Health Surveillance Data Encyclopedia

An overview of data sources and resources available and used by the Vermont Department of Health.
Health Surveillance Data Encyclopedia

What is the Health Surveillance Data Encyclopedia?

The Data Encyclopedia is a catalog of:

- **data sources** commonly used to assess and track population outcomes and contributors to disease in Vermont and
- **data resources**, tools that allow users to interact with this data.

It provides a high-level description of the type of information in each data source, the potential uses and limitations of the data and the existing reports that summarize the data.

Who uses the Data Encyclopedia?

Internal and external partners use the Data Encyclopedia to get information about what data is collected, where it is stored and contact information for questions about the data.

Where is the Data Encyclopedia stored?

The Data Encyclopedia is available on the Health Statistics and Vital Records web page: www.healthvermont.gov/stats

How do I find a specific data source or resource?

**Use the Table of Contents**

Go to page 3 for a list of data sources and resources. Click on the source or resource to be directed to the page within the document.

**Search**

Type “ctrl-f” to bring up the search tool and type in key words. For example: oral health, tobacco, seatbelt use, obesity. The navigation tool shows where these key words are found in the Encyclopedia.

What information is available?

Templates on page 6 and page 74 provide an overview of the information included in each section of the data source and data resource pages.

Questions?

For questions about the Data Encyclopedia or for help finding specific data, please contact Elise Symer, Public Health Analyst, at Elise.Symer@vermont.gov.
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## Data Sources Overview

The Data Encyclopedia includes four types of data sources: Surveys, Registries and Surveillance Systems, Claims and Discharge data, and Regulatory and Licensing data. The color codes below for each type of data source is included on the top right of each data source page.

Most of these sources are cleaned and available for a secondary analysis by analysts with access to the data. For data sources that have not been “cleaned,” the variables are formatted, appropriately categorized, and weighted as necessary. However, some data sources contain “raw” data; take steps to clean and standardize raw data before using it.

<table>
<thead>
<tr>
<th>S</th>
<th><strong>Surveys</strong></th>
<th>Surveys contain self-reported responses to questions. Some surveys are from a weighted sample to reflect the Vermont population. Surveys are usually completed at one point in time.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSS</td>
<td><strong>Registries and Surveillance Systems</strong></td>
<td>These sources are dynamic as information is collected frequently and continuously. They allow for ongoing secure collection, retrieval, and analysis of health information for a defined population. It is important to know when information is accessed because it is subject to change.</td>
</tr>
<tr>
<td>CDD</td>
<td><strong>Claims and Discharge data</strong></td>
<td>Claims and discharge data is based on billing information from visits to a health care provider. Both sources rely on billing information and sometimes may not entirely describe what occurs during a visit to a health care provider.</td>
</tr>
<tr>
<td>RLD</td>
<td><strong>Regulatory and Licensing data</strong></td>
<td>These sources are used to collect license and compliance information.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Licensing data captures authorization for establishments or individuals that provide a service that may affect public health.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Regulatory data tracks individual and establishment compliance and their ability to meet standards to protect public health.</td>
</tr>
<tr>
<td><strong>Data Source Template</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Who Manages Data</strong></td>
<td>Who is responsible for the data?</td>
<td><strong>Funding Sponsor</strong></td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td>Who is the contact person for data requests or other inquiries about this data?</td>
<td><strong>Public Use Data Set</strong></td>
</tr>
<tr>
<td><strong>Data years available</strong></td>
<td>What year did data collection begin and what is the most current year available?</td>
<td><strong>Available Geographies</strong></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>How often is the data collected and when does data become available?</td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>What are the data collection methods?</td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>Who is represented in the data set?</td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>What is the data useful for?</td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>What items may not be represented in the data?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What caution should be taken when looking at data results?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What bias exists?</td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>Which regular or large reports use this data? Annual reports, data briefs, legislative reports, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Which key indicators are collected in the data?</td>
<td></td>
</tr>
</tbody>
</table>
|                          | Use “ctrl-f” to search the Data Encyclopedia for topic areas you are interested in.
## Adult Tobacco Survey (ATS)

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>The Vermont Department of Health, Health Surveillance Division oversees data collection and cleaning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding Sponsor</strong></td>
<td>The Health Department, Division of Health Surveillance, oversees data collection and analysis. <a href="http://www.healthvermont.gov/stats/surveys/adult-tobacco-survey">http://www.healthvermont.gov/stats/surveys/adult-tobacco-survey</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Contacts</strong></th>
<th>Maria Roemhildt - Public Health Analyst <a href="mailto:Maria.Roemhildt@vermont.gov">Maria.Roemhildt@vermont.gov</a> 802-951-4067</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Use Data Set</strong></td>
<td>Request data through Maria Roemhildt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Available Geographies</strong></td>
<td>Most analyses at state-level. Some analyses can be conducted at County, Health District, and Hospital Service Area.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Frequency</strong></th>
<th>As of 2008, survey conducted in even calendar years (see data years available). Data is available for internal use in the Spring of the following year.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Design</strong></td>
<td>The Vermont Adult Tobacco Survey (VT ATS) is a random digit dial telephone survey conducted over an eight-week period during the fall of the calendar year. The sample includes 2,000 respondents each year: 1,000 each of smokers and non-smokers regardless of telephone type. The survey takes approximately 15 minutes to complete. Data is weighted to be representative of the Vermont adult population.</td>
</tr>
</tbody>
</table>

| **Population (Units)** | Non-institutionalized Vermont residents ≥ 18 years old. |

| **Strengths** | Ideal for evaluating the effectiveness of Vermont Tobacco Control Program efforts to reduce smoking and increase awareness and knowledge of smoking-related issues. |

| **Limitations** | Several states conduct Adult Tobacco Surveys. However, the VT ATS is not part of a national survey and data should not be directly compared to that from other states. Information is self-reported. |

| **Reports** | **Adult Tobacco Survey Reports** (includes full reports from 2007-2014 and select results from 2001-2005).  
• Most recent report: [2016 VT ATS Report](http://www.healthvermont.gov/stats/surveys/adult-tobacco-survey)  
Tobacco Data Pages  
• Most recent is [2017 Tobacco Data Pages](http://www.healthvermont.gov/stats/surveys/adult-tobacco-survey) |

| **Indicators for Analysis** | Other tobacco product use (smokeless tobacco, cigar products, and e-cigarettes), Quit attempts and cessation methods among current and former smokers, Awareness and utilization of 802Quits services, Secondhand smoke exposure, Media awareness and exposure, Tobacco-related policy opinions |


### Asthma Call Back Survey (ACBS): Adult, Child

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>VDH, Division of Health Surveillance, BRFSS Coordinator oversees contractor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Sponsor</td>
<td>Vermont Asthma Program / CDC Asthma Program</td>
</tr>
</tbody>
</table>
| Contacts         | Lauren Ressue – Public Health Analyst  
|                  | Lauren.Ressue@vermont.gov  
|                  | 802-865-7783                                                            |
| Public Use Data Set | Data set is not available; however, tables of select statewide measures are available:  
|                  | www.cdc.gov/asthma/acbs.htm                                               |
| Data Years Available | Adult: 1990-2015  
|                  | 2016-2018 pending  
|                  | Child: 2010  
|                  | 2011, 2013-2015 pending  
|                  | 2016/2015 preliminary,                                                 |
| Available Geographies | State, County, Health District, Hospital Service Area                  |
| Frequency        | Survey is conducted on an annual basis as a follow-up to individuals reporting asthma on the BRFSS. It is conducted for adults and children. Adult ACBS data significantly lags BRFSS data. Child ACBS data has been delayed due to insufficient sample size and need to combine multiple years to weight data. |
| Design           | Risk Factor Surveillance System Survey (BRFSS) respondents who have asthma are asked to participate in the follow up ACBS. Respondents that report a child in the household has asthma are asked to participate in the child ACBS.  
|                  | Typical sample size, Adult: ~350  
|                  |     Child: <50                                                           |
| Population (Units) | VT residents with asthma.                                               |
| Strengths        | Collects details about asthma severity, control, management, medication use, risk factors, exposure to indoor environmental triggers, preventative methods, and asthma-related health care for VT adults and children.  
|                  | Data can be linked back to all variables examined in the BRFSS.  
|                  | Data is comparable to other states/territories using similar BRFSS methodology. |
| Limitations      | Self-reported data  
|                  | Decreasing sample sizes  
|                  | In recent years, the child survey has not met minimum sample size that is needed to weight individual years.  
|                  | Long delay in receiving annual data from CDC (2016 Adults file is currently pending; for children, 2010 is the most recent final data). |
| Reports          | Asthma Surveillance page:  
|                  | • Asthma data pages (published annually)  
|                  | • Data briefs (published semi-annually)                                  |
| Indicators for Analysis | Asthma action plan, Exposure to indoor environmental triggers, Asthma control and severity, Medication use, Use of clinical services, Linkage to all BRFSS variables |
Basic Screening Survey (BSS)

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Health Surveillance, Research and Statistics</th>
<th><strong>Funding Sponsor</strong></th>
<th>The Vermont Department of Health’s Office of Oral Health via Funding sponsors: CDC, Region I Office on Women’s Health, U.S. Department of Health and Human Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Robin Miller – Oral Health Director <a href="mailto:Robin.N.Miller@vermont.gov">Robin.N.Miller@vermont.gov</a></td>
<td><strong>Public Use Data Set</strong></td>
<td>Not Available</td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td><strong>Children’s survey:</strong> 2002-2017</td>
<td><strong>Available Geographies</strong></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td><strong>Nursing home survey:</strong> 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td><strong>Children’s survey:</strong> Conducted every 3-5 years. Analyses and reports are completed within a year of data collection. <strong>Nursing home survey:</strong> Conducted every 3-5 years. Analyses and reports are completed within a year of data collection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td><strong>Children’s survey:</strong> Conducted in a sample of elementary schools including 750-2000 children. Dental screenings are conducted by dental hygienists to assess oral health status. Optional questionnaire also completed by some parents. Sample weights used to produce population estimates. <strong>Nursing home survey:</strong> Conducted in a sample of nursing homes including about 350 nursing home residents. Dental screenings are conducted by dental hygienists to assess oral health status. Data were weighted to account for the complex sampling strategy.</td>
<td></td>
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</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td><strong>Children’s survey:</strong> 2013-14 and 2016-17 screenings, included a sample of kindergarten and 3rd graders. In previous years, children in grades 1, 2 &amp; 3 were included. <strong>Nursing home survey:</strong> The 2013-14 sample includes about 350 nursing home residents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>• Ideal for understanding the oral health status and dental treatment needs of Vermont elementary school children and nursing home residents. • Most data are based on a dental screening. • Some data comparable to other states with similar methodologies. • Trend analysis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>• Data may underestimate the proportion of children &amp; adults needing dental care because the survey does not include complete diagnostic dental examinations (no x-rays or advanced diagnostic tools). • Low and unrepresentative response rate on the questionnaire (children’s survey). • Grades included in the children’s survey vary slightly over time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>• Keep Smiling Vermont: The Oral Health of Vermont’s Children • Keep Smiling Vermont: The Oral Health of Vermonter in Nursing Homes • Burden of Oral Disease in Vermont • Vermont Oral Health Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td><strong>Children’s survey:</strong> Oral health status: decay experience (treated/untreated), need for dental care, dental sealants on permanent molar teeth. Demographic characteristics (grade, age, gender, race/ethnicity, participates in free or reduced lunch program) <strong>Nursing home survey:</strong> Oral health status: decay experience (treated/untreated), need for dental care, tooth loss, use of dentures, suspicious soft tissue lesions. Demographic characteristics (age, sex, race/ethnicity)</td>
<td></td>
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</tr>
</tbody>
</table>
## Behavioral Risk Factor Surveillance System (BRFSS)

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Vermont Department of Health, Health Surveillance, BRFSS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding Sponsor</strong></td>
<td>Co-sponsored by the Centers for Disease Control and Prevention BRFSS, VDH and various program partners</td>
</tr>
</tbody>
</table>

### Contacts

<table>
<thead>
<tr>
<th><strong>Contact</strong></th>
<th><strong>Email</strong></th>
<th><strong>Phone</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kate Emmons – BRFSS Coordinator</td>
<td><a href="mailto:AHS.VDHBFRFSS@vermont.gov">AHS.VDHBFRFSS@vermont.gov</a></td>
<td>802-651-1862</td>
</tr>
</tbody>
</table>

### Public Use Data Set

Available upon request

### Data Years Available

<table>
<thead>
<tr>
<th><strong>Available Geographies</strong></th>
<th><strong>2000-2018</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>US (available through the CDC), State, County, Health District, Hospital Service Area</td>
<td></td>
</tr>
</tbody>
</table>

### Frequency

The survey is conducted annually, with data collection happening year-round. Prior year data is available ~July.

### Design

Random digit dialed cellphone and landline telephone survey with an annual sample size ~6,400 Vermont adults. Surveys are completed for a representative sample of the population. Data is weighted with a raking procedure (2011 forward and post-stratification 2010 and prior).

### Population (Units)

Vermont residents ages 18 and older. (Non-institutionalized adults, excludes group homes and prisons)

### Strengths

Ideal for looking at risk factors and prevalence of chronic conditions at a population level in Vermont. Allows cross tabulation on many demographics, conditions and behaviors. Well-established survey that allows us to look at trends over time. Data can be compared across states and to the US overall.

### Limitations

Not a census; a representative sample of surveys weighted to represent the adult VT population. Information is self-reported.

### Reports


Annual reports, District Office profiles and summaries, data briefs

### Indicators for Analysis

Demographics (Employment, Education, Income, Age, Gender, LGBT, Disability, Race/Ethnicity), Chronic Conditions (Arthritis, Asthma, Cancer, Cardiovascular Disease, COPD, Depression, Diabetes, High Cholesterol, Hypertension, Obesity, Oral Health), Preventive Measures (Family Planning, Immunizations, Doctor Visits, Screenings, Health Insurance, Quality of Life / Healthy Days, Fruit & Vegetable Consumption, Physical Activity), Risk Behaviors (Substance Use, Alcohol Consumption, Marijuana Use, Prescription Drug Misuse, Seatbelt Use, Sexual Violence, Tobacco Use)
## Child Care Immunization Survey

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Vermont Department of Health Health Surveillance Immunization Program in collaboration with the Department for Children &amp; Families Child Development Division</th>
<th>Funding Sponsor</th>
<th>Centers for Disease Control and Prevention</th>
</tr>
</thead>
</table>
| Contacts         | Karen Halverson - Immunization Data Manager  
karen.halverson@vermont.gov  
802-951-1234      | Public Use Data Set | http://www.healthvermont.gov/disease-control/immunization/vaccination-coverage  
Child Care Vaccination Coverage Data |
| Data Years Available | 2016 - 2018  
Limited data for 2011 -2015 | Available Geographies | State, town, licensed childcare programs, county, health district, and hospital service area |
| Frequency        | Collection occurs annually in the fall.  
Data is available by May 1st of the following year |
| Design           | Online survey, open from October through December. All regulated childcare programs complete this survey of aggregate immunization compliance data for all enrolled children. Support is available from Local Health Office Immunization Designees. The report is required by Health Department legislative rule, and as a condition of the license. |
| Population (Units) | All children attending regulated childcare programs. |
| Strengths        | Childcare providers have access to the Vermont Immunization Registry to assess individual immunization records, strengthening the reliability of non-nurse reporters. |
| Limitations      | Data is not validated |
| Reports          | 2018-2019 report  
Detailed program specific data for licensed providers  
Only data from licensed (not registered) programs is publicly posted.  
2018-2019 summary  
Summary data for all regulated programs |
| Indicators for Analysis | Immunizations, Vaccines, Vaccine preventable diseases, Child Care |
# College Immunization Survey

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Vermont Department of Health Health Surveillance Immunization Program</th>
<th><strong>Funding Sponsor</strong></th>
<th>Centers for Disease Control and Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Karen Halverson - Immunization Data Manager</td>
<td><strong>Public Use Data Set</strong></td>
<td><a href="http://www.healthvermont.gov/disease-control/immunization/vaccination-coverage">http://www.healthvermont.gov/disease-control/immunization/vaccination-coverage</a> Colleges and Universities Vaccination Coverage Data</td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>2008 – 2018 Limited data for 2001 - 2007</td>
<td><strong>Available Geographies</strong></td>
<td>State, colleges and universities</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Collection occurs annually during the fall semester. Data is available by May 1st of the following year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Online survey, open from November through December. Aggregate immunization compliance data completed by student health center or administrator. The report is required by Health Department legislative rule.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>All new entering, fall semester, full time, undergraduate students</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>A well-established survey useful for looking at trends in vaccination, the impact of legislative requirements, and in the event of vaccine preventable disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>This report captures only a segment of the on-campus population. Data is not validated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td><a href="http://www.healthvermont.gov/disease-control/immunization/vaccination-coverage">2018-19 report</a> Historic data is available from the Immunization Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Immunizations, Vaccines, Vaccine preventable diseases, School health, college health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Health Care Workforce Census**

