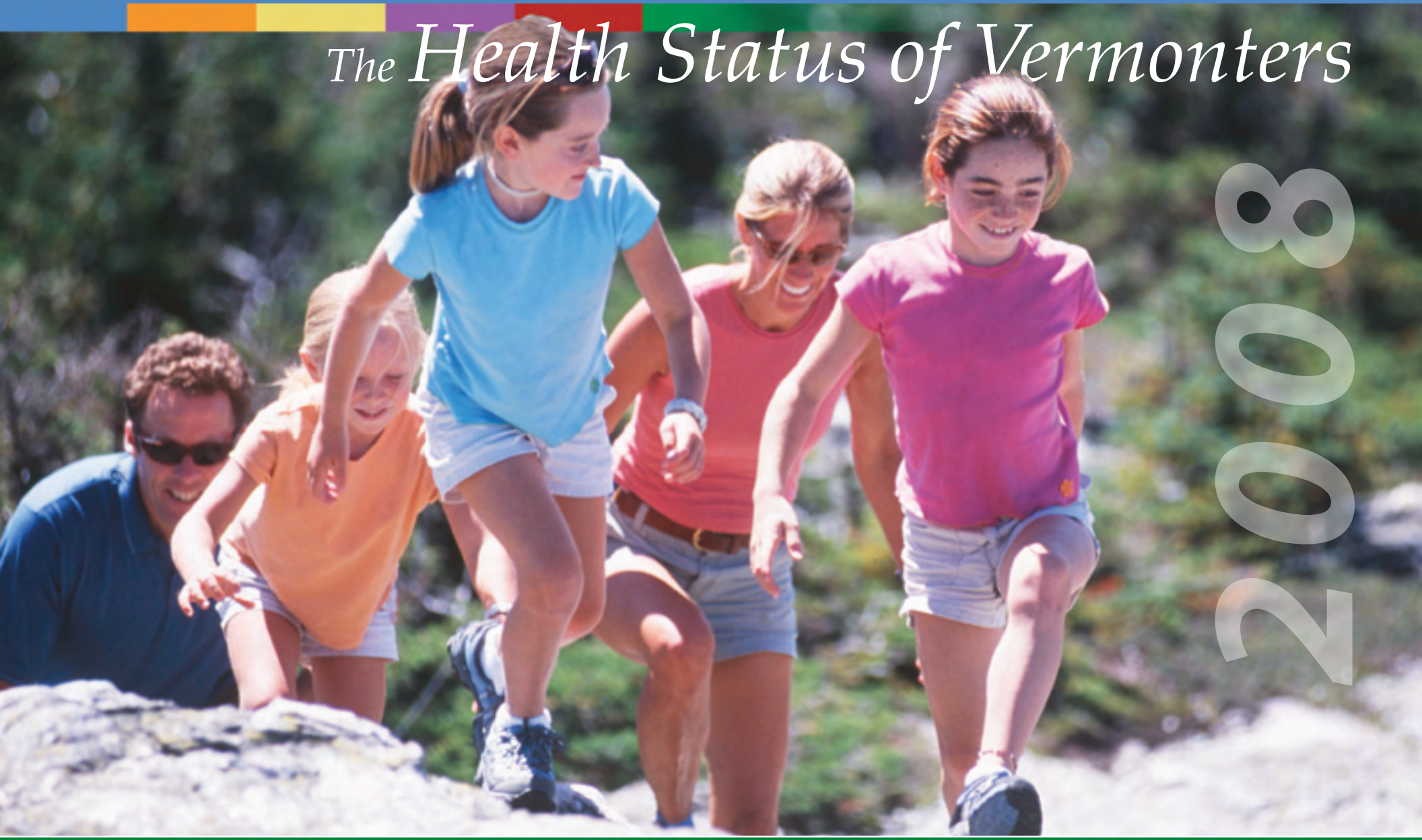
The Health Status of Vermonters

2008



VERMONT
DEPARTMENT OF HEALTH

Contents

The Health Status of Vermonters 2008
is also available at:
HealthVermont.gov

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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

March 2008

VERMONT
DEPARTMENT OF HEALTH

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 goverment, 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.

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March 2008