NORTHEASTERN VERMONT REGIONAL HOSPITAL

nvrh

2012

Community Health Needs Assessment Implementation Plan

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NVRH Community Health Needs Assessment
Implementation Plan

Introduction
NVRH conducted a Community Health Needs Assessment in fiscal year 2012. This Implementation Plan outlines a plan of action for how NVRH plans to address the top community health priorities for the next three years.

The Community Health Needs Assessment identified these three top priority areas:

- Poverty related issues
- Substance abuse/mental health issues
- Obesity related issues

Process, Methods, Decision Makers and Criteria
The Community Relations Committee of the Board of Trustees was apprised of the process and results of the Community Health Needs Assessment throughout late fiscal year 2011 and all of fiscal year 2012. A list of the members of the Community Relations Committee and meeting dates are included in the Appendix of this plan.

The entire Board of Trustees received an update on the Community Health Needs Assessment and Implementation Plan requirements, as well as current NVRH community health improvement activities at the March 28, 2012 Board Meeting. The Board of Trustee members are listed in the Appendix.

The NVRH Board received additional education on Social Determinants of Health (May 14, 2012 – Community Relations Committee) and the Implementation Plan Process (July 9, 2012 – Community Relations Committee; August 20, 2012 – Board Planning Committee).

Implementation Plan Retreat
All members of the Board of Trustees, Senior Management, the CHNA Steering Committee, and selected community experts in each priority area were invited to participate in the Implementation Plan retreat on Monday September 17, 2012. The Northeastern Vermont Area Health Education Center provided the facilitators for the planning retreat.

Groups were formed for each of the three priority areas:
Poverty
Facilitator: Bob Swartz, Northeastern VT Area Health Education Center
Board Members: Charles Bucknam, Sam Kempton
Senior Managers: Paul Bengtson, CEO; Bob Hersey, CFO
Steering Committee Member: Pam Smart
Community Experts in the Field: Mike Welch, Northern Communities Investment Company, Economic Development; Merten Bangemann-Johnson, CEO, Gilman Housing Trust

Substance Abuse/Mental Health
Facilitator: Nicole Lapoint, Northeastern VT Area Health Education Center
Board Members: Gretchen Hammer, Jim Newell

Senior Managers: Veronica Hychalk, CNO; Andrea Lott, CIO
Steering Committee Member: NA
Community Experts in the Field: Dennis Casey, Casey Associates; Betsy Fowler, Lead Behavioral Health Specialist - NVRH

Obesity
Facilitator: Laura Remick, Northeastern VT Area Health Education Center
Board Members: Tom Robinson, Cathy Boykin
Senior Managers: Laural Ruggles
Steering Committee Member: Jenny Patroine, Laural Ruggles
Community Experts in the Field: Sharon Anderson, RD, NVRH; Jenny Patoine, Community Health, Northeastern VT Area Agency on Aging.

Process and Decision Criteria
Each group was asked to discuss their priority issue and fill out the Implementation Plan Worksheet using the following criteria and considerations:

To be considered as part of the NVRH Implementation Plan, an activity must meet at least the first two, and ideally all three:

1. Be one of the three community need priorities
2. Be an area where the hospital has expertise
3. Have willing community partners with expertise

Additionally, each group was asked to identify which of these categories the activity falls into:

- Priority Health Issue
- Health Access Issue
- Social Determinants of Health

Vermont Prevention Model
Each group was also asked to identify a level of influence from the Vermont Prevention Model. The Vermont Prevention Model was developed by the Vermont Department of Health. It is the theoretical framework from which to approach a common model of prevention. To have the greatest impact, prevention activities must be addressed from multiple levels:

- Individual
- Relationships
- Organizational
- Communities
- Policies and Systems

The prevention model illustrates that there are many factors that influence the health of the community. Prevention efforts are most likely to be effective if they are: (State of Vermont Primary Prevention Report, 2008)

- Consistent with the needs and resources of the community,
- Developed with an understanding of the factors contributing to the problem,
- Designed to specifically address those factors,
- Inclusive of strategies addressing multiple levels of the model simultaneously,
- Sustainable over time,
- Age, gender and culturally appropriate, and
- Evidence-based or based on best and promising practices.

The Vermont Prevention Model diagram and an explanation of the levels of influence are included in the Appendix.

Measurable Objectives and Rationale for Objectives

Healthy Vermonter 2020 goals were used exclusively (see Appendix). This set of health goals and objectives were adopted from the federal *Healthy People 2020* leading health indicators. The measures contained in *Healthy People* are provided to measure progress in specific populations and to serve as a model for measurement at the state and local levels. (Healthy People 2020, 2010)

Healthy People was designed to be used as a strategic tool for federal and state government, communities, and public and private partners, such as hospitals and healthcare facilities, and to be a guide for national health promotion and disease prevention efforts to improve the health of all people in the United States. (Healthy People 2020, 2010)

The Vermont Department of Health will be tracking and measuring the Healthy Vermonter 2020 goals and objectives for all hospital service areas in the state. Hence, NVRH will be able to track and measure the progress on our chosen Healthy Vermonter 2020 goals.

Methods for Reporting Progress

Since our goals and objectives are tied to the Healthy Vermonter 2020 goals and objectives, reporting on these specific goals will coincide with updates by the Vermont Department of Health.

Progress on the implementation of the initiatives will be reported at least annually at the NVRH Community Relations Committee meeting and will be included in the Community Relations Committee report to the Board of Trustees.