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Department of Health, Health Surveillance, Research and Statistics</th>
<th>Funding Sponsor</th>
<th>the federal Health Resources &amp; Services Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td>Jess Moore <a href="mailto:AHS.VDHPhysicianCensus@vermont.gov">AHS.VDHPhysicianCensus@vermont.gov</a></td>
<td>Public Use Data Set</td>
<td>Available by request, but not posted anywhere</td>
</tr>
<tr>
<td>Data Years Available</td>
<td>Physicians - 1979, 1996-2018 (even years), dentists—1999-2017 (odd years), nurses, social workers, psychologists, pharmacists, and many other professions since about 2015</td>
<td>Available Geographies</td>
<td>State, County, Health District, Hospital Service Area, etc. – any areas that are groups of townships</td>
</tr>
<tr>
<td>Frequency</td>
<td>Data collected every 2 years along with the license renewal of each healthcare profession. Data become available about 6-9 months later.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td>All health care providers are required to fill in the census form as part of their relicensing. Questions include demographics, education, specialties, practice settings, and hours per week in each practice location.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population (Units)</td>
<td>Individual practice locations of healthcare providers of all types. Dataset only includes those providers actively practicing in Vermont.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>Unlike licensure data, this census reports localized FTEs of those providers who are actively practicing, allowing determination of shortage areas by specialty. Close to 100% response rate. Consistent questions over time allow trend analysis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td>Dataset does not include residents and fellows, those newly licensed in the 3 months preceding the license renewal, and those who are licensed but not actively practicing, in Vermont. Data is self-reported and not verified. The increase in telemedicine is blurring the concept of “practice location”, localized FTEs, and shortage areas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicators for Analysis</td>
<td>Health care providers: dentists, dental hygienists and assistants, mental health care providers, naturopathic physicians, nurses, pharmacists, pharmacy technicians, psychologists, physicians, physician assistants, clinical social workers. Specialties, settings, FTEs. Geographical distribution, shortage areas. Demographics (age, sex, race/ethnicity)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Vermont Household Health Insurance Survey (HHIS)

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Department of Health – Division of Health Surveillance – Research, Evaluation and Epidemiology Unit. Prior to 2016 Department of Financial Regulation was responsible for overseeing.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding Sponsor</strong></td>
<td>Vermont State Legislature</td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td>Paul Meddaugh – Public Health Analyst, <a href="mailto:paul.meddaugh@vermont.gov">paul.meddaugh@vermont.gov</a>, 802-951-0133</td>
</tr>
<tr>
<td><strong>Public Use Data Set</strong></td>
<td>Analytic file available upon request. Data compendium available on VDH website <a href="https://www.healthvermont.gov/stats/surveys/household-health-insurance-survey">https://www.healthvermont.gov/stats/surveys/household-health-insurance-survey</a></td>
</tr>
<tr>
<td><strong>Available Geographies</strong></td>
<td>State, County, Hospital Service Area</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Periodic; recommendation to legislature on implementation is at least every 3 years. Data turnaround time is approximately 6 months from time data collection is completed.</td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Survey (approx. 3,000 households, representing approx. 7,200 Vermonters). Random digit dial (RDD) telephonic survey of non-institutionalized adults. Two-thirds of surveys come from cell phones with the remaining third coming from landlines. Surveys are completed for a representative number of Vermont households. Data are weighted using a raking procedure to represent the overall Vermont population. The person most knowledgeable about health insurance coverage and health care needs provides responses for all household members.</td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>Vermont population (individuals &amp; households).</td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Collects detailed information about health care coverage and access at a population level for Vermont households and residents. Includes questions about medical, dental, and vision insurance.</td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>It is not a census; a representative sample of households is weighted to represent the entire population. All data are self-reported. Because one person responds for the entire household, it is possible information is incomplete for non-responding household members.</td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>Comprehensive report, data compendium available on VDH website <a href="https://www.healthvermont.gov/stats/surveys/household-health-insurance-survey">https://www.healthvermont.gov/stats/surveys/household-health-insurance-survey</a>. Presentations of data are regularly provided to the Green Mountain Care Board and Vermont State Legislature.</td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Type of health insurance coverage (including uninsured and underinsured); Health care access; Health literacy; Health care expenses</td>
</tr>
</tbody>
</table>
## Pregnancy Risk Assessment Monitoring System (PRAMS)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Vermont PRAMS program in Division of Health Surveillance warehouses Vermont PRAMS data. Data are also securely released to CDC.</th>
<th>Funding Sponsor</th>
<th>Vermont PRAMS is funded by CDC and the Vermont Department of Health. Select indicators may be partially sponsored by partnering Departments or agencies.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td>Peggy Brozicevic- Research and Statistics Section Chief <a href="mailto:Peggy.Brozicevic@vermont.gov">Peggy.Brozicevic@vermont.gov</a></td>
<td>Public Use Data Set</td>
<td>Multi-state data may be requested through the CDC <a href="http://www.cdc.gov/prams/researchers.htm">http://www.cdc.gov/prams/researchers.htm</a>. Vermont data can be requested through the Vermont PRAMS coordinator.</td>
</tr>
<tr>
<td>Data Years Available</td>
<td>Data available for 2001-2018 birth cohorts. Select indicators very by phase (3-5-year periods between questionnaire revisions).</td>
<td>Available Geographies</td>
<td>State</td>
</tr>
<tr>
<td>Frequency</td>
<td>Data collected on an ongoing basis; analytic files updated per calendar year birth cohort. Data available after weighting, generally ≥18 months after a cohort’s last births.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td>Paper questionnaire survey with phone follow-up. Includes select Birth Certificate fields. A questionnaire is mailed to a random sample of Vermont mothers 2-6 months after having a live birth in VT or NH. Drawn from birth certificate data, the sampling fraction is approximately 1 out of 5. Women with low birth weight infants (&lt;2500g) are over-sampled. Data is weighted to be representative of the population.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population (Units)</td>
<td>Vermont resident mothers who have recently had a live birth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>A linkage to the birth certificate means PRAMS builds upon existing information. PRAMS covers topics not available elsewhere: e.g. prenatal care content; smoking cessation strategies; drinking amount; breast-feeding support; intention of pregnancy and sensitive questions on drug use and domestic violence. Can be compared to other PRAMS sites that meet a response rate threshold (47 states &amp; NYC, DC and Puerto Rico for 2018 births, though not all sites may reach threshold).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td>Only includes pregnancies resulting in a live birth. Self-reported data can tend to underreport certain health outcomes, though a certificate of confidentiality may improve the reporting of questions in sensitive areas. Smallest level of geography is state of Vermont.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports</td>
<td>Reports and data briefs produced by PRAMS may be found at the PRAMS web site: <a href="http://www.healthvermont.gov/PRAMS">http://www.healthvermont.gov/PRAMS</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicators for Analysis</td>
<td>Preconception health and family planning; prenatal care; alcohol, tobacco and drug use; intimate partner abuse; breastfeeding; social support; sleep environment; dental health; postpartum care; demographics (age, sex, race/ethnicity, education, income); workplace leave</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## School Health Profiles

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Vermont Department of Health Health Surveillance</th>
<th><strong>Funding Sponsor</strong></th>
<th>CDC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Kristen Murray, PhD - Program Coordinator <a href="mailto:kristen.murray@vermont.gov">kristen.murray@vermont.gov</a> 802-863-7276</td>
<td><strong>Public Use Data Set</strong></td>
<td>State and U.S. Data is available from the CDC <a href="https://www.cdc.gov/healthyyouth/data/profiles/requestingfiles.htm">https://www.cdc.gov/healthyyouth/data/profiles/requestingfiles.htm</a></td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>Every other year since 2014. Prior to 2014, data was collected by the Agency of Education (2006-2012). The most current data set available is 2018.</td>
<td><strong>Available Geographies</strong></td>
<td>State</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Data is collected every other spring of even years.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Census. The Profiles is a system of surveys collected from two separate self-administered questionnaires. Data is collected among all middle and high school principals and a lead health educator selected by the school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>Middle and High School Principals and the lead health educator from each school</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Conducted as a census in all public high and middle schools around the state. Weighted data is available. Data can be used for national comparisons</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Information is self-reported; Small sample size; no local level</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>Statewide Report; Data Briefs and joint reports with YRBS <a href="https://www.healthvermont.gov/stats/surveys">https://www.healthvermont.gov/stats/surveys</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>School health education requirements and content, Sexual health education, Physical education, School nutrition, Physical activity, School health coordination / School wellness teams, Practices related to bullying and sexual harassment, School-based health services, Family engagement and community involvement, School health policies related to tobacco, alcohol and other drug use prevention, nutrition, LHE training, professional development, and experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Who Manages Data</strong></td>
<td>Vermont Department of Health Health Surveillance Immunization Program survey contractor is the University of Massachusetts Medical School</td>
<td><strong>Funding Sponsor</strong></td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td>Karen Halverson - Immunization Data Manager <a href="mailto:karen.halverson@vermont.gov">karen.halverson@vermont.gov</a> 802-951-1234</td>
<td><strong>Public Use Data Set</strong></td>
<td><a href="http://www.healthvermont.gov/disease-control/immunization/vaccination-coverage">http://www.healthvermont.gov/disease-control/immunization/vaccination-coverage</a> K-12 Public and Independent Schools Vaccination Coverage Data</td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>2010-2018 Limited data for 1989-2009</td>
<td><strong>Available Geographies</strong></td>
<td>State, County, Supervisory Union, K – 12 Schools (Independent and Public), health district, and hospital service areas</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Collection occurs annually during the fall. Data is available by May 1st of the following year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Online survey, open from October through December. All public schools complete the Immunization Status Report in addition to the Vermont School Nurse Report. All independent schools complete only the Immunization Status Report. School nurses or administrators report aggregate immunization compliance data by grade for all enrolled students. Support is available from Local Health Office School Liaisons. The report is required by Health Department legislative rule.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>All enrolled students in grades Kindergarten through 12th grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Kindergarten data is reported nationally to CDC for inclusion in the School Vaccination Coverage report and published in the MMWR. A well-established survey useful for looking at trends in vaccination, the impact of legislative requirements, and in the event of vaccine preventable disease. School nurses and administrators have access to the Vermont Immunization Registry to assess individual immunization records, strengthening the reliability of reporters.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Data is not validated</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td><a href="#">2018-2019 school summary report</a> Detailed school specific data is available for Department use from the Immunization Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Immunizations, Vaccines, Vaccine preventable diseases, School health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Vermont School Nurse Report (VT SNR)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Funding Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Maternal and Child Health Division coordinates data collection and storage. School Liaisons in the Health Department District Offices act as local level support for questions related to the survey content and monitor for completion.</td>
<td>Vermont Department of Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contacts</th>
</tr>
</thead>
</table>
| Program Contact: Nathaniel Waite RN, BSN  
Nathaniel.Waite@vermont.gov  
802-865-1399  
Analyst: Michael J. Kenny  
Michael.Kenny@vermont.gov  
802-863-7383 |

<table>
<thead>
<tr>
<th>Public Use Data Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate data may be requested through District Office School liaisons</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Years Available</th>
<th>Available Geographies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data is currently available for the 2007-08 school year through 2018-19 school year.</td>
<td>State, Health District, and Supervisory Union. 2018-2019 data includes counties.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information is collected annually by school nurses in public schools throughout Vermont.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Design</th>
</tr>
</thead>
</table>
| Self-report survey.  
Information is reported by parents/guardians to the school nurse. The data is collected using web-based survey software then it is compiled and aggregated by the survey vendor. A final report is submitted to the Division of Maternal and Child Health (MCH) at the Health Department and shared with the Health Department school liaison. |

<table>
<thead>
<tr>
<th>Population (Units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in school whose parents provide information to the school nurse.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strengths</th>
</tr>
</thead>
</table>
| • Information on access to health care and insurance coverage for all school age children (K-12). There is also information on a students’ asthma status and the presence of an asthma action plan at school  
• Some schools are using standardized question language provided by the Health Department on their forms for gathering data.  
• Final report includes filterable data by Health Department District Office, Supervisory Union/School District, school, county (for 2018-19 data), and grade. |

<table>
<thead>
<tr>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is a convenience sample; methods and collection materials vary at each school site.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reports</th>
</tr>
</thead>
</table>
| • Asthma Burden Report  
• Healthy Vermonter Goals related to school age health and oral health |

<table>
<thead>
<tr>
<th>Indicators for Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well care visits, Dental visits, Insurance status, Presence of an asthma action plan, School electronic Health Record capability, Promotion of American Academy of Pediatrics’ Bright Futures recommendations for well care visits</td>
</tr>
</tbody>
</table>
**Who Manages Data**  
Pacific Institute for Research and Evaluation (PIRE), via their contract with VDH/ADAP to serve as the RPP project evaluator.

**Funding Sponsor**  
SAMHSA/CSAP. The name of the federal grant program is Partnerships for Success (PFS) 2015 (referred to in Vermont as Regional Prevention Partnerships, or RPP). Previously funded by Vermont’s PFS 2012 grant.

**Contacts**  
Bob Flewelling - PIRE Project Director  
flewelling@pire.org  
919-265-2621  
Amy Livingston - PIRE Evaluation Coordinator  
amy.livingston@partner.vermont.gov  
802-652-4111

**Public Use Data Set**  
Not Available

<table>
<thead>
<tr>
<th>Data Years Available</th>
<th>2014, 2016, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available Geographies</td>
<td>State, County</td>
</tr>
</tbody>
</table>

**Frequency**  
Every two years through 2020, which is the last year for which funding for the survey (through the RPP evaluation contract) is available. Summary data tables are typically available by the end of the calendar year in which the data are collected.

**Design**  
The YAS is an online survey hosted by PIRE for which young adult Vermont residents aged 18 to 25 are recruited primarily through Facebook advertising. Drawings for cash awards are used as incentives. The survey runs for 6 to 8 weeks in the spring of even-numbered years. Sample sizes for the past 3 surveys are: 2867 (2014), 3062 (2016), and 2365 (2018). The data are weighted by county, age group (18-20 vs. 21-25), and sex, based on 2010 Census data.

**Population (Units)**  
All Vermont residents aged 18 to 25 are eligible.

**Strengths**  
The primary purpose for these data is to support the evaluation of Vermont’s RPP project and its predecessor, which was known as Partnerships for Success (PFS). The survey provides uniformly collected data from young adults on substance use behaviors and perceptions across Vermont. Sample sizes allow for disaggregation to the county level (for most counties). Because the sample is a convenience sample, its representativeness of the Vermont resident population aged 18-25 and its comparability to other survey data sources cannot be guaranteed. However, the data are weighted by age group, gender, and county to increase representativeness of the sample. Statewide prevalence estimates for key behaviors are generally similar to Vermont estimates for the same age group provided by the National Survey on Drug Use and Health (NSDUH). The recruitment methods and use of online data collection make this a very cost-efficient strategy for collecting data from young adults. A core set of questions has been used to track important measures over time. Additionally, new questions can be added each year to address emerging issues (e.g., vaping).

**Limitations**  
Potential bias in the sample due to differential exposure to recruitment ads and self-selection to participate. County-level estimates are based on relatively small samples.

**Reports**  
The data are used for outcome evaluation reports prepared for the PFS and RPP projects, such as: [https://www.healthvermont.gov/sites/default/files/documents/2017/02/ADAP_VT%20PFS%20Evaluation%20Summary.pdf](https://www.healthvermont.gov/sites/default/files/documents/2017/02/ADAP_VT%20PFS%20Evaluation%20Summary.pdf)  

**Indicators for Analysis**  
Young adults; substance use behaviors (alcohol use, binge drinking, tobacco use, marijuana use, prescription drug misuse); perceived risk of harm from use of alcohol and other drugs; county-level data, college students.
# Youth Risk Behavior Survey (YRBS)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Vermont Department of Health Surveillance</th>
<th>Funding Sponsor</th>
<th>CDC ADAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td>Kristen Murray, PhD, - Program Coordinator <a href="mailto:kristen.murray@vermont.gov">kristen.murray@vermont.gov</a> 802-863-7276</td>
<td>Public Use Data Set</td>
<td>The CDC provides access to state and national data sets in Access and ASCII formats. <a href="https://www.cdc.gov/healthyyouth/data/yrbss/data.htm">https://www.cdc.gov/healthyyouth/data/yrbss/data.htm</a> In addition, data is available online at Youth Online <a href="https://nccd.cdc.gov/Youthonline/App/Default.aspx">https://nccd.cdc.gov/Youthonline/App/Default.aspx</a>. This interactive site allows users to focus on specific health topics, compare locations, or trends in data.</td>
</tr>
</tbody>
</table>

## Data Years Available

Data collected between 1993 and 2009 included students in grades 8-12. In 2011, the YRBS expanded to include two separate surveys, one for middle school students (grades 6-8) and one for high school students (grades 9-12). 2019 data should be available early 2020.

## Available Geographies

State, County, Health District, Hospital Service Area, Supervisory Union/ School District

## Frequency

Collected very other spring (odd years). Data typically is available 9 months post survey administration (e.g. late winter, early spring of even years)

## Design

1993-2017: paper and pencil survey. 2019+: web-based survey. Students complete the survey during a single class period. All students must be able to complete the survey independently. The survey does not allow for skip patterns to help maintain student anonymity. The survey includes approximately 100-110 questions on the high school survey and 70-75 questions on the middle school survey. Data is cleaned and proceeded by the CDC with over 100 data checks performed. Data is weighted by the CDC, for states obtaining a 60% overall response rate (school RR * student RR)

## Population (Units)

All middle and high school-aged students attending public and select private schools. Includes approximately 40,000 students each iteration.

## Strengths

Currently Vermont is the only state to conduct the YRBS as a census of all students in all schools. Weighted data is available at the statewide and sub-state levels. Data can be used for national comparisons and comparisons with other states or regions.

## Limitations

The YRBS does not include youth who cannot complete the survey without help, do not attend school or who were absent or chose not to complete the survey.

