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
Healthy Vermonters 2020: The State Health Assessment

The Health Disparities of Vermonters, published by the Vermont Department of Health in 2010, offers 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, 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 where and how we live matters to our health. Although Vermont has been ranked and again, and by many measures, as one of the healthiest states, a closer look at how health factors and outcomes vary across the state tells the more complex story: Even in the healthiest state, we are not all equally healthy.

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 gores), we are governed at the state and local (but not county) level. More than one-third 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, where 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 50,000 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 43.

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 proportionately small compared to the rest of the U.S., those 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 50,000 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.
• Many Languages Spoken

During the novel influenza H1N1 pandemic in 2009/10, basic health information was needed in 11 languages plus English to communicate with all Vermonters. These included Arabic, Burmese, Chinese, French, Nepali, Russian, Serbo-Croatian, Somali, Spanish, Swahili and Vietnamese.

According to the Vermont Center for Disease 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. The state unemployment rate in June 2011 was 3.4 percent, according to the U.S. Bureau of Labor Statistics. The state's workforce numbers just over 348,000, according to the U.S. Bureau of Labor. Vermont's unemployment rate, at 3.4 percent, is below the national average of 8.2 percent. Unemployment rates vary widely across the state, making it difficult for many to get to work, play or exercise, health care, groceries or community events. In recent years, a number of towns have worked to create local food products, held indoor winter markets as well throughout the growing season, and many indoor winter markets as well.

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 and 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 26 percent for the U.S.

Vermont has little traffic congestion or industry. Public transportation is limited in many areas. The "built environment" matters to health, especially physical activity. The very young, the very old, and people with disabilities are key to the Vermont Department of Health's Healthy Vermonters 2020 program goal. The "built environment" includes streets, sidewalks, parks and other public places where people live and work. It also includes things like housing conditions, access to food, walkability and air quality. People need places to live where they can exercise safely, walk to the grocery store and breathe healthy air.

• Education

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

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Healthy Vermonters 2020 Goals
This report presents more than 100 public health indicators and goals for 2020 in 21 focus areas organized into five thematic chapters:
• A Healthy Lifetime
• Providing for Better Public Health
• Behaviors, Environment & Health
• Diseases & Health Conditions
• Public Health Preparedness

These goals were carefully identified by state government, health, health care and human services professionals, and the public as the priorities for improving the health of Vermonters in this decade. The goals are calculated to be at least a 10 percent improvement by 2020. Each focus area presents information in charts, graphs and text to show where we are at the beginning of this decade, and where we aim to be by 2020.

Vermont/U.S. Comparisons
Stated and national data as close to the baseline of 2010 are provided, and compared to each Healthy Vermonters 2020 goal. Where there is a statistically significant difference between Vermont and U.S. data, it is noted with these symbols.

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

In some cases, we have noted that the U.S. and Vermont data are not comparable, or that the data are not available. A number of goals are yet to be developed.

Behavioral Risk Factor Survey Changes
Much of the data presented here comes from the Behavioral Risk Factor Surveillance System (BRFSS), a state-based system of health surveys established by the Centers for Disease Control & Prevention (CDC) in 1984. BRFSS surveys a sample of adults about their health conditions, risks and behaviors, practices for preventing disease, and access to health care.

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, singles 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.

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 10.

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 sound 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 $11,770 a year for an individual and $23,050 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 racial 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
• Adult Lead Mitigation Epidemiology & Surveillance
• Asthma Call Back Survey
• Behavioral Risk Factor Surveillance System
• Blood Lead Surveillance System
• Cancer Registry
• Childhood Hearing Health data
• Children with Special Health Needs data
• Envision Program
• Food & Lodging Inspection data
• Immunization Registry
• Oral Health Survey
• Pregnancy Risk Assessment Monitoring System
• Reportable Disease Surveillance data
• School Nurse Report
• Special Supplemental Nutrition Program for Women, Infants & Children (WIC)
• Vermont Dental Survey
• Vermont Physician Survey
• Vital Statistics System
• Youth Health Survey
• Youth Risk Behavior Survey
Department of Mental Health Data
Department of Vermont Health Access data
Agency of Natural Resources
• Department of Environmental Conservation data
Agency of Transportation
• Okemo’s Highway Safety Program data
Department of Financial Regulation
• Insurance Survey
Vermont Department of Health
• Vermont Uniform Hospital Discharge Data Set
Department of Taxes
• Comptroller’s Data Stamp data
Vermont Association of Hospitals & Health Systems
Vermont Crime Information Center
United States
Agency for Healthcare Research & Quality
• Health Care Cost & Utilization Project
National Cancer Institute
• Surveillance, Epidemiology & End Results Registry (SEER)
• National Highway Traffic Safety Administration
• Annual Social & Economic Supplement to the Current Population Survey
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
• Healthy People 2020
• National Health & Nutritional Examination Survey
National Healthcare Safety Network
• National Healthcare Safety Network
• National Notifiable Disease Surveillance System
Vermont Uniform Hospital Discharge Data Set
• Governor’s Highway Safety Program data
Department of Environmental Conservation data
• Vermont Crime Information Center
Substance Abuse & Mental Health Services Administration
• National Survey on Drug Use and Health
Planning is Good for Family Health

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.

Intended vs. Unplanned Pregnancy

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 into 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 breastfed their babies, compared to 77% of white non-Hispanic mothers.

### Healthy Behaviors During Pregnancy

<table>
<thead>
<tr>
<th>Year</th>
<th>Do Not Drink (Goal: 100%)</th>
<th>Do Not Smoke (Goal: 90%)</th>
<th>Do Not Use Illicit Drugs (Goal: 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>62%</td>
<td>88%</td>
<td>90%</td>
</tr>
<tr>
<td>VT</td>
<td>56%</td>
<td>81%</td>
<td>90%</td>
</tr>
<tr>
<td>US</td>
<td>60%</td>
<td>80%</td>
<td>90%</td>
</tr>
</tbody>
</table>

### Infant Mortality

<table>
<thead>
<tr>
<th>Year</th>
<th># of deaths within the first 12 months of life, per 1,000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>6.1</td>
</tr>
<tr>
<td>VT</td>
<td>6.1</td>
</tr>
<tr>
<td>US</td>
<td>6.1</td>
</tr>
</tbody>
</table>

### Preconception Health Care

<table>
<thead>
<tr>
<th>Year</th>
<th>% of women who talked with a health care worker about having a healthy pregnancy before conception</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>100%</td>
</tr>
<tr>
<td>VT</td>
<td>95%</td>
</tr>
<tr>
<td>US</td>
<td>90%</td>
</tr>
</tbody>
</table>

### Maternal & Infant Health

- **Sudden Unexpected Infant Death**
  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.

