UPDATE OF THE STATE HEALTH ASSESSMENT AND STATE HEALTH IMPROVEMENT PLAN
Today: Finalize the State Health Assessment

- Describe the health status of the population,
- Identify areas for health improvement, determine factors that contribute to specific health outcomes, and
- Identify assets and resources that can be mobilized to address population health improvement.
Introduce Ourselves

Name and Community of Residence

Vermont Department of Health
The Contributors to Health Outcomes
What are the factors that contribute to health?

Note: This does not fully represent the interaction among the different factors.

Where do we want to go?

- Equality
- Equity
- Liberation
FAIR AND JUST SOCIETY

Confront root causes of inequity (-isms) ●
Build internal capacity for equity ● Prioritize upstream policy changes ● Align funding decisions with equity ● Include diverse communities in decision-making

SOCIAL DETERMINANTS

Safe and supported early childhood development
Safe, quality housing
Safe and efficient transportation
Recreation, parks, and natural resources
Affordable, local, healthy food

Economic prosperity, equitable law and justice system

Family wage jobs and job opportunities
Clean and sustainable natural environments
Quality education
Strong, vibrant communities

Civic engagement and community connections

POPULATION HEALTH OUTCOMES

Access to care ● Prevention ● Early detection ● Treatment ● Health education
The Context of People’s Lives

Findings from the “out” engagement
“Out” Engagement

- Opportunity to hear from Vermonters whose voices haven’t been included or who experience health inequities (lived experience)
- 13 organizations working on diverse issues; about 40 participants
- Some similar themes to “in” engagement

- Veterans
- Immigrants
- People with disabilities: brain injuries, developmental and intellectual disability
- Racial justice
- Youth
- Refugees
- Migrant farmworkers
- Mental health
- LGBTQ
- Criminal justice
…and many differences

“Our society would have to look radically different for everyone to have an equal opportunity to be healthy. We need to have more equal distribution across the board [not just health, but other systems as well].”

Vermont Department of Health
For your consideration

- Why might people feel so differently?
- What conditions might be contributing to these health outcomes?
- What is going on in people’s lives and in society that could be contributing to these health outcomes?
“Having an invisible disability is socially isolating.”
"No one gives you a chance to see if you're capable."
“Give people empowerment for once!”
“We can’t outsource health [to providers; we need to have agency over our own health].”
“The quality of care in Vermont leaves much to be desired... for veterans specifically.”
“Most of our parents immigrated here because of war. They saw those tragic things happen. I feel like they came to America and they had to deal with those things by themselves. They have to go through that trauma by themselves.”
“Representation [of minority groups] is really important, whether it’s in a school or in a hospital... being able to connect to somebody.”
“Vermont doesn’t do a good job recognizing or acknowledging people who aren’t white.”
“It’s easier for society to select a certain group of people as being ‘less than us’.”
EXCLUSION: both implicit and explicit

According to Vermonters who experience health inequities, they...

- face discrimination, prejudice, and racism on a constant basis that is often invisible to others;
- don’t trust and feel misunderstood by “the system;”
- don’t feel valued, included, or safe;
- feel socially isolated and seek community connections;
- feel like services aren’t designed to support them;
- feel a lack of agency over their health and their own lives;
- believe this takes place because our society has been structured to maintain a status quo that provides them with unequal opportunities.
Exercise

What popped out to you? What did you notice?
What questions does it raise… for you? For your work?
In five years, if we have successfully worked towards achieving health equity, what would we have accomplished?

**Vision:** All people in Vermont have an equal opportunity to be healthy and live in healthy communities

- Everyone feels respected, valued, included, and safe to pursue healthy and meaningful lives;
- All ages, all abilities, and all Vermonters have equitable access to the conditions that create health;
- Investments are focused on prevention and the conditions that create positive health outcomes; and
- Services are available, accessible, affordable, coordinated, culturally appropriate and offered with cultural humility.