## Reports

Statewide and local reports are completed for each survey. These are available at [www.healthvermont.gov/yrbs](http://www.healthvermont.gov/yrbs). State and local data briefs, data summaries are published on a regular basis (~ 6 / year). Example products: [YRBS Statewide Report](https://www.healthvermont.gov/yrbs), Weighted YRBS Local Summary Reports (by county and by school district), YRBS data briefs (~ 6 each year)

## Indicators for Analysis

Substance Use (Tobacco use, Alcohol use, Marijuana use, Prescription drug use, Other illicit drug use, Perceptions of use), Personal Safety and Violence (Helmet / Seatbelt use, Distracted driving, Bullying, Interpersonal dating and sexual violence, Physical fighting), Physical activity and Nutrition (Fruit & vegetable consumption, Physical activity, Weight status / perceptions of weight), Mental Health ( Self-harm, feeling sad or hopeless (depression), Suicidality), Sexual Activity (Lifetime and current experiences, Condom use, Methods used to prevent pregnancy, Other risk behaviors), Protective factors (Youth assets), Demographics (Year in school (grade), Age, Sex (biological), Sexual orientation, Gender identity, Race/ethnicity)
Registries and Surveillance Systems
# Vermont Advance Directives Registry (VADR)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Vermont Department of Health, Division of Health Surveillance</th>
<th>Funding Sponsor</th>
<th>US Living Will Registry (contractor) Vermont Ethics Network (Grantee) Vermont Department of Health, Division of Health Surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td>Todd Perry – Director of Division Operations <a href="mailto:Todd.Perry@vermont.gov">Todd.Perry@vermont.gov</a> 802-651-1955</td>
<td>Public Use Data Set</td>
<td>Not available</td>
</tr>
<tr>
<td>Data Years Available</td>
<td>2007 - Present</td>
<td>Available Geographies</td>
<td>Reports are only produced at the state level, although town level information is collected</td>
</tr>
<tr>
<td>Frequency</td>
<td>Data is available in real time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td>Individuals interested in creating an advance directive complete and submit an advanced directive form and registration agreement. Once registered, providers can access the registry to view a patient’s wishes in an emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population (Units)</td>
<td>Vermonters (18 years or older) who have registered an advance directive.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>Registry allows for medical providers to have quick access to Vermont resident advance directives in an emergency.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td>Only captures residents who have registered their advance directive with the registry.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports</td>
<td>Vermont Advance Directives Registrations Chart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicators for Analysis</td>
<td>While providers can access the contents of individual advance directives, the Health Department only tracks the number of registrants.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Birth Information Network (BIN)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Department of Health, Division of Health Surveillance</th>
<th>Funding Sponsor</th>
<th>CDC Environmental Public Health Tracking Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td>Brennan Martin – BIN Coordinator <a href="mailto:Brennan.Martin@vermont.gov">Brennan.Martin@vermont.gov</a> 802-863-7611</td>
<td>Public Use Data Set</td>
<td>Not Available</td>
</tr>
<tr>
<td>Data Years Available</td>
<td>2006 to current</td>
<td>Available Geographies</td>
<td>State, County, Birth Hospital, and others as needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Data are entered on a regular basis, as data are reported and quality assurance is performed. New data is available in June for a five-year period ending three years earlier. (Ex. In June of 2019, 2012-2016 data became available).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design</td>
<td>The BIN uses multiple data sources to identify potential cases and then conducts follow up to confirm or rule out those cases. Originally, it relied predominantly on four data sources: Medicaid claims, reports from Vermont hospitals and physicians, vital records, and records from the Children with Special Health Needs program (CSHN). Since 2011, it has also made use of the &quot;Vermont Healthcare Claims Uniform Reporting and Evaluation System&quot; (VHCURES), an All Payers claims dataset</td>
</tr>
<tr>
<td>Population (Units)</td>
<td>Currently, the BIN collects information about Vermont-resident children diagnosed in the first year of life with one or more of 47 structural and chromosomal birth defects, 33 metabolic and endocrine conditions, congenital hearing loss, and very low birth weight (infant born with a birth weight less than 1500 grams).</td>
</tr>
<tr>
<td>Strengths</td>
<td>The BIN conducts statewide, population-level passive surveillance using many data sources that is enhanced by rigorous active follow up of all provisional cases.</td>
</tr>
<tr>
<td>Limitations</td>
<td>Small numbers for some conditions mean some prevalence data require suppression, especially when presenting the data broken down by county or other sub-state geographies. Also, it is believed that case ascertainment and follow up is hampered by the BIN’s lack of authority to request records from care providers outside of Vermont.</td>
</tr>
</tbody>
</table>

**Reports**
- Contributions to the [National Birth Defect Prevention Network (NBDPN) Annual Report](#)
- [Data Briefs](#)
- [Dynamic Prevalence Maps](#)

**Indicators for Analysis**
- Demographic factors (age, sex, race/ethnicity, residence), Condition type, Prevalence and yearly trends, Infant Mortality, Very low birth weight
# Vermont Cancer Registry (VCR)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Department of Health, Health Surveillance, Vermont Cancer Registry.</th>
<th>Funding Sponsor</th>
<th>Centers for Disease Control and Prevention (CDC) grant or cooperative agreement number NU58DP006322 (06/30/2017 - 06/29/2022).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Years Available</td>
<td>Data available 1994 through 2016 (in 2019). A reporting delay by Department of Veterans Affairs (VA) has resulted in incomplete reporting of VA hospital cases in 2011-2014, and 2016.</td>
<td>Available Geographies</td>
<td>State, County, Sub-County. Hospital Service Area and Health District coded beginning with 2016 diagnosis year and will be available as five-year data in 2023.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Data collection is ongoing, as data are reported, and quality assurance is performed. New data years generally become available in June, after national comparison data have been published. The dataset is population-based and becomes available 30 months after the close of each diagnosis year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td>This is a registry. A case must be reported within 180 days of diagnosis by Vermont healthcare facility or provider. Other states’ cancer registries have 18 months after the end of the diagnosis year to report the occurrence of cancer among Vermont residents that were diagnosed or treated out-of-state.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population (Units)</td>
<td>All Vermont residents with an in situ or malignant cancer diagnosis or benign brain tumor. Basal cell and squamous cell skin cancers are not collected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>Includes all cancer and benign brain tumor diagnoses among Vermonters. Vital status is updated through linkages with Vermont Vital Statistics System and National Death Index. VCR data meet or exceed all national standards for fitness for use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td>Delay in reporting by 30 months, no data prior to 1994, and small numbers for some cancers mean some incidence data require suppression.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports</td>
<td>Age-Adjusted Incidence and Mortality, Cancer Data Pages, Data Briefs (risk-factor tobacco, obesity, and HPV associated cancers, breast cancer, colorectal cancer), Community Data (Fact Sheets and Infographics), Vermont Data Explorer (county level and community level interactive maps).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicators for Analysis</td>
<td>Demographic factors (age, sex, race/ethnicity, residence, primary payer), diagnostic info (primary site, laterality, histology, behavior, grade, diagnostic confirmation, stage), treatment info (earliest date and most definitive type of each modality), incidence and mortality, trends, survival.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vermont Clinical Registry</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>--------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Who Manages Data</strong></td>
<td>Data should be requested from the Blueprint program at the Vermont Department of Health Access.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Contacts**             | Tim Tremblay  
Timothy.tremblay@vermont.gov  
802-654-8923 |
| **Funding Sponsor**      | Not Available |
| **Data Years Available** | Data collection began at varying times for different sites. More information about this data source will be determined as data is shared with programs at the health department. The most current year of data available is calendar year 2014. Additional data is also available through August 31, 2015. |
| **Available Geographies** | Statewide and Hospital Service Area (HSA) |
| **Frequency**            | This data is collected as a registry. Some information is transmitted in real time to the registry platform; other data is manually entered on a daily basis. |
| **Design**               | DocSite is a clinical registry. Clinical data from various primary care practice electronic health records (EHRs) is compiled into one database. Data is also manually entered by Blueprint program users. Data includes clinical encounter information, labs, visits with the community health team, tobacco cessation program, and SASH, and participation in self-management workshops. |
| **Population (Units)**   | Individuals receiving care from participating providers and/or engaged with various community resources (Blueprint’s self-management workshops, working with Blueprint’s community health teams, SASH, and tobacco cessation counselors). |
| **Strengths**            | When fully populated, eliminates the need for time consuming clinical chart reviews from each practice’s EHRs. The Blueprint uses a full extract for analytic purposes, linking it to the claims data in VHCUREs via its analytics vendor, Onpoint Health Data, and publishing results in practice- and HSA-level profiles. Full access to the extract itself is not currently available to other entities. |
| **Limitations**          | Currently offline. Blueprint working on restoring registry access. Contracts not yet executed. |
| **Reports**              | Blueprint for Health Annual Reports |
| **Indicators for Analysis** | Clinical indicators of health for patients such as: HBA1C, Blood pressure, BMI |
### Vermont Cyanobacteria Monitoring Data and Tracker

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Vermont Department of Health, Environmental Health (VDH)</th>
<th><strong>Funding Sponsor</strong></th>
<th>Vermont Department of Health, Environmental Health (VDH); Vermont Department of Environmental Conservation (DEC); Lake Champlain Committee (LCC); Lake Champlain Basin Program; CDC Tracking and Drinking Water grants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Bridget O’Brien, Cyanobacteria Program Manager&lt;br&gt;&lt;br&gt;&lt;br&gt; <a href="mailto:Bridget.obrien@vermont.gov">Bridget.obrien@vermont.gov</a>&lt;br&gt; 802-951-0114</td>
<td><strong>Public Use Data Set</strong></td>
<td><a href="http://www.healthvermont.gov/tracking/cyanobacteria-tracker">http://www.healthvermont.gov/tracking/cyanobacteria-tracker</a> &lt;br&gt;Data maps for the current and previous years are housed on this page. The underlying data can be accessed for each of the summary maps.</td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>2012- present</td>
<td><strong>Available Geographies</strong></td>
<td>Lake Champlain and Vermont inland lakes where cyanobacteria has been monitored or reported.</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Data is added to the current year’s map and database as the Health Department receives reports of cyanobacteria. Summary maps and underlying data processed and made available in the spring each year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Trained volunteer monitors and VDH/DEC staff to make weekly observations of cyanobacteria conditions at a site on a water body and submit a report through the online tracker with pictures. Reports are reviewed and approved by DEC, VDH, or LCC. Reports received from the general public are also included if confirmed through pictures. At some sites, volunteers or staff take water samples that are then analyzed for cyanobacteria taxa and toxins.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>Cyanobacteria presence is expressed on the tracker as Generally Safe, Low Alert, or High Alert.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Allows the public to see where cyanobacteria have been reported or where their absence was noted. Indicates locations that have frequently had blooms in the past. Other states with monitoring programs do not record the absence of cyanobacteria.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Grant funded * Volunteer based * Not all locations are monitored * Locations are often only monitored once per week * Cyanobacteria conditions can change rapidly, so the tracker cannot give real-time conditions of cyanobacteria at recreational locations * Information is only included when blooms are reported * Comparing data from year to year is difficult due to changing sites * Photographing cyanobacteria can be difficult with glare, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>DEC Produces an annual report using this data: <a href="http://dec.vermont.gov/watershed/lakes-ponds/learn-more/cyanobacteria">http://dec.vermont.gov/watershed/lakes-ponds/learn-more/cyanobacteria</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Lake; Region of Lake Champlain; Water temperature; Date of bloom; Alert Level; Reports type; Toxin levels; Cyanobacteria taxa</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Early Aberration Reporting System (EARS)

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Agency of Digital Services</th>
<th><strong>Funding Sponsor</strong></th>
<th>N/A</th>
</tr>
</thead>
</table>
| **Contacts**         | Veronica Fialkowski – Surveillance Epidemiologist  
Veronica.fialkowski@vermont.gov  
802-951-4063 | **Public Use Data Set** | Not available |
| **Data Years Available** | 2003-2018 | **Available Geographies** | State, County, Hospital |
| **Frequency** | Data was updated daily, 7 days a week | | |
| **Design** | Designed to capture and analyze recent Emergency Department visit data for trends and signals of abnormal activity that may indicate the occurrence of events significant to public health (e.g. outbreaks, unusual illnesses) | | |
| **Population (Units)** | All Individual Emergency Department visits from participating Vermont hospitals (UVMMC [stopped in 2016], CVH, Copley, BMH [stopped 6/5/2017], NCH, SVMC) | | |
| **Strengths** | Provides very fast data (within 24 hours) on Emergency Department visit activity at half of Vermont hospitals. Covers roughly 75-80% of ED beds in state.  
No missing data, there is 100% reporting from all participating hospitals. For some hospitals, data goes back to 2003. | | |
| **Limitations** | EARS system is old and unsupported by its original sponsor, CDC. Is not capable of handling new generation syndromic messaging formats (HL7) that the healthcare industry is widely adopting.  
Not all Vermont hospitals participate. | | |
| **Reports** | EARS is no longer used systematically. | | |
| **Indicators for Analysis** | Emergency Department visit date and hospital name; Patient age, sex, town and state; Chief complaint, diagnosis, disposition | | |
**Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)**

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>National Syndromic Surveillance Program (NSSP)</th>
<th><strong>Funding Sponsor</strong></th>
<th>Meaningful Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Veronica Fialkowski, Surveillance Epidemiologist</td>
<td><strong>Public Use Data Set</strong></td>
<td>Not Available</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Veronica.fialkowski@vermont.gov">Veronica.fialkowski@vermont.gov</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>802-951-4063</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>2016-2019 (YTD)</td>
<td><strong>Available Geographies</strong></td>
<td>State, County, Hospital, City, Zip</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>The system is updated daily and sometimes hourly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Designed to capture and analyze recent Emergency Department visit data for trends and signals of abnormal activity that may indicate the occurrence of events significant to public health (e.g. outbreaks, unusual illnesses).</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>All individual Emergency Department visits from participating hospitals and one urgent care clinic in Vermont, except for North Country Hospital and Brattleboro Memorial Hospital.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Provides timely data on disease activity at Vermont hospitals. Can detect unusual health events before traditional diagnostic methods. Cloud-based program that can be accessed from anywhere.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Variability in chief complaint field. Instability of hospital feeds (not a stable denominator) No data on Vermonters who seek emergency care outside of VT. North Country Hospital is not yet participating. Discharge data takes a few weeks to update into the system.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>Enhanced State Opioid Overdose Surveillance grant reports.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Emergency Department visit date and hospital name; Number of ED visits for a given chief complaint or diagnosis; Patient age, sex, location, race, ethnicity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## End of Life Care (Act 39) Tracking System

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Health Surveillance, Public Health Statistics</th>
<th><strong>Funding Sponsor</strong></th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Jessie Hammond – Public Health Statistics Chief</td>
<td><strong>Public Use Data Set</strong></td>
<td>Not Available</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Jessie.Hammond@vermont.gov">Jessie.Hammond@vermont.gov</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>802-863-7663</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>2013 - current</td>
<td><strong>Available Geographies</strong></td>
<td>State</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Physicians and patients submit the End of Life Care forms as they are completed. Statute requires certain forms to be filed within a specific number of days, depending on date of prescription and date of death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>This is a tracking system; a repository of forms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>Patients who meet the criteria defined in Act 39 for whom one or more of the forms required by statutes and rules are completed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Detailed tracking of patients who complete the process and submit all (4) forms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>It does not contain all cases in which a patient may start the process, but not complete. A patient may start the process with primary care physician (first form), but not proceed further. In some cases, the forms are not submitted to our office.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>Every two years a summary report is provided to the Legislature.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>No indicators available. Only the total number of events, and by year, that meet the requirements of Act 39 are released.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Enhanced HIV/AIDS Reporting System (eHARS)

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Vermont Department of Health, Division of Surveillance, HIV/STD/Hepatitis (HSH) Program</th>
<th><strong>Funding Sponsor</strong></th>
<th>Centers for Disease Control and Prevention; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Division of HIV/AIDS Prevention; Quantitative Sciences and Data Management Branch</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Daniel Daltry <a href="mailto:Daniel.Daltry@vermont.gov">Daniel.Daltry@vermont.gov</a> 802-863-7305</td>
<td><strong>Public Use Data Set</strong></td>
<td>Not Available</td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>1983 through 2018. Realtime data available as needed.</td>
<td><strong>Available Geographies</strong></td>
<td>State, County, Health District, Hospital Service Area</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Database is updated at least weekly. Data is uploaded to CDC at the end of every month. The dataset created at the end of December is considered to be the “frozen” dataset for that calendar year.</td>
<td><strong>Design</strong></td>
<td>HIV and AIDS are reportable conditions under the Vermont Reportable and Communicable Diseases Rule. Reportable laboratory values include HIV viral load measurements (including non-detectable results), all CD4 counts and percentages, and all HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing</td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>Any person who is a resident of Vermont, was diagnosed in Vermont or receiving care in Vermont for HIV or AIDS.</td>
<td><strong>Strengths</strong></td>
<td>HIV-related data collected by the Vermont Department of Health are useful for estimating disease incidence and prevalence. These data are also used for monitoring trends in the infection that can be used to inform resource allocation for prevention and care. Monthly, de-identified HIV data are transmitted to the Centers for Disease Control and Prevention that informs national HIV surveillance. In addition to clinical data, demographic and behavioral risk information is collected.</td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Lag in reporting when lab results are received without case report forms and therefore cannot be added to the system. Persons known to be living with HIV who have not been reported to the Health Department or for whom laboratory values have not been or are not being reported. Persons living with undiagnosed HIV infection in Vermont. Cell suppression rule is &lt;5. Data requests may need to be reviewed and approved by the Overall Responsibly Party (State Epidemiologist)</td>
<td><strong>Reports</strong></td>
<td>The Vermont Department of Health produces annual HIV reports. Every five years, an HIV Epidemiologic Profile is also produced. These are available at: <a href="https://www.healthvermont.gov/immunizations-infectious-disease/hiv/surveillance">https://www.healthvermont.gov/immunizations-infectious-disease/hiv/surveillance</a></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Demographic factors (age, sex, race/ethnicity, residence), Diagnostic and treatment info (earliest date, residence, provider, facility, continuation of care)</td>
<td><strong>RSS</strong></td>
<td></td>
</tr>
</tbody>
</table>
### EvaluationWeb

