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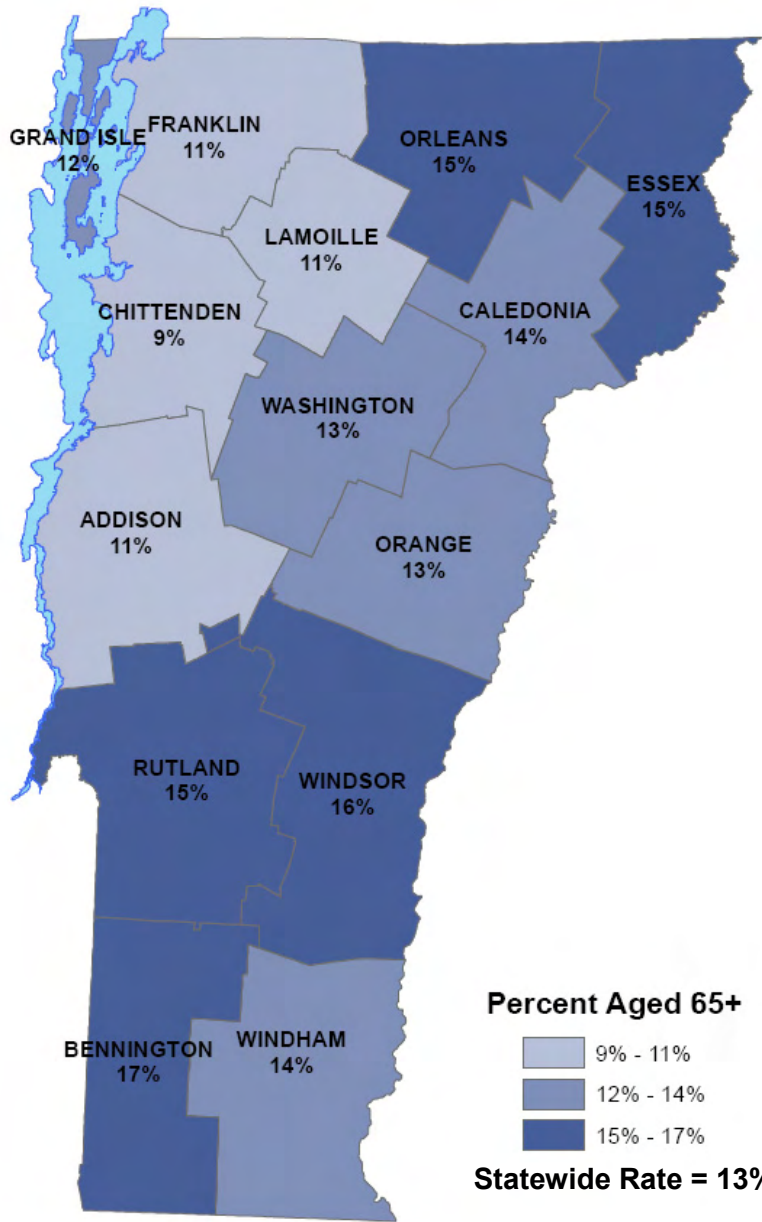
[HealthVermont.gov](https://www.healthvermont.gov)

Vermont Department of Health 108 Cherry Street, PO Box 70, Burlington, Vermont 05402

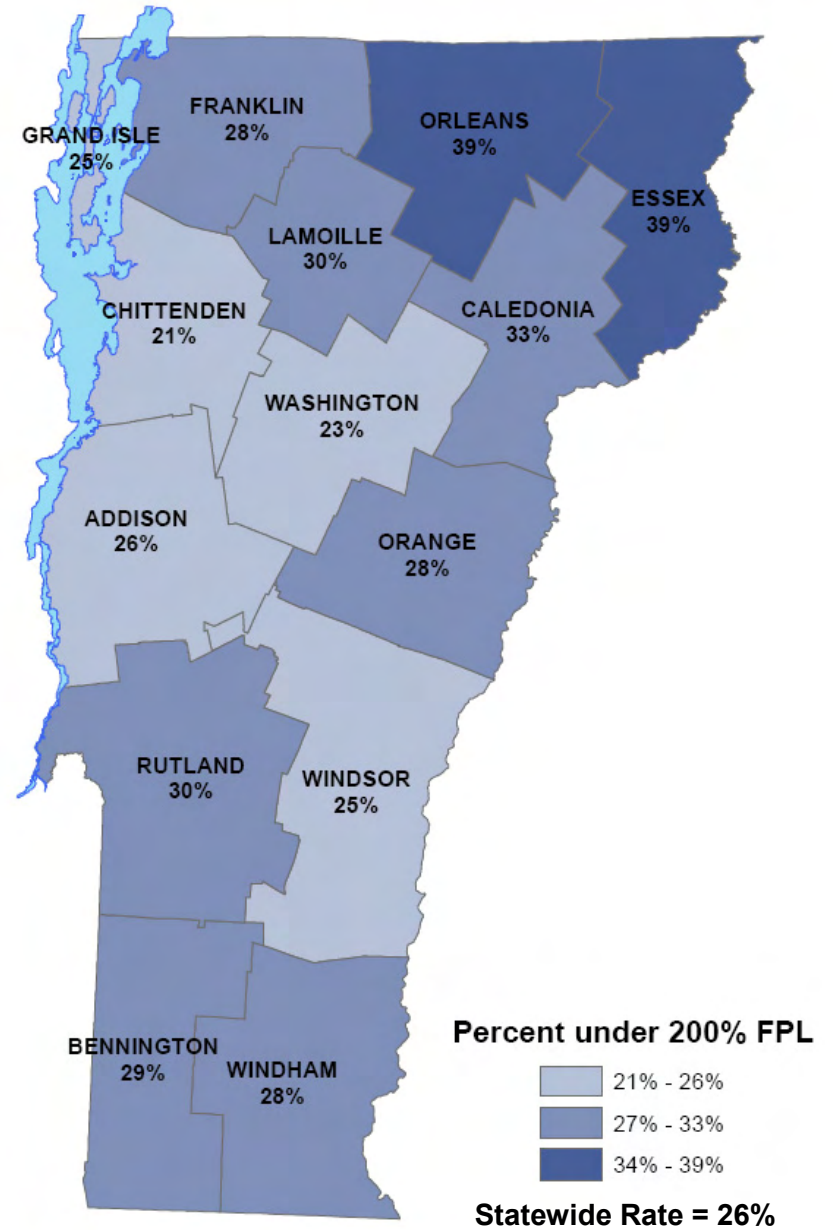
County-Level Data

2000 Census	Statewide	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
Total Population	608,827	35,974	36,994	29,702	146,571	6,459	45,417	6,901	23,233	28,226	26,277	63,400	58,039	44,216	57,418
Age															
< than 18	24%	25%	24%	25%	24%	26%	28%	25%	24%	26%	25%	23%	24%	24%	23%
18 – 24	9%	13%	8%	9%	13%	7%	7%	6%	10%	8%	7%	8%	9%	7%	6%
25 – 44	29%	27%	26%	26%	32%	27%	31%	29%	30%	28%	27%	28%	29%	28%	27%
45 – 64	25%	24%	26%	25%	22%	26%	23%	29%	25%	26%	26%	26%	26%	27%	28%
65 – 84	11%	10%	14%	13%	8%	14%	10%	12%	10%	11%	13%	13%	11%	12%	14%
85 +	2%	1%	2%	2%	1%	1%	1%	1%	2%	1%	2%	2%	2%	2%	2%
Gender															
Female	49%	49%	48%	49%	49%	50%	50%	50%	50%	50%	50%	49%	49%	49%	49%
Male	51%	51%	52%	51%	51%	50%	50%	50%	50%	50%	50%	51%	51%	51%	51%
Education															
< HS	14%	14%	15%	18%	10%	26%	18%	17%	13%	16%	22%	16%	12%	14%	13%
HS Grad	32%	33%	34%	37%	23%	46%	42%	34%	30%	38%	41%	35%	32%	33%	32%
Some College	27%	28%	26%	24%	31%	19%	25%	26%	28%	24%	22%	27%	27%	25%	26%
College Grad	27%	26%	25%	20%	36%	10%	15%	24%	28%	22%	15%	21%	29%	28%	29%
Race															
White, Non-Hisp	96%	96%	97%	97%	94%	96%	96%	97%	97%	98%	97%	98%	96%	96%	97%
Racial/Ethnic Minority	4%	4%	3%	3%	6%	4%	4%	3%	3%	2%	3%	2%	4%	4%	3%
Median Income	\$40,856	\$43,142	\$39,926	\$34,800	\$47,673	\$30,490	\$41,659	\$43,033	\$39,356	\$39,855	\$31,084	\$36,743	\$40,972	\$38,204	\$40,688
% FPL															
< 100%	9%	8%	9%	12%	8%	14%	9%	8%	9%	9%	14%	11%	8%	9%	8%
100% -- 149%	8%	7%	8%	10%	5%	12%	9%	8%	10%	9%	13%	9%	7%	10%	8%
150% -- 199%	9%	9%	11%	10%	6%	13%	10%	9%	11%	9%	11%	10%	8%	9%	10%
200% or More	71%	69%	68%	64%	75%	61%	71%	75%	68%	71%	59%	68%	74%	70%	74%



Percent of Vermont Population Aged 65+







Percent of Vermont Population Under 200% of Federal Poverty Level





Percentages in maps may not correspond exactly to those in table on previous page due to rounding.



	Goal	Statewide	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
<i>NA = Data Unavailable by County</i> <i>-- = Insufficient Sample Size</i>  = Statistically Better than Statewide  = Statistically Worse than Statewide																
Access to Care																
Increase the % of adults with health insurance	100	86	88	84	83	90	85	87	84	87	83	81	85	88	84	88
Increase the % of youth (under age 18) with health insurance	100	95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of adults with a usual primary care provider	85	87	90	88	85	86	79	87	84	88	82	83	85	86	86	84
Increase the % of schools that provide school health education on tobacco use and addiction	95	96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of schools that provide school health education on alcohol and other drug use	95	98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of schools that provide school health education on unintended pregnancy, HIV/AIDS, and STD infection	95	95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Alcohol and Drug Abuse																
Reduce alcohol-related motor vehicle deaths (rate per 100,000)	4.8	4.5	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Reduce the % of youth who engage in binge drinking ⁱ	3.2	25	25	27	30	26	31	25	27	29	27	29	30	26	32	27
Reduce the % of youth who use marijuana	0.7	25	25	27	25	26	20	23	23	26	26	27	31	25	31	27
Reduce the % of youth who use alcohol before age 13	0	21	20	19	26	15	29	22	21	21	27	29	19	20	23	22



NA = Data Unavailable by County -- = Insufficient Sample Size  = Statistically Better than Statewide  = Statistically Worse than Statewide	Goal	Statewide	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
Arthritis and Osteoporosis																
Increase the % of adults with chronic joint symptoms who have seen a health care provider for their symptoms ⁱⁱ	61	72	76	77	68	75	71	64	82	76	67	71	72	70	70	76
Reduce the % of adults with doctor-diagnosed arthritis who are limited in their ability to work for pay due to their arthritis ⁱⁱ	23	31	39	38	34	20	--	37	--	46	28	40	35	34	42	29
Increase the % of obese or overweight adults with dr-diagnosed arthritis who receive HCP counseling on weight reduction	46	31	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of adults with dr-diagnosed arthritis who receive health care provider counseling on physical activity or exercise ⁱⁱⁱ	67	58	52	58	53	55	--	51	--	--	46	70	59	68	62	66
Increase the % of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education	13	12	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of adults with disabilities reporting sufficient emotional support	79	72	72	64	73	79	66	72	79	68	68	68	63	70	70	72
Cancer																
Increase the % of women age 40+ who have had a mammogram in the preceding two years ^{iv}	70	77	78	77	73	77	71	76	74	77	80	79	75	83	68	77
Increase the % of adult women who have had a Pap test in the preceding three years ^{iv}	90	83	87	84	85	86	80	86	87	85	85	83	83	88	83	82
Increase the % of adults age 50+ who have had a fecal occult blood test (FOBT) in the past two years ^v	33	32	38	40	34	40	26	42	35	37	47	44	28	26	40	38
Increase the % of adults age 50+ who have ever had a sigmoidoscopy or colonoscopy ^v	50	59	58	62	52	65	52	55	59	66	54	54	52	54	50	53
Increase the % of adults who follow protective measures that may reduce the risk of skin cancer	85	76	--	--	--	--	--	--	--	--	--	--	--	--	--	--