Addition forums to report progress include: Community Health Team meetings, prevention coalition meetings, civic organization meetings e.g. Rotary, BPW, and press releases in the hospital newsletter and the Caledonian Record.

Implementation Tactics, Budget, and Work Plans

Current NVRH programs and services in the three community health priority areas are included in the Appendix. Current programs and services were discussed and recommended to continue.

The Obesity Group recommended increasing efforts in employee health and social marketing and health education.

The work plans for the new initiatives is attached as an Appendix.

Current NVRH Services or Programs (2012)

Poverty	Substance Abuse/Mental Health	Obesity
Hospital Program/Service		
• Community Connections • Patient Assistance Program/Sliding Scale • 340 B prescription drug program/indigent drug program	• Medical Homes/Community Health Teams/Behavioral Health Specialists • Tobacco Prevention and Cessation Services • Emergency Department • Healthier Living and Chronic Pain Workshops • Social Marketing and Health Information/Education • Employee Wellness	• Medical Homes/Community Health Teams/Behavioral Health Specialists • Community Connections • Nutrition and Diabetes Counseling • Healthier Living and Chronic Pain Workshops • Baby Friendly designation • Wellness Calendar • Social Marketing and Health Information/Education • Employee Wellness
Applicable Healthy Vermont 2020 Goals		
• % of Vermonters with health insurance • % of adults with health insurance • % of children with health insurance • # of practicing primary care physicians # of practicing nurse practitioners and physician assistants • % persons with insurance coverage for preventive services • % of adults with a usual primary care provider • % of Vermonters with a specific source of ongoing care • % who cannot obtain or delay care (including medical care, dental care, or prescriptions) • % of households with food insecurity • % condom use among sexually active females • % condom use among sexually active males • % condom use among sexually active adolescent	• # of practicing primary care physicians • # of practicing nurse practitioners and physician assistants • % persons with insurance coverage for preventive services • % of adults with a usual primary care provider • % of Vermonters with a specific source of ongoing care • % who cannot obtain or delay care (including medical care, dental care, or prescriptions) • # of cancer survivors always or usually getting emotional support • ED visits for self-harm per 100,000 • Rate of suicide per 100,000 • Rate of suicide attempts among 9-12th graders • Proportion of adult (19+)PCP visits that include depression screening • Proportion of adolescent PCP visits that include	• # of practicing primary care physicians • # of practicing nurse practitioners and physician assistants • % persons with insurance coverage for preventive services • % of adults with a usual primary care provider • % of Vermonters with a specific source of ongoing care • % who cannot obtain or delay care (including medical care, dental care, or prescriptions) • Coronary heart disease death rate per 100,000 • Stroke death rate per 100,000 • % of adults with hypertension • % of children and adults with hypertension • % of adults with cholesterol check in past 5 years • % of women delivering a live birth who had a healthy weight prior to pregnancy • % infants breastfed

females • % condom use among sexually active adolescent males • % of adolescents who used contraception at most recent intercourse	depression screening • % pregnant women who abstain from alcohol • % pregnant women who abstain from smoking cigarettes • % pregnant women who abstain from illicit drugs • % of persons (12+) who need and do not receive alcohol treatment • % of adolescents who used marijuana in the past 30 days (grades 9 – 12) • % of adolescents (12 – 17) binge drinking in the past 30 days • % of adults smoking cigarettes • % of adolescents smoking cigarette • % of adult smokers who attempted to quit in the last year • # of statewide laws on smoke-free indoor air to prohibit smoking in public places • % of youth ages 10 – 17 who have had a wellness exam in the past 12 months • % of older adults who use the Welcome to Medicare benefits • % of males age 65 and over who are up to date on a core set of clinical preventive services • % of females who are up to date on a core set of clinical preventive services	exclusively for 6 months • % of adults (20+) who are obese • % of children ages 2 – 5 (in WIC) who are obese • % of adolescents 12 – 19 who are obese • % of adults eating the daily recommended servings of fruit • % of adolescents eating the daily recommended servings of fruit • % of adults eating the daily recommended servings of vegetables • % of adolescents eating the daily recommended servings of vegetables • % of adults with no leisure time physical activity • % of adults meeting physical activity guidelines • % of adolescents meeting physical activity guidelines • % of children age 2 – 5 years old with no more than 2 hours of television, videos, or video games • % of children ages 2 – 5 with no more than 2 hours of computer use • % of adolescents with no more than 2 hours of screen time • % of youth ages 10 – 17 who have had a wellness exam in the past 12 months • % of older adults who use the Welcome to Medicare benefits • % of males age 65 and over who are up to date on a core set of clinical preventive services • % of females who are up to date on a core set of clinical preventive services

NVRH Community Relations Committee

The Community Relations Committee of the Board meets the second Monday of every other month (January, March, May, July, September, November)

Betty Ann Gwatkin, VP Human Resources
Cathy Boykin, Trustee
Charlie Bucknam, Trustee
Don Bostic, Trustee
Gretchen Hammer, Trustee
Hilary DeCarlo, Marlketing Manager
Jim Flynn, Director of Development
Judy Harbaugh, Adminstration
Laural Ruggles, VP Marketing and Community Health Improvement
Martha Hill, Trustee, Auxiliary President
Maurice Chaloux, Community Representative
Pat Forest, Volunteer Coordinator
Paul Bengtson, CEO
Sam Kempton, CEO
Sherm Laughton, Trustee

