VT Health Care Innovation Project
Population Health Work Group Meeting Agenda

Date: Tuesday, Dec. 10, 2013 Time: 2:30-4:00 pm
Location GMCB 3rd floor conference room, City Center 89 Main St

Call-In Number: 1-877-273-4202; Passcode: 9883496

All Participants: Please ensure that you sign in on the attendance sheet the will be circularized at the beginning of the meeting, Thank you.

AGENDA

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action #
1	2:30	Welcome, introduction and approval of minutes		Minutes	
2	2:40	Agenda review • Key area of work is to suggest population health measures • Measures workgroup starting with ACO – primarily clinical • Today to start exploring a framework for linking clinical (ACO) to population health measures	Karen Hein Tracy Dolan	Agenda Healthy Vermonters 2020 State Health Improvement Plan (hard copy)	
3	2:45	Population Health Measures – Health through the lens of contributors to health	Tracy Dolan	PowerPoint	
4	3:00	Contributors Analysis – Small group exercise	Heidi Klein		
5	3:10	Discussion Linking Clinical and Population Health /Multiple-Determinants Data -- What would it mean to the project?	Karen Hein		
6	3:40	Final Thoughts and Public Comment	Heidi Klein		
7	3:50	Next Meeting: Introduction of ACO measures • Year one set • Years two and three can add • Next meeting with Pat Jones		ACO Measures	

OPEN ACTION ITEM LOG					
Date Added	**Action Number**	**Assigned to:**	**Action /Status**	**Due Date**	**Date Closed**
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VT Health Care Innovation Project
Population Health Work Group Meeting Minutes

Date : November 13, 2013

Attendees: Karen Hein, Co-Chair; Tracy Dolan, Co-Chair; Ena Backus; Abe Berman; Bob Bick; Sarah Markowicz; Jill Berry-Bowen; Mark Burke; Donna Burkett; Jan Carney; Barbara Cimaglio; Daljit Clark; Judy Cohen; Janet Corrigan; Elizabeth Davis; Wendy Davis; Kevin Donovan; Christine Geiler; Jim Hester; Churchill Hindes; Pat Jones; Heidi Klein; Nelson LaMothe; Georgia Maheras; Melissa Miles; Chuck Myers; Jenney Samuelson; Mary Skovira; JoEllen Tarallo-Falk; Stephanie Winters; Diane Kahn; Allan Ramsay; Kim McClellan.

Agenda Item	Discussion	Next Steps
1 Welcome and review of agenda		
2 Overview of VT Health Care Innovation Project	Georgia Maheras offered an overview of VHCIP and the mission of Work Groups. Federal requirements are focused to address the triple aim (improve care, improve population health, reduce healthcare costs). The org chart reflects a public/private alignment and stakeholder involvement with a commitment to transparency. Approximately 280 stakeholders are participating, and the project is aligned with Blueprint, Duals Demonstration, and the 1115 waiver. Co-Chairs also sit on the Steering Committee. A detailed timeline of expectations will be provided to Work Groups in early December.	
3 Integration of Population Health	Karen Hein referenced the similarity of the VHCIP project with Robert Wood Johnson's mission of a "culture of health". Karen also referenced David Kindig and the national work that demonstrates that health outcomes are affected by multiple determinants. The mission of the Population Health Work Group is offer recommendations of how to meet the third aim of the triple aim – improved population health – by leveraging the innovations in VHCIP to address the determinants of health of the community while creating efficiencies and cost savings in the health care delivery system. There was some discussion about the triple aim and recognition that in some sources patient	

Agenda Item	Discussion	Next Steps
	satisfaction, rather than improved population health, is the third aim. While CMMI has yet to fully clarify its intent, the Core Team for this project is building on prior work on health care reform in VT that clearly state that improved population health is the goal.	
4 Introduction of Work Group Members	Each participant attending described their affiliation and offered a brief statement about why they wanted to be involved in the VHCIP project (too comprehensive to publish here, however in the next few weeks, participants will be polled for a brief bio which will be distributed). Many of the participants are also members of other work groups for the VHCIP. This will enable some great cross-fertilization.	
5 Review draft charter and work plan	Tracy Dolan reviewed the draft Charter and expectations that the Charge to the Population Work Group provide a set of recommendations to the Core Team. The Work Group's recommendations focus on: - Consensus on population health measures to be used in tracking the outcomes of the Vermont Health Care Innovation Project (formerly known as SIM) and to be incorporated in the new payment models - How to pay for population health through modifications to proposed health reform payment mechanisms, and identification of promising new financing vehicles that promote financial investment in population health interventions - Identifying and disseminating current initiatives where clinical and population health are coming together and Identifying opportunities to enhance new health delivery system models in integrating population health outcomes The Work Group will build upon the State Health Improvement Plan which is has identified 5 priorities from the Healthy Vermonters 2020 population health data and goals. The related work plan and milestones shall be developed as well as a glossary of terms.	
6 Expectations for participants/functions and mechanics of the work group	The group will meet monthly in Montpelier. Calendar invites for the year will be sent. While the group will be largely advisory, Karen Hein indicated there is a likelihood that smaller sub-groups may be charged with focused assignments. The project management team has standardized formats for documents, provides a central repository for same, and will attend all meetings.	

