

INDICATORS/GOALS

★ statistically better than US ✗ statistically worse than US

Reduce coronary heart disease deaths

(# per 100,000 people)

2020 Goal	89.4
VT 2009	111.7 ★
US 2009	126.0

Reduce stroke deaths

(# per 100,000 people)

2020 Goal	23.4
VT 2009	29.3 ★
US 2009	38.9

Reduce % of people with high blood pressure

- children younger than age 18

2020 Goal	***
VT/US data	not available
- adults (age 18+)

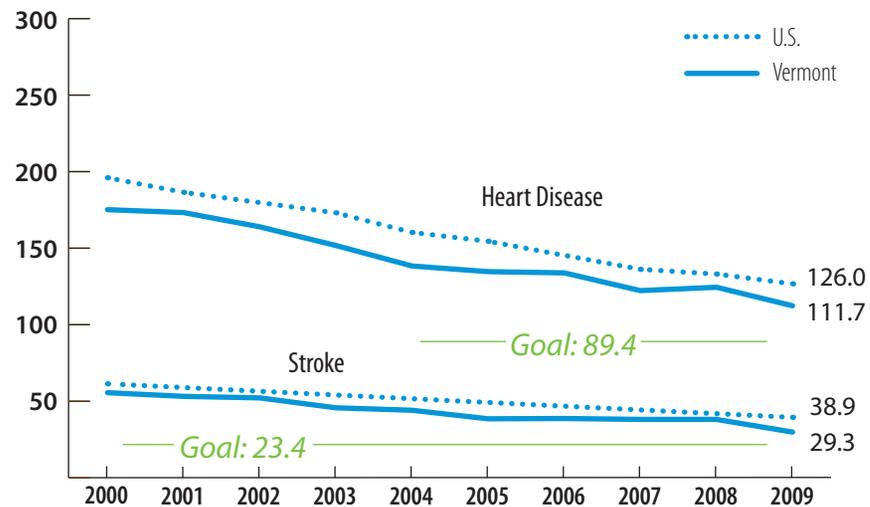
2020 Goal	20%
VT 2009	25% ★
US 2009	28%

Increase % of adults who have had their cholesterol checked in the past 5 years

2020 Goal	85%
VT 2009	75%
US 2009	76%

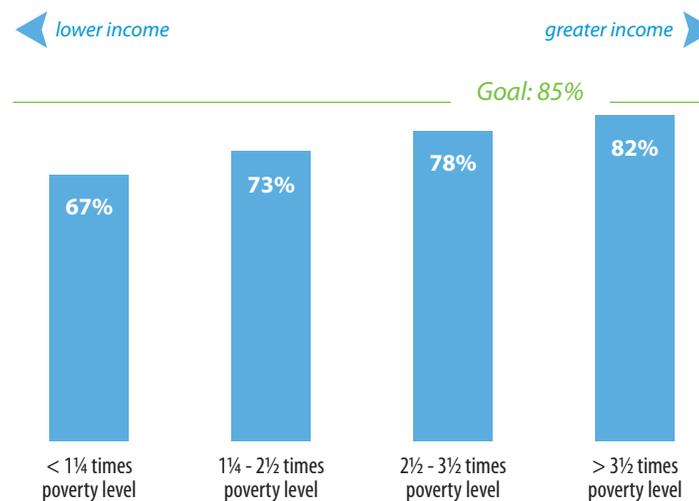
Heart Disease & Stroke Deaths

per 100,000 people



Cholesterol Check & Income

% of adults who have had their cholesterol checked within the past five years, by Federal Poverty Level • 2010

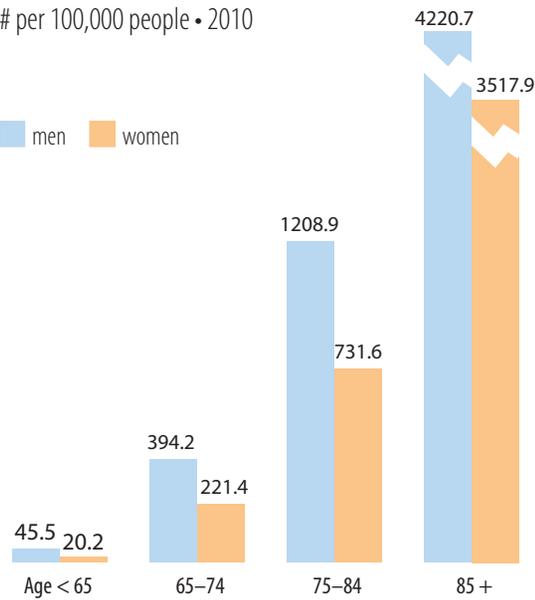


* age 8-17 years *** goal to be developed

Heart Disease & Stroke Deaths

per 100,000 people • 2010

men women

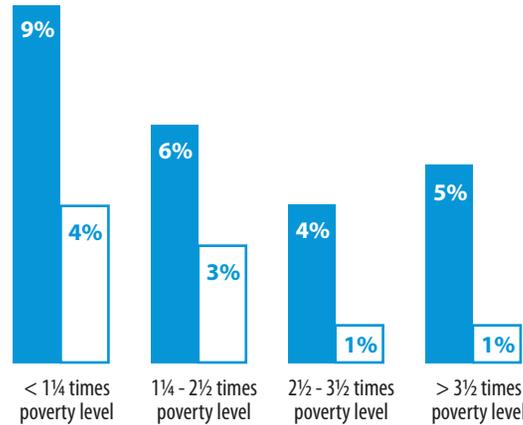


Heart Disease/Stroke & Income

% of adults who have had heart disease or a stroke, by Federal Poverty Level • 2010

← lower income → greater income →

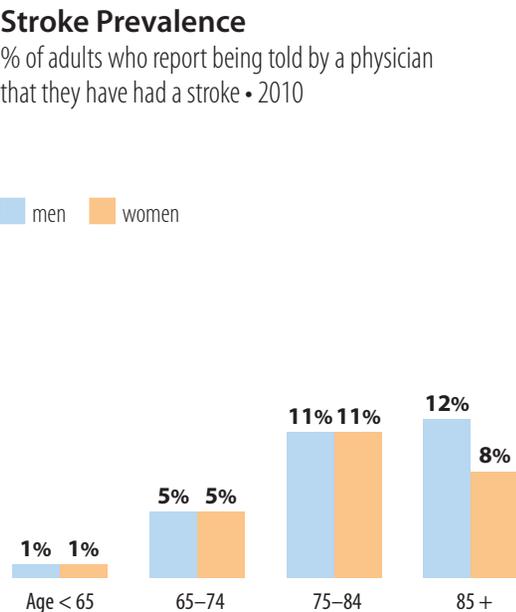
heart disease stroke



Stroke Prevalence

% of adults who report being told by a physician that they have had a stroke • 2010

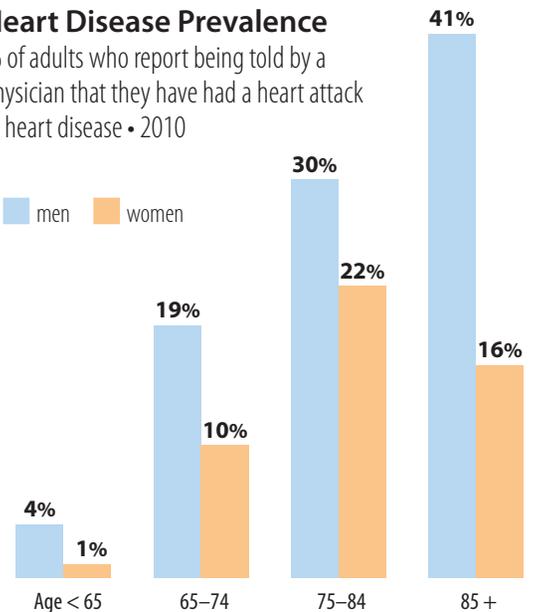
men women



Heart Disease Prevalence

% of adults who report being told by a physician that they have had a heart attack or heart disease • 2010

men women



• What is Heart Disease?