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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 socio-culturally 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 health literate, and look out for the health of others. Currricula 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
The Welcome Plan...
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) - US data not available
  - MDs and DOs
    - 2020 Goal: 541
    - VT 2010: 492
  - Physician Assistants
    - 2020 Goal: 80
    - VT 2010: 67
  - Nurse Practitioners
    - 2020 Goal: 100
    - VT 2010: 83

- **Increase % of people who have health insurance**
  - 2020 Goal: 100%
  - adults age 18+
    - VT 2010: 89%
    - US 2010: 82%
  - younger than 18
    - VT 2010: 95%
    - US 2010: 90%
  - all ages
    - VT 2010: 91%
    - US 2010: 84%

- **Increase % of adults who have a usual primary care provider**
  - 2020 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: 5%
  - 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**

**Table: Supply of Primary Care Physicians**

<table>
<thead>
<tr>
<th>County</th>
<th>FTEs</th>
<th>2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addison</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Bennington</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Caledonia</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Chittenden</td>
<td>151</td>
<td></td>
</tr>
<tr>
<td>Essex</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Franklin</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Grand Isle</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Orleans</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Rutland</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Windham</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Windsor</td>
<td>45</td>
<td></td>
</tr>
</tbody>
</table>

**No Health Insurance**

- **Uninsured Vermont adults age 18+**
- **Uninsured Vermont children under 18 years**
- **Uninsured U.S. adults age 18+**
- **Uninsured U.S. children < 18**

**Health Insurance & Income**

- **% of adults age 18-64 who have health insurance, by Federal Poverty Level • 2010**
  - among those who have a primary care physician
  - among those who don’t

**Table: Access to Routine Health Care**

<table>
<thead>
<tr>
<th>Year</th>
<th>Screened for colorectal cancer</th>
<th>Had flu shot in past year</th>
<th>Had regular dental check-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>5%</td>
<td>5%</td>
<td>12%</td>
</tr>
<tr>
<td>2010</td>
<td>6%</td>
<td>6%</td>
<td>13%</td>
</tr>
</tbody>
</table>

**Table: Physicians Accepting New Patients**

<table>
<thead>
<tr>
<th>Year</th>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>12%</td>
<td>24%</td>
</tr>
<tr>
<td>2010</td>
<td>14%</td>
<td>26%</td>
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**Table: Supply of Primary Care Physicians**

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<th>County</th>
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<tr>
<td>Essex</td>
<td>2</td>
</tr>
<tr>
<td>Franklin</td>
<td>31</td>
</tr>
<tr>
<td>Grand Isle</td>
<td>5</td>
</tr>
<tr>
<td>Orleans</td>
<td>18</td>
</tr>
<tr>
<td>Rutland</td>
<td>18</td>
</tr>
<tr>
<td>Washington</td>
<td>49</td>
</tr>
<tr>
<td>Windham</td>
<td>42</td>
</tr>
<tr>
<td>Windsor</td>
<td>45</td>
</tr>
</tbody>
</table>

**Table: Distribution of # FTEs by county**

<table>
<thead>
<tr>
<th>County</th>
<th># FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addison</td>
<td>29</td>
</tr>
<tr>
<td>Bennington</td>
<td>31</td>
</tr>
<tr>
<td>Caledonia</td>
<td>22</td>
</tr>
<tr>
<td>Chittenden</td>
<td>151</td>
</tr>
<tr>
<td>Essex</td>
<td>2</td>
</tr>
<tr>
<td>Franklin</td>
<td>31</td>
</tr>
<tr>
<td>Grand Isle</td>
<td>5</td>
</tr>
<tr>
<td>Orleans</td>
<td>18</td>
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<td>Windham</td>
<td>42</td>
</tr>
<tr>
<td>Windsor</td>
<td>45</td>
</tr>
</tbody>
</table>

**KEY:**

- Adequate Supply: > 78 per 100,000
- Limited Need: 68 - 78 per 100,000
- Severe Need: < 68 per 100,000

**Statewide:** 78.6 FTEs per 100,000 people

**Healthy Vermonters 2020 • Providing Better Public Health**

- **Health Insurance & Income**
  - Vermont has higher rates of insurance coverage. The goal of universal health insurance coverage is well within reach.
  - 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**
  - Vermont has higher rates of insurance coverage. The goal of universal health insurance coverage is well within reach.
  - Vermonters, especially children, have had higher rates of insurance coverage. The goal of universal health insurance coverage is well within reach.

- **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.

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  - Vermont has higher rates of insurance coverage. The goal of universal health insurance coverage is well within reach.
  - Vermonters, especially children, have had higher rates of insurance coverage. The goal of universal health insurance coverage is well within reach.
Immunization Status for Kindergarteners
% of children entering Kindergarten by immunization status

<table>
<thead>
<tr>
<th>Year</th>
<th>Fully vaccinated</th>
<th>Provisional exemption</th>
<th>Religious or philosophical exemption</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>81%</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>2001</td>
<td>71%</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>2002</td>
<td>71%</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>2003</td>
<td>71%</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>2004</td>
<td>71%</td>
<td>11%</td>
<td>18%</td>
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<td>2005</td>
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<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>2006</td>
<td>71%</td>
<td>11%</td>
<td>18%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Vaccine Series</th>
<th>Vermont</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>4 doses</td>
<td>3+ doses</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>3 doses</td>
<td>3 doses</td>
</tr>
<tr>
<td>Varicella</td>
<td>2 doses</td>
<td>3 doses</td>
</tr>
</tbody>
</table>

Vaccine Series for Babies
% of babies age 19 to 35 months who have had recommended vaccinations

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<tr>
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<th>Vermont</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Polio</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>MMR</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Hib</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Varicella</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>91%</td>
<td>91%</td>
</tr>
</tbody>
</table>

Adult Influenza/Pneumonia Immunization
% of people age 65+ who are vaccinated

<table>
<thead>
<tr>
<th>Year</th>
<th>Influenza Vaccine</th>
<th>Pneumococcal Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>2001</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
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<td>71%</td>
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<td>71%</td>
</tr>
<tr>
<td>2007</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>2008</td>
<td>71%</td>
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<td>71%</td>
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</tr>
</tbody>
</table>

** 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, 64% 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 19 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.