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Vermont Department of Health, Health Surveillance, HIV/STD/ HCV program</th>
<th><strong>Funding Sponsor</strong></th>
<th>CDC Division of HIV Prevention and Surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Daniel Daltry – Program Chief <a href="mailto:daniel.daltry@vermont.gov">daniel.daltry@vermont.gov</a> 802-863-7305</td>
<td><strong>Public Use Data Set</strong></td>
<td>Not available</td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>HIV Testing Data is available from 2008- present</td>
<td><strong>Available Geographies</strong></td>
<td>State, County</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>HIV Testing data is entered within 72 hours of intervention completion by grantees with EvaluationWeb approval, or after the forms are received at the health department on a monthly basis. Data is available to the CDC immediately, but is pulled biannually.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Captures National HIV Prevention Program Monitoring and Evaluation (NHME) HIV testing data. CDC requires the collection of client-level, session-level and aggregate level variables on all implemented activities, including HIV Testing and other HIV Prevention interventions.</td>
<td></td>
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</tr>
</tbody>
</table>
| **Population (Units)** | • Any person who accesses anonymous Counseling, Testing and Referral services.  
• Any person who completes at least one session of an HIV prevention intervention. |
| **Strengths**       | • Provides data in real time upon entry.  
• Integrated data analysis program (Reflexx) allows for easy data extraction and analysis.  
• Web-based interface allows for multiple approved users to utilize at any time. |
| **Limitations**     | Not all program staff are e-authenticated to allow for access to the data reporting sections of the program. This means there may be a lag in time between when activities occur and when they are entered. |
| **Reports**         | Summary Reports, grant proposals, guide allocation of testing resources |
| **Indicators for Analysis** | Demographic factors (age, sex, race/ethnicity, residence, risk factors for HIV infection), Diagnostic and treatment info (HIV testing earliest date, residence, provider, facility, continuation of care) |
### Healthy Homes and Lead Poisoning Prevention Surveillance Data (HHLPPS)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), Division of Environmental Health</th>
<th>Funding Sponsor</th>
<th>CDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td>Kelly Lamonda - HHLPP Chief <a href="mailto:Kelly.LaMonda@vermont.gov">Kelly.LaMonda@vermont.gov</a> 802-863-7388</td>
<td>Public Use Data Set</td>
<td>Not Available</td>
</tr>
<tr>
<td>Data Years Available</td>
<td>~1993 to present</td>
<td>Available Geographies</td>
<td>County, Town</td>
</tr>
<tr>
<td>Frequency</td>
<td>Data are added to the database as information is reported by providers and laboratories. Prior year data are available at the end of February.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td>Registry - All laboratories and providers conducting a lead test are required to report the results to the Health Department. Blood lead results are sent in multiple formats.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population (Units)</td>
<td>All Vermont children who have had a blood lead test (up age 16).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>Data from all laboratories and providers that completed a lead test on a Vermont child. Continuous data since 1993; Tracks prevalence of lead testing and elevated blood lead levels over time. Provides state and county level data for planning and evaluation. Provides notification when a child has an elevated blood lead level, so that the Health Department can contact and help identify the source of lead.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td>Not all health care practices and laboratories report completely and in a timely fashion. The older the data, the more incomplete it is likely to be.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports</td>
<td><a href="#">Annual Legislative Reports</a> <a href="#">Environmental Public Health Tracking: Childhood Lead Poisoning</a> <a href="#">CDC quarterly reports</a> Data are imported into SPHINX; Individual and health care practice lead reports are available in the Patient Profile.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicators for Analysis</td>
<td>Blood Lead Levels, Child’s age at test, Type of test, Confirmation and re-testing rates, District office testing vs. Provider testing, Town of Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Who Manages Data</strong></td>
<td>Vermont Department of Health, Division of Health Surveillance, Public Health Statistics Section.</td>
<td><strong>Funding Sponsor</strong></td>
<td>Centers for Disease Control via a grant to the Immunization Program at Vermont Department of Health.</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td>Bridget Ahrens - Vermont Immunization Registry Manager <a href="mailto:Bridget.Ahrens@vermont.gov">Bridget.Ahrens@vermont.gov</a> 802-951-4094</td>
<td><strong>Public Use Data Set</strong></td>
<td>Information is confidential, protected health information. No public use dataset. Individuals may request their own records, or records for their minor children, but must provide photo identification.</td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>Data from 1996 onward is more complete.</td>
<td><strong>Available Geographies</strong></td>
<td>State, County, Health District, Hospital Service Area</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>This is a dynamic dataset – new information is added virtually every minute. A number of standard vaccine series by county are assessed monthly. Summary statistics for a calendar year are provided to the CDC as part of the grant requirements.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Data is collected as a registry from 3 sources: About 85% of the data is sent via a secure process directly from an electronic medical record. Another approximately 10% is loaded via monthly third-party import, and about 5% is still manually entered. The Registry follows national guidance regarding weighting. Registries are challenged by inflated denominators as it is a challenge to know if a person who once lived in Vermont still does. Depending on the situation, we can report rates using a census denominator, or a Registry denominator excluding persons who have not had an immunization in 10 years.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>All persons born in VT since 1909 have a record in the registry. Any individual that has had a vaccine in a VT hospital or provider practice and, persons with a Vermont address who received an immunization at Dartmouth Hitchcock Medical Center in NH also have Registry records. Since July 2019, New York’s Immunization Information System also reports to the Registry any immunizations administered in New York to persons with a Vermont address.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Immunization Information Systems like Vermont’s Immunization Registry are key features of the medical landscape in almost every state. There are national standards for immunization data collection, which allows for easy communication of immunization histories. The Registry: Helps providers assess which immunizations have already been received, preventing unnecessary immunizations and saving medical costs. Provides easy access to printable, consolidated immunization records needed for school, work, etc. Allows school nurses to access immunization data directly. Allows doctors to assess their own immunization practices and assess vaccine coverage. Provides state and county level data for planning and evaluation, and for outreach to underserved areas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Because it is not always possible to identify persons who have moved out of state, the denominator can be too large. While most health care providers in Vermont report immunizations to the Registry, a few do not. Gaps include the VA hospital as well as some independent pharmacies and employee wellness clinics.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>Healthy Vermonters 2020. Immunization Information System Annual Report provided to funder, Centers for Disease Control each year. (No longer available online. We are planning to publish some metrics locally.) Vaccine Coverage Reports by County provided monthly to stakeholders. Vaccine Coverage Reports, practice and comparable state rates to practices each quarter. Data briefs on a variety of immunization topic published on website each year under “Data Requests and Data Briefs”</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Vaccination date and type, Vaccine master list: <a href="https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cvx">https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cvx</a> , Lot numbers, Primary Practice, Demographics (age, gender, race/ethnicity)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Infectious Disease Outbreak Database

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Infectious Disease Epidemiology, Health Surveillance</th>
<th><strong>Funding Sponsor</strong></th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Veronica Fialkowski, Surveillance Epidemiologist</td>
<td><strong>Public Use Data Set</strong></td>
<td>Not Available</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Veronica.fialkowski@vermont.gov">Veronica.fialkowski@vermont.gov</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>802-951-4063</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>1950-2019 (YTD)</td>
<td><strong>Available Geographies</strong></td>
<td>State, County, City, Setting</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Database is updated monthly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Designed to capture descriptive information of infectious disease outbreaks that have occurred in Vermont or that involve Vermonters.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>Aggregate numbers of VT residents who are ill due to an outbreak.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Provides quick access to historic outbreak data. Allows quick extraction of data elements for grant reporting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Relies on archaic software. Captures basic information on each outbreak, sometimes lacks in-depth information that is part of more complicated outbreak investigations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>Epidemiology and Laboratory Capacity reports Emergency Preparedness grant reports HAI Grant reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Number exposed, ill, sent to doctor/ER, hospitalized, dead; Location of outbreak, setting of outbreak; Causative agent; Mode of transmission; Date outbreak started; Lead investigator; Healthcare Acquired Infections (HAI)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Maternal Early Childhood Sustained Home-Visiting Program Database (MESCH)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>VDH, MCH</th>
<th>Funding Sponsor</th>
<th>HRSA under the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. Some funding through Children’s Integrated Services/Child Development Division</th>
</tr>
</thead>
</table>
| Contacts        | Morgan Paine – Health Data Administrator  
                      morgan.paine@vermont.gov  
                      802-859-5940 | Public Use Data Set | Not Available |
| Data Years Available | 2015-2019 | Available Geographies | Statewide |
| Frequency       | Data are added to the database continuously in real-time |
| Design          | Information collected about home visiting services provided using the MECSH (branded as Strong Families Vermont Nurse Home Visiting in Vermont) evidence-based model. Includes demographic data on participants, home visits, health screening and referrals provided, and selective outcome data. |
| Population (Units) | Program serves low income, families resident in Vermont, with pregnant mothers up to two years postpartum. |
| Strengths       | Database designed to meet model developers’ quarterly fidelity reporting as well as federal grant reporting requirements. Data also used for program management and oversight, and for continuous quality improvement. The data collected for federal reporting is compared to other states with MIECHV funding. |
| Limitations     | Limited data set |
| Reports         | Quarterly model fidelity report, quarterly and annual reports to HRSA |
| Indicators for Analysis | Maternal and child demographics; frequency and duration of home visiting services; screening data (ASQ-3, ASQ-SE, EPNDS Maternal Depression, smoking, alcohol, drugs, intimate partner violence), referrals to services and service utilization; breastfeeding initiation and duration; smoking cessation during pregnancy; child injuries; maternal and child ED utilization; well-child and well-woman preventative health service utilization; safe sleep practices |
### Medical Examiner/Coroner Alert Program (MECAP)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>The Office of the Chief Medical Examiner oversees data collection, cleaning, and dissemination. <a href="http://www.healthvermont.gov/systems/medical-examiner">http://www.healthvermont.gov/systems/medical-examiner</a></th>
<th>Funding Sponsor</th>
</tr>
</thead>
</table>
| Contacts         | Mallory Staskus - Public Health Analyst III  
[Mallory.Staskus@Vermont.gov](mailto:Mallory.Staskus@Vermont.gov)  
802-651-1516     | Public Use Data Set  
Not Available |
| Data Years Available | 2015-2018  
Available Geographies  
State |
| Frequency | The data is collected and updated on a continuous basis. An aggregate form of national data is made available by the Consumer Product Safety Commission (CPSC) typically in June of the following year. |
| Design | MECAP is used to gather timely information on deaths that involve consumer products. The intent is to identify potentially hazardous or dangerous products. Data is collected from autopsy reports from the Chief Medical Examiner and other medical examiners in the state. Potential MECAP cases are individually reviewed by the analyst and Chief Medical Examiner before they are reported to CPSC. |
| Population (Units) | Unintentional consumer product-related deaths make up the data set. Patients will be of all ages and can be a Vermont resident or an out-of-state resident who died in Vermont. Unintentional types of deaths include poisoning, drowning, electric shock, inhalation, burns, falls, and asphyxiation. |
| Strengths | Collecting and analyzing this data can keep people safe from unnecessary potential harms. CPSC looks into remedial action for certain hazardous products. CPSC will prepare hazard reports for these products and alert the public to their potential dangers. |
| Limitations | The reports can sometimes fail to identify the consumer product that was involved, and so actual incidences of consumer product deaths can be higher than what is reported. Cases may not have a witness to provide necessary details to prove causality. |
| Reports | MECAP individual case reports are written monthly. All definitive cases are reported annually to the CPSC. CPSC collects mortality data from each state. CPSC publishes an annual report based on national data.  
[https://www.cpsc.gov/About-CPSC/Agency-Reports/Annual-Reports](https://www.cpsc.gov/About-CPSC/Agency-Reports/Annual-Reports) |
| Indicators for Analysis | Manner of death is accidental and product involved must be reportable to the Consumer Product Safety Commission (CPSC). Case definition does **not** include:  
- Motor vehicles licensed to operate on public roads  
- Firearms (except air rifles and BB guns)  
- Falls over the age of 65 years  
- Foods, cosmetics and medical devices  
- Boats, life jackets, and other boating equipment, kayaks, Aircraft, hang-gliders, and ultra-lights  
- Products only used in industrial or commercial environments; Hospital/nursing home beds |
### Vermont Medication Assistance Program (VMAP) Access Database and CAREWare

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Department of Health HIV/STD/Hepatitis Program, Health Surveillance</th>
<th><strong>Funding Sponsor</strong></th>
<th>Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Ryan White Care Act</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Erin LaRose– Health Surveillance Program Administrator <a href="mailto:Erin.larose@vermont.gov">Erin.larose@vermont.gov</a> 802-863-7244</td>
<td><strong>Public Use Data Set</strong></td>
<td>Not Available</td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>2000-Present</td>
<td><strong>Available Geographies</strong></td>
<td>State, County, Health District, Hospital Service Area</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Data is updated daily, monthly, quarterly and annually. The data is available immediately.</td>
<td><strong>Design</strong></td>
<td>Eligibility applications, Medicaid pharmacy data.</td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>Vermont Residents diagnosed with HIV and with an FPL of 500% or less.</td>
<td><strong>Strengths</strong></td>
<td>HIV service (outpatient ambulatory, medical nutrition therapy, mental health, case management, dental, medication, housing) information in Vermont.</td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Some of the date is not real-time and is only updated monthly, quarterly and annually.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Reports** | - Integrated Epidemiologic Profiles for HIV/AIDS Prevention and Care Planning  
- HIV Annual Reports  
- Ryan White Services Report (RSR)  
- Ryan White Data Report (RDR)  
- Comprehensive Integrated Plan for HIV Services and Prevention and Statewide Coordinated Statement of Need (SCSN). | **Indicators for Analysis** | Demographic factors (age, sex, race/ethnicity, residence) for people receiving a care service listed above [strengths]; Medication Adherence info for Treatment Cascade; Service information related to outpatient ambulatory, medical nutrition therapy, mental health, medical case management, dental, medication adherence. |
## Naloxone Database

| Who Manages Data | Vermont Department of Health:  
|                  | • Department of Emergency Preparedness, Response, and Injury Prevention (data collection)  
|                  | • Health Surveillance Division (data management) | Funding Sponsor | Cosponsored by Vermont Department of Health and Substance Abuse and Mental Health Services Administration (SAMHSA) |
| Contacts | Jennifer Hicks – Research and Statistics Section Chief  
|          | jennifer.hicks@vermont.gov | Public Use Data Set | Not Available |
| Data Years Available | December 2013 – Present | Available Geographies | State, county of overdose (not available for reporting) |
| Frequency | Data collection is ongoing and available on a quarterly basis. |
| Design | Naloxone distribution data are collected on an ongoing basis via a secure, web-based administrative form that is utilized by distribution sites with plans to expand to first responders. All sites are located in Vermont with the exception of one site in New Hampshire. The naloxone database includes information related to naloxone distribution, overdoses, and client demographic data. |
| Population (Units) | Clients receiving naloxone from a distribution site, with plans to expand to those receiving naloxone from first responders. |
| Strengths | Collects real-time data related to naloxone distribution. Overdose data collected informs the use and effectiveness of naloxone in an overdose setting, as well as could allow for the examination of emerging drug involvement. |
| Limitations | The database may not capture every distribution of naloxone. Approximately 60% of the naloxone distributed through the Opioid Overdose Prevention and Reversal Project (OOPRP) is distributed by sites located in Chittenden County. There are no distribution sites in Grand Isle and Essex Counties. Geographic information related to the client’s residence and the location of naloxone use is not captured. Overdose information is voluntary and self-reported. |
| Reports | Naloxone Distribution and Administration Data Brief (published quarterly)  
|          | Naloxone Distribution Locations (not inclusive of all distribution sites) |
| Indicators for Analysis | Distribution site/location, Naloxone distributed, Previous naloxone receipt/use, Client demographics (gender, age, race), Overdose information (gender, age, county, drugs involved, naloxone use/effectiveness) |
## National Electronic Disease Surveillance System (NEDSS) Base System (NBS)

| **Who Manages Data** | Agency of Digital Services | **Funding Sponsor** | N/A  
Data collection is based on Public Health Rule |
|---------------------|---------------------------|---------------------|----------------------------------|
| **Contacts**        | Veronica Fialkowski – Surveillance Epidemiologist  
Veronica.fialkowski@vermont.gov  
802-951-4063 | **Public Use Data Set** | Not Available |
| **Data Years Available** | 2006-2019 (YTD) | **Available Geographies** | State, County, Town, Health District |
| **Frequency**       | How often is the data collected and when does data become available? The system is updated daily as disease reports are received from health care providers and laboratories. |
| **Design**          | The data are organized by unique occurrences of a reportable disease; individuals could be in the database multiple times due to a diagnosis of different reportable diseases or due to a re-occurrence of the same reportable disease. This system is used by PHNs in District Offices and transmits data electronically to CDC. The data is not weighted. |
| **Population (Units)** | Every instance of a reportable disease diagnosed in Vermont. Occurrences in Vermont are represented in this data set (VT residents and out-of-state residents diagnosed in VT). We also receive data on VT residents diagnosed with reportable diseases in other states. |
| **Strengths**       | • It is a complete surveillance database of all reportable diseases.  
• Allows for analysis of trends over time.  
• Analysis can be performed by individual or by disease occurrence. |
| **Limitations**     | • Some VT residents who are diagnosed out of state may not be reported to VDH.  
• Data quality varies due to many different staff entering in data. |
| **Reports**         | CDC’s Morbidity and Mortality Weekly Report (MMWR) summarizes national reportable disease data, including VT data. |
| **Indicators for Analysis** | Demographic factors (age, sex, race), Infectious disease-specific data, Geographic location |
# Newborn Hearing Screening Database

| **Who Manages Data** | Vermont Department of Health Maternal Child Health 
Children with Special Health Needs 
Vermont Early Hearing Detection and Intervention Program | **Funding Sponsor** | Newborn Screening Program Fees 
CDC 
HRSA |
|---|---|---|---|
| **Contacts** | Linda Hazard - Program Director 
[mailto:Linda.Hazard@partner.vermont.gov](mailto:Linda.Hazard@partner.vermont.gov) 
802-272-1588 | **Public Use Data Set** | Not Available |
| **Frequency** | Data is collected quarterly/annually and is available one and a half years after the close of the calendar year. |
| **Design** | Data Reporting is required by Administrative Rules. Hospitals, midwives, primary care providers, audiologists and early intervention providers submit data into the Childhood Hearing Health System part of the SPHINX Health Department database. |
| **Population (Units)** | Birth to 5 years 364 days of age infants. 
Deaf, Hard of Hearing or Deaf Blind infants. |
| **Strengths** | Comparable to other state and territories. Tracks our progress in meeting national goals: screen hearing by 1 month of age, diagnose hearing loss by 3 months of age and entrance into early intervention by 6 months of age. |
| **Limitations** | Small population of Deaf, Hard of Hearing or Deaf Blind infants therefore data cannot be broken down by county for diagnostic evaluations and entrance into early intervention services. |
| **Reports** | CDC Quarterly/Annual Report, Hospital Assurance Monthly, Database Quality Assurance Quarterly. |
| **Indicators for Analysis** | Hearing Screening, Diagnostic Audiology by 3 months of age, Entrance into early intervention by 6 months of age. |
### Newborn Screening

