Dear Vermonter,

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

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

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

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

Please join us in working for a healthier Vermont,

Harry Chen, MD
Commissioner of Health
Introduction

- Healthy Vermonters 2020: The State Health Assessment

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

Also since 2011, the annual County Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation; demonstrate that where and how we live matters to our health. Although Vermont has been ranked number one on many measures for the past several years, the impact of health factors and outcomes vary across the state.

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

- A Small State, More or Less Well Populated

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

Vermont is the most rural state in the nation based on the fact that there are no towns with more than 10,000 residents. One county, Essex, is considered “frontier.” By another definition, all of Chittenden, Franklin and Grand Isle counties are considered “non-rural” because they are part of the Burlington-South Burlington Metropolitan Statistical Area defined by the federal Office of Management and Budget.

- An Aging Population

Vermont is aging faster than other states. In 2010, the median age of Vermonters was 42 years, compared to the national median of 38 years. And the state/national age gap is widening, from about two years in 2000 to four years in 2010. More than one-third of Vermonters (37%) are between the ages of 40 and 64. The median age of Vermont men is just over 40 years, and the median age of women is 49.

- Growing Diversity

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

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

- How Rural is Vermont?

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

Various federal government agencies recognize more than 20 different definitions for rural. Depending on the specific definition, some Vermont communities could be considered rural or not, based on proximity to Chittenden County. By one definition, Vermont is the most rural state in the nation based on the fact that there are no towns with more than 10,000 residents. One county, Essex, is considered “frontier.” By another definition, all of Chittenden, Franklin and Grand Isle counties are considered “non-rural” because they are part of the Burlington-South Burlington Metropolitan Statistical Area defined by the federal Office of Management and Budget.

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Income was $53,422, approximately the national average was $28,376 and the median household income was $34,053. In Vermont in 2011, the average per capita income was $17,530. This includes African American, Burmese, Chinese, French, Nepali, Russian, Serbo-Croatian, Sorani, Spanish, Swahili and Vietnamese.

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

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

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

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

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

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

Occupation
The state’s workforce numbers just over 334,000, according to the U.S. Bureau of Labor Statistics. The state unemployment rate in June was 5.1 percent, down 1.3 percent from the same period last year. Unemployment varies by region, occupation, and educational attainment. In recent years, a number of towns have worked to develop transportation links, and to construct sidewalks and paths for walking and biking.

Housing & the Built Environment
A survey in 2010 revealed that when people must live in sub-standard housing, or have no place to call home:

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

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

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

• Stress, Disability & Depression
Stress as a risk to health is difficult to quantify. As a rough measure, in 2008, 21 percent of adults reported having a health problem that required the use of special equipment. Prevalence of disability increases among adults who have low income or less education. Adults who have a disability are also more likely to have behaviors that compromise health – such as smoking or physical inactivity – and to have worse health outcomes. Depression among Vermonters correlates with lower income, less education and unemployment.

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

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In some cases, we have noted that the U.S. and Vermont is statistically worse than the U.S. Vermont is statistically better than the U.S. Vermont and U.S. data, it is noted with these differences in attitude and behaviors, too. The steady rise in U.S. households that have only cell phones has caused the BRFSS to add cell phones to their samples. An estimated three of 10 Americans and two in 10 Vermonters have only cell phones. Adding cell phones to the survey samples was necessary to accurately reflect the population. Cell phone users tend to be younger, single, and rent instead of own their own homes, and there are differences in attitude and behaviors, too. The addition of cell phones necessitated a new system of weighting.

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Starting with the 2011 BRFSS data, the result of this change is reflected in increases or decreases in certain statistics. For example, the adult smoking prevalence in Vermont for 2011 is reported as 20 percent, compared to 16 percent in 2010.

Federal Poverty Level
In Vermont, disparities in health outcomes are often a function of income (or poverty) levels. For this reason, key data in this report have been charted by income level comparisons. Federal Poverty Guidelines are issued each year by the U.S. Department of Health and Human Services. They are a national measure of poverty that takes income and household size into consideration, and are used to determine eligibility for an array of programs and services. These guidelines are sometimes referred to as the Federal Poverty Level (FPL), as they are in this report. In 2010, the FPL was income of $10,830 a year for an individual, and $17,570 for a family of four. By 2012, the FPL increased to $11,170 a year for an individual, and $17,570 for a family of four.

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

Data Sources & References

Vermont Agency of Education
• School Health Profile Report
Agency of Human Services
Department of Health
• Adult Tobacco Survey
• Childhood Lead Surveillance System
• Blood Lead Surveillance System
• Cancer Registry
• Childhood Hearing Health data
• Children with Special Health Needs data
• Cystic Fibrosis data
• Food & Lodging Inspection data
• Immunization Registry
• Oral Health Survey
• Pregnancy Risk Assessment Monitoring System
• The State of Children Report
• Reportable Disease Surveillance data
• School Nurse Report
• Special Supplemental Nutrition Program for Women, Infants & Children (WIC)
• Vermont Dental Survey
• Vermont Cancer Surveillance System
• Vermont Health Survey
• Youth Risk Behavior Survey

Department of Mental Health Data
Department of Vermont Health Access data

United States
Agency for Healthcare Research & Quality
• Health Care Cost & Utilization Project
National Cancer Institute
• Surveillance, Epidemiology & End Results (SEER)
National Highway Traffic Safety Administration
• National Highway Traffic Safety Administration
• Annual Survey of Occupational Injuries and Illnesses
US Department of Labor/Occupational Safety & Health Administration
• Annual Survey of Occupational Injuries and Illnesses

Department of Health & Human Services
Centers for Disease Control & Prevention
• HealthyPeople 2020
• National Health & Mortality Examination Survey
• National Healthcare Safety Network
• National Immunization Survey
• National Notifiable Disease Surveillance System
• U.S. Renal Data System
Substance Abuse & Mental Health Services Administration
• National Survey on Drug Use and Health
Family Planning

INDICATORS/GOALS
- Statistically better than US
- Statistically worse than US

Increase % of pregnancies that are planned
- 2000 goal: 65%
- VT 2008: 54%
- US data not comparable