**Core Values:** Equity • Affordability • Access
The Health Status of Vermonters

- Current demographics and the State of the State
- Priority populations based on historical injustice or underinvestment
- Health status

http://www.healthvermont.gov/stats/hv2020
Premature death
Disease & Illness
Poor Quality of Life
Psychosocial stress & behaviors
Quality education
Living wage
Safe, affordable housing
Reliable transportation
Food availability
Safety & social connectedness
Job security
Access to natural resources
Racism
Poverty
Sexism
Imbalanced power & wealth
Least established
Measurement Systems
Most established
State of the State
State of the State – Describe VT; key health statistics
General demographics - age, race, socioeconomic status, rural/urban, languages
Fundamental Health Statistics - leading causes of death, life expectancy, IMR

Priority Populations - as determined through historical injustice or underinvestment
a. Race
b. Poverty/SES
c. LGBTQ
d. Disability
e. Youth and older adults

Priority Health Status Topics
a. Infectious Disease
   HIV, STD, Hepatitis
   Vaccine-preventable diseases
   Zoonotic, vector-borne
   Healthcare-acquired infections & Other reportable diseases
b. Chronic Disease
   Protective Behaviors - physical activity & nutrition
   Risk Behaviors - alcohol, tobacco & other drugs
   Mental Health, trauma
   Morbidity - burden of chronic disease
   Mortality - chronic disease deaths
   Mortality & Morbidity - Cancer
c. Injury
   Overall Mortality & Morbidity - relative rank and age
   Unintentional injury - falls, Motor Vehicle crashes, Traumatic Brain Injury
   Intentional injury - firearms, suicide, Intimate partner violence
d. Environmental Health
   Climate and Health
   Healthy Homes, Schools, and Communities
   Food Safety and Drinking Water
   Chemical and Radiological Safety
e. Maternal & Family Health
   Family Planning, Pregnancy & Maternal Morbidity
   Babies & Small Children - Safe sleep, child & parent behaviors (nutrition, breastfeeding)
   Childhood screening, developmental disorders, CSHN
f. Access & Linkages to Care
   Insurance, transportation drive times, care pattern behaviors
   Access to MH, SUD, OH, needle exchange, telemedicine
### Vermont Demographics

#### 2011-2015 American Community Survey

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Estimated Number</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td><strong>Total - 2011-2015</strong></td>
<td>626,604</td>
<td>100.0%</td>
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<tr>
<td><strong>Sex</strong></td>
<td></td>
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<tr>
<td>Males</td>
<td>308,573</td>
<td>49.2%</td>
</tr>
<tr>
<td>Females</td>
<td>318,031</td>
<td>50.8%</td>
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<tr>
<td><strong>Age</strong></td>
<td></td>
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<tr>
<td>&lt; 5 years</td>
<td>30,395</td>
<td>4.9%</td>
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<tr>
<td>5-19 years</td>
<td>114,427</td>
<td>18.3%</td>
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<td>20-24 years</td>
<td>45,125</td>
<td>7.2%</td>
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<tr>
<td>25-44 years</td>
<td>144,620</td>
<td>23.1%</td>
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<tr>
<td>45-64 years</td>
<td>189,764</td>
<td>30.3%</td>
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<tr>
<td>65-74 years</td>
<td>58,953</td>
<td>9.4%</td>
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<tr>
<td>75+ years</td>
<td>43,320</td>
<td>6.9%</td>
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<tr>
<td><strong>Median Age</strong></td>
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<td>42.4 years</td>
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</table>

#### 2016 VT Population by Race, Ethnicity

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<thead>
<tr>
<th></th>
<th>Not Hispanic</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>612,943</td>
<td>100.0%</td>
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<tr>
<td><strong>White</strong></td>
<td>581,225</td>
<td>94.8%</td>
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<tr>
<td><strong>Black or African American</strong></td>
<td>7,558</td>
<td>1.2%</td>
</tr>
<tr>
<td><strong>American Indian and Alaska Native</strong></td>
<td>2,032</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>Asian, Native Hawaiian, Pacific Islander</strong></td>
<td>11,113</td>
<td>1.8%</td>
</tr>
<tr>
<td><strong>Two or More Races</strong></td>
<td>11,015</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Of an estimated 624,594 Vermonters in 2016, 98.1% are non-Hispanic and 93.1% are white, non-Hispanic

<table>
<thead>
<tr>
<th></th>
<th>Total White, non-Hispanic</th>
<th>Total People of Color</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total White, non-Hispanic</strong></td>
<td>581,225</td>
<td>581,225</td>
</tr>
<tr>
<td><strong>Total People of Color</strong></td>
<td>43,369</td>
<td>43,369</td>
</tr>
</tbody>
</table>

2016 Vermont Population Estimates; American Community Survey
Socioeconomic Status

Household Income among Vermonters

- $200+: 4%
- $150k-<$200k: 4%
- $100k-<$150k: 13%
- $75k-<$100k: 14%
- $50k-<$75k: 19%
- $25k-<$50k: 24%
- 15k-<$25k: 10%
- <$15k: 11%

Highest level of education, Vermonters ages 25+

- Graduate or Professional Degree: 14%
- Bachelor's Degree: 22%
- Associate's Degree: 8%
- Some College (no Degree): 17%
- High School Degree: 30%
- Less than High School: 8%