More than 43,000 adult Vermonters have some form of cardiovascular disease. Nationally and in Vermont, death rates from heart disease and stroke have been declining steadily over the past several decades. Still, heart disease is the second leading cause of death after cancer, and stroke is the fifth leading cause of death.

• Preventing Heart Disease & Stroke

Mounting evidence suggests a relationship between heart disease and environmental and psychosocial factors. Communities can help by creating a healthy environment that supports health-promoting behaviors. Access to fresh, healthy and affordable food, safe and smoke-free places to gather and exercise may help people reduce their risk for many chronic conditions, including heart disease.

• Preventing Heart Disease & Stroke

Clinical preventive services have been shown to lower risk of disease. These services include counseling to stop smoking, periodic blood pressure and cholesterol screening, and controlling high blood pressure and cholesterol.

• Know Your Numbers!

About one-quarter of Vermonters have not had their cholesterol checked in the past five years. All adults should know their cholesterol and blood pressure numbers, and how to keep them in control. Knowing the signs and symptoms of heart attack and stroke, calling 9-1-1 right away, and getting timely treatment also saves lives.

INDICATORS/GOALS

★ statistically better than US ✖ statistically worse than US

Reduce overall cancer deaths

(# per 100,000 people)	2020 Goal	151.6
	VT 2009	168.4
	US 2007	178.4

Increase % of cancer survivors who report –

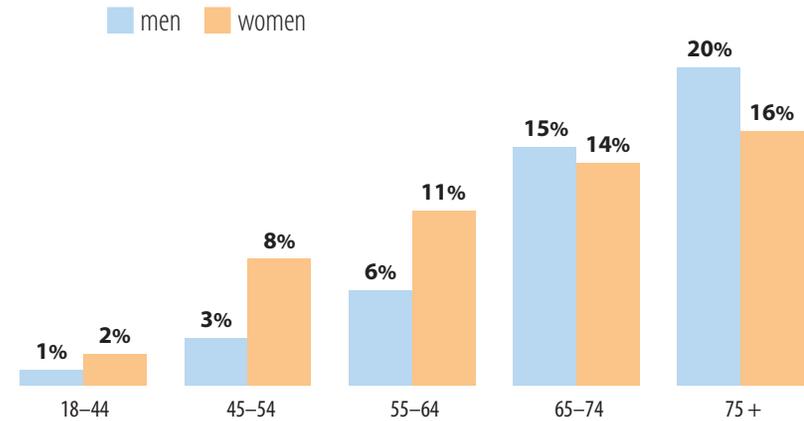
• excellent to good general health	2020 Goal	85%
	VT 2010	76%
	US data not available	
• always or usually getting emotional support	2020 Goal	90%
	VT 2010	83%
	US data not available	

Increase % of adults who receive recommended –

• cervical cancer screening (women age 21+)	2020 Goal	95%
	VT 2010	84%
	US 2010	83%
• breast cancer screening (women age 50-74)	2020 Goal	95%
	VT 2010	83% ★
	US 2010	80%
• colorectal cancer screening (men and women age 50-75)	2020 Goal	80%
	VT 2010	71% ★
	US 2010	63%
• discussion about PSA screening for prostate cancer with health care provider (men)	2020 Goal	***
	VT/US data not available	

