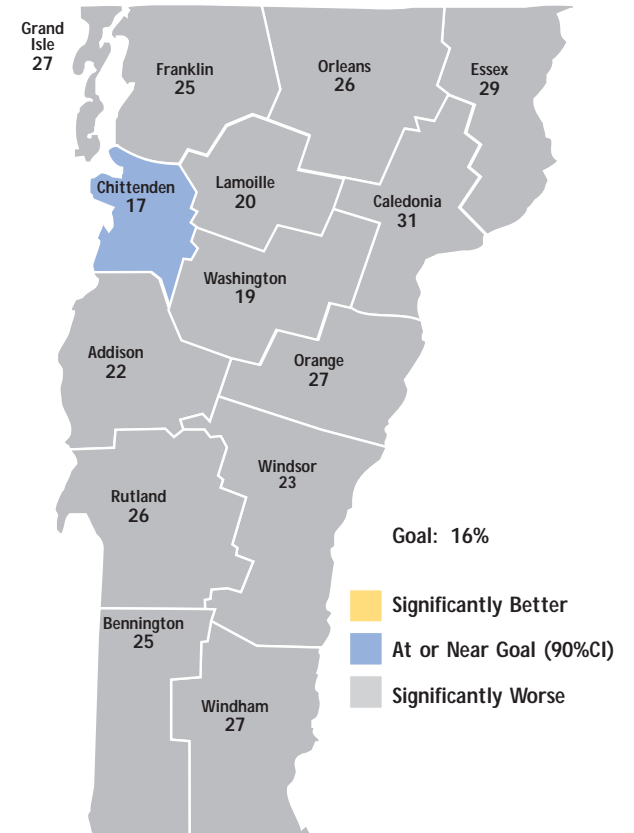
Adult Smoking

Percentage of adults who smoke cigarettes (1996-2000)



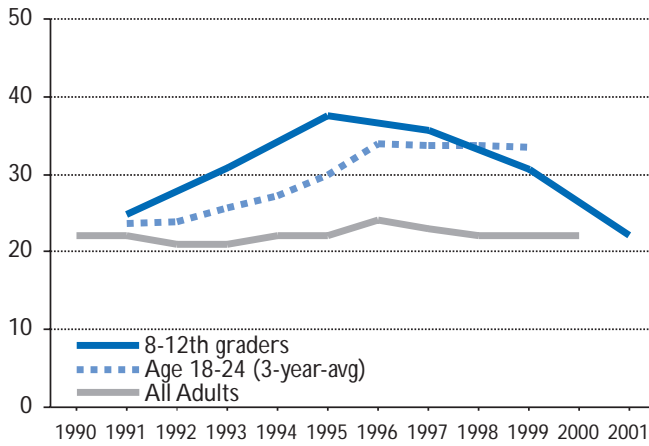
Youth Smoking

Percentage of students in grades 8 to 12 who smoke (2001)