2011-2015 American Community Survey
Leading Causes of Death

Top 10 causes of death

1. Malignant Neoplasms (cancer)
2. Diseases of Heart
3. Chronic Lower Respiratory Diseases
4. Unintentional Injuries
5. Alzheimer’s Disease
6. Cerebrovascular Diseases
7. Diabetes Mellitus
8. Suicide
9. Influenza and Pneumonia
10. Chronic Liver Disease and Cirrhosis
Premature death

Average Age at Death for Top 10 Causes

- Malignant Neoplasms (cancer): 71.7 years
- Diseases of Heart: 79.6 years
- Chronic Lower Respiratory Diseases: 75.4 years
- Unintentional Injuries: 65.9 years
- Alzheimer's Disease: 87.4 years
- Cerebrovascular Diseases: 82.9 years
- Diabetes Mellitus: 75.3 years
- Suicide: 46.3 years
- Influenza and Pneumonia: 84.5 years
- Chronic Liver Disease and Cirrhosis: 60.5 years

Vermont Life Expectancy (at Birth), 80.5 years
FAIR AND JUST SOCIETY

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POPULATION HEALTH OUTCOMES

Access to care
Prevention
Early detection
Treatment
Health education

October 2017
Race & Ethnicity as priority populations

Percent of County Residents who are NOT white, non-Hispanic

- <3%
- 3 - 4%
- 5 - 6%
- 7% and greater

Changing Racial Makeup of Vermont

2000
2005
2010
2015

U.S. Census 2014
Youth assets by race/ethnicity

REM = Racial or Ethnic Minority
WNH = White, non-Hispanic

- Will likely complete a post high school program: 73% (REM), 82% (WNH)
- Talked to parent(s) about school 1x/week or more: 67% (REM), 78% (WNH)
- Believe teachers really care and encourage them: 60% (REM), 63% (WNH)
- Feel like they matter in their community: 49% (REM), 51% (WNH)
- Participate after school activities for 10+ hrs/wk: 21% (REM), 25% (WNH)
Sexual Orientation as priority populations

HIV testing by sexual orientation

- LGBT
- Not LGBT

- Males: 26% tested in last year, 7% ever tested
- Females: 21% tested in last year, 5% ever tested
- Males: 36% ever tested
- Females: 52% ever tested

Smoking status by sexual orientation

- LGBT
- Not LGBT

- Current Smoker: 29%
Aging Population

Age as a Percent of the Total Vermont Population

- Age ≤19
- Projected Age ≤19
- Age ≥65
- Projected Age ≥65

Priority Populations:
- Aging Population

U.S Census

Vermont Department of Health
VT Agency of Commerce & Community Development
Tips for Successful Engagement

- Be fully present
- Listen for understanding
- Allow yourself to feel uncomfortable
- One person speaks at a time
- Each person speaks once before anyone speaks twice
- W.A.I.T.
What factors or conditions might be contributing to health status? -- WORKSHEET

How does my work connect to these populations & health status, the contributors to health equity, and/or creating a fair and just society? -- STICKY NOTES

If you are interested in data that is not presented today, please note that on the lined paper pads.
### Tabletop Worksheet

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>Context and Potential Contributing Factors</th>
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<tbody>
<tr>
<td>Obesity</td>
<td>Lack of access to affordable nutritious food; daily stress</td>
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</table>

### Sticky Note

- VT Food to Plate
- Creation of farmers markets that accept 3 Squares coupons
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POPULATION HEALTH OUTCOMES

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Tickborne Diseases

County-Level Tickborne Disease Incidence in Vermont, 2016

Reportable cases of tickborne disease, 2006-2016

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<tbody>
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<td>Babesiosis</td>
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<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
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<td>2</td>
<td>6</td>
<td>3</td>
<td>9</td>
<td>15</td>
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<tr>
<td>Ehrlichios</td>
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<td>6</td>
<td>3</td>
<td>0</td>
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<td>9</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Anaplasmosis</td>
<td>105</td>
<td>138</td>
<td>404</td>
<td>408</td>
<td>356</td>
<td>623</td>
<td>522</td>
<td>893</td>
<td>599</td>
<td>710</td>
<td>763</td>
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</table>
Childhood immunizations

Percentage of Vermont children age 19–35 months receiving the full series of recommended vaccines (4:3:1:4:3:1:4)*

National Immunization Survey

Non-medical exemptions in public & independent schools, kindergarten entry & K-12