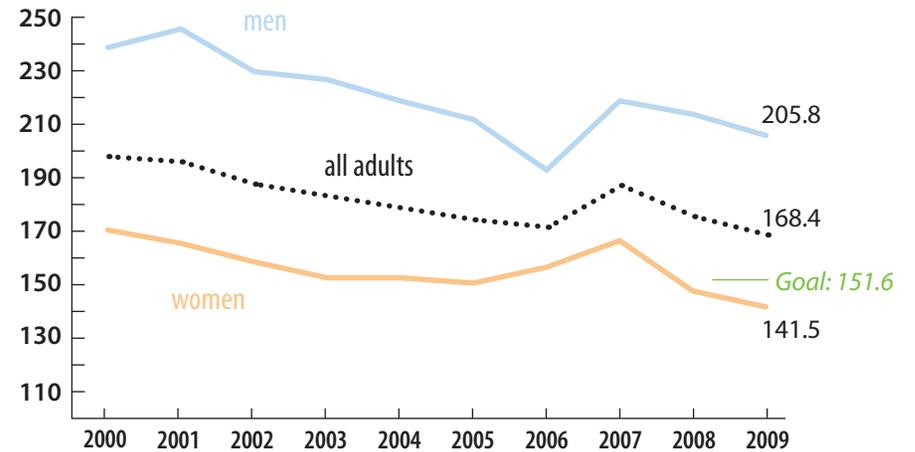
Cancer Prevalence & Age/Gender

% of adults who report they have ever been diagnosed with cancer • 2010



Cancer Deaths

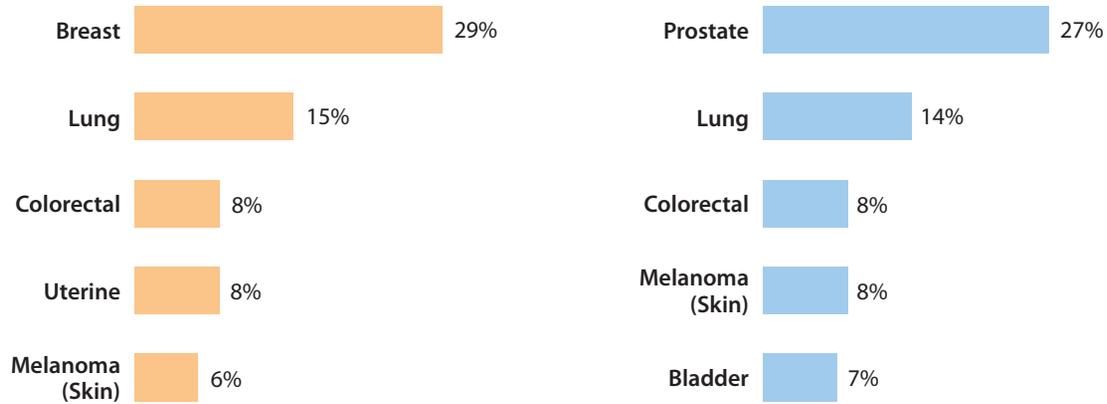
per 100,000 people



*** goal to be developed

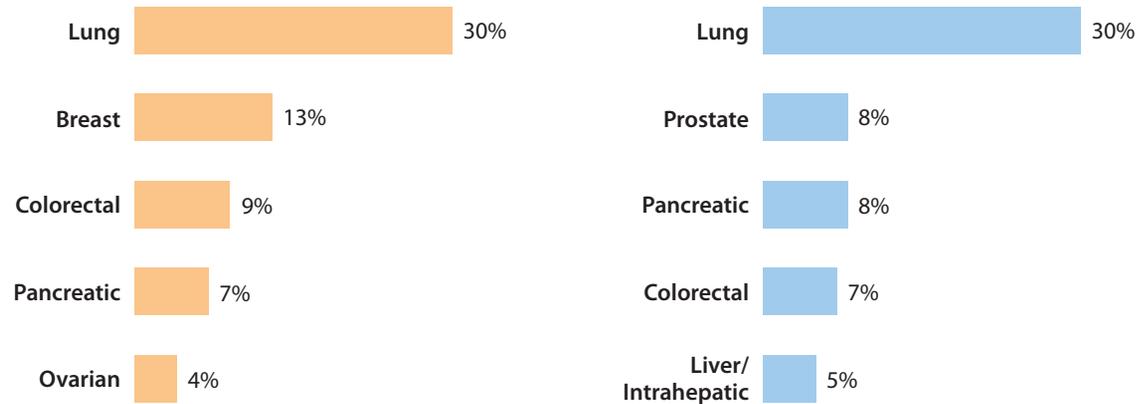
Most Commonly Diagnosed Cancers

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



Most Common Causes of Cancer Deaths

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



• Cancer is Not One Disease, but Many

Cancer is not one disease, but a group of more than 100 different diseases that often develop gradually as the result of a complex mix of lifestyle, environment and genetic factors. Cancer will affect all of us in some way. Either we have had cancer ourselves, or we know someone who has.

• Incidence & Mortality

Nearly one-half of all men and one-third of all women will develop cancer in their lifetime. Each year more than 3,500 Vermonters are diagnosed with some form of cancer. Cancer has overtaken heart disease, and is now the leading cause of death in Vermont. Each year, more than 1,200 Vermonters die from some form of cancer.

• Risk Factors

Cancer occurs in people of all ages, but risk increases significantly with age. Nearly two-thirds of cancer deaths in the U.S. can be linked to tobacco use, poor diet, obesity and lack of physical activity. Not all cancers are preventable, but risk for many can be reduced through a healthy lifestyle.

• Cancer is Survivable

Cancer is most survivable when found and treated early. New and improved treatments are helping people live longer than ever before. The five-year survival rate is the percentage of people who live at least five years beyond the diagnosis. An estimated 29,000 Vermonters are living with a current or previous diagnosis of cancer.

• Breast Cancer

In Vermont, breast cancer is the most commonly diagnosed cancer in women, with about 500 women diagnosed each year. The breast cancer death rate has decreased since the 1990s. Still, each year, about 80 women die from breast cancer.

Because incidence of breast cancer increases with age, women age 50 to 74 should have a mammogram every two years. Women who have had breast cancer or have a mother, sister or daughter with breast cancer have a greater risk. Risk may also be related to hormones and diet. Women under age 50 who are at higher risk due to personal or family history should discuss screening with their health care provider.

Mammography, combined with a clinical breast exam, is still the most effective means of early detection. In Vermont, the majority of breast cancers are diagnosed at the localized stage – the most treatable stage before the cancer has spread. Still, screening is underutilized.

• Cervical Cancer

Some cervical cancers result from infection with one of the strains of HPV, the human papilloma virus. In Vermont each year, about 16 women are diagnosed and four die from the disease. Cervical cancers do not form suddenly. HPV vaccination, early detection through Pap tests, and treatment of pre-cancerous lesions make deaths from cervical cancer almost entirely preventable. The HPV vaccine doesn't protect against all strains, so women should start having regular Pap tests at age 21.

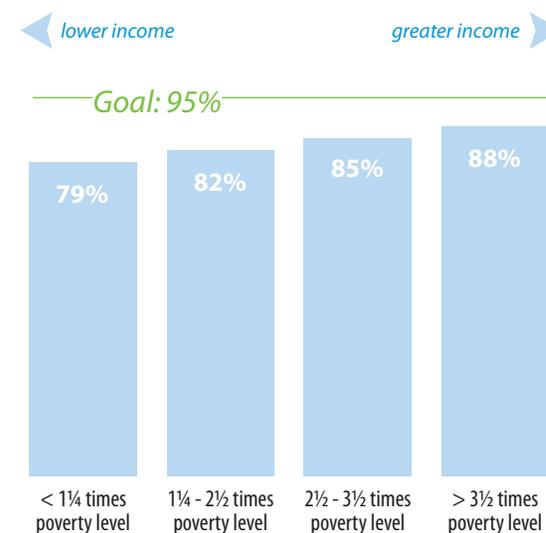
Mammograms & Income

% of women age 50-74 who report having a mammogram in past 2 years, by Federal Poverty Level • 2010



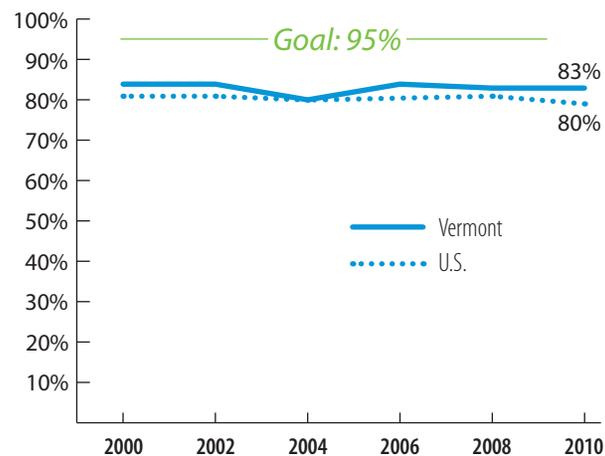
Pap Test & Income

% of women age 21+ who report having a Pap test in past 3 years, by Federal Poverty Level • 2010



