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The Health Status of Vermonters 2008

Vermont Department of Health 108 Cherry Street, PO Box 70, Burlington, Vermont 05402

ON THE COVER — front: hikers at Mount Mansfield
back (clockwise from left): Burke Mountain; Kingsland Bay State Park; Green River Reservoir;
Girls on the Run day at UVM’s Gutterson Field House; Vermont Apple Festival at Justin Morrill Historic Site

HealthVermont.gov
March 2008

Dear Vermonter,

By many measures, Vermont is among the healthiest of the United States.

In the 2007 edition of America’s Health Rankings our state was named the healthiest in the country. We should be proud of this distinction. Vermont is notable for lower smoking rates, lower prevalence of obesity, higher rates of childhood immunization, and lower rates of preventable death.

Such health gains don’t just happen. One of the essential functions of public health is to continually analyze data and trends — and apply what we can learn to improving the health of the population. With this report, the Vermont Department of Health again brings together data from an array of sources into a single document to present a picture of the health of Vermonters.

The following pages show data and trends through 2005 related to illness and disease, clinical preventive services, health insurance, access to medical care, and personal health behaviors. Here we can see how well our state is doing in key areas, our progress in meeting Healthy Vermonters 2010 goals, and where we stand compared with the U.S. as a whole.

Are we as healthy as we can be? As measured midway to our 2010 goals, the answer is not yet.

Too many of us suffer from conditions that are largely preventable. We must continue to apply the public health approach to problems such as obesity, binge drinking and the health disparities that exist for too many Vermonters. Obesity takes a disproportionate share of our health care dollars, and is well on its way to displacing tobacco as the #1 killer. We need government, communities and individuals to make even greater improvements — and inspire the rest of the nation to keep up.

Sharon Moffatt, RN, MSN
Commissioner of Health
Reader’s Guide

- **Healthy Vermonters 2010 Objectives**
  This report is organized into 17 focus areas. In addition to key graphs and facts, each focus area describes the progress Vermont has made toward meeting its Healthy Vermonters 2010 objectives.

These 2010 objectives were identified in 1999 by educators, policymakers, health professionals and consumers as the priority focus areas for improving the health of Vermonters.

In this status update, mid-way to 2010, Vermont data for 2005 are presented for each objective and compared to the Healthy Vermonters 2010 goal target. (In cases where 2005 data are not available, the most recent year is presented.)

Readers making a comparison between the objectives presented in Vermont’s Health Status Report 2002 and this report will note several differences:

- **Revised objectives:** Healthy Vermonters 2010 objectives were originally selected from among hundreds of the national Healthy People 2010 objectives. After a recent mid-course review, some national 2010 objectives were changed, either in their definition or goal target. Vermont has chosen to change as well, to stay consistent with national objectives.

  **Dropped objectives:** A handful of Healthy Vermonters 2010 objectives were dropped – because the equivalent national objective was dropped after the mid-course review, Vermont priorities have changed, or because the objective could not be measured.

  **New objectives:** In addition to Healthy Vermonters 2010 objectives, some additional objectives have been added. These are mostly clinical service objectives and they are noted simply as “goals” as opposed to “2010 goals”.

  When Vermont has met an objective, it is noted with a check symbol: ✔

- **Vermont/U.S. Comparisons**
  As of 2005, the percentage of racial and ethnic minorities in Vermont was approximately 3.3 percent, as compared to 25 percent for the nation as a whole.

  Because risk factors and other health indicators often vary by race or ethnicity, where applicable, Vermont data are compared to U.S. non-Hispanic white data. For convenience, these data are labeled simply as “US” throughout the report, unless otherwise noted.

- **Statistical Significance**
  If there is a statistically significant difference between Vermont and the U.S. white non-Hispanic rates, it is noted with these symbols:

  Vermont is statistically better than the U.S. ✔
  Vermont is statistically worse than the U.S. ❌

- **Federal Poverty Level**
  In Vermont, disparities in health outcomes are not so much a function of geographical location, but of income (or poverty) levels. For this reason, much data in this report has been charted by income level comparisons, rather than mapped.

  Federal Poverty Guidelines are issued each year by the U.S. Department of Health and Human Services. They are a national measure of poverty and are used to determine eligibility for an array of programs and services. These guidelines are sometimes referred to as the Federal Poverty Level (FPL), as they are in this report.

  In 2005, the FPL for an individual was income of $9,500/year and for a family of four, $19,350. By 2008, the FPL rose to $10,400 for one person- and $21,200 for a family of four.

- **Appendix**
  More information on data sources, technical notes and definitions is provided in a separate appendix to this report. The appendix also provides geographic breakdowns of all the objectives – by county, by Vermont Department of Health district office, and by Hospital Service Area, wherever possible. If the sample size is sufficient, these data are compared to the rest of the state – again noting statistical significance.
Data Sources & References

The information used to report health status comes from a variety of sources, including birth and death records, hospital discharge data, personal interviews and telephone surveys. Major references, data sources, and databases are listed here.

**United States**
Agency for Healthcare Research & Quality
  • Health Care Cost & Utilization Project

National Cancer Institute
  • Surveillance, Epidemiology & End Results Registries

National Highway Traffic Safety Administration

U.S. Census Bureau & U.S. Bureau of Labor Statistics
  • The Annual Social & Economic Supplement to the Current Population Survey

**U.S. Department of Health & Human Services**
Centers for Disease Control & Prevention
  • Healthy People 2010
  • National Health & Nutritional Examination Survey
  • National Immunization Survey
  • National Notifiable Disease Surveillance System
Substance Abuse & Mental Health Services Administration
  • National Survey on Drug Use and Health

U. S. Department of Labor/Occupational Safety & Health Administration
  • Annual Survey of Occupational Injuries and Illnesses

**Vermont**
Department of Banking, Insurance, Securities & Health Care Administration
  • Vermont Uniform Hospital Discharge Data Set

Department of Environmental Conservation

**Agency of Human Services**
Department of Health
  • Adult Tobacco Survey
  • Behavioral Risk Factor Surveillance System
  • Blood Lead Surveillance System
  • Cancer Registry
  • HIV, AIDS & Sexually Transmitted Diseases Data
  • Immunization Registry
  • Oral Health Survey
  • Pregnancy Risk Assessment Monitoring System
  • Reportable Disease Surveillance Data
  • Special Supplemental Nutrition Program for Women, Infants & Children (WIC)
  • Vermont Dentist Survey
  • Vermont Physician Survey
  • Vital Statistics System
  • Youth Health Survey
  • Youth Risk Behavior Survey

Department of Mental Health

Department of Taxes
  • Cigarette Excise Tax Stamp Data

Governor’s Highway Safety Program

Vermont Association of Hospitals & Health Systems

Vermont Crime Information Center
### OBJECTIVES

- **met goal**
- ⚫ statistically better than US
- ❌ statistically worse than US

## Increase % of people who engage in regular physical activity **

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</thead>
<tbody>
<tr>
<td>youth grades 9-12</td>
<td>35%</td>
<td>35%</td>
<td>27%</td>
<td>27%</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>adults age 18+</td>
<td>50%</td>
<td>58%</td>
<td>58%</td>
<td>58%</td>
<td>34%</td>
<td>34%</td>
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</table>

## Decrease % of people who have no leisure time physical activity

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</thead>
<tbody>
<tr>
<td>adults age 18+</td>
<td>20%</td>
<td>24%</td>
<td>19%</td>
<td>19%</td>
<td>35%</td>
<td>35%</td>
</tr>
</tbody>
</table>

## Decrease % of people who watch TV or use a computer 5+ hours/day

<table>
<thead>
<tr>
<th>Group</th>
<th>Goal</th>
<th>VT 2005</th>
<th>US 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>youth grades 9-12</td>
<td>8%</td>
<td>10%</td>
<td>*</td>
</tr>
</tbody>
</table>

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

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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>youth grades 9-12</td>
<td>75%</td>
<td>75%</td>
<td>37%</td>
<td>37%</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>adults age 18+</td>
<td>75%</td>
<td>75%</td>
<td>39%</td>
<td>39%</td>
<td>31%</td>
<td>31%</td>
</tr>
</tbody>
</table>

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

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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>youth grades 9-12</td>
<td>50%</td>
<td>50%</td>
<td>14%</td>
<td>14%</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>adults age 18+</td>
<td>50%</td>
<td>50%</td>
<td>31%</td>
<td>31%</td>
<td>29%</td>
<td>29%</td>
</tr>
</tbody>
</table>

---

### Chronic Disease & Physical Activity

In 2005, % of people who report having chronic disease among those who –

<table>
<thead>
<tr>
<th>Disease</th>
<th>2010</th>
<th>2005 VT</th>
<th>US 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>High cholesterol</td>
<td>38%</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>19%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Daily Physical Education

% of 8th-12 graders who have gym every school day, 2005

(30 minutes of moderate physical activity 5+ times/week)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Goal: 35%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 8</td>
<td>18%</td>
</tr>
<tr>
<td>Grade 9</td>
<td>17%</td>
</tr>
<tr>
<td>Grade 10</td>
<td>16%</td>
</tr>
<tr>
<td>grade 11</td>
<td>9%</td>
</tr>
<tr>
<td>Grade 12</td>
<td>8%</td>
</tr>
</tbody>
</table>

* data not available    ** 30 minutes of moderate physical activity 5+ times/week
**Eating Fruit/Vegetables & Weight**
% of adults who eat 5 or more servings of fruits and vegetables per day, 2005