**For more information on these topics, please visit:**
- [Healthy Vermonters 2020](#)
- [Providing for Better Public Health](#)
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 45% US 2010 54%

How Vermonters Pay For Dental Care

% by method of payment • 2009

Medicaid 10%
Private Insurance 17%
Self-insured 51%
Out of pocket 63%

Sealants in Children

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

Vermont 64%
NH 60%
MA 58%
CO 37%
MA 37%
NH 36%

Tooth Decay in Children

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

Vermont 15%
NH 24%
MA 21%
CO 17%
MA 12%
NH 15%

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 33%
2½ - 3½ times poverty level 51%
> 3½ times poverty level 28%

Access & Income

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

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51% Medicaid
13% Private Insurance

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Goal: 85%
What is Mental Health?

Mental health is a state of successful mental function and performance that results in productive activities, fulfilling relationships with other people, 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 that requires medical attention (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).

<table>
<thead>
<tr>
<th>% of adults who report depression, by Federal Poverty Level</th>
<th>2010</th>
<th>2007</th>
<th>2005-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1¼ times poverty level</td>
<td>12%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>1¼ - 2½ times poverty level</td>
<td>9%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>2½ - 3½ times poverty level</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>&gt; 3½ times poverty level</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of adults who report depression, by Other Income Level</th>
<th>2010</th>
<th>2007</th>
<th>2005-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater income</td>
<td>20%</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>Lower income</td>
<td>80%</td>
<td>85%</td>
<td>90%</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. In Vermont, adults of racial and ethnic minority groups are more likely to use marijuana (13%), compared to white non-Hispanics (8%).

INDICATORS/GOALS

• statistically better than US  ○ statistically worse than US
• Decrease % of youth who binge drink *
  2000 Goal 10%
  VT 2008-09 11%
  US 2008-09 9%
• Decrease % of youth who used marijuana in the past 30 days
  2000 Goal 29%
  VT 2011 24%
  US 2011 23%
• Reduce % of people who need and do not receive treatment for alcohol use
  2000 Goal 5%
  VT 2008-09 7%
  US 2008-09 7%

Alcohol & Other Drug Use

Youth Alcohol / Other Drug Use

% of 9th–12th graders who have two and drugs or alcohol* 2011

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>3%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>3%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>8%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>10%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>14%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>24%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>39%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>65%</td>
</tr>
</tbody>
</table>

Marijuana Use

% of youth in grades 9-12 who report using marijuana in the past 30 days 2009-10

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-12 grades</td>
<td>24%</td>
</tr>
<tr>
<td>13-15 year old</td>
<td>28%</td>
</tr>
<tr>
<td>16 and older</td>
<td>6%</td>
</tr>
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</table>

Binge Drinking

% of people who report binge drinking in the past 30 days

<table>
<thead>
<tr>
<th>Age Group</th>
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<tbody>
<tr>
<td>12–17 years old</td>
<td>15%</td>
</tr>
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<td>39%</td>
</tr>
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% of youth in grades 9-12 who report using marijuana in the past 30 days 2009-10

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% of people who report binge drinking in the past 30 days

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</tbody>
</table>

* 5 or more drinks on a single occasion, once or more often in the past 30 days.
### Cigarette Smoking

| Year | Vermont | US
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>2007</td>
<td>2008</td>
</tr>
<tr>
<td>Goal</td>
<td>VT</td>
<td>US</td>
</tr>
<tr>
<td>------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>12%</td>
<td>18%</td>
<td>16%</td>
</tr>
</tbody>
</table>

### Tobacco Policies Timeline

- **1987**: Vermont had the first Clean Indoor Air Act in the U.S.
- **1991**: Sales to <18 years old banned
- **1993**: Clean Indoor Air Act
- **1995**: Smoke-free schools
- **1996**: VermontKids Against Tobacco (VKATs) started
- **1997**: Smoking machine sales banned
- **2001**: Quit Line begins
- **2002**: Vermont Tobacco Control Program begins
- **2005**: Single cigarette sales banned
- **2006**: Smoke-free foster homes/cars
- **2007**: Youth Access Quit Line started
- **2008**: Internet/toll-free Quit line banned
- **2009**: 100% smoke-free workplaces
- **2010**: Tobacco tax increased to $2.24
- **2011**: Tobacco tax increased to $2.62

### Smoking & Chronic Disease

<table>
<thead>
<tr>
<th>Disease</th>
<th>Vermont %</th>
<th>US %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer (COPD)</td>
<td>21%</td>
<td>38%</td>
</tr>
<tr>
<td>Heart Disease/ Stroke</td>
<td>34%</td>
<td>64%</td>
</tr>
<tr>
<td>Depression</td>
<td>27%</td>
<td>36%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>29%</td>
<td>58%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>42%</td>
<td>57%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>43%</td>
<td>56%</td>
</tr>
</tbody>
</table>

### Tobacco & Income

<table>
<thead>
<tr>
<th>Poverty Level</th>
<th>Vermont</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1¼ times poverty level</td>
<td>32%</td>
<td>19%</td>
</tr>
<tr>
<td>1¼ - 2½ times poverty level</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>2½ - 3½ times poverty level</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>&gt; 3½ times poverty level</td>
<td>11%</td>
<td>11%</td>
</tr>
</tbody>
</table>