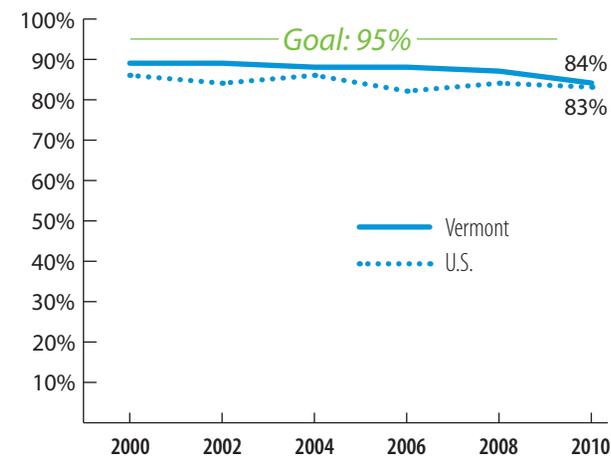
Breast Cancer Screening

% of women age 50-74 who have had a mammogram in the past 2 years



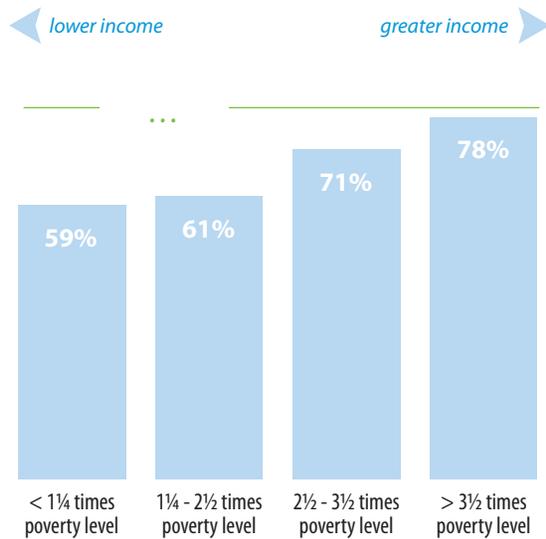
Cervical Cancer Screening

% of women age 21+ who have had a Pap test in the past 3 years



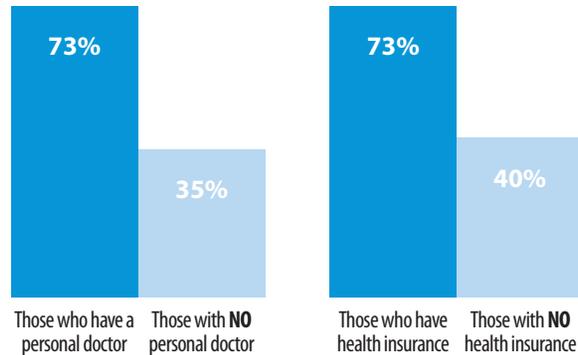
Colorectal Screening & Income

% of adults age 50-75 who report having been screened for colorectal cancer in the past 5 years • 2010



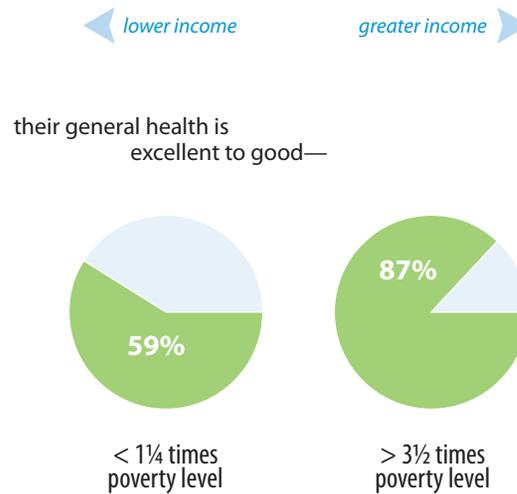
Colorectal Cancer Screening & Health Care

% of adults age 50-75 who report having been screened for colorectal cancer in the past 5 years • 2010

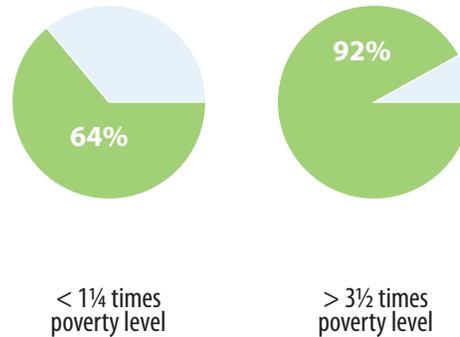


Cancer Survivors' Health & Income

In 2010, % of cancer survivors who report that –



they get the emotional/ psychological help they need—



• Prostate Cancer

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

• Colorectal Cancer

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

• Living With and Beyond Cancer

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

• Cancer Disparities

Nationally, white non-Hispanics have a higher risk for female breast, melanoma and bladder cancer, and lower risk for prostate, colorectal and cervical cancer than people of racial or ethnic minority groups. In Vermont, white non-Hispanics are more likely to die from cancer (169.2 deaths per 100,000 people) than people of racial or ethnic minority groups (103.7 per 100,000).

INDICATORS/GOALS

★ statistically better than US ✗ statistically worse than US

Increase % of people with diabetes who have –

• diabetes education	2020 Goal	60%
	VT 2010	51%
	US 2008	57%
• blood pressure under control	VT/2020 Goal	***
	US 2005-08	52%
• annual dilated eye exam	2020 Goal	60%
	VT 2010	51%
	US 2008	53%
• an A1C* value of less than 7%	VT/2020 Goal	***
	US 2005-08	54%

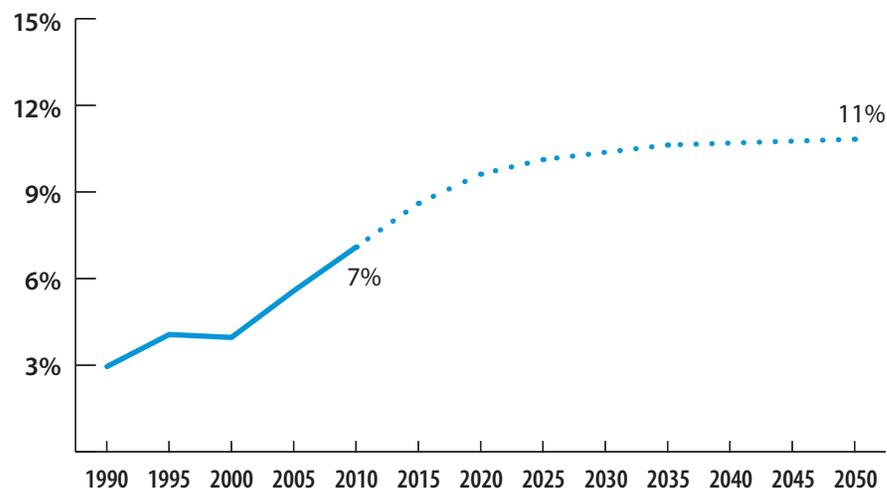
Reduce the rate of new cases of end-stage renal disease

(# per million people)

2020 Goal	200.0
VT 2009	222.0 ★
US 2007	353.8

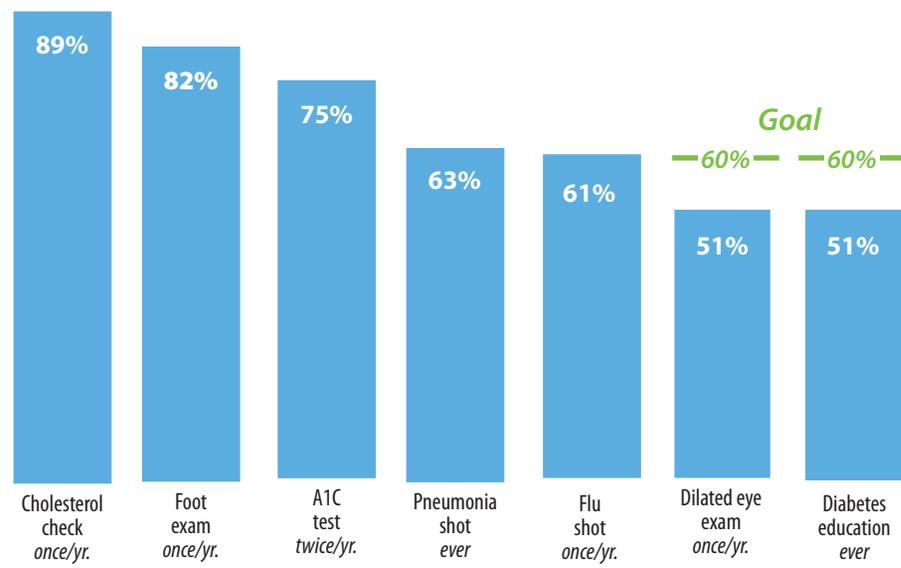
Projected Prevalence of Diabetes

% of adults who have diabetes



Clinical Care for Diabetes

% of adults with diabetes who report they have medical care that meets clinical guidelines • 2010