NVRH Board of Trustees

Fiscal Year 2012

Don Bostic
Catherine Boykin
Charles Bucknam
Gretchen Hammer
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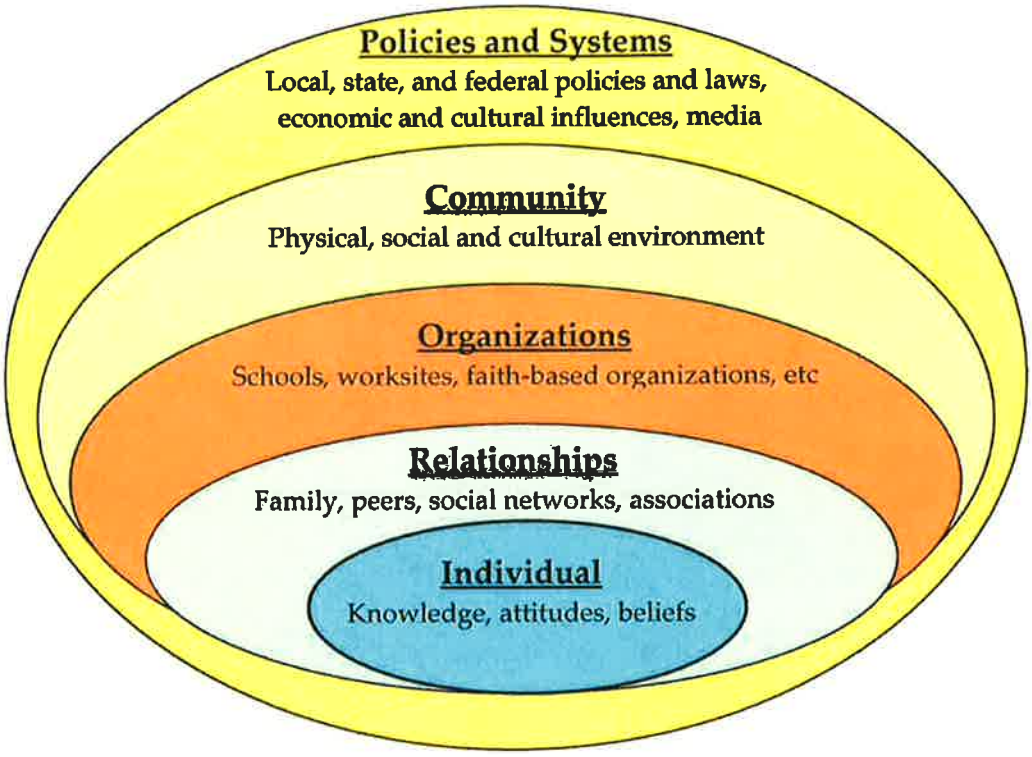
Thomas Robinson
William Sargent, M.D.
Richard Showalter
Katherine Silloway, D.D.S.
Deb Yonker, RN
Susan Zucker

Vermont Prevention Model



Adapted from: McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351-377, 1988.

Levels of Influence

Individual

- Factors that influence behavior such as knowledge, attitudes and beliefs
- Strategies addressing this level of influence are designed to affect an individual's behavior

Relationships

- Factors that influence personal relationships and interactions
- Strategies addressing this level of influence promote social support through interactions with others including family members, peers, and friends

Organizations

- Norms, standards and policies in institutions or establishments where people interact such as schools, worksites, faith based organizations, social clubs and organizations for youth & adults
- Strategies addressing this level of influence are designed to affect multiple people through an organizational setting

Community

- The physical, social, and cultural environments where people live, work and play
- Strategies addressing this level of influence are designed to affect behavioral norms through interventions aimed at the physical environment, community groups, social service networks and the activities of community coalitions and partnerships

Policies and Systems

- The local, state and federal policies, laws, economic influences, media messages and national trends that regulate or influence behavior
- Strategies at this level are designed to have wide-reaching impact through actions affecting entire populations

Opportunities

The purpose of focusing on common prevention activities across state government is to leverage our resources as effectively as possible and produce the best results for Vermonters. There are no simple, one-stop-shop programs or activities that we can call prevention. Our efforts need to be comprehensive utilizing the adopted Prevention Model as a framework as we seek to impact the health, safety, economic security and connectedness of Vermonters.

HP 2020	HV2020 Objective (Population goal)	HV 2020 Goal	Vermont Baseline	Vermont Data Source	U.S. all race-ethnicities Baseline
Access to Health Services					
Increase the Proportion of Persons With Health Insurance					
AHS-1.1	% of Vermonters with health insurance (P)	100%	90.5% (2010)	Census Data	83.2% (2008)
AHS-1.1	% of adults with health insurance (P)	100%	89.2% (2010)	Census Data	83.2% (2008)
AHS-1.1	% of children with health insurance (P)	100%	95.9% (2010)	Census Data	91.0% (2008) <18 y/o
Increase the Number of Practicing Primary Care Providers					
AHS-4.1, 4.2	Number of practicing Primary Care Providers – Medical Doctors (MD and DO) (P –O –M)	541	492 FTEs (2010)	VDH Health Care Physician's Survey	Developmental
AHS-4.3	Number of practicing Primary Care Providers – Physician Assistant (P-O-M)	80	67 FTEs (2010)	VDH Health Care Physician's Survey	Developmental
AHS-4.4	Number of practicing Primary Care Providers – Nurse Practitioner (P-O-M)	100	83 FTEs (2010)	AHEC Survey	Developmental
Increase Coverage for Clinical Preventative Services					
AHS-2	% persons with insurance coverage for clinical preventative services (P-O-M)	Devel	Developmental	BRFSS? BISHCA Survey?	Developmental
Increase the Proportion of Persons with a Usual PCP					
AHS-3	% of adults with a usual primary care provider (P-O-M)	98.7%	89.7% (2010)	BRFSS	76.3% (2007)
Increase the Proportion of Persons with a Specific Source of Ongoing Care					
AHS-5.1	% of all Vermonters with a specific source of ongoing care (P-O-M)	No baseline	No Baseline	BRFSS	86.4% (2008)
Reduce the Proportion of Persons Unable to Obtain Care When Needed					
AHS-6.1	% who cannot obtain care or delay care (including medical care, dental care, or prescriptions) (P-O-M)	7.7%	8.5% (2010)	BRFSS	10.0% (2007)