Increase % of youth who used contraception at most recent sexual intercourse*
- 2000 Goal: 95%
- VT 2011: 89%
- US 2011: 71%

Increase % of youth who receive education on sexually transmitted diseases
- Females: 2000 Goal: ***
- VT data not available
- US 2006–08: 93%

Sexual Activity
Among 9th–12th graders • 2011
- Sexually active within the last 3 months
- Not sexually active within the last 3 months

Intended Pregnancy
% of pregnancies that women report are planned

Intended Pregnancy & Age of Mother
% of pregnancies that women report are intended • 2009
- Intended Pregnancies
- Unplanned Pregnancies

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

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

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

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

In Vermont, white teens have a higher rate of pregnancy (13.6 per 1,000) than teens of racial or ethnic minority groups (8.7 per 1,000).
Recent public health and forensic research has shown that what had been called SIDS (Sudden Infant Death Syndrome) can be attributed to causes such as sudden infection, maltreatment, unsafe sleep environment or rare diseases. Keeping health care providers and families accurately informed about infant care and safety can help prevent sudden unexpected deaths.

No Smoking, Alcohol, Drugs

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

Importance of Preconception Care

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

Breastfeeding is Best

Scientific evidence is clear that breastfeeding for the first six months of life helps prevent obesity and Type 2 diabetes. Breastfeeding mothers are also at lower risk of breast and ovarian cancer, diabetes, hypertension and cardiovascular disease. Among WIC participants in Vermont, 82% of mothers of racial or ethnic minority groups breastfeed their babies, compared to 77% of white non-Hispanic mothers.
Newborn Screening for Hearing
At least one in six Americans has a sensory or communication impairment or disorder. Even when temporary and mild, such disorders can affect health. Any barrier to physical balance and communication with others can make a person feel socially isolated, have unmet health needs, and limited success in school or on the job. Very early screening and intervention for hearing loss improves physical development, language, learning and literacy for these children.

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

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

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

Welcome to Medicare Wellness Exam
Providers are required to offer the Welcome to Medicare wellness visit to all patients. This one-time benefit is eligible for this benefit, and there is no cost if the doctor or other health care provider accepts assignment. This is a valuable health benefit, yet few people take advantage of it.

The Wellness Visit
During the visit, the health care provider will complete a comprehensive physical exam, evaluate the patient’s medical history, and:
- record and evaluate medical and family history, current health conditions, and prescriptions
- check blood pressure, vision, weight and height to get a baseline for care
- make sure clinical preventive services such as cancer screenings and vaccinations are up to date
- order further tests, depending on patient’s general health and medical history

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

Increase % of older adults who use the Welcome to Medicare benefit
- females 2020 Goal 55% VT data not available US 2008 48%
- males 2020 Goal 55% VT 2010 58% US 2008 46%

Increase % of older adults who are up to date on recommended preventive services
- females 2020 Goal 75% VT data not available US 2008 63%
- males 2020 Goal 75% VT 2010 67% US 2008 63%

Healthy Vermonters 2020 • A Healthy Lifetime

Five Domains of Healthy Development:
- Social/Emotional Development
- Approaches to Learning
- Cognitive Development
- Wellness
- Fine Motor Skills

Welcome to Medicare Wellness Exam
Covers:
- Medical Family History
- Vaccinations
- Blood Pressure
- Vision
- Weight/Height
- Prescriptions
- Preventive Health Screenings

Wellness Exam
Provides a plan or checklist with free screenings and preventive services needed. This is a valuable health benefit, yet few people take advantage of it.

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Health Insurance & Income

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

• Health Insurance for All

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

• Importance of a Medical Home

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

• Unequal Access to Quality Care

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

Access to Health Services

INDICATORS/GOALS

- statistically better than US
- statistically worse than US

Increase # of practicing primary care providers

- Full-Time Equivalents (FTEs) - U.S. data not available

- MDs and DOs
  2000 Goal 541
  VT 2010 492

- Physician Assistants
  2000 Goal 88
  VT 2010 67

- Nurse Practitioners
  2000 Goal 100
  VT 2010 83

Increase % of people who have health insurance

2000 Goal 100%

- adults age 18+
  VT 2010 89%
  US 2010 82%

- younger than 18
  VT 2010 96%
  US 2010 90%

- all ages
  VT 2010 91%
  US 2010 84%

Increase % of adults who have a usual primary care provider

2000 Goal 100%

- VT 2010 90%
  US 2010 82%

Reduce % of people who cannot obtain care, or delay medical or dental care or prescriptions

2000 Goal 5%

- VT 2010 9%
  US 2010 15%

Increase % of people who have a specific source of ongoing health care

Increase % of people with insurance coverage for clinical preventive services

Supply of Primary Care Physicians

# Full-Time Equivalents (FTEs) physicians per 100,000 people, by county • 2010

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

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Grand Isle - 75

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Reduce % of people who cannot obtain care, or delay medical or dental care or prescriptions

2000 Goal 5%

- VT 2010 9%
  US 2010 15%

Increase % of people who have a specific source of ongoing health care

Increase % of people with insurance coverage for clinical preventive services

Healthy Vermonters 2020 • Providing for Better Public Health

Access to Routine Health Care

% of people following recommended preventive health measures • 2010

<table>
<thead>
<tr>
<th>Measure</th>
<th>Vermont</th>
<th>U.S.</th>
<th>Vermont</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened for colorectal cancer 50+</td>
<td>73%</td>
<td>66%</td>
<td>5%</td>
<td>25%</td>
</tr>
<tr>
<td>Had regular checkup in past year</td>
<td>81%</td>
<td>75%</td>
<td>6%</td>
<td>28%</td>
</tr>
<tr>
<td>Had flu shot in past year 65+</td>
<td>72%</td>
<td>69%</td>
<td>8%</td>
<td>16%</td>
</tr>
<tr>
<td>Had flu shot in past year 46-64</td>
<td>73%</td>
<td>66%</td>
<td>8%</td>
<td>16%</td>
</tr>
<tr>
<td>Had flu shot in past year 18-45</td>
<td>72%</td>
<td>65%</td>
<td>8%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Health Insurance & Income