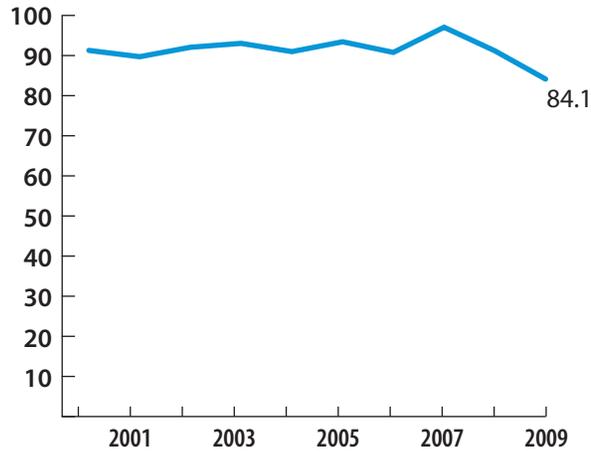


* A1C is a measure of diabetes control

*** Vermont data not available and goal to be developed

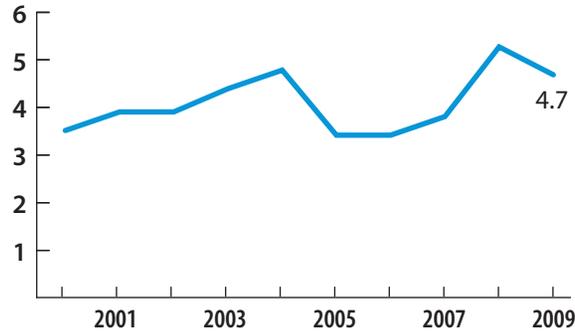
Diabetes-related Deaths

per 100,000 people



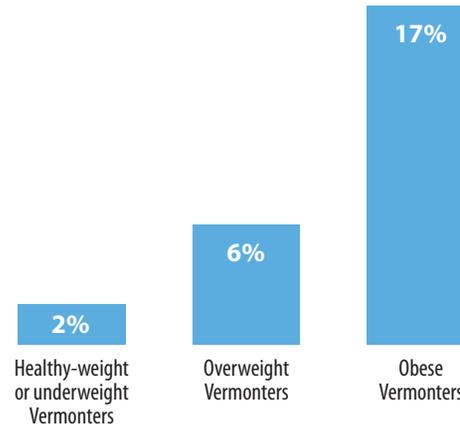
Diabetes Hospitalizations

per 10,000 people



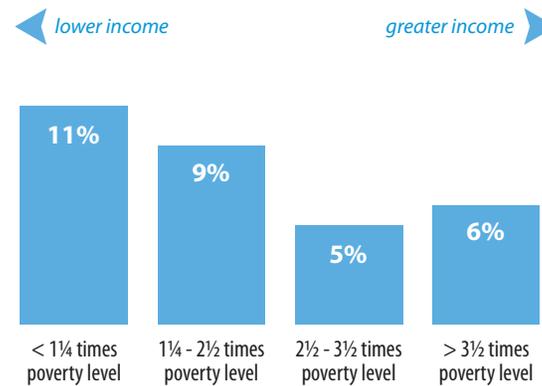
Diabetes & Weight

In 2010, % of adults who have diabetes, among —



Diabetes & Income

% of adults who have diabetes, by Federal Poverty Level • 2010



• Diabetes is Linked to Obesity

The growing prevalence of Type 2 diabetes is linked to the obesity epidemic. About 95% of diabetes is Type 2, which can be prevented, delayed or better managed with healthy eating and physical activity. An estimated 50,000 Vermonters have diabetes, and 130,000 have pre-diabetes and are at risk of developing the disease. Yet more than one-quarter of those with diabetes, and more than three-quarters with pre-diabetes have not yet been diagnosed.

• Who is at Risk?

Overweight and inactivity, having high blood pressure, high cholesterol, being age 45 and older, or having a family history of diabetes puts a person at risk of developing diabetes – as well as women who have had gestational diabetes, delivered a baby over nine pounds, or have had polycystic ovary syndrome. In Vermont, people of racial and ethnic minority groups are at greater risk (9%), compared to white non-Hispanics (6%).

• Diabetes Education is Key

Only a little more than half of Vermonters who have diabetes have ever had formal education about screening, treatment and self-management, yet having these skills can reduce many serious and life-threatening complications, and improve quality of life.

• Chronic Kidney Disease

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

INDICATORS/GOALS

★ statistically better than US ✘ statistically worse than US

Reduce hospitalizations for asthma (# per 10,000 people)

• children under age 5	2020 Goal	14.0
	VT 2009	19.0 ★
	US 2007	41.4
• age 5-64	2020 Goal	4.2
	VT 2009	4.9 ★
	US 2007	11.1
• age 65+	2020 Goal	9.3
	VT 2009	11.8 ★
	US 2007	25.3

Increase % of people with asthma who have a written asthma management plan from a health care provider –

• children younger than 18	2020 Goal	65%
	VT 2010	48%
• adults age 18+	2020 Goal	40%
	VT 2010	32%
	US data not comparable	

Increase % of people with asthma who have been advised to make changes at home, school and work –

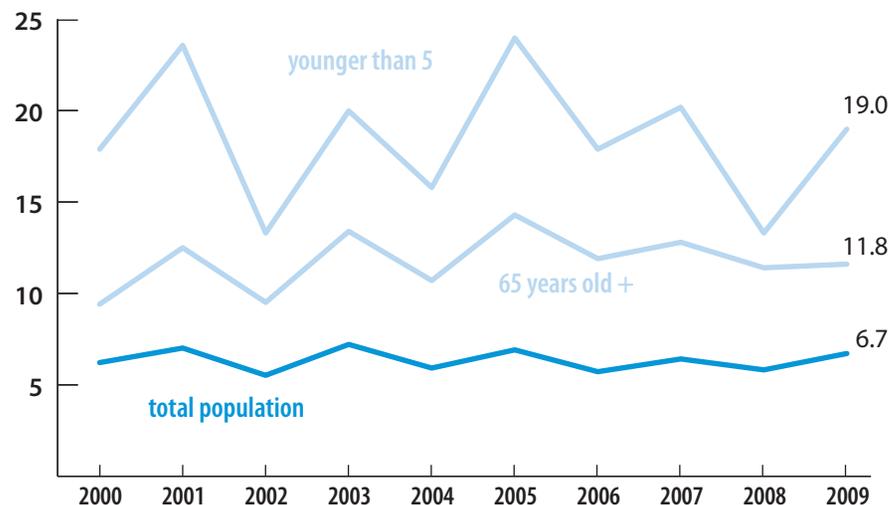
• children younger than 18	2020 Goal	50%
	VT 2010	33%
• adults age 18+	2020 Goal	45%
	VT 2010	35%
	US data not comparable	