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Funding Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Vermont Newborn Screening Program manages the data, but it resides in a database owned and operated by the New England Newborn Screening Program at the University of Massachusetts Medical School.</td>
<td>The Vermont Newborn Screening Program</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney Williamson-White – Nurse Program Coordinator <a href="mailto:Sydney.Williamson-White@vermont.gov">Sydney.Williamson-White@vermont.gov</a> 802-951-5180</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public Use Data Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program can provide some data sets upon request. Data may need to be suppressed for small numbers and confidentiality reasons. Limited data is available publicly from <a href="http://www.newsteps.org">NewSTEPs</a>.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Years Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermont Department of Health assumed responsibility for this program in 2002, although the screening program started in 1963. Statistical reports are available beginning in 2002. Results prior to 2002 are kept in a warehouse. Data available upon request from the screening laboratory.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Available Geographies</th>
</tr>
</thead>
<tbody>
<tr>
<td>State, Birth Hospital.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuously. Reports can be generated upon request. Hospitals receive quarterly quality assurance (QA) reports. The program generates an annual report for internal QA.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registry/database with ability to run specific reports.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Population (Units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babies screened in Vermont. Some babies screened in Vermont may have been born out of state.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides some insight into the epidemiology of rare conditions in Vermont. Is used to make sure that all babies born in Vermont receive newborn screening tests and for program quality improvement. Data can be compared to states with the same screening panel and screening requirements (each state determines its own screening panel and requirements).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Database does not collect information on Vermont babies who were not screened in Vermont (refusals, transfers). There are also a fair number of false positive tests that resolve on repeat testing, so the number of diagnosed conditions is much smaller than what is flagged in the system.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals receive quarterly quality assurance (QA) reports. The program generates an annual report for internal QA. <a href="http://www.birthinformationnetwork.org">Birth Information Network Report</a>.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators for Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of positive screens for a given condition. Number of screens performed, and number of babies screened. Can be broken down by hospital of birth. Various reports can be run such as number of unsatisfactory specimens, timeliness, and others.</td>
</tr>
</tbody>
</table>
Vermont Parents as Teachers Home Visiting Program Database (PAT+)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>VDH, MCH</th>
<th>Funding Sponsor</th>
<th>Children’s Integrated Services/Child Development Division</th>
</tr>
</thead>
</table>
| Contacts         | Morgan Paine– Health Data Administrator  
morgan.paine@vermont.gov  
802-859-5940  
Karen Bielawski-Branch – Home Visiting Program Administrator  
Karen.bielawskibranch@vermont.gov  
802-789-2615 | Public Use Data Set | Not Available |
| Data Years Available | 2013-2019 | Available Geographies | Statewide |
| Frequency | Data are added to the database continuously in real-time. |
| Design | Information collected about home visiting services provided by regional agencies using the Parents as Teachers evidence-based model. Includes demographic data on participants, home visits, health screenings and referrals provided, and selective outcome data. |
| Population (Units) | Program serves low income families resident in Vermont, with children up to the age of 5-6 years old. |
| Strengths | Database designed to meet model developers’ annual fidelity reporting requirements. Data also used for program management and oversight, and for continuous quality improvement. |
| Limitations | Limited data set, small numbers |
| Reports | Annual fidelity reports to PAT |
| Indicators for Analysis | Maternal and child demographics; frequency and duration of home visiting services; screening data (ASQ-3, ASQ-SE, vision, hearing and child physical health and development); Family Protective Factors survey; Family Satisfaction Survey; referrals to services and service utilization; breastfeeding initiation and duration; immunization |
### Vermont Population Estimates

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Vermont Dept. of Health, Division of Health Surveillance, Public Health Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Sponsor</td>
<td>The United States Census Bureau produces the annual estimates as part of the Federal State Cooperative for Population Estimates (FSCPE). The Center for Rural Studies at the University of Vermont and VDH work jointly as the Vermont FSCPE partners.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contacts</th>
<th>Michael Nyland-Funke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Analyst III</td>
<td><a href="mailto:michael.nyland-funke@vermont.gov">michael.nyland-funke@vermont.gov</a></td>
</tr>
<tr>
<td>802-863-7261</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Data Years Available</th>
<th>Estimates for individual years from 1970-2017 are available (2018 coming soon).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available Geographies</td>
<td>Population estimates by age and gender are available for the state, counties, hospital service areas, and AHS districts. Population totals are also available for towns.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Updated annually. For a given calendar year, estimates are typically available in the fall of the following year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design</td>
<td>Census counts for the first year of each decade (1990, 2000, 2010, etc.) Estimates for all other years are calculated using a variety of administrative and vital records data.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Population (Units)</th>
<th>Resident population</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Updated regularly. Level of detail is sufficient for most analyses undertaken at VDH.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limitations</td>
<td>No age/gender data for towns except in the decennial Census years. Limited race/ethnicity data.</td>
</tr>
</tbody>
</table>


| Indicators for Analysis | These estimates provide the population (denominator) data for countless programs in and out of state government. |
### Vermont Prescription Monitoring System (VPMS)

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Data is warehoused by an external contractor and locally managed by the Health Department VPMS analyst (Health Surveillance and Alcohol and Drug Abuse Programs)</th>
<th><strong>Funding Sponsor</strong></th>
<th>State funded and federal grant supported</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Lela Kretzer – PDMP Analyst <a href="mailto:Lela.kretzer@vermont.gov">Lela.kretzer@vermont.gov</a> 802-863-6354</td>
<td><strong>Public Use Data Set</strong></td>
<td>Not Available</td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>Seven years of data are available in the VPMS system.</td>
<td><strong>Available Geographies</strong></td>
<td>State, County</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Data enters the warehouse database as it is collected from pharmacies at least once each business day. The quarterly report is usually available one month after the end of the quarter. The annual report is usually available 8 months after the end of the calendar year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Data is submitted directly by pharmacies for all Schedule II-IV controlled substances dispensed from Vermont-licensed pharmacies. Data is then processed by a contractor into flat files for use by the Health Department. Live data is accessible to health care providers who have registered with VPMS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>All prescriptions for controlled substances (Schedule II-IV) dispensed by Vermont licensed pharmacies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Universal database of controlled substances dispensed in Vermont. Variables on prescription, patient, provider and dispenser. Data is up-to-date and entered into the system as information becomes available.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Raw data only accessible by two analysts. Legal restrictions on what can be released. This registry has many users entering data with varying levels of data training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Prescription Drug Monitoring, Prescription Drug Misuse, Opioids, sedatives, stimulants, hormones, cannabinoids, Recipient demographics (age, sex)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who Manages Data</td>
<td>Health Surveillance – Public Health Statistics</td>
<td>Funding Sponsor</td>
<td>N/A</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------</td>
<td>-----------------</td>
<td>-----</td>
</tr>
<tr>
<td>Contacts</td>
<td>Cindy Hooley – Vital Statistics Information Manager</td>
<td>Public Use Data Set</td>
<td>Not Available</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Cynthia.hooley@vermont.gov">Cynthia.hooley@vermont.gov</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>802-651-1636</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Years Available</td>
<td>1909 - current</td>
<td>Available Geographies</td>
<td>State</td>
</tr>
<tr>
<td>Frequency</td>
<td>Birth and death events (VT occurrences) are populated in the database daily. Corrections, deletions and other changes are reflected in the database immediately.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td>SQL database designed by the VDH ADS team following specifications provided by National Association for Public Health Statistics and Information Systems (NAPHSIS). Content and format are specified by the national user agreement and requirements of federal agencies that verify birth and death records in the database (utilizing the EVVE software).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population (Units)</td>
<td>All VT birth and death certificates back to 1909, including delayed birth certificates and certificates of live birth for foreign born children.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>Contains birth and death records pre-dating the Vital Records birth and death SQL database and files. This database contains records back to 1909 with 99%+ completeness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td>Significant data quality issues for birth and death records caused by data entry and poor image quality of the original source. Limited information was transcribed from birth records dated between 1909 and 2005 and from death records dated between 1909 and 2008 therefore not useful for comprehensive study or for public health decisions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports</td>
<td>This database is intended for administrative use only. There are no external reports. There is a match error rate report run daily to review problems with specific records identified by federal agencies.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Indicators for Analysis          | **Births:** baby and parent names; sex; date of birth; date filed; place of birth; town of birth; mother’s town of residence; parents’ birthplace.  
**Deaths:** decedent’s name; parent and spouse names; sex; date of death; date of birth; date filed; place of death; town of death; underlying cause of death; manner of death; veteran and which war. |
## Refugee Domestic Health Assessment (DHA) Data

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Refugee Health Program</th>
<th>Funding Sponsor</th>
<th>Office of Refugee Resettlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td>Heidi Klein</td>
<td>Public Use Data Set</td>
<td>Not Available</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Heidi.Klein@vermont.gov">Heidi.Klein@vermont.gov</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>802-652-2051</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Years Available</td>
<td>2012-present</td>
<td>Available Geographies</td>
<td>State, County, Health District</td>
</tr>
<tr>
<td>Frequency</td>
<td>System is updated as Domestic Health Assessment forms are received from health care providers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td>Data is collected through domestic health assessment forms. Data elements are based on CDC recommendations. All newly arriving refugees are required to have a DHA within 90 days of arrival in the country. Providers send forms to the Refugee Health Program after they are seen.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population (Units)</td>
<td>All refugees resettled in Vermont.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>Use: tracking certain disease prevalence trends; functioning of refugee health system. Some components comparable to other states. Only data source that provides a state-based assessment of the health of newly arrived refugees.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td>Lag time between exams and receipt of some reports may be considerable. Data is mostly infectious disease indicators and vaccinations. It does not include chronic diseases or substance use indicators.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports</td>
<td>Used for trimester reports to Office of Refugee Resettlement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicators for Analysis</td>
<td>Demographic factors (age, sex, country of origin, language, arrival date), Screenings (tuberculosis, Hepatitis B, STDs, vaccinations, children’s lead levels), Referrals (dental, vision, mental health, WIC, TB program, other), Time to DHA appointment and time to DHA exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sexually Transmitted Disease Management Information System (STDMIS)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Who Manages Data</strong></td>
<td>Vermont Department of Health, Health Surveillance, HIV/STD/ HCV program</td>
<td><strong>Funding Sponsor</strong></td>
<td>CDC Division of STD Prevention and Control</td>
</tr>
</tbody>
</table>
| **Contacts** | Daniel Daltry  
Daniel.daltry@vermont.gov  
802-863-7305 | **Public Use Data Set** | Not available to public, but data reports can be produced upon request. |
| **Data Years Available** | 1998-2018 | **Available Geographies** | State, City, County |
| **Frequency** | Database is updated as labs/case report forms come in, several times a week and then as case investigators interview patients. Data is uploaded to CDC at the start of each week. |
| **Design** | Chlamydia, gonorrhea, and syphilis are reportable infections. STDMIS archives case report forms, lab results, risk profile, and treatment information for each reported case. |
| **Population (Units)** | Any Vermont resident who is diagnosed with a reportable sexually transmitted infection (STI), regardless of state they are tested in. |
| **Strengths** | Knowing the impacts of STI’s in specific areas of the state and knowing how we compare overall to other states. This system is tailored specifically for STD monitoring and evaluating timeliness factors such as lab processing of specimens and timeliness of treatment. |
| **Limitations** | No limitations identified |
| **Reports** | Integrated Epidemiologic Profiles for HIV/AIDS Prevention and Care Planning  
Summary Reports  
Healthy Vermonters 2020 |
| **Indicators for Analysis** | Demographic factors (age, sex, race/ethnicity, residence, sexual orientation); Diagnostic and treatment info (earliest date diagnosis, provider, facility, continuation of care); Information on risk behaviors; Sexually Transmitted Infection Information (chlamydia, gonorrhea, and syphilis) |
Statewide Incident Reporting Network (SIREN)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Data hosted and stored through software vendor ImageTrend Inc. Data system managed by the EMS Data Manager in DEPRIP at VDH.</th>
<th>Funding Sponsor</th>
<th>National Highway Traffic Safety Administration (NHTSA)</th>
</tr>
</thead>
</table>
| Contacts         | EMS Data Manager  
SIREN@vermont.gov  
802-951-5824 | Public Use Data Set | No. This data is HIPAA protected. |
| Data Years Available | 2009 – current. By 2015, 100% of Vermont-based ambulance agencies were submitting data. System was upgraded in 2017 to be NEMSIS v3.4 compliant. | Available Geographies | Incident location type; street address; city; county; zip code; state. |
| Frequency | Data collected in real-time and available immediately. |
| Design | Registries and surveillance system. Data is not weighted. SIREN is a secure, web based NEMSIS version 3.4 compliant system hosted by the software vendor, ImageTrend Inc, and comprised of real-time patient data entered by EMS providers. The database contains data collection, storage, extraction and analytical capabilities. Patient care reports are comprised of national and state coded and free text data. |
| Population (Units) | Any patient receiving pre-hospital, emergency medical care by a Vermont licensed ambulance agency. Records are patient and incident specific. |
| Strengths | Real-time data; applicable to a variety of public health analyses. Comparable to other states and national prehospital emergency medical services data. |
| Limitations | Dependent on EMS provider data collection; detailed patient info may be documented in narrative as free text rather than as extractable national and state defined data components; patient narrative data are not routinely incorporated in analysis. First Response agencies not required to report. |
| Reports | Injury data briefs and naloxone data briefs located:  
https://www.healthvermont.gov/emergency/ems/siren-statewide-incident-reporting-network |
| Indicators for Analysis | Medical events, trauma and injury data, prehospital interventions (medications administered, procedures performed), EMS protocols, demographics (age, sex, race, ethnicity). |
## Substance Abuse Impaired Driving Rehabilitation Program Database (IDRP)

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Agency of Digital Services warehouses the data</th>
<th><strong>Funding Sponsor</strong></th>
<th>IDRP is funded by program fees, general fund and other funding sources.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Patty Breneman – Dir. of QM and Compliance</td>
<td><strong>Public Use Data Set</strong></td>
<td>Not available.</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Patricia.breneman@vermont.gov">Patricia.breneman@vermont.gov</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>802-652-2030</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>1989 to current.</td>
<td><strong>Available Geographies</strong></td>
<td>Vermont (statewide), also includes information for people who have received an impaired driving offense in Vermont, who now live elsewhere</td>
</tr>
<tr>
<td><strong>Base data set, some data point have fluctuated—accuracy concerns</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Data transfer and entry is daily and the lag between services and receipt of paperwork can be two days to several months.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Data on individuals who enroll in the IDRP program. Data arranged by individual and impaired driving offense. Includes school enrollment and completion, treatment enrollment and completion, offense information including date, blood alcohol level, and type of offense. Data system is comprised of client level information that is transmitted to the IDRP via submitted paperwork. The data from the forms is entered into the system.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>People who received an impaired driving offense who also have initiated enrollment into the IDRP in order to restore their driving privileges.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Data provides information about programmatic functioning and areas for technical assistance. Type of offense, school enrollment and completion dates all in one data system. The overall trends regarding program completion may be able to be compared with other states or nationally. The IDRP operates the education component in two formats—one as intensive (over two days) and one as non-intensive (over 4 weeks). Future program evaluation would be interesting to parse out the differences in participant outcomes based on those formats.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Data does not currently capture socioeconomic data to analyze SES as it relates to re-offense rate. One major limitation is that this dataset is just the people who have initiated the Program—it cannot be a proxy for the number of impaired driving offenses received. Programmatic enrollment effected by several outside sources and legislation regarding offense forgiveness legislation, pleading of impaired driving offenses to lesser charges, and introduction of ignition interlock devices.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>Data briefs around re-offense rates, program completion, and age have been produced in the past. The internal data system can provide reports about program completion by site, percent of people with first offenses who were referred for treatment, treatment hours completed of people referred to treatment, and timely payments of the IDRP providers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Substance use, offense dates, length of treatment, substance use disorder diagnosis, impairment, driving under influence, treatment, offense, DMV, Completion Reports, Enrollment rosters, Multiple Offender data, Demographics (age)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Substance Abuse Treatment Information System (SATIS)**