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

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Vermont</th>
<th>U.S.</th>
<th>Vermont</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1¼ times poverty level</td>
<td>72%</td>
<td>66%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>1¼ - 2½ times poverty level</td>
<td>86%</td>
<td>80%</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>2½ - 3½ times poverty level</td>
<td>99%</td>
<td>95%</td>
<td>1%</td>
<td>5%</td>
</tr>
</tbody>
</table>

• Health Insurance for All

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

• Importance of a Medical Home

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

• Unequal Access to Quality Care

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

Physicians Accepting New Patients

% of primary care physicians who accepted —

<table>
<thead>
<tr>
<th>Year</th>
<th>Vermont</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>80%</td>
<td>82%</td>
</tr>
<tr>
<td>2005</td>
<td>79%</td>
<td>79%</td>
</tr>
<tr>
<td>2010</td>
<td>80%</td>
<td>83%</td>
</tr>
</tbody>
</table>

Adequate Supply

> 78 per 100,000

Limited Need

68 - 78 per 100,000

Severe Need

< 68 per 100,000

Key:

- Adequate Supply
- Limited Need
- Severe Need

Statewide: 78.6 FTEs per 100,000 people

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

Healthy Vermonters 2020 • Providing for Better Public Health
Immunization & Infectious Disease

INDICATORS/GOALS
- statistically better than US
- statistically worse than US

Increase % of children age 19-35 months who receive recommended vaccines:
- 2020 Goal 80%
- VT 2010 66%
- US 2010 88%

Increase % of children in Kindergarten who are vaccinated with two or more doses of MMR vaccine (measles, mumps, rubella):
- 2020 Goal 95%
- VT 2010 61%
- US data not comparable

Increase % of children entering Kindergarten who are fully vaccinated:
- 2020 Goal 90%
- VT 2010 83%
- US data not comparable

Increase % of youth age 13-15 who are vaccinated with one dose of Tdap vaccine (tetanus, diphtheria, pertussis):
- 2020 Goal 96%
- VT 2010 81%
- US data not comparable

Increase % of adults age 65+ who:
- receive an annual flu shot:
  - 2020 Goal 90%
  - VT 2010 71%
  - US 2008 66%
- have ever been vaccinated against pneumonia:
  - 2020 Goal 99%
  - VT 2010 77%
  - US 2008 68%

Increase % of treatment completion among contacts to sputum smear positive cases who are diagnosed with latent TB and started treatment:
- 2020 Goal 100%
- VT 2010 83%
- US data not comparable

Reduce rate of central line-associated bloodstream infections:
- 2020 Goal 0.68
- VT 2010 1.1
- US 2010 1.68

**Immunization Status for Kindergarteners**
%-of children entering Kindergarten by immunization status

**Immunization Status for Babies**
%-of babies age 19-35 months who have had recommended vaccinations

**Why Vaccinate?**
- A person who is fully immunized is protected against vaccine-preventable diseases or severe illness, and helps protect the community from disease outbreaks. Children, adolescents and adults should be vaccinated according to the Centers for Disease Control & Prevention (CDC) recommendations.
- Vaccinate for Life
  - In Vermont in 2010, 6% of children entering Kindergarten had a religious or philosophical exemption, one of the highest percentages of all the states. Another 11% entered provisionally, without being up to date on their vaccinations. Because immunity to some diseases wanes over time, adolescents need one dose of the Tdap vaccine between age 11 and 15 to boost their immunity. Routine annual flu vaccination is now recommended for everyone age 6 months and older. Pneumococcal vaccine is recommended for everyone age 65 and older, and for those with high-risk conditions.
- Treat Tuberculosis
  - Vermont averages five cases of TB every year. Active (infectious) TB can be treated with a nine month course of antibiotics, but this treatment must be completed to be effective.
- Reduce Health Care Associated Infections
  - A central line-associated bloodstream infection is serious. Infection happens when germs enter the bloodstream through a central line (tube) that health care providers place in the patient’s body to give fluids, blood or medications or to do certain medical tests quickly.
Good oral health is integral to overall health. Tooth decay is one of the most common chronic diseases in children, and gum disease affects a high percentage of adults. Infection and inflammation in the mouth have been linked to complications of pregnancy, Type 2 diabetes, heart disease and stroke.

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

Fluoridation is a Public Health Benefit
Fluoridation is one of the most cost-effective interventions for preventing tooth decay. It provides a benefit to all residents, regardless of their age, race, gender, income, or insurance status.

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

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

Healthy Vermonters 2020 • Providing for Better Public Health

Oral Health

INDICATORS/GOALS

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

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

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

• age 6-9 2020 Goal 100% VT 2010 99% US data not available

• grades K-12 2020 Goal 85% VT 2009-10 65% US data not available

• age 18+ 2020 Goal 85% VT 2010 74% US 2010 68%

Reduce % of children who have ever had decay

• age 6-9 2020 Goal 30% VT 2010 34% US data not comparable

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

2020 Goal 45% VT 2010 41% US 2010 54%

Sealants in Children

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

Vermont 64% NH 60% CO 60% MA 46% ND 37% CA 37% OR 21% NY 15% TX 15%

Tooth Decay in Children

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

Vermont 24% CO 21% ND 17% MA 12% NH 15% US data not comparable

Tooth Extractions & Age

% of adults who have ever had a tooth extracted, by age • 2010

< 17% lower income 17% 1¼ - 2½ times poverty level 21% 2½ - 3½ times poverty level 26% > 3½ times poverty level

Tooth Extractions & Income

% of adults age 45-65 who have ever had a tooth extracted, by Federal Poverty Level • 2010

< 1¼ times poverty level 58% 1¼ - 2½ times poverty level 66% 2½ - 3½ times poverty level 42% > 3½ times poverty level 24%

Goal: 45%

How Vermonters Pay For Dental Care

% by method of payment • 2009

Medicaid 10% Private Insurance 17% Self-insured 15% Out of pocket 63%

Goal: 85%

Access & Income

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

< 1¼ times poverty level 56% 1¼ - 2½ times poverty level 66% 2½ - 3½ times poverty level 83% > 3½ times poverty level 83%