- Underweight (BMI <19.8): 39%
- Healthy weight (BMI 19.8-26.0): 34%
- Overweight (BMI 26.1-29.0): 29%
- Obese (BMI >29.0): 24%

**Eating Fruits/Vegetable & Income**
% of adults who eat 5 or more servings of fruits and vegetables per day, by Federal Poverty Level, 2005

- < 1¼ times poverty level: 24%
- 1¼ - 2½ times poverty level: 27%
- 2½ - 3½ times poverty level: 31%
- > 3½ times poverty level: 36%

**Overweight & Screen Time**
% of 9th-12 graders who are overweight, by hours of leisure time per day spent in front of a TV or computer screen, 2005

- Fewer than 2 hours: 7%
- 2–4 hours: 10%
- 5 or more hours: 17%

**Health Behaviors & Assets**
% of 9th-12 graders who eat 5+ servings of fruits or vegetables daily, and % who get moderate exercise 5+ days/week, by number of assets. ** * * * 2005

<table>
<thead>
<tr>
<th>Number of assets</th>
<th>Meeting nutritional guidelines</th>
<th>Meeting physical activity guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>13%</td>
<td>17%</td>
</tr>
<tr>
<td>2</td>
<td>15%</td>
<td>19%</td>
</tr>
<tr>
<td>3</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>4</td>
<td>19%</td>
<td>25%</td>
</tr>
<tr>
<td>5</td>
<td>20%</td>
<td>26%</td>
</tr>
<tr>
<td>6</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>7</td>
<td>34%</td>
<td>34%</td>
</tr>
</tbody>
</table>

**Goals**
- 7% Fewer than 2 hours
- 10% 2–4 hours
- 17% 5 or more hours

**Goal: 8%**

- **Benefits of Physical Activity**
Regular exercise helps build and maintain healthy bones and muscles, controls weight, reduces feelings of depression and anxiety, and promotes wellbeing.

Exercise need not be strenuous to be beneficial. Moderate intensity physical activity—such as brisk walking or active play—may be added in several 10 or 15 minute sessions.

- **Move More**
Adults need at least 30 minutes of moderate exercise five or more days a week, or 20 minutes of vigorous exercise three or more days a week. Children and teens need at least 60 minutes of moderate exercise on most days.

School physical education programs help students participate in physical activity and develop the knowledge, attitudes and skills they need for lifelong physical activity.

Television viewing, video gaming and computer use are the most common sedentary leisure time activities in the U.S.

- **Eat More Colors**
Fruits and vegetables are naturally high in fiber, and low in calories, adding volume to meals and allowing people to eat more and feel fuller with fewer calories.

Most adults should eat at least 2 cups of fruit and 2-1/2 cups of vegetables a day.

---

**Assets**
- **Assets include good grades, interaction with and support from parents, involvement in clubs and volunteer activities, and self-perceived value in communities and in school decision-making. For more info: childtrends databank.org**
OBJECTIVES
✔ met goal ◆ statistically better than US ✗ statistically worse than US

Decrease % of adults age 20+ who are obese
(as measured by BMI *)

- 2010 Goal: 15%
- VT 2005: 21% ◆
- US 2005: 23%

Decrease % of youth (grades 9-12) who are obese or overweight
(as measured by age-specific BMI)

- 2010 Goal: 5%
- VT 2005: 10%
- US 2005: 12%

Increase food security to reduce hunger
(as measured by % of adults who report having enough food to eat and enough money to buy food)

- 2010 Goal: 94%
- VT 2004: 91%
- US 2004: * data not available

Decrease % of WIC participants (age 2-5) who are overweight
(as measured by age-specific BMI)

- Goal: 5%
- VT 2005: 12%
- US 2005: 12%

Prevalence of Overweight
% of adults age 20+ with Body Mass Index of 25 and higher

Obesity & Chronic Disease
In 2005, % of adults who report having a chronic disease among those who are—

- obese
- at a healthy weight

To calculate Body Mass Index (BMI) for adults: go to healthvermont.gov, then select Fit & Healthy Vermonters.
Weight & Inadequate Food Supply
% of adults who report they don’t have enough food or enough money to buy food, by weight category, 2004

```
Healthy weight & underweight: 9%  
Overweight: 7%  
Obese: 11%  
Morbidly obese: 16%
```

Weight Gain in Pregnancy ***
% of women who gain excess weight during pregnancy, by pre-pregnancy weight category, 2004

```
Underweight: 29%  
Healthy weight: 46%  
Overweight: 51%  
Obese: 68%
```

Weight & Income
% of obese adults, by Federal Poverty Level, 2005

```
< 1¼ times poverty level: 25%  
1¼ - 2½ times poverty level: 23%  
2½ - 3½ times poverty level: 18%  
> 3½ times poverty level: 19%
```

Overweight among Children
As measured by % of children age 2-5 in WIC Program who are at 95th percentile of BMI

```
1991: 5.5%  
1993: 6%  
1995: 7%  
1997: 7.5%  
1999: 8%  
2001: 8.5%  
2003: 9%  
2005: 9.5%
```

**Goal:** 5%

- **Prevalence of Obesity**
Vermonters, like other Americans, are growing more overweight—a trend that holds true for both adults and children.

For Vermont adults, an estimated 21% or 95,000 age 20+ are obese, and 56% or 165,000 more are overweight. In general, women who are overweight or obese gain more than the recommended amount of weight during pregnancy.

About 5% or 2,800 students in grades 9-12 are overweight or obese, and 4,100 more are at risk for becoming overweight.

The highest rates of obesity are among low income Vermonters. Adults without food security must often compromise quality for quantity, eating higher-calorie but lower-cost foods.

- **Risk for Chronic Disease**
Being overweight greatly increases a person’s risk for many chronic diseases, including high blood pressure, diabetes, osteoarthritis, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances, breathing problems and certain cancers.

- **Physical Activity & Nutrition**
Achieving and keeping a healthy weight requires a balanced, lower-calorie diet and more physical activity. Even modest weight loss for people who are overweight can lower risk for chronic disease. Studies now suggest that breastfeeding lowers a child’s risk for obesity.

---

**Excess weight gain in pregnancy =** > 40 lbs for underweight women  > 35 lbs for healthy weight women  > 25 lbs for overweight or obese women
OBJECTIVES

✓ met goal  ✽ statistically better than US  ✗ statistically worse than US

Decrease % of adults who smoke cigarettes

<table>
<thead>
<tr>
<th></th>
<th>2010 Goal</th>
<th>VT 2005</th>
<th>US 2005</th>
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</thead>
<tbody>
<tr>
<td>Current</td>
<td>12%</td>
<td>20%</td>
<td>22%</td>
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</table>

Decrease % of youth in grades 9-12 who –

<table>
<thead>
<tr>
<th></th>
<th>2010 Goal</th>
<th>VT 2005</th>
<th>US 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>smoke cigarettes</td>
<td>16%</td>
<td>18%</td>
<td>26%</td>
</tr>
<tr>
<td>use spit tobacco</td>
<td>1%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>smoke cigars, cigarillos, little cigars</td>
<td>8%</td>
<td>12%</td>
<td>*</td>
</tr>
</tbody>
</table>

Increase % of adult smokers who attempt to quit

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<thead>
<tr>
<th></th>
<th>2010 Goal</th>
<th>VT 2005</th>
<th>US 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attempt</td>
<td>75%</td>
<td>53%</td>
<td>52%</td>
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</tbody>
</table>

Increase % pregnant women who quit smoking during first 3 months of pregnancy

<table>
<thead>
<tr>
<th></th>
<th>2010 Goal</th>
<th>VT 2004</th>
<th>US 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attempt</td>
<td>30%</td>
<td>29%</td>
<td>*</td>
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</table>

Increase % smokers with children who don’t allow smoking –

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<thead>
<tr>
<th></th>
<th>2010 Goal</th>
<th>VT 2005</th>
<th>US 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>in their home</td>
<td>70%</td>
<td>66%</td>
<td>*</td>
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<tr>
<td>in their car</td>
<td>75%</td>
<td>72%</td>
<td>*</td>
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</tbody>
</table>

Cigarette Smoking

% of adults who are current smokers *

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Goal: 12% or less</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades 9-12</td>
<td>19%</td>
</tr>
<tr>
<td>all adults</td>
<td>18%</td>
</tr>
<tr>
<td>age 18-24</td>
<td>24%</td>
</tr>
</tbody>
</table>

Smoking & Chronic Disease

In 2005, among adults who have chronic disease, % who report that they have

<table>
<thead>
<tr>
<th>Chronic Disease</th>
<th>ever smoked</th>
<th>never smoked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>Asthma</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>Heart Disease/Stroke</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>Depression</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>COPD</td>
<td>75%</td>
<td>25%</td>
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</table>

* data not available
Secondhand Smoke
% of adult current smokers and recent quitters with children younger than age 1 who report —

Cigarette Sales
As measured by # cigarette packs sold per person, per year

- Tobacco: Still the #1 Real Killer
Tobacco use is still the leading cause of preventable death. In 2005, about 800 deaths could be tracked to smoking. Smoking leads to or complicates asthma, heart disease, cancer, lung disease, stroke, pneumonia, low birth weight in babies and infant mortality.

An estimated 87% of all lung cancer cases in the U.S. can be attributed to smoking. The longer a person smokes, the greater risk they have for lung cancer.

- Secondhand Smoke
Exposure to secondhand smoke causes early death and disease in children and adults who do not smoke themselves. About 38,000 smokers have children under age 18 at home.