### Smoking Status of Adults Who Have Chronic Illnesses

<table>
<thead>
<tr>
<th>Illness</th>
<th>Vermont 2010</th>
<th>US 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease/ Stroke</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>COPD</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Stroke</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Depression</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>45%</td>
<td>55%</td>
</tr>
</tbody>
</table>

### Tobacco Use

1. **Vermont Health Indicators 2020**
   - **Healthy Vermonters 2020**: Establish statewide laws on smoke-free indoor air that prohibit smoking in public places.
   - **Tobacco Policies Timeline**:
     - 1987: Vermont had the first Clean Indoor Air Act in the U.S.
     - 1991: Sales to <18 years old banned
     - 1993: Clean Indoor Air Act
     - 1995: Smoke-free schools
     - 1996: VermontKids Against Tobacco (VKATs) started
     - 1997: Smoking machine sales banned
     - 2001: Quit Line begins
     - 2002: Vermont Tobacco Control Program begins
     - 2005: Single cigarette sales banned
     - 2006: Smoke-free foster homes/cars
     - 2007: Youth Access Quit Line started
     - 2008: Internet/toll-free Quit line banned
     - 2009: 100% smoke-free workplaces
     - 2010: Tobacco tax increased to $2.24

2. **Smoking & Chronic Disease**:
   - Lung Cancer (COPD): 21% vs. 38%
   - Heart Disease/ Stroke: 34% vs. 64%

3. **Tobacco & Income**:
   - < 1¼ times poverty level: 32% vs. 19%
   - 1¼ - 2½ times poverty level: 11% vs. 11%
   - 2½ - 3½ times poverty level: 13% vs. 11%
   - > 3½ times poverty level: 11% vs. 11%

4. **Smoking Status of Adults Who Have Chronic Illnesses**:
   - Heart Disease/ Stroke: 20% vs. 30%
   - COPD: 25% vs. 30%
   - Stroke: 10% vs. 15%
   - Diabetes: 40% vs. 50%
   - Depression: 25% vs. 30%
   - Arthritis: 30% vs. 40%
   - Hypertension: 45% vs. 55%
Vermonters, like other Americans, are growing more overweight—a trend that holds true for both adults and children. Obesity is a complex, multi-faceted condition, but, simply stated, is the result of eating too much and moving too little.

After Smoking, Obesity is #2 Real Killer

The terms ‘overweight’ and ‘obese’ describe weight ranges that are above what is medically considered to be healthy. Being overweight or obese greatly increases a person’s risk for many serious health conditions, including high blood pressure, high cholesterol, Type 2 diabetes, heart disease and stroke, gallbladder disease, osteoarthritis, sleep apnea and some cancers.

Who is at Risk?

Obesity affects people of all racial and ethnic backgrounds, income and education levels. In Vermont, the highest rates are among those people who have lower incomes.

The Problem with Food Insecurity

Food insecurity means not having enough food to eat and not having enough money to buy food. Adults who do not have food security must often compromise quality for quantity, buying less nutritious and higher-calorie, but lower-cost foods for themselves and their families.

Eat More Colors!

A healthy diet includes five servings of fruit and vegetables every day. Vermont youth of racial or ethnic minority groups are more likely to eat at least five servings (31%), compared to white non-Hispanic youth (24%).

Obesity & Chronic Disease

In 2010, % of adults who report being obese, among those who have—

25 % of all adults are obese

Diabetes
62%
Heart Disease / Stroke
44%
Hypertension
44%
Asthma
35%
Arthritis
30%
Depression
46%
Inadequate physical activity (does not meet recommendations)
32%

* To calculate Body Mass Index (BMI) for adults, go to healthvermont.gov, then select Fit & Healthy Vermonters. * * among children enrolled in WIC.

Nutrition & Weight

INDICATORS/GOALS
statistically better than US 
statistically worse than US
Reduce % of adults age 20+ who are obese

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>Vermont 2010</th>
<th>US 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>29%</td>
<td>25%</td>
<td>28%</td>
</tr>
<tr>
<td>2007</td>
<td>33%</td>
<td>30%</td>
<td>32%</td>
</tr>
<tr>
<td>2009</td>
<td>35%</td>
<td>32%</td>
<td>34%</td>
</tr>
</tbody>
</table>

Reduce % of children and youth who are obese

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>Vermont 2010</th>
<th>US 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>12%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>2008</td>
<td>15%</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>2011</td>
<td>17%</td>
<td>15%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Reduce % of households with food insecurity

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>Vermont 2010</th>
<th>US 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>5%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>2004</td>
<td>6%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>2008</td>
<td>8%</td>
<td>6%</td>
<td>7%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>Vermont 2010</th>
<th>US 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>40%</td>
<td>35%</td>
<td>40%</td>
</tr>
<tr>
<td>2009</td>
<td>45%</td>
<td>39%</td>
<td>44%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>Vermont 2010</th>
<th>US 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>16%</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td>2009</td>
<td>18%</td>
<td>16%</td>
<td>18%</td>
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</table>

Prevalence of Overweight & Obesity in Adults

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>Vermont 2010</th>
<th>US 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>10%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>2011</td>
<td>11%</td>
<td>10%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Prevalence of Overweight & Obesity in Youth

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>Vermont 2010</th>
<th>US 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>13%</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>2011</td>
<td>14%</td>
<td>12%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Weight & Income

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>Vermont 2010</th>
<th>US 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>10%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>2009</td>
<td>12%</td>
<td>10%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Weight & Healthy Diet

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>Vermont 2010</th>
<th>US 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>15%</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>2009</td>
<td>16%</td>
<td>14%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Obesity & Chronic Disease

In 2010, % of adults who report being obese, among those who have—

25% of all adults are obese
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.