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Health Department, Alcohol and Drug Abuse Programs</th>
<th>Funding Sponsor</th>
<th>Vermont Department of Health’s Alcohol and Drug Abuse Programs (ADAP). Admit and discharge data is required by Substance Abuse and Mental Health Services Administration (SAMHSA) to support the Substance Abuse Prevention and Treatment Block Grant (SAPTBG).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td>Anne VanDonsel</td>
<td>Public Use Data Set</td>
<td>Not Available</td>
</tr>
<tr>
<td>Data Years Available</td>
<td>FY2000 – FY2019</td>
<td>Available Geographies</td>
<td>Includes zip code as a geographic marker</td>
</tr>
<tr>
<td>Frequency</td>
<td>Providers submit data monthly for admissions, services, and discharges provided the previous month. There are data lags of varying amounts when providers are unable to submit as required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td>Three linked tables representing episodes of care provided by ADAP Preferred Providers. <strong>Admission:</strong> Includes demographic information, education, employment, referral source, primary/secondary/tertiary substances, route of administration, frequency of use, age of first use, payment responsibility, income, dependents, social connectedness, pregnant, living arrangement, arrests, diagnosis codes etc., <strong>Service(s):</strong> Dates and types of service – units of service varies by level of care. Payment responsibility. <strong>Discharge:</strong> Discharge date &amp; reason, education at time of discharge, employment, primary/secondary/tertiary substances, route of administration, frequency of use, social connectedness, living arrangement, arrests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population (Units)</td>
<td>Client level service data for people served through the ADAP funded preferred provider system.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>Includes demographic information; collects information that allows evaluation of change between treatment admission and discharge.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Limitations      | • Person level data cannot be linked to other data sources because it doesn’t include full identifying information.  
• Some providers enter data directly into an on-line system, some extract from electronic health records and map their own data. This results in variation in data quality from provider to provider. The information from the on-line SATIS is typically higher quality than extracted data.  
• Limited to direct treatment services funded by ADAP. - excludes medical: spokes, hospitals, private practitioners.  
• Units of service data is unreliable due to changes in unit measures over time.  
• Data are stored in Microsoft Access. |
| Reports          | VDH Performance Scorecard                           | Routine treatment reporting | Alcohol Tobacco and Other Drugs Profile  
SAMHSA's Treatment Episode Data Set (TEDs)  
ADAP internal reporting |
| Indicators for Analysis | Description of the data collected is here (under the treatment section), Service utilization, Trend analysis (by age; gender; substance: alcohol, heroin/opiates, marijuana/hashish), location, Outcomes evaluation, Demographics (age, sex, race/ethnicity, education, income) |
### Universal Development Screening (UDS) Registry

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Vermont Department of Health, Maternal and Child Health Division</th>
<th><strong>Funding Sponsor</strong></th>
<th>Vermont Department of Health, Maternal and Child Health Division</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Janet Kilburn&lt;br&gt;<a href="mailto:janet.kilburn@vermont.gov">janet.kilburn@vermont.gov</a>&lt;br&gt;802-865-1323</td>
<td><strong>Public Use Data Set</strong></td>
<td>Not Available</td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>2017 to present</td>
<td><strong>Available Geographies</strong></td>
<td>State and primary care practice level</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Data is collected ongoing and available immediately</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Registry – manual entry of developmental screening results by multiple, cross-sector users</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>Children up to age six who have received developmental and/or autism screening in Vermont</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Comprehensive and accurate statewide source for developmental screening results</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Registry screening data is not comprehensive yet. Registry use has more than doubled in the past year to over 435 users.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>Help Me Grow Vermont annual report available at: <a href="https://helpmegrowvt.org/our-state-impact">https://helpmegrowvt.org/our-state-impact</a>&lt;br&gt;Primary care practice reports, ACO reports, state and regional user group reports, and individual client reports. Future reports include Healthy Vermonters 2030.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Developmental screening, behavioral screening, and autism screening data</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Who Manages Data</strong></td>
<td>Health Surveillance – Public Health Statistics</td>
<td><strong>Funding Sponsor</strong></td>
<td>CDC’s National Center for Health Statistics</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------------</td>
<td>---------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td>Cindy Hooley - Vital Statistics Information Manager</td>
<td><strong>Public Use Data Set</strong></td>
<td>Not Available</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Cynthia.Hooley@vermont.gov">Cynthia.Hooley@vermont.gov</a> 651-1636</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>Final data for 2017; preliminary data for 2018. <strong>Births:</strong> 1980-current; <strong>Deaths:</strong> 1985-current; ** Abortions and Fetal Deaths:** 1989-current; <strong>Marriages:</strong> 1989-current; <strong>Divorces:</strong> 1989-current; <strong>Civil Unions:</strong> July 1, 2000 – August 30, 2009; <strong>Civil Union Dissolutions:</strong> 2000-current.</td>
<td><strong>Available Geographies</strong></td>
<td>State, County, Health District, Hospital Service Area, Town (for limited items)</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Data is updated almost daily. Final data sets are available within two years following completion of the calendar year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td><strong>Births</strong> are reported via the Electronic Birth Registration System. <strong>Deaths</strong> are reported via the Electronic Death Registration System. <strong>Fetal deaths and abortions</strong> are reported on forms by hospitals, physician offices and clinics. <strong>Marriage</strong> certificates are registered in the issuing town and towns send copies to the Vital Records Office. <strong>Divorce</strong> reports are mailed from the family courts to the Vital Records Office. Marriage, divorce, fetal death and abortion records are entered daily into a MS Access database.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>All events that occur in Vermont. In addition, births and deaths to Vermont residents which occur in other states are sent to the Vital Records Office for use in resident statistics.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Births and deaths are a census of all births and deaths for Vermon ters. There is other information that is collected as part of the birth and death certificate that we can use for analyses and can compare to other states.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Birth and death data may not be considered final for a year or more after the end of the calendar year. Resident data from other states may not be as complete as data collected for Vermont occurrences</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>Vital Statistics Annual Reports; Healthy Vermonters 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>From births: birth weight, prenatal care, smoking during pregnancy, gestational age. From deaths: underlying cause of death, injury statistics, suicides, drug related deaths, marital status at time of death, deaths to veterans, infant deaths, maternal deaths, demographics (age, sex, race/ethnicity, education).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Women Infants and Children (WIC) Database

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Vermont Department of Health, Maternal Child Health Division, Women Infants and Children Program</th>
<th>Funding Sponsor</th>
<th>US Department of Agriculture – Food and Nutrition Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td>Patrick Henry – Public Health Data Analyst <a href="mailto:patrick.henry@vermont.gov">patrick.henry@vermont.gov</a> 802-951-5167</td>
<td>Public Use Data Set</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Amy Malinowski – Public Health Nutrition Specialist <a href="mailto:amy.malinowski@vermont.gov">amy.malinowski@vermont.gov</a> 802-652-4186</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mike Kenny – Public Health Data Analyst <a href="mailto:michael.kenny@vermont.gov">michael.kenny@vermont.gov</a> 802-863-7383</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>Data was previously made available annually.</td>
<td>Design</td>
<td>2002-2011: PNSS and PedNSS were extracted from WIC Management Information System by CDC. 2012-2014: Data were extracted from legacy System1032 database by VDH staff. 2017-2018: Data were extracted from CERES data management system by CDP Inc. 2015 and early 2016 data were entered in both data systems depending on when each local health office made the transition. This data has not been analyzed.</td>
</tr>
<tr>
<td>Population (Units)</td>
<td>Infants and children who participated in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in the calendar year</td>
<td>Strengths</td>
<td>Many years of data, consistent analysis &amp; comparison with national data through 2011, Based on all participating individuals (not a sample).</td>
</tr>
<tr>
<td>Limitations</td>
<td>Not representative of the entire population, analysis methodology changed slightly after 2012, data for 2015 and beyond pulled from a different Management Information System – systematized analysis is a work in progress</td>
<td>Reports</td>
<td><a href="https://www.healthvermont.gov/family/wic/plans-reports">https://www.healthvermont.gov/family/wic/plans-reports</a></td>
</tr>
<tr>
<td>Indicators for Analysis</td>
<td>Through 2011 and from 2017 on analysis included: underweight (age 2 &amp; older), overweight (age 2 &amp; older), obesity (age 2 &amp; older), short stature, anemia, birth weight (low and high), breastfeeding (initiation, duration &amp; exclusivity). For 2012-2014: combined overweight &amp; obesity measure only</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# You First Data Management System (Med-IT)

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Vermont Department of Health, Health Promotion and Disease Prevention, You First Program</th>
<th><strong>Funding Sponsor</strong></th>
<th>Funded by two CDC grants: National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Well-Integrated Screening and Evaluation for Women Across the Nation Program (WISEWOMAN)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Matt Maiberger - Data and Reporting Coordinator <a href="mailto:Matthew.maiberger@vermont.gov">Matthew.maiberger@vermont.gov</a> 802-865-7758</td>
<td><strong>Public Use Data Set</strong></td>
<td>Not Available</td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>Breast and Cervical Cancer Screening Results: 1995 – Present Heart Health Screening Results: 2014 - Present</td>
<td><strong>Available Geographies</strong></td>
<td>State, County, Town of Residence, Zip Code</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Data is collected on an ongoing basis.</td>
<td><strong>Design</strong></td>
<td>Designed to meet the Minimum Data Elements (MDE) grant reporting requirements. Data is collected in the form of enrollment applications completed by the members and provider reports completed by the provider and used to report clinical results paid for by the program.</td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>People who have completed an application and found to be eligible for the program. Eligibility Requirements: Have breasts or a cervix, VT Resident, Age 21 or older, Household income ≤ 250% FPL</td>
<td><strong>Strengths</strong></td>
<td>Primarily used for program administration, monitoring, evaluation, and for grant reporting.</td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Only includes data for women electing to enroll in You First. May not include screening results for services paid for by Medicaid or private insurer.</td>
<td><strong>Reports</strong></td>
<td>MDE data is reported to both grants bi-annually. VT and National NBCCEDP Data: <a href="https://www.cdc.gov/cancer/nbccedp/data/summaries/">https://www.cdc.gov/cancer/nbccedp/data/summaries/</a></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Low-income Vermonters, Breast Cancer Screening, Cervical Cancer Screening, Heart Health Screening, Demographics (age, race/ethnicity, education, income)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Blueprint Vermont Healthcare Claims Reporting and Evaluation System Data Set

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>Data maintained by external vendor (OnPoint Health Data, ME). An analytics group at Onpoint is tasked with doing a variety of analyses for the Blueprint staff using this data set.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Tim Tremblay - Blueprint Data Analyst &amp; Information Chief <a href="mailto:Timothy.tremblay@vermont.gov">Timothy.tremblay@vermont.gov</a> 802-654-8923</td>
</tr>
<tr>
<td><strong>Funding Sponsor</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>2007-2016</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Data in the VHCURES data set is updated as claims are paid and processed. The extract for Blueprint analytics is updated as appropriate (currently every 6 months). Eventually, real-time access through a virtual “work bench” with Onpoint has been discussed to improve access to the data. Data are available one year after collection.</td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Follows same data collection process as the broader VHCURES data set. The Blueprint version of VHCURES has additional value added including a flag for Blueprint practices. There is also additional information about attribution (to either a participating or non-participating Blueprint practice).</td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>Paid claims of Vermont residents. (Same as VHCURES with additional value added).</td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>It is useful for measuring expenditures, and person level information among Vermonters utilizing the health care system.</td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Since this only includes paid claims, we do not have information on what was originally included on the submitted claims or how the claim was adjusted. OnPoint does not share its data cleaning technique, so when numbers do not match broader VHCURES data the reasons cannot be explained.</td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>[Vermont Blueprint for Health Annual Reports](mailto:Vermont Blueprint for Health Annual Reports)</td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Pediatric and adult data, Well-care visits, Developmental screenings, Expenditures; Service utilization (Inpatient, outpatient, mental health, pharmacy), Chronic Disease information (COPD, asthma, heart failure, risk behaviors), Chlamydia screening, breast cancer screening, cervical cancer screening, Alcohol &amp; substance use treatment</td>
</tr>
</tbody>
</table>
# Vermont Uniform Hospital Discharge Data Set (VUHDDS)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>The Health Department, Division of Health Surveillance, Public Health Statistics has an MOU with the Green Mountain Care Board to manage the data.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Sponsor</td>
<td>Green Mountain Care Board</td>
</tr>
<tr>
<td>Contacts</td>
<td>Jeffrey Ross - Public Health Analyst <a href="mailto:Jeffrey.Ross@Vermont.gov">Jeffrey.Ross@Vermont.gov</a> 802-865-7704</td>
</tr>
<tr>
<td>Public Use Data Set</td>
<td>A Public Use Data Set is available upon request to the Green Mountain Care Board <a href="https://gmcboard.vermont.gov/webform/VUHDDS-PUF">https://gmcboard.vermont.gov/webform/VUHDDS-PUF</a></td>
</tr>
<tr>
<td>Data Years Available</td>
<td>1980 - 2017</td>
</tr>
<tr>
<td>Available Geographies</td>
<td>State, County, Hospital Service Area, Health District</td>
</tr>
<tr>
<td>Frequency</td>
<td>The data are updated annually, usually a year after the calendar year ends.</td>
</tr>
<tr>
<td>Design</td>
<td>Data include all discharges submitted by Vermont hospitals to the Vermont Association of Hospitals and Health Systems – Network Services Organization (VAHHS-NSO), which then delivers the data to the Health Department, as contracted with the Green Mountain Care Board.</td>
</tr>
<tr>
<td>Population (Units)</td>
<td>The unit is a hospital inpatient, outpatient, or emergency department discharge/visit.</td>
</tr>
<tr>
<td>Strengths</td>
<td>Census of all Vermont hospital visits including inpatient, outpatient and emergency department, regardless of insurance status or state of residence. Includes up to 20 diagnoses and procedures codes allowing analyses by diagnosis and/or procedures.</td>
</tr>
<tr>
<td>Limitations</td>
<td>The data do not include a person-level indicator which limits analyses of numbers of individuals with chronic conditions. Data include charges, not actual costs. The White River Junction Veterans Administration Medical Center and psychiatric hospitals are not included. Vermont resident discharges from border state hospitals are not currently included.</td>
</tr>
<tr>
<td>Indicators for Analysis</td>
<td>Diagnosis codes (ICD-9-CM/ICD-10-CM), Procedure codes (ICD-9-CM, ICD-10-PCS, CPT), Injury codes, Age, gender, Primary Payer, Charges (distinguished from paid claims)</td>
</tr>
</tbody>
</table>
### Asbestos and Lead Regulatory Program – Auditing Compliance Tool (CLASSACT)