- Smoking Disparities
Two groups of people have the highest rates of smoking in Vermont. About 19,000 adults (37%) living below 125% of the Federal Poverty Level smoke. About 11,300 adults (40%) who have mental illness smoke.

Also in Vermont, 31% of racial and ethnic minorities are current smokers, compared to 20% of whites.

- Quitting Takes Practice
Quitting has almost immediate health benefits, but it typically takes six to eight attempts before a smoker can quit successfully. A smoker can double his or her chances of success by using quit-coaching in combination with nicotine replacement therapy.

** Age-adjusted data is slightly different than crude data presented elsewhere in this report.
**OBJECTIVES**

✔ met goal  ✋ statistically better than US  ✖ statistically worse than US

**Decrease % of youth in grades 9-12 who –**

- binge drink *
  - 2010 Goal 3.2%
  - VT 2005 25%
  - US 2005 30%

- use marijuana
  - 2010 Goal 0.7%
  - VT 2005 25%
  - US 2005 20%

- used alcohol before age 13
  - 2010 Goal 0%
  - VT 2005 21%
  - US 2005 24%

**Reduce alcohol-related motor vehicle deaths**
(per 100,000 people)

- 2010 Goal 4.8 ✔
- VT 2005 4.5
- US 2005 5.7

---

**Youth Alcohol / Other Drug Use**

% of 9th–12th graders who have ever used drugs or alcohol, 2005

- **Heroin**: 3%
- **Steroids**: 5%
- **Methamphetamines**: 6%
- **Cocaine**: 8%
- **Hallucinogens**: 12%
- **Inhalants**: 12%
- **Cigarettes**: 33%
- **Marijuana**: 42%
- **Alcohol**: 70%

* 5 or more drinks on a single occasion, once or more often in the past 30 days*
Marijuana Use
% of people who report using marijuana in the past 30 days, 2005

![Bar chart showing marijuana use by age group and comparison to U.S.](chart1)

(Youth Goal: 0.7%)

Alcohol Use
% of people who report binge drinking in the past 30 days, 2005

![Bar chart showing alcohol use by age group and comparison to U.S.](chart2)

(Youth Goal: 3.2%)

Youth Driving Under the Influence
% of 12th graders who drove a vehicle during past 30 days while under the influence of alcohol or marijuana

![Line chart showing marijuana use and driving](chart3)

Alcohol & Motor Vehicle Deaths
# people who die in alcohol-related motor vehicle accidents, per 100,000 people

![Line chart showing alcohol and motor vehicle deaths](chart4)

- **Health Consequences**
  Alcohol is a major factor in many preventable causes of fatalities—such as motor vehicle crashes, suicides, domestic violence and unintentional injuries.

  Fetal exposure to alcohol (and drugs) causes developmental, neurological and physical health problems. A baby born with Fetal Alcohol Effects may face a lifetime of serious and irreversible problems.

  Recent scientific evidence suggests that using marijuana may adversely affect thinking, judgment, physical and mental health.

- **Youth & Alcohol**
  The age when a young person starts drinking is a strong predictor of alcohol dependence.

  Easy access and perception of risk matter, too. In 2005, 53% of 8th graders reported that alcohol is easy to get, and 45% believe there is little risk in drinking nearly every day.

  Alcohol and illicit drug use are often co-occurring problems: In 2005, 58% of Vermont high school seniors reported using alcohol or marijuana in the past 30 days, and 40% reported using both.

- **Youth & Drugs**
  In 2005, 20% of Vermont 9th-12th graders reported using cocaine, heroin, methamphetamines, inhalants or hallucinogens at least once.

  Young Vermonters age 18 to 25 have one of the highest rates in the U.S. of recent marijuana use; 12- to 17-year-olds rank in the top fifth percentile.
OBJECTIVES
✔ met goal ✋ statistically better than US ✗ statistically worse than US

Increase % of people who always use safety belts –
- among adults age 18+
  2010 Goal 92%
  VT 2005 85%
  US 2005 82%
- among 9th-12th graders
  2010 Goal 92%
  VT 2005 83%
  US 2005 79%

Reduce work-related injuries resulting in medical treatment, lost time from work, or restricted work activity
(per 100 full-time workers)
- 2010 Goal 4.3
- VT 2005 6.1 ✗
- US 2005 4.6

Reduce residential fire deaths
(per 100,000 people)
- 2010 Goal 0.2 ✔
- VT 2004 0 ✗
- US 2004 0.8

Reduce child abuse substantiated cases among children under age 18
(per 10,000 children)
- 2010 Goal 10.3
- VT 2005 67.6
- US 2005 121.0

Reduce physical assaults by intimate partners
(per 1,000 people)
- 2010 Goal 3.3 ✔
- VT 2005 1.5
- US 2005 *

Injury Deaths
Leading causes of unintentional injuries, average # per 100,000 people, 2000-2004

Motor Vehicle Crash Deaths & Age / Gender
Average # people killed in motor vehicle crashes each year, per 100,000 people, 2000-2004

* data not available
Injury Hospitalizations
Average # of hospitalizations each year per 10,000 people, by cause of unintentional injury, 2001-2005

Hospitalizations for Falls
Average # of hospitalizations each year per 10,000 people, 2001-2005

- Falls
- Motor Vehicle
- Other transport
eg: offloading, bike, etc.
- Poisoning
- Fire / Burn

Age 0–64 65–74 75–84 85+
13.0 9.0 56.5 80.9 153.4 249.7 403.1 588.4

Men Women

Motor Vehicle Crash Deaths
Total # deaths each year per 100,000 people

Child Abuse & Neglect
# substantiated victims per 10,000 children

- Many injuries are Preventable
Unintentional injury is the fifth leading cause of death for Vermonters, with approximately 340 deaths per year.

- Motor Vehicle Crashes
Vermont averages 76 crash deaths a year. After falls, crashes are the second leading cause of traumatic brain injuries. More than one-third of all crashes involve alcohol. In 2005, 57% of vehicle occupants killed in Vermont crashes were not properly restrained.

- Falls
Falls are the second most common cause of injury deaths – and the most common cause of injury-related hospitalizations, emergency room visits, hip fractures and traumatic brain injuries.

- Fires
From 2000-2004, 36 Vermonters died in fires that were not a result of arson. Lack of a working smoke detector is a major risk factor.

- Domestic Violence
In Vermont, physical abuse, sexual abuse and neglect of children have all declined since 1990. Compared to the U.S., Vermont has a lower rate of child abuse and neglect, but it still far exceeds the 2010 goal.

Of all homicides in Vermont from 1994 to 2005, nearly half are the result of domestic violence. With suicides included (as in murder-suicide), 61% are domestic violence. Firearms are used to commit more than half of the homicides and more than three-quarters of the suicides.
OBJECTIVES
✔ met goal ✽ statistically better than US ✗ statistically worse than US

Eliminate elevated (≥ 10 ug/dl) blood lead levels in children age 1 -5

Goal 0%
VT 2005 3%
US 2004 1%

Increase % of 1-year-olds who have had a blood lead test

Goal 100%
VT 2005 77%
US 2005 *

Increase % of 2-year-olds who have had a blood lead test

Goal 100%
VT 2005 38%
US 2005 *

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

2010 Goal 95% ✔
VT 2005 95%
US 2003 90%

Increase % of adults who live in homes that have been tested for radon

2010 Goal 20% ✔
VT 2004 22%
US 2005 *

Older Housing Stock
% of housing that pre-dates 1950 and may present lead hazard

* data not available
Safe Drinking Water
% of people on public drinking water systems whose water consistently meets standards

Goal: 95%

Common Food or Waterborne Diseases
# of confirmed cases of E. coli, salmonella and campylobacter, 2005

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

- Safe Drinking Water
About 70 percent of Vermonters get their drinking water from public water systems, which are routinely monitored for contamination from harmful bacteria, chemicals and radionuclides. Everyone else gets their drinking water from private wells or springs, which homeowners should have periodically tested.

- Food Safety
The greatest risks (at home and eating out) for foodborne disease outbreaks are keeping food at improper temperatures, inadequate cooking, contaminated equipment, food from an unsafe source, and poor personal hygiene among food handlers. In 2005, the Vermont Department of Health inspected 86% of all restaurants in the state.

- Radon
Radon is the second leading cause of lung cancer. You cannot see, smell or taste radon. The only way to determine if radon is present in your home is to test for it.

- A Healthy Environment
For more information about lead, safe drinking water and testing guide, food safety, restaurant scores, and radon, visit healthvermont.gov, then select A Healthy Environment.
OBJECTIVES
✔ met goal  ✽ statistically better than US  ✖ statistically worse than US

Increase % of adults with a usual primary care provider

<table>
<thead>
<tr>
<th>Goal</th>
<th>85%</th>
</tr>
</thead>
<tbody>
<tr>
<td>VT 2005</td>
<td>87%</td>
</tr>
<tr>
<td>US 2005</td>
<td>83%</td>
</tr>
</tbody>
</table>

Increase % of people who have health insurance

- age 18-64
  | 2010 Goal | 100% |
  | VT 2005   | 86%  |
  | US 2005   | 87%  |

- younger than 18
  | Goal      | 100% |
  | VT 2005   | 95%  |
  | US 2005   | 93%  |

Increase % of schools that provide comprehensive health education –

- on alcohol and other drug use
  | 2010 Goal | 95%  |
  | VT 2002   | 98%  |
  | US 2005   | *    |

- on tobacco use/addiction
  | 2010 Goal | 95%  |
  | VT 2002   | 96%  |
  | US 2005   | *    |

- on unintended pregnancy, HIV/AIDS and Sexually Transmitted Diseases
  | 2010 Goal | 95%  |
  | VT 2002   | 95%  |
  | US 2005   | *    |

Supply of Primary Care Physicians

# full-time equivalent (FTE) primary care physicians per 100,000 people, 2005

KEY:
- Adequate Supply > 78 per 100,000
- Limited Need 68 - 78 per 100,000
- Severe Need < 68 per 100,000
- out of state care

* data not available
**Adults and Childr with No Health I**

- Supply of Health Care Providers
  - Rational service areas are groups of towns within which residents typically receive their primary care. Fourteen of 38 rational service areas in Vermont meet the national standard for access to primary care physicians.

