Good A1c Control in Vermont Adults with Diabetes

Vermont Health Information Exchange (VHIE) - July 2026

A typical test for prediabetes and diabetes is to determine how much glucose (sugar) a person has in their blood. Health care providers typically do this with the hemoglobin A1c test, also called the A1c test. This test looks at hemoglobin, the part of the red blood cell that carries oxygen throughout the body. Glucose attaches to hemoglobin and can be measured by the A1c test. The higher a person's blood sugar, the more glucose will be attached to hemoglobin. For those with prediabetes or diabetes, the A1c test helps them know how well controlled their condition is and how well their treatment plan is working. For clinicians, it serves as a standard clinical quality measure, an evidence-based metric that helps providers assess care efficacy and patient outcomes. **This data brief describes good glycemic control^ as an A1c of ≤ 9.0% among Vermont adults with diagnosed diabetes.**

Key Points

- **Good glycemic control (A1c ≤ 9.0%) among all Vermont adults steadily increased from 2019 to 2024.**
- **Uncontrolled diabetes among Vermont adults 18-75 (NQF 59) has been trending downward.**
- **The proportion of adults with good glycemic control increases with age.**

A1c test results show a percentage of glucose in the blood. Prediabetes and diabetes diagnosis are typically based on two or more tests in the diagnostic range based on the following scale:

Source: American Diabetes Association, What Is the A1C Test?, Accessed June 22, 2026

If you need help accessing or understanding this information, contact AHS.VDHHPDPAnalytics@vermont.gov

^Good glycemic control is individualized for each person. An A1c of 9% is used as a common population health metric but it may not be a good target for every individual.

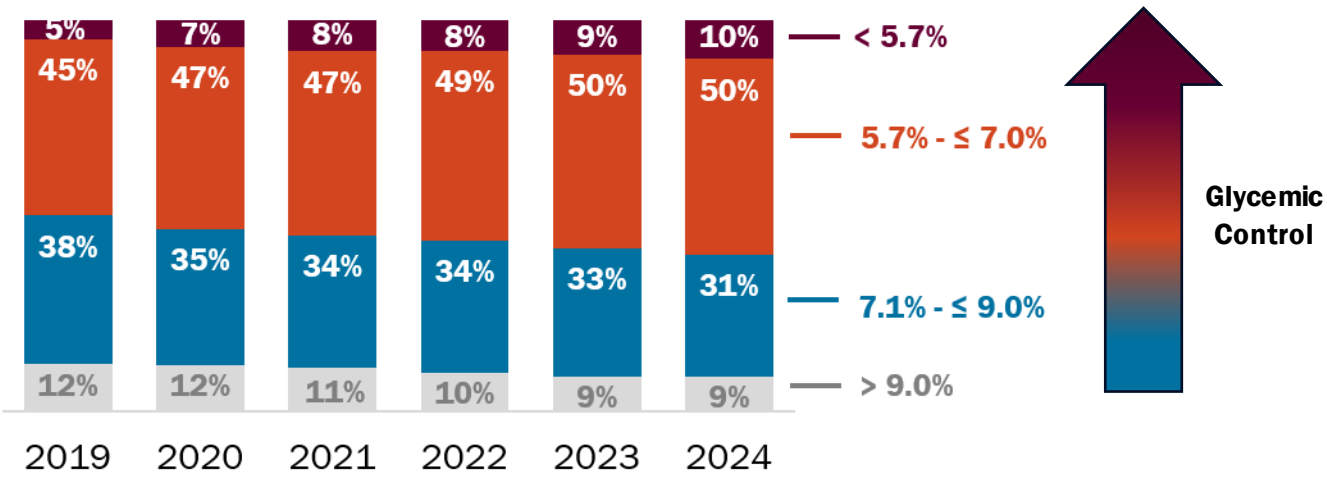
Trend of Good Glycemic Control in Vermont

An A1c of < 5.7% indicates normal blood sugar levels. Among those with diagnosed diabetes, an A1c of ≤ 9.0% at a population level represents good glycemic control, though it may not signify good control for each individual. The lower one can get their A1c, the better. Clinicians work with patients with diabetes to develop a treatment plan that works best for them and often encourage an A1c target of 7.0% or lower.

From 2019 to 2024, regardless of age, good glycemic control among Vermont adults diagnosed with diabetes steadily increased, ranging from 88% in 2019 to 91% in 2024. Over this time period, the proportion of Vermonters with diagnosed diabetes who achieved good glycemic control with an A1c of ≤ 7.0% or < 5.7% also increased. This means Vermonters with diabetes are getting to better levels of good glycemic control.