Goal: 85%

Tooth Extractions & Income

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

< 1¼ times poverty level 58% 1¼ - 2½ times poverty level 51% 2½ - 3½ times poverty level 43% > 3½ times poverty level 33%

Goal: 43%

How Vermonters Pay For Dental Care

% by method of payment • 2009

Medicaid 10% Self-insured 10% out of pocket 85% Private Insurance 17%

Goal: 85%

Access & Income

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

< 65% age 18-44 60% age 45-64 52% age 65+

Goal: 85%

Access & Income

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

< 65% age 18-44 60% age 45-64 52% age 65+

Goal: 85%

Access & Income

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

< 65% age 18-44 60% age 45-64 52% age 65+

Goal: 85%

Access & Income

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

< 65% age 18-44 60% age 45-64 52% age 65+

Goal: 85%
Youth Suicide Attempts
% of 9th-12th graders who reported making a suicide attempt, whether or not it required medical attention

- youth grades 9-12 VT 2009 1.6% US 2009 1.9%

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

VT/2020 Goal 2005-07 2.1%

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

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

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

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

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

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

Mental Health

Youth Depression & Age/Gender
% of 9th-12th graders who report feeling sad or helpless

Grade 9 Grade 10 Grade 11 Grade 12
Grade 9 Grade 10 Grade 11 Grade 12

Currently Smoke

19%

| Asthma | 17% |
| Diabetes | 16% |
| Lung Disease (COPD) | 15% |
| Obesity | 14% |
| Heart Disease / Stroke | 14% |
| Cancer | 11% |

7% of all adults report depression

** Vermont data not available and goal to be developed

Mental Health

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

<table>
<thead>
<tr>
<th>2000-2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.6%</td>
<td>5.9%</td>
<td>5.0%</td>
<td>5.7%</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

YSAT Goal: 11.7

Adult Depression & Income
% of adults who report depression, by Federal Poverty Level – 2010

< 1¼ times poverty level | > 3½ times poverty level |
---|---|
Lower income | 9% | 5% |
Greater income | 20% | 3% |

Adult Depression & Age/Gender
% of adults who report depression

<table>
<thead>
<tr>
<th>Age</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 18–24</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>Age 25–44</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Age 45–64</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>3%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Adult Depression & Age/Gender
% of adults who report depression

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 9</td>
<td>12%</td>
<td>13%</td>
<td>12%</td>
<td>12%</td>
<td>17%</td>
<td>13%</td>
<td>10%</td>
<td>9%</td>
<td>6%</td>
<td>11%</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Grade 10</td>
<td>24%</td>
<td>24%</td>
<td>23%</td>
<td>21%</td>
<td>11%</td>
<td>9%</td>
<td>8%</td>
<td>8%</td>
<td>6%</td>
<td>6%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Healthy Vermonters 2020 • Providing for Better Public Health
Health Consequences of Alcohol
Alcohol plays a major role in many motor vehicle crash fatalities, suicides, domestic violence and unintentional injuries. Fetal exposure to alcohol (and drugs) causes developmental, neurological and physical health problems. A baby born with Fetal Alcohol Effects faces a lifetime of serious and irreversible problems. Recent scientific evidence suggests that using marijuana may harm thinking, judgment, physical and mental health.

Binge Drinking & Marijuana Use
The age when a young person starts drinking strongly predicts alcohol dependence. Easy access and perception of risk matter, too. In 2011, 9% of 6th-8th graders reported drinking before age 11, 4% reported binge drinking in the past month, and 40% said that alcohol is easy to get. Alcohol and illicit drug use often go hand in hand: 39% of Vermont 9th-12th graders reported ever using marijuana, and 62% said that marijuana is easy to get. Of all the states, Vermont has one of the highest rates for marijuana use among young people.

More Treatment Services Needed
Unmet addiction treatment need is defined as an individual who meets the criteria for abuse of, or dependence on, illicit drugs or alcohol, but has not received specialty addiction treatment in the past year.

* 5 or more drinks on a single occasion, once or more often in the past 30 days.
Healthy Vermonters 2020 • Behaviors, Environment & Health

Tobacco Use

**INDICATORS/GOALS**

- Cigarette Smoking
  - % of Vermonters who are current smokers, by age group
  
<table>
<thead>
<tr>
<th>Year</th>
<th>All adults</th>
<th>18-24</th>
<th>25-44</th>
<th>45+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>12%</td>
<td>13%</td>
<td>16%</td>
<td>17%</td>
</tr>
<tr>
<td>2011</td>
<td>19%</td>
<td>17%</td>
<td>19%</td>
<td>20%</td>
</tr>
</tbody>
</table>

- Tobacco Policies Timeline
  - In 1993, Vermont had the first Clean Indoor Air Act in the U.S.
  - In 1995, Vermont had the first Smoke-free Workplace Law.
  - In 2001, the Vermont legislature passed the Vermont Kids Against Tobacco (VKATs) Act.
  - In 2002, Vermont Tobacco Control Program began.

- Smoking & Chronic Disease
  - Smoking status of adults who have chronic illnesses

<table>
<thead>
<tr>
<th>Disease</th>
<th>1999</th>
<th>2001</th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung disease (COPD)</td>
<td>21%</td>
<td>16%</td>
<td>12%</td>
<td>10%</td>
<td>9%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Heart Disease/Stroke</td>
<td>58%</td>
<td>56%</td>
<td>58%</td>
<td>58%</td>
<td>57%</td>
<td>56%</td>
<td>56%</td>
</tr>
<tr>
<td>Depression</td>
<td>61%</td>
<td>62%</td>
<td>63%</td>
<td>64%</td>
<td>65%</td>
<td>66%</td>
<td>66%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>43%</td>
<td>41%</td>
<td>40%</td>
<td>39%</td>
<td>38%</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>46%</td>
<td>45%</td>
<td>44%</td>
<td>43%</td>
<td>42%</td>
<td>41%</td>
<td>41%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>79%</td>
<td>78%</td>
<td>77%</td>
<td>76%</td>
<td>75%</td>
<td>74%</td>
<td>74%</td>
</tr>
</tbody>
</table>