Screen Time & Weight

% of 9th-12 graders who spend at least 3 hours of leisure time in front of a TV or computer screen • 2011

3–5 hours
5 hours +

Excellent / Very Good

39%
60%

Fair / Poor

Physical Activity & Income

% of adults who meet physical activity guidelines by Federal Poverty Level • 2010

Poverty level

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

53%
54%
63%
63%

Healthy Vermonters 2020

Behaviors, Environment & Health

Physical Activity

% of Vermonters who meet physical activity guidelines

2001
2003
2005
2007
2009
2011

Adults

59%

Youth – grades 9–12

24%

Perception of Health

Among all adults who meet physical activity guidelines • 2010

Healthy

Overweight

Obese

Excellent / Very Good

60%

39%

30%
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.

Unintentional Injury Deaths, by Cause

Injuries each year per 100,000 people • 2005-2009

Deaths from Falls

Injuries each year per 100,000 people, all ages

Hospitalizations for Falls

Injuries each year per 10,000 people, by age • 2005-2009

Injury Hospitalizations

Injuries each year per 10,000 people, by cause • 2005-2009

ED Visits for Motor Vehicle Crashes

Injuries each year per 10,000 people, by cause of injury • 2005-2009

Suicide Deaths

Injuries each year per 100,000 people, by gender + age • 2005-2009

Injuries

Indicators/Goals

Healthy Vermonters 2020 • Behaviors, Environment & Health

- Many Injuries are Preventable
- Motor Vehicle Crashes
- Falls
- Self-harm or Suicide Attempts

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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**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal</th>
<th>Vermont 2010</th>
<th>US Data</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase % of the population served by community public water supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>that meet Safe Drinking Water standards</td>
<td>2020</td>
<td>95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>VT 2010</td>
<td>86%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>US data not comparable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase % of homes with elevated radon levels that have an operating radon mitigation system</td>
<td>2020 Goal</td>
<td>35%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>VT 2010</td>
<td>28%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>US data not comparable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase % of schools that have an indoor air quality management system</td>
<td>2020 Goal</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>VT 2010</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>US data not comparable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce % of children who have elevated blood lead levels (≥ 10 µg/dL)</td>
<td>2020 Goal</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>VT 2010</td>
<td>0.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>US data not comparable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce % of adults who have elevated blood lead levels from work exposures (≥ 10 µg/dL) (per 100,000 employed adults)</td>
<td>2020 Goal</td>
<td>9.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>VT 2009</td>
<td>10.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>US 2008</td>
<td>22.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce % of inspections that find critical food safety violations</td>
<td>2020 Goal</td>
<td>35%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>VT 2010</td>
<td>48%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>US data not available</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Older Housing Stock**

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

**Blood Lead Level Testing**

% of children tested for lead poisoning

**Safe Drinking Water**

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

**Home Radon Testing**

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

**Healthy & Safe Schools**

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**

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.
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
- 9%

1¼ - 2½ times poverty level
- 6%

2½ - 3½ times poverty level
- 4%

> 3½ times poverty level
- 5%

Heart Disease & Stroke

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

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

2000 Goal 89.4 VT 2000 113.7 US 2000 126.0

Reduce stroke deaths (per 100,000 people)

2000 Goal 23.4 VT 2000 29.3 US 2000 38.9

Reduce % of people with high blood pressure
- children younger than age 18
- adults

2000 Goal

VT/US data not available

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.

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.

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.

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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>2%</td>
<td>3%</td>
</tr>
<tr>
<td>45-54</td>
<td>6%</td>
<td>15%</td>
</tr>
<tr>
<td>55-64</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>65-74</td>
<td>26%</td>
<td>28%</td>
</tr>
<tr>
<td>75+</td>
<td>21%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Most Commonly Diagnosed Cancers

% of all cancer diagnoses 2009, by type: in women in men

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>women</th>
<th>men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>29%</td>
<td>27%</td>
</tr>
<tr>
<td>Lung</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Uterine</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Melanoma (Skin)</td>
<td>6%</td>
<td>7%</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>Cancer Type</th>
<th>women</th>
<th>men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Prostate</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>Ovarian</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Liver/Intrahepatic</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>

INDICATORS/GOALS

<table>
<thead>
<tr>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce overall cancer deaths (# per 100,000 people)</td>
<td>2020 Goal: 151.6</td>
</tr>
</tbody>
</table>

Increase % of cancer survivors who report –

- excellent to good general health
  
<table>
<thead>
<tr>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>85%</td>
</tr>
<tr>
<td>VT 2019</td>
<td>76%</td>
</tr>
<tr>
<td>US data not available</td>
<td></td>
</tr>
</tbody>
</table>

- always or usually getting emotional support
  
<table>
<thead>
<tr>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>90%</td>
</tr>
<tr>
<td>VT 2019</td>
<td>83%</td>
</tr>
<tr>
<td>US data not available</td>
<td></td>
</tr>
</tbody>
</table>

Increase % of adults who receive recommended –

- cervical cancer screening (women age 21+)
  
<table>
<thead>
<tr>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>95%</td>
</tr>
<tr>
<td>VT 2019</td>
<td>84%</td>
</tr>
<tr>
<td>US data not available</td>
<td></td>
</tr>
</tbody>
</table>

- breast cancer screening (women age 50-74)
  
<table>
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<tr>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>95%</td>
</tr>
<tr>
<td>VT 2019</td>
<td>83%</td>
</tr>
<tr>
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<td></td>
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</table>

- colorectal cancer screening (men and women age 50-75)
  
<table>
<thead>
<tr>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>80%</td>
</tr>
<tr>
<td>VT 2019</td>
<td>71%</td>
</tr>
<tr>
<td>US data not available</td>
<td></td>
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</tbody>
</table>

- discussion about PSA screening for prostate cancer with health care provider (men)
  
<table>
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<tr>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>* * *</td>
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<tr>
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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>250</td>
<td>210</td>
</tr>
<tr>
<td>2001</td>
<td>230</td>
<td>190</td>
</tr>
<tr>
<td>2002</td>
<td>210</td>
<td>170</td>
</tr>
<tr>
<td>2003</td>
<td>190</td>
<td>150</td>
</tr>
<tr>
<td>2004</td>
<td>170</td>
<td>110</td>
</tr>
<tr>
<td>2005</td>
<td>150</td>
<td>90</td>
</tr>
<tr>
<td>2006</td>
<td>130</td>
<td>70</td>
</tr>
<tr>
<td>2007</td>
<td>110</td>
<td>50</td>
</tr>
<tr>
<td>2008</td>
<td>90</td>
<td>30</td>
</tr>
<tr>
<td>2009</td>
<td>70</td>
<td>10</td>
</tr>
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</table>

**Goal: 151.6**
• 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—68 deaths each year, about 80 women die from breast cancer.