Agenda Item	Discussion	Next Steps

Vermont Health Care Innovation Project

Population Health Working Group

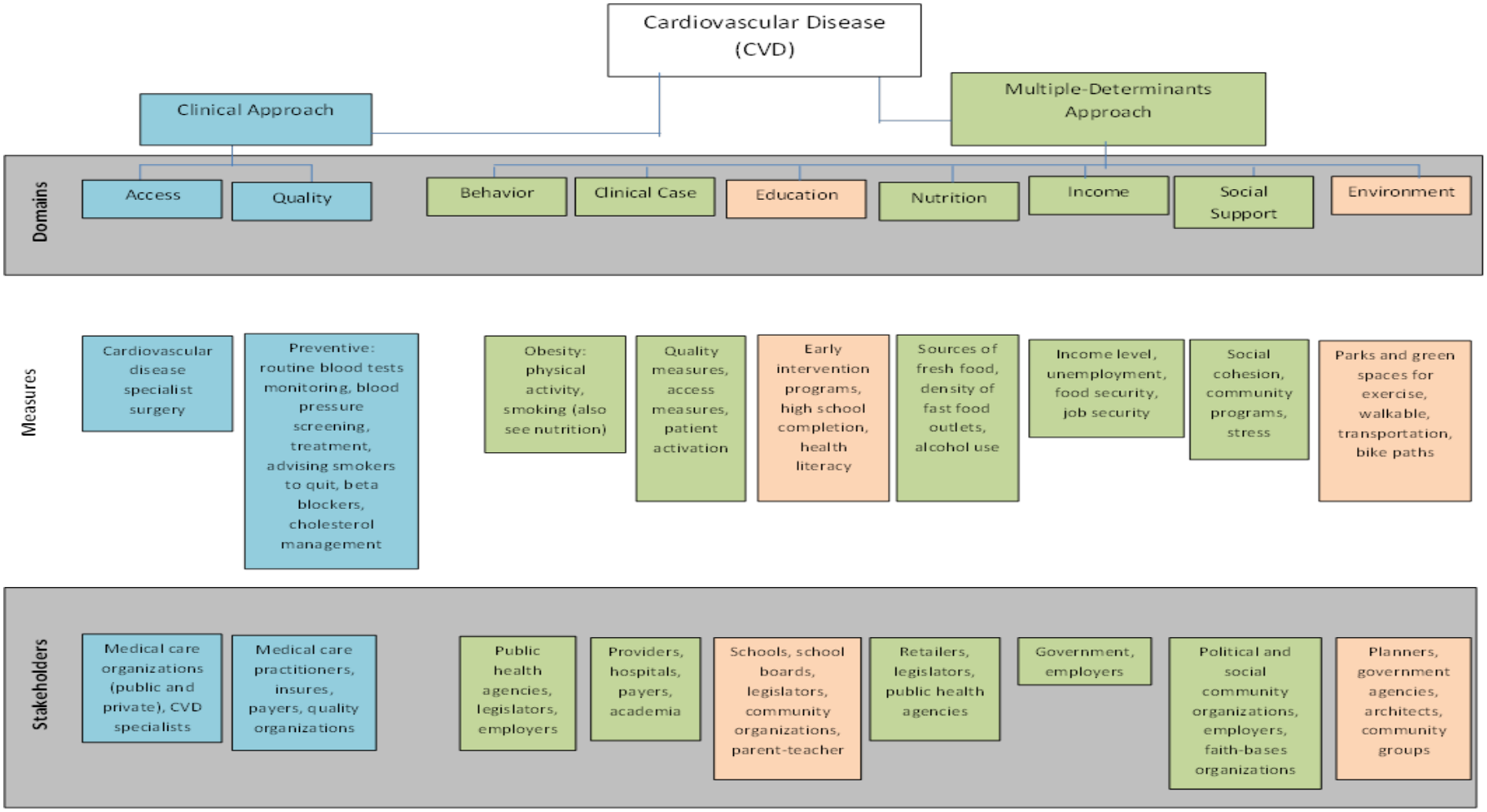
Tracy Dolan and Karen Hein, Co-chairs

December 10, 2013

Agenda

1. Welcome, introductions and approve minutes
2. Agenda Review
3. Population Health Measures
4. Contributor Analysis
5. Moving From Clinical to Population Health and Multiple Determinants
6. Final Thoughts and Public Comment
7. Next Meet: In-depth look at ACO measures
8. Future meeting schedule and location

Contrasting Multiple-determinants and Clinical Approaches



IOM (Institute of Medicine). 2011. For the Public's Health: The Role of Measurement in Action and Accountability. Washington, DC: The National Academies Press.

Page 40, Chart 2-1b

Linking Clinical and Population Measures

- ACO measures rely on claims data and medical records → only individuals seeking and receiving medical care
- Population health data includes all Vermonters and subpopulations
- Population health starts with Leading Health Indicators (e.g. Healthy Vermonters)
- Population health data uses a multiple determinants approach

Population Health Status

HV2020 is the State Health Assessment that documents the health status of Vermonters at the start of the decade, and the population health indicators and goals that will guide the work of public health through 2020. It is aligned with Healthy People.

