



September 2000

Dear Vermonter,

With the start of a new decade, I am pleased to present *Healthy Vermonters 2010*, our priorities for continuing to improve the health of Vermonters.

We are making progress! Working together we have met or made substantial progress toward more than two-thirds of the goals established in *Healthy Vermonters 2000*, the predecessor to this document. For example, since 1990, breast cancer deaths are down, fewer teens are smoking, and childhood lead poisoning has decreased.

I want to thank the hundreds of people, including educators, policy makers, health professionals, and citizens who had a hand in identifying the priorities laid out in *Healthy Vermonters 2010*. This document was guided by volunteer work groups and responses to public health interviews all over the state asking, "What is needed to improve the health of Vermonters?" and "What keeps us from improving health in Vermont?"

Looking ahead to the next 10 years, we've set some ambitious goals. With continued commitment and leadership from the many voices represented here, I am confident we will succeed!

Sincerely,

A handwritten signature in blue ink that reads "Jan K. Carney".

Jan K. Carney, MD, MPH
Commissioner of Health

With *Healthy Vermonters 2010*, we:

- Identify health priorities for Vermont
- Measure where we are today compared to where we want to be
- Measure where we are compared to the nation
- Build on the success of *Healthy Vermonters 2000*
- Emphasize prevention
- Encourage Vermonters to take an active role in improving their health

Increase Quality and Years of Healthy Life

“Increase life expectancy and quality of life over the next 10 years by helping individuals gain the knowledge, motivation, and opportunities they need to make informed decisions about their health.”

—*Healthy People 2010*

By the year 2030, there will likely be 70 million elders in the U.S.— more than twice the number in 1996. According to this projection, people age 65 and older will make up 20 percent of the population.

It is true that Americans are living longer. Most of the gains in longevity during the first half of the 20th century were the direct result of improvements in infant and childhood health. By contrast, increased life expectancy from the 1970s on is generally attributed to success in preventing premature death among the middle-aged.

As we learn more about the diseases and conditions common among older people, we are also learning what it takes to improve the quality of a longer life. While it was once thought that aging inevitably meant a steady decline in physical and

mental capacity, research is confirming that an active brain and body throughout life can mean more robust health well into old age. Not only do people with better health habits generally survive longer; those years are more likely to be free of disease and disability.

Prevention is the best investment we can make in health. Immunizations, mammograms, screening for cholesterol or colorectal cancer, measuring blood pressure, and counseling about depression, tobacco or alcohol use are examples of preventive health care. In addition to seeing a doctor when you are not sick, prevention measures that can increase quality and years of healthy life include eating a healthy diet, regular exercise and not smoking.

Chronic conditions such as heart disease, stroke, diabetes, cancer, osteoporosis, arthritis, depression and dementia may not be inevitable, but they are still common among older people. With good health habits, access to health and social services, community supports, and use of assistive technologies, many people can impact these chronic diseases, and lead to fuller, healthier lives.

Research and design by the Vermont Department of Health

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Photos courtesy of the families and friends of the Vermont Department of Health.

This document is available in other accessible formats and at www.state.vt.us/health.

Eliminate Health Disparities

“Eliminate health disparities among different groups within the population. These include differences that occur because of gender, race or ethnicity, education or income, disability, living in rural localities, or sexual orientation.”

—*Healthy People 2010*

Extending the years of healthy life for everyone will require the elimination of existing health disparities throughout the U.S. Some groups continue to face higher burdens of illness and death than others. For example, African American men suffer from heart disease and prostate cancer at nearly twice the rate of white men. Vietnamese women contract cervical cancer at nearly five times the rate of white women. And the prevalence of diabetes is nearly three times higher among American Indians, and two times higher among Hispanics than whites.

In Vermont, where minority populations are relatively small, substantial population-based analyses of minority health issues have not been feasible. For this reason, we must draw what conclusions we can from the national data, and from the experiences of individual Vermonters within these groups.

In preparation of this report the Health Department asked its minority health advisory committees for input about health objectives of particular importance to their communities.

- For the African American Health Advisory Committee, racism and discrimination were cited as impediments to accessing health care as well as a potential cause of health disparities.

The members of racial and ethnic minority groups are also under-represented among Vermont health professionals which, for some, is an additional barrier to care.

- Vermont’s American Indian groups use traditional and contemporary methods to address health and wellness. The American Indian Health Advisory Committee identified youth and adult tobacco addiction, patient education, reduction of heart disease, infant deaths, youth drinking, and child abuse as priority objectives.

- Issues relating to HIV and AIDS prevention were priorities for the Gay, Lesbian, Bisexual and Transgender Health Advisory Committee— as were the reduction of physical assault, binge drinking, and suicide. Other concerns cited were drinking water quality, dental health, and the prevention of overweight and obesity.

- The Hispanic/Latino Committee chose as priorities preventive services like cancer screening, diabetes education, and early prenatal care. They also cited the need to reduce the prevalence of high blood pressure, HIV infection, and tobacco use, and to increase the percentage of people who exercise regularly.

- All groups identified access to health care as a high priority.



access to health care

High quality health care is important for everyone. However, many people may not have full access to the health care system. Full access requires that a patient have adequate knowledge of the health care system, and of when and how to use it. The system, in turn, must be responsive to people of all cultural, ethnic and educational backgrounds. And access to health care means nothing without the financial resources or insurance coverage to afford it.

In a 1998 survey, Vermonters listed many concerns about access to health care: the cost of prescription drugs, lack of insurance, high deductibles, lack of a local physician or mental health professional, lack of child care, transportation to appointments, and the availability of emergency care in rural areas.

Objective 1

Establish Primary Care

A long-term relationship between a patient and a primary care professional ensures that a complete medical history and other health information is easily available, and that medical care is consistent and coordinated over time. Primary care includes screening for disease and risk factors, counseling patients about their health-related behaviors, treating illness, and referring for specialty care.