- Smoking & Income
  - % of current adult smokers who made an attempt to quit smoking

<table>
<thead>
<tr>
<th>Poverty Level</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1¼ times poverty level</td>
<td>32%</td>
<td>33%</td>
<td>34%</td>
<td>35%</td>
<td>36%</td>
<td>37%</td>
<td>38%</td>
<td>39%</td>
<td>40%</td>
<td>41%</td>
<td>42%</td>
</tr>
<tr>
<td>1¼ - 2½ times poverty level</td>
<td>19%</td>
<td>20%</td>
<td>21%</td>
<td>22%</td>
<td>23%</td>
<td>24%</td>
<td>25%</td>
<td>26%</td>
<td>27%</td>
<td>28%</td>
<td>29%</td>
</tr>
<tr>
<td>2½ - 3½ times poverty level</td>
<td>11%</td>
<td>12%</td>
<td>13%</td>
<td>14%</td>
<td>15%</td>
<td>16%</td>
<td>17%</td>
<td>18%</td>
<td>19%</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td>&gt; 3½ times poverty level</td>
<td>11%</td>
<td>12%</td>
<td>13%</td>
<td>14%</td>
<td>15%</td>
<td>16%</td>
<td>17%</td>
<td>18%</td>
<td>19%</td>
<td>20%</td>
<td>21%</td>
</tr>
</tbody>
</table>

- Quit Attempts
  - Goal: 50%

- Tobacco: Still the #1 Real Killer
  - Tobacco is still the leading cause of preventable death.
  - Smoking leads to or complicates asthma, heart disease, cancer, lung diseases, stroke, low birth weight in babies, and infant mortality.
  - Of the estimated 75,500 adult Vermonters who smoke in 2010, half of those who continue will likely die as a result of a smoking-related cause.

- Who Smokes and Who Does Not?
  - About one-third of very low income (31%), uninsured (35%) adults smoke. Those who did not graduate from high school are more likely to smoke (39%), and an estimated 38% of adults with mental illness smoke. Also in Vermont, 27% of adults and 19% of youth of racial and ethnic minorities are current smokers, compared to 17% of adults and 13% of white non-Hispanic youth.

- Exposure to Smoke = Smoking
  - There is no safe level of exposure to second-hand smoke, yet 43% of adult nonsmokers in Vermont report having been exposed recently. Laws and bans on smoking in public places, at home and in the car, lead to quit attempts.

- Most Smokers Try to Quit
  - Quitting has almost immediate health benefits, but it can take many tries before a smoker can quit successfully. Every year since 2004, more than half of all smokers in Vermont have made a quit attempt. At 69%, smokers of racial or ethnic minorities have a higher quit attempt rate than white non-Hispanic smokers (58%).
Weight & Healthy Diet

% of adults age 20+, by Federal Poverty Level, 2010

- Below poverty level
  - Obese (BMI ≥ 30)
  - Overweight (BMI 25-29)
  - Healthy
  - Underweight

- At or above poverty level
  - Obese (95th percentile)
  - Overweight (85th percentile)

Weight & Income

- Below poverty level
  - Obesity & Chronic Disease
  - Diabetes
  - Heart Disease / Stroke
  - Hypertension
  - Asthma
  - Arthritis
  - Depression

<table>
<thead>
<tr>
<th>Population</th>
<th>Obesity &amp; Chronic Disease</th>
<th>Diabetes</th>
<th>Heart Disease / Stroke</th>
<th>Hypertension</th>
<th>Asthma</th>
<th>Arthritis</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>25%</td>
<td>62%</td>
<td>44%</td>
<td>44%</td>
<td>35%</td>
<td>30%</td>
<td>46%</td>
</tr>
</tbody>
</table>

Increase % of people who eat 2+ servings of fruit/day
- youth grades 9-12: 2000 Goal 40% 2000 Goal 40%
- adults age 18+: 2000 Goal 34% 2000 Goal 34%

Increase % of people who eat 3+ servings of vegetables/day
- youth grades 9-12: 2000 Goal 28% 2000 Goal 30%
- adults age 18+: 2000 Goal 17% 2000 Goal 20%
Physical Activity

% of Vermonters who meet physical activity guidelines

<table>
<thead>
<tr>
<th>Year</th>
<th>Adult Goal</th>
<th>2020 VT</th>
<th>2020 US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>59%</td>
<td>17%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Youth – grades 9-12

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>2020 VT</th>
<th>2020 US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24%</td>
<td>9%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Physical Activity & Income

% of Vermonters who meet physical activity guidelines by Federal Poverty Level

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>2020 VT</th>
<th>2020 US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>53%</td>
<td>15%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Screen Time & Weight

% of 9th-12 graders who spend at least 3 hours of leisure time in front of a TV or computer screen

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>2020 VT</th>
<th>2020 US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10%</td>
<td>3%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Chronic Disease & Physical Activity

% of Vermonters who meet physical activity guidelines

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>2020 VT</th>
<th>2020 US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15%</td>
<td>15%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Healthy Vermonters 2020

• Move More!

Physical activity is any body movement that speeds up your heart beat and makes you breathe harder. Regular physical activity is one of the best things you can do for your health. It helps build and maintain bones and muscles, control weight, improve your strength and endurance, and makes you feel better, both physically and mentally.

• Physical Activity Guidelines

Adults need an average of at least 150 minutes each week of moderate intensity physical activity such as brisk walking (30 minutes, five days a week) – or at least 75 minutes of vigorous intensity exercise (15 minutes, five days a week). Adults should also try to do muscle-strengthening activities two or more days each week.

For children and teens, physical activity should add up to 60 minutes or more each day. Each week should also include three days of some vigorous-intensity activity like soccer, basketball, running or swimming, and three days of muscle and bone-strengthening activities such as gymnastics or climbing on a jungle gym. In Vermont, more white non-Hispanic youth meet physical activity guidelines (48%), compared to youth of racial or ethnic minority groups (42%).

• Limit Screen Time!