HP 2020	HV2020 Objective (Population goal)	HV 2020 Goal	Vermont Baseline	Vermont Data Source	U.S. all race-ethnicities Baseline
Arthritis and Osteoporosis					
Reduce the Proportion of Adults With Arthritis who Experience Activity Limitations					
AOCBC -2	% of adults with diagnosed arthritis who have activity limitations	40.4%	44.9% (2009, AA)	BRFSS	39.4% (2008, AA)
Increase the Proportion of Adults With Arthritis who Receive Physical Activity Counseling					
AOCBC -7.2	% of adults with diagnosed arthritis who receive physical activity counseling	63.9%	58.1% (2003, AA)	BRFSS	52.2% (2006, AA)
Increase the Proportion of Adults With Arthritis who Receive Arthritis Education					
AOCBC -8	% of adults with diagnosed arthritis who receive arthritis education	13.6%	12.4% (2003, AA)	BRFSS	10.6% (2006, AA)
Reduce the Proportion of Adults with Osteoporosis					
AOCBC -10	% of adults 50 years and older with osteoporosis	10.8%	12.0% (2007, AA)	BRFSS	5.9% (aged 50+, 2005-2008, AA)
Cancer					
Reduce Cancer Death					
C-1	Overall cancer death rate per 100,000	151.6	168.4 (2009, AA)	Vital Statistics	178.4 (2007, AA)
Increase the 5-Year Survivorship Rate for Persons Diagnosed with Cancer					
C-13	5-year cancer survivorship	69.1%	62.8 (First Dx 2003)	National Cancer Database	66.2% (2007)
Increase the Quality of Live for Persons Diagnosed with Cancer					
C-14	**% of cancer survivors always or usually getting emotional support (M)**	91.2%	82.9% (2010)	BRFSS	Developmental
C-14	% of cancer survivors who report excellent or good general health	84.0%	76.4% (2010)	BRFSS	Developmental
Increase the Proportion of Adults Receiving Recommended Cancer Screening and Consultation					
C-15	% of women receiving cervical cancer screening	92.5%	84.1% of women 21+ (2010, AA)	BRFSS	84.5% (women 21-65, 2008, AA)

HP 2020	HV2020 Objective (Population goal)	HV 2020 Goal	Vermont Baseline	Vermont Data Source	U.S. all race-ethnicities Baseline
C-16	% of adults receiving colorectal cancer screening	77.7%	70.7% of adults 50-75 (2010, AA)	BRFSS	54.2% (adults 50-75, 2008, AA)
C-17	% of women receiving breast cancer screening	91.3%	83.0% of women 50-74 (2010, AA)	BRFSS	73.7% (women 50-74, 2008, AA)
C-19	% of men discussing PSA screening for prostate cancer with their health care provider	No baseline	No baseline	BRFSS	Developmental
Chronic Kidney Disease and Diabetes					
Reduce the Proportion of Persons with Chronic Kidney Disease					
CKD-1	% of the population with chronic kidney disease	No baseline	No baseline	Future: DocSite? BRFSS?	15.1% (1999-2004)
Increase the Proportion of Persons with CKD who Receive Recommended Medical Evaluation					
CKD-4.2	% of persons with CKD and diabetes who receive recommended medical evaluation	28.3%	25.7% (2009)	US Renal Data System	23.1% (2007)
Reduce the Rate of New Cases of End-Stage Renal Disease					
CKD-8	Rate of new cases of end-stage renal disease (ESRD) per million population	199.8	222.0 (2009)	US Renal Data System	353.8 per million (2007)
Improve Glycemic Control Among Adults With Diabetes					
D-5.2	% of adults with diagnosed diabetes with A1C < 7%	No baseline	No baseline	DocSite? BRFSS?	53.5% (2005-2008, AA)
Increase the Proportion of Adults With Diabetes Who Have Their Blood Pressure Under Control					
D-7	% of adults with diagnosed diabetes with controlled blood pressure	No baseline	No baseline	DocSite? BRFSS?	51.8% (2005–08, AA)
Increase the Proportion of Adults With Diabetes Who Have An Annual Eye Exam					
D-10	% of adults with diagnosed diabetes who had an annual dilated eye exam	57.1%	51.9% (2010, AA)	BRFSS	53.4% (2008, AA)
Increase the Proportion of Adults With Diabetes Who Receive Diabetes Education					
D-14	% of adults with diagnosed diabetes who had diabetes education	56.1%	51.1% (2010, AA)	BRFSS	56.8% (2008, AA)