Objective 2

Health Insurance for Everyone

Health insurance provides a base level of access to health care. From 1993 to 1997, the number of insured Vermonters increased from 89 to 93 percent. In a 1997 survey, half of those who were uninsured said the main reason was that they couldn't afford it, and 10 percent said it was not offered through their work.

Objective 3

Increase Health Counseling

Research shows that repeated messages from a health care professional are very important in changing adult behavior. The decision to quit smoking, cut down on alcohol use, or increase physical activity is often prompted by direct warnings and advice from physicians.

Objectives 4-6

Reduce Hospitalization Rates

Comprehensive primary care can reduce the severity of certain illnesses and delay or prevent the need for hospitalization. Asthma, diabetes, pneumonia and influenza represent diseases that affect differing age groups, and for each there are clinical preventive interventions that can help avoid hospitalization.

Objective 7

Health Education in Schools

Schools are a natural setting for reaching young people with health information. A comprehensive health curriculum is integrated, developmentally appropriate, and skill-building. It involves parents as well as health professionals, and is taught by teachers who are trained to teach the subject. The best health curricula are those shown by research to be effective. At present, 18 percent of Vermont schools use such curricula.

access to health care 2010 objectives

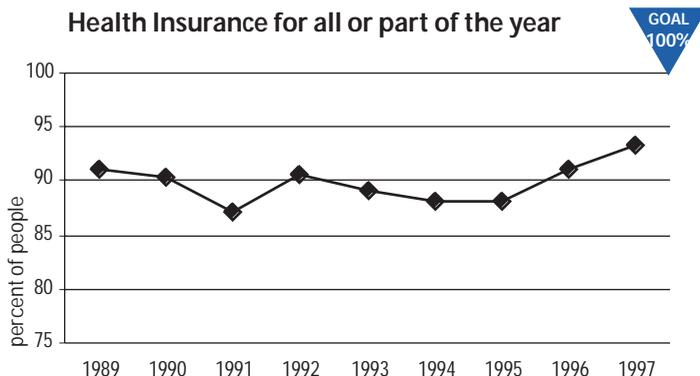
Objective 1 Increase the percentage of people who have a specific source of ongoing primary care.

Goal	96%
Vermont data available in 2002	
US 1997	86% (all ages)

Objective 2 Increase the percentage of people with health insurance for all or part of the year.

Goal	100%
VT 1997	X93%
US 1997	X86%

Health Insurance for all or part of the year



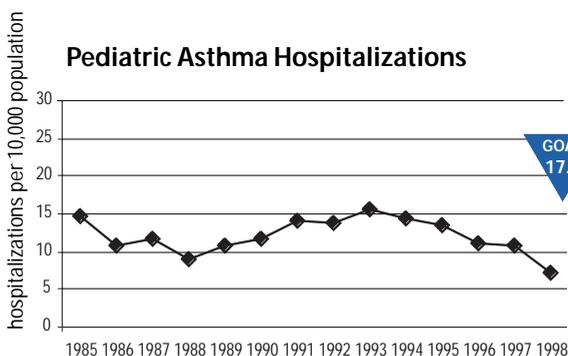
Objective 4 Further reduce pediatric asthma hospitalizations (hospitalizations per 10,000 population for asthma among people age 18 and younger).

Goal	17.3
VT 1998	7.1
US 1996	23.0

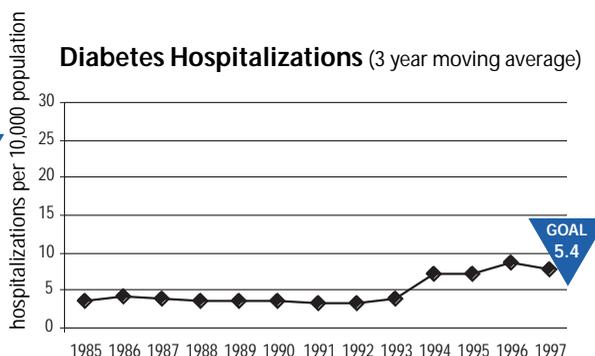
Objective 5 Reduce diabetes hospitalizations (hospitalizations per 10,000 population for uncontrolled diabetes among people age 18-64).

Goal	5.4
VT 1998	7.9
US 1996	7.2

Pediatric Asthma Hospitalizations



Diabetes Hospitalizations (3 year moving average)



Objective 3 Increase the percentage of people (adults age 18+) counseled by a primary care professional, in the past three years, about health behaviors.

National 2010 goal to be set
US data not available

Alcohol Use	15%	VT 1996
Diet	28%	VT 1996
Drug Abuse	10%	VT 1996
Physical Activity	35%	VT 1996
Tobacco	31%	VT 1999 (smokers only)



Objective 6 Reduce pneumonia/influenza hospitalizations (hospitalizations per 10,000 population for immunization-preventable pneumonia and influenza among adults age 65+).

Goal	8.0
VT 1998	16.4
US 1996	10.6

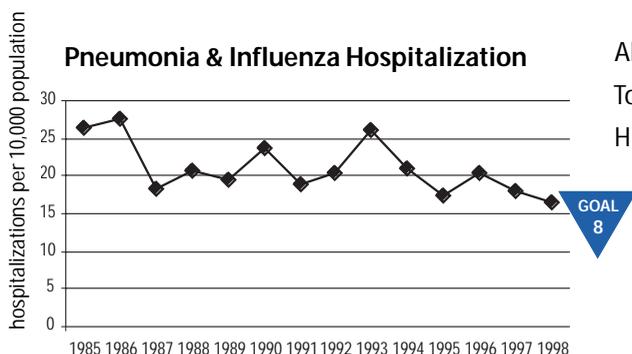
Objective 7 Increase the percentage of schools that provide comprehensive education to prevent health problems.

Goal 95%

Alcohol, Tobacco & Other Drug Use	84%
HIV/STD Infection	83%

US 1994:

Alcohol & Other Drug Use	90%
Tobacco	86%
HIV/STD Infection & Unintended Pregnancy	65%



alcohol & drug use



Too many children in Vermont start drinking early and often. Half of Vermont college students drink to get drunk (five or more drinks at a time). For adults, rates of problem drinking—binge, chronic, and drunk driving—are all still too high.