	Goal	Statewide	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
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Diabetes																
Reduce diabetes-related deaths (per 100,000 people) ^{vi}	46	91	109	83	105	92	102	101	78	106	86	110	81	97	88	76
Reduce hospitalization rates for uncontrolled diabetes among adults 18-64 years old (rate per 10,000)	5.4	3.4	2.7	3.3	4.1	2.5	2.8	2.9	5.0	3.0	2.8	5.4	4.5	3.5	3.1	10.1
Increase the % of adults with diabetes receiving diabetes education	60	56	53	74	45	52	58	65	72	49	55	50	60	46	64	38
Increase the % of adults with diabetes who have an annual dilated eye exam	76	72	64	63	42	74	--	62	--	59	65	69	71	66	69	59
Increase the % of adults with diabetes who have an A1C measurement at least twice / year	65	69	63	83	73	68	--	79	--	76	56	68	71	73	82	79
Increase the % of adults with diabetes who have at least an annual foot exam	91	75	80	85	59	79	--	65	--	64	65	67	79	64	78	60
Increase the % of adults with diabetes who report having an influenza vaccination in the past 12 months	72	46	48	66	74	61	--	41	--	41	45	48	50	50	38	51
Increase the % of adults with diabetes who report ever having a pneumonia vaccination	60	46	41	50	70	43	--	36	--	48	36	39	44	53	46	37
Increase the % of adults with diabetes who have had their cholesterol measured at least once in the past year ^{vii}	75	72	60	77	74	90	--	77	--	--	--	77	63	87	96	51
Environmental Health and Food Safety																
Increase the % of adults who live in homes tested for radon ^{vi}	20	22	17	19	20	25	18	17	17	19	20	16	18	23	23	20
Increase the % of the population on community public water systems whose drinking water meets safe standards	95	95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Eliminate elevated ($\geq 10\mu\text{g/ml}$) blood lead levels in children, ages 1-5 ^{viii}	0	3	3	4	5	3	--	3	--	1	6	2	4	3	5	4
Increase the % of 1-year-olds who received a blood lead test ^{viii}	100	77	86	72	66	67	69	57	69	82	67	55	81	69	75	58

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Increase the % of 2-year-olds who received a blood lead test ^{viii}	100	38	44	30	42	24	39	27	23	45	34	60	50	26	51	38
Heart Disease and Stroke																
Reduce coronary heart disease deaths (rate per 100,000) ^{vi}	162	138	150	128	169	159	191	219	226	151	169	189	165	147	153	135
Reduce stroke deaths (rate per 10,000) ^{vi}	50	44	50	58	48	42	--	41	--	47	49	44	60	61	42	53
Reduce the % of adults with high blood pressure ^{ix}	14	23	22	24	25	21	22	26	20	20	24	23	22	22	20	22
Increase the % of adults who have had their blood cholesterol checked within the preceding 5 years ^x	80	74	73	78	73	78	75	77	76	78	73	71	73	77	73	72
HIV/AIDS, STDs, and Hepatitis C																
Increase the % of sexually active unmarried females aged 18 to 44 years who use condoms	50	42	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of sexually active unmarried males aged 18 to 44 who use condoms	54	50	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of youth in grades 9-12 who never had sexual intercourse ⁱ	56	59	58	52	49	60	51	53	56	52	51	48	49	58	52	58
Increase the % of sexually experienced youth in grades 9-12 who are not currently sexually active ⁱ	30	24	27	19	27	24	27	24	26	24	30	24	25	22	25	22
Increase the % of currently sexually active youth in grades 9-12 who used a condom the last time they had sex ⁱ	65	65	66	65	66	67	82	67	74	61	65	65	65	65	58	62

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Immunization and Infectious Disease																
Increase the % of children (age 19-35 months) who receive universally recommended vaccines (4:3:1:3:3)	80	82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of children (age 19-35 months) who receive one or more doses of varicella vaccine at or after 12 mos	90	69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of non-institutionalized adults age 65+ who receive annual influenza immunizations	90	66	72	76	67	76	59	63	62	73	64	73	65	75	74	68
Increase the % of non-institutionalized adults age 65+ who have ever been vaccinated against pneumococcal disease	90	67	63	76	66	69	55	61	64	67	59	68	66	67	70	65
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Hib B (age < 5)	0	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Measles	0	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Rubella	0	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Hepatitis B (ages 2-18)	0	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Pertussis (age < 7)	4	21	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of children under age 6 who have two or more vaccinations recorded in the Vermont Immunization Registry ⁱ	90	72	68	83	96	57	81	96	78	59	71	94	79	64	78	51
Reduce pneumonia/influenza hospitalizations among adults age 65+ (rate per 10,000)	8.0	16.1	8.7	21.0	9.9	6.3	14.2	8.5	4.4	20.5	16.2	12.9	13.9	11.3	12.3	15.6

NA = Data Unavailable by County -- = Insufficient Sample Size  = Statistically Better than Statewide  = Statistically Worse than Statewide	Goal	Statewide	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
Injury and Violence																
Reduce residential fire deaths (per 100,000 persons)	0.2	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce maltreatment of children (per 10,000)	10.3	67.6	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce the rate of physical assault by current or former intimate partners (per 1,000)	3.3	1.5	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce work-related injuries resulting in medical treatment, lost time, or restricted work activity (per 100 full-time workers)	4.3	6.1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase use of safety belts among adults	92	85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase use of safety belts among youth in grades 9-12 ⁱ	92	83	85	79	74	88	72	78	87	83	78	76	81	82	80	83
Maternal and Child Health																
Reduce infant (within 1 year) deaths (per 1,000 live births)	4.5	4.4	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Reduce the % of low birth weight births (≤ 5.5 lbs) ^{vi}	5.0	6.4	5.1	6.7	6.1	6.5	7.7	6.9	8.1	6.9	6.8	5.2	6.8	6.1	5.7	6.5
Reduce the % of very low birth weight births (≤ 3.3 lbs)	0.9	0.9	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of pregnant women who receive prenatal care in the first trimester (3 months) ^{xi}	90	90	89	91	89	91	88	93	91	89	92	90	86	90	87	88
Increase the % of pregnant women who receive early and adequate prenatal care ^{xii}	90	89	87	88	87	91	85	91	--	88	87	88	85	83	89	87
Reduce pregnancies among adolescent females aged 15-17 (per 1,000) ^{vi}	43.0	15.8	11.5	22.3	13.9	18.8	--	18.4	--	17.5	13.1	17.6	21.0	18.4	21.7	13.6

	Goal	Statewide	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
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Mental Health																
Reduce suicide deaths (rate per 100,000) ^{vi}	4.8	14.0	12.1	8.5	12.7	12.7	24.5	11.5	14.1	11.4	18.1	14.0	12.9	13.2	13.7	15.6
Reduce suicide attempts (%) by youth in grades 9-12 ⁱ	1	2	2	2	2	2	--	2	--	1	2	2	2	2	3	2
Oral Health																
Increase the % of the population served by community public water systems having optimally fluoridated water	75	56	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of adults who use the dental health care system each year ^v	56	73	74	72	72	77	63	75	77	74	67	70	74	75	72	76
Increase the % of dentists who counsel patients about quitting smoking ^{xiii}	85	35	30	20	31	31	--	31	--	32	36	22	30	27	33	30
Reduce the % of children (aged 6-8) with untreated dental decay	21	16	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of children (aged 8) who get dental sealants	50	64	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce the % of children (aged 6-8) with dental caries experience (decay) in primary and permanent teeth	42	40	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Overweight and Obesity																
Reduce the % of adults (aged 20+) who are obese	15	21	22	19	20	17	18	24	18	20	20	21	22	20	19	18
Decrease the % of youth in grades 9-12 who are overweight or obese (BMI ≥ 95th percentile for age) ⁱ	5	10	12	12	11	8	24	14	20	15	12	14	13	9	12	12
Decrease the % of WIC participants (aged 2-5) who are over a healthy weight (BMI ≥ 95th percentile for age)	5	12	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase food security (having enough food to eat and enough money to buy food) to reduce hunger ^{xv}	94	91	92	93	89	93	88	94	--	93	94	90	91	92	91	93

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Physical Activity and Nutrition																
Increase the % of adults that engage in recommended amounts of moderate or vigorous physical activity	50	58	56	59	58	56	52	47	64	62	57	57	54	57	57	58
Increase the % of youth in grades 9-12 that engage in 30 minutes of moderate physical activity, 5+ times per week ⁱ	35	27	30	25	30	24	31	30	23	30	28	31	31	29	28	31
Decrease the % of adults with no leisure time physical activity	20	19	18	20	21	15	21	25	16	18	20	24	21	18	17	17
Decrease the % of youth in grades 9-12 who watch TV or use the computer 5+ hours per day ⁱ	8	10	10	11	9	9	8	10	15	9	10	10	10	9	11	10
Increase the % of adults who eat 2+ daily servings of fruit ⁱⁱ	75	39	44	40	36	42	35	37	35	45	40	36	35	38	42	41
Increase the % of youth in grades 9-12 who eat 2+ daily servings of fruit ⁱ	75	37	40	35	36	38	39	30	34	41	32	33	32	40	35	38
Increase the % of adults who eat 3+ daily servings of vegetables ⁱⁱ	50	31	31	30	24	33	26	26	31	36	33	29	28	30	34	32
Increase the % of youth in grades 9-12 who eat 3+ daily servings of vegetables ⁱ	50	14	16	16	14	15	12	11	14	16	16	15	13	18	15	17
Respiratory Diseases																
Reduce COPD deaths among people 45 and older (rate per 100,000) ^{vi}	62.3	123	108	174	138	126	186	139	230	114	164	40	133	108	116	104
Reduce asthma hospitalizations among people under age 18 (rate per 10,000)	17.3	9.1	3.3	8.9	17.0	5.5	5.2	3.2	3.5	3.9	6.4	14.4	12.0	3.0	11.1	12.6
Reduce the % of children under age 18 who are regularly exposed to tobacco smoke at home	10	11	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Reduce the % of adults exposed to smoke in their home during the past 7 days ^{iv}	10	15	20	22	22	13	23	20	17	18	23	20	21	18	16	14
Increase the % of adults with asthma who receive formal patient education	30	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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Increase the % of adults with asthma who receive written asthma management plans from their health care provider ^{iv}	38	23	33	30	32	24	--	23	--	31	24	27	25	25	18	17
Tobacco																
Reduce the % of adults who smoke cigarettes	12	20	19	21	23	17	26	24	17	19	21	25	24	21	20	21
Reduce the % of youth in grades 9-12 who smoke cigarettes ⁱ	16	18	20	25	27	16	36	20	17	22	26	28	27	18	23	19
Reduce the % of youth in grades 9-12 who use spit tobacco ⁱ	1	8	7	13	11	4	9	9	6	8	15	14	10	9	12	7
Reduce the % of youth in grades 9-12 who smoke cigars, cigarillos, and little cigars ⁱ	8	12	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of adult smokers who attempt to quit	75	53	50	58	54	52	47	46	68	60	54	49	55	55	53	55
Increase the % of pregnant women who quit smoking during the first trimester (3 months) of pregnancy ^{vi}	30	29	24	28	23	32	25	22	29	13	21	19	25	19	37	32
Increase the % of smokers with children who prohibit smoking in their home	70	66	59	37	45	63	--	65	--	61	52	47	55	58	52	51
Increase the % of smokers with children who prohibit smoking in their car when children are present	75	72	69	62	66	74	--	71	--	68	66	61	66	67	59	70

Statewide rates are based on the most current single year of data.
County rates are for combined years 2001-2005 unless otherwise noted:

- ⁱ = 2005 only
- ⁱⁱ = 2002, 2003, 2005
- ⁱⁱⁱ = 2003 only
- ^{iv} = 2002-2005
- ^v = 2002, 2004

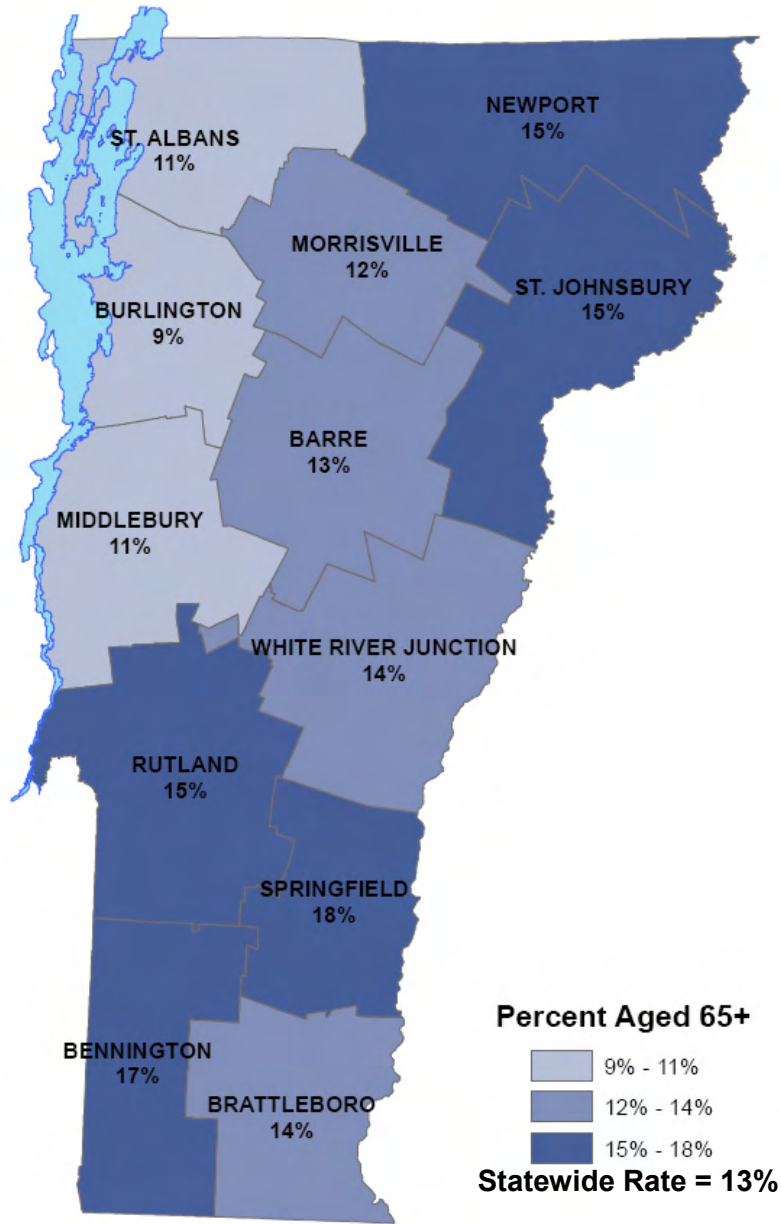
- ^{vi} = 2000-2004
- ^{vii} = 2001, 2003, 2005
- ^{viii} = 2004-2005
- ^{ix} = 2003, 2005
- ^x = 2001, 2003, 2005