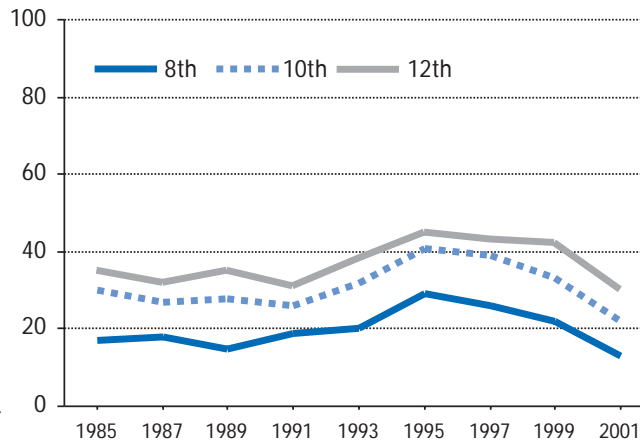
VT Smoking by Age

Percentage of Vermonters who smoke



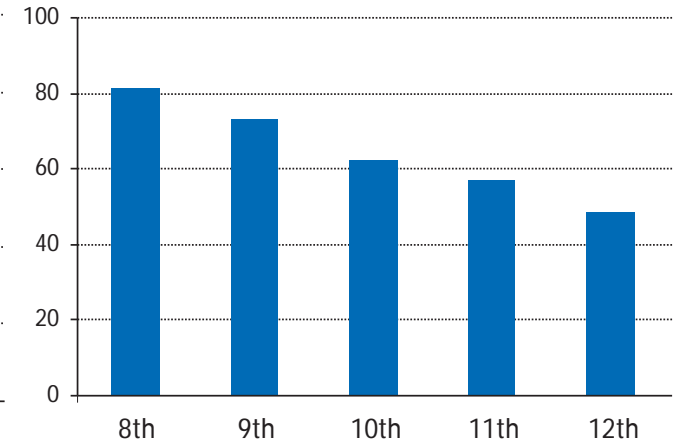
Youth Cigarette Smoking by Grade

Percentage of Vermont students in grade 8, 10 and 12



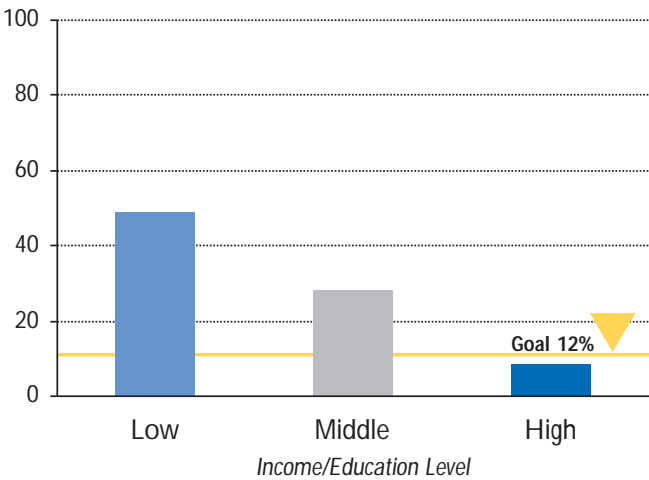
Attitudes About Cigarettes by Grade

Percentage of Vermont students who report it's wrong for kids their age to smoke cigarettes (2001)



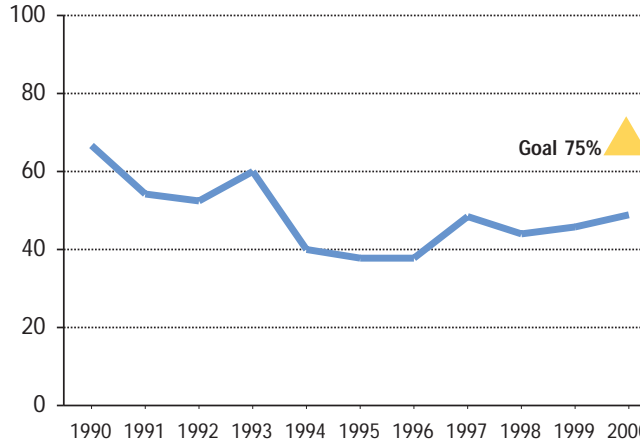
Adult Smoking by Income/Education

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



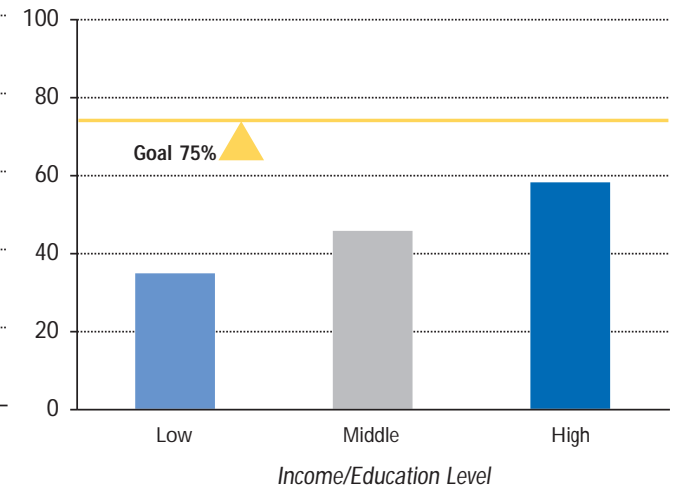
Quit Smoking

Percentage of Vermont adult smokers who quit or tried to quit smoking



Quit Smoking by Income/Education

Percentage of Vermont adult smokers age 25-64 who quit or tried to quit smoking (2000)



Key

Addison

Bennington

Caledonia

Significantly Better
than 2010 Goal

Primary Care Physician Ratio
Breast Cancer Screening
Colorectal Cancer Screening
Heart Disease Deaths