Reduce % of adult non-smokers

exposed to secondhand smoke	2020 Goal	30%
	VT 2010	43%
	US data not comparable	

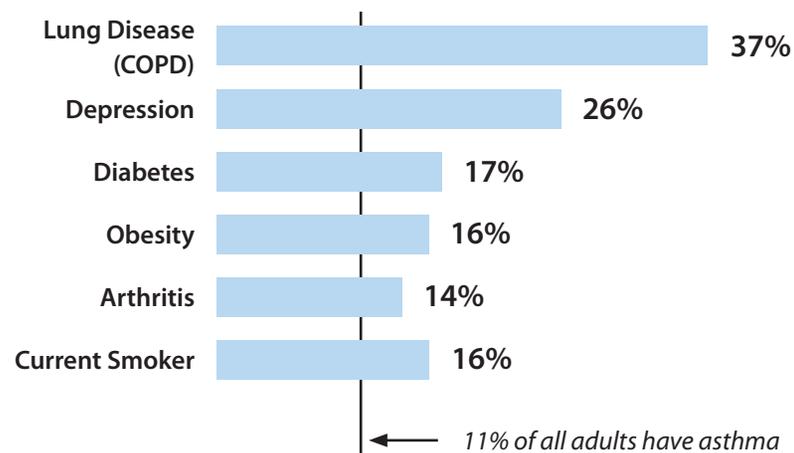
Asthma Hospitalizations

of hospital discharges per 10,000 people



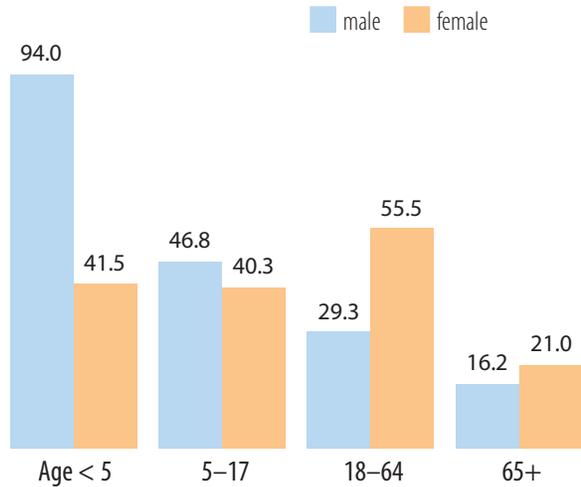
Asthma & Chronic Disease

% of adults who have asthma, among those who have—



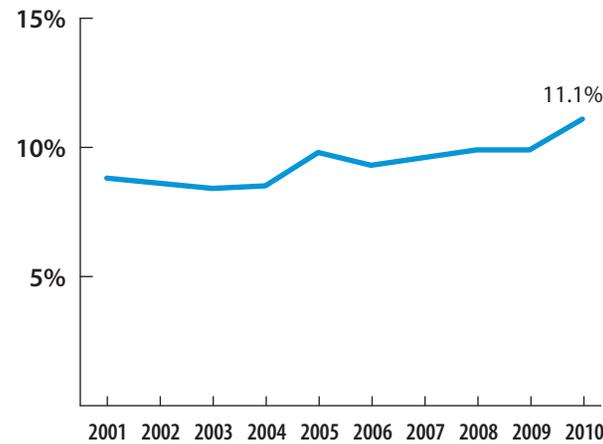
Emergency Dept. Visits for Asthma

visits to the ED per 10,000 people • 2009 *



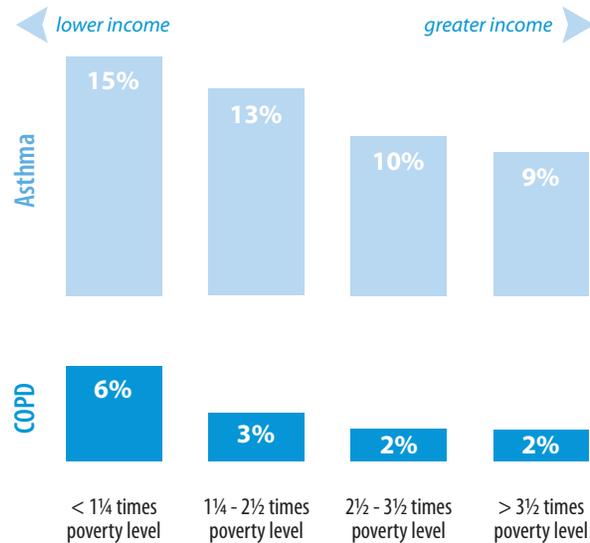
Asthma Prevalence

% of adults who currently have asthma



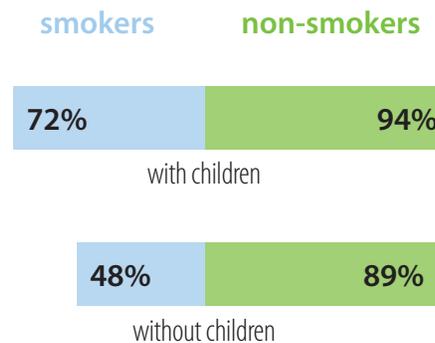
Respiratory Disease & Income

% of adults who have asthma or chronic obstructive pulmonary disease, by Federal Poverty Level • 2010



Smoking Bans

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



• Asthma

Asthma is a serious chronic disease that inflames and narrows the airways in the lungs, and can cause recurring attacks of wheezing, chest tightness, shortness of breath and coughing. Asthma affects people of all ages, but it most often starts during childhood. In Vermont, about 67,000 people are known to have asthma. Nearly 13,000 of them are children. Between 1980 and 1994, the prevalence of asthma in the U.S. increased by 75%.

• Reduce Hospitalizations for Asthma

Utilization of acute inpatient care for asthma is an indicator of the health of Vermonters who have asthma. Asthma hospitalizations have been declining over time with improved clinical care and patients following treatment guidelines, and may be due also to efforts to mitigate the environmental triggers that can exacerbate asthma.

• Importance of an Asthma Action Plan

People with asthma should routinely check in with their health care provider and have an asthma action plan to help identify triggers in the environment to change or avoid, recognize symptoms, and know when and how to use medications and seek medical attention.

• Zero Exposure to Secondhand Smoke

There is no safe exposure to tobacco smoke, especially for children. A growing number of adults, both smokers and nonsmokers, have instituted smoking bans at home and in the car.

* all visits for asthma that did not result in hospitalization

INDICATORS/GOALS

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Reduce % of adults with diagnosed arthritis who have limitations in their activity