  - The ratio of primary care physicians to 100,000 population ranges from a low of 11.8 (severe need) in Grand Isle County to a high of 95.1 (adequate supply) in Bennington County.

- The per capita supply of Registered Nurses, Advanced Practice Registered Nurses, Physicians’ Assistants, and pharmacists falls below national averages. Vermont ranks 50th for RNs, 45th for APRNs, 47th for PAs, and 47th for pharmacists.

**Health Insurance Disparities**

- Health insurance coverage is lower in rural areas: In 2005, 85% of Vermont adults living in rural areas have health insurance, compared to 90% of adults who live in urban areas.

- Also, 82% of racial and ethnic minorities in Vermont have health insurance, compared to 89% of whites.

**Physicians Accepting New Patients**

<table>
<thead>
<tr>
<th>% of primary care physicians who accepted</th>
<th>1994</th>
<th>2000</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>any new patients</td>
<td>88%</td>
<td>80%</td>
<td>81%</td>
</tr>
<tr>
<td>new Medicaid patients</td>
<td>82%</td>
<td>72%</td>
<td>70%</td>
</tr>
<tr>
<td>new Medicare patients</td>
<td>81%</td>
<td>73%</td>
<td>71%</td>
</tr>
</tbody>
</table>

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**Access to Routine Health Care**

- % of people following recommended preventative health measures
  - among those who have a primary care physician, and
  - among those who don’t, 2005

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Screened for Colorectal Cancer Age 50+</td>
<td>61%</td>
<td>68%</td>
<td>34%</td>
<td>38%</td>
<td></td>
<td></td>
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<tr>
<td>Had flu shot in past year Age 65+</td>
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<tr>
<td>Had regular checkup in past year Age 18+</td>
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</table>

**No Health Insurance & Income**

- % of adults age 18-64 who have NO health insurance, by Federal Poverty Level, 2005

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>23%</td>
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<tr>
<td>22%</td>
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<tr>
<td>13%</td>
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<tr>
<td>7%</td>
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</tbody>
</table>

**lower income**

**greater income**

---

**fluctuations in Vermont data may be due to small sample size**
OBJECTIVES
✔ met goal ✽ statistically better than US ✗ statistically worse than US

Reduce infant deaths
(per 1,000 live births) 2010 Goal 4.5 ✔
VT 2004 4.4
US 2004 5.7

Decrease % of low birth weight births
• ≤ 5.5 pounds 2010 Goal 5%  
VT 2004 6%  
US 2004 7%
• ≤ 3.3 pounds 2010 Goal 0.9%  
VT 2004 0.9%  
US 2004 1.2%

Increase % of pregnant women who receive –
• prenatal care in the first 3 months of pregnancy 2010 Goal 90% ✔
VT 2004 90%  
US 2004 89%
• early and adequate prenatal care * 2010 Goal 90%
VT 2004 89% ✽
US 2004 80%

Further reduce pregnancies among girls age 15-17
(per 1,000 females age 15-17) 2010 Goal 43.0 ✔
VT 2004 15.8
US 2002 25.1

Infant Mortality
# deaths among infants age less than 1 year, per 1,000 live births

Goal: 4.5%

Low Birth Weight
% of Vermont babies born at low birth weight

Goal: 5%

* Early and adequate prenatal care = entry into care no later than the fourth month of pregnancy, and having at least 80 percent of the expected number of visits.
No Prenatal Care
% of mothers who did not have prenatal care during the first three months of pregnancy

Teen Pregnancy
# pregnancies among girls age 15-17, per 1,000

Breastfeeding
% of mothers who are breastfeeding during the first year, 2004

Smoking in Pregnancy
% of women who smoked during at least 1 trimester of pregnancy

Intended Pregnancy
In 2004, 68 percent of new mothers in Vermont reported that their pregnancies were intended.

Preventing Low Birth Weight
Vermont’s rate of low birth weight babies has been growing since 1991. Most of this increase is due to moderately low birth weight—rather than very low birth weight—babies. Starting prenatal care early, NOT smoking or drinking, appropriate weight gain during pregnancy, and allowing enough time between pregnancies, all help prevent low birth weight.

Risk from Smoking
About 20% of women smoke during pregnancy. Smoking during pregnancy is the single most important preventable risk factor for low birth weight in Vermont. Low birth weight is closely linked to infant mortality.

Sudden Infant Death
In the past, when an infant died suddenly of no apparent cause, the death was classified as Sudden Infant Death Syndrome, or SIDS. New research shows that many of these deaths can be attributed to a cause such as a birth defect, unsafe sleep environment, or infection. In 1995, six infant deaths in Vermont were classified as SIDS, and in 2005, two.

Importance of a Medical Home
A medical home is a consistent health care setting with a regular primary care provider or team to ensure appropriate care. In Vermont, 58% of all children (and only 52% with serious special health needs) have a medical home.
OBJECTIVES

✔ met goal ✽ statistically better than US ✗ statistically worse than US

Increase % of children age 19-35 months –

• who receive universally recommended vaccines
  2010 Goal 80% ✔
  VT 2005 82%
  US 2005 ✗ 81%

• who receive 1+ doses of varicella vaccine at or after 12 months
  2010 Goal 90%
  VT 2005 69%
  US 2005 ✽ 88%

Increase % adults age 65+ –

• who receive annual influenza immunizations
  2010 Goal 90%
  VT 2005 66% ✽
  US 2005 63%

• who have ever been vaccinated against pneumococcal disease
  2010 Goal 90%
  VT 2005 67% ✽
  US 2005 61%

Reduce pneumonia/influenza hospitalizations among adults age 65+
(per 10,000 people)

  2010 Goal 8.0
  VT 2005 16.1
  US 2005 ✗ 21.6

Immunization Registry

% of children under age 6 who have two or more vaccinations recorded in the Vermont Immunization Registry, 2005

Goal: 90%  VT Statewide 72%  US *

* data not available  ** U.S., all races
• **Child, Teen & Adult Immunizations**

A person who is fully immunized is protected against vaccine-preventable diseases (or severe illness), and helps protect the community from disease outbreaks. For Vermont’s recommended immunization schedule, go to healthvermont.gov, then select Children & Families.

• **Varicella (Chickenpox)**

Varicella vaccine protects against severe disease. Before the vaccine was available, about 100 people in the U.S. died each year from chickenpox. In 2005, there were only three deaths.

• **Influenza/Pneumonia**

Influenza and pneumonia are the leading causes of hospitalization among people age 65 and older, and especially among older people who have chronic disease. Still, vaccines are underutilized.

Unvaccinated community health care workers can be a major source of influenza outbreaks. A person can spread flu before showing symptoms. In the first two months of 2005, 57% of health care workers had been vaccinated for influenza compared to 40% of non-health care workers.

**Reduce or eliminate vaccine-preventable diseases**

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>VT Goal</th>
<th>VT 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hib B (age &lt;5)</td>
<td>0 ✔</td>
<td>0</td>
</tr>
<tr>
<td>Measles</td>
<td>0 ✔</td>
<td>0</td>
</tr>
<tr>
<td>Rubella</td>
<td>0 ✔</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis B (age 2-18)</td>
<td>0 ✔</td>
<td>0</td>
</tr>
<tr>
<td>Pertussis (age &lt;7)</td>
<td>4</td>
<td>21</td>
</tr>
</tbody>
</table>

** *** to prevent: Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio, Measles, Mumps, Rubella, Hepatitis B, Haemophilus Influenzae b, Varicella (Chickenpox)**
OBJECTIVES
✔ met goal ✽ statistically better than US ✗ statistically worse than US

Increase % of adults who use the dental health system each year
- 2010 Goal: 56%
- VT 2004: 73%
- US 2004: 69%

Decrease % of children who –
- have ever had decay (age 6-8)
  - 2010 Goal: 42%
  - VT 2003: 40%
  - US 2005: *
- have untreated decay (age 6-8)
  - 2010 Goal: 21%
  - VT 2003: 16%
  - US 2005: *

Increase % of children who –
- get dental sealants (age 8)
  - 2010 Goal: 50%
  - VT 2003: 64%
  - US 2005: *

Increase % of population served by community public water systems that have optimally fluoridated water
- 2010 Goal: 75%
- VT 2003: 56%
- US 2002: 67%

Increase % of dentists who counsel patients to quit smoking
- 2010 Goal: 85%
- VT 2005: 35%
- US 2005: *

How Vermonters Pay For Dental Care
% by payer, 2005

- with insurance
  - Medicaid: 11%
  - Private Insurance: 18%
  - Self-Insured: 22%
- out of pocket: 49%

Aging of Dentists
% of dentists age 50+ and 55+

* data not available
Tooth Decay in Children
% of 3rd graders with untreated dental decay, Vermont compared to other states with oral health surveys, 2002-2003

Sealants in Children
% of 3rd graders with sealants, Vermont compared to other states with oral health surveys, 2002-2003

Access to Dental Care
Dentists are aging toward retirement: 57% of all dentists and 78% of pediatric dentists are 50+. In 2005, 88% of dentists accepted new patients, but only 59% accepted new Medicaid patients. Average wait-time for a new patient to have an appointment is about three weeks.