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th><strong>Funding Sponsor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos and Lead Regulatory Program</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Contacts</strong></th>
<th><strong>Public Use Data Set</strong></th>
<th><strong>Not Available</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Danielson – Asbestos and Lead Regulatory Program Manager <a href="mailto:Amy.danielson@vermont.gov">Amy.danielson@vermont.gov</a> 802-865-7784</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Data Years Available</strong></th>
<th><strong>Available Geographies</strong></th>
<th><strong>State, abatement address</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>2001 - present</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Frequency</strong></th>
<th><strong>Program staff update database periodically with data taken from Compliance Inspections of licensed contractor entities, training providers and AHERA schools.</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Design</strong></th>
<th><strong>ClassACT is a Freeware product. The product was developed under USEPA funds for states and tribes to implement their lead programs. The EPA does not make any warranty expressed or implied of the enclosed products. Product support will be handled through the ClassACT Project Officer. This product was developed with assistance from the members of the Consortium of North East States and Tribes (CONEST) and the Mid-Atlantic Regional Environmental Consortium (MAREC).</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Population (Units)</strong></th>
<th><strong>Vermont specific schools (public and Non-Profit) and licensed training providers.</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Strengths</strong></th>
<th><strong>Generate reports for overall report totals. The ability to print as .RTF and .PDF files of compliance inspection report by Inspector. Add new LEAs for AHERA Compliance Inspections.</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Limitations</strong></th>
<th><strong>ClassACT product is limited; not user-friendly for reporting or editing existing reports.</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Reports</strong></th>
<th><strong>EPA - compliance reports</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Indicators for Analysis</strong></th>
<th><strong>Compliance history for both training providers and AHERA, Address specific abatement history</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Services Licensing</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Who Manages Data</strong></td>
<td>EMS Office/DEPRIP</td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td>Ray Walker <a href="mailto:Ray.walker@vermont.gov">Ray.walker@vermont.gov</a> 802-863-7274</td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>2006 – Present (there are some incomplete data back to 1989 that was migrated from the previous database)</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Data are updated daily from applications for agency licenses, personnel licenses, course approval, ambulance licenses; ambulance inspections, investigations and course enrollment.</td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Data are inputted by EMS office staff and obtained in applications for licensure, course approval and managing investigations.</td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>Personnel enrolled in an EMS course, EMS providers, EMS agency leaders, EMS district officials</td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Relational database that tracks all EMS licensing activities, including a student’s progress through the testing process and a provider’s progress through an investigation.</td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Weak reporting capabilities. The database requires all data to be entered by EMS office staff. The data are only as current as was reported on the person’s or agency’s last license application which could be almost two years ago. The system is not connected to any other data system to ensure concurrence of similar data.</td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>The data in this licensing database are only sporadically used in any reports, but there is one quarterly accounting of licensed EMS personnel</td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>EMS Personnel (# providers and license level: EMR, EMT, AEMT, Paramedic), Ambulance Services (Number of services, License Levels: EMT, AEMT, Paramedic), First Responder Services (Number of services), License Levels (EMT, AEMT, Paramedic), Ambulance Vehicles (Number licensed by each service, License Levels: EMT, AEMT, Paramedic), EMS Courses (Number of Courses), Course Levels (EMR, EMT, AEMT, Paramedic), Demographics (age, sex)</td>
</tr>
</tbody>
</table>
### Asbestos and Lead Regulatory Licensing Database (ALRP)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Asbestos and Lead Regulatory Program</th>
<th>Funding Sponsor</th>
</tr>
</thead>
</table>

| Contacts | Amy Danielson – Asbestos and Lead Regulatory Program Manager  
Amy.danielson@vermont.gov  
802-865-7784 | Public Use Data Set | Only publicly available data is licensed contractor list.  
Lead:  
Asbestos:  

| Data Years Available | 1996 - present | Available Geographies | Addresses available for contractors |

| Frequency | Program staff update database daily with data for licensed contractors, entities, and individuals. |

| Design | Access 2003 database built by EPA in 2000, upgraded to Access 2003 (called CERT 2000) used by Vermont to keep track of all licensed individuals and companies wanting to abate asbestos and/or lead from houses, public buildings, commercial building and superstructures like bridges, water tanks, etc.  
Have the ability to print wallet cards and license certificates for individual contractors; and print license certificates for entity contractors. |

| Population (Units) | Individuals and Entity contractor’s data for license holders of the Asbestos and Lead Regulatory Program in VT. Contractors come from mainly New England states but we've had companies from California, Texas, Ohio, New York to name a few. |

| Strengths | Includes citations to individuals and entities that have received unannounced inspections of permitted projects; updated in real-time.  
Generate quarterly reports for Asbestos and Lead licensed contractors. |

| Limitations | This data is Access 2003 format and requires programming language knowledge to repair database.  
Would like to upgrade database to Access 2010 to keep current.  
Access is limited; not user-friendly for reporting or changing existing reports. |

| Reports |  
• VDH Asbestos and Lead Regulatory Program Website  
• EPA required Asbestos & Lead reports |

| Indicators for Analysis | Contractor licensing history, Expiration reports generated |
### Asbestos Regulatory Program – Permitting Database (ASB Permit)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Asbestos and Lead Regulatory Program</th>
<th>Funding Sponsor</th>
</tr>
</thead>
</table>
| Contacts         | Amy Danielson – Asbestos and Lead Regulatory Program Manager  
Amy.danielson@vermont.gov  
802-865-7784 | Public Use Data Set |
| Data Years Available | 1985 - present | Available Geographies |
| Frequency        | Program staff update database daily with data for licensed contractor entities wanting to abate asbestos from a building. |
| Design           | Microsoft Access was used to design a database to document state specific requirements regarding data reporting. Program staff had IT support as well in developing a working system. Over the years, new data fields were added to capture data being requested by State and Federal Stakeholders. Database was used to keep track of all licensed companies wanting to abate asbestos from any type of structure that contained Asbestos. Has the ability to print permit certificates related to project and entity contractor. |
| Population (Units) | Entity contractors provide regulatory data in order to procure a permit to abate asbestos from structures within Vermont. |
| Strengths        | The database is flexible. Its data field, tables and forms can be updated at any time. Generate reports for open permits, field lists to prepare for unannounced inspections, waste management reports. |
| Limitations      | This data is Access 2003 format and requires programming language knowledge to repair database. Access is limited; not user-friendly for reporting or changing existing reports. |
| Reports          | EPA required Asbestos & Lead reports |
| Indicators for Analysis | Citation history, Address specific abatement history |
### Essential Maintenance Practices In-House Registry (EMP Registry)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Asbestos and Lead Regulatory Program</th>
<th>Funding Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td><a href="mailto:empcompliance@vermont.gov">empcompliance@vermont.gov</a> (802)865-7786</td>
<td>Public Use Data Set</td>
</tr>
<tr>
<td>Data Years Available</td>
<td>2006 - present</td>
<td>Available Geographies</td>
</tr>
<tr>
<td>Frequency</td>
<td>Program staff update database daily with data received from property owners/ managers or childcare facility owners/ operators.</td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td>Microsoft Access was used to design a database to document state specific requirements regarding data reporting. Program staff had IT support as well in developing a working system. Over the years, new data fields were added to capture data being requested by State and Federal Stakeholders. Database was used to keep track of all compliance statements or affidavits for rental and childcare properties and EMP trainees, trainers and locations trained. Has the ability to print trainee certificates and related reports for state and federal stakeholders.</td>
<td></td>
</tr>
<tr>
<td>Population (Units)</td>
<td>Contains properties, property owners, property managers, childcare facility owners/operators, EMP trainees and their certificates, compliance statements filed, 30-day reminders before and after expiration date.</td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>At the time of its creation, it was the only storage of rental and childcare property compliance statements needing to be filed every 365-days based on state statute.</td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td>This data is Access 2003 format and requires programming language knowledge to repair database. Access is limited; not user-friendly for reporting or changing existing reports.</td>
<td></td>
</tr>
<tr>
<td>Reports</td>
<td>EPA required Asbestos &amp; Lead reports Vermont Housing &amp; Conservation Board Vermont Healthy Homes</td>
<td></td>
</tr>
<tr>
<td>Indicators for Analysis</td>
<td>Citation history, Address specific abatement history</td>
<td></td>
</tr>
</tbody>
</table>
## Essential Maintenance Practices Online Registry (EMP REGISTRY)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Asbestos and Lead Regulatory Program</th>
<th>Funding Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td><a href="mailto:empcompliance@vermont.gov">empcompliance@vermont.gov</a> (802)865-7786</td>
<td>Public Use Data Set</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Only publicly available data is property search on compliance status: <a href="https://secure.vermont.gov/VDH/emp/CheckEMPStatus.php">https://secure.vermont.gov/VDH/emp/CheckEMPStatus.php</a></td>
</tr>
<tr>
<td>Data Years Available</td>
<td>2013 - present</td>
<td>Available Geographies</td>
</tr>
<tr>
<td>Frequency</td>
<td>Property owners, property managers or childcare facility owners/operators file a compliance statement every 365 days or when a change of tenant at their property(ies) occur.</td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td>Vermont Information Consortium (VIC) developed a registry to contain all properties, property owners, property managers, childcare facility owners/operators, EMP trainees and their certificates, compliance statements filed with EMP inspections and other necessary data fields. Program staff assisted VIC in the developing this registry and processes. Many reporting tools were added for easy reporting out.</td>
<td></td>
</tr>
<tr>
<td>Population (Units)</td>
<td>Contains properties, property owners, property managers, childcare facility owners/operators, EMP trainees and their certificates, compliance statements filed, 30-day reminders before and after expiration date.</td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>Self-reporting. Online lookup of any property within the registry for current compliance statement.</td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td>Registry back end is not accessible by program staff. Registry reports are few and not programmable. Each report must be built by VIC.</td>
<td></td>
</tr>
<tr>
<td>Reports</td>
<td>VDH Asbestos and Lead Regulatory Program Website VT Office of the Attorney General – Lead in Housing</td>
<td></td>
</tr>
<tr>
<td>Indicators for Analysis</td>
<td>Citation history, Address specific abatement history</td>
<td></td>
</tr>
</tbody>
</table>
## Lead Regulatory Program – Permitting Database (Pb PERMIT)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>Asbestos and Lead Regulatory Program</th>
<th>Funding Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td>Amy Danielson – Asbestos and Lead Regulatory Program Manager <a href="mailto:Amy.danielson@vermont.gov">Amy.danielson@vermont.gov</a> 802-865-7784</td>
<td>Public Use Data Set Not Available</td>
</tr>
<tr>
<td>Data Years Available</td>
<td>2005 – present</td>
<td>Available Geographies Abatement address</td>
</tr>
<tr>
<td>Frequency</td>
<td>Program staff update database daily with data for licensed contractor entities wanting to abate Lead from a building.</td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td>Microsoft Access was used to design a database to document state specific requirements regarding data reporting. Program staff had IT support as well in developing a working system. Over the years, new data fields were added to capture data being requested by State and Federal Stakeholders. Has the ability to print permit certificates related to project and entity contractor.</td>
<td></td>
</tr>
<tr>
<td>Population (Units)</td>
<td>Entity contractors provide regulatory data in order to procure a permit to abate Lead from structures within Vermont.</td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>The database is flexible. Its data field, tables and forms can be updated at any time. Generate reports for open permits, field lists to prepare for unannounced inspections, waste management reports.</td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td>This data is Access 2003 format and requires programming language knowledge to repair database. Access is limited; not user-friendly for reporting or changing existing reports.</td>
<td></td>
</tr>
<tr>
<td>Reports</td>
<td>EPA required Asbestos &amp; Lead reports</td>
<td></td>
</tr>
<tr>
<td>Indicators for Analysis</td>
<td>Permit projects history, Address specific abatement history</td>
<td></td>
</tr>
</tbody>
</table>
# USAFoodSafety Database

<table>
<thead>
<tr>
<th><strong>Who Manages Data</strong></th>
<th>VDH Food and Lodging Program USAFoodSafety (USAFS) Database Software hosted by Computer Aid, Inc. (CAI)</th>
<th><strong>Funding Sponsor</strong></th>
<th>Program fees and federal grant funding was used to implement the database.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contacts</strong></td>
<td>Elisabeth Wirsing - Program Manager <a href="mailto:Elisabeth.wirsing@Vermont.gov">Elisabeth.wirsing@Vermont.gov</a> 802-951-0109</td>
<td><strong>Public Use Data Set</strong></td>
<td>Public Portal access: <a href="http://www.healthvermont.gov/health-environment/food-lodging/inspection-reports">http://www.healthvermont.gov/health-environment/food-lodging/inspection-reports</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Online License Renewal access: <a href="https://www.healthvermont.gov/environment/food-lodging">https://www.healthvermont.gov/environment/food-lodging</a></td>
</tr>
<tr>
<td><strong>Data Years Available</strong></td>
<td>May 2016 to present.</td>
<td><strong>Available Geographies</strong></td>
<td>State, County</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Data is collected daily and available to the program and public following real-time or nightly sync processes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Regulatory program licensing data for businesses describes the VDH licenses held and timeframes. Inspection data is generated by Public Health Inspectors conducting food safety and sanitation inspections for compliance with department regulations and statutes. Complaint data is reported by the public or other state agencies and partners and is investigated for observed compliance with health regulations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population (Units)</strong></td>
<td>Business license holders with the Department of Health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td>Data is useful for program analysis, trends in violations, tracking compliance of a licensee.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Data is very specific to the VDH Food and Lodging program regulatory responsibilities. Complaint data is self-reported from the public.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
<td>Data is used for grant reports, program evaluation, public portal for inspection report access, and legislative requests.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators for Analysis</strong></td>
<td>Licensing Information, GIS and address data, payment data for fees processed, inspection data (regulatory code violations), foodborne illness complaints, sanitation complaints</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### eLicense (known as the CAVU system)

<table>
<thead>
<tr>
<th>Who Manages Data</th>
<th>ADS/Vermont Health Department/Board of Medical Practice</th>
<th>Funding Sponsor</th>
<th>Board of Medical Practice</th>
</tr>
</thead>
</table>
| Contacts         | BMP Business Manager: Karen LaFond
|                  | karen.lafond@Vermont.gov
|                  | 802-657-4222
|                  | IT Contact: Karen Clark, ADS-AHS, IT CO Information Technology | Public Use Data Set | Licensee public profile information is available: https://apps.health.vermont.gov/CAVU/Lookup/LicenseLookup.aspx
The public can look up information about medical professionals licensed by the BMP or they can generate a roster of information for specific license types, such as physicians.
If there has been action taken on the license of a medical professional, there will be a link to the action or instructions to contact the office.
Board Action information regarding the public actions taken against licensees is available on our website (the most recent 10 years of actions) or upon request if actions are older than 10 years. |
| Data Years Available | Licensee public profile data available starting year 1921 to the present date. The investigation data, which is confidential per statute, is comprehensive as of the “Go Live” date in 2011 to the present date. | Available Geographies | Licensee data includes the city and state where they practice medicine, which is in Vermont and other states and countries; medical specialty; status of medical licenses – such as suspended, reprimanded, active, etc. |
| Frequency | The data is “real time”, so whenever a change has been made, it will be available the same day. |
| Design | Licensing: This is an on-line application system for licensees and applicants to apply for a medical license or certificate, or make changes to existing accounts. Investigations: this is a case management system that is manually updated. |
| Population (Units) | Physicians, Physicians in Training/Residents, Physician Assistants, Podiatrists, Podiatrists in Training/Residents, Anesthesiologist Assistants, Radiologist Assistants |
| Strengths | • Tracking medical specialties
• Tracking # of medical professionals
• Tracking # of complaints and alleged issues |
| Limitations | • Data is self-reported and we do not currently utilize programs to verify address information to ensure data is entered correctly.
• Internal users do not use the case management portion in a unified manner, so it is not easy to generate reports about complaints and investigations.
• The system is SQL based, so generating reports is not fluid or easy. |
| Reports | • Upon request for legislature
• Upon request for other programs/departments as deemed relevant for use of data. |
| Indicators for Analysis | Professional Medical Licensure; Physicians, Doctors, Physician Assistants, Podiatrists, Anesthesiologist Assistants, Radiologist Assistants; Complaints; Investigations |
Additional Data Sources

The following table contains additional data sources, both Vermont-specific and national, that are not regularly used but could provide useful data.
### Data Source  
National Survey of Children’s Health

**Contact**  
Michael Kenny – Public Health Analyst III

**Phone**  
802-863-7383

**Email**  
Michael.Kenny@vermont.gov

**Description of Data Source**  
The National Survey of Children’s Health (NSCH) provides rich data on multiple, intersecting aspects of children’s lives—including physical and mental health, access to quality health care, and the child’s family, neighborhood, school, and social context. The National Survey of Children's Health is funded and directed by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB).

**Uses of Data Sources**  
An interactive data query is available from the Data Resource Center for Child and Adolescent Health (https://www.childhealthdata.org/browse/survey). “The Data Resource Center takes the results from the NSCH and makes them easily accessible to parents, researchers, community health providers and anyone interested in maternal and child health. Data on this site are for the nation and each of the 50 states plus the District of Columbia. State and national data can be further refined to assess differences by race/ethnicity, income, type of health insurance, and a variety of other important demographic and health status characteristics.” Downloadable data sets and codebooks are also available from the website.

### Data Source
National Survey on Drug Use and Health

**Contact**  
Jeff Trites – Public Health Analyst II

**Phone**  
802-651-1789

**Email**  
Jeffrey.Trites@vermont.gov

**Description of Data Source**  
The National Survey on Drug Use and Health (NSDUH) is a nationally representative survey, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), capturing a variety of substance use and mental health data. This survey measures alcohol, marijuana, and other drug use prevalence, in addition to rates of mental illness and substance use disorders.

**Uses of Data Sources**  
SAMHSA provides estimates for all 50 states and the District of Columbia, which allows for comparisons between Vermont and the rest of the country. These data are used in a variety of Department of Health publications, including “Stimulant Use in Vermont” (https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Data_Brief_StimulantMisuse.pdf) and Marijuana Use in Vermont (https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Data_Brief_Marijuana.pdf). The Department of Health also uses NSDUH data for federal grant reporting and evaluation.

### Data Source
VHCURES

**Contact**  
Kate O’Neill – Director of Data Management, Analysis & Integrity for the Green Mountain Care Board

**Phone**  
802-272-8602

**Email**  
Kathryn.Oneill@vermont.gov

**Description of Data Source**  
VHCURES is Vermont’s all payer claims database. It includes medical and pharmacy claims and eligibility data from private and public insurers. Includes paid claims beginning in Jan. 1, 2007.