National Immunization Survey

* 4+ DTaP: 4 or more doses of diphtheria, tetanus and pertussis vaccine; 3+ Polio: 3 or more doses of poliovirus vaccine; 1+ MMR: 1 or more dose of a measles, mumps, rubella vaccine; 4+ Hib: 4 or more doses of Haemophilus influenzae type b vaccine; 3+ HepB: 3 or more doses of hepatitis B vaccine; 1+ Var: 1 or more doses of varicella vaccine; 4+ PCV: 4 or more doses of pneumococcal conjugate vaccine
Tobacco Use

Tobacco Product Use in the Past 30 Days among High School Youth, 2011-2015

- Cigarettes
- Cigar Products
- Smokeless
- E-Vapor Products

*The use of electronic vapor products was a new question in 2015.*
Adult & youth risk behaviors by race/ethnicity

High School Students

Adults age 18 and older

REM = Racial or Ethnic Minority
WNH = White, non-Hispanic
Drug-related fatalities over time

Vermont Drug Poisoning Estimated Deaths by County
(All Drug Poisoning Deaths)

Source: Centers for Disease Control and Prevention, Drug Poisoning Mortality: United States, 2003-2014

Deaths per 100,000
4  8  12  16  20

2002  2003  2004  2005  2006  2007  2008
2009  2010  2011  2012  2013  2014
Most Vermonters are overweight and obese

Prevalence of Obesity and Overweight*
Vermont Adults (Ages 20+), 2006-2016

*Age-adjusted to U.S. 2000 standard population.
Heart Disease & Stroke

Vermonters are significantly less likely to die of stroke than Americans overall.

**Coronary heart disease death rate per 100,000 Vermonters**

- 2000: 174.5
- 2005: 133.2
- 2010: 123.8
- 2015: 111.1
- 2020 target: 105.4

**Stroke death rate per 100,000 Vermonters**

- 2000: 55.1
- 2005: 51.7
- 2010: 43.6
- 2015: 37.6
- 2020 target: 32.5
- 2020 target: 31.3

Percent of adult cancer survivors who report good to excellent general health by education and poverty, BRFSS 2016

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<tbody>
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<td>High School Edu or less</td>
<td>50%</td>
<td>50%</td>
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<td>50%</td>
<td>50%</td>
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<tr>
<td>Some College</td>
<td>75%</td>
<td>75%</td>
<td>75%</td>
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<tr>
<td>College or More</td>
<td>100%</td>
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<tr>
<td>0-99% FPL</td>
<td>92%</td>
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<td>100-184% FPL</td>
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<td>185-249% FPL</td>
<td>70%</td>
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<tr>
<td>250% and higher FPL</td>
<td>71%</td>
<td>71%</td>
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</table>

* too small to report

% receiving recommended cancer screening

- Cervical
- Colorectal
- Breast
Top Injury Deaths by age

Leading Causes of Death as a percentage of all injury deaths, by intent

- Unintentional
- Intentional/Undetermined

Falls (31%)
- 99%
- 35%
- 65%

Poisoning (19%)
- 98%

Firearm (15%)
- 2%

MV Traffic (12%)
- 100%
- 38%

Suffocation (8%)
- 62%

Age 0-14
1. Suffocation
2. Motor Vehicle Traffic
3. Drowning
4. Six Tied
5. Five Tied

Age 15-24
1. Motor Vehicle Traffic
2. Firearm
3. Suffocation
4. Poisoning

Age 25-44
1. Poisoning
2. Motor Vehicle Traffic
3. Firearm
4. Suffocation
5. Poisoning

Age 45-64
1. Firearm
2. Poisoning
3. Motor Vehicle Traffic
4. Falls
5. Poisoning

Age 65+
1. Falls
2. Firearm
3. Motor Vehicle Traffic
4. Suffocation
5. Poisoning

*Blue coloring indicates suicidal intention
Suicide

Number of Suicide Deaths and Suicide Death Rate Per 100,000 Vermont Residents, 2005-2014

- # Suicide Deaths
- Suicide Rate/100,000*

Suicide in Veterans

Suicide Death Rate by Veteran Status, Gender and Age, Vermont Residents, 2014-2015

- Male
  - Veteran: 29.0
  - Not a Veteran: 34.6

- Female
  - Veteran: 6.0
  - Not a Veteran: 9.0

- 18-34
  - Veteran: 57.7
  - Not a Veteran: 15.3

- 35-54
  - Veteran: 21.5
  - Not a Veteran: 13.8

- 55-64
  - Veteran: 10.2
  - Not a Veteran: 21.0

- 65+
  - Veteran: 36.1
  - Not a Veteran: 14.8

What factors or conditions might be contributing to health status? -- WORKSHEET

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POPULATION HEALTH OUTCOMES

Access to care • Prevention • Early detection • Treatment • Health education
Lead Poisoning