Because incidence of breast cancer increases with age, women aged 50 to 74 should have a mammogram every two years. Women who had breast cancer or have a mother, sister 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, every year, about 16 women are diagnosed and four die from the disease. Cervical cancers do not form suddenly. HPV infection, early detection through Pap tests, and treatment of pre-cancerous lesions make deaths from cervical cancer almost entirely preventable. The HPV vaccine doesn’t protect against all strains, so women should start having regular Pap tests at age 21.

Two strains of HPV are diagnosed and four die from the disease. In Vermont each year, about 16 women are diagnosed and four die from the disease. Having a frank and detailed discussion with a primary care provider about possible harms and benefits of screening or treatment is essential for making an informed decision.

• Colorectal Cancer

Colorectal cancer kills more Vermonters than any other cancer except lung cancer. Each year, approximately 300 people are diagnosed, and 100 die from the disease. Colorectal cancer develops slowly, so early diagnosis often leads to a complete cure. Screening is recommended for everyone age 50 to 75 years old.

Living With and Beyond Cancer

Living with cancer can affect all aspects of a person’s life. Emotional, psychological, physical, financial, and social support are all equally vital to restoring a person’s quality of life.

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• Prostate Cancer

Prostate cancer is the most common cancer diagnosed among Vermont men. Each year more than 500 men are diagnosed, and nearly 60 die from the disease. Having a frank and detailed discussion with a primary care provider about possible harms and benefits of screening or treatment is essential for making an informed decision.

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• Cancer Disparities

Nationally, white non-Hispanics have a higher risk for female breast, melanoma and bladder cancer, and lower risk for prostate, colorectal and cervical cancer than people of racial or ethnic minority groups. In Vermont, white non-Hispanics are more likely to die from cancer (169.2 deaths per 100,000 people) than people of racial or ethnic minority groups (137.7 per 100,000).
Diabetes is Linked to Obesity
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 59,000 Vermonters have diabetes, and 190,000 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 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 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%).

Chronic Kidney Disease
Diabetes is the most common cause of chronic kidney disease that can progress to kidney failure.

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Projected Prevalence of Diabetes
% of adults who have diabetes

Increase % of people with diabetes who have —

• diabetes education
  2000 Goal 69%
  VT 2010 61%
  US 2008 51%
• blood pressure under control
  VT/2000 Goal 52%
  US 2008 51%
• annual dilated eye exam
  VT 2010 61%
  US 2008 51%
• an A1C* value of less than 7%
  VT 2003 Goal 54%

Reduce the rate of new cases of end-stage renal disease (# per million people)

2000 Goal 2000
  VT 2005 222.0
  US 2007 353.8

Clinical Care for Diabetes
% of adults with diabetes who report they have medical care that meets clinical guidelines —

Goal

Diabetes Hospitalizations
# per 10,000 people

Diabetes & Weight
In 2010, % of adults who have diabetes, among —

Healthy weight
77%
Healthy weight
77%
Overweight
14%
BMI 25-29
25%
Obese
18%
BMI 30+
5%

Diabetes-related Deaths
# per 100,000 people

Diabetes & Income
% of adults who have diabetes, by Federal Poverty Level —

< 1¼ times poverty level 11%
< 1½ times poverty level 5%
1¼ - 2½ times poverty level 9%
2½ - 3½ times poverty level 5%
> 3½ times poverty level 6%

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Chronic Kidney Disease
Diabetes is the most common cause of chronic kidney disease that can progress to kidney failure.
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.

Smoking Bans
% of adults who report they have smoking bans at home to protect against exposure to secondhand smoke • 2010

- Children younger than 18
  - 2002: 20%
  - 2003: 25%
  - 2004: 31%
  - 2005: 39%
  - 2006: 36%

- Adults 18+
  - 2002: 16%
  - 2003: 15%
  - 2004: 16%
  - 2005: 18%
  - 2006: 20%

Respiratory Disease
% of adults who have asthma, among those who have:

- Asthma Hospitalizations
  - if of hospital discharges per 10,000 people
  - older than 5
  - 2020 Goal 19.0
  - VT 2009 19.9
  - US 2007 20.4

- Asthma & Chronic Disease
  - % of adults who have asthma, among those who have:
  - children younger than 5
  - 2020 Goal 65%
  - VT 2010 62%

  - adults 18+
  - 2020 Goal 50%
  - VT 2010 46%

- Emergency Dept. Visits for Asthma
  - If visits to the ED per 10,000 people • 2009

- Respiratory Disease & Income
  - % of adults who have asthma or chronic obstructive pulmonary disease, by Federal Poverty Level • 2010

- Asthma Prevalence
  - % of adults who currently have asthma

- Smoking Bans
  - 72% with children
  - 94% without children

- No visits for asthma that did not result in hospitalization

- 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.