**Uses of Data Sources**  
VHCURES provides information on health care utilization and expenditures.
<table>
<thead>
<tr>
<th>Data Source</th>
<th>Consumer Assessment of Healthcare Providers and Systems Medicaid Adult and Children Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>Erin Carmichael – Department of Vermont Health Access Quality Improvement Administrator</td>
</tr>
<tr>
<td>Phone</td>
<td>802-241-0388</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:Erin.Carmichael@vermont.gov">Erin.Carmichael@vermont.gov</a></td>
</tr>
<tr>
<td>Description of Data Source</td>
<td>DVHA contracts with a third-party vendor to conduct both the Children and Adult health plan surveys annually. DVHA sends the vendor a secure sample frame from which to work. Surveys are distributed to members via mail and phone.</td>
</tr>
<tr>
<td>Uses of Data Sources</td>
<td>DVHA is required to calculate and report out on its beneficiaries’ experience of care. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey provides an assessment of health plan performance from a consumer perspective regarding the plan’s services and care delivery system. DVHA’s most recent Adult and Child Experience of Care survey results can be seen here: <a href="https://app.resultsscorecard.com/Scorecard/Embed/10292">https://app.resultsscorecard.com/Scorecard/Embed/10292</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Medicaid Management Information System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>Bekah Kutt – MMIS Compliance Manager</td>
</tr>
<tr>
<td>Phone</td>
<td>802-585-5507</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:Bekah.Kutt@vermont.gov">Bekah.Kutt@vermont.gov</a></td>
</tr>
<tr>
<td>Description of Data Source</td>
<td>The Medicaid Management Information System (MMIS) is an integrated group of procedures and computer processing operations (subsystems) developed at the general design level to meet principal objectives. For Title XIX purposes, &quot;systems mechanization&quot; and &quot;mechanized claims processing and information retrieval systems&quot; is identified in section 1903(a)(3) of the Act and defined in regulation at 42 CFR 433.111. The objectives of this system and its enhancements include the Title XIX program control and administrative costs; service to recipients, providers, and inquiries; operations of claims control and computer capabilities; and management reporting for planning and control.</td>
</tr>
<tr>
<td>Uses of Data Sources</td>
<td>Data is available to specific state users via a web-based Business Intelligence (BI) query tool after completing an initial training with DVHA’s fiscal agent DXC Technologies. There are various subsystems of data housed in the BI tool via “universes”. These include medical claims (institutional and professional); pharmacy claims; provider information; member information (recipient; third party liability (TPL) information; as well as reference information; procedure codes, revenue codes, ICD-10 diagnosis codes, ICD-10 surgical procedure codes, etc. Data is used via a drag and drop interface for variables and condition to retrieve data.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Source</th>
<th>College Health Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Data Source</td>
<td>The College Health Survey was an online survey conducted in 2014 and 2016 among students enrolled in a Vermont Institute of Higher Education. Due to low student response rates this survey has been discontinued.</td>
</tr>
</tbody>
</table>
People can access information about population health status and contributors to health through four primary resources developed by the Vermont Department of Health. These resources include access to various data sources that, in combination, can help to better understand health trends, opportunities for health improvement and current actions for health protection.

Public Health Data Explorer
The Public Health Data Explorer allows users to visualize Healthy Vermonsters 2020 indicators at the state or local level: county, district office area and hospital service area. The Health Department, state government and community partners share responsibility for making changes to improve public health using population indicators, such as smoking prevalence. Where available, this allows for statistical comparisons between local and state data and for tracking trends over time.

Environmental Public Health Tracking
The Environmental Public Health Tracking portal brings together environmental and public health data to help research possible health threats from environmental exposures, such as air pollution and drinking water contaminants. Local, state, regional and national data is available through the Vermont Tracking Network. Funded by the Centers for Disease Control and Prevention as part of the National Environmental Public Health Tracking Program, Vermont’s Tracking program links to comparable information from other states and to national data.

Performance Scorecards
Performance Scorecards allow users to view interactive report cards that show how well Vermont is doing compared to our desired outcomes. There are three groups of scorecards: Healthy Vermonsters 2020, State Health Improvement Plan and Other Topics, including opioids, 3-4-50 and vector, food and waterborne diseases. Each scorecard is made up of multiple indicators, such as percent of households with food insecurity, showing the current value and target value. Programs in the Health Department are responsible for the performance of interventions that may improve health over time.

Social Vulnerability Index
The Social Vulnerability Index interactive tool draws together 16 measures of vulnerability in three themes: socioeconomic, demographic and housing/transportation. Town-level data comes from the American Community Survey and can help identify communities with vulnerable populations.
<table>
<thead>
<tr>
<th>Data Resource Template</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Controller</strong></td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
</tr>
<tr>
<td><strong>Access</strong></td>
</tr>
<tr>
<td><strong>Data Tool Updates</strong></td>
</tr>
<tr>
<td><strong>Reporting Structure</strong></td>
</tr>
<tr>
<td><strong>Population Restrictions</strong></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
</tr>
<tr>
<td><strong>Data Sources Referenced</strong></td>
</tr>
<tr>
<td><strong>Index of Topics</strong></td>
</tr>
</tbody>
</table>
# Performance Scorecard

<table>
<thead>
<tr>
<th>Controller</th>
<th>The Health Department (Planning and Healthcare Quality unit)</th>
<th>Years of Data Included</th>
<th>Indicator trend data begins in 2000 where available and has the most recently available data. Performance measures trends vary depending on the measure but are updated within the last quarter of available data.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td>Jaclyn Holden – Performance Improvement Manager</td>
<td>Geographies Displayed</td>
<td>Statewide (see Public Health Data Explorer – HV2020 for sub-state data)</td>
</tr>
<tr>
<td>Access</td>
<td><a href="https://www.healthvermont.gov/about/performance">https://www.healthvermont.gov/about/performance</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Tool Updates</td>
<td>The performance scorecard is updated on a quarterly basis with performance improvement measures. Indicators on the scorecard are updated as new data becomes available (once a year).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting Structure</td>
<td>The Scorecard reports are structured in a table format with color coding, where green signifies improvement from the previous period, yellow signifies no change from the previous period, and red signifies things are moving in the wrong direction from the previous period. Program owners are programmatic staff that have primary responsibility for scorecard maintenance. Data owners are analytic staff that are responsible for sharing annual updates in surveillance data.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population Restrictions</td>
<td>Surveillance measures are calculated similarly to the corresponding Healthy People measures. This means numbers are age-adjusted and could slightly differ from crude calculations. More information is available in the <em>Story Behind the Curve</em> narratives for each indicator or measure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>This allows public access to performance improvement data, to the Health Department’s Healthy Vermonter Goals, and to other Health Department priorities and frequently requested data. These pages allow for transparency of Health Department goals and activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td>The Scorecard and Data Explorer utilize most of the same data but have different methods for updating. Occasionally the Vermont data on the Scorecard is more recent than the data on the Data Explorer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Sources Referenced</td>
<td>Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behaviors Survey (YRBS), U.S. Census data, Healthcare Workforce Census, Vital Statistics, Pregnancy Risk Assessment Monitoring Survey (PRAMS), Asthma Call Back Survey (ACBS), Vermont Uniform Hospital Discharge Data Set (VUHDDS), Women Infants and Children (WIC) data, Adult Tobacco Survey (ATS), National Survey on Drug Use and Health (NSDUH), School Nurses’ Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Index of Topics</td>
<td>• All of HV2020 (see Public Health Data Explorer – HV2020) • State Health Improvement Plan • 3 behaviors lead to 4 diseases that cause more than 50% of Vermont deaths • Opioids • Vector, food and waterborne diseases</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ALCOHOL & OTHER DRUG USE SCORECARD

The scorecard reflects how well we are doing in preventing/treating alcohol and drug abuse.

% of adults age 65 and older who drink at a level of risk

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

% of adolescents in grades 9-12 who used marijuana in the past 30 days

Data Source: Youth Risk Behavior Survey (YRBS)
| Controller | Vermont Department of Health, Environmental Health CDC, National Environmental Public Health Tracking | Years of Data Included | The Tracking portal includes the most recent publicly available data for each indicator; years of data included vary by indicator but are generally available for the period 2000-2017 with more recent data available for several datasets. |
| Contacts | David Grass [David.Grass@vermont.gov](mailto:David.Grass@vermont.gov) 802-951-4064 | Geographies Displayed | State, County, Sub-County (Town, Towns, Census Tract or Census Tracts) |
| Access | The Public Health Data Explorer is accessible via the Tracking Website: [http://www.healthvermont.gov/tracking](http://www.healthvermont.gov/tracking) | Data Tool Updates | The Tracking portal is updated approximately three times per year depending on availability of new data and software tools. |
| Reporting Structure | Tables, charts, and maps are presented for various environmental exposures (e.g. air, drinking water) and for health outcomes that may be related to environmental exposures (e.g. cancer, childhood blood lead levels). There are a variety of indicators, some focusing on trends and some focusing on within-state geographic comparison (with error bars); additional stratification (age, sex, etc.) is available where allowed by data stewards. Tracking participates in two CDC data calls per year submitting Vermont data not otherwise available to the federal government (e.g. birth defects, childhood lead poisoning) for display on the National portal as well as on the Vermont portal. | |
| Population Restrictions | Nationally consistent measures are calculated per CDC definition using specified population denominators. Some indicators overlap with HV2020, but case definitions and population restrictions vary meaning EPHT crude and age-adjusted rates may differ slightly from HV2020 rates. | |
| Strengths | The Tracking Program supports both Tracking data, Health Vermonters data, and Community Profile Reports. Twenty-five states plus New York City provide standardized data to the National Tracking network allowing comparison to Vermont data. Vermont-specific measures include Standardized Incidence Ratios for specific cancers, the Blue Green Algae Tracker and the Tick Tracker. | |
| Limitations | The software that supports the Public Health Data Explorer query tool and data reports, Instant Atlas Server, is no longer supported by the developer. Tracking data and the query tool functionality need to be migrated to a new data visualization system as soon as possible. | |
| Data Sources Referenced | • BRFSS  • Vermont Cancer Registry  • VUHDDS  • U.S. Census  • Vital Statistics | |
| Index of Topics | Full Inventory: [https://www.healthvermont.gov/sites/default/files/documents/pdf/ENV_EPHT_DataInventory.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/ENV_EPHT_DataInventory.pdf) |
Radon Risk in Vermont

A series of maps showing long-term residential in-air radon test results from 1994-2016.

Radon in Relation to Geology

Elevated Radon Results (by Town)

Radon is a naturally occurring radioactive gas that is estimated to kill 50 Vermonters a year due to radon-related lung cancer. Unless it is tested for, there is no way of knowing if radon is present in a home. Homes with elevated radon levels are found throughout the state. The average level of radon in Vermont homes is 2.3 picocuries per liter (pCi/L), compared to the national average of 1.3 pCi/L. All homes should be tested.

This map shows the percentage of tested homes with elevated radon results in each
## Public Health Data Explorer – Healthy Vermonter 2020 (HV2020)

| Controller | The Health Department (Planning and Healthcare Quality Unit) | Years of Data Included | Healthy Vermonters goals trend data begins in 2000 where available and has the most recently available data within the last 6 months. |
| Contacts | Elise Symer | Geographies Displayed | State, County, Hospital Service Area, District |
| Contacts | Elise.Symer@vermont.gov | 802-951-5808 |  |
| Data Tool Updates | Data is updated two times a year. All newly available data is added during each update. | Reporting Structure | The Data Explorer visualizes the over 130 HV2020 indicators using maps, tables, and trends of regional and statewide data. You can view a map for each year of data and a trend graph that shows the state trend and the trend in a selected region. Map, table, and trend graphs all reflect the same data. Community profiles display data points for a specific geography. Currently there are four community profiles reflecting Department priorities. These are a mix of HV2020 indicators and other indicators. |
| Population Restrictions | Surveillance measures are calculated similarly to the corresponding Healthy People measures. This means numbers are age-adjusted and could slightly differ from crude calculations. More information is available in the Data Notes section of the Maps and Trends pages. | Strengths | Allows public access to local and trend data of the Health Department’s Healthy Vermonter Goals. These pages allow for transparency of Health Department goals and activities. |
| Limitations | At this time data the HV2020 data is presented by measure, and all regional subgroup information is presented together on one page. Only a few select indicators are viewable for a given region in one location. | Data Sources Referenced | • Behavioral Risk Factor Surveillance System (BRFSS)  
• Youth Risk Behaviors Survey (YRBS)  
• U.S. Census data  
• Healthcare Workforce Census  
• Vital Statistics  
• Pregnancy Risk Assessment Monitory Survey (PRAMS)  
• Asthma Call Back Survey (ACBS)  
• Vermont Uniform Hospital Discharge Data Set (VUHDDS)  
• Women Infants and Children (WIC) data  
• Adult Tobacco Survey (ATS)  
• National Survey on Drug Use and Health (NSDUH)  
• School Nurses’ Report  |
| Index of Topics | • Access to Health Services  
• Arthritis & Osteoporosis  
• Cancer  
• Diabetes & Chronic Kidney Disease  
• Early Childhood Screening  
• Environmental Health & Food Safety  
• Family Planning  
• Heart Disease & Stroke  
• HIV & STD  
• Immunization & Infectious Disease  
• Injury & Violence Prevention  
• Maternal & Infant Health  
• Mental Health  
• Nutrition & Weight Status  
• Older Adults  
• Oral Health  
• Physical Activity  
• Public Health Preparedness  
• Respiratory Diseases  
• School Age Health  
• Social Determinants of Health  
• Substance Abuse  
• Tobacco Use |
Tobacco Use

Percent of adolescents in grades 9-12 who smoke cigarettes; YRBS, 2017

*This is a Healthy Vermonters 2020 objective

<table>
<thead>
<tr>
<th>Counties (2017)</th>
<th>Indicator Value</th>
<th>Statistically Compared to State</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDISON</td>
<td>9.0</td>
<td>Same</td>
</tr>
<tr>
<td>BENNINGTON</td>
<td>9.1</td>
<td>Same</td>
</tr>
<tr>
<td>CALEDONIA</td>
<td>9.9</td>
<td>Same</td>
</tr>
<tr>
<td>CHITTENDEN</td>
<td>6.5</td>
<td>Better</td>
</tr>
<tr>
<td>ESSEX</td>
<td>17.0</td>
<td>Worse</td>
</tr>
<tr>
<td>FRANKLIN</td>
<td>8.6</td>
<td>Same</td>
</tr>
<tr>
<td>GRAND ISLE</td>
<td>9.9</td>
<td>Same</td>
</tr>
<tr>
<td>LAMOILLE</td>
<td>10.7</td>
<td>Same</td>
</tr>
<tr>
<td>ORANGE</td>
<td>10.1</td>
<td>Same</td>
</tr>
<tr>
<td>ORLEANS</td>
<td>12.7</td>
<td>Worse</td>
</tr>
<tr>
<td>RUTLAND</td>
<td>9.9</td>
<td>Same</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td>10.3</td>
<td>Same</td>
</tr>
<tr>
<td>WINDHAM</td>
<td>10.1</td>
<td>Same</td>
</tr>
<tr>
<td>WINDSOR</td>
<td>8.0</td>
<td>Same</td>
</tr>
</tbody>
</table>

INSTRUCTIONS: This webpage is interactive. To sort, click table column headings. To display data on the TREND chart, select the table, map, or legend (ctrl-click for multiple selections). To watch a slideshow of changes over time, click play on the ANIMATION bar below.

**About this indicator**

Survey Question: Students who answered '1 or more' to, "During the last 30 days, on how many days did you smoke cigarettes?"
**Social Vulnerability Index (SVI)**

| Controller | Vermont Department of Health, Environmental Public Health Tracking and Health Surveillance GIS | Years of Data Included | 2011-2015 |
| Contacts | Daniel Jarvis, PhD – GIS Manager [Daniel.Jarvis@vermont.gov](mailto:Daniel.Jarvis@vermont.gov) 802-461-6112 | Geographies Displayed | Census Tract |
| Access | [https://ahs-vt.maps.arcgis.com/apps/MapSeries/index.html?appid=9478be15d6d4410f8eef8d420711310b](https://ahs-vt.maps.arcgis.com/apps/MapSeries/index.html?appid=9478be15d6d4410f8eef8d420711310b) | Data Tool Updates | The tool has been updated once since the SVI's creation (2 years after the original). ACS data uses 5 years combined and is released annually. |
| Reporting Structure | This SVI draws together 16 different measures of vulnerability in three different themes: socioeconomic vulnerability, demographic vulnerability, and housing/transportation vulnerability. For every measure, census tracts above the 90th percentile, or the most vulnerable 10%, are assigned a flag. The overall vulnerability index is created by counting the total number of flags in each census tract. Each SVI measure map is displayed with 6 classes of data. These 6 classes are broken into quantiles, meaning each class has the same number of census tracts. In this way, the three lower classes are below the state median and the three higher classes are above the state median. Census Tracts with a Relative Standard Error of 30% or higher were marked with a caution symbol. Due to high uncertainty, these values should be considered with caution. | Population Restrictions | ACS data is collected by the US Census. Five-year combined data is used to create population and demographic estimates at the census tract level. |
| Strengths | Planning tool to evaluate the relative vulnerability of populations in different parts of the state. It can be consulted in the event of an emergency, either natural or man-made, to identify populations that may need more assistance. | Limitations | It is important to remember that this Social Vulnerability Index is just a first step in screening for populations that may be more or less vulnerable. Depending on the situation, different measures could be more or less important and should be looked at more closely. Lastly, local information might be more accurate than these estimates and should always be considered if it is available. |
| Data Sources Referenced | American Community Survey (ACS) | Index of Topics | Socioeconomic: poverty, unemployment, per capita income, education, health insurance. Demographic: children, elderly, disability, single parent, minority, limited English. Housing/Transportation: large apartment buildings, mobile homes, crowding, no vehicle, group quarters. |
Social Vulnerability Index (SVI)

Screenshot Example

Vermont Social Vulnerability Index (SVI)
*based upon 2011-2015 American Community Survey data

This map shows: the number of vulnerability measures above the 90th percentile for Vermont census tracts. For each of the vulnerability measures, census tracts in the 90th percentile of vulnerability were assigned a flag. This SVI exhibits the sum of all flags for each census tract. There are a total of 16 measures in the SVI.

For More Information (PDF) About the SVI...
For More Information (Video) About the SVI...

View maps showing individual SVI Measures:
Socioeconomic Theme
Demographic Theme
Housing/Transportation Theme

Vermont has 183 populated census tracts. These are divided into 6 groups by vulnerability measure flags:
- 57 tracts have 0 flags
- 48 tracts have 1 flag
- 37 tracts have 2 flags
- 17 tracts have 3 flags
- 10 tracts have 4 flags
- 3 tracts have 5 flags
- 5 tracts have 6 flags
- 4 tracts have 7 flags
- 1 tract has 8 flags
- 1 tract has 9 flags

The darker blue categories on this map are census tracts where there are more flagged socioeconomic variables, while the lighter yellow categories have fewer flags.