Dental Care Disparities
About half of children covered by Medicaid have dental decay, compared to one-third of children with private insurance. Twice as many Medicaid-covered children have 3 or more teeth with decay or fillings than children with private dental insurance. They are also less likely to have a regular dental visit.

In Vermont, 63% of racial and ethnic minorities have had an oral health exam in the past year, compared to 76% of whites.

Healthy Teeth for Children
From 1993 to 2002, first- through third-graders who are free of dental decay increased from 51% to 60%, and those who had untreated decay decreased from 20% to 16%. Also, 8-year-olds with at least one sealant on a permanent molar increased from 43 to 64%.

Oral Health is Important to Overall Health
Tooth decay is one of the most common chronic diseases in children, and gum disease affects a high percentage of adults. Infection and inflammation in the mouth have been linked to complications of pregnancy, type 2 diabetes, heart disease and stroke.
OBJECTIVES
✔ met goal ✈ statistically better than US ✗ statistically worse than US

Reduce suicide deaths
(per 100,000 people)

2010 Goal: 4.8
VT 2004: 14.0
US 2004: 12.0

Decide suicide attempts by youth in grades 9 - 12

2010 Goal: 1%
VT 2005: 2%
US 2005: 2%

Suicide Deaths
Average # deaths each year, per 100,000 Vermonters, 2000-2004

Goal: 4.8 or less

Depression & Chronic Illness
% of adults who report having a chronic disease and depression, 2005

Cardiovascular Disease: 22%
Diabetes: 22%
Asthma: 18%
Arthritis: 16%
Cancer: 14%
Obesity: 13%

Risk Factors = exposure to violence, abuse, neglect; homelessness; lead poisoning; loss of a loved one; experiencing rejection or severe stress due to disability, race, sexual orientation, religion or poverty.
Adult Depression & Age/Gender
% of adults who report depression, 2005

- **Men**
  - Age 18–39: 10%
  - Age 40–59: 8%
  - Age 60+: 5%

- **Women**
  - Age 18–39: 14%
  - Age 40–59: 14%
  - Age 60+: 6%

Youth Depression & Age/Gender
% of youth in grades 9–12 who report depression, 2005

- **Boys**
  - Grade 9: 15%
  - Grade 10: 14%
  - Grade 11: 14%
  - Grade 12: 18%

- **Girls**
  - Grade 9: 29%
  - Grade 10: 32%
  - Grade 11: 31%
  - Grade 12: 28%

Community Mental Health Services
# of clients served in community mental health programs

Hospitalizations for Mental Health Care
# days of inpatient behavioral health care services provided to Vermont residents

- **Youth Need for Treatment**
  The U.S. Surgeon General estimates that in any year, nearly one in five Vermont children and adolescents (nearly 29,000) will have a diagnosable mental health or addictive disorder. Nearly 7,000 experience severe impairment to life functions, and 15,000 need treatment.

- **Without prevention, early screening and intervention for these youth, their problems will become more acute and severe, they will take longer to heal, and they will require more intensive and expensive treatment.**

- **Social & Behavioral Health**
  Many mental health problems for children, adolescents and their families could be prevented by promoting social and emotional health in community environments, limiting risk factors and promoting protective factors.

- **Depression & Chronic Illness**
  Depression is a chronic illness, and it is linked with other chronic illnesses. Symptoms of mental illness often lessen over time, and people can enjoy considerable improvement or full recovery.

- **Community Mental Health Services**
  In 2005, more than 10,000 adults and 10,000 children were served by Vermont’s community-based mental health agencies.

Services include: planning and coordination; case management; clinical interventions (assessment, diagnosis, individual/family/group therapy; emergency response; medication and community supports.)

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**Protective Factors** = a loving, stable family; sense of belonging, personal value, having something to contribute; involved in school or community; support to succeed in school; clear messages about benefits of being alcohol and drug-free; difficult to access alcohol and other drugs; readily available information about mental health and developmental stages; readily available support/treatment for mental health, with no stigma attached.
OBJECTIVES
✔ met goal ✫ statistically better than US ✗ statistically worse than US

Reduce coronary heart disease deaths
(per 100,000 people)
2010 Goal 162.0 ✔
VT 2004 137.7 ✫
US 2004 157.2

Reduce stroke deaths
(per 10,000 people)
2010 Goal 50.0 ✔
VT 2004 43.6
US 2004 48.0

Decrease % of adults with high blood pressure
2010 Goal 14%
VT 2005 23% ✫
US 2005 25%

Increase % of adults who have had their cholesterol checked within the past 5 years
Goal 80%
VT 2005 74%
US 2005 75%

Heart Disease & Stroke Deaths
# per 100,000 people

Heart Disease/Stroke & Quality of Life
% of adults who describe themselves as being in fair or poor health, having depression, or being unable to work in 2005

- adults with history of heart disease or stroke
- the population as a whole
Stroke Prevalence
% of adults who report being told by a physician that they have had a stroke, 2004-2005

Heart Disease & Stroke Deaths
# deaths per 100,000 people, 2004

Heart Disease Prevalence
% of adults who report being told by a physician that they have had a heart attack or heart disease, 2004-2005

Heart Disease/Stroke & Income
% of adults who have had heart disease or a stroke, by Federal Poverty Level, 2005

• What is Heart Disease?
Heart disease is any disorder that affects the heart’s ability to function normally. The most common cause of heart disease is a narrowing or blocking of the arteries supplying blood to the heart muscle (coronary heart disease).

• Incidence & Mortality
Approximately 7%, or 31,000 Vermont adults, have ever had a heart attack, angina, heart disease or stroke. 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 and stroke is the third leading cause of death.

Every year, about of 917 Vermonters die from heart disease, and 260 die from stroke.

• Preventing Heart Disease & Stroke
Behaviors that help lower a person’s risk of dying from heart disease or stroke are: not smoking, staying at a healthy weight, eating fewer fatty and high cholesterol foods, exercising regularly, and knowing signs and symptoms and what to do in case of a heart attack or stroke.

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

• Call 9-1-1
Know the signs and symptoms of heart attack and stroke. Calling 9-1-1 right away and getting timely treatment saves lives and lowers risk of disability.
OBJECTIVES

✔ met goal ✘ statistically better than US ✗ statistically worse than US

Increase % of women age 40+ who have had a mammogram in the past two years

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>VT 2005</th>
<th>US 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>70%</td>
<td>77%</td>
<td>✔️</td>
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<tr>
<td></td>
<td></td>
<td>✝️</td>
<td>75%</td>
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</tbody>
</table>

Increase % of women age 18+ who have had a Pap test in the past three years

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>VT 2005</th>
<th>US 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>90%</td>
<td>✝️</td>
<td>83%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✔️</td>
<td>82%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>VT 2004</th>
<th>US 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>33%</td>
<td>✔️</td>
<td>32%</td>
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<tr>
<td></td>
<td></td>
<td>✝️</td>
<td>27%</td>
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</table>

Increase % of adults age 50+ who have ever had a sigmoidoscopy or colonoscopy

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<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>VT 2004</th>
<th>US 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>50%</td>
<td>✔️</td>
<td>59%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✝️</td>
<td>54%</td>
</tr>
</tbody>
</table>

Increase % of adults who take protective measures to reduce risk of skin cancer

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>VT 2001</th>
<th>US 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>85%</td>
<td>✝️</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✝️</td>
<td>*</td>
</tr>
</tbody>
</table>

Cancer Prevalence & Age/Gender
% of adults who report they have ever been diagnosed with cancer, 2005

Cancer Stage at Diagnosis
% of total cases of cancer, by type, according to stage at diagnosis, 2000-2004:

* localized (early diagnosis)  □ regional or distant (spread)  □ (not staged)

Melanoma  Prostate  Breast  Cervical  Colorectal  Lung

* data not available
The Most Commonly Diagnosed Cancers
% of all cancer diagnoses, by type:  in women  in men

- Breast: 31%
- Lung: 12%
- Colorectal: 11%
- Uterine: 7%
- Melanoma: 5%

The Most Common Causes of Cancer Deaths
% of all cancer deaths, by type:  in women  in men

- Lung: 24%
- Breast: 16%
- Colorectal: 11%
- Ovarian: 5%
- Pancreatic: 5%
- Non-Hodgkin’s Lymphoma: 5%

- Prostate: 29%
- Lung: 14%
- Colorectal: 10%
- Bladder: 7%
- Melanoma: 6%

• Cancer is Not One Disease, but Many
Cancer is a group of more than 100 different diseases that often develop gradually as the result of a complex mix of factors.

• Incidence & Mortality
Each year more than 3,000 Vermonters are diagnosed with some form of cancer. Nearly one-half of all men and one-third of all women will develop cancer in their lifetime. Cancer is the second leading cause of death. Each year, more than 1,200 Vermonters die from some form of cancer.

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

• Screening & Early Detection
Many cancers can be prevented, or successfully treated if detected early. Cancers in parts of the body that can be easily seen or felt (skin, breast) are first detected with more direct methods than internal cancers (lung), which require imaging procedures or laboratory tests. Screening tests can find pre-cancerous or small tumors.