Alcohol and other drugs play a role in up to 50 percent of all homicides, suicides, domestic assaults, and motor vehicle crash deaths in Vermont. Substance abuse is a problem in all age, cultural, ethnic and economic groups.

Objective 1

Reduce Drunk Driving Deaths

From 1993 through 1997, an estimated 42 percent of motor vehicle crash deaths in Vermont involved the use of alcohol. This means that every year in Vermont, at least 40 people die in crashes as the result of excessive alcohol use. From 1996 to 1998, more than half (54%) of the Vermont highway crashes that killed young adults (age 15 to 20) were alcohol-related.

Objective 2

Prevent Adolescent Drinking

The age at which young people begin to drink has a strong relationship to their chances of developing alcohol dependence later in life. About 40 percent of those who start drinking at age 14 or younger become alcoholics, compared to about 10 percent of those who start drinking at age 21. Delaying first use of alcohol can have a significant effect on future drinking patterns.

Objectives 3-4

Reduce Binge Drinking

Binge drinking five or more drinks on a single occasion is a behavior all too common among Vermont high school and college students. Excessive drinking affects not only the drinkers themselves, but also other students and community members. The secondhand effects of binge drinking range from unwanted sexual advances, to disrupted sleep and study, to property damage and criminal violence.

Objective 5

Reduce Teen Marijuana Use

Chronic, long-term use of marijuana is associated with respiratory damage, short-term memory loss, decreased motivation, and psychological dependence. Marijuana use by Vermont high school students has increased significantly since 1991 in all age groups. In 1999, 82 percent of students reported that they think there is no great risk of harming themselves if they use marijuana, and 62 percent reported that marijuana is easy to get.

Objective 6

Increase Health Counseling

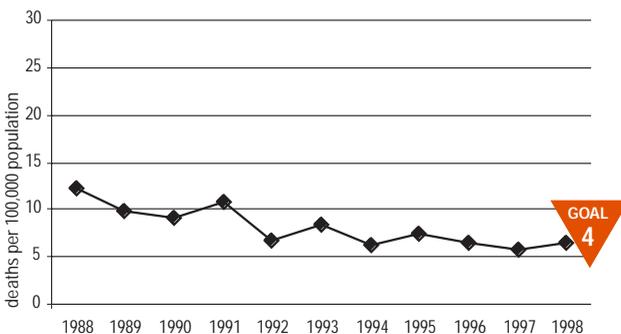
Advice by clinicians regarding the health consequences of alcohol use has been shown to benefit patients. For patients who are recovering from alcohol addiction, primary care professionals are also in the best position to monitor and support patient efforts.

alcohol & drug use 2010 objectives

Objective 1 Reduce alcohol-related motor vehicle deaths (per 100,000 population).

Goal	4.0
VT 1998	6.4
US 1997	6.1

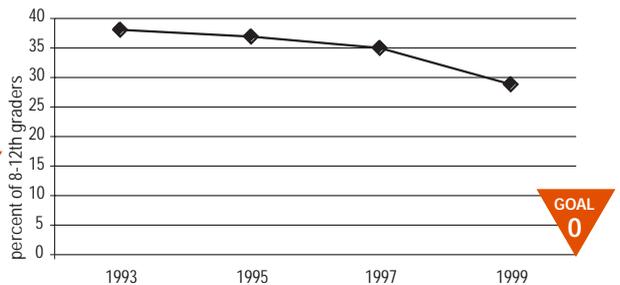
Alcohol-related Motor Vehicle Deaths



Objective 2 Reduce the percentage of youth who use alcohol before age 13.

Goal	X0
VT 1999	29% (grades 8-12)
US data	not available

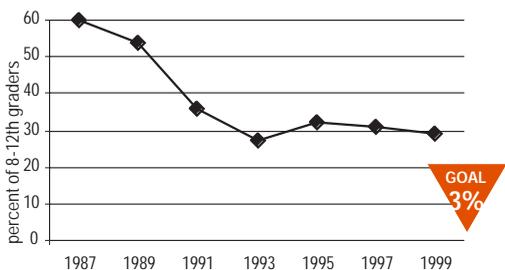
Alcohol Use Prior to Age 13



Objective 3 Reduce the percentage of youth engaging in binge drinking during the past 30 days.

Goal	3%
VT 1999	29% (grades 8-12)
US 1997	33% (grades 9-12)

Youth Binge Drinking



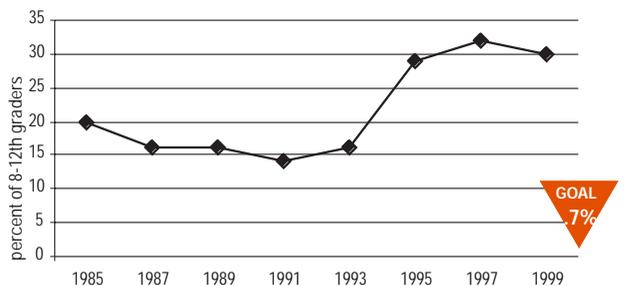
Objective 4 Reduce the percentage of college students engaging in binge drinking during the past two weeks.

Goal	20%
VT 1998	50%
US 1998	39%

Objective 5 Reduce the percentage of youth reporting use of marijuana during the past 30 days.

Goal	0.7%
VT 1999	30% (grades 8-12)
US 1997	26% (grades 9-12)

Youth Marijuana Use



Objective 6 Increase the percentage of people (adults age 18+) counseled by a primary care professional, in the past three years, about alcohol use.

National 2010 goal to be set	
VT 1996	15%

arthritis, osteoporosis & disabilities



Arthritis and other chronic disabling conditions were not included in *Healthy Vermonters 2000*. There are few sources of Vermont-specific data and no single agency of state government is focused on making improvements in this area. For example, although arthritis affects more than 15 percent of the U.S. population, and more than 20 percent of all adults, the prevalence among Vermonters is unknown.