2020 Goal	40%
VT 2009	45%
US 2008	45%

Increase % of adults with diagnosed arthritis who receive –

- counseling on physical activity

2020 Goal	65%
VT 2003	58%
US data not comparable	
- arthritis education

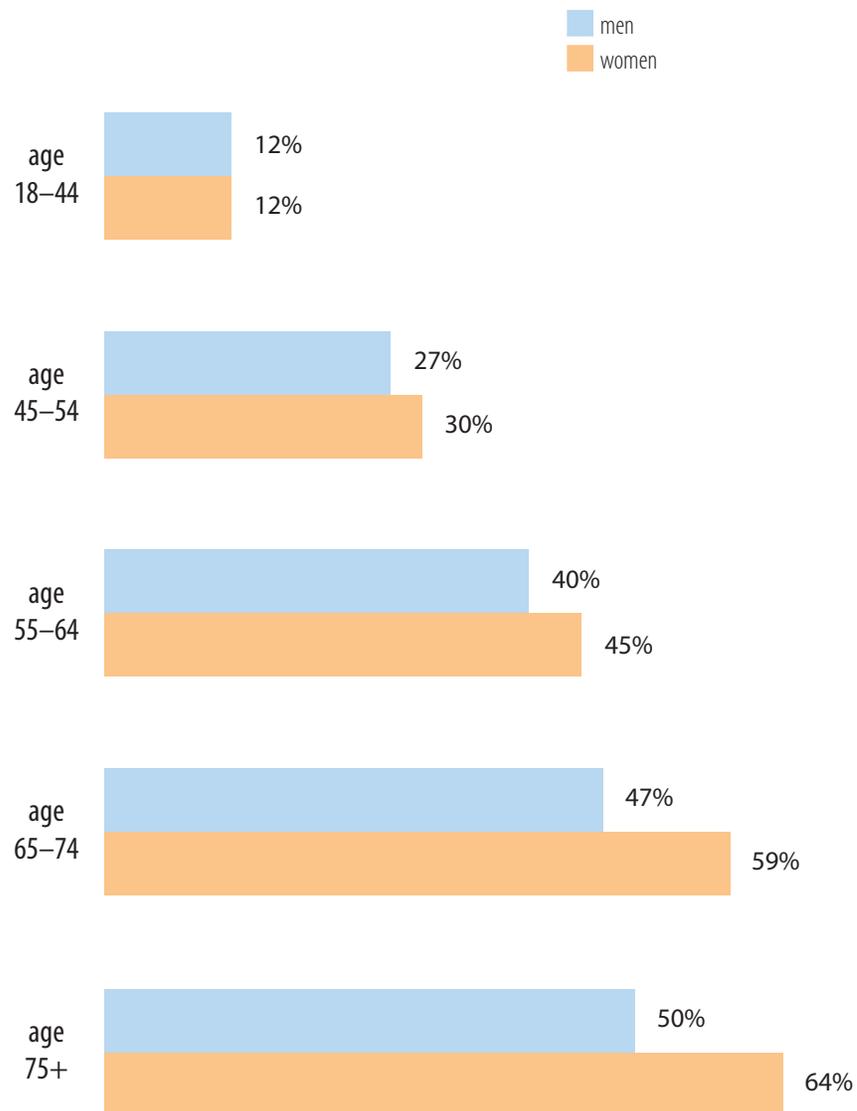
2020 Goal	15%
VT 2003	12%
US data not comparable	

Reduce % of adults age 50+ who have osteoporosis

2020 Goal	10%
VT 2007	12%
US data not comparable	

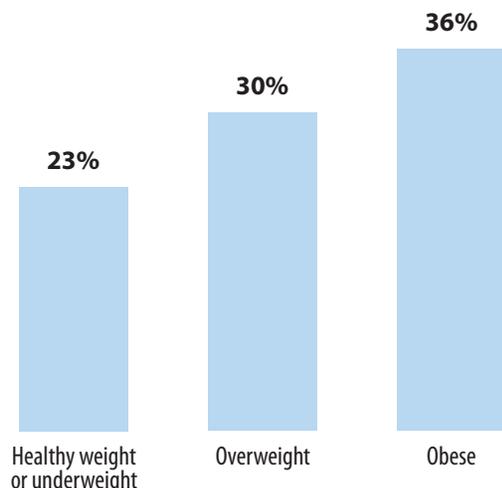
Arthritis & Age

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



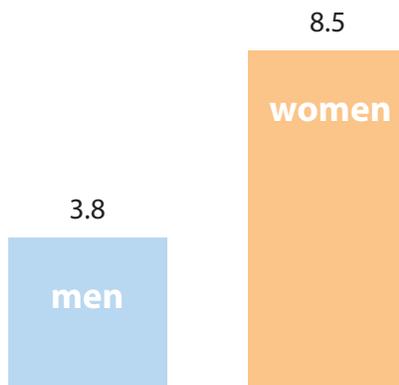
Arthritis & Weight

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



Prevalence of Hip Fractures

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



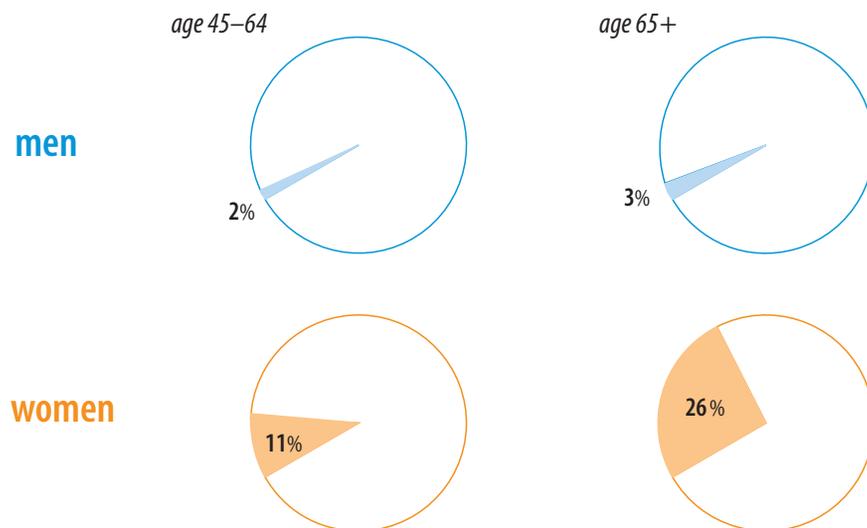
• What is Arthritis and Who Has It?

The term arthritis is used to describe more than 100 conditions that affect the joints and tissues, including osteoarthritis, rheumatoid arthritis, lupus, carpal tunnel syndrome, fibromyalgia and gout. Osteoarthritis is the most common form of arthritis, and the most common cause of disability. As the population ages, the number of adults with doctor-diagnosed arthritis and limitations in activity is likely to grow steadily through 2030.

People who are overweight or obese are more likely to have arthritis compared to those who are normal weight or underweight. Contrary to national statistics, in Vermont arthritis is more common among racial and ethnic minorities (31%) than among white non-Hispanics (25%).

Osteoporosis by Age/Gender

% of adults ever diagnosed with osteoporosis • 2007



• What is Osteoporosis and Who Has It?

Osteoporosis is a thinning of bone tissue and loss of bone density over time. About 12% of adult Vermonters have been diagnosed, with highest rates among older women.

• Prevention, Treatment and Management

Maintaining a healthy weight, not smoking, avoiding excessive alcohol use, adequate intake of calcium and vitamin D, physical activity, strength training and weight bearing exercise promotes bone health and helps to prevent disease. Physical activity helps control the joint swelling and pain of arthritis. Early diagnosis, treatment and appropriate self-management can slow progression of disease, depression, ease fatigue, and improve quality of life.