• Living with Cancer
Currently, 23,000 to 31,000 Vermonters are living with a current or prior diagnosis of cancer. For survivors, cancer is a chronic illness—they are more likely to report fair or poor health, be physically inactive, and be unable to work.
Breast Cancer

• Incidence & Mortality
Breast cancer is the most common cancer diagnosed in women. Each year in Vermont, about 475 women are diagnosed. A woman’s lifetime risk of developing breast cancer is one in eight. Vermont’s breast cancer death rate has decreased since the 1990s. Still, each year in Vermont, about 97 women die from the breast cancer.

• Risk Factors
Incidence of breast cancer increases with age. Women who have had breast cancer or have a mother, sister or daughter with breast cancer have a greater risk. Risk may also be related to hormonal factors and diet.

• Screening & Early Detection
Mammography, combined with a clinical breast exam, is still the most effective means of early detection. In Vermont, 63% of breast cancers are diagnosed at the localized stage—the most treatable stage before the cancer has spread. Nearly all women in the U.S. who found their breast cancer at an early stage lived more than five years, while only 27% lived more than five years if their cancer had spread to distant sites in the body when it was first detected.

In Vermont, 67% of racial/ethnic minority women age 40+ have had a mammogram in the past two years, compared to 77% of white women.
Cervical Cancer

- **Incidence & Mortality**
  Each year, approximately 27 cases of cervical cancer are diagnosed among Vermont women and nine die from the disease. Incidence rates are higher in Vermont than in the U.S.

- **Risk Factors**
  Cervical cancer results from infection with one of the strains of HPV, the human papiloma virus. HPV is the most common sexually transmitted infection in the U.S. More than 80% of sexually active women will have been infected by age 50. There are over 100 different strains of HPV, and more than 30 of them are transmitted sexually.

- **Prevention**
  The first vaccine to prevent HPV infection was licensed in 2006. It prevents four types of HPV, two that cause about 70% of cervical cancers and two that cause 90% of genital warts.

- **Screening & Early Detection**
  Cervical cancer deaths are nearly always preventable through Pap test diagnosis at its earliest, most treatable stage. The HPV vaccine doesn’t protect against all strains, so women should start having Pap tests three years after first vaginal intercourse, and no later than age 21.

In Vermont, 78% of racial and ethnic minority women age 18+ have had a Pap test in the past three years, compared to 84% of white women.
Colorectal Cancer

- **Incidence & Mortality**
  Colorectal cancer is the third most commonly diagnosed cancer. Every year, about 336 new cases of colorectal cancer are diagnosed, and about 130 Vermonters die from the disease.

- **Risk Factors**
  Anyone who has previously been diagnosed with colorectal cancer, or who has a family member diagnosed is at greater risk.

- **Screening & Early Detection**
  Detecting colorectal cancer early is critical for survival. The five-year survival rate for people with colorectal cancer is 90% when diagnosed early, 67% when it has spread to nearby organs and only 10% if diagnosed in the latest stage.

Research shows that colorectal cancer develops gradually over time from benign polyps. Polyps detected by sigmoidoscopy or colonoscopy can be removed before they become malignant.

Screening recommendations for people age 50+: fecal occult blood test (FOBT) every year, sigmoidoscopy every five years, colonoscopy every 10 years or double-contrast barium enema every five to 10 years.

In Vermont, 45% of racial and ethnic minorities age 50+ have ever had a colonoscopy or sigmoidoscopy, compared to 57% of whites.

---

**Incidence & Mortality of Colorectal Cancer**
Average # each year per 100,000 people, 2000–2004

- New cases diagnosed: 61.5
- Deaths: 23.5

**Colorectal Cancer Screening & Age**
% reporting either an FOBT in the past year or a colonoscopy/sigmoidoscopy in the past 5 years, 2004

- Age 50–59: 50%
- Age 60–69: 65%
- Age 70–79: 68%

**Colorectal Cancer Screening & Health Care**
% of people age 50+ who report having either an FOBT in the past year or a colonoscopy/sigmoidoscopy in the past 5 years, 2004

- Among total population — 59%
  - Among people who have no personal doctor — 19%
  - Among people who have no health insurance — 30%

**Colorectal Cancer Screening**
Adults age 50+ who have ever had a sigmoidoscopy/colonoscopy

- Vermont: 59% in 2002, 54% in 2004
- U.S.: 59% in 2002, 54% in 2004

**Adults age 50+ who have had FOBT in past two years**

- Vermont: 32% in 2002, 27% in 2004
- U.S.: 32% in 2002, 27% in 2004
Incidence and Mortality of Lung Cancer
Average # each year per 100,000 people, 2000–2004

<table>
<thead>
<tr>
<th>New cases diagnosed</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td><strong>Women</strong></td>
</tr>
<tr>
<td>86.1</td>
<td>50.7</td>
</tr>
<tr>
<td>68.3</td>
<td>39.3</td>
</tr>
</tbody>
</table>

Lung Cancer Incidence
# new cases diagnosed per 100,000 people

Lung Cancer Deaths
# deaths per 100,000 people

Lung Cancer & Age
Average # of new cases diagnosed each year per 100,000 people, 2000–2004

<table>
<thead>
<tr>
<th>Age 25–44</th>
<th>Age 45–64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>95.1</td>
<td>257.6</td>
</tr>
<tr>
<td>8.8</td>
<td>69.9</td>
<td></td>
</tr>
</tbody>
</table>

Lung Cancer

• **Incidence & Mortality**
Every year in Vermont, about 421 new cases of lung cancer are diagnosed. Incidence of lung cancer is higher among men than women.

Lung cancer is the leading cause of cancer death in the U.S. and in Vermont, causing more deaths than breast, prostate and colorectal cancers combined. Each year in Vermont, about 329 people die from lung cancer.

• **Risk Factors**
Using tobacco in any form is the major cause of lung cancer. An estimated 87% of all lung cancer cases in the U.S. can be attributed to smoking. The more a person smokes, the greater risk they have for lung cancer.

People who do not smoke themselves, but who breathe the smoke of others, also have a higher risk.

Exposure to radon gas in the home accounts for about 9% of lung cancer deaths in the U.S. Smokers are especially vulnerable to the effects of radon.

• **Prevention**
The single most effective way to prevent lung cancer is to never start smoking. The second is to quit smoking. There are no recommended screening tests for lung cancer at this time.
Prostate Cancer

• Incidence & Mortality
Prostate cancer is the most common cancer diagnosed among Vermont men, with about 493 cases per year. A man’s lifetime risk of developing prostate cancer is one in six.

Prostate cancer is the third leading cause of cancer death among men – about 69 men die from prostate cancer every year.

• Risk Factors
The causes of prostate cancer are not well understood, but certain characteristics are linked to the disease: older age, African ancestry, family history, diet high in red meat and high-fat dairy products.

• Screening & Early Detection
Medical experts disagree about whether regular screening for prostate cancer should be recommended for all men age 50+.

There is agreement that men should receive all available information on the pros and cons of prostate cancer screening before making a decision.

There are two screening tests: a blood test for Prostate-Specific Antigens (PSA) or a physical exam of the prostate called a Digital Rectal Exam (DRE).
Melanoma Incidence & Age
Average # of new cases diagnosed each year, 2000–2004, per 100,000 people

Melanoma Incidence
# new cases per 100,000 people

U.S. Vermont

Skin Cancer

- Incidence & Mortality
Melanomas are the most severe form of skin cancer. Melanoma can be treated if detected early. If left untreated, most melanomas will eventually spread to other parts of the body and become much more difficult to treat.

Melanoma is the fifth most common cancer diagnosed in Vermont. Incidence of melanoma is higher in Vermont compared to the U.S. Incidence is about three times higher among men than women, and mortality is about three times higher among men than women.

Melanoma is one of the most common cancers in adults age 20 to 49. Each year in Vermont, about 96 melanomas are diagnosed in men and 84 in women, and 14 men and six women die from the disease.

- Risk Factors & Prevention
Risk factors for melanoma are: too much exposure to sunlight or artificial sources of UV radiation (tanning beds), fair skin, unusual moles, and family or personal history.

To prevent skin cancer, limit direct sun exposure at mid-day, wear protective clothing and hats, use a sunscreen with SPF of 15+, and do not use tanning beds.
### OBJECTIVES

- ✔ met goal
- ✪ statistically better than US
- ✘ statistically worse than US

#### Reduce diabetes-related deaths

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>Vermont</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>46.0</td>
<td>91.1</td>
<td>68.0</td>
</tr>
</tbody>
</table>

#### Reduce hospitalizations for uncontrolled diabetes among adults age 18-64

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>Vermont</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>5.4</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

#### Increase % of people with diabetes who:

- ✔ receive diabetes education
  - 2010 Goal: 60%
  - VT 2005: 56%
  - US 2005: 57%
- ✔ have an annual dilated eye exam
  - 2010 Goal: 76%
  - VT 2005: 72%
  - US 2005: 62%
- ✔ have A1C ** ** test at least 2x/year
  - Goal: 65%
  - VT 2005: 69%
  - US 2004: 68%
- ✔ have a foot exam at least 1x/year
  - Goal: 91%
  - VT 2005: 75%
  - US 2004: 67%
- ✔ had a flu shot in past 12 months
  - Goal: 72%
  - VT 2005: 46%
  - US 2005: 43%
- ✔ have ever had a pneumonia vaccination
  - Goal: 60%
  - VT2005: 46%
  - US 2005: 40%
- ✔ have had cholesterol measured at least 1x in past year
  - Goal: 75%
  - VT 2005: 72%
  - US 2005: 83%

### Projected Prevalence of Diabetes

% of adults who have diabetes

![Graph showing projected prevalence of diabetes](image)

#### Clinical Care for Diabetes

% of adults with diabetes who have medical care that meets clinical guidelines, 2005

- ✔ Foot exam once/yr.
- ✔ Dilated eye exam once/yr.
- ✔ Cholesterol check once/yr.
- ✔ A1C test ** twice/yr.
- ✔ Flu shot once/yr.
- ✔ Pneumonia shot one-time

* may reflect more accurate reporting in Vermont than nationally  ** U.S., all races

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Health Status of Vermonters   Chronic Diseases & Health Conditions
**Incidence & Mortality**
An estimated 29,000 Vermonters have diagnosed diabetes – and about 90,000 age 40 to 74 are at risk of developing diabetes.