At the same time, the lifespan of Vermonters is increasing, with the average woman living to be 80 and the average man, 74. This trend places a greater percentage of the population in the age group at risk for arthritis, osteoporosis and other physical disabilities.

Objective 1

Professional Treatment of Arthritis

Arthritis has a significant impact on quality of life for those with the condition—and for their families. Not only does the disease cause painful symptoms, it can also limit people's ability to care for themselves and participate fully in their home and community. Currently in Vermont, 24 percent of adults with arthritis are being treated.

The disabling effects of arthritis are best addressed by early diagnosis and treatment. Medical management, education, self-management and exercise can reduce arthritis pain, slow the progression of the disease, and reduce disability.

arthritis, osteoporosis & disabilities 2010 objectives

Objective 1 Increase the percentage of adults who have seen a health care professional for their arthritis or chronic joint symptoms.

National 2010 goal to be set
Vermont data available in 2002

Objective 2 Increase the percentage of women age 50 and older who are counseled about prevention of osteoporosis.

Vermont 2010 goal to be set
Vermont data available in 2001

Objective 3 Increase the percentage of adults (age 18+) with disabilities reporting sufficient emotional support.

Goal	79%
Vermont data available in 2002	
US 1998	70%



Objective 2 **Osteoporosis Counseling**

Osteoporosis is a prevalent but preventable disease, and a leading cause of disability, especially among women. Middle-aged women should be counseled in the health care setting about measures to strengthen bones and reduce the risk of fracture. These measures include regular weight bearing exercise, a diet with enough calcium and vitamin D, and not smoking.

Objective 3 **Emotional Support for People with Disabilities**

Emotional support can help an individual during times of stress. Some of the stress felt by people with disabilities, beyond the disability itself, is related to environmental barriers that reduce their ability to participate in life activities. Increasing emotional support improves treatment, reduces depression, and generally improves quality of life.

cancer



Cancer is the second leading cause of death in Vermont, accounting for nearly one-quarter of all deaths in the state. Each year more than 2,600 new cases are diagnosed and over 1,100 people die from some form of cancer.

Every day there are victories in the battle against cancer: new treatments, new methods of screening and early detection, and more and more people taking advantage of them. Many forms of cancer can be prevented—especially through good dietary habits and avoiding tobacco—and the prospect of surviving cancers which are detected early continues to improve.

Experts have not reached consensus on prevention, early detection and treatment methods for prostate cancer. Generally, it is recommended that men talk with their physician about prostate cancer, the symptoms to watch for, and a schedule of checkups.

Objective 1

Physician Counseling

Quitting smoking (or not starting), healthy diet, adequate physical activity, and use of recommended medical screenings can all contribute to preventing cancer and reducing the number of cancer deaths. The advice of a physician, therefore, about cancer prevention and screening is critical.

Objective 2

Screening for Colorectal Cancer

Colorectal cancer kills more Vermonters than any other cancer except lung cancer. Colorectal cancer can be prevented. It develops slowly, and routine use of recommended screening tests for people age 50 and older can detect the cancer when it is most treatable.

Objective 3

Increase Breast Cancer Screening

As yet, there is no known prevention for breast cancer. It is essential that all women get mammograms beginning at age 40 to 50. Combined with clinical breast exam, a mammogram is the most effective means of early detection. And early detection saves lives.

Objective 4

Screening for Cervical Cancer

Vermont's incidence rate for cervical cancer is statistically worse than the U.S. as a whole, and the death rate has been increasing. An average of 13 women die from cervical cancer each year in Vermont. Early detection through the use of Pap tests and treatment of pre-cancerous lesions makes deaths from cervical cancer almost entirely preventable.

Objective 5

Improve Skin Cancer Awareness

Skin cancer is preventable. Many people in northern climates may not believe they are at risk for skin cancer and so do not take precautions. In fact, Vermont's melanoma death rate is higher than the U.S. rate. Preventive measures include: keeping out of bright sunlight, wearing protective clothing when exposed to sunlight, using sunscreen with a sun protective factor (SPF) of 15 or higher, and staying away from tanning booths and sun lamps.



cancer 2010 objectives

Objective 1 Increase the percentage of at-risk adults (age 18+) counseled by their physician, in the past three years, about tobacco use cessation, physical activity and cancer screening.

Vermont 2010 Goal to be set

Smoking Cessation	31% (VT 1999)
Physical Activity	35% (VT 1996)
Cancer Screening data available in 2003	

Objective 2 Increase the percentage of adults screened for colorectal cancer—

Adults age 50+ who have had a fecal occult blood test (FOBT) in the past two years:

Goal	50%
VT 1997	34%
US 1998	34%

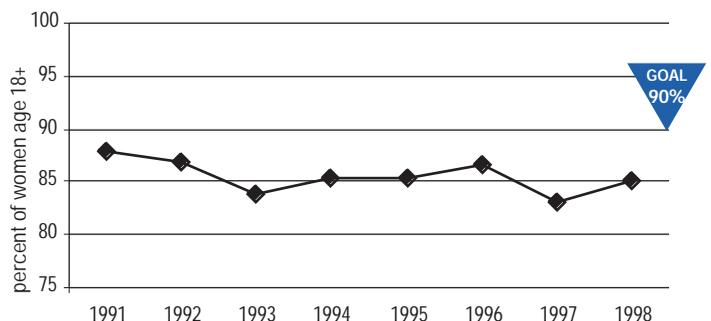
Adults age 50+ who have ever had a sigmoidoscopy:

Goal	50%
VT 1997	40%
US 1998	38%

Objective 4 Increase the percentage of women (age 18+) who have had a Pap test in the preceding three years.