HP 2020	HV2020 Objective (Population goal)	HV 2020 Goal	Vermont Baseline	Vermont Data Source	U.S. all race-ethnicities Baseline
Environmental Health and Food Safety					
Increase Access to Water that Meets Safe Drinking Water Act Standards					
EH-4	% of persons served by public water supplies that meet Safe Drinking Water Act standards	91.0%	86.3% (2010)	VT Dept of Environmental Conservation; Water Supply Compliance Division	89% (2005)
Reduce Blood Lead Levels					
EH-8.1	% of children with elevated blood lead levels	1.3%	1.6% (< 6 yrs, 2010)	VT Lead Database	0.9 % (2005-2008)
OSH-7	Elevated blood lead level rate per 100,000 employed adults	16.1	17.9 (2009)	VT Adult Blood Lead and Epidemiology and Surveillance Program (ABLES)	22.5 (2008)
Increase Proportion of Homes At Risk That Have Radon Mitigation Systems					
EH-14	% of homes with high radon levels (4pCi/L) with mitigation system	30.0%	28.3% (34 of 120 homes) (2010)	VT post-radon testing telephone mitigation survey	10.2% (788,000 of 9.2 million homes) (2007)
Increase Proportion of Schools That Engage in Practices that Promote a Healthy Environment					
EH-16.1	% of schools with an indoor air quality management system	8.0%	7% (2010)	VT Envision program	51.4% (2006)
Improve Food Safety Practices					
FS-6 (Dev)	% of inspections that find critical food safety violations	38.6%	42.9%	2010 Food & Lodging Program Inspection Data	Developmental
Heart Disease & Stroke					
Reduce Coronary Heart Disease Death					
HDS-2	**Coronary heart disease death rate per 100,000 (O)**	99.2	124.0 (2008, AA)	Vital Stats	126.0 (2007, AA)
Reduce Stroke Death					

HP 2020	HV2020 Objective (Population goal)	HV 2020 Goal	Vermont Baseline	Vermont Data Source	U.S. all race-ethnicities Baseline
HDS-3	**Stroke death rate per 100,000 (O)**	30.3	37.9 (2008, AA)	Vital Stats	42.2 (2007, AA)
Reduce the Proportion of Persons with Hypertension					
HDS-5.1	**% of adults with hypertension (O)**	22.6%	25.1% (2009, AA)	BRFSS ? DocSite ?	29.9% (2005-2008, AA)
HDS-5.2	**% of children and adolescents with hypertension (O)**	No baseline	No baseline	BRFSS ? DocSite ?	3.5% (8-17 yr, 2005-2008)
Increase Proportion of Adults Who Have Had Cholesterol Checked					
HDS-6	**% of adults with cholesterol check in past 5 years (O)**	82.6%	75.1% (2009 AA)	BRFSS	74.6% (2008, AA)
Immunization & Infectious Disease					
Increase Immunization Rate of Children 19-35 Months					
IID-8	% of children (19-35 months) receiving recommended vaccines (4:3:1:4:3:1:4)	80%	40.6% (2010)	National Immunization Survey (NIS), CDC/NCIRD	68.4% (2008)
Maintain Vaccination Coverage for Children in Kindergarten					
IID-10.2	% of kindergarteners with 2 or more MMR doses	95%	91% (2010 – 2011 School Year)	UMass School Health Database Immunization Registry	95% (2007-2008 School Year)
Increase Routine Vaccination Coverage for Adolescents					
IID-11.1	% of adolescents with 1 Tdap booster by age 15	80%	83% (2010)	Immunization Registry	46.7% (2008)
Increase Proportion of Adults Immunized Against Seasonal Influenza					
IID-12.7	% of adults 65 years and older who receive annual flu shot	90%	71.48% (2010)	BRFSS	66.6% (2008)
Increase Proportion of Adults Immunized Against Pneumonia					
IID-13.1	% of adults 65 years and older who ever had pneumococcal vaccine	90%	72.8% (2010)	BRFSS	60.1% (2008)
Increase Treatment Completion for TB Positive Cases					

HP 2020	HV2020 Objective (Population goal)	HV 2020 Goal	Vermont Baseline	Vermont Data Source	U.S. all race-ethnicities Baseline
IID-31	% of completed LTBI treatments among diagnosed latent TB cases who start treatment	90%	88% (5-year average 2006-2010)	NTIP	68.1% (2007)
Reduce Central Line-Associated Bloodstream Infections					
HAI-1	Infection ratio for central-line associated bloodstream infections	0.18 (SIR)	0.72 (SIR July 2009 - December 2009)	National Healthcare Safety Network (NHSN)	1.00 (2006-2008)
Injury & Violence Prevention					
Reduce Injury from Motor Vehicle Crashes					
IVP-14	Nonfatal motor vehicle crash-related injury rate per 100,000	785.8	873.1 (2008, Hospital and ED visits)	Vermont Uniform Hospital Discharge Data Set	771.5 (2008)
Prevent Fall-Related Deaths					
IVP-23.2	Fall-related death rate per 100,000	129.9	129.9 (AA) (2009)	Vital Statistics	45.3 (2007, AA)
Reduce Suicide Attempts					
IVP-41	**ED visits for self-harm rate per 100,000 (M)**	139.1	154.6 (AA) (2009)	Vermont Uniform Hospital Discharge Data Set	125.3 (2008, AA)
Mental Health					
Reduce Suicide Rate					
MHMD-1	**Rate of Suicide per 100,000 Vermonters (M)**	11.7	13.0 (AA) (2009)	Vital Statistics	11.3 (2007, AA)
Reduce Adolescent Suicide Attempts					
MHMD-2	**Rate of Suicide Attempts among 9-12 Graders (M)**	1.4%	1.6% 2009)	YRBS	1.9% (2009)
Increase Proportion of Persons Screened for Depression					
MHMD-11.1	**Proportion of adult (19+) PCP visits that include depression screening (M)**	No Baseline	No Baseline	DocSite?	2.2 (2007)
MHMD-11.2	**Proportion of adolescent PCP visits that include depression screening (M)**	No Baseline	No Baseline	DocSite?	2.1 (2005-2007)
Maternal, Infant & Child Health					