Television viewing, video gaming and computer use are the most common sedentary leisure time activities in the U.S. Rates of screen time among children and adolescents are increasing, and this trend is associated with inactivity and a rise in obesity.

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

The physical activity patterns for adults and children in Vermont are presented in the following sections.

** Vermont/U.S. data not available and goal to be developed
Many Injuries are Preventable

Injuries are a leading cause of disability and death for all Vermonters, regardless of a person’s age, gender or socioeconomic status. Whether they are unintentional or the result of intentional or violent acts, most injuries can be prevented with public health interventions. White non-Hispanic Vermonters are more likely to die of unintentional injuries (4.9 deaths per 100,000 people) than those of racial and ethnic minority groups (1.2 deaths per 100,000).

Motor Vehicle Crashes

Motor vehicle injuries are a significant cause of injury and death, both nationally and in Vermont. This is especially true for teens and older people. The underlying causes are many and complex: young or inexperienced drivers, drinking under the influence, speeding and distracted driving, often in combination with snow and ice.

Falls

Unintentional falls are not accidents, but are preventable with specific interventions. Fall injuries for the elderly can have a profound impact on quality of life, mobility, independent living, and increased risk of early death.

Self-harm or Suicide Attempts

White non-Hispanic adults in Vermont have a higher rate of suicide (14.1 per 100,000 people) than people of racial and ethnic minority groups (4.5 per 100,000). Main methods of suicide are firearms, poisoning and suffocation. Mental illness, life trauma, death of a family member and personal economic crisis are major risk factors. Everyone can play a role in preventing suicidal or self-harm behaviors in others.
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.

About 60 percent of Vermonters get their drinking water from public water systems, which are routinely monitored for contamination from harmful bacteria, chemicals and radionuclides. Everyone else gets their drinking water from private wells or springs, which homeowners should have periodically tested.

Children spend much of their time in school buildings and can be affected by chemical, biological and physical hazards there. Environmental health management strategies can improve indoor air quality and reduce hazardous exposures.

Radon is a naturally occurring gas released from bedrock. You cannot see, smell or taste radon, but it is the second leading cause of lung cancer after smoking. The only way to determine if radon is present in your home is to test for it. New homes can be built to be radon-resistant, and older homes with elevated radon levels can have mitigation systems installed. In Vermont, of the approximately 15,500 homes that have ever been tested, one in 10 have elevated radon that should be mitigated.

**Environmental Health**

**INDICATORS/GOALS**

- **Increase % of the population served by community public water supplies that meet Safe Drinking Water standards**
  - 2020 Goal: 95%
  - VT 2010: 86%
  - US data not comparable

- **Increase % of homes with elevated radon levels that have an operating radon mitigation system**
  - 2020 Goal: 35%
  - VT 2010: 28%
  - US data not comparable

- **Increase % of schools that have an indoor air quality management system**
  - 2020 Goal: 10%
  - VT 2010: 7%
  - US data not comparable

- **Reduce % of children who have elevated blood lead levels (≥ 10 µg/dl) younger than age 6**
  - 2020 Goal: 0%
  - VT 2010: 0.6%
  - US data not comparable

- **Reduce % of adults who have elevated blood lead levels from work exposures (≥ 10 µg/dl)**
  - 2020 Goal: 9.3
  - VT 2009: 10.3
  - US 2008: 22.5

- **Reduce % of inspections that find critical food safety violations**
  - 2020 Goal: 35%
  - VT 2010: 48%
  - US data not available

**Older Housing Stock**

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

**Healthy & Safe Schools**

- % of children tested for lead poisoning
  - 1-year-olds
  - 2-year-olds

**Safe Drinking Water**

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

**Home Radon Testing**

- % of residences that have been tested for radon (cumulative from 2000)

**Blood Lead Level Testing**

- % of children tested for lead poisoning

**Elevated Blood Lead Levels**

- % of children with elevated blood lead levels
  - 5-9 µg/dl
  - 10 µg/dl and more

**Goal: 95%**

**KEY:**

- 91–100%
- 76–90%
- 63–75%
- 51–62%
- 30–50%
- 0–30%

**Notes:**

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

**Healthy Vermonters 2020**

- Behaviors, Environment & Health
Heart Disease/Stroke & Income

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

- greater income
- lower income

- < 1¼ times poverty level
- 1¼ - 2½ times poverty level
- 2½ - 3½ times poverty level
- > 3½ times poverty level

- 9%
- 6%
- 4%
- 5%

- 67%
- 73%
- 78%
- 82%

- 8%
- 6%
- 5%
- 4%

Heart Disease/Stroke Deaths

# per 100,000 people • 2010

- 89.4
- 126.0
- 111.7
- 18.9
- 29.3

Cholesterol Check & Income

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

- Goal: 85%

Stroke Prevalence

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

Heart Disease Prevalence

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

Healthy Vermonters 2020 • Diseases & Health Conditions

Heart Disease & Stroke

INDICATORS/GOALS

- statistically better than US
- statistically worse than US

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

- 2020 Goal: 89.4
- VT 2009: 113.7
- US 2009: 126.0

Reduce stroke deaths (deaths per 100,000 people)

- 2020 Goal: 23.4
- VT 2009: 29.3
- US 2009: 38.9

Reduce % of people with high blood pressure

- children younger than age 18
- adults (age 18+)
- Goal: 85%
- VT/US data not available
- Goal: 25%
- VT 2009: 25%
- US 2009: 28%

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

- 2020 Goal: 85%
- VT 2009: 85%
- US 2009: 76%

What is Heart Disease?

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

Preventing Heart Disease & Stroke

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

Preventing Heart Disease & Stroke

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

Know Your Numbers!