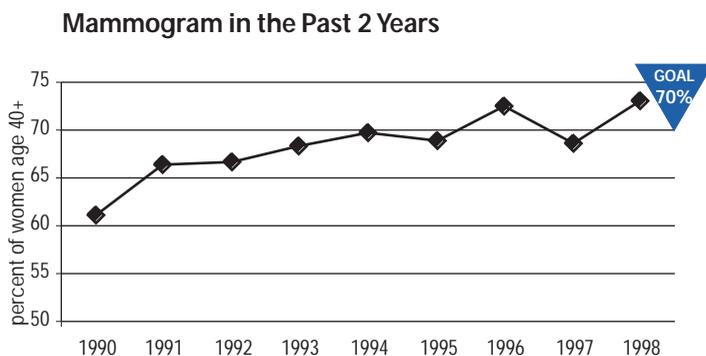
Goal	90%
VT 1998	85%
US 1998	79%

Pap Test in the Past 3 Years



Objective 3 Further increase the percentage of women age 40+ who have had a mammogram in the preceding two years.

Goal	70%
VT 1998	73%
US 1998	68%



Objective 5 Increase the percentage of people who use at least one protective measure to decrease their risk of skin cancer (as measured by percentage of adults age 18+).

Goal	75%
VT data available in 2002	
US 1998	49%



diabetes



An estimated 30,000 Vermonters have diabetes. About one-third of those have not yet been diagnosed. Risk factors include age over 45; obesity; physical inactivity; or family history of diabetes. Also at risk are women who have had gestational diabetes, and people of African, Hispanic/Latino, Asian/Pacific Islander or American Indian ancestry. Early diagnosis can improve quality of life and reduce complications of the disease.

Improved diet and exercise habits are essential for controlling and reducing the complications of diabetes. In the case of Type 2, or adult-onset diabetes, such improvements can actually prevent the disease, or may be the only treatment required. As many as 90 to 95 percent of all cases of diabetes are Type 2.

Objective 1

Early Diagnosis

Nationally, an estimated 5 million people have diabetes and have never been diagnosed. Early screening and diagnosis gives the patient access to the diabetes education, management information and health care that can reduce complications and improve their quality of life.

Objective 2

Patient Education

Much of the burden of diabetes-related complications, both medical and economic, can be averted through prevention and treatment measures. Patient education can translate into improved self-management skills (self-monitoring of blood glucose, diet control, etc.) and a reduction of diabetic complications.

Objective 3

Increase Use of Dilated Eye Exams

Diabetes is the leading cause of new cases of blindness in adults age 20 to 74. Of Vermonters with diabetes, 30 percent report that they have poor vision. Appropriate screening by a well-trained health care professional can lead to treatment and follow-up to prevent blindness.

Objective 4

Reduce Diabetes Deaths

Diabetes-related deaths include deaths from heart disease, kidney disease and other health problems that result from diabetes. In 1998, there were 496 such deaths in Vermont. The state death rate has increased steadily for the past two decades, and Vermont has the third highest diabetes death rate in the nation.

diabetes 2010 objectives

Objective 1 Increase the percentage of adults with risk factors for diabetes who have ever been tested.

Vermont 2010 goal to be set
 Vermont data available in 2002
 US data not available

Objective 2 Increase the percentage of people with diabetes who receive formal diabetes education.

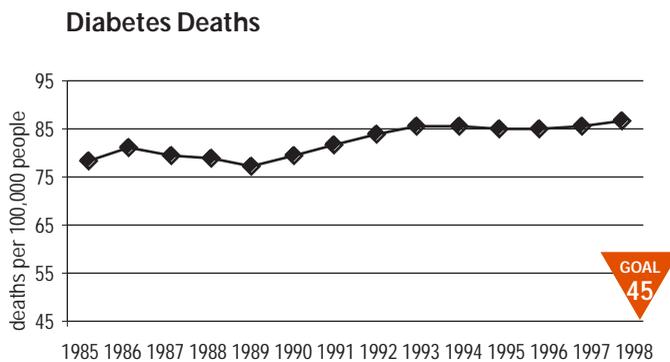
Goal 60%
 Vermont data available in 2001
 US 1998 40%

Objective 3 Increase the percentage of adults (age 18+) with diabetes who have an annual dilated eye examination.

Goal 75%
 VT 1996-98 72%
 US 1998 56%

Objective 4 Reduce diabetes-related deaths (per 100,000 people).

Goal 45
 VT 1998 86
 US 1997 75





environmental health & food safety

The quality of the water we drink, the air we breathe and the food we eat have a great impact on our health. Many of the great health successes of the past century have been related to improvements in sanitation and advances in technology such as water purification, refrigeration and disinfection. Still, exposure to hazards in the air, water, soil and food continue to be major contributors to illness.

Foodborne illnesses may be more of a problem in years to come for a variety of reasons. New and resistant pathogens are becoming more commonplace. Methods for processing and shipping food are changing, and many foods are transported a great distance to consumers. Threats are also posed by a lack of training and education about proper food handling, and an increase in the number of people at risk because of age or reduced immunity.

Objective 1

Better Food Safety in the Home

Most meals and snacks are prepared at home, and national surveys show that many people do not follow safe food practices. Essential food safety practices include washing hands and food preparation surfaces often, not contaminating one food with another, cooking to proper temperatures, and refrigerating foods promptly.

Objective 2

Better Food Industry Practices

National surveys show that more people are eating out more often. To decrease the threat of foodborne disease outbreaks, the Centers for Disease Control and Prevention has identified five food industry safety risk factors for improvement. They are: improper holding temperatures, inadequate cooking, contaminated equipment, food from an unsafe source, and poor personal hygiene among food handlers.

Objective 3

Safe Drinking Water

About 80 percent of Vermonters get their drinking water from some form of public water system. These range from large municipal systems with modern treatment facilities serving thousands of people to small, privately-owned public systems serving housing developments or mobile home parks. Depending on the size of the population served, public drinking water systems are tested for up to 80 different contaminants.