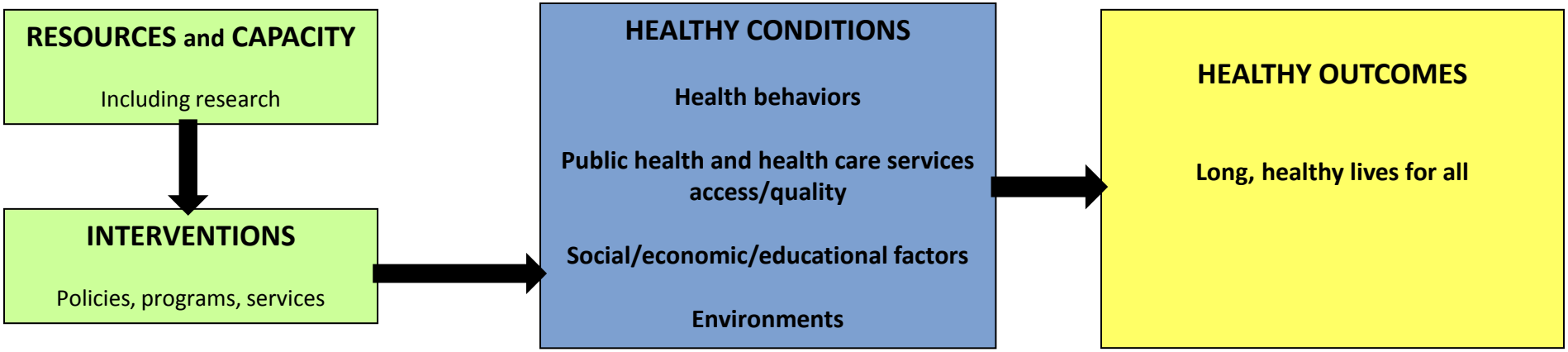
- Cancer
- Diabetes
- Heart Disease & Stroke
- Maternal & Infant Health
- Nutrition & Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Respiratory Diseases
- Substance Abuse
- Tobacco Use

Vermont Health Care Innovation Project

Leading Health Indicators Healthy Vermonters 2020

Healthy Vermonters 2020 Indicator	2010 Baseline	Target	Data Source*	Geo*
HEART DISEASE & STROKE				
Coronary heart disease death rate per 100,000	111.7 (2009)	89.4	Vital Statistics	(S/C/D/H)
Stroke death rate per 100,000	29.3 (2009)	23.4	Vital Statistics	(S/C/D/H)
% of adults with hypertension	25% (2009)	20%	BRFSS	(S/C/D/H)
% of children and adolescents with hypertension	No baseline	None	None	
% of adults with cholesterol check in past 5 years	75% (2009)	85%	BRFSS	(S/C/D/H)
NUTRITION & WEIGHT STATUS				
% of adults (20+) who are obese	25% (2010)	20%	BRFSS	(S/C/D/H)
% of children ages 2 to 5 (in WIC) who are obese	12% (2010)	10%	PedNSS/WIC	(S)
% of adolescents in grades 9-12 who are obese	10% (2011)	8%	YRBS	(S/C/D/H)
% of households with food insecurity	8% (2006)	5%	BRFSS	(S/C/D/H)
% of adults eating the daily recommended servings of fruit	38% (2009)	45%	BRFSS	(S/C/D/H)
% of adolescents eating the daily recommended servings of fruit	36%(2011)	40%	YRBS	(S/C/D/H)
% of adults eating the daily recommended servings of vegetables	30% (2009)	35%	BRFSS	(S/C/D/H)
% of adolescents eating the daily recommended servings of vegetables	17% (2011)	20%	YRBS	(S/C/D/H)
PHYSICAL ACTIVITY				
% of adults with no leisure time physical activity	17% (2010)	15%	BRFSS	(S/C/D/H)
% of adults meeting physical activity guidelines	59% (2009)	65%	BRFSS	(S/C/D/H)
% of adolescents meeting physical activity guidelines	24% (2011)	30%	YRBS	(S/C/D/H)
% of children ages 2 to 5 years with no more than 2 hours of television, videos, or video games	No baseline	None	PNSS/WIC	
% of children ages 2 to 5 years with no more than 2 hours of computer use	No baseline	None	PNSS/WIC	
% of adolescents with no more than 2 hours of screen time	64% (2011)	70%	YRBS	(S/C/D/H)