HP 2020	HV2020 Objective (Population goal)	HV 2020 Goal	Vermont Baseline	Vermont Data Source	U.S. all race-ethnicities Baseline
Reduce Sudden, Unexpected Infant Death					
MICH-1.9	Sudden, Unexpected death rate for Infants (per 1,000 live births)	0.62	0.69 (5-yr avg. 2005-09)	Vital Statistics	0.93 (2006)
Increase Proportion of Women Abstinent from Alcohol, Cigarettes and Drugs During Pregnancy					
MICH-11.1	% of pregnant women who abstain from alcohol (M)	96.7%	87.9% (2008)	PRAMS	89.4% (2007-2008)
MICH-11.3	% of pregnant women who abstain from smoking cigarettes (M)	88.9%	80.8% (2009)	Vital Statistics	89.6% (2007)
MICH-11.4	% of pregnant women who abstain from illicit drug use (M)	100.0%	95.3% (2009)	PRAMS	94.9% (2007-2008)
Increase Pre-Conception Care					
MICH-16.1	% women delivering a live birth who discussed preconception health prior to pregnancy	31.8%	28.9% (2008)	PRAMS	Developmental
MICH-16.5	% of women delivering a live birth who had a healthy weight prior to pregnancy (O)	57.5%	52.3% (2003)	PRAMS	48.5% (2007)
Increase Proportion of Infants Who Are Breastfed					
MICH-21.5	% of infants breastfed exclusively for six months (O)	28.1%	25.5% (2008 Births, provisional)	NIS	14.1% (2007)
Nutrition & Weight Status					
Reduce the Proportion of Vermonters who are Obese					
NWS-9	% of adults (20+) who are obese (O)	22.1%	24.6% (2010, AA)	BRFSS	34.0% (20+, 2005-2008. AA)
NWS-10.1	% of children ages 2 to 5 (in WIC) who are obese (O)	11.0%	12.2% (2010, WIC only)	PedNSS / WIC	10.7% (2005-2008)
NWS-10.3	% of adolescents ages 12 to 19 who are obese (O)	8.9%	9.9% (2011, 9-12)	YRBS	17.9% (2005-2008)
Reduce Hunger and Food Insecurity					
NWS-13	% of households with food insecurity (P)	6.0%	8.1% (2006)	BRFSS	14.6% (2008)
Increase Fruit and Vegetable Consumption					

HP 2020	HV2020 Objective (Population goal)	HV 2020 Goal	Vermont Baseline	Vermont Data Source	U.S. all race-ethnicities Baseline
NWS-14	% of adults eating the daily recommended servings of fruit (O)	42.1%	38.3% (2009)	BRFSS	32.4% (2009)
NWS-14	% of adolescents eating the daily recommended servings of fruit (O)	39.7%	36.1%(2011, 9-12)	YRBS	33.9% (2009)
NWS-15	% of adults eating the daily recommended servings of vegetables (O)	33.0%	30.0% (2009)	BRFSS	25.8% (2009)
NWS-15	% of adolescents eating the daily recommended servings of vegetables (O)	18.6%	16.9% (2011, 9-12)	YRBS	13.8% (2009)
Oral Health					
Reduce the Proportion of Children and Adolescents with Dental Caries					
OH-1.2	% of children ages 6 to 9 with dental caries	30.4%	33.8% (2010)	VT Children's BSS Oral Health Survey	54.4% (1999-2004)
Reduce Permanent Tooth Loss					
OH-4.1	% of adults ages 45 to 64 with tooth extraction	46.7%	51.9% (2010)	BRFSS	76.4% (1999-2004)
Increase the Proportion of Vermonters Utilizing the Dental System					
OH-7	% of children ages 6 to 9 using dental system yearly	100.0%	95.3% (2010)	VT Children's BSS Oral Health Survey	44.5% 2 yrs+ (2007)
OH-7	% of children in grades K through 12 using dental system yearly	71.6%	65.1% (2009-2010)	School Nurse Report	44.5% 2 yrs+ (2007)
OH-7	% of adults using dental system yearly	81.3%	73.9% (Adults 18+, 2010, AA)	BRFSS	44.5% 2 yrs+ (2007)
Increase Access to Fluoridated Water					
OH-13	% of the population with optimally fluoridated water	62.2%	56.5% (2010)	WRFS	72.4% (2008)
Physical Activity					
Reduce the Proportion of Adults with No Physical Activity					
PA-1	% of adults with no leisure time physical activity (O)	15.7%	17.4% (2010, AA)	BRFSS	36.2% (2008)
Increase the Proportion of Vermonters who Meet Physical Activity Guidelines					