Objective 4

Test for Radon

The U.S. Environmental Protection Agency estimates that every year up to 30,000 lung cancer deaths can be attributed to radon. That translates into about 40 Vermont deaths each year from radon alone. The risk of lung cancer is increased even more for a smoker exposed to radon gas. A radon test is the only way to find out if it is present in the home. If radon is detected, there are steps that can be taken to lessen the health risks.

environmental health & food safety 2010 objectives

Objective 1 Increase the percentage of people who follow key food safety practices at home (as measured by proper washing of hands and cutting boards).

Goal	79%
VT 1999	78%
US 1998	72%

Objective 2 Improve food employee behaviors and food preparation practices that directly relate to foodborne illness in retail food establishments.

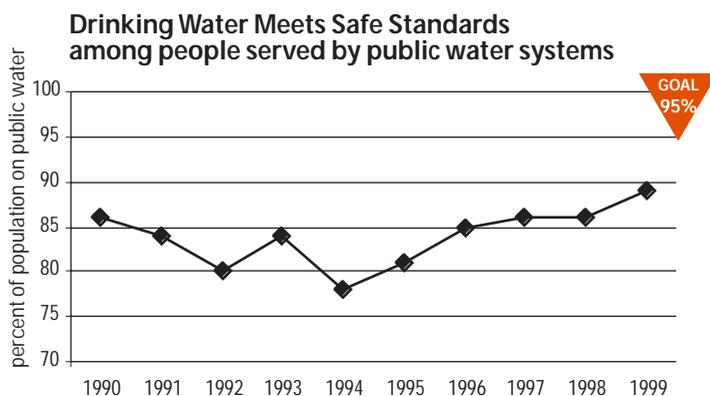
National 2010 goal to be set
Vermont data available in 2001

Objective 3 Increase the percentage of the population on community public water systems whose drinking water meets Safe Drinking Water Act standards.

Goal	95%
VT 1999	89%
US 1995	73%

Objective 4 Increase the percentage of people who live in homes that have been tested for radon.

Goal	20%
VT 1994	13%
US 1998	17%



heart disease & stroke



An average of 1,543 Vermonters die each year from heart disease and stroke. Not smoking, staying at a healthy weight, eating less fat and cholesterol, and exercising regularly all help lower your risk of dying from these diseases.

Communities can help individuals by providing exercise facilities and programs. In addition, people need access to clinical preventive services like blood pressure and cholesterol checks, to diagnose problems early and further reduce risks.

Objectives 1-2

Reduce Deaths

Death rates from heart disease and stroke have been steadily declining over the past 30 years. A major part of this reduction is attributable to improved treatment of high blood pressure, technological advances in identifying and treating patients, and the decrease in smoking rates that occurred in the late 1960s. Despite the overall downward trend, there are disparities between different Vermont counties. The challenge is to tailor prevention, diagnosis, and treatment interventions to further reduce deaths in all Vermont communities.

Objective 3

Reduce High Blood Pressure

Concerted efforts to prevent and control high blood pressure will not only reduce heart disease and stroke rates, but will also reduce the incidence of kidney disease and heart disease. A large percentage of Americans with high blood pressure may be unaware that they have it, or they may not be taking measures to control it.

Objective 4

Smoking Cessation

According to the Centers for Disease Control and Prevention, cigarette smoking is responsible for 22 percent of heart disease deaths and 18 percent of stroke deaths. Smoking alone doubles a person's risk of getting heart disease. Quitting smoking has major and immediate health benefits for both men and women, including reducing the risk of heart attack. In fact, after one year of not smoking, the risk of heart disease from smoking-related causes is reduced by half.

heart disease & stroke 2010 objectives

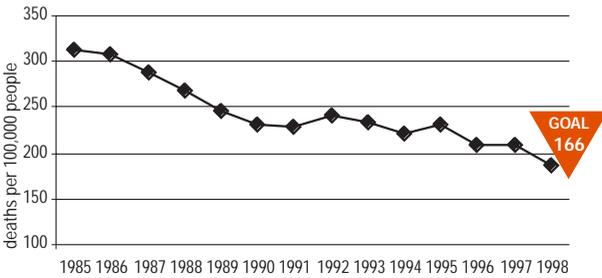
Objective 1 Reduce coronary heart disease deaths (per 100,000 people).

Goal	166
VT 1998	187
US 1998	208

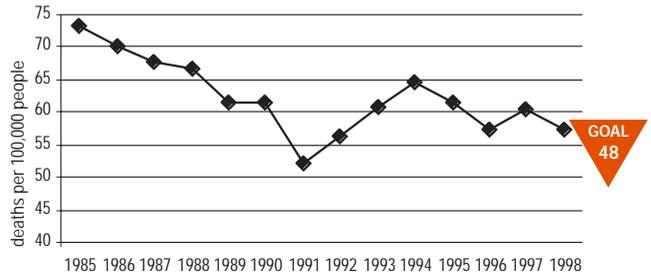
Objective 2 Reduce stroke deaths (per 100,000 people).

Goal	48
VT 1998	57
US 1998	60

Heart Disease Deaths



Stroke Deaths



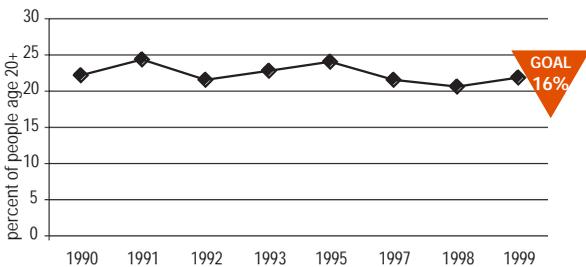
Objective 3 Reduce the percentage of adults (age 20+) with high blood pressure.