Every year, about 650 Vermonters die from diabetes-related causes: heart disease, kidney disease and other serious health problems.

The growing prevalence of type 2 diabetes is linked to the obesity epidemic.

**Risk Factors**
Overweight and inactivity, high blood pressure, high LDL or low HDL cholesterol, age 45+, or family history of diabetes put a person in danger of developing diabetes.

Also at risk – People of African, Hispanic/Latino, Asian/Pacific Islander or American Indian ancestry.

Women who have had gestational diabetes, delivered a baby over 9 pounds, or have had polycystic ovary syndrome.

**Prevention & Control**
Improved diet and exercise habits are essential for controlling and reducing the complications of diabetes. This can actually prevent or delay type 2 diabetes, or may be the only treatment required.

In 2005, only 27% of Vermonters who had diabetes received medical care that met all of the clinical guidelines.

---

**Diabetes-related Deaths**

# per 100,000 people *

<table>
<thead>
<tr>
<th>Year</th>
<th>Diabetes-related Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>75.9</td>
</tr>
<tr>
<td>1992</td>
<td>85.6</td>
</tr>
<tr>
<td>1994</td>
<td>88.0</td>
</tr>
<tr>
<td>1996</td>
<td>92.1</td>
</tr>
<tr>
<td>1998</td>
<td>91.1</td>
</tr>
<tr>
<td>2000</td>
<td>90.0</td>
</tr>
<tr>
<td>2002</td>
<td>90.0</td>
</tr>
<tr>
<td>2004</td>
<td>91.1</td>
</tr>
</tbody>
</table>

**Diabetes Hospitalizations**

# per 10,000 people **

<table>
<thead>
<tr>
<th>Year</th>
<th>Diabetes Hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>5.6</td>
</tr>
<tr>
<td>1993</td>
<td>5.4</td>
</tr>
<tr>
<td>1995</td>
<td>5.2</td>
</tr>
<tr>
<td>1997</td>
<td>5.0</td>
</tr>
<tr>
<td>1999</td>
<td>3.9</td>
</tr>
<tr>
<td>2001</td>
<td>3.4</td>
</tr>
<tr>
<td>2003</td>
<td>3.4</td>
</tr>
<tr>
<td>2005</td>
<td>3.4</td>
</tr>
</tbody>
</table>

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**Diabetes & Weight**

% of adults who have diabetes, among — 2005

- Healthy-weight or underweight Vermonters: 2%
- Overweight Vermonters: 5%
- Obese Vermonters: 15%

**Diabetes & Income**

% of adults who have diabetes, by Federal Poverty Level, 2005

- < 1¼ times poverty level: 9%
- 1¼ - 2½ times poverty level: 7%
- 2½ - 3½ times poverty level: 5%
- > 3½ times poverty level: 4%
OBJECTIVES
✓ met goal  ✡ statistically better than US  ✗ statistically worse than US

Reduce COPD deaths among people age 45+
(per 100,000 people)
2010 Goal  62.3
VT 2004  122.8
US 2004  119.5

Reduce asthma hospitalizations among people under age 18
(per 10,000 people)
2010 Goal  17.3  ✔
VT 2005  9.1
US 2003  * * 22.7

Increase % of people with asthma who receive –
• patient education, with information about community and self-help resources
  2010 Goal  30%
  VT 2005  *
  US 2003  13%

• written asthma management plans from their health care provider
  2010 Goal  38%
  VT 2005  23%
  US 2003  35%

Decrease % of children under age 18 who are regularly exposed to tobacco smoke at home
  Goal  10%
  VT 2005  11%
  US 2005  *

Decrease % of adults exposed to tobacco smoke at home during past 7 days
  Goal  10%
  VT 2005  15%
  US 2005  *

Asthma Hospitalizations
# hospital discharges per 10,000 people

Asthma & Chronic Disease
In 2005, % of adults who have chronic disease among –

<table>
<thead>
<tr>
<th>Chronic Disease</th>
<th>those who have asthma</th>
<th>the total adult population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>27%</td>
<td>33%</td>
</tr>
<tr>
<td>Obesity</td>
<td>20%</td>
<td>28%</td>
</tr>
<tr>
<td>Depression</td>
<td>10%</td>
<td>18%</td>
</tr>
<tr>
<td>COPD</td>
<td>5%</td>
<td>15%</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6%</td>
<td>8%</td>
</tr>
</tbody>
</table>

* data not available  ** U.S., all races
Emergency Dept. Visits for Asthma
# visits per 10,000 people, 2005 ***

- Age 0–9: 84.3 (male), 45.8 (female)
- 10–44: 63.0 (male), 38.6 (female)
- 45–64: 35.6 (male), 15.6 (female)
- 65+: 25.8 (male), 11.8 (female)

Seasonal Emergency Dept. Visits for Asthma
# visits per 10,000 people, 2005 ***

- Winter: 485 (149 <18, 336 ≥18)
- Spring: 475 (205 <18, 270 ≥18)
- Summer: 353 (101 <18, 252 ≥18)
- Fall: 536 (259 <18, 277 ≥18)

Respiratory Disease & Income
% of adults who have respiratory disease, by Federal Poverty Level, 2005

- Lower income:
  - Asthma: 15%
  - COPD: 7%

- Greater income:
  - Asthma: 12%
  - COPD: 7%

COPD Deaths
Chronic Obstructive Pulmonary Disease deaths among adults age 45+, per 100,000 people

- Men: Goal: 62.3, 156.4 in 2004
- Women: 100.5 in 2004

** • Asthma**

Asthma is a serious chronic respiratory illness that affects both children and adults. In Vermont, about 10% or 47,000 adults have asthma (compared to 8% of the U.S. white population) and about 8% or 11,000 children have asthma.

In 2005, about half of Vermonters with asthma reported that their symptoms made it difficult to sleep at night. One in five reported that asthma kept them from work or carrying on daily activities at least once in the past year.

** • Chronic Obstructive Pulmonary Disease**

COPD is a group of diseases, including emphysema and chronic bronchitis, that obstruct airflow within the lungs. In Vermont, about 5%, or 22,000 adults have ever been diagnosed with COPD. Nearly all COPD can be attributed to smoking.

** • Asthma Action Plan**

People with asthma should routinely check in with their health care provider and get an asthma action plan to help identify environmental triggers to avoid, recognize symptoms, and know when and how to use medications and seek medical care. In Vermont, not having medical insurance, low income, smoking and obesity are characteristics of people who have difficulty managing their asthma.

** • Environmental & Seasonal Triggers**

Allergens (animal and plant proteins), pollutants in the environment, and workplace exposures have been linked to asthma.

---

* * * includes all visits for asthma, whether or not visit resulted in hospitalization
OBJECTIVES
✔ met goal  ✪ statistically better than US  ✗ statistically worse than US

Increase % of adults with chronic joint symptoms
who have seen a health care provider for their symptoms

2010 Goal 61% ✔
VT 2005 72%
US 2005 72%

Increase % of adults with doctor-diagnosed arthritis
who have received –

• effective, evidence-based arthritis education
  Goal 13%
  VT 2003 12%
  US 2003 12%

• counseling on weight reduction
  (for overweight/obese adults)
  Goal 46%
  VT 2003 31%
  US 2003 32%

• counseling on physical activity
  Goal 67%
  VT 2003 58% ✪
  US 2003 52%

Decrease % of adults with doctor-diagnosed arthritis who
are limited in their ability to work for pay due to arthritis

Goal 23%
VT 2005 31%
US 2003 35%

Increase % of adults with disabilities who report having
sufficient emotional support

2010 Goal 79%
VT 2005 72%
US 2005 72%

Arthritis & Age
% of adults who have doctor-diagnosed arthritis, by age (2005)

- men
- women

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2010 Goal</th>
<th>VT 2005</th>
<th>US 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44</td>
<td>11%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>45-54</td>
<td>29%</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>41%</td>
<td>49%</td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td>48%</td>
<td>54%</td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td>45%</td>
<td></td>
<td>61%</td>
</tr>
</tbody>
</table>
**Arthritis & Weight**

% of adults who are overweight or obese (2005), among:
- those who have arthritis
- the population as a whole

66%

56%

28%

20%

Overweight

Obese

**Osteoporosis by Age/Gender**

% of adults ever diagnosed with osteoporosis, 2004

---

**Prevalence of Hip Fractures**

# hospital discharges for hip fractures among Vermonters age 65+ per 1,000 people, 2004

10.7

4.8

men

women

---

**Arthritis**

The term arthritis is used to describe more than 100 conditions that affect the joints and tissues, including osteoarthritis, rheumatoid arthritis, lupus, carpal tunnel syndrome, gout and fibromyalgia.