HP 2020	HV2020 Objective (Population goal)	HV 2020 Goal	Vermont Baseline	Vermont Data Source	U.S. all race-ethnicities Baseline
PA-2.1	% of adults meeting physical activity guidelines (O)	64.4%	58.5% (2009, AA)	BRFSS	43.5% (2008)
PA-3.1	% of adolescents meeting physical activity guidelines (O)	26.8%	24.4% (2011, 9-12)	YRBS	18.4% (2009)
Increase the Proportion of Children and Adolescents Who Do Not Exceed Recommended Screen Time Limits					
PA-8.2.1	% of children ages 2 to 5 years with no more than 2 hours of television, videos, or video games (O)	No Baseline	(WIC, No Data in Cell)	PNSS/WIC YRBS	75.6% (2005-2008)
PA-8.3.1	% of children ages 2 to 5 years with no more than 2 hours of computer use (O)	No Baseline	(WIC, No Data in Cell)	PNSS/WIC YRBS	97.4% (2005-2008)
PA-8.2.3 PA-8.3.3	% of adolescents with no more than 2 hours of screen time (O)	70.1%	63.7%, combined measure	YRBS	[PA-8.2.3] 67.2% (2009) [PA-8.3.3] 75.1% (2009)
Preparedness					
Reduce Time Needed to Issue Official Information in a Public Health Emergency					
PREP-1	Time necessary to issue official information regarding a public health emergency	1 hour	No baseline	Internal tracking PHEP - CDC PERFORMS	Developmental
Reduce Time Needed to Activate Personnel in a Public Health Emergency					
PREP-2	Time necessary to activate personnel for a public health emergency	60 minutes	66 minutes (2009)	Internal tracking PHEP - CDC PERFORMS	66 minutes (2009)
Reduce Time Needed to Produce an After-Action Report Following a Public Health Emergency					
PREP-4	Time to produce after-action reports and improvement plans following an emergency	40 days	55-60 days depending on type of exercise (2008-2009)	Internal tracking PHEP - CDC PERFORMS	46 days (2009)
Increase Proportion of Crisis and Emergency Messages that Use Best Practices					
HC/HIT-12	Proportion of crisis and emergency risk messages intended to protect the public's health that demonstrate the use of best practices	No Baseline	No Baseline	TBD	Developmental
Respiratory Diseases					
Reduce Asthma Hospitalizations					

HP 2020	HV2020 Objective (Population goal)	HV 2020 Goal	Vermont Baseline	Vermont Data Source	U.S. all race-ethnicities Baseline
RD-2.1	Asthma hospitalization rate per 10,000 children less than age 5	14.0	18.8 (2009)	Vermont Uniform Hospital Discharge Data Set	41.4 (2007)
RD-2.2	Asthma hospitalization rate per 10,000 persons ages 5 to 64	4.2	4.9 (2009, AA)	Vermont Uniform Hospital Discharge Data Set	11.1 (2007, AA)
RD-2.3	Asthma hospitalization rate per 10,000 adults age 65 and older	9.3	11.7 (2009, AA)	Vermont Uniform Hospital Discharge Data Set	25.3 (2007, AA)
Reduce Exposure to Secondhand Smoke					
TU-11.3	% of adult non-smokers exposed to secondhand smoke	33.8%	43.0% (2010)	ATS	37.6% (2005-2008, AA)
Increase the Proportion of Persons With Asthma who Receive Appropriate Care					
RD-7.1	% of adults who have a written asthma management plan from a health care provider	39.3%	32.0% (2010, AA)	Asthma Call Back Survey	33.4% (all ages, 2008, AA)
RD-7.1	% of children (<18 years) who have a written asthma management plan from a health care provider	62.3%	48.1% (2010)	Asthma Call Back Survey	33.4% (all ages, 2008, AA)
RD-7.5	% of adults with asthma advised to change things in home, school, or work environments	42.2%	35.3% (2010, AA)	Asthma Call Back Survey	50.8 % (all ages, 2008, AA)
RD-7.5	% of children with asthma advised to change things in home, school, or work environments	46.8%	33.4% (2010)	Asthma Call Back Survey	50.8% (all ages, 2008, AA)
Substance Abuse					
Reduce the Proportion of Persons Who Need and Receive Treatment for Abuse or Dependence					
--	**% of persons (12+) who need and do not receive alcohol treatment (M)**	6.7%	7.5% (2008-2009)	NSDUH	7.0% (2008-2009)
Reduce the Use Of Illicit Substances					
SA-13.2	**% of adolescents who used marijuana in the past 30 days (Grades 9-12) (M)**	22.1%	24.6 (2009)	YRBS	20.8% (2009)
Reduce Binge Drinking					
SA-14.4	**% of adolescents (12-17 yrs) binge drinking in the past 30 days (M)**	9.7%	10.8% (2008-2009)	NSDUH	9.4% (2008-2009)
Tobacco Use					