- ^{xi} = 2003-2004
- ^{xii} = 2002-2004
- ^{xiii} = 2001, 2003-2005
- ^{xiv} = 2001, 2004-2005
- ^{xv} = 2001-2004

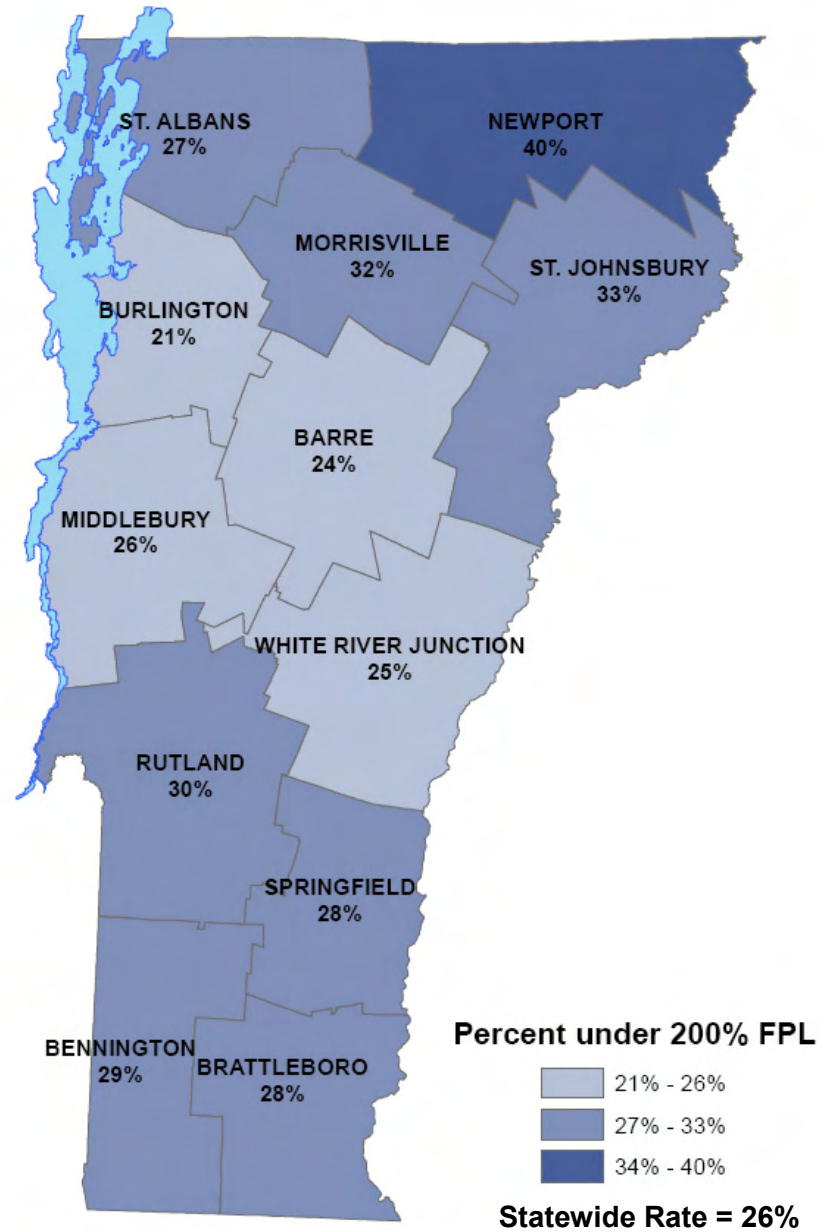
District Office– Level Data

2000 Census	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Rutland	Springfield	St. Albans	St. Johnsbury	White River Junction
Total Population	608,827	64,883	36,994	36,221	146,559	35,759	29,307	27,449	63,627	34,285	52,318	29,724	51,701
Age													
< than 18	24%	24%	24%	24%	24%	25%	25%	25%	23%	23%	28%	25%	25%
18 – 24	9%	9%	8%	7%	13%	13%	9%	7%	8%	6%	7%	9%	7%
25 – 44	29%	29%	26%	28%	32%	27%	29%	27%	28%	26%	31%	26%	28%
45 – 64	25%	26%	26%	27%	22%	24%	25%	26%	26%	27%	23%	26%	27%
65 – 84	11%	11%	14%	11%	8%	10%	10%	13%	13%	15%	10%	13%	12%
85 +	2%	2%	2%	2%	1%	1%	2%	2%	2%	2%	1%	2%	2%
Gender													
Female	49%	49%	48%	49%	49%	49%	50%	50%	49%	49%	50%	50%	49%
Male	51%	51%	52%	51%	51%	51%	50%	50%	51%	51%	50%	50%	51%
Education													
< HS	14%	13%	15%	13%	10%	14%	14%	24%	16%	16%	18%	18%	13%
HS Grad	32%	33%	34%	32%	23%	33%	32%	43%	35%	38%	41%	37%	30%
Some College	27%	26%	26%	25%	31%	28%	27%	21%	27%	26%	25%	24%	25%
College Grad	27%	28%	25%	30%	36%	26%	27%	12%	21%	20%	16%	21%	32%
Race													
White, Non-Hisp	96%	96%	97%	96%	94%	96%	97%	97%	98%	97%	96%	97%	97%
Racial/Ethnic Minority	4%	4%	3%	4%	6%	4%	3%	3%	2%	3%	4%	3%	3%
Median Income	\$40,856	\$41,150	\$39,896	\$38,371	\$48,390	\$43,094	\$39,054	\$30,844	\$36,827	\$37,404	\$42,011	\$34,151	\$43,131
% FPL													
< 100%	9%	8%	10%	9%	8%	8%	10%	14%	11%	8%	9%	12%	8%
100% -- 149%	8%	7%	8%	10%	5%	7%	10%	14%	9%	9%	9%	10%	7%
150% -- 199%	9%	8%	11%	9%	6%	9%	11%	12%	10%	10%	10%	10%	9%
200% or More	71%	74%	68%	70%	76%	69%	66%	58%	68%	71%	72%	66%	71%



Percent of Vermont Population Aged 65+







Percent of Vermont Population Under 200% of Federal Poverty Level





Percentages in maps may not correspond exactly to those in table on previous page due to rounding.

	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Rutland	Springfield	St. Albans	St. Johnsbury	White River Jct
NA = Data Not Available by District Office -- = Insufficient Sample Size  = Statistically Better than Statewide  = Statistically Worse than Statewide														
Access to Care														
Increase the % of adults with health insurance	100	86	88	84	85	90	88	86	82	86	87	87	83	85
Increase the % of youth (under age 18) with health insurance	100	95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of adults with a usual primary care provider	85	87	86	88	86	86	90	87	83	86	86	87	84	80
Increase the % of schools that provide school health education on tobacco use and addiction	95	96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of schools that provide school health education on alcohol and other drug use	95	98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of schools that provide school health education on unintended pregnancy, HIV/AIDS, and STD infection	95	95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Alcohol and Drug Abuse														
Reduce alcohol-related motor vehicle deaths (rate per 100,000)	4.8	4.5	--	--	--	--	--	--	--	--	--	--	--	--
Reduce the % of youth who engage in binge drinking ⁱ	3.2	25	23	25	29	23	22	27	25	28	26	24	29	24
Reduce the % of youth who use marijuana	0.7	25	23	26	28	24	23	26	25	30	27	23	24	25
Reduce the % of youth who use alcohol before age 13	0	21	21	19	22	15	20	23	28	20	24	23	27	24

	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Rutland	Springfield	St. Albans	St. Johnsbury	White River Jct
NA = Data Unavailable by District Office -- = Insufficient Sample Size  = Statistically Better than Statewide  = Statistically Worse than Statewide														
Arthritis and Osteoporosis														
Increase the % of adults with chronic joint symptoms who have seen a health care provider for their symptoms ⁱⁱ	61	72	72	73	71	74	74	76	70	73	74	67	70	71
Reduce the % of adults with doctor-diagnosed arthritis who are limited in their ability to work for pay due to their arthritis ⁱⁱ	23	31	30	37	39	20	39	49	44	36	35	35	37	27
Increase the % of obese or overweight adults with doctor-diagnosed arthritis who receive HCP counseling on weight reduction	46	31	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of adults with doctor-diagnosed arthritis who receive health care provider counseling on physical activity or exercise ⁱⁱⁱ	67	58	68	58	68	55	55	52	68	59	55	50	64	50
Increase the % of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education	13	12	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of adults with disabilities reporting sufficient emotional support	79	72	70	64	70	79	72	70	68	64	68	72	70	68
Cancer														
Increase the % of women age 40+ who have had a mammogram in the preceding two years ^{iv}	70	77	83	77	69	77	77	74	79	76	75	76	75	77
Increase the % of adult women who have had a Pap test in the preceding three years ^{iv}	90	83	88	85	84	86	87	83	82	84	81	86	87	84
Increase the % of adults age 50+ who have had a fecal occult blood test (FOBT) in the past two years ^v	33	32	27	39	40	39	39	36	43	29	36	41	35	46
Increase the % of adults age 50+ who have ever had a sigmoidoscopy or colonoscopy ^v	50	59	57	61	48	65	57	60	53	52	52	56	50	55
Increase the % of adults who follow protective measures that may reduce the risk of skin cancer	85	76	--	--	--	--	--	--	--	--	--	--	--	--

	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Rutland	Springfield	St. Albans	St. Johnsbury	White River Jct
NA = Data Unavailable by District Office -- = Insufficient Sample Size  = Statistically Better than Statewide  = Statistically Worse than Statewide														
Diabetes														
Reduce diabetes-related deaths (per 100,000 people) ^{vi}	46	91	96	83	89	92	110	109	108	80	88	97	109	69
Reduce hospitalization rates for uncontrolled diabetes among adults 18-64 years old (rate per 10,000)	5.4	3.4	3.5	3.3	2.8	2.6	2.7	3.6	5.6	4.5	11.8	3.2	3.5	5.1
Increase the % of adults with diabetes receiving diabetes education	60	56	51	75	68	52	55	48	47	57	43	56	63	46
Increase the % of adults with diabetes who have an annual dilated eye exam	76	72	62	62	77	75	62	60	61	69	58	61	39	61
Increase the % of adults with diabetes who have an A1C measurement at least twice / year	65	69	65	86	65	70	59	72	72	75	77	75	76	77
Increase the % of adults with diabetes who have at least an annual foot exam	91	75	59	86	82	78	78	78	67	77	57	57	36	75
Increase the % of adults with diabetes who report having an influenza vaccination in the past 12 months	72	46	49	67	33	61	53	63	43	52	50	33	58	52
Increase the % of adults with diabetes who report ever having a pneumonia vaccination	60	46	44	50	35	43	45	57	38	45	39	40	69	46
Increase the % of adults with diabetes who have had their cholesterol measured at least once in the past year ^{vii}	75	72	89	77	--	90	55	--	77	72	--	86	--	82
Environmental Health and Food Safety														
Increase the % of adults who live in homes tested for radon ^{vi}	20	22	22	20	23	25	16	19	17	20	20	17	20	21
Increase the % of the population on community public water systems whose drinking water meets safe standards	95	95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Eliminate elevated ($\geq 10\mu\text{g/ml}$) blood lead levels in children, ages 1-5 ^{viii}	0	3	3	4	4	3	3	1	2	4	7	2	5	4
Increase the % of 1-year-olds who received a blood lead test ^{viii}	100	77	67	73	77	67	84	77	56	79	60	55	63	60