Vermont children ages 1 and 2 tested for lead;
Vermont children ages 1 and 2 with elevated blood lead levels

- Percent of 1 year olds tested for lead
- Percent of 2 year olds tested for lead
- Percent of 1 year olds with a blood lead level ≥5 µg/dl
- Percent of 2 year olds with a blood lead level ≥5 µg/dl

- 2006: 19.4%
- 2007: 9.0%
- 2008: 7.5%
- 2009: 7.5%
- 2010: 5.2%
- 2011: 5.2%
- 2012: 5.7%
- 2013: 5.7%
- 2014: 5.0%
- 2015: 3.6%
- 2016: 5.4%

- 2006: 43.6%
- 2007: 22.5%
- 2008: 22.5%
- 2009: 64.4%
- 2010: 64.4%
- 2011: 72.1%
- 2012: 68.0%
- 2013: 68.0%
- 2014: 72.1%
- 2015: 68.1%
- 2016: 68.1%

- 2006: 80.1%
- 2007: 83.8%
- 2008: 81.9%
- 2009: 80.4%
- 2010: 81.9%
- 2011: 78.4%
- 2012: 78.4%
- 2013: 78.4%
- 2014: 78.4%
- 2015: 78.4%
- 2016: 78.4%
Climate Change & Heat Vulnerability

IN THE PAST 50 YEARS:

- **2°F in summer**
- **4°F in winter**
- **2 weeks**
- **SPRING now arrives two weeks earlier**
- **1 week**
- **WINTER starts one week later**
- **7”**
- **ANNUAL PRECIPITATION** in Vermont has increased by almost 7 inches.
- Days with more than 1 inch of rain occur almost twice as often as they did 50 years ago.

Lake Champlain temperatures increased by 2-7°F in the past 50 years.
### Unintended Pregnancy & Prenatal Care

#### Unintended Pregnancy & Prenatal Care, by age, education & race/ethnicity

<table>
<thead>
<tr>
<th>Vermont Overall</th>
<th>&lt;20 years</th>
<th>20-24 years</th>
<th>25-34 years</th>
<th>35+ years</th>
<th>High School Edu or less</th>
<th>Some College</th>
<th>College or More</th>
<th>White, non-Hispanic</th>
<th>People of Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>48%</td>
<td>86%</td>
<td>68%</td>
<td>39%</td>
<td>36%</td>
<td>62%</td>
<td>49%</td>
<td>32%</td>
<td>47%</td>
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</tbody>
</table>

- **Percent of pregnancies that are unintended, PRAMS 2014**
- **Percent of women who receive first trimester prenatal care, Vital Statistics 2014**

Vital Statistics, PRAMS 2014

## Preterm & Low Birthweight

Preterm and low birth weight overall, by education and race/ethnicity

- **Preterm**: 10%
- **LBW**: 8%

### Mother's Education
- **High School Edu or less**: 7%
- **Some College**: 7%
- **College or More**: 7%

### Mother's Race/ethnicity
- **White, non-Hispanic**: 7%
- **People of Color**: 9%

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>Vermont</th>
<th>High School Edu or less</th>
<th>Some College</th>
<th>College or More</th>
<th>White, non-Hispanic</th>
<th>People of Color</th>
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<tr>
<td>Overall</td>
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<td>Preterm</td>
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<td>LBW</td>
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Vermont Department of Health
Vital Statistics, PRAMS 2014
Access to Care & Services

Drive times to hospital emergency departments

Adults with a Usual PCP, Report Seeing Doctor in Past Year

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Usual PCP</th>
<th>Seen Doctor in Past Year</th>
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</thead>
<tbody>
<tr>
<td>18-24 years</td>
<td>78%</td>
<td>63%</td>
</tr>
<tr>
<td>25-44 years</td>
<td>83%</td>
<td>58%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>92%</td>
<td>71%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>94%</td>
<td>86%</td>
</tr>
</tbody>
</table>

PCP=Primary Care Provider

VERMONT DEPARTMENT OF HEALTH

BRFSS 2016
Up Next: Developing the SHIP
The State Health Improvement Plan (SHIP)

1. Review the results of the State Health Assessment
2. Conduct a Strategic Assessment of the current environment and opportunities
3. Apply criteria to prioritize issues
4. Identify evidence-based strategies related to the priority issues
5. Report and track both the health outcomes and the performance measures related to the priorities