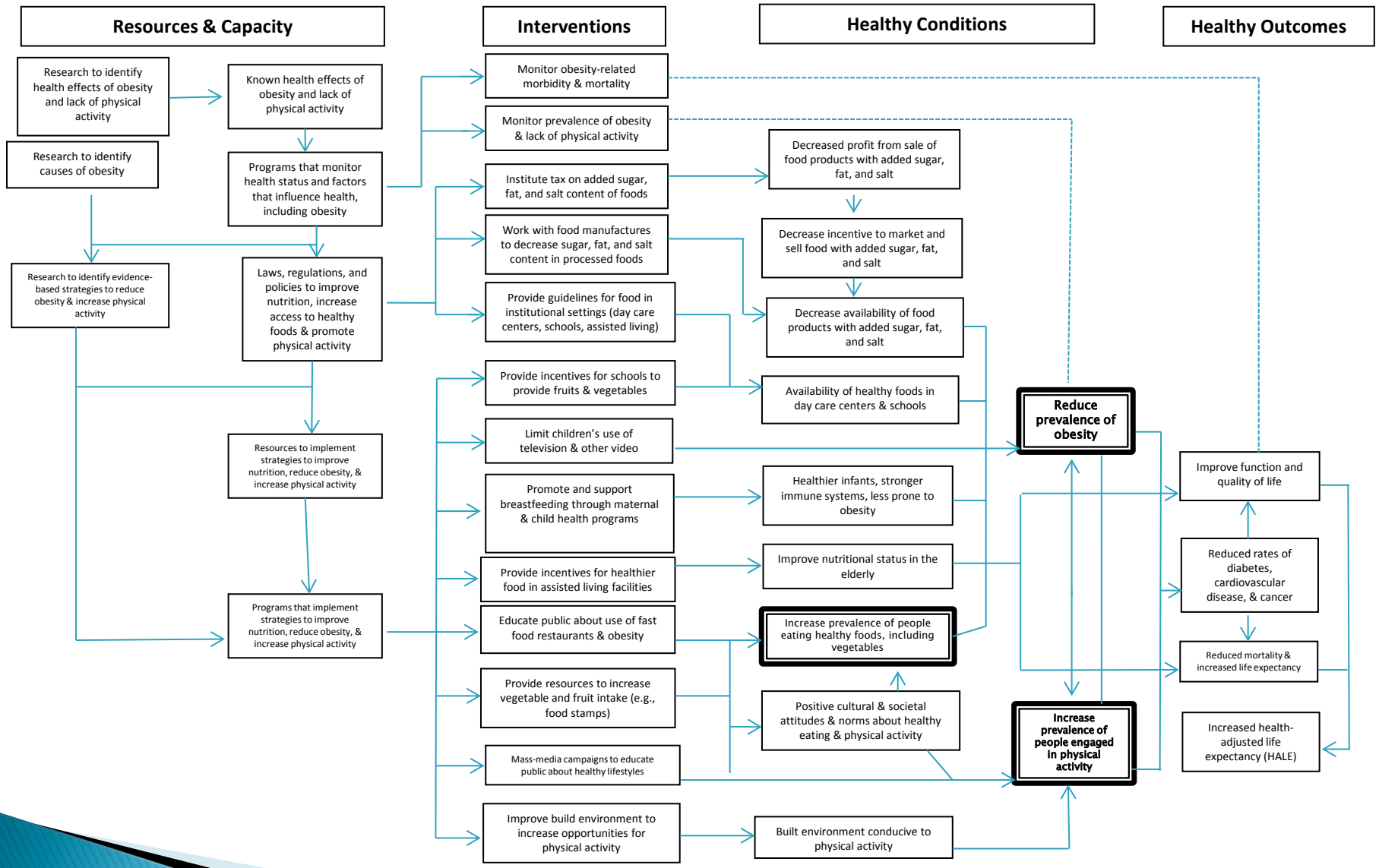
IOM Health Outcome Logic Model



IOM (Institute of Medicine). 2012. *Toward quality measures for population health and the leading health indicators.* Washington, DC: The National Academies Press.

Page 20, Figure 1-1

Applying Logic Model – Nutrition, Physical Activity, and Obesity



Vermont Health Care Innovation Project

Example Multiple-Determinants Measures of Quality

Measure of Outcome

Mortality rate from disease with obesity as a risk factor
Percent of overweight and obese adults
Percent of overweight and obese children
Expected quality of life in the population
Number of disability days due to obesity related disease

Measures of Healthy Conditions (e.g., Intermediate Outcomes)

Number of adults with regular physical activity
Number of child hours watching television (or hours of screen time)
Number of adults following nutritional guidelines
Amount of calorie intake in diets
Number of hours children are active during school days
Number of months children were breastfed

Measures of Resources (Structure) or Interventions (Process)

Number of programs that promote physical activity for children
Availability of fresh fruits and produce
Nutritious meals available in school, day care, and assisted-living housing
Space available for physical activity in child care and school facilities
Menu labeling regulations
Average calories per meal purchased at chain restaurants

The following measures have been endorsed by NQF (measure steward provided in parentheses):

- Child overweight or obesity status based on parental report of body mass index (Maternal and Child Health Bureau, HRSA)
- Weight assessment and counseling for nutrition and physical activity for children and adolescents (NCQA)

Linking Clinical and Population Measures

- ACO measures rely on claims data and medical records → only individuals seeking and receiving medical care
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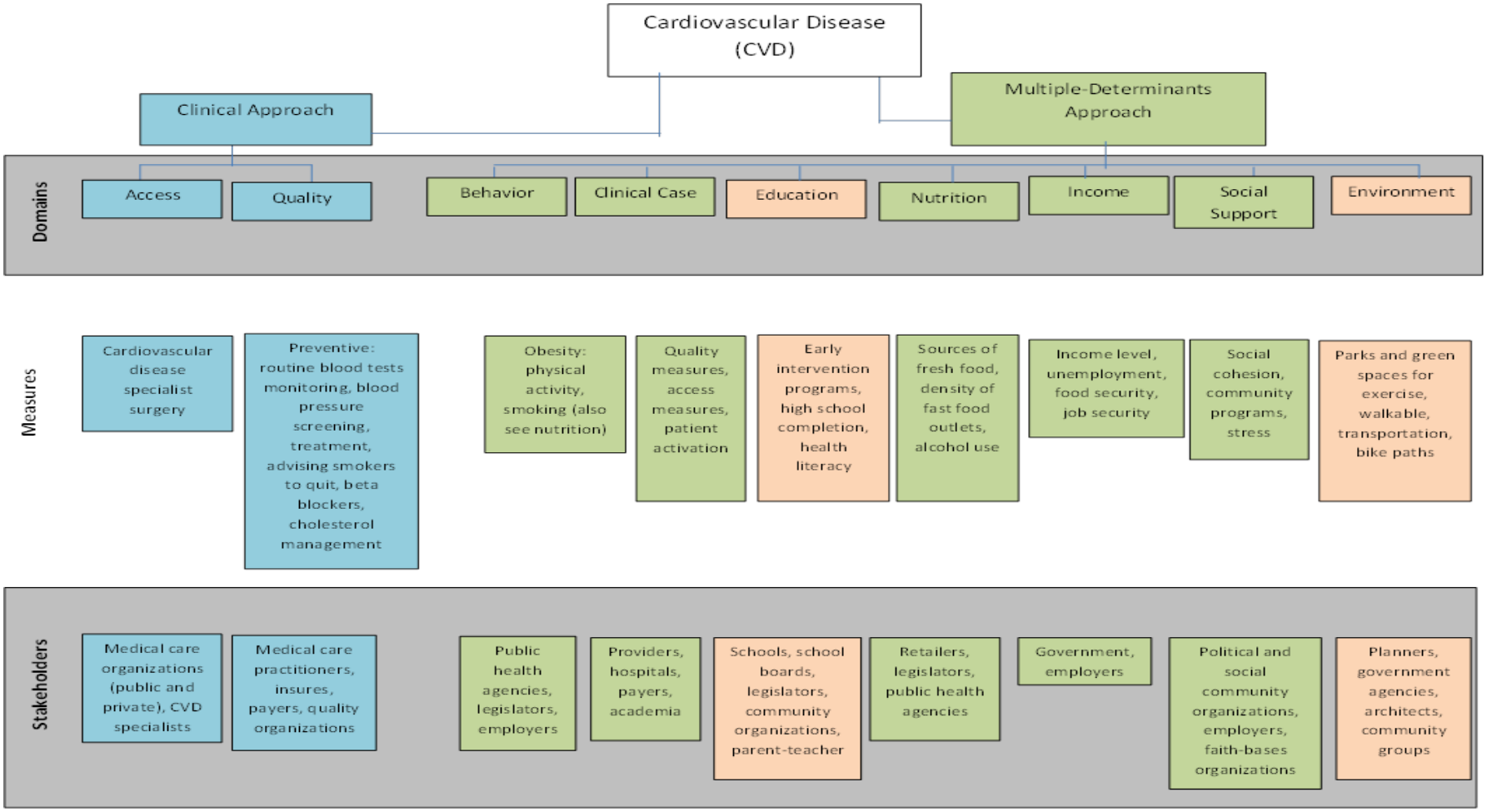
- Population health data uses a multiple determinants approach