NA = Data Unavailable by District Office -- = Insufficient Sample Size  = Statistically Better than Statewide  = Statistically Worse than Statewide	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Rutland	Springfield	St. Albans	St. Johnsbury	White River Jct
Increase the % of 2-year-olds who received a blood lead test ^{viii}	100	38	28	30	48	24	41	48	64	47	54	26	38	30
Heart Disease and Stroke														
Reduce coronary heart disease deaths (rate per 100,000) ^{vi}	162	138	151	128	141	159	150	154	189	165	151	220	188	137
Reduce stroke deaths (rate per 10,000) ^{vi}	50	44	61	58	41	42	50	49	41	60	55	40	51	44
Reduce the % of adults with high blood pressure ^{ix}	14	23	22	23	22	22	22	21	25	22	20	25	23	21
Increase the % of adults who have had their blood cholesterol checked within the preceding 5 years ^x	80	74	77	77	73	79	73	77	70	74	71	76	74	70
HIV/AIDS, STDs, and Hepatitis C														
Increase the % of sexually active unmarried females aged 18 to 44 years who use condoms	50	42	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of sexually active unmarried males aged 18 to 44 who use condoms	54	50	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of youth in grades 9-12 who never had sexual intercourse ⁱ	56	59	63	55	55	66	66	56	53	53	56	56	52	60
Increase the % of sexually experienced youth in grades 9-12 who are not currently sexually active ⁱ	30	24	24	21	26	25	29	28	24	25	22	26	27	26
Increase the % of currently sexually active youth in grades 9-12 who used a condom the last time they had sex ⁱ	65	65	67	67	59	69	69	66	65	67	62	68	68	66

NA = Data Unavailable by District Office -- = Insufficient Sample Size = Statistically Better than Statewide = Statistically Worse than Statewide	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Rutland	Springfield	St. Albans	St. Johnsbury	White River Jct
Immunization and Infectious Disease														
Increase the % of children (age 19-35 months) who receive universally recommended vaccines (4:3:1:3:3)	80	82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of children (age 19-35 months) who receive one or more doses of varicella vaccine at or after 12 mos	90	69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of non-institutionalized adults age 65+ who receive annual influenza immunizations	90	66	72	74	74	76	73	74	73	66	68	63	67	70
Increase the % of non-institutionalized adults age 65+ who have ever been vaccinated against pneumococcal disease	90	67	65	74	70	69	65	65	67	68	64	61	66	65
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Hib B (age < 5)	0	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Measles	0	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Rubella	0	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Hepatitis B (ages 2-18)	0	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Pertussis (age < 7)	4	21	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of children under age 6 who have two or more vaccinations recorded in the Vermont Immunization Registry ⁱ	90	72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce pneumonia/influenza hospitalizations among adults age 65+ (rate per 10,000)	8.0	16.1	10.9	21.0	8.9	6.3	8.7	19.6	13.9	13.9	21.6	7.9	12.1	11.4

NA = Data Unavailable by District Office -- = Insufficient Sample Size	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Rutland	Springfield	St. Albans	St. Johnsbury	White River Jct
Injury and Violence														
Reduce residential fire deaths (per 100,000 persons)	0.2	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce maltreatment of children (per 10,000)	10.3	67.6	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce the rate of physical assault by current or former intimate partners (per 1,000)	3.3	1.5	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce work-related injuries resulting in medical treatment, lost time, or restricted work activity (per 100 full-time workers)	4.3	6.1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase use of safety belts among adults	92	85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase use of safety belts among youth in grades 9-12 ⁱ	92	83	83	80	80	89	86	82	77	82	81	80	74	83
Maternal and Child Health														
Reduce infant (within 1 year) deaths (per 1,000 live births)	4.5	4.4	--	--	--	--	--	--	--	--	--	--	--	--
Reduce the % of low birth weight births (≤ 5.5 lbs) ^{vi}	5.0	6.4	5.9	6.7	5.7	6.5	5.1	6.6	5.5	6.8	6.7	7.0	6.1	6.8
Reduce the % of very low birth weight births (≤ 3.3 lbs)	0.9	0.9	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of pregnant women who receive prenatal care in the first trimester (3 months) ^{xi}	90	90	90	91	88	91	90	88	90	86	85	92	89	92
Increase the % of pregnant women who receive early and adequate prenatal care ^{xii}	90	89	84	88	90	92	87	86	88	85	87	92	88	88
Reduce pregnancies among adolescent females aged 15-17 (per 1,000) ^{vi}	43.0	15.8	17.5	22.3	20.5	18.8	11.4	17.3	17.9	21.1	21.6	17.9	13.6	10.2
Mental Health														

NA = Data Unavailable by District Office -- = Insufficient Sample Size	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Rutland	Springfield	St. Albans	St. Johnsbury	White River Jct
Reduce suicide deaths (rate per 100,000) ^{vi}	4.8	14.0	14.3	8.5	13.8	12.7	12.2	12.3	14.2	12.9	15.0	11.8	15.0	15.5
Reduce suicide attempts (%) by youth in grades 9-12 ⁱ	1	2	2	2	3	2	2	2	2	3	3	2	2	2
Oral Health														
Increase the % of the population served by community public water systems having optimally fluoridated water	75	56	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of adults who use the dental health care system each year ^v	56	73	76	72	72	77	74	70	69	74	74	76	71	72
Increase the % of dentists who counsel patients about quitting smoking ^{xiii}	85	35	26	20	35	31	30	31	21	30	26	31	34	35
Reduce the % of children (aged 6-8) with untreated dental decay	21	16	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of children (aged 8) who get dental sealants	50	64	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce the % of children (aged 6-8) with dental caries experience (decay) in primary and permanent teeth	42	40	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Overweight and Obesity														
Reduce the % of adults (aged 20+) who are obese	15	21	20	20	18	17	21	19	21	21	20	23	21	18
Decrease the % of youth in grades 9-12 who are overweight or obese (BMI ≥ 95th percentile for age) ⁱ	5	10	9	12	11	8	12	14	16	13	14	14	10	10
Decrease the % of WIC participants (aged 2-5) who are over a healthy weight (BMI ≥ 95th percentile for age)	5	12	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase food security (having enough food to eat and enough money to buy food) to reduce hunger ^{xv}	94	91	92	94	92	93	93	93	89	90	90	94	89	94
Physical Activity and Nutrition														

NA = Data Unavailable by District Office -- = Insufficient Sample Size	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Rutland	Springfield	St. Albans	St. Johnsbury	White River Jct
<p>☐ = Statistically Better than Statewide</p> <p>☐ = Statistically Worse than Statewide</p>														
Increase the % of adults that engage in recommended amounts of moderate or vigorous physical activity	50	58	56	60	56	56	55	60	55	54	57	50	59	59
Increase the % of youth in grades 9-12 that engage in 30 minutes of moderate physical activity, 5+ times per week ⁱ	35	27	28	25	29	25	31	29	30	31	31	29	31	30
Decrease the % of adults with no leisure time physical activity	20	19	19	20	15	15	18	18	22	21	20	23	22	17
Decrease the % of youth in grades 9-12 who watch TV or use the computer 5+ hours per day ⁱ	8	10	9	11	10	9	9	8	10	10	13	11	8	8
Increase the % of adults who eat 2+ daily servings of fruit ⁱⁱ	75	39	37	39	43	42	42	43	36	36	40	37	36	44
Increase the % of youth in grades 9-12 who eat 2+ daily servings of fruit ⁱ	75	37	39	35	35	38	42	38	33	32	36	30	35	38
Increase the % of adults who eat 3+ daily servings of vegetables ⁱⁱ	50	31	30	29	34	33	30	35	29	29	29	28	25	34
Increase the % of youth in grades 9-12 who eat 3+ daily servings of vegetables ⁱ	50	14	17	15	15	16	17	14	13	13	15	12	15	18
Respiratory Diseases														
Reduce COPD deaths among people 45 and older (rate per 100,000) ^{vi}	62.3	123	116	174	107	126	107	121	141	133	122	149	156	114
Reduce asthma hospitalizations among people under age 18 (rate per 10,000)	17.3	9.1	3.0	8.9	8.4	5.5	3.3	3.9	13.4	12.0	21.6	3.2	18.4	6.4
Reduce the % of children under age 18 who are regularly exposed to tobacco smoke at home	10	11	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce the % of adults exposed to smoke in their home during the past 7 days ^{iv}	10	15	19	22	16	13	20	17	21	21	18	19	23	16
Increase the % of adults with asthma who receive formal patient education	30	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of adults with asthma who receive written asthma management plans from their health care provider ^{iv}	38	23	27	27	16	25	31	32	33	27	20	28	28	21

	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Rutland	Springfield	St. Albans	St. Johnsbury	White River Jct
NA = Data Unavailable by District Office -- = Insufficient Sample Size  = Statistically Better than Statewide  = Statistically Worse than Statewide														
Tobacco														
Reduce the % of adults who smoke cigarettes	12	20	21	21	21	17	19	20	25	24	23	24	22	19
Reduce the % of youth in grades 9-12 who smoke cigarettes ⁱ	16	18	18	25	22	16	20	22	30	27	22	20	27	21
Reduce the % of youth in grades 9-12 who use spit tobacco ⁱ	1	8	10	13	12	4	7	9	13	10	8	9	11	10
Reduce the % of youth in grades 9-12 who smoke cigars, cigarillos, and little cigars ⁱ	8	12	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of adult smokers who attempt to quit	75	53	54	58	56	52	49	60	49	55	51	48	53	56
Increase the % of pregnant women who quit smoking during the first trimester (3 months) of pregnancy ^{vi}	30	29	18	28	38	32	24	13	20	25	32	23	26	29
Increase the % of smokers with children who prohibit smoking in their home	70	66	57	37	50	63	59	59	46	55	56	62	44	50
Increase the % of smokers with children who prohibit smoking in their car when children are present	75	72	68	62	58	74	69	68	63	72	60	69	68	65

Statewide rates are based on the most current single year of data.

District Office rates are for combined years 2001-2005 unless otherwise noted:

- ⁱ = 2005 only
- ⁱⁱ = 2002, 2003, 2005
- ⁱⁱⁱ = 2003 only
- ^{iv} = 2002-2005
- ^v = 2002, 2004