Goal	16%
VT 1999	22%
US 1988-94	28%

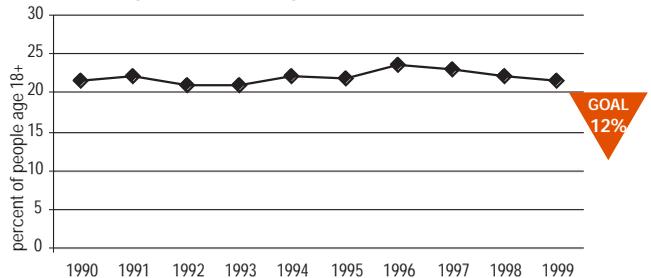
Objective 4 Reduce the percentage of adults (age 18+) who smoke cigarettes.

Goal	12%
VT 1999	22%
US 1997	24%

High Blood Pressure



Adult Cigarette Smoking



HIV & sexually transmitted diseases



The effects of sexually transmitted diseases (HIV and AIDS, chlamydia, herpes, etc.) can be devastating, ranging from fertility problems to death. Because those infected often experience no obvious symptoms, sexually transmitted diseases (STDs) can go undiagnosed and untreated, and lead to more serious health problems.

Abstaining from sex is the only sure way to prevent sexually transmitted diseases, including AIDS. For those who are sexually active, proper use of latex condoms is the most effective way to prevent transmission.

Objective 1

Reduce Rates of HIV Infection

HIV is the virus that causes AIDS. Although there is still no cure for this fatal disease, new treatments have been developed that delay the progression from HIV to AIDS.

Vermont recently passed legislation requiring HIV reporting using unique identifiers, which began in March 2000. Once this surveillance system is fully implemented, Vermont will be better able to target prevention efforts.

Objective 2

Reduce Rates of Chlamydia

In 1990, chlamydia became the most-reported sexually transmitted disease in Vermont, affecting 18- to 24 year-olds more than any other age group. Nationally, an estimated one in 10 adolescent girls and one in 20 women of reproductive age are infected. If left untreated, up to 40 percent of these women will develop Pelvic Inflammatory Disease (PID); up to 20 percent of women with PID will become infertile.

Objective 3

Increase Use of Condoms

Less than half of all sexually active adults engaging in behaviors that put them at risk for HIV/STDs use a condom. Unprotected sexual contact and the sharing of needles account for most new cases of HIV in the U.S. When used consistently and correctly, latex condoms are highly effective in preventing STDs, including HIV and AIDS.

Objective 4

Abstinence/Condom Use among Teenagers

Adolescent sexual activity is associated with unwanted pregnancy and STDs, including HIV infection. Of the 12 million new cases of STDs in the U.S. each year, 25 percent are among teens. Abstaining from sex is the only way to guarantee safety from STDs. For those who are sexually active, the most effective prevention is consistent and proper condom use.

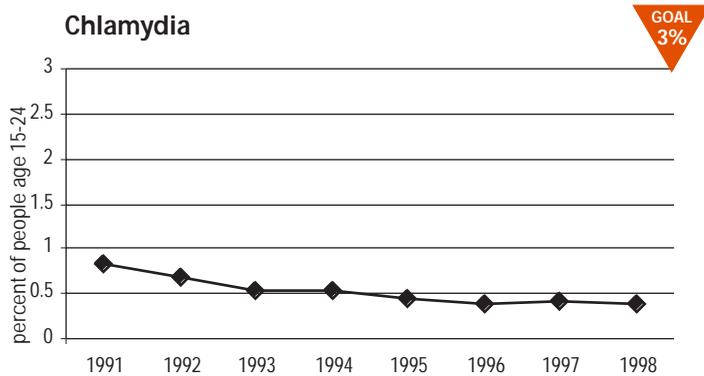
HIV & sexually transmitted diseases 2010 objectives

Objective 1 Reduce HIV infection among adolescents and adults (number of cases reported to the VT Department of Health).

Objective 2 Further reduce the percentage of people age 15-24 with *Chlamydia trachomatis* infections (based on cases reported to the VT Department of Health).

National 2010 goal to be set
VT data available in 2002

Goal	3.0%
VT 1998	0.4%
US data not available	



Objective 3 Increase the percentage of sexually active adults (age 18 to 49) at risk for HIV/STDs who use condoms.

Objective 4 Increase the percentage of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.

Goal	75%
VT 1999	47%
US data not available	

Goal	95%
VT 1999	85% (grades 8-12)
US 1997	85% (grades 9-12)

RISK FACTORS for HIV and Sexually Transmitted Diseases (STDs):

- having multiple sex partners
- using injection drugs
- having an existing STD
- having sex without a condom
- having sex with anyone who has any of these risk factors

immunization & infectious diseases



Infectious diseases continue to be a major cause of illness, disability and death in the U.S. and Vermont. They account for 25 percent of all doctor visits each year, and antibiotics used to treat them are the second most frequently prescribed class of drug. Moreover, new infectious diseases are being detected, and some diseases considered under control have been reappearing in recent years.

Vaccines can prevent individuals from experiencing the serious and sometimes fatal effects of infectious diseases like polio, measles, and hepatitis. The organisms that cause these diseases have not disappeared, and these infections will increase if vaccination levels drop.

Objective 1

Immunize Children

Every dollar spent immunizing children against measles, mumps and rubella can save about \$16 in direct health care costs. Vaccines have saved lives and reduced the number of birth defects, thereby reducing the need for special education and other services often needed by children who contract these diseases.

Objective 2

Immunize against Chickenpox

Varicella (chickenpox) is generally a mild disease in childhood. It can, however, lead to secondary complications such as bacterial infection and pneumonia, and even affects the central nervous system. The varicella vaccine can help avoid these problems.

Objectives 3-4

Immunize Elders against Influenza and Pneumonia

Each year, 150 to 200 Vermonters die of pneumonia or influenza. These illnesses are a leading reason for hospitalization among people age 65+. Immunizations can greatly reduce the number of cases, but are still underutilized.

Objective 5

Eliminate Vaccine Preventable Diseases

Immunization has reduced reported cases of most vaccine preventable diseases in Vermont to record low levels. However, there are still occasional outbreaks of some of these diseases, including measles and pertussis. Such outbreaks may be further reduced through continuing professional education for health care practitioners, and further improving immunization rates.