Contrasting Multiple-Determinants and Clinical Approaches



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Page 40, Chart 2-1b

Comparison of Proposed 2014 ACO Reporting or Payment Measures for MSSP (Medicare ACO), Vermont Commercial ACO, and Vermont Medicaid ACO

Key: Y=Yes; N=No; C=Claims; MR=Medical Record; S=Survey; R=Reporting; P=Payment

MSSP	Measure Description	Data: Claims, Medical Record, or Survey?	Medicare ACO Use Year 2 2014	Commercial ACO Use Proposed 2014	Medicaid ACO Use Proposed 2014
Y	Risk-Standardized All Condition Readmission	C	R		
Y	Ambulatory Sensitive Conditions Admissions: COPD or Asthma in Older Adults	C	P	R	R
Y	Ambulatory Sensitive Conditions Admissions: Heart Failure	C	P		
Y	% of PCPs who Successfully Qualify for an EHR Program Incentive Payment	Other	P		
Y	Medication Reconciliation	MR	P		
Y	Falls: Screening for Future Fall Risk	MR	P		
Y	Influenza Immunization	MR	P		
Y	Pneumococcal Vaccination for Patients 65 and Older	MR	P		
Y	Adult BMI Screening and Follow-Up	MR	P	R	R
Y	Tobacco Use: Screening and Cessation Intervention	MR	P		
Y	Screening for Clinical Depression and Follow-Up Plan	MR	P	R	R
Y	Colorectal Cancer Screening	MR	R	R	R
Y	Breast Cancer Screening	C	R	R	R
Y	Screening for High Blood Pressure and Follow-Up Documented	MR	R		
Y	Diabetes Composite (HbA1c control)	MR	P	R	R
Y	Diabetes Composite (LDL Control)	MR	P	R	R
Y	Diabetes Composite (High Blood Pressure Control)	MR	P	R	R
Y	Diabetes Composite (Tobacco Non Use)	MR	P	R	R
Y	Diabetes Composite (Daily Aspirin or Antiplatelet Medication)	MR	P	R	R
Y	Diabetes HbA1c poor control	MR	P	R	R
Y	Hypertension: Controlling High Blood Pressure	MR	P		
Y	IVD: Complete Lipid Panel and LDL Control	MR/C*	P	P*	P*
Y	IVD: Use of Aspirin or Another Antithrombotic	MR	P		
Y	Heart Failure: Beta Blocker Therapy for LVSD	MR	R		
Y	Coronary Artery Disease Composite (Lipid control)	MR	R		
Y	Coronary Artery Disease Composite (ACE or ARB for LVSD)	MR	R		

*Recommendation for Vermont Commercial/Medicaid ACO is to substitute the claims based Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening only) for the medical record based IVD: Complete Lipid Panel and LDL Control measure, due to data collection challenges.