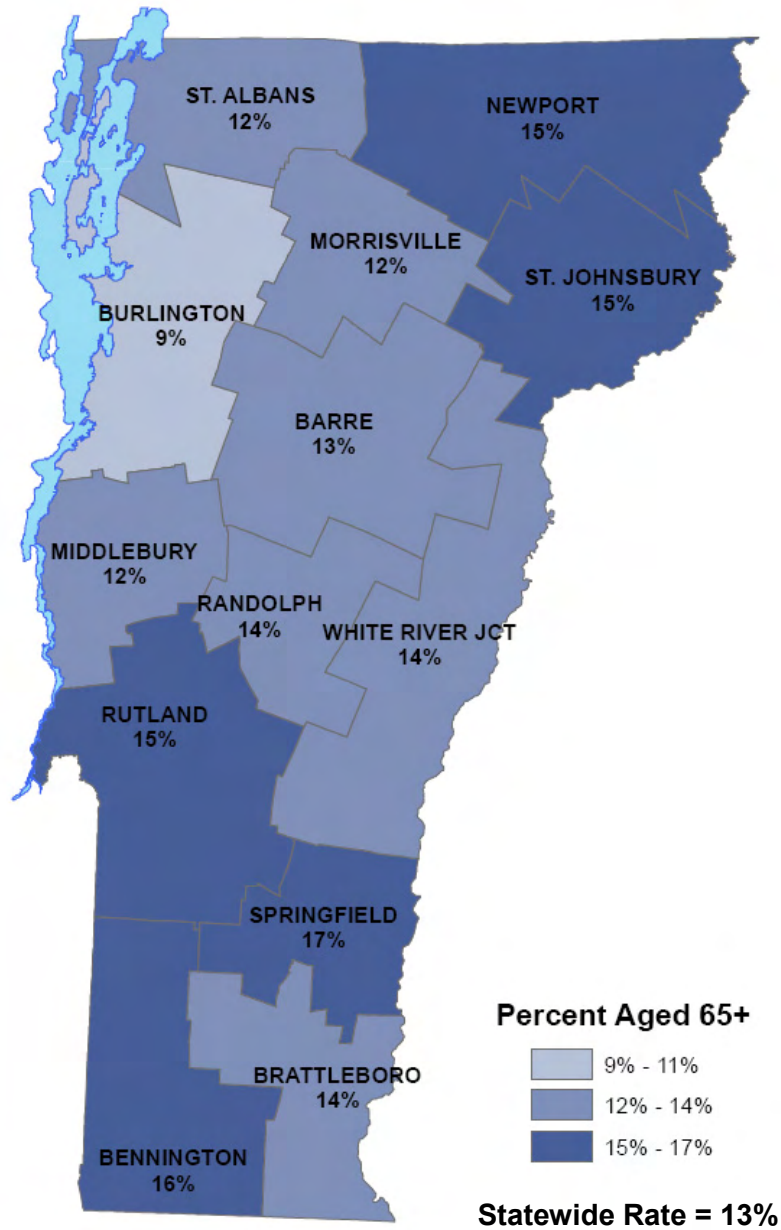
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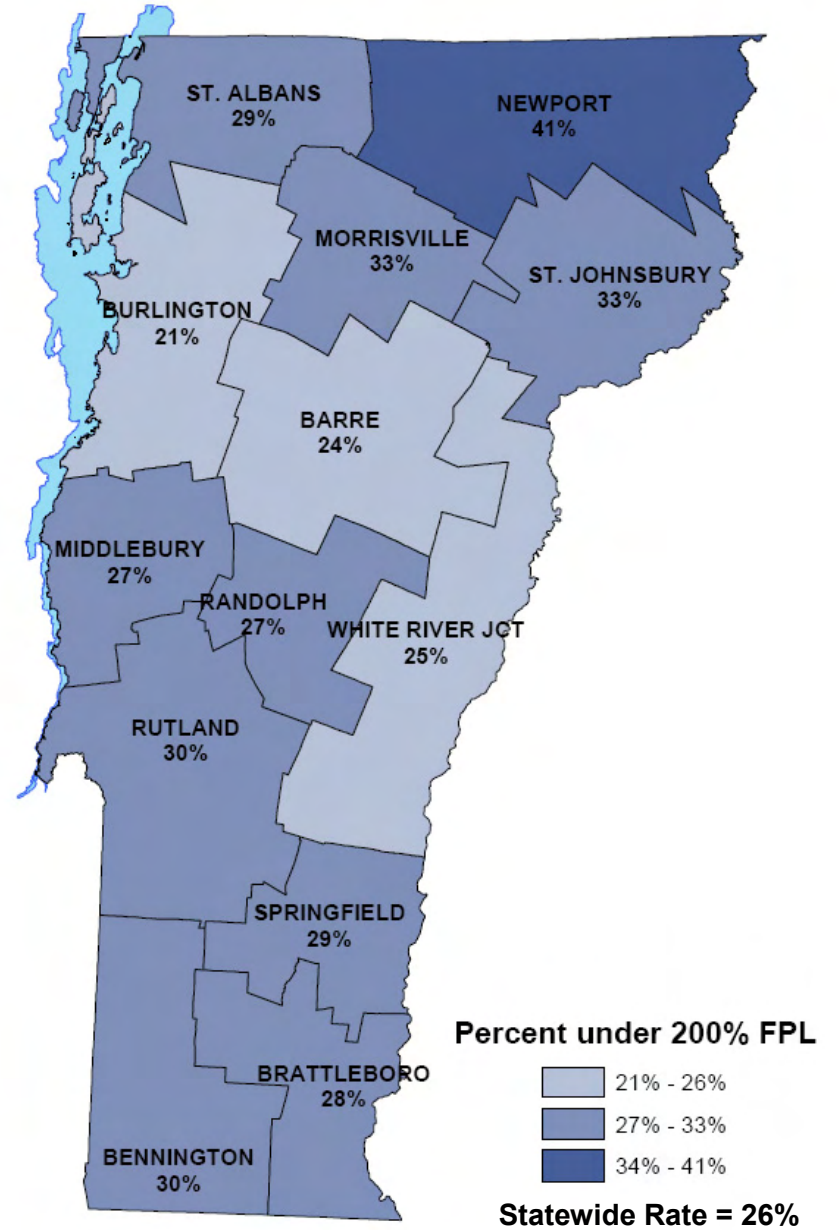
Hospital Service Area– Level Data

2000 Census	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Randolph	Rutland	St. Albans	St. Johnsbury	Springfield	White River Junction
Total Population	608,827	65,389	40,670	31,973	164,267	27,774	25,312	27,449	14,402	64,174	43,151	27,033	28,772	48,461
Age														
< than 18	24%	24%	24%	23%	24%	24%	25%	25%	24%	23%	28%	25%	23%	25%
18 – 24	9%	9%	8%	7%	12%	14%	10%	7%	9%	8%	7%	9%	6%	6%
25 – 44	29%	29%	26%	28%	32%	26%	29%	27%	27%	28%	31%	26%	27%	28%
45 – 64	25%	26%	26%	27%	22%	24%	25%	26%	26%	26%	23%	25%	27%	27%
65 – 84	11%	11%	14%	12%	8%	10%	11%	13%	13%	13%	10%	13%	15%	13%
85 +	2%	2%	2%	2%	1%	2%	2%	2%	2%	2%	1%	2%	2%	2%
Gender														
Female	49%	49%	48%	48%	49%	49%	50%	50%	50%	49%	49%	50%	49%	49%
Male	51%	51%	52%	52%	51%	51%	50%	50%	50%	51%	51%	50%	51%	51%
Education														
< HS	14%	13%	15%	13%	10%	13%	15%	24%	14%	16%	19%	18%	17%	13%
HS Grad	32%	33%	34%	32%	24%	33%	32%	43%	35%	35%	43%	37%	38%	30%
Some College	27%	26%	27%	25%	31%	29%	27%	21%	28%	27%	24%	25%	25%	24%
College Grad	27%	28%	25%	31%	35%	25%	26%	12%	24%	21%	15%	20%	20%	33%
Race														
White, Non-Hisp	96%	96%	97%	96%	95%	96%	97%	97%	97%	98%	96%	97%	97%	97%
Racial/Ethnic Minority	4%	4%	3%	4%	5%	4%	3%	3%	3%	2%	4%	3%	3%	3%
Median Income	\$40,856	\$41,121	\$39,415	\$38,761	\$48,491	\$41,856	\$38,296	\$30,740	\$38,595	\$36,776	\$40,352	\$34,026	\$36,968	\$43,078
% FPL														
< 100%	9%	8%	10%	9%	8%	8%	11%	14%	8%	11%	9%	12%	8%	8%
100% -- 149%	8%	7%	8%	10%	5%	8%	10%	13%	8%	9%	9%	10%	10%	7%
150% -- 199%	9%	8%	11%	8%	6%	9%	11%	12%	10%	10%	10%	10%	10%	9%
200% or More	71%	74%	68%	70%	76%	67%	65%	58%	70%	67%	70%	65%	71%	74%



Percent of Vermont Population Aged 65+







Percent of Vermont Population Under 200% of Federal Poverty Level





Percentages in maps may not correspond exactly to those in table on previous page due to rounding.

	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Randolph	Rutland	St. Albans	St. Johnsbury	Springfield	White River Jct
NA = Data Unavailable by Hospital Service Area -- = Insufficient Sample Size  = Statistically Better than Statewide  = Statistically Worse than Statewide															
Access to Care															
Increase the % of adults with health insurance	100	86	88	82	87	90	88	85	82	86	86	86	83	86	85
Increase the % of youth (under age 18) with health insurance	100	95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of adults with a usual primary care provider	85	87	86	87	86	86	91	86	83	83	86	87	84	86	81
Increase the % of schools that provide school health education on tobacco use and addiction	95	96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of schools that provide school health education on alcohol and other drug use	95	98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of schools that provide school health education on unintended pregnancy, HIV/AIDS, and STD infection	95	95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Alcohol and Drug Abuse															
Reduce alcohol-related motor vehicle deaths (rate per 100,000)	4.8	4.5	--	--	--	--	--	--	--	--	--	--	--	--	--
Reduce the % of youth who engage in binge drinking ⁱ	3.2	25	23	27	28	23	20	28	26	26	28	23	30	26	23
Reduce the % of youth who use marijuana	0.7	25	23	26	28	24	22	25	25	27	30	22	24	28	24
Reduce the % of youth who use alcohol before age 13	0	21	21	20	21	16	20	24	28	27	20	23	26	25	24

	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Randolph	Rutland	St. Albans	St. Johnsbury	Springfield	White River Jct
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Arthritis and Osteoporosis															
Increase the % of adults with chronic joint symptoms who have seen a health care provider for their symptoms ⁱⁱ	61	72	71	77	67	74	74	75	72	72	74	66	67	77	72
Reduce the % of adults with doctor-diagnosed arthritis who are limited in their ability to work for pay due to their arthritis ⁱⁱ	23	31	32	39	38	21	43	47	44	27	36	39	39	36	25
Increase the % of obese or overweight adults with dr-diagnosed arthritis who receive HCP counseling on weight reduction	46	31	--	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of adults with dr-diagnosed arthritis who receive health care provider counseling on physical activity or exercise ⁱⁱⁱ	67	58	68	55	67	58	59	43	68	--	59	45	72	78	48
Increase the % of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education	13	12	--	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of adults with disabilities reporting sufficient emotional support	79	72	70	66	70	78	72	69	67	63	63	72	71	68	70
Cancer															
Increase the % of women age 40+ who have had a mammogram in the preceding two years ^{iv}	70	77	82	75	70	77	80	74	79	75	75	75	75	77	76
Increase the % of adult women who have had a Pap test in the preceding three years ^{iv}	90	83	88	84	84	86	89	84	82	85	84	84	87	80	83
Increase the % of adults age 50+ who have had a fecal occult blood test (FOBT) in the past two years ^v	33	32	27	39	41	40	38	36	44	48	29	40	32	33	45
Increase the % of adults age 50+ who have ever had a sigmoidoscopy or colonoscopy ^v	50	59	55	59	50	65	60	63	53	56	52	55	51	53	54
Increase the % of adults who follow protective measures that may reduce the risk of skin cancer	85	76	--	--	--	--	--	--	--	--	--	--	--	--	--



	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Randolph	Rutland	St. Albans	St. Johnsbury	Springfield	White River Jct
NA = Data Unavailable by Hospital Service Area -- = Insufficient Sample Size  = Statistically Better than Statewide  = Statistically Worse than Statewide															
Diabetes															
Reduce diabetes-related deaths (per 100,000 people) ^{vi}	46	91	98	83	90	91	114	108	112	68	80	100	103	88	76
Reduce hospitalization rates for uncontrolled diabetes among adults 18-64 years old (rate per 10,000)	5.4	3.4	3.3	2.9	3.3	2.5	3.0	4.0	5.5	2.3	3.4	3.3	3.5	5.9	9.9
Increase the % of adults with diabetes receiving diabetes education	60	56	48	72	72	51	53	44	47	--	57	67	59	46	54
Increase the % of adults with diabetes who have an annual dilated eye exam	76	72	65	63	76	75	66	57	61	45	69	56	39	66	62
Increase the % of adults with diabetes who have an A1C measurement at least twice / year	65	69	64	84	65	73	63	72	71	--	75	71	77	68	72
Increase the % of adults with diabetes who have at least an annual foot exam	91	75	61	82	86	76	78	74	68	70	77	55	39	49	61
Increase the % of adults with diabetes who report having an influenza vaccination in the past 12 months	72	46	50	64	34	57	48	59	43	47	52	37	49	46	52
Increase the % of adults with diabetes who report ever having a pneumonia vaccination	60	46	45	49	36	43	46	57	38	30	46	40	70	50	38
Increase the % of adults with diabetes who have had their cholesterol measured at least once in the past year ^{vii}	75	72	89	75	--	91	--	--	77	--	72	80	--	--	--
Environmental Health and Food Safety															
Increase the % of adults who live in homes tested for radon ^{vi}	20	22	22	21	22	24	17	19	16	19	19	16	22	20	20
Increase the % of the population on community public water systems whose drinking water meets safe standards	95	95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Eliminate elevated ($\geq 10\mu\text{g/ml}$) blood lead levels in children, ages 1-5 ^{viii}	0	3	3	4	4	3	3	2	2	5	4	3	4	8	5
Increase the % of 1-year-olds who received a blood lead test ^{viii}	100	77	68	71	76	67	93	77	53	78	78	61	67	59	59

NA = Data Unavailable by Hospital Service Area -- = Insufficient Sample Size	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Randolph	Rutland	St. Albans	St. Johnsbury	Springfield	White River Jct
Increase the % of 2-year-olds who received a blood lead test ^{viii}	100	38	27	32	50	24	49	46	62	30	48	28	38	57	30
Heart Disease and Stroke															
Reduce coronary heart disease deaths (rate per 100,000) ^{vi}	162	138	147	125	146	161	156	154	190	192	165	219	171	158	135
Reduce stroke deaths (rate per 10,000) ^{vi}	50	44	61	57	40	42	53	44	46	43	60	41	48	52	49
Reduce the % of adults with high blood pressure ^{ix}	14	23	22	23	21	22	23	20	25	24	22	25	24	20	21
Increase the % of adults who have had their blood cholesterol checked within the preceding 5 years ^x	80	74	77	76	73	79	74	76	70	65	74	75	72	72	72
HIV/AIDS, STDs, and Hepatitis C															
Increase the % of sexually active unmarried females aged 18 to 44 years who use condoms	50	42	--	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of sexually active unmarried males aged 18 to 44 who use condoms	54	50	--	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of youth in grades 9-12 who never had sexual intercourse ⁱ	56	59	63	54	56	66	66	56	53	57	53	55	52	56	60
Increase the % of sexually experienced youth in grades 9-12 who are not currently sexually active ⁱ	30	24	23	21	26	26	29	26	26	30	25	26	27	22	25
Increase the % of currently sexually active youth in grades 9-12 who used a condom the last time they had sex ⁱ	65	65	67	65	61	68	69	64	66	69	67	68	68	61	65