INDICATORS/GOALS

★ statistically better than US ✗ statistically worse than US

Increase % of sexually active people who use condoms

• females grades 9-12	2020 Goal	65%
	VT 2011	58%
	US 2011	54%
• females age 18-44	2020 Goal	45%
	VT 2008	41%
	US data not comparable	
• males grades 9-12	2020 Goal	75%
	VT 2011	68%
	US 2011	67%
• males age 18-44	2020 Goal	65%
	VT 2008	59%
	US data not comparable	

Increase % of people tested for HIV

• youth younger than age 18 (ever tested)	2020 Goal	15%
	VT 2011	10%
	US data not available	
• adults age 18-64 (tested past 12 months)	2020 Goal	10%
	VT 2010	5% ✗
	US 2010	10%

Reduce # of new HIV diagnoses (5-year average)

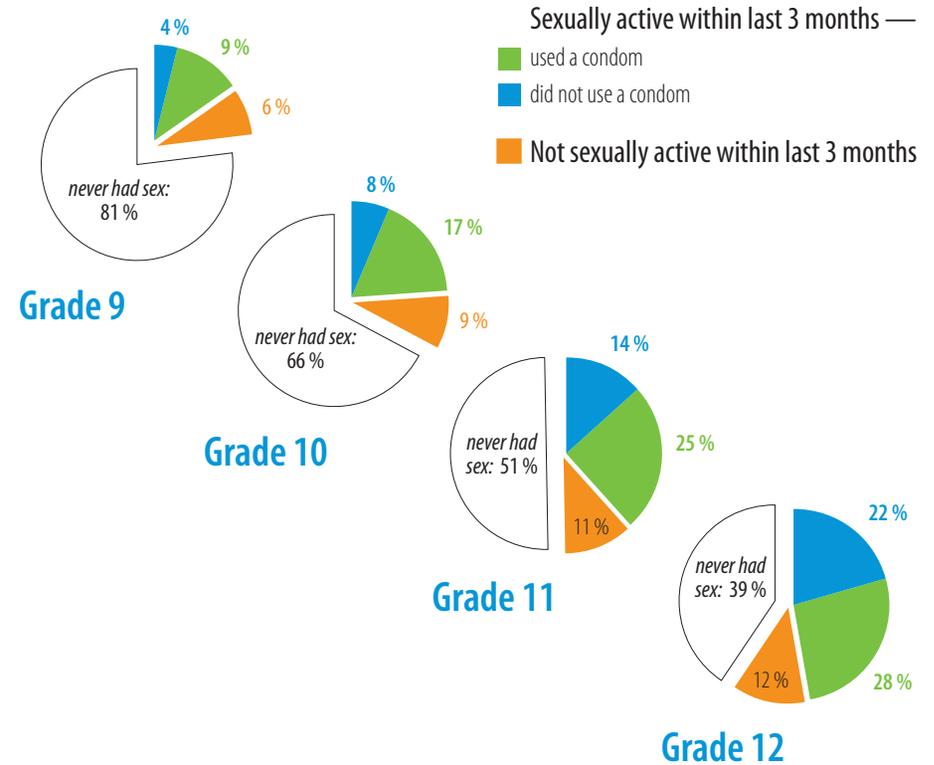
2020 Goal	5
VT 2006-10	9
US data not available	

Reduce % of females age 15-24 with chlamydia infection

2020 Goal	1.0%
VT 2010	1.6% ★
US 2008	7.4%

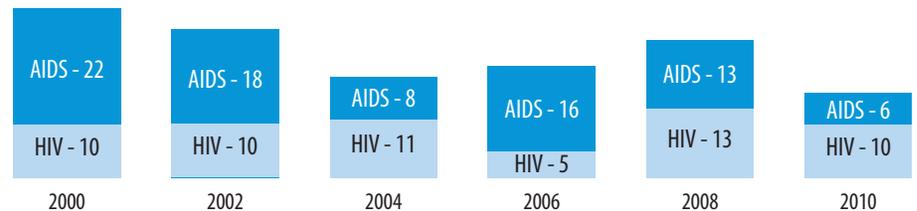
Youth Sexual Behavior

among 9th-12 graders, by self-report • 2011



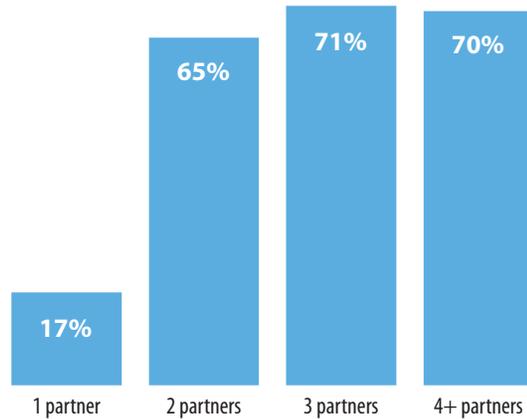
HIV & AIDS Diagnoses

of newly diagnosed cases statewide each year



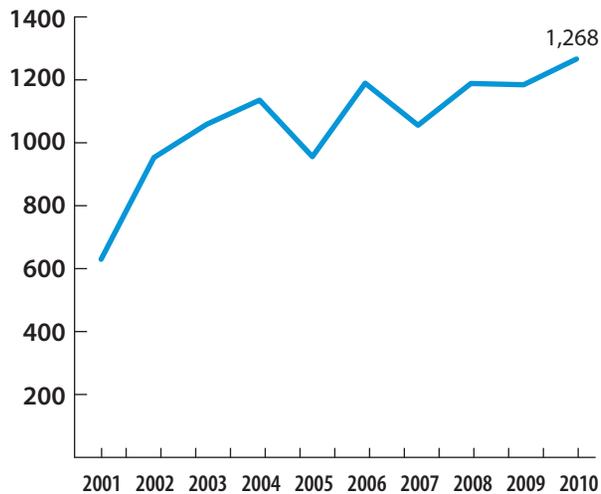
Condom Use by Adults

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



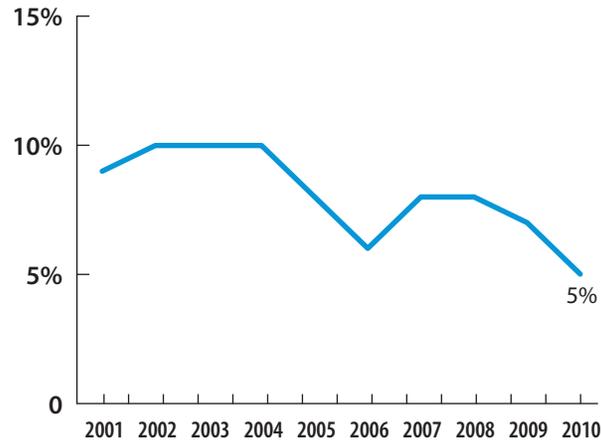
Chlamydia Diagnoses

of cases reported to the Vermont Department of Health



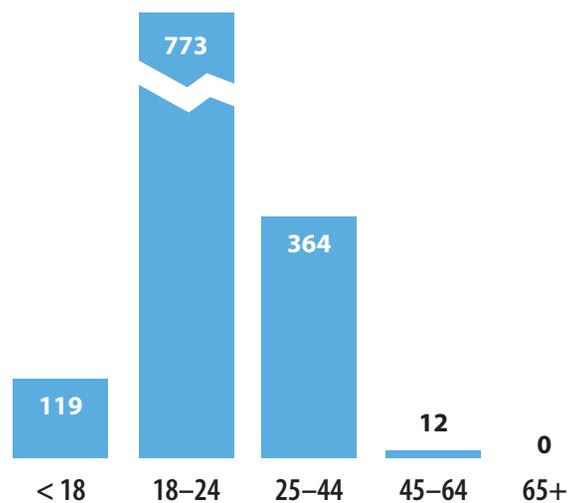
HIV Testing

% of adults age 18-64 who report they have been tested for HIV in the past 12 months



Chlamydia by Age

of cases reported, by age group • 2010



• HIV and AIDS

HIV is a serious infection that, without treatment, can lead to AIDS and early death. The number of people living with HIV in the U.S. is nearly 1.2 million, with about 50,000 new cases diagnosed each year. At the close of 2010, 238 Vermonters were known to be living with AIDS, and 161 were known to be living with HIV. An estimated 100 more are living with the virus, but are unaware.

• Know Your HIV Status

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

• Preventing Sexually Transmitted Diseases

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

• Chlamydia

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