At or Near (90%CI)
2010 Goal

Primary Care Physician Ratio
Breast Cancer Screening
Lung Cancer Deaths
Heart Disease Deaths
Cervical Cancer Screening
Colorectal Cancer Deaths
Colorectal Cancer Screening
Prostate Cancer Deaths
Stroke Deaths
Suicide Deaths

Cervical Cancer Screening
Lung Cancer Deaths
Prostate Cancer Deaths
Adult Obesity

Cervical Cancer Screening
Colorectal Cancer Deaths
Colorectal Cancer Screening
Lung Cancer Deaths
Prostate Cancer Deaths
Heart Disease Deaths
Stroke Deaths
Residential Fire Deaths
Motor Vehicle Crash Deaths
Infant Mortality

Significantly Worse
than 2010 Goal

Adult Binge Drinking
Youth Binge Drinking
Youth Marijuana Use
Diabetes
Diabetes-related Deaths
Influenza/Pneumonia Shots
Residential Fire Deaths
Motor Vehicle Crash Deaths
Infant Mortality
Low Birth Weight
Adult Dental Care
Adult Obesity
Adult Physical Activity
COPD Deaths
Adult Smoking
Youth Smoking

Adult Binge Drinking
Youth Binge Drinking
Youth Marijuana Use
Colorectal Cancer Deaths
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Adult Dental Care
Adult Obesity
Adult Physical Activity
COPD Deaths
Adult Smoking
Youth Smoking

Chittenden

Essex

Franklin

Grand Isle

Primary Care Physician Ratio
Breast Cancer Screening
Colorectal Cancer Screening
Adult Obesity

Cervical Cancer Screening
Prostate Cancer Deaths
Stroke Deaths
Motor Vehicle Crash Deaths
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Youth Smoking

Breast Cancer Screening
Prostate Cancer Deaths
Cervical Cancer Screening
Colorectal Cancer Deaths
Colorectal Cancer Screening
Lung Cancer Deaths
Diabetes • Adult Obesity
Heart Disease Deaths
Stroke Deaths • COPD Deaths
Residential Fire Deaths
Motor Vehicle Crash Deaths
Suicide Deaths • Adult Dental Care

Primary Care Physician Ratio
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Youth Binge Drinking
Youth Marijuana Use
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Influenza/Pneumonia Shots
Infant Mortality
Low Birth Weight
Adult Physical Activity
Adult Smoking
Youth Smoking

County Summary

Key

Lamoille

Orange

Orleans

Significantly Better
than 2010 Goal

Primary Care Physician Ratio

Colorectal Cancer Screening

At or Near (90%CI)
2010 Goal

Breast Cancer Screening
Cervical Cancer Screening
Colorectal Cancer Screening
Lung Cancer Deaths
Prostate Cancer Deaths
Stroke Deaths
Residential Fire Deaths
Motor Vehicle Crash Deaths
Infant Mortality
Adult Obesity

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Cervical Cancer Screening
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Significantly Worse
than 2010 Goal

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Adult Obesity
Adult Physical Activity
COPD Deaths
Adult Smoking
Youth Smoking

Rutland

Washington

Windham

Windsor

Breast Cancer Screening
Colorectal Cancer Screening

Primary Care Physician Ratio
Colorectal Cancer Screening

Primary Care Physician Ratio
Breast Cancer Screening
Colorectal Cancer Screening

Primary Care Physician Ratio
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Infant Mortality
Adult Obesity

Adult Binge Drinking
Youth Binge Drinking
Youth Marijuana Use
Cervical Cancer Screening
Colorectal Cancer Deaths
Lung Cancer Deaths
Diabetes
Diabetes-related Deaths
Heart Disease Deaths
Stroke Deaths
Influenza/Pneumonia Shots
Motor Vehicle Crash Deaths
Low Birth Weight
Suicide Deaths
Adult Dental Care
Adult Physical Activity
COPD Deaths
Adult Smoking
Youth Smoking

Adult Binge Drinking
Youth Binge Drinking
Youth Marijuana Use
Colorectal Cancer Deaths
Lung Cancer Deaths
Diabetes
Diabetes-related Deaths
Stroke Deaths
Influenza/Pneumonia Shots
Infant Mortality
Low Birth Weight
Suicide Deaths
Adult Dental Care
Adult Physical Activity
COPD Deaths
Adult Smoking
Youth Smoking