	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Randolph	Rutland	St. Albans	St. Johnsbury	Springfield	White River Jct
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Immunization and Infectious Disease															
Increase the % of children (age 19-35 months) who receive universally recommended vaccines (4:3:1:3:3)	80	82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of children (age 19-35 months) who receive one or more doses of varicella vaccine at or after 12 mos	90	69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of non-institutionalized adults age 65+ who receive annual influenza immunizations	90	66	71	73	75	75	73	76	72	63	67	64	67	67	73
Increase the % of non-institutionalized adults age 65+ who have ever been vaccinated against pneumococcal disease	90	67	66	73	71	68	66	62	68	47	68	61	66	63	72
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Hib B (age < 5)	0	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Measles	0	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Rubella	0	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Hepatitis B (ages 2-18)	0	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce or eliminate cases of vaccine preventable disease (# of cases reported): Pertussis (age < 7)	4	21	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of children under age 6 who have two or more vaccinations recorded in the Vermont Immunization Registry ⁱ	90	72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce pneumonia/influenza hospitalizations among adults age 65+ (rate per 10,000)	8.0	16.1	12.0	20.3	8.1	6.4	10.2	18.2	13.9	20.4	13.6	8.8	7.7	24.6	10.3

NA = Data Unavailable by Hospital Service Area -- = Insufficient Sample Size	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Randolph	Rutland	St. Albans	St. Johnsbury	Springfield	White River Jct
Injury and Violence															
Reduce residential fire deaths (per 100,000 persons)	0.2	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce maltreatment of children (per 10,000)	10.3	67.6	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce the rate of physical assault by current or former intimate partners (per 1,000)	3.3	1.5	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce work-related injuries resulting in medical treatment, lost time, or restricted work activity (per 100 full-time workers)	4.3	6.1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase use of safety belts among adults	92	85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase use of safety belts among youth in grades 9-12 ⁱ	92	83	83	80	80	89	87	80	78	78	82	79	74	80	83
Maternal and Child Health															
Reduce infant (within 1 year) deaths (per 1,000 live births)	4.5	4.4	--	--	--	--	--	--	--	--	--	--	--	--	--
Reduce the % of low birth weight births (≤ 5.5 lbs) ^{vi}	5.0	6.4	5.9	6.7	5.6	6.5	4.9	6.6	5.5	6.4	6.7	7.1	6.1	6.5	6.7
Reduce the % of very low birth weight births (≤ 3.3 lbs)	0.9	0.9	--	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of pregnant women who receive prenatal care in the first trimester (3 months) ^{xi}	90	90	90	91	87	91	89	88	90	90	86	93	88	84	93
Increase the % of pregnant women who receive early and adequate prenatal care ^{xii}	90	89	84	88	90	92	86	86	88	87	85	91	88	86	88
Reduce pregnancies among adolescent females aged 15-17 (per 1,000) ^{vi}	43.0	15.8	18.3	22.0	21.0	17.7	13.6	16.6	17.9	13.7	21.0	19.2	13.5	20.5	10.5

NA = Data Unavailable by Hospital Service Area -- = Insufficient Sample Size	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Randolph	Rutland	St. Albans	St. Johnsbury	Springfield	White River Jct
Mental Health															
Reduce suicide deaths (rate per 100,000) ^{vi}	4.8	14.0	12.4	11.1	11.6	12.7	11.9	12.7	14.2	23.0	13.0	11.5	15.0	13.4	15.7
Reduce suicide attempts (%) by youth in grades 9-12 ⁱ	1	2	2	3	3	2	2	2	2	3	3	2	2	2	3
Oral Health															
Increase the % of the population served by community public water systems having optimally fluoridated water	75	56	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of adults who use the dental health care system each year ^v	56	73	76	71	74	77	76	69	68	68	74	74	72	73	74
Increase the % of dentists who counsel patients about quitting smoking ^{xiii}	85	35	28	22	35	30	32	30	21	37	30	33	33	21	35
Reduce the % of children (aged 6-8) with untreated dental decay	21	16	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase the % of children (aged 8) who get dental sealants	50	64	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Reduce the % of children (aged 6-8) with dental caries experience (decay) in primary and permanent teeth	42	40	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Overweight and Obesity															
Reduce the % of adults (aged 20+) who are obese	15	21	20	21	17	17	21	19	22	19	21	24	21	20	18
Decrease the % of youth in grades 9-12 who are overweight or obese (BMI ≥ 95th percentile for age) ⁱ	5	10	9	12	11	9	13	14	15	13	13	13	10	13	10
Decrease the % of WIC participants (aged 2-5) who are over a healthy weight (BMI ≥ 95th percentile for age)	5	12	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Increase food security (having enough food to eat and enough money to buy food) to reduce hunger ^{xv}	94	91	92	93	92	93	92	92	89	92	90	94	89	91	93

	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Randolph	Rutland	St. Albans	St. Johnsbury	Springfield	White River Jct
NA = Data Unavailable by Hospital Service Area -- = Insufficient Sample Size  = Statistically Better than Statewide  = Statistically Worse than Statewide															
Physical Activity and Nutrition															
Increase the % of adults that engage in recommended amounts of moderate or vigorous physical activity	50	58	56	59	57	56	56	61	55	59	55	48	59	55	61
Increase the % of youth in grades 9-12 that engage in 30 minutes of moderate physical activity, 5+ times per week ⁱ	35	27	29	25	29	25	32	29	30	28	31	29	30	30	31
Decrease the % of adults with no leisure time physical activity	20	19	18	19	15	16	18	18	22	19	21	24	22	20	17
Decrease the % of youth in grades 9-12 who watch TV or use the computer 5+ hours per day ⁱ	8	10	9	11	11	9	9	8	10	11	10	10	8	13	7
Increase the % of adults who eat 2+ daily servings of fruit ⁱⁱ	75	39	37	40	43	41	43	42	36	40	36	37	36	42	43
Increase the % of youth in grades 9-12 who eat 2+ daily servings of fruit ⁱ	75	37	40	35	35	38	42	37	33	36	32	29	36	37	36
Increase the % of adults who eat 3+ daily servings of vegetables ⁱⁱ	50	31	30	29	35	33	31	35	29	32	29	26	23	31	33
Increase the % of youth in grades 9-12 who eat 3+ daily servings of vegetables ⁱ	50	14	17	15	15	15	17	14	13	16	13	11	15	16	17
Respiratory Diseases															
Reduce COPD deaths among people 45 and older (rate per 100,000) ^{vi}	62.3	123	118	173	97	125	105	103	151	114	132	156	156	133	114
Reduce asthma hospitalizations among people under age 18 (rate per 10,000)	17.3	9.1	2.9	8.9	8.4	5.3	3.4	2.6	13.4	4.9	12.1	3.3	19.3	23.4	7.4
Reduce the % of children under age 18 who are regularly exposed to tobacco smoke at home	10	11	--	--	--	--	--	--	--	--	--	--	--	--	--
Reduce the % of adults exposed to smoke in their home during the past 7 days ^{iv}	10	15	19	20	17	12	21	18	21	17	21	21	24	17	16
Increase the % of adults with asthma who receive formal patient education	30	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

NA = Data Unavailable by Hospital Service Area -- = Insufficient Sample Size	Goal	Statewide	Barre	Bennington	Brattleboro	Burlington	Middlebury	Morrisville	Newport	Randolph	Rutland	St. Albans	St. Johnsbury	Springfield	White River Jct
Increase the % of adults with asthma who receive written asthma management plans from their health care provider ^{iv}	38	23	27	26	--	26	34	32	33	--	27	25	30	18	23
Tobacco															
Reduce the % of adults who smoke cigarettes	12	20	21	21	20	17	19	20	25	22	24	26	22	22	18
Reduce the % of youth in grades 9-12 who smoke cigarettes ⁱ	16	18	18	25	21	16	21	23	30	22	27	20	27	21	22
Reduce the % of youth in grades 9-12 who use spit tobacco ⁱ	1	8	10	13	12	4	8	9	13	11	10	9	11	8	11
Reduce the % of youth in grades 9-12 who smoke cigars, cigarillos, and little cigars ⁱ	8	12	--	--	--	--	--	--	--	--	--	--	--	--	--
Increase the % of adult smokers who attempt to quit	75	53	54	58	55	52	51	59	50	58	55	45	52	53	53
Increase the % of pregnant women who quit smoking during the first trimester (3 months) of pregnancy ^{vi}	30	29	19	31	36	33	30	9	19	20	26	23	26	32	31
Increase the % of smokers with children who prohibit smoking in their home	70	66	57	39	48	63	59	54	48	47	54	63	43	62	49
Increase the % of smokers with children who prohibit smoking in their car when children are present	75	72	66	60	59	74	64	66	62	65	67	70	63	76	65

Statewide rates are based on the most current single year of data.

Hospital Service Area rates are for combined years 2001-2005 unless otherwise noted:

- ⁱ = 2005 only
- ⁱⁱ = 2002, 2003, 2005
- ⁱⁱⁱ = 2003 only
- ^{iv} = 2002-2005
- ^v = 2002, 2004

- ^{vi} = 2000-2004
- ^{vii} = 2001, 2003, 2005
- ^{viii} = 2004-2005
- ^{ix} = 2003, 2005
- ^x = 2001, 2003, 2005

- ^{xi} = 2003-2004
- ^{xii} = 2002-2004
- ^{xiii} = 2001, 2003-2005
- ^{xiv} = 2001, 2004-2005
- ^{xv} = 2001-2004

Data Sources

Adult Tobacco Survey

The Adult Tobacco Survey is a list-assisted, random digit-dialed telephone survey of 2,000 non-institutionalized Vermont adults age 18 and older. Both the smoker and the 18- to 24-year-old populations are over-sampled. The Vermont Department of Health has conducted this survey every year since 2001. Questions are updated every year.

Annual Survey of Occupational Injuries and Illnesses

Work-related injury statistics come from the Annual Survey of Occupational Injuries and Illnesses, which is compiled by the Occupational Safety and Health Administration in the U.S. Department of Labor. The survey is based on a sample of injury and illness logs that employers are required to maintain under the Occupational Safety and Health Act. The survey presents injury frequency counts and incidence rates by industry, and profile worker and case characteristics of nonfatal workplace injuries and illnesses that result in lost work time. This data set is useful for both event and population-based surveillance. However, data are limited to workers who are covered by workman's compensation, and who meet eligibility requirements for wage compensation. It does not include injuries to the self-employed.

Behavioral Risk Factor Surveillance System (BRFSS)

Since 1990, the Vermont Department of Health and 49 other states and three territories have tracked a variety of risk behaviors using the Behavioral Risk Factory Survey, a random digit-dialed telephone survey of adults age 18 and older. These data are self-reported and therefore may differ from information obtained from records of health care providers. The sample is also limited to adults with land line telephones. U.S. estimates, in some cases, may represent a subset of all states due to variation in the content of the questionnaire between states.

Blood Lead Surveillance System

The Vermont Department of Health recommends that all children ages 1 and 2 are tested for elevated blood lead levels. The Health Department collects this data to confirm that children are tested, and analyzes actual blood lead results for patterns and trends. The Centers for Disease Control & Prevention collects state-level data to calculate national estimates.

Cancer Registry

The Vermont Cancer Registry is a central bank of information on all cancer cases that are diagnosed or treated in Vermont since January 1, 1994. The registry enables the state to collect information on new cases (incidence) of cancer diagnosed in Vermont residents. The information maintained by the registry allows the Vermont Department of Health to study cancer trends and improve cancer education and prevention efforts.

Cigarette Excise Tax Stamp Data

All packs of cigarettes sold in Vermont must have a Vermont Cigarette Excise Tax Stamp on the pack. The Vermont Department of Taxes maintains a count of the number cigarette tax stamps sold. The Vermont Tobacco Control Program uses the number of cigarette tax stamps sold as a proxy for the number of packs of cigarettes used by Vermonters.

Community Mental Health Services Data

Designated community mental health agencies in Vermont provide client and service level data to the Department of Mental Health on a monthly basis. These data include demographic and clinical characteristics of people served, and the types and volume of service provided during the report period. Client and service data from 1985 forward are available for cross-sectional and longitudinal analysis.

Current Population Survey

Estimates of health insurance coverage for children come from the Annual Social and Economic Supplement to the Current Population Survey (CPS). The CPS, sponsored jointly by the U.S. Census Bureau and the U.S. Bureau of Labor Statistics, is the nation's primary source of labor force statistics for the entire population.

Department of Environmental Conservation

Through its Safe Drinking Water program, the Vermont Department of Environmental Conservation tracks the number of Vermonters on community public water systems that supply drinking water that meets safe drinking water standards.

Dentist Survey

Data presented in this report only include dentists who provide patient care in Vermont. (Dentists who maintain Vermont licenses but do not currently practice in the state are excluded.) A survey from the Vermont Department of Health is included with an individual's license renewal form. Follow-up phone calls are made to dentists who live in Vermont or a neighboring state to get information from anyone who did not return the survey or answer critical questions.