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

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

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

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

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

Cancer Prevalence & Age/Gender
% of adults who report they have ever been diagnosed with cancer • 2010

<table>
<thead>
<tr>
<th>Age/Gender</th>
<th>men</th>
<th>women</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–44</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>45–54</td>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td>55–64</td>
<td>6%</td>
<td>15%</td>
</tr>
<tr>
<td>65–74</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>75+</td>
<td>16%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Cancer Deaths # per 100,000 people

<table>
<thead>
<tr>
<th>Year</th>
<th>men</th>
<th>women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>255</td>
<td>258</td>
</tr>
<tr>
<td>2001</td>
<td>215</td>
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<td>2002</td>
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<td>195</td>
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<tr>
<td>2003</td>
<td>180</td>
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<td>130</td>
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<tr>
<td>2008</td>
<td>130</td>
<td>120</td>
</tr>
<tr>
<td>2009</td>
<td>120</td>
<td>110</td>
</tr>
</tbody>
</table>

Most Commonly Diagnosed Cancers
% of all cancer diagnoses 2009, by type • in women • in men

<table>
<thead>
<tr>
<th>Type</th>
<th>in women</th>
<th>in men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>29%</td>
<td>14%</td>
</tr>
<tr>
<td>Lung</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Uterine</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>Melanoma (Skin)</td>
<td>6%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Most Common Causes of Cancer Deaths
% of all cancer deaths 2009, by type • in women • in men

<table>
<thead>
<tr>
<th>Type</th>
<th>in women</th>
<th>in men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>Lung</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Ovarian</td>
<td>4%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Cancer Deaths # per 100,000 people

<table>
<thead>
<tr>
<th>Year</th>
<th>men</th>
<th>women</th>
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<tbody>
<tr>
<td>2000</td>
<td>255</td>
<td>258</td>
</tr>
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<td>2001</td>
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<tr>
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<td>195</td>
</tr>
<tr>
<td>2003</td>
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<td>2004</td>
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<td>2007</td>
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<td>130</td>
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<td>2008</td>
<td>130</td>
<td>120</td>
</tr>
<tr>
<td>2009</td>
<td>120</td>
<td>110</td>
</tr>
</tbody>
</table>
• Breast Cancer

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

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

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

• Cervical Cancer

Some cervical cancers result from infection with one of the strains of HPV, the human papilloma virus. In Vermont, each year, about 16 women are diagnosed and four die from the disease. Cervical cancers do not form suddenly. HPV is spread. Still, screening is underutilized.

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Diabetes

The growing prevalence of Type 2 diabetes is linked to the obesity epidemic. About 99% of diabetes is Type 2, which can be prevented, delayed or better managed with healthy eating and physical activity. An estimated 50,000 Vermonters have diabetes, and 130,000 have pre-diabetes and are at risk of developing the disease. Yet more than one-quarter of those with diabetes, and more than three-quarters with pre-diabetes have not yet been diagnosed.

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

Diabetes Education is Key
Only a little more than half of Vermonters who have diabetes have ever had formal education about screening, treatment and self-management — as well as women who have had gestational diabetes, delivered a baby over nine pounds, or have had polycystic ovary syndrome. In Vermont, people of racial and ethnic minority groups are at greater risk (9%), compared to white non-Hispanics (6%).

Diabetes is Linked to Obesity
Diabetes-related Deaths

Reduces the rate of new cases of end-stage renal disease ($/per million people)

Increase % of people with diabetes who have —

• diabetes education

2000 Goal 60%
VT 2010 51%
US 2008 57%

• blood pressure under control

VT/2000 Goal US 2001-08
VT 2010 59%
US 2008 54%

• annual dilated eye exam

2000 Goal 60%
VT 2010 51%
US 2008 59%

• an A1C* value of less than 7%

VT/2000 Goal US 2001-08
VT 2010 54%
US 2008 49%

Clinical Care for Diabetes

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

% of adults who have diabetes

• Diabetes-related Deaths

% of adults with diabetes, by Federal Poverty Level — 2010

% of adults with diabetes, among —

• Diabetes & Income

% of adults with diabetes, by Federal Poverty Level — 2010

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

100 100

Diabetes Hospitalizations

# per 10,000 people

Diabetes & Weight

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

2003 2001

Healthy Vermonters 2020 • Diseases & Health Conditions

Healthy-Vermonters-2020-Diabetes-and-Waist-2010

Healthy Vermonters 2020 • Diseases & Health Conditions

Healthy Vermonters 2020 • Diseases & Health Conditions

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Healthy Vermonters 2020 • D...
Asthma Hospitalizations

<table>
<thead>
<tr>
<th>Year</th>
<th>Children under age 5</th>
<th>Age 5-64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>14.0</td>
<td>4.2</td>
<td>9.3</td>
</tr>
<tr>
<td>2003</td>
<td>15.9</td>
<td>4.9</td>
<td>11.8</td>
</tr>
<tr>
<td>2004</td>
<td>15.7</td>
<td>5.1</td>
<td>12.4</td>
</tr>
<tr>
<td>2005</td>
<td>16.4</td>
<td>5.5</td>
<td>12.8</td>
</tr>
<tr>
<td>2006</td>
<td>17.1</td>
<td>5.7</td>
<td>13.3</td>
</tr>
<tr>
<td>2007</td>
<td>17.8</td>
<td>6.1</td>
<td>13.8</td>
</tr>
<tr>
<td>2008</td>
<td>18.4</td>
<td>6.5</td>
<td>14.3</td>
</tr>
<tr>
<td>2009</td>
<td>19.0</td>
<td>6.7</td>
<td>14.8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Goal</th>
<th>Children younger than 18</th>
<th>Age 5-64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>VT</td>
<td>2020: 65%</td>
<td>2009: 68%</td>
<td>2009: 68%</td>
</tr>
</tbody>
</table>

Smoking Bans

<table>
<thead>
<tr>
<th>Year</th>
<th>Adult non-smokers exposed to secondhand smoke</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>2020: 30%</td>
</tr>
<tr>
<td></td>
<td>2000: 33%</td>
</tr>
</tbody>
</table>