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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 combat 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 & Osteoporosis

Arthritis & Age

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>18–44</th>
<th>45–54</th>
<th>55–64</th>
<th>65–74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>12%</td>
<td>27%</td>
<td>40%</td>
<td>47%</td>
<td>50%</td>
</tr>
<tr>
<td>Women</td>
<td>12%</td>
<td>10%</td>
<td>45%</td>
<td>59%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Arthritis & Weight

% of adults who have arthritis, by weight as measured by Body Mass Index (BMI) • 2009

<table>
<thead>
<tr>
<th>Weight Status</th>
<th>Healthy weight or underweight</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>22%</td>
<td>30%</td>
<td>36%</td>
</tr>
<tr>
<td>Women</td>
<td>23%</td>
<td>40%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Osteoporosis by Age/Gender

% of adults who have osteoporosis, by age • 2007

<table>
<thead>
<tr>
<th>Age Group</th>
<th>45–64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>1%</td>
<td>3%</td>
</tr>
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Osteoporosis by Age/Gender

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<td>11%</td>
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</tr>
</tbody>
</table>

Prevalence of Hip Fractures

# of hospital discharges for hip fractures among Vermonters age 65+ per 1,000 people • 2009

<table>
<thead>
<tr>
<th>Gender</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>3.8</td>
<td>8.5</td>
</tr>
</tbody>
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Osteoporosis by Age/Gender

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</table>

Osteoporosis by Age/Gender

% of adults who have osteoporosis, by age • 2007

<table>
<thead>
<tr>
<th>Age Group</th>
<th>45–64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Women</td>
<td>11%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Prevalence of Hip Fractures

# of hospital discharges for hip fractures among Vermonters age 65+ per 1,000 people • 2009

<table>
<thead>
<tr>
<th>Gender</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>3.8</td>
<td>8.5</td>
</tr>
</tbody>
</table>

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 combat 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.
HIV, AIDS & STDs

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

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%
  US data not comparable

- males grades 9-12
  2020 Goal: 75%
  VT 2011: 68%
  US 2011: 67%

- males age 18-44
  2020 Goal: 65%
  VT 2008: 59%
  US data not comparable

Increase % of people tested for HIV

- youth younger than age 18 (ever tested)
  2020 Goal: 15%
  VT 2011: 10%
  US data not available

- adults age 18-64 (tested past 12 months)
  2020 Goal: 15%
  VT 2010: 10%
  US 2010: 10%

Reduce 8 of new HIV diagnoses (5-year average)
  2020 Goal: 5
  VT 2006-10: 9
  US data not available

Reduce % of females age 15-24 with chlamydia infection
  2020 Goal: 1.0%
  VT 2010: 1.6%
  US 2008: 7.4%

Youth Sexual Behavior
among NY-12 graders, by self-report • 2011

<table>
<thead>
<tr>
<th>Grade 9</th>
<th>Sexually active within last 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>not sexually active within last 3 months</td>
</tr>
<tr>
<td></td>
<td>Not sexually active</td>
</tr>
<tr>
<td></td>
<td>Sexually active</td>
</tr>
<tr>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade 10</th>
<th>Sexually active within last 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>not sexually active within last 3 months</td>
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<tr>
<td></td>
<td>Not sexually active</td>
</tr>
<tr>
<td></td>
<td>Sexually active</td>
</tr>
<tr>
<td>8%</td>
<td>14%</td>
</tr>
<tr>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade 11</th>
<th>Sexually active within last 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>not sexually active within last 3 months</td>
</tr>
<tr>
<td></td>
<td>Not sexually active</td>
</tr>
<tr>
<td></td>
<td>Sexually active</td>
</tr>
<tr>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>9%</td>
<td>8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade 12</th>
<th>Sexually active within last 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>not sexually active within last 3 months</td>
</tr>
<tr>
<td></td>
<td>Not sexually active</td>
</tr>
<tr>
<td></td>
<td>Sexually active</td>
</tr>
<tr>
<td>22%</td>
<td>25%</td>
</tr>
<tr>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>24%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Condom Use by Adults
% who used condoms among adults who have had sex in the past 12 months, by number of sex partners • 2008

<table>
<thead>
<tr>
<th>Year</th>
<th>1 partner</th>
<th>2 partners</th>
<th>3 partners</th>
<th>4+ partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>70%</td>
<td>9%</td>
<td>17%</td>
<td>6%</td>
</tr>
<tr>
<td>2002</td>
<td>81%</td>
<td>6%</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>2004</td>
<td>65%</td>
<td>12%</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>2006</td>
<td>73%</td>
<td>14%</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>2008</td>
<td>77%</td>
<td>12%</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>2010</td>
<td>77%</td>
<td>12%</td>
<td>11%</td>
<td>14%</td>
</tr>
</tbody>
</table>

HIV & AIDS Diagnoses
# of newly diagnosed cases statewide each year

<table>
<thead>
<tr>
<th>Year</th>
<th>AIDS - 22</th>
<th>AIDS - 18</th>
<th>AIDS - 16</th>
<th>AIDS - 11</th>
<th>AIDS - 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>18</td>
<td>22</td>
<td>28</td>
<td>35</td>
<td>49</td>
</tr>
<tr>
<td>2002</td>
<td>22</td>
<td>26</td>
<td>32</td>
<td>40</td>
<td>54</td>
</tr>
<tr>
<td>2003</td>
<td>16</td>
<td>21</td>
<td>27</td>
<td>34</td>
<td>48</td>
</tr>
<tr>
<td>2004</td>
<td>12</td>
<td>19</td>
<td>24</td>
<td>31</td>
<td>44</td>
</tr>
<tr>
<td>2005</td>
<td>8</td>
<td>15</td>
<td>20</td>
<td>27</td>
<td>39</td>
</tr>
</tbody>
</table>

HIV Testing
% of adults age 18-44 who report they have been tested for HIV in the past 12 months

<table>
<thead>
<tr>
<th>Year</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>15%</td>
<td>14%</td>
<td>13%</td>
<td>12%</td>
<td>11%</td>
<td>10%</td>
<td>9%</td>
<td>8%</td>
<td>7%</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>&lt; 18</th>
<th>18–24</th>
<th>25–44</th>
<th>45–64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>119</td>
<td>364</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>12</td>
<td>364</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>12</td>
<td>356</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>12</td>
<td>356</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>12</td>
<td>356</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>12</td>
<td>356</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>12</td>
<td>356</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>12</td>
<td>356</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>12</td>
<td>356</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>12</td>
<td>356</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>12</td>
<td>356</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Chlamydia by Age
# of cases reported, by age group • 2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 18</td>
<td>119</td>
</tr>
<tr>
<td>18–24</td>
<td>364</td>
</tr>
<tr>
<td>25–44</td>
<td>12</td>
</tr>
<tr>
<td>45–64</td>
<td>0</td>
</tr>
<tr>
<td>65+</td>
<td>0</td>
</tr>
</tbody>
</table>

Healthy Vermonters 2020 • Diseases & Health Conditions

HIV, AIDS & STDs

HIV and AIDS
- is a serious infection that, without treat-
- ment, can lead to AIDS and early death.
- The number of people living with HIV in the
- U.S. is nearly 1 million, with about 50,000 new
- cases diagnosed each year. At the close of 2010,
- 238 Vermonters were known to be living with
- AIDS, and 161 were known to be living with HIV.
- An estimated 100 more are living with the virus,
- but are unaware.