Division of Criminal Justice Services, Vermont Crime Information Center

The Vermont Crime Information Center (VCIC) administers the state's Uniform Crime Reporting program — a state and national criminal justice data collection program managed by the FBI. VCIC is responsible for collecting, editing, and analyzing crime data reported from all law enforcement agencies statewide. Results of the analysis are published by VCIC in the annual Vermont Crime Report, which presents crimes reported at the state, county, and town level.

Fluoride Use in Schools

The Vermont Department of Health maintains a database of fluoride use in schools.

Food and Waterborne Disease Data

Food and waterborne disease data are presented from archived records within LITS Plus, the reporting system for the Vermont Department of Health Laboratory.

Food Safety Inspection Data

The Vermont Department of Health maintains a database of the results of its inspections of retail food establishments throughout the state. In 2005, Health Department sanitarians inspected 86 percent of all restaurants in the state.

Governor's Highway Safety Program

The Governor's Highway Safety Program provides data on alcohol-related motor vehicle crash deaths and other driving behaviors, and supports a statewide network to promote safe driving behavior on the highways.

Health Care Cost and Utilization Project

Vermont and national hospital discharge data are available through the Healthcare Cost and Utilization Project (HCUP) maintained by the Agency for Healthcare Research and Quality (AHRQ). HCUP is a federal-state-industry partnership to build a standardized, multi-state health data system and resources. HCUP databases are a family of longitudinal, administrative databases — including state-specific hospital discharge databases and a national sample of discharges from community hospitals.

Health Care Expenditure Analysis and Forecast

The Health Care Expenditure Analysis and Forecast, produced by the Vermont Department of Banking, Insurance, Securities and Health Care Administration, provides an estimate of oral health care costs in Vermont.

Hepatitis C Data

Data presented is based upon positive test results that have been reported to the Vermont Department of Health. By Vermont law, specimens that test positive for hepatitis C antibody or hepatitis C RNA, regardless of the location of the provider or laboratory (in state or out of state), must be reported to the Health Department. Case reports are mailed to physicians to determine acute or chronic/resolved hepatitis C status.

HIV/AIDS Data

The Vermont Department of Health implemented AIDS case surveillance in 1982, and HIV infection reporting by unique identifier in 2000. People diagnosed with HIV and AIDS are counted as cases only in the state in which they resided at the time of diagnosis. Standardized case report forms are used to collect socio-demographic information, mode of exposure, laboratory and clinical information, vital status, and referrals for treatment or services. In addition, death certificate data are used for active case-finding and to update vital status. HIV surveillance data may underestimate the number of cases in Vermont because it does not include people who are infected and may not know it, who have been tested, or who have been tested at an anonymous site but have not yet sought medical care in Vermont.

Immunization Registry

Vermont's Immunization Registry is a confidential, computerized system for maintaining childhood immunization records. The registry tracks the dates of immunizations given, provides reports for parents/schools, and guidance for timing of vaccine administration.

National Health and Nutritional Examination Survey (NHANES)

The National Health and Nutrition Examination Survey is a population-based survey of children and adults that has been conducted since the 1960 by the National Center for Health Statistics of the Centers for Disease Control & Prevention. It is designed to collect information on the health and nutritional status of the U.S. population, by household. The survey is conducted in two parts: by home interview and by health examination. Blood is taken for lead level diagnosis during the health exam.

National Highway Traffic Safety Administration (NHTSA)

NHTSA provides a variety of resources critical to motor vehicle and highway safety through staff, products and technical information (including data on seatbelt use).

National Immunization Survey

The National Immunization Survey is conducted by the National Immunization Program and the National Center for Health Statistics of the Centers for Disease Control & Prevention. This is a list-assisted, random-digit dialed telephone survey, that is followed by a survey mailed to the child's immunization provider. The National Immunization Survey began in 1994 to track immunization coverage of U.S. children age 19 to 35 months. Data from the survey are used to estimate current vaccination rates for all childhood vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP). Breastfeeding data are also available from the survey, and were recently revised by to reflect percentages of children who were breastfed by year of birth.

National Notifiable Disease Surveillance System (NNDSS)

The NNDSS is operated by the Centers for Disease Control & Prevention (CDC) in collaboration with the Council of State and Territorial Epidemiologists (CSTE). The "<http://www.cdc.gov/epo/dphsi/phs/infdis.htm>" list of nationally notifiable diseases is revised periodically. For example, a disease may be added to the list as a new pathogen emerges, or a disease may be deleted as its incidence declines. Public health officials at state health departments and CDC continue to collaborate in determining which diseases should be nationally notifiable. CSTE, with input from CDC, makes recommendations annually for additions and deletions to the list. However, reporting of nationally notifiable diseases to CDC by the states is voluntary. Reporting is currently mandated (i.e., by state legislation or regulation) only at the state level. The list of diseases that are considered notifiable, therefore, varies slightly by state. All states generally report the internationally quarantinable diseases (i.e., cholera, plague, and yellow fever) in compliance with the World Health Organization's International Health Regulations.

National Survey on Drug Use and Health

The National Survey on Drug Use and Health is the primary source of statistical information on the use of illegal drugs by the U.S. population. Conducted by the federal government since 1971, the survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at the respondent's residence. The survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. Estimates of alcohol, tobacco, and illegal drug use for each state since 1999 are available.

Oral Health Survey

The 2002-2003 oral health survey screened 1,238 Vermont children in grades one to three from 22 elementary schools throughout Vermont. Data from the survey is used by the Vermont Department of Health to identify disease trends, plan programs, prioritize needs, and support policies that meet the oral health needs of the children of Vermont.

Physician Survey

Data presented in this report include only physicians who provide patient care in Vermont. (Physicians who maintain Vermont licenses but do not currently practice in the state are excluded.) A survey from the Vermont Department of Health is included with an individual's license renewal form. Follow-up phone calls are made to physicians who live in Vermont or a neighboring state to get information from anyone who did not return the survey or answer critical questions.

Pregnancy Risk Assessment Monitoring System (PRAMS)

Developed in 1987, the Pregnancy Risk Assessment Monitoring System is a survey designed to supplement vital records data by providing state-specific data on maternal behaviors and experiences before, during, and after birth. Data collection began in Vermont in 2001, and 39 states currently participate in this initiative of the Centers for Disease Control & Prevention.

Approximately one out of five Vermont resident mothers are randomly selected to participate some time between two and six months after having a live birth. Each month, the PRAMS survey is administered primarily by mail, and 10 percent are done by telephone.

Radon Home Test Data

The Vermont Department of Health provides free long-term test kits to by request to Vermont homeowners and tenants. A long-term test takes from six to 12 months and upon completion, the test kit is returned to the Health Department for analysis, and the homeowner or tenant is notified of the test result. Education is provided for test results greater than 4.0 pCi/L.

School Health Education and Policy Profile

The School Health Profiles is a biennial survey conducted by state and district education and health agencies among middle/junior and senior high school principals and lead health education teachers. Vermont last conducted this survey in 2002.

Sexually Transmitted Disease (STD) data

Data presented is based upon positive test results that have been reported to the Vermont Department of Health. By Vermont law, specimens that test positive for bacterial STDs (chlamydia, gonorrhea, and syphilis), regardless of the location of the provider or laboratory (in state or out of state) are required to be reported to the Health Department. Follow-up phone calls are made to physicians to confirm diagnosis, presenting symptoms, treatment and patient needs. The secure database enables the Health Department to collect information on new cases (incidence) of reportable STDs among Vermont residents. This information also helps direct efforts such as infertility prevention among women.

Social Well-Being of Vermonters

The numbers of substantiated cases of child abuse and neglect are published in *The Social Well-Being of Vermonters*. This is an annual publication of the Vermont Agency of Human Services that uses the best social indicators available to report on how well Vermont is succeeding in achieving the priority outcomes identified by the agency and its community partners. Child abuse and neglect complaints are investigated by the Vermont Department of Children and Families. The U.S. statistics are published by the Administration for Children and Families within the U.S. Department of Health and Human Services.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children, usually referred to as WIC, provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.

Substance Abuse Treatment Information System

The Vermont Department of Health's division of Alcohol & Drug Abuse Programs tracks the number of clients in substance abuse treatment.

Surveillance, Epidemiology, and End Results (SEER) Program

The National Cancer Institute funds a network of Surveillance, Epidemiology and End Results (SEER) registries. The SEER Program currently collects and publishes cancer incidence and survival data from 14 population-based cancer registries and three supplemental registries covering approximately 26 percent of the U.S. population. These rates are used to estimate the U.S. cancer incidence rates. U.S. incidence presented in this report is based on the SEER 9 Registries white rates.

Uniform Hospital Discharge Data

Vermont's acute care hospitals participate in the hospital data system by supplying discharge abstracts of comparable information to Hospital Industry Data Institute of the Missouri Hospital Association, under contract with the Vermont Association of Hospitals and Health Systems (VAHHS). VAHHS, using its EXPLOR data system, then provides data to the Vermont Department of Health, the hospital discharge data management designee of the Division of Health Care Administration.

Records from Massachusetts, New Hampshire and New York hospitals are obtained from the Massachusetts Division of Health Care Finance and Policy, the New Hampshire Department of Health and Human Services, and the New York Department of Health respectively. The Veteran's Administration provides discharge records from the Veteran's Administration hospital in White River Junction.

U.S. Geologic Survey

As the nation's largest water, earth, and biological science and civilian mapping agency, the U.S. Geological Survey (USGS) collects, monitors, analyzes, and provides scientific understanding about natural resource conditions, issues, and problems. USGS Water Resources conducts research on estimated water withdrawals and use for Vermont.

Vaccines for Children

Vaccination costs are provided by the Vaccines for Children price list from the Centers for Disease Control and Prevention.

Varicella (chickenpox) Surveillance

Varicella surveillance data were collected from Vermont school nurses and other clinicians by the Vermont Department of Health district offices throughout the 2005 school year. Varicella in Vermonters of all ages is an individually reportable condition and data were entered directly into the National Electronic Disease Surveillance System (NEDSS) Base System (NBS) by district office nurses and were reviewed by the epidemiologists prior to reporting to the Centers for Disease Control & Prevention. A total of 630 varicella cases were reported through this surveillance system during the school year. Disease severity information was collected for the majority of the cases with vaccination status available.

Vital Statistics System

Vermont's vital statistics system includes reports of births, deaths, fetal deaths, abortions, marriages, divorces, civil unions, dissolutions, and reciprocal beneficiaries relationships.

- Pregnancy data are for Vermont-resident women only.
- Fetal deaths are defined as death of a fetus prior to birth where the fetus weighs more than 400 grams or is at least 20 weeks gestation. Vermont abortion data do not include abortions performed out-of-state on Vermont-resident women. The data may therefore represent a slight underestimate of the total number of pregnancies.
- Birth data are for babies born to Vermont-resident mothers only.
- Mortality data are reported via death certificates by a physician or by the funeral director. Health Department staff code and enter all vital records received into a computerized database, and send a data file containing some of the information from the records to the National Center for Health Statistics to become part of a national database.

Vital Statistics — U.S.

The U.S. Public Use Database Vital Statistical System maintains U.S. mortality rates. Rates presented in this report are for the U.S. white population and were obtained using the Centers for Disease Control & Prevention's Wonder or Surveillance, Epidemiology, and End Results (SEER) Program SEER*Stat Database: Mortality.

Youth Health Survey

The Youth Health Survey is a self-administered survey of all students in randomly selected classes from randomly selected middle and high schools statewide. The survey is conducted by the Vermont Departments of Health and Education every two years, alternating with the Youth Risk Behavior Survey.

Youth Risk Behavior Survey

The Youth Risk Behavior Survey measures behaviors of students in grades eight through 12 on a variety of health and social issues. For comparison with U.S. data in this report, data for students in grades nine through 12 were used. The survey is conducted every two years since 1993 by the Vermont Departments of Health and Education, and is part of a national surveillance system.

Technical Notes & Definitions

Age-Adjustment

Age-adjustment is the application of age-specific rates in a population of interest to a standardized age distribution to eliminate differences in observed rates that result from differences in the population composition. Age-adjusted rates are useful for comparison purposes only, and are not used to measure absolute magnitude. When measuring absolute magnitude, crude rates are preferred.

Coding used for various age-adjustment groupings are based on *Healthy People 2010* guidelines and are as follows:

- 18-44, 45-64
- 50-64, 65+
- 65-74, 75+
- 18-44, 45-64, 65+
- 20-39, 40-59, 60+
- 18-44, 45-64, 65-74, 75+
- 40-49, 50-64, 65-74, 75+
- 18-44, 45-54, 55-64, 65-74, 75+
- 18-24, 25-34, 35-44, 45-64, 65+
- 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80+
- <1, 1-4, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85+
- 0-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+

Comparability Ratios (ICD Codes)

The International Statistical Classification of Diseases and Related Health Problems (most commonly known by the abbreviation ICD) provides codes to classify diseases and a wide variety of signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or disease. ICD is revised periodically and, as of 1999, is currently in its 10th edition. Comparability ratios are used to look at trends for data prior to 1999, when ICD-9 codes were used.