Adult Binge Drinking
Youth Binge Drinking
Youth Marijuana Use
Colorectal Cancer Deaths
Lung Cancer Deaths
Diabetes
Diabetes-related Deaths
Influenza/Pneumonia Shots
Suicide Deaths
Adult Dental Care
COPD Deaths
Adult Smoking
Youth Smoking

Adult Binge Drinking
Youth Binge Drinking
Youth Marijuana Use
Cervical Cancer Screening
Colorectal Cancer Deaths
Diabetes
Diabetes-related Deaths
Stroke Deaths
Influenza/Pneumonia Shots
Residential Fire Deaths
Motor Vehicle Crash Deaths
Low Birth Weight
Suicide Deaths
Adult Dental Care
Adult Physical Activity
COPD Deaths
Adult Smoking
Youth Smoking


	U.S.	VT 2000	Goal
Pregnant Women & Young Children Thrive			
• Reduce infants deaths (per 1,000 live births)	7.2 ('98)	6.0	4.5
• Reduce the percentage of low birth weight births (5.5 lbs or less)	7.6% ('99)	6.1%	5.0%
• Reduce the percentage of very low birth weight births (3.3 lbs or less)	1.5% ('99)	1.1%	0.9%
• Increase the percentage of women who receive prenatal care beginning the first trimester of pregnancy	83% ('98)	89%	90%
• Increase the percentage of women who receive early AND adequate prenatal care	75% ('99)	74%	90%
• Reduce the teen pregnancy rate (per 1,000 females age 15-17)	64 ('97)	19	43 ★
• Increase the percentage of pregnant women who QUIT smoking during the first trimester (3 months) of pregnancy	12% ('91)	22%	30%
Children Live in Stable, Supported Families/Ready for School			
• Increase the percentage of children (age 19-35 months) who receive universally recommended vaccines (4:3:1:3)	79%	83%	90%
• Increase the percentage of children immunized against varicella	43% ('98)	57%	90%
• Reduce or eliminate cases of vaccine-preventable disease (See page 23.)			
• Increase the percentage of children included in an immunization registry	32% ('99)	0	95%
• Further reduce child abuse (per 1,000 children under age 18)	12.9 ('98)	7.5 ('99)	10.3 ★
• Increase the percentage of children with mental health problems who receive treatment	NA	NA	NG
• Reduce the percentage of children (age 6-8) with untreated dental decay	29% ('88-94)	19% ('93-94)	21% ★
• Increase the percentage of children (age 8) who receive dental sealants	23% ('88-94)	43% ('93-94)	50%
• Reduce the percentage of young children (under age 5) who are regularly exposed to tobacco smoke in the home	27% ('94)	21%	10%
• Further reduce pediatric asthma hospitalizations (per 10,000 people with asthma under age 18)	26 ('97)	7.3 ('99)	17.3 ★
Youth Choose Healthy Behaviors/Succeed in School/Successfully Transition to Adulthood			
• Reduce the percentage of youth who use alcohol before age 13	32% ('99)	27% ('01)	0
• Reduce the percentage of youth who binge drink	33% ('99)	25% ('01)	3%
• Reduce the percentage of youth who use marijuana	26% ('99)	26% ('01)	0.7%

	U.S.	VT 2000	Goal
• Reduce the percentage of college students who binge drink.....	39% ('98)	50% ('98)	20%
• Reduce HIV infection among adolescents.....	NA	NA	NG
• Reduce the percentage of people (age 15-24) with <i>Chlamydia trachomatis</i> infections	NA	2.9%	3.0% ★
• Increase the percentage of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.....	85% ('99)	88% ('01)	95%
• Increase the percentage of youth who always use safety belts	81% ('99)	79% ('01)	92%
• Reduce the percentage of adolescents who attempt suicide (based on those requiring medical treatment)	2.6% ('99)	2.2% ('01)	1%
• Reduce the percentage of youth (age 14-15) with untreated dental decay	20% ('88-94)	22% ('93-94)	15%
• Increase the percentage of youth (age 14) who receive dental sealants	15% ('88-94)	45% ('93-94)	50%
• Reduce the percentage of youth who are obese or overweight	11% ('88-94)	10% ('01)	5%
• Increase the percentage of middle and junior high schools that require daily physical education for all students	17% ('94)	NA	25%
• Increase the percentage of youth who eat at least two daily servings of fruit	NA	41% ('01)	75%
• Increase the percentage of youth who eat at least three daily servings of vegetables	NA	16% ('01)	50%
• Reduce the percentage of youth who smoke	36% ('99)	22% ('01)	16%
• Reduce the percentage of youth who use spit tobacco	8% ('99)	4.8% ('01)	1%
• Reduce the percentage of youth who smoke cigars, cigarillos and little cigars	18% ('99)	11% ('01)	8%
• Increase the percentage of schools that provide comprehensive education to prevent health problems			
alcohol, tobacco and other drug use	NA	84% ('99)	95%
HIV/STD infection.....	NA	83% ('99)	95%