MSSP	Measure Description	Data: Claims, Medical Record, or Survey?	Medicare ACO Use Year 2 2014	Commercial ACO Use Proposed 2014	Medicaid ACO Use Proposed 2014
N	All-Cause Readmission	C		P	P
N	Adolescent Well-Care Visit	C		P	P
N	Follow-Up After Hospitalization for Mental Illness (7 day)	C		P	P
N	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	C		P	P
N	Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis	C		P	P
N	Chlamydia Screening in Women	C		P	P
N	Developmental Screening in First 3 Years of Life	C			P
N	Depression Screening by 18 Years of Age	C			P
N	Rate of Hospitalization for Ambulatory Care-Sensitive Conditions: PQI Composite	C		R	R
N	Appropriate Testing for Children With Pharyngitis	C		R	R
N	Childhood Immunization Status	MR		R	R
N	Pediatric Weight Assessment and Counseling	MR		R	R
	Patient Experience Surveys				
Y	NIS Patient Experience: Getting Timely Care, Appointments, Information	S	P		
Y	NIS Patient Experience: How Well Providers Communicate	S	P		
Y	NIS Patient Experience: Patients' Rating of Provider	S	P		
Y	NIS Patient Experience: Access to Specialists	S	P		
Y	NIS Patient Experience: Health Promotion and Education	S	P		
Y	NIS Patient Experience: Shared Decision Making	S	P		
Y	NIS Patient Experience: Health Status/Functional Status	S	R		
N	PCMH Patient Experience: Access to Care	S		R	R
N	PCMH Patient Experience: Communication	S		R	R
N	PCMH Patient Experience: Shared Decision-Making	S		R	R
N	PCMH Patient Experience: Self-Management Support	S		R	R
N	PCMH Patient Experience: Comprehensiveness	S		R	R
N	PCMH Patient Experience: Office Staff	S		R	R
N	PCMH Patient Experience: Information	S		R	R
N	PCMH Patient Experience: Coordination of Care	S		R	R
N	PCMH Patient Experience: Specialist Care	S		R	R
	Total Measures for Payment or Reporting 2014		33	31	33

*Recommendation for Vermont Commercial/Medicaid ACO is to substitute the claims based Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening only) for the medical record based IVD: Complete Lipid Panel and LDL Control measure, due to data collection challenges.

Healthy Vermonters 2020 - Quick Reference

Healthy Vermonters 2020 Indicator	2010 Baseline	Target	Data Source*	Geo**
ACCESS TO HEALTH SERVICES				
% of Vermonters with health insurance	91% (2010)	100%	Census - ACS	(S/C)
% of adults with health insurance	89% (2010)	100%	Census - ACS	(S/C)
% of children with health insurance	96% (2010)	100%	Census - ACS	(S/C)
Number of practicing Primary Care Providers – Medical Doctors (MD and DO)	492 (2010)	541	Physician's Survey	(S/C/D/H)
Number of practicing Primary Care Providers – Physician Assistant	67 (2010)	80	Physician's Survey	(S/C/D/H)
Number of practicing Primary Care Providers – Nurse Practitioner	83 (2010)	100	AHEC Survey	(S)
% persons with insurance coverage for clinical preventative services	No baseline	None	None	
% of adults with a usual primary care provider	90% (2010)	100%	BRFSS	(S/C/D/H)
% of all Vermonters with a specific source of ongoing care	No baseline	None	BRFSS	(S/C/D/H)
% who cannot obtain care or delay care (including medical care, dental care, or prescriptions)	9% (2010)	5%	BRFSS	(S/C/D/H)
ARTHRITIS & OSTEOPOROSIS				
% of adults with diagnosed arthritis who have activity limitations	45% (2009)	40%	BRFSS	(S/C/D/H)
% of adults with diagnosed arthritis who receive physical activity counseling	58% (2003)	65%	BRFSS	(S)
% of adults with diagnosed arthritis who receive arthritis education	12% (2003)	15%	BRFSS	(S)
% of adults 50 years and older with osteoporosis	12% (2007)	10%	BRFSS	(S/C/D/H)
CANCER				
Overall cancer death rate per 100,000	168.4 (2009)	151.6	Vital Statistics	(S/C)
% of cancer survivors always or usually getting emotional support	83% (2010)	90%	BRFSS	(S/C/D/H)
% of cancer survivors who report excellent or good general health	76% (2010)	85%	BRFSS	(S/C/D/H)
% of women receiving cervical cancer screening	84% (2010)	95%	BRFSS	(S/C/D/H)
% of adults receiving colorectal cancer screening	71% (2010)	80%	BRFSS	(S/C/D/H)
% of women receiving breast cancer screening	83% (2010)	95%	BRFSS	(S/C/D/H)