Health Department District Offices

The Vermont Department of Health operates 12 district offices, each serving the residents of specific towns. All residents of Vermont have a district office of the Department of Health available for health information, disease prevention, and emergency response services. See Town Lists at end of Appendix.

Hospital Service Areas

A hospital service area is a geographically distinct population (residents of a group of towns) with a high level of dependence on a specific hospital or group of hospitals. There are 13 hospital service areas in Vermont as defined by Act 53, "An Act Relating to Hospital and Health Care System Accountability, Capital Spending, and Annual Budgets." See Town Lists at end of Appendix.

Sample Size Suppression Rules

With very small counts, it is often difficult to distinguish between random fluctuation and actual health issues. For this reason, in addition to maintaining confidentiality, data are not presented if the numerator or denominator does not meet certain size cutoffs. Cutoffs vary slightly by dataset and are as follows:

Denominator:

- Behavioral Risk Factor Surveillance System < 50
- Youth Risk Behavior Survey < 50

Numerator:

- Behavioral Risk Factor Surveillance System < 15
- Vital Statistics System < 20
- Hospital Discharge Data < 30
- Cancer Registry < 5

Statistical Significance

The following methodology is used when testing statistical significance at the $p < 0.05$ level:

- If the 95% confidence intervals do not overlap at all, the rates are considered statistically significantly different.
- If the 95% confidence intervals (but not the point estimates) overlap, a chi square test is done to confirm statistical significance.
- If the point value is within the other estimate's 95% confidence interval, it is likely that the rates are not statistically significantly different. Nevertheless, a chi square test is conducted for verification.

Note on Youth Risk Behavior Survey data: Because there are two data sets (one random sample used for state-level estimates, and another census sample used for geographical breakdown analysis) statistically, the most appropriate method for comparison of a geographical area to the state is to simply check whether the confidence intervals overlap.

Note on County/District Office/Hospital Service Area —

Vermont comparisons: Geographic areas are compared to the statewide rate minus the geographic area that is being compared. This is done because the two comparison groups are not independent samples. (A Vermont county is part of Vermont total.)

Town List • by County

Addison

Addison, Bridport, Bristol, Cornwall, Ferrisburgh, Goshen, Granville, Hancock, Leicester, Lincoln, Middlebury, Monkton, New Haven, Orwell, Panton, Ripton, Salisbury, Shoreham, Starksboro, Vergennes, Waltham, Weybridge, Whiting

Bennington

Arlington, Bennington, Dorset, Glastenbury, Landgrove, Manchester, Peru, Pownal, Readsboro, Rupert, Sandgate, Searsburg, Shaftsbury, Stamford, Sunderland, Winhall, Woodford

Caledonia

Barnet, Burke, Danville, Fairfield, Groton, Hardwick, Kirby, Lyndon, Newark, Peacham, Ryegate, Sheffield, St. Johnsbury, Stannard, Sutton, Walden, Waterford, Wheelock

Chittenden

Bolton, Buel's Gore, Burlington, Charlotte, Colchester, Essex, Hinesburg, Huntington, Jericho, Milton, Richmond, Shelburne, South Burlington, St. George, Underhill, Westford, Williston, Winooski

Essex

Averill, Avery's Gore, Bloomfield, Brighton, Brunswick, Canaan, Concord, East Haven, Ferdinand, Granby, Guildhall, Lemington, Lewis, Lunenburg, Maidstone, Norton, Victory, Warren's Gore

Franklin

Bakersfield, Berkshire, Enosburgh, Fairfax, Fairfield, Fletcher, Franklin, Georgia, Highgate, Montgomery, Richford, Sheldon, St. Albans City, St. Albans Town, Swanton

Grand Isle

Alburg, Grand Isle, Isle La Motte, North Hero, South Hero

Lamoille

Belvidere, Cambridge, Eden, Elmore, Hyde Park, Johnson, Morristown, Stowe, Waterville, Wolcott

Orange

Bradford, Braintree, Brookfield, Chelsea, Corinth, Fairlee, Goshen, Newbury, Orange, Randolph, Sheffield, Strafford, Thetford, Topsham, Tunbridge, Vershire, Washington, West Fairlee, Williamstown

Orleans

Albany, Barton, Brownington, Charleston, Concord, Coventry, Craftsbury, Derby, Glover, Greensboro, Holland, Irasburg, Jay, Lowell, Montgomery, Morgan, Newport City, Newport Town, Richford, Sheldon, Troy, Westfield, Westmore

Rutland

Benson, Brandon, Castleton, Chittenden, Clarendon, Danby, Fair Haven, Hubbardton, Ira, Mendon, Middletown Springs, Mount Holly, Mount Tabor, Pawlet, Pittsfield, Pittsford, Poultney, Proctor, Rutland City, Rutland Town, Sherburne, Shrewsbury, Sudbury, Tinmouth, Wallingford, Wells, West Haven, West Rutland

Washington

Barre City, Barre Town, Berlin, Cabot, Calais, Danville, Duxbury, East Montpelier, Fayston, Marshfield, Middlesex, Montpelier, Moretown, Northfield, Plainfield, Roxbury, Waitsfield, Warren, Waterbury, Woodbury, Worcester

Windham

Athens, Brattleboro, Brookline, Dover, Dummerston, Grafton, Guilford, Halifax, Jamaica, Jericho, Landgrove, Londonderry, Marlboro, Newfane, Putney, Rockingham, Searsburg, Somerset, Stratton, Townshend, Vernon, Wardsboro, Westford, Westminster, Whitingham, Wilmington, Windham

Windsor

Andover, Baltimore, Barnard, Bethel, Braintree, Bridgewater, Cavendish, Chester, Hartford, Hartland, Hyde Park, Jericho, Ludlow, Norwich, Plymouth, Pomfret, Reading, Rochester, Royalton, Sharon, Springfield, Starksboro, Stockbridge, Thetford, Weathersfield, West Windsor, Weston, Windsor, Woodstock

Town List • by Health Department District Office

Barre

Barre City, Barre Town, Berlin, Braintree, Brookfield, Cabot, Calais, Duxbury, East Montpelier, Fayston, Marshfield, Middlesex, Montpelier, Moretown, Northfield, Orange, Plainfield, Roxbury, Waitsfield, Warren, Washington, Waterbury, Williamstown, Worcester

Bennington

Arlington, Bennington, Dorset, Glastenbury, Landgrove, Manchester, Peru, Pownal, Readsboro, Rupert, Sandgate, Searsburg, Shaftsbury, Stamford, Sunderland, Winhall, Woodford

Brattleboro

Athens, Brattleboro, Brookline, Dover, Dummerston, Guilford, Halifax, Jamaica, Marlboro, Newfane, Putney, Somerset, Stratton, Townshend, Vernon, Wardsboro, Westminster, Whitingham, Wilmington

Burlington

Bolton, Burlington, Charlotte, Colchester, Essex, Hinesburg, Huntington, Jericho, Milton, Richmond, Shelburne, South Burlington, St. George, Underhill, Westford, Williston, Winooski

Middlebury

Addison, Bridport, Bristol, Buel's Gore, Cornwall, Ferrisburg, Granville, Hancock, Leicester, Lincoln, Middlebury, Monkton, New Haven, Orwell, Panton, Ripton, Salisbury, Shoreham, Starksboro, Vergennes, Waltham, Weybridge, Whiting

Morrisville

Belvidere, Cambridge, Craftsbury, Eden, Elmore, Greensboro, Hardwick, Hyde Park, Johnson, Morristown, Stannard, Stowe, Waterville, Wolcott, Woodbury

Newport

Albany, Averill, Avery's Gore, Barton, Bloomfield, Brighton, Brownington, Brunswick, Canaan, Charleston, Coventry, Derby, Ferdinand, Glover, Holland, Irasburg, Jay, Lemington, Lewis, Lowell, Morgan, Newport City, Newport Town, Norton, Tory, Warren's Gore, Westfield, Westmore

Rutland

Benson, Brandon, Castleton, Chittenden, Clarendon, Danby, Fair Haven, Goshen, Hubbardton, Ira, Mendon, Middletown Spring, Mount Holly, Mount Tabor, Pawlet, Pittsfield, Poultney, Proctor, Rutland City, Rutland Town, Sherburne, Shrewsbury, Sudbury, Tinmouth, Wallingford, Wells, West Haven, West Rutland

Springfield

Andover, Baltimore, Cavendish, Chester, Grafton, Londonderry, Ludlow, Plymouth, Reading, Rockingham, Springfield, Weathersfield, West Windsor, Weston, Windham, Windsor

St. Albans

Alburg, Bakersfield, Berkshire, Enosburg, Fairfax, Fairfield, Fletcher, Franklin, Georgia, Grand Isle, Highgate, Isle La Motte, Montgomery, North Hero, Richford, Sheldon, South Hero, St. Albans City, St. Albans Town, Swanton

St. Johnsbury

Barnet, Burke, Concord, Danville, East Haven, Granby, Groton, Guildhall, Kirby, Lunenburg, Lyndon, Maidstone, Newark, Newbury, Peacham, Ryegate, Sheffield, St. Johnsbury, Sutton, Topsham, Victory, Walden, Waterford, Wheelock

White River Junction

Barnard, Bethel, Bradford, Bridgewater, Chelsea, Corinth, Fairlee, Hartford, Hartland, Norwich, Pomfret, Randolph, Rochester, Royalton, Sharon, Stockbridge, Strafford, Thetford, Tunbridge, Vershire, West Fairlee, Woodstock

Town List • by Hospital Service Area

Barre

Barre City, Barre Town, Berlin, Bolton, Cabot, Calais, Duxbury, East Montpelier, Fayston, Marshfield, Middlesex, Montpelier, Moretown, Northfield, Orange, Plainfield, Roxbury, Topsham, Waitsfield, Warren, Washington, Waterbury, Williamstown, Woodbury, Worcester

Bennington

Arlington, Bennington, Dorset, Dover, Glastenbury, Manchester, Pownal, Readsboro, Rupert, Sandgate, Searsburg, Shaftsbury, Somerset, Stamford, Sunderland, Whitingham, Wilmington, Woodford

Brattleboro

Brattleboro, Brookline, Dummerston, Guilford, Halifax, Jamaica, Marlboro, Newfane, Putney, Stratton, Townshend, Vernon, Wardsboro, Westminster, Windham, Winhall

Burlington

Buel's Gore, Burlington, Cambridge, Charlotte, Colchester, Essex, Fairfax, Ferrisburg, Fletcher, Grand Isle, Hinesburg, Huntington, Jericho, Milton, Monkton, North Hero, Richmond, Shelburne, South Burlington, South Hero, St. George, Starksboro, Underhill, Westford, Williston, Winooski

Middlebury

Addison, Bridport, Bristol, Cornwall, Lincoln, Middlebury, New Haven, Orwell, Panton, Ripton, Salisbury, Shoreham, Vergennes, Waltham, Weybridge, Whiting

Morrisville

Belvidere, Craftsbury, Eden, Elmore, Greensboro, Hardwick, Hyde Park, Johnson, Morristown, Stannard, Stowe, Waterville, Wolcott

Newport

Albany, Averill, Avery's Gore, Barton, Bloomfield, Brighton, Brownington, Brunswick, Canaan, Charleston, Coventry, Derby, Ferdinand, Glover, Holland, Irasburg, Jay, Lemington, Lewis, Lowell, Morgan, Newport City, Newport Town, Norton, Troy, Warren's Gore, Westfield, Westmore

Randolph

Barnard, Bethel, Braintree, Brookfield, Chelsea, Granville, Hancock, Pittsfield, Randolph, Rochester, Stockbridge

Rutland

Benson, Brandon, Castleton, Chittenden, Clarendon, Danby, Fair Haven, Goshen, Hubbardton, Ira, Leicester, Mendon, Middletown Springs, Mount Holly, Mount Tabor, Pawlet, Pittsford, Poultney, Proctor, Rutland City, Rutland Town, Shelburne, Shrewsbury, Sudbury, Tinmouth, Wallingford, Wells, West Haven, West Rutland

Springfield

Andover, Athens, Baltimore, Cavendish, Chester, Grafton, Landgrove, Londonderry, Ludlow, Peru, Rockingham, Springfield, Weathersfield, Weston

St. Albans

Alburg, Bakersfield, Berkshire, Enosburg, Fairfield, Franklin, Georgia, Highgate, Isle La Motte, Montgomery, Richford, Sheldon, St. Albans City, St. Albans Town, Swanton

St. Johnsbury

Barnet, Burke, Concord, Danville, East Haven, Granby, Guildhall, Kirby, Lunenburg, Lyndon, Maidstone, Newark, Sheffield, St. Johnsbury, Sutton, Victory, Walden, Waterford, Wheelock

White River Junction

Bradford, Bridgewater, Corinth, Fairlee, Groton, Hartford, Hartland, Newbury, Norwich, Peacham, Plymouth, Pomfret, Reading, Royalton, Ryegate, Sharon, Strafford, Thetford, Tunbridge, Vershire, West Fairlee, West Windsor, Windsor, Woodstock