Families Living in Safe & Supportive Communities/Adult Health

• Increase the percentage of people who have specific, ongoing primary care	87% ('98)	NA	96%
• Increase the percentage of people with health insurance	86% ('97)	92%	100%
• Increase the percentage of adults counseled about alcohol use.....	NA	15% ('96)	NG
• Increase the percentage of smokers counseled on smoking cessation	NA	67%	NG
• Increase the percentage of adults counseled about physical activity	NA	35% ('96)	NG
• Increase the percentage of adults counseled about diet	NA	28% ('96)	NG
• Increase the percentage of adults counseled about drug abuse	NA	10% ('96)	NG

	U.S.	VT 2000	Goal	
• Reduce alcohol-related motor vehicle deaths (per 100,000)	5.9 ('98)	5.1	4.0	
• Increase the percentage of adults counseled about cancer screening	NA	NA	NG	
• Increase the percentage of adults with disabilities reporting sufficient emotional support	71% ('98)	NA	79%	
• Increase the percentage of women (age 50+) who are counseled about prevention of osteoporosis	NA	61%	NG	
• Increase the percentage of people who use at least one protective measure to decrease the risk of skin cancer	47% ('98)	NA	75%	
• Increase the percentage of women (age 40+) who have had a mammogram	67% ('98)	78%	70%	★
• Increase the percentage of women (age 18+) who have had a Pap test	79% ('98)	94%	90%	★
• Increase the percentage of adults (age 50+) who have had a FOBT	35% ('98)	37% ('99)	50%	
• Increase the percentage of adults (age 50+) who have had a sigmoidoscopy	37% ('98)	42% ('99)	50%	
• Increase the percentage of dentists who counsel patients to quit smoking	59% ('97)	NA	85%	
• Reduce diabetes-related deaths (per 100,000)	75 ('97)	96	45	
• Increase the percentage of people (age 18+) with diabetes who receive formal diabetes education	45% ('98)	44%	60%	
• Increase the percentage of adults with diabetes who have an annual dilated eye exam	47% ('98)	80%	75%	★
• Reduce hospitalizations related to uncontrolled diabetes (per 10,000 adults with diabetes age 18-64)	7.1 ('97)	7.1 ('99)	5.4	
• Increase the percentage of adults with risk factors who have ever been tested for diabetes	NA	NA	NG	
• Increase the percentage of people who follow key food safety practices at home	72% ('98)	78% ('99)	79%	★
• Improve food employee behaviors and food preparation practices	NA	NA	NG	
• Increase the percentage of the population on community public water systems whose drinking water meets Safe Drinking Water Act standards	85% ('95)	89% ('99)	95%	
• Increase the percentage of people who live in homes that have been tested for radon	17% ('98)	13% ('94)	20%	
• Reduce coronary heart disease deaths (per 100,000)	206 ('98)	174	166	
• Reduce stroke deaths (per 100,000)	60	55	48	
• Reduce the percentage of adults with high blood pressure	28% ('88-94)	22% ('99)	16%	
• Reduce HIV infection among adults	NA	NA	NG	
• Increase the percentage of sexually active adults at risk for HIV/STDS who use condoms	NA	47% ('99)	75%	
• Reduce residential fire deaths (per 100,000)	1.2	3.0	0.2	
• Further reduce physical assaults by intimate partners (per 1,000 age 12+)	4.4 ('98)	3.0 ('99)	3.3	★