% of men discussing PSA screening for prostate cancer with their health care provider	No baseline	None	BRFSS	(S/C/D/H)
CHILDHOOD SCREENING				
% of infants screened for Autism Spectrum Disorder and other developmental delays before 24 months	No baseline	None	Screening in Primary Care Survey	
% children with Autism Spectrum Disorder diagnosis with first evaluation by 36 months	No baseline	None	CSHN Data	
% of newborns screened for hearing loss by 1 month age	95% (2009)	100%	CHHS	(S/C)
% of newborns not passing screening, who have an audiologic evaluation by 3 months	48% (2009)	55%	CHHS	(S/C)
% of infants with hearing loss who receive intervention services by 6 months age	50% (2010)	55%	CHHS	(S)
DIABETES & CHRONIC KIDNEY DISEASE				
Rate of new cases of end-stage renal disease (ESRD) per million population	222.0 (2009)	200.0	US Renal Data System	(S/C)
% of adults with diagnosed diabetes with A1C < 7%	No baseline	None	None	
% of adults with diagnosed diabetes with controlled blood pressure	No baseline	None	None	
% of adults with diagnosed diabetes who had an annual dilated eye exam	51% (2010)	60%	BRFSS	(S/C/D/H)
% of adults with diagnosed diabetes who had diabetes education	51% (2010)	60%	BRFSS	(S/C/D/H)
ENVIRONMENTAL HEALTH & FOOD SAFETY				
% of persons served by public water supplies that meet Safe Drinking Water Act standards	86% (2010)	95%	DEC Water Supply Compliance Division	(S)
% of children with elevated blood lead levels	0.6% (2010)	0%	VT Lead Database	(S/C/D/H)
Elevated blood lead level rate per 100,000 employed adults	10.3 (2009)	9.3	ABLES	(S)
% of homes with high radon levels (4pCi/L) with mitigation system	28% (2010)	35%	Post-radon testing mitigation	(S)
% of schools with an indoor air quality management system	7% (2010)	10%	VT Envision program	(S)
% of inspections that find critical food safety violations	43% (2010)	35%	F&L Program Inspection	(S)
FAMILY PLANNING				
% of pregnancies that are planned	54% (2008)	65%	PRAMS	(S)
% of adolescents who used contraception at most recent intercourse	86% (2011)	95%	YRBS	(S/C/D/H)
% of female adolescents who receive education on STDs	No baseline	None	None	
% of male adolescents who receive education on STDs	No baseline	None	None	
HEART DISEASE & STROKE				
Coronary heart disease death rate per 100,000	111.7 (2009)	89.4	Vital Statistics	(S/C/D/H)
Stroke death rate per 100,000	29.3 (2009)	23.4	Vital Statistics	(S/C/D/H)
% of adults with hypertension	25% (2009)	20%	BRFSS	(S/C/D/H)
% of children and adolescents with hypertension	No baseline	None	None	
% of adults with cholesterol check in past 5 years	75% (2009)	85%	BRFSS	(S/C/D/H)
HIV & STD				
Number of new HIV diagnoses among all persons	9 (2006-10)	5	HIV Surveillance	(S)
% of adults tested for HIV in past 12 months	5% (2010)	10%	BRFSS	(S/C/D/H)
% of adolescents ever tested for HIV	10% (2011)	15%	YRBS	(S/C/D/H)
% condom use among sexually active females	41% (2008)	45%	BRFSS	(S/C/D/H)
% condom use among sexually active males	59% (2008)	65%	BRFSS	(S/C/D/H)
% condom use among sexually active adolescent females	58% (2011)	65%	YRBS	(S/C/D/H)
% condom use among sexually active adolescent males	68% (2011)	75%	YRBS	(S/C/D/H)
% of females 15-24 with Chlamydia infections	1.6% (2010)	1.0%	STD Surveillance	(S)
IMMUNIZATION & INFECTIOUS DISEASE				
% of children (19-35 months) receiving recommended vaccines (4:3:1:4:3:1:4)	41% (2010)	80%	NIS	(S)
% of kindergarteners with 2 or more MMR doses	91% (2010–11)	95%	UMass School Health	(S)
% of adolescents ages 13 to 17 with at least 1 Tdap booster	83% (2010)	90%	NIS	(S)
% of adults 65 years and older who receive annual flu shot	71% (2010)	90%	BRFSS	(S/C/D/H)
% of adults 65 years and older who ever had pneumococcal vaccine	73% (2010)	90%	BRFSS	(S/C/D/H)
% of identified active TB case contacts with newly-diagnosed LTBI who started and then completed treatment	88% (2006-10)	90%	NTIP	(S)
Infection ratio for central-line associated bloodstream infections	0.59 (2010-11)	0.15	NHSN	(S)