About 169,000 or 35% of adult Vermonters have chronic joint symptoms—and about 132,000 or 27% have doctor-diagnosed arthritis.

As the population ages, the number of adults with doctor-diagnosed arthritis is projected to grow to more than 181,000 by 2030.

**Osteoporosis**

Approximately 23,000 or 5% of adult Vermonters are diagnosed with osteoporosis. Highest rates are among older women. Most hip fractures (90%) in people age 65+ are due to osteoporosis. In this age group, 499 women and 172 men were hospitalized for hip fractures in 2005.

**Prevention & Treatment**

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 the joint swelling and pain of arthritis.

**Arthritis & Physical Disability**

Arthritis is the most common cause of physical disability. Among Vermont adults with arthritis or chronic joint symptoms, 60,000 or 29% report limited activity due to their condition.
OBJECTIVES
✓ met goal  ✽ statistically better than US  ✗ statistically worse than US

Increase % of sexually active unmarried people age 18 to 44 who use condoms
- women
  2010 Goal  50%
  VT 2005  42%
  US 2005  *
- men
  2010 Goal  54%
  VT 2005  50%
  US 2005  *

Increase % of youth in grades 9-12 who have never had sexual intercourse
  2010 Goal  56% ✓
  VT 2005  59%
  US 2005  57%

Increase % of sexually experienced youth in grades 9-12 who are not currently sexually active
  2010 Goal  30%
  VT 2005  24%
  US 2005  *

Increase % of sexually active youth in grades 9-12 who used a condom the last time they had sexual intercourse
  2010 Goal  65% ✓
  VT 2005  65%
  US 2005  63%

HIV / AIDS Trends — # newly diagnosed cases

* data not available

Youth Sexual Behavior by Grade
By self-report, 2005

Sexually active within last 3 months —
- used a condom
- did not use a condom
- Not sexually active within last 3 months

Grade 9
- never had sex: 76%
- used a condom: 4%
- did not use a condom: 12%
- Not sexually active within last 3 months: 8%

Grade 10
- never had sex: 50%
- used a condom: 14%
- did not use a condom: 25%
- Not sexually active within last 3 months: 21%

Grade 11
- never had sex: 40%
- used a condom: 12%
- did not use a condom: 27%
- Not sexually active within last 3 months: 21%

Grade 12

Health Status of Vermonters  Chronic Diseases & Health Conditions
**Hepatitis C Cases**
Total # chronic/resolved and acute cases reported to the Vermont Department of Health, 2003-2005

**Chlamydia Diagnoses**
# cases reported to the Vermont Department of Health

**Exposure to HIV**
Mode of exposure 2001-2005

**HIV and AIDS**
In 2000, HIV became a reportable disease in Vermont. At the close of 2005, there were 429 people diagnosed with HIV/AIDS in the state. At time of diagnosis, 41% lived in Chittenden County.

**Sexually Transmitted Diseases (STDs)**
Chlamydia is by far the most-reported STD. Because many people infected with chlamydia do not have symptoms or do not seek testing or care, cases go undiagnosed and unreported. If left untreated, up to 40% of women with chlamydia will develop Pelvic Inflammatory Disease and up to 20% will become infertile.

Gonorrhea is the second most reported STD. People age 14 to 39 account for nearly all reported cases of chlamydia and gonorrhea.

**Hepatitis C**
Hepatitis C is a bloodborne virus that infects the liver. It is the most commonly reported chronic infection in Vermont. From 2003 to 2005, the Vermont Department of Health identified 1,350 cases of hepatitis C, but national data suggest that the number infected may be closer to 12,000, or 2% of the state’s population.

Testing and early diagnosis is important to improve care for people living with hepatitis C and prevent others from becoming infected.

Between 55% to 80% of people infected become chronic carriers. Chronic infection may result in liver cancer, and is the main reason for liver transplants in the U.S.
Summary

✔ met goal  ✶ statistically better than US  ✗ statistically worse than US

Behaviors, Environment & Health

INCREASE % OF –
- youth who engage in regular physical activity (p.4)
- adults who engage in regular physical activity (p.4)
- youth who eat 2+ servings of fruit/day (p.4)
- adults who eat 2+ servings of fruit/day (p.4)
- youth who eat 3+ servings of vegetables/day (p.4)
- adults who eat 3+ servings of vegetables/day (p.4)
- adults who have food security (p.6)
- adults who attempt to quit smoking (p.8)
- pregnant women who quit smoking during first trimester (p.8)
- smokers with children who don’t allow smoking at home (p.8)
- smokers with children who don’t allow smoking in their car (p.8)
- adults who always use safety belts (p.12)
- youth who always use safety belts (p.12)
- 1-year-olds who have had a blood lead test (p.14)
- 2-year-olds who have had a blood lead test (p.14)
- population on systems that meet safe drinking water standards (p.14)
- adults who live in homes that have been tested for radon (p.14)

DECREASE % OF –
- adults who have NO leisure time physical activity (p.4)
- youth who watch TV or use a computer 5+ hours/day (p.4)
- adults who are obese (p.6)
- youth who are obese or overweight (p.6)
- WIC participants age 2-5 who are overweight (p.6)
- adults who smoke cigarettes (p.8)
- youth who smoke cigarettes (p.8)
- youth who use spit tobacco (p.8)
- youth who smoke cigars, cigarillos, little cigars (p.8)
- youth who binge drink (p.10)
- youth who use marijuana (p.10)
- youth who used alcohol before age 13 (p.10)

REDUCE RATE OF –
- alcohol-related motor vehicle deaths (p.10)
- work-related injuries resulting in medical treatment, lost time from work, or restricted work activity (p.12)
- residential fire deaths (p.12)
- child abuse substantiated cases (p.12)
- physical assaults by intimate partners (p.12)
- eliminate elevated blood lead levels in children age 1-5 (p.14)

Providing for Better Public Health

INCREASE % OF –
- adults with a usual primary care provider (p.16)
- people who have health insurance (p.16)
- pregnant women who receive prenatal care in first trimester (p.18)
- pregnant women who receive early and adequate prenatal care (p.18)
- children who receive universally recommended vaccines (p.20)
- children who receive varicella vaccine (p.20)
- adults who receive annual influenza immunizations (p.20)
- adults who have ever been vaccinated against pneumococcal disease (p.20)
- adults who use the dental health system each year (p.22)
- children who get dental sealants (p.22)
- population served by fluoridated community public water systems (p.22)
- dentists who counsel patients to quit smoking (p.22)

INCREASE % OF schools that provide comprehensive health education on –
- alcohol & other drug use (p.16)
- tobacco use/addiction (p.16)
- unintended pregnancy, HIV/AIDS and STDs (p.16)
DECREASE % OF –
- low birth weight births (p.18)
- very low birth weight births (p.18)
- children who have ever had decay (p. 22)
- children who had untreated decay (p. 22)
- suicide attempts by youth (p.24)

REDUCE RATE OF –
- infant deaths (p.18)
- pregnancies among girls age 15-17 (p.18)
- pneumonia/influenza hospitalizations among adults age 65+ (p.20)
- reduce or eliminate vaccine-preventable diseases: Hib B, Measles, Rubella, Hepatitis B (p.21)
- reduce or eliminate vaccine-preventable diseases: Pertussis (p.21)
- suicide deaths (p.24)

**Chronic Diseases & Health Conditions**

INCREASE % OF –
- adults who have had their cholesterol checked within the past 5 years (p.26)
- women age 40+ who have had a mammogram in the past 2 years (p.28)
- women age 18+ who have had a Pap test in the past 3 years (p.28)
- adults who have had a FOBT in the past 2 years (p.28)
- adults age 50+ who have ever had a sigmoidoscopy or colonoscopy (p.28)
- adults who take protective measures to reduce risk of skin cancer (p.28)
- adults with disabilities who have sufficient emotional support (p.40)
- sexually active unmarried people age 18-44 who use condoms (p.42)
- youth who have never had sexual intercourse (p. 42)
- sexually experienced youth who are not currently sexually active (p.42)
- sexually active youth who used a condom the last time they had sex (p.42)

INCREASE % OF people with diabetes who –
- receive diabetes education (p.36)
- have an annual dilated eye exam (p.36)
- have an A1C test at least twice a year (p. 36)
- have a foot exam at least once a year (p.36)
- had a flu shot in past 12 months (p.36)
- have ever had a pneumonia vaccination (p.36)
- have had cholesterol measured at least once in past year (p.36)

INCREASE % OF people with asthma who receive –
- patient education with info about community/self-help resources (p.38)
- written asthma management plans from their health care provider (p.38)

INCREASE % OF people with chronic joint symptoms –
- who have seen a health care provider for their symptoms (p.40)

INCREASE % OF adults with doctor-diagnosed arthritis who have –
- received effective, evidence-based arthritis education (p.40)
- received counseling on weight reduction (for overweight/obese adults (p.40)
- counseling on physical activity (p.40)

DECREASE % OF –
- adults with high blood pressure (p.26)
- children who are regularly exposed to tobacco smoke at home (p.38)
- adults exposed to tobacco smoke at home during past 7 days (p.38)
- adults with arthritis who are limited in their ability to work (p.40)

REDUCE RATE OF –
- coronary heart disease deaths (p. 26)
- stroke deaths (p.26)
- diabetes deaths (p.36)
- hospitalizations for uncontrolled diabetes among adults (p.36)
- COPD deaths among people age 45+ (p.38)
- asthma hospitalizations among people under age 18 (p. 38)