	U.S.	VT 2000	Goal
• Reduce work-related injuries (per 100 age 16+)	6.2 ('98)	6.9 ('99)	4.3
• Increase the percentage of adults (age 18+) who always use safety belts	69% ('98)	62%	92%
• Reduce suicide deaths (per 100,000)	10.3	12.3	5.0
• Increase the percentage of adults who are screened for depression by a primary care professional	NA	NA	NG
• Increase the percentage of the population served by community public water systems that receive fluoridated water	62% ('92)	56%	75%
• Increase the percentage of people (age 18+) who use the dental system each year	43% ('96)	76%	83%
• Reduce the percentage of adults (age 20+) who are obese	23% ('88-94)	18%	15%
• Reduce hunger by increasing the percentage of people (age 18+) who have food security (enough food to eat and enough money to buy food)	88% ('95)	94%	94% 
• Increase the percentage of adults (age 18+) who engage in regular physical activity	32% ('97)	33%	50%
• Increase the percentage of people (age 18+) who eat at least two daily servings of fruit	NA	50% ('98)	75%
• Increase the percentage of people (age 18+) who eat at least three daily servings of vegetables	NA	41% ('98)	50%
• Reduce chronic lower respiratory disease deaths (per 100,000)	45	50	18
• Reduce the percentage of adults (age 18+) who smoke cigarettes	24% ('98)	21%	12%
• Increase the percentage of adult (age 18+) smokers who attempt to quit smoking	41% ('98)	49%	75%

Elders Live with Dignity & Independence

• Increase the percentage of adults who have seen a health care professional for their arthritis or chronic joint symptoms	NA	31%	NG
• Increase the percentage of adults (age 65+) who receive annual influenza immunizations	64% ('98)	69%	90%
• Increase the percentage of adults (age 65+) who have ever been vaccinated against pneumococcal disease	46% ('98)	66%	90%
• Reduce pneumonia/influenza hospitalizations among adults (per 10,000 adults age 65+)	10.0 ('97)	10.0 ('99)	8.0

Statistical Terms & Methods

Age Adjustment - Age-adjusting is a statistical method used when comparing rates from populations that differ geographically (e.g., counties) or over time. Most rates in this report have been age-adjusted using the 2000 US projected population and standard statistical procedures. Age-adjusted rates in this report are not comparable to those in earlier reports that used a different age-adjustment standard (i.e., 1940 rather than 2000 US population).

Confidence Intervals - Because of random variability around a trend or point, the rates observed at any given time are best considered estimates of the underlying or true rate. Confidence intervals are calculated to set a range of values, above and below the estimate, that likely contains the true rate. Confidence intervals of 90 percent have been calculated for the county rates and prevalences; this means there is a 90 percent chance that the true rate falls within the interval.

County Rates - These rates have been calculated using a combination of years from 1996-2001 (as noted on maps). For some indicators, rates for the smallest counties are not displayed because they based on too few cases to be considered reliable. It is difficult to know if rare events, particularly from small populations, reflect real patterns or merely random variation.

Income/Education Levels - Low income/educational level is defined as having a high school education or less, and less than \$15,000 annual income for one person, 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, regardless of size of household. Middle income/education is everyone else.

Moving Averages - For less common conditions, trends are based on three year moving averages. This means that each point of a trend line represents the average of three years, centered on the report year.

About the Maps

The maps in this report compare the county rate, by indicator, to the 2010 goal for that indicator. (Exceptions are noted in the text.) The terms “better” and “worse” are used only in comparison to those goals, not to other county rates nor to the state rate. The shading of the maps is also a function of the county rate's confidence intervals relative to the goals. Since confidence intervals are typically broader for rates based on small populations, it is possible for counties with similar rates to be shaded differently.

- **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.

About the County Summary (Pages 40-43)

The County Summary shows how each county compares to the Healthy Vermonters 2010 goals mapped throughout the publication.

About 2010 Objectives by AHS Indicator (Pages 44-47)

This section lists all of the Healthy Vermonters 2010 goals (and the U.S. comparisons) as they relate to the Vermont Agency of Human Services (AHS) outcomes. For more information on AHS Outcomes Indicators, contact the Vermont Agency of Human Services, Planning Division or visit www.ahs.state.vt.us.

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Vermont Data Sources

Agency of Human Services

Department of Banking, Insurance & Health Care Administration

Department of Environmental Conservation

Department of Health

- Vermont Behavioral Risk Factor Surveillance System
- Vermont Vital Statistics System
- Vermont Reportable Disease Surveillance System
- Vermont Cancer Registry
- Vermont Oral Health Survey
- Vermont Hospital Discharge Data
- Vermont Youth Risk Behavior Survey

Department of Labor & Industry

Department of Public Safety

Department of Social & Rehabilitation Services



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