Know Your HIV Status
- Most people don’t know that it can take,
- on average, 11 years for HIV infection to develop
- into AIDS. Early diagnosis and treatment can
- improve health and years of life for people with
- HIV, and keep the virus from infecting others.
- HIV is now considered a survivable chronic
- illness, and everyone who is sexually active
- should be tested. In Vermont, 15% of people
- of racial and ethnic minorities have been tested,
- compared to 6% of white non-Hispanics.

Preventing Sexually Transmitted Diseases
- Fewer than 25% of all sexually active Vermont-
- ers age 18 to 64 who engage in behaviors that
- put them at risk for HIV report using a condom.
- In Vermont, adults of racial and ethnic minority
- groups are more likely to use a condom (24%),
- compared to white non-Hispanics (15%).

Chlamydia
- Every year in Vermont, an estimated 5,000 peo-
- ple are infected with chlamydia, yet only about
- 1,200 cases are diagnosed, treated, and reported
- to the Health Department. Left untreated, chlamydia can lead to Pelvic Inflammatory
- Disease and infertility.
Public Health Preparedness

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

Reduce the time it takes for the state public health agency –
- to activate designated personnel in response to a public health emergency
  - 2000 Goal 60 min
  - VT 2009 66 min
  - US 2020 66 min
- to issue official information about a public health emergency
  - 2000 Goal 60 min
- to establish after-action reports and improvement plans following responses to public health emergencies and exercises
  - US 2009 46 days
  - VT 2008/09 60 days

PUBLIC HEALTH PREPAREDNESS INDICATORS/GOALS

**Public Health Preparedness**

Public health emergencies can affect the lives of all Vermonters. When responding to infectious disease outbreaks, natural or man-made disasters, or environmental hazards, the Vermont Department of Health must be prepared to respond quickly and effectively, along with government, the health sector, and community partners.

One measure of preparedness is the ability to activate designated personnel within one hour of a recognized public health emergency.

- **Respond to Prepare**
  - Rapid release of accurate information can minimize rumors and incorrect information, and empower people to make good decisions and take positive actions to protect themselves and others. The structure and tone of risk communication messages is as important as timeliness. These messages differ from day-to-day health communication, and must be tailored to the event, using proven crisis and emergency risk communication principles.
  - **Respond and Improve**
    - After every real event and exercise, a review process is imperative to learn what we can do better in the future. The After Action Review/Improvement Process is intended to help assess strengths and areas for improvement soon after any response and recovery effort.

**Vermont’s Public Health Emergency Response**

- **2000 Preparedness planning** 1 year
- **2002 Anthrax threat** 6 distribution
- **2004 Ready use plaque** (more than 1 week)
- **2005 Pandemic flu planning** 2 weeks
- **2006 Flu vaccinations** 12 weeks
- **2007 Pandemic flu vaccinations** 6 distribution
- **2008 Hospital surge exercise** Pandemic flu/Ft. Irwin
- **2009 Flu vaccine clinics** 6 distribution
- **2010 Vermont Yankin trial boil water order pathway exercise** (1 week)
- **2011 Vermont Yankin trial boil water exercise** (1 day)
- **2012 Spring flooding**
- **2013 Granular sandbagging** Hurricane Irene
- **2014 Emergency training exercises** (1 week)
- **2015 Hurricane Sandy** Pandemic surgical masks
- **2016 Nipah surveillance**
- **2017 Influenza H1N1 pandemic** (3 weeks)
- **2018 Flu vaccine clinics** 6 distribution
- **2019 Pandemic flu influenza** Pandemic flu/Tirol the Grist
- **2020 Flu vaccine clinics** 6 distribution

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**

INCREASE % OF -
- youth who engage in regular physical activity
- adults who engage in regular physical activity
- adults who smoke cigarettes
- adults who smoke tobacco
- adults who smoke cigarettes
- adults who smoke tobacco
- pregnant women who smoke during first trimester
- pregnant women who smoke
- children who receive varicella vaccine

DECREASE % OF -
- adults who smoke cigarettes
- youth who smoke cigarettes
- youth who smoke tobacco
- youth who smoke cigarettes
- youth who smoke tobacco
- youth who drink
- youth who use marijuana
- youth who used alcohol before age 13

REDUCE RATE OF -
- alcohol-related motor vehicle deaths
- work-related injuries among medical treatment, lost time from work, or restricted work activity
- residential fire deaths
- child abuse substantiated cases
- physical assaults by intimate partners

- eliminate elevated blood lead levels in children age 1-5

Providing for Better Public Health

INCREASE % OF -
- adults with a usual primary care provider
- people who have health insurance
- pregnant women who receive prenatal care in first trimester
- pregnant women who receive early and adequate prenatal care
- children who receive universally recommended vaccines
- children who receive varicella vaccine

DECREASE % OF -
- adults who have NO leisure time physical activity
- adults who smoke cigarettes
- adults who smoke tobacco
- adults who smoke cigarettes
- adults who smoke tobacco
- adults who smoke cigarettes
- adults who smoke tobacco
- children who receive varicella vaccine
- adults who receive annual influenza immunizations
- adults who have ever been vaccinated against pneumococcal disease
- adults who use the dental health system each year
- children who get dental sealants
- population served by fluoridated community public water systems
- dentists who counsel patients to quit smoking

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, 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 40+ who have had a Pap test 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
- have 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

Healthy Vermonter's 2010 Report Card