Nine in 10 Vermont adults diagnosed with diabetes achieved good glycemic control in 2024. Half of Vermonters with diagnosed diabetes in recent years were able to achieve an A1c between 5.7% and 7.0%.

A1c control rates by level of glycemic control

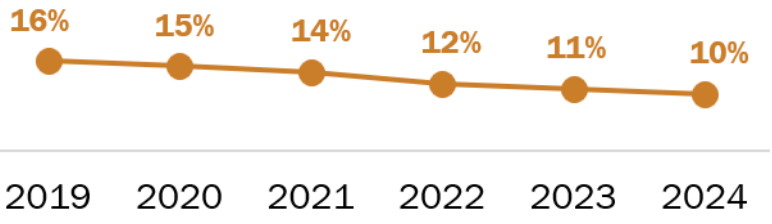


Standardized Clinical Quality Measurement

Uncontrolled diabetes is a standardized clinical quality measure, National Quality Forum (NQF) measure 59. It is defined as an A1c not in good glycemic control (> 9.0%) among those 18 to 75 years old with diagnosed diabetes.

The rate of diabetes not in control among Vermont adults 18 to 75 (NQF 59) demonstrates a significantly decreasing trend from 2019-2024.

Indicating an increase in A1c's ≤ 9.0%



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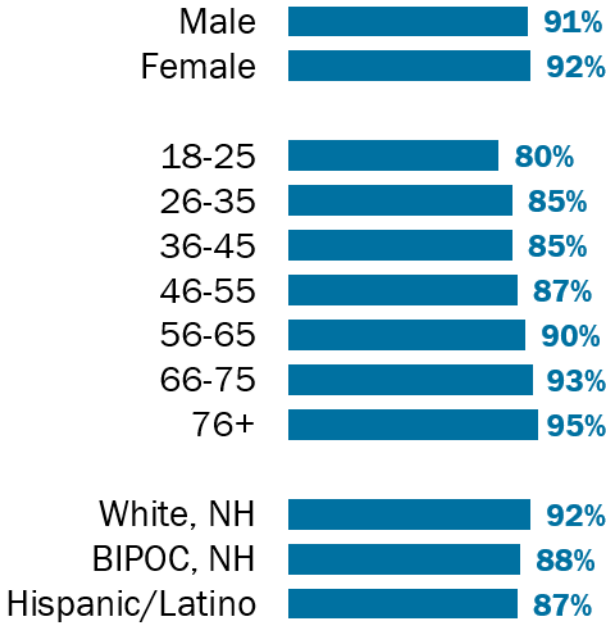
Demographics

- Similar proportions of Vermont men (91%) and women (92%) with diabetes have good glycemic control.
- Good glycemic control increases with age, ranging from 80% of 18-24 year olds with diabetes having an A1c ≤ 9.0% to 95% of those 76 and older.
- Vermonters with diabetes who are Hispanic/Latino (87%) and non-Hispanic/Latino Black, Indigenous, and People of Color (BIPOC) (88%) have similar rates of good glycemic control, lower than the 92% of white, non-Hispanic/Latino adults who have good glycemic control.

Rate of good glycemic control (A1c ≤ 9%) among Vermont adults, by demographic category, 2024



NH: Non-Hispanic/Latino
BIPOC: Black, Indigenous, and People of Color
Source: VHIE, 2024

Methodology Notes

This analysis includes only Vermont residents who have a diabetes diagnosis and have A1c results in the Vermont Health Information Exchange. On average, 56% of individuals with a record of a diabetes diagnosis in a given year had a corresponding A1c test. A1c's are a point in time measurement of a person's blood sugar level during the 3-month period before the blood sample was taken. As such, the data presented here reflects a single point in time using the most recent A1c test result available per person per year. Vermonters with diagnosed diabetes who did not have an A1c test in the Vermont Health Information Exchange were excluded from the analysis. Demographic rates include only those whose demographic category could be determined. Anyone with an unknown demographic category was excluded from the analysis of that category. See the measure specifications for additional detail on the methodology used for the standardized clinical quality measure (NQF 59) for diabetes: A1c poor control (>9.0%).

All analyses, conclusions, and recommendations are those of the Vermont Department of Health and not necessarily those of Vermont Information Technology Leaders (VITL).

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