Emergency Dept. Visits for Asthma

<table>
<thead>
<tr>
<th>Year</th>
<th>Age &lt; 5</th>
<th>5-17</th>
<th>18-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>94.0</td>
<td>41.5</td>
<td>46.0</td>
<td>43.3</td>
</tr>
<tr>
<td>2001</td>
<td>93.0</td>
<td>40.5</td>
<td>45.0</td>
<td>42.5</td>
</tr>
<tr>
<td>2002</td>
<td>92.0</td>
<td>40.0</td>
<td>44.0</td>
<td>42.0</td>
</tr>
<tr>
<td>2003</td>
<td>91.0</td>
<td>39.5</td>
<td>43.5</td>
<td>41.5</td>
</tr>
<tr>
<td>2004</td>
<td>90.0</td>
<td>39.0</td>
<td>43.0</td>
<td>41.0</td>
</tr>
<tr>
<td>2005</td>
<td>89.0</td>
<td>38.5</td>
<td>42.5</td>
<td>40.5</td>
</tr>
<tr>
<td>2006</td>
<td>88.0</td>
<td>38.0</td>
<td>42.0</td>
<td>40.0</td>
</tr>
<tr>
<td>2007</td>
<td>87.0</td>
<td>37.5</td>
<td>41.5</td>
<td>39.5</td>
</tr>
<tr>
<td>2008</td>
<td>86.0</td>
<td>37.0</td>
<td>41.0</td>
<td>39.0</td>
</tr>
<tr>
<td>2009</td>
<td>85.0</td>
<td>36.5</td>
<td>40.5</td>
<td>38.5</td>
</tr>
</tbody>
</table>

Asthma Prevalence

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent of adults who currently have asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>11%</td>
</tr>
<tr>
<td>2001</td>
<td>11.5%</td>
</tr>
<tr>
<td>2002</td>
<td>11.8%</td>
</tr>
<tr>
<td>2003</td>
<td>12.1%</td>
</tr>
<tr>
<td>2004</td>
<td>12.4%</td>
</tr>
<tr>
<td>2005</td>
<td>12.7%</td>
</tr>
<tr>
<td>2006</td>
<td>13.0%</td>
</tr>
<tr>
<td>2007</td>
<td>13.3%</td>
</tr>
<tr>
<td>2008</td>
<td>13.6%</td>
</tr>
<tr>
<td>2009</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

Respiratory Disease

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

Reduce Hospitalizations for Asthma

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

Importance of an Asthma Action Plan

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

Zero Exposure to Secondhand Smoke

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

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

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

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

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

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

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<tr>
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Arthritis & Weight
% of adults who have arthritis, by weight as measured by Body Mass Index (BMI) • 2009

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Osteoporosis by Age/Gender
% of adults ever diagnosed with osteoporosis • 2007

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INDICATORS/GOALS
- statistically better than US
- statistically worse than US

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

- 2000 Goal: 40%
- VT 2009: 45%
- US 2008: 45%

Increase % of adults with diagnosed arthritis who receive:
- counseling on physical activity
- arthritis education

Reduce % of adults age 50+ who have osteoporosis

- 2000 Goal: 10%
- VT 2007: 12%
- US data not comparable

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HIV, AIDS & STDs

INDICATORS/GOALS

Increase % of sexually active people who use condoms:

- females grades 9-12
  - 2020 Goal: 65%
  - VT 2011: 58%
  - US 2011: 54%

- females age 18-44
  - 2020 Goal: 45%
  - VT 2009: 41%

- males grades 9-12
  - 2020 Goal: 75%
  - VT 2011: 68%

- males age 18-44
  - 2020 Goal: 65%

Increase % of people tested for HIV:

- youth younger than age 18 (ever tested)
  - 2020 Goal: 15%

- adults age 18-64 (tested past 12 months)
  - 2020 Goal: 10%

Reduce # of new HIV diagnoses:

- 2020 Goal: 5

Reduce % of females age 15-24 with chlamydia infection:

- 2020 Goal: 1.0%

Condom Use by Adults:

- % who used condoms among adults who have had sex in the past 12 months, by number of sex partners:
  - 1 partner: 71%
  - 2 partners: 34%
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Healthy Vermonters 2010 - Report Card

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

Behaviors, Environment & Health

<table>
<thead>
<tr>
<th>Increase % of</th>
<th>2000-2010 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>youth who engage in regular physical activity</td>
<td>adults who engage in regular physical activity</td>
</tr>
<tr>
<td>adults who smoke cigarettes</td>
<td>youth who smoke cigarettes</td>
</tr>
<tr>
<td>youth who smoke cigarettes</td>
<td>youth who use spit tobacco</td>
</tr>
<tr>
<td>youth who smoke cigars, cigarillos, little cigars</td>
<td>youth who use alcohol before age 13</td>
</tr>
<tr>
<td>youth who binge drink</td>
<td>youth who use marijuana</td>
</tr>
</tbody>
</table>

REduce Rate Of –

<table>
<thead>
<tr>
<th>Decrease % of</th>
<th>2000-2010 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>adults who smoke</td>
<td>youth who smoke cigarettes</td>
</tr>
<tr>
<td>adults who smoke cigarettes</td>
<td>youth who use spit tobacco</td>
</tr>
<tr>
<td>youth who smoke cigars, cigarillos, little cigars</td>
<td>youth who use alcohol before age 13</td>
</tr>
<tr>
<td>youth who binge drink</td>
<td>youth who use marijuana</td>
</tr>
</tbody>
</table>

Providing for Better Public Health

<table>
<thead>
<tr>
<th>Increase % of</th>
<th>2000-2010 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>adults with a usual primary care provider</td>
<td>people who have health insurance</td>
</tr>
<tr>
<td>pregnant women who receive prenatal care in first trimester</td>
<td>pregnant women who receive annual influenza immunizations</td>
</tr>
<tr>
<td>children who receive vaccines for communicable diseases</td>
<td>children who receive infant vaccines</td>
</tr>
<tr>
<td>adults who have ever been vaccinated against pneumococcal disease</td>
<td>adults who have ever been vaccinated against pneumococcal disease</td>
</tr>
<tr>
<td>adults who use dental health services each year</td>
<td>children who use dental sealants</td>
</tr>
<tr>
<td>adults who are obese or overweight</td>
<td>population served by fluoridated community public water systems</td>
</tr>
<tr>
<td>people who have health insurance</td>
<td>dentists who counsel patients to quit smoking</td>
</tr>
</tbody>
</table>
Healthy Vermonters 2010 Report Card

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

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

Chronic Diseases & Health Conditions

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

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

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

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

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

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

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