NOTES:

* Data Source abbreviations, please see Maps & Trends at: healthvermont.gov/hv2020

** Geo = geographies available for this indicator (S/C/D/H) = (State/County/Health District/Hospital Service Area)

12/5/2013

healthvermont.gov/hv2020

VERMONT DEPARTMENT OF HEALTH

Healthy Vermonters 2020 - Quick Reference

Healthy Vermonters 2020 Indicator	2010 Baseline	Target	Data Source*	Geo**
INJURY & VIOLENCE PREVENTION				
Nonfatal motor vehicle crash-related injury rate per 100,000	873.1 (2008)	785.8	VUHDDS	(S/C/D/H)
Fall-related death rate per 100,000 adults age 65 and older	129.9 (2009)	116.9	Vital Statistics	(S/C/D/H)
ED visits for self-harm rate per 100,000	154.6 (2009)	139.1	VUHDDS	(S/C/D/H)
MATERNAL & INFANT HEALTH				
Sudden, Unexpected death rate for Infants (per 1,000 live births)	0.69 (2005-09)	0.62	Vital Statistics	(S)
% of pregnant women who abstain from alcohol	88% (2008)	100%	PRAMS	(S)
% of pregnant women who abstain from smoking cigarettes	81% (2009)	90%	Vital Statistics	(S/C/D/H)
% of pregnant women who abstain from illicit drug use	95% (2009)	100%	PRAMS	(S)
% women delivering a live birth who discussed preconception health prior to pregnancy	29% (2008)	40%	PRAMS	(S)
% of women delivering a live birth who had a healthy weight prior to pregnancy	52% (2008)	65%	PRAMS	(S)
% of infants breastfed exclusively for six months	22% (2007)	40%	NIS	(S)
MENTAL HEALTH				
Rate of Suicide per 100,000 Vermonters	13.0 (2009)	11.7	Vital Statistics	(S/C/D/H)
% of adolescents with a suicide attempt that requires medical attention	1.6% (2009)	1.0%	YRBS	(S/C/D/H)
% of adult (19+) PCP visits that include depression screening	No baseline	None	None	
% of adolescent PCP visits that include depression screening	No baseline	None	None	
NUTRITION & WEIGHT STATUS				
% of adults (20+) who are obese	25% (2010)	20%	BRFSS	(S/C/D/H)
% of children ages 2 to 5 (in WIC) who are obese	12% (2010)	10%	PedNSS/WIC	(S)
% of adolescents in grades 9-12 who are obese	10% (2011)	8%	YRBS	(S/C/D/H)
% of households with food insecurity	8% (2006)	5%	BRFSS	(S/C/D/H)
% of adults eating the daily recommended servings of fruit	38% (2009)	45%	BRFSS	(S/C/D/H)
% of adolescents eating the daily recommended servings of fruit	36%(2011)	40%	YRBS	(S/C/D/H)
% of adults eating the daily recommended servings of vegetables	30% (2009)	35%	BRFSS	(S/C/D/H)
% of adolescents eating the daily recommended servings of vegetables	17% (2011)	20%	YRBS	(S/C/D/H)
OLDER ADULTS				
% of older adults who use the Welcome to Medicare Benefit	No baseline	25%	None	
% of males age 65 and over who are up to date on a core set of clinical preventive services	50% (2010)	55%	BRFSS	(S/C/D/H)
% of females age 65 and over who are up to date on a core set of clinical preventive services	47% (2010)	55%	BRFSS	(S/C/D/H)
ORAL HEALTH				
% of children ages 6 to 9 with dental caries	34% (2010)	30%	Children's BSS OH Survey	(S)
% of adults ages 45 to 64 with tooth extraction	52% (2010)	45%	BRFSS	(S/C/D/H)
% of children ages 6 to 9 using dental system yearly	95% (2010)	100%	Children's BSS OH Survey	(S)
% of children in grades K through 12 using dental system yearly	65% (2009-10)	85%	School Nurse Report	(S/D)
% of adults using dental system yearly	74% (2010)	85%	BRFSS	(S/C/D/H)
% of the population with optimally fluoridated water	57% (2010)	65%	WRFS	(S/C)
PHYSICAL ACTIVITY				
% of adults with no leisure time physical activity	17% (2010)	15%	BRFSS	(S/C/D/H)
% of adults meeting physical activity guidelines	59% (2009)	65%	BRFSS	(S/C/D/H)
% of adolescents meeting physical activity guidelines	24% (2011)	30%	YRBS	(S/C/D/H)
% of children ages 2 to 5 years with no more than 2 hours of television, videos, or video games	No baseline	None	PNSS/WIC	
% of children ages 2 to 5 years with no more than 2 hours of computer use	No baseline	None	PNSS/WIC	
% of adolescents with no more than 2 hours of screen time	64% (2011)	70%	YRBS	(S/C/D/H)
RESPIRATORY DISEASES				
Asthma hospitalization rate per 10,000 children less than age 5	19.0 (2009)	14.0	VUHDDS	(S/C/D/H)
Asthma hospitalization rate per 10,000 persons ages 5 to 64	4.9 (2009)	4.2	VUHDDS	(S/C/D/H)
Asthma hospitalization rate per 10,000 adults age 65 and older	11.8 (2009)	9.3	VUHDDS	(S/C/D/H)
% of adult non-smokers exposed to secondhand smoke	43% (2010)	30%	ATS	(S/C/D/H)
% of adults who have a written asthma management plan from a health care provider	32% (2010)	40%	ACBS	(S/C/D/H)
% of children who have a written asthma management plan from a health care provider	48% (2010)	65%	ACBS	(S)
% of adults with asthma advised to change things in home, school, or work environments	35% (2010)	45%	ACBS	(S/C/D/H)
% of children with asthma advised to change things in home, school, or work environments	33% (2010)	50%	ACBS	(S)
SCHOOL AGE HEALTH				
% of kindergarteners ready for school in all five domains of healthy development	56% (2011-12)	65%	Ready Kindergarteners Survey	(S)
% of middle schools that require newly hired staff who teach health education to be licensed or endorsed by the State	No baseline	None	SHPPS	
% of youth ages 10-17 who have had a wellness exam in past 12 months	57% (2010-11)	65%	School Nurse Report	(S/D)
% of students absent due to illness or injury	No baseline	None	None	
SUBSTANCE ABUSE				
% of persons (12+) who need and do not receive alcohol treatment	7% (2008-09)	5%	NSDUH	(S)
% of adolescents who used marijuana in the past 30 days	24% (2011)	20%	YRBS	(S/C/D/H)
% of adolescents (12-17 yrs) binge drinking in the past 30 days	11% (2008-09)	10%	NSDUH	(S)
TOBACCO USE				
% of adults smoking cigarettes	16% (2010)	12%	BRFSS	(S/C/D/H)
% of adolescents smoking cigarettes	13% (2011)	10%	YRBS	(S/C/D/H)
% of adult smokers who attempted to quit in the last year	62% (2010)	80%	BRFSS	(S/C/D/H)
# of statewide laws on smoke-free indoor air to prohibit smoking in public places	8 of 17	12 of 17	STATE VT Statutes	(S)
PUBLIC HEALTH PREPAREDNESS				
Time necessary to issue official information regarding a public health emergency	No baseline	60 min	PHEP - CDC PERFORMS	(S)
Time necessary to activate personnel for a public health emergency	66 min (2009)	60 min	PHEP - CDC PERFORMS	(S)
Time to produce after-action reports and improvement plans following an emergency	60 d (2008-09)	40 d	PHEP - CDC PERFORMS	(S)
Proportion of crisis and emergency risk messages intended to protect the public's health that demonstrate the use of best practices	No baseline	None	None	

NOTES:

* Data Source abbreviations, please see Maps & Trends at: healthvermont.gov/hv2020

** Geo = geographies available for this indicator (S/C/D/H) = (State/County/Health District/Hospital Service Area)

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