HP 2020	HV2020 Objective (Population goal)	HV 2020 Goal	Vermont Baseline	Vermont Data Source	U.S. all race-ethnicities Baseline
Reduce Tobacco Use					
TU-1.1	**% of adults smoking cigarettes (M)**	12.0%	16.2% (2010, AA)	BRFSS	20.6% (2008, AA)
TU-2.2	**% of adolescents smoking cigarettes (M)**	12.0%	13.3% (2011)	YRBS	19.5% (2009)
Increase Cessation Attempts					
TU-4.1	**% of adult smokers who attempted to quit in the last year (M)**	80.0%	61.8% (2010, AA)	BRFSS	48.3% (2008, AA)
Establish Smoke-Free Air Laws					
TU-13	**# of statewide laws on smoke-free indoor air to prohibit smoking in public places (M)**	12 of 17 with 5 in Development	8 of 17 13.1-13.4, 13.6-13.8, 13.12	STATE VT Statutes	N/A
HIV and STD					
Reduce New HIV Infections					
HIV- 1	Number of new HIV diagnoses among all persons	10	11 (5 yr avg)	HIV Surveillance	Developmental
Increase HIV Testing					
HIV-14.1	% of adults tested for HIV in past 12 months	6.0%	5.0% (18+, 2010)	BRFSS	15.4% (15-44, 2006-2008)
HIV-14.1	% of adolescents tested for HIV in past 12 months	TBD (2013)	Baseline TBD (2013)	YRBS	15.4% (15-44, 2006-2008)
Increase the Rate of Condom Use Among Sexually Active Persons					
HIV-17.1	**% condom use among sexually active females (P)**	23.5%	21.4% (18-44, 2008)	BRFSS	34.5% (unmarried 15-44, 2006-2008)
HIV-17.2	**% condom use among sexually active males (P)**	37.6%	34.2% (18-44, 2008)	BRFSS	55.2% (unmarried, 15-44, 2006-2008)
HIV-17.1	**% condom use among sexually active adolescent females (P)**	77.0%	70.0% (9-12 grade, 2009)	YRBS	53.9%
HIV-17.2	**% condom use among sexually active adolescent males (P)**	64.7%	58.8% (9-12 grade, 2009)	YRBS	68.6%

HP 2020	HV2020 Objective (Population goal)	HV 2020 Goal	Vermont Baseline	Vermont Data Source	U.S. all race-ethnicities Baseline
Reduce Chlamydia Infections					
STD-1.1	% of females 15-24 with Chlamydia infections	2.5%	2.8%	STD Surveillance	7.4% (2008)
Newborn Screening					
Increase Autism Spectrum Disorder Screening and Evaluation					
MICH-29.1	% of infants screened for Autism Spectrum Disorder and other developmental delays before 24 months of age	No baseline	No baseline	Screening in Primary Care Survey	19.5% (2007)
MICH-29.2	% children with Autism Spectrum Disorder diagnosis with first evaluation by 36 months	No baseline	No baseline	CSHN Data	39.0% (2006)
Increase Screening and Intervention for Hearing Loss					
ENT-VSL-1.1	% of newborns screened for hearing loss by 1 month age	100.0%	94.8% (2009)	CDC, VDH Database: Childhood Hearing Health System (CHHS)	82.0% (2007)
ENT-VSL-1.2	% of newborns not passing screening, who have an audiologic evaluation by 3 months	52.8%	48.0% (2009)	CDC, VDH Database: Childhood Hearing Health System (CHHS)	66.0% (2007)
ENT-VSL-1.3	% of infants with hearing loss who receive intervention services by 6 months age	55%	50%	CDC, VDH Database: Childhood Hearing Health System (CHHS)	50.0% (2007)
School Age Health					
Increase School Readiness					
EMC-1	**% of kindergarteners ready for school in all five domains of healthy development (P)**	61.6%	56.0%	2011-2012 Ready Kindergarteners Survey	Developmental
Increase the Use of Licensed Health Educators					
EMC-4.2.2	% of middle schools that require newly hired staff who teach health education to be licensed or endorsed by the State	No baseline	No baseline	SHPPS	50.7% (2006)
Increase Adolescent Well Child Visits					
AH-1	**% of youth ages 10-17 who have had a wellness exam in past 12 months (O,M)**	63.0%	57.3% (2010-11)	VDH School Nurse Data	68.7% (2008)

HP 2020	HV2020 Objective (Population goal)	HV 2020 Goal	Vermont Baseline	Vermont Data Source	U.S. all race-ethnicities Baseline
Reduce the Rate of Absenteeism from Illness or Injury					
AH-5.6	% of students absent due to illness or injury	No Baseline	No Baseline	TBD	14.6% (2008)
Family Planning					
Increase the Proportion of Pregnancies that are Planned					
FP-1	% of pregnancies that are planned (P)	59.0%	53.2% (2008)	VT PRAMS	51.0% (2002)
Increase the Proportion of Sexually Active Persons who Use Contraception					
FP-6	% of adolescents who used contraception at most recent intercourse (P)	90.2%	82.0% (2009)	YRBS	83.0% of females or partners at risk (2006-2008)
Increase the Rate of STD Education					
FP-12.7	% of female adolescents who receive education on STDs	No Baseline	No Baseline	TBD	93.2% (2006-2008)
FP-12.8	% of male adolescents who receive education on STDs	No Baseline	No Baseline	TBD	92.2% (2006-2008)
Older Adults					
Increase the Proportion of Older Adults who Use the 'Welcome to Medicare' Benefit					
OA-1	% of older adults who use the Welcome to Medicare Benefit (O,M)	No baseline	No baseline	TBD	7.3% (2008)
Increase the Proportion of Older Adults Up to Date on Clinical Preventative Services					
OA-2.1	% of males age 65 and over who are up to date on a core set of clinical preventive services (O,M)	52.3%	47.5% (2010)	BRFSS	46.3% (2008)
OA-2.2	% of females age 65 and over who are up to date on a core set of clinical preventive services (O, M)	48.7%	44.3% (2010)	BRFSS	47.9% (2008)