Objective 6

Build an Immunization Registry

A statewide registry promotes the timely immunization of children by ensuring that a child's complete vaccination history is always available to the health care professional. A registry also provides a means of assessing immunization coverage for specific geographic areas or special population groups.

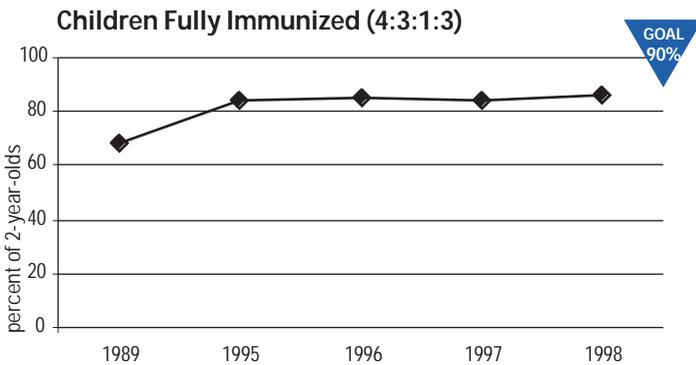
immunization & infectious diseases 2010 objectives

Objective 1 Increase the percentage of children (age 19-35 months) who receive universally recommended vaccines (4:3:1:3).

Objective 2 Increase the percentage of children (age 19-35 months) who receive one or more doses of varicella vaccine at or after age 12 months.

Goal	90%
VT 1998-99	89%
US 1998	79%

Goal	90%
VT 1998-99	43%
US 1998	52%



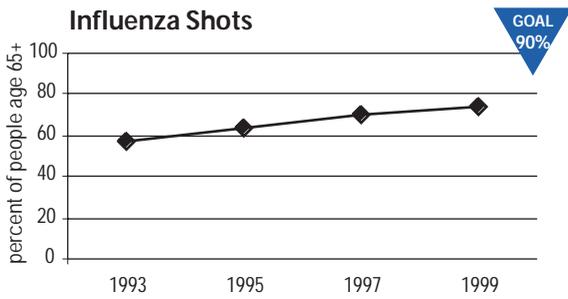
- 4:3:1:3 =**
- 4 doses DTP or DT vaccine (diphtheria, tetanus, pertussis)
 - 3 doses polio vaccine
 - 1 dose measles-containing vaccine
 - 3 doses Hib vaccine (*Haemophilus influenzae B*)

Objective 5 Reduce or eliminate cases of vaccine preventable disease (number of cases reported to the VT Department of Health).

	VT Goal	VT 1999
Haemophilus influenzae B (age <5)	0	0
Measles	0	0
Rubella	0	0
Hepatitis B (age 2-18)	0	0
Pertussis (under age 7)	8	19

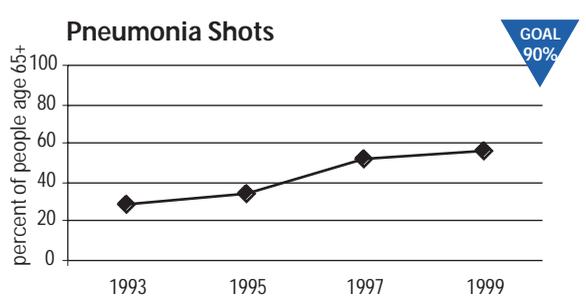
Objective 3 Increase the percentage of non-institutionalized adults (age 65+) who receive annual influenza immunizations.

Goal	90%
VT 1999	73%
US 1997	63%



Objective 4 Increase the percentage of non-institutionalized adults (age 65+) who have ever been vaccinated against pneumococcal disease.

Goal	90%
VT 1999	57%
US 1997	43%



Objective 6 Increase the percentage of children included in an immunization registry.

Goal	95%
VT 1999	X0
US 1998	32% (under age 6)



injury

Many of us will sustain a serious injury at some point in life, whether it is an unintentional injury or the result of a violent act. Unintentional injuries are the leading cause of death for Americans aged 1 to 34.

Ongoing research is revealing new ways to prevent injuries due to violence. Increasing assets and opportunities for adolescents, fostering strong families with abuse-free homes, and addressing social and cultural norms about the acceptability of aggressive and violent behaviors are long-term approaches to reducing violence.

Objective 1

Reduce Child Abuse

In 1998 there were 887 cases of child abuse in Vermont, including physical abuse, sexual abuse and neglect. In addition to their physical injuries, children who are abused are more likely to develop mental health problems, aggressive behavior, and learning disorders. They are also more likely to have problems with low academic achievement, drug use, teen pregnancy and delinquency.

Objective 2

Decrease Assaults by Intimate Partners

Intimate partner violence happens in every segment of society. While men are sometimes victims, it is women who suffer in the majority of cases. It is the leading cause of injuries to women age 15 to 44. Women between the ages of 12 and 18 are also at the highest risk for rape and sexual assault, and these assaults are often committed by an acquaintance, someone thought of as a friend, or an intimate partner.



Objective 3

Reduce Work-Related Injuries

Vermont's rate of work-related injuries has not improved significantly since the 1980s. There are about 25,000 worker compensation claims filed in Vermont each year. Since many worker injuries are not reported or not recognized as work-related, the total number is likely much greater.

Objective 4

Increase Use of Safety Belts

Most recent data show that in 1996, 75 percent of vehicle occupants killed in Vermont crashes were not properly restrained. Vermont law now requires that all motor vehicle drivers and passengers use a safety belt or other age-appropriate protective equipment.

Objective 5

Prevent Residential Fire Deaths

In 1997, 12 people died in residential fires in Vermont. Properly installed and maintained smoke alarms can provide residents with enough time to escape nearly every type of fire.

injury 2010 objectives

Objective 1 Further reduce child abuse (number of substantiated cases per 1,000 children under age 18).

Goal	11.1
VT 1998	06.3
US 1997	13.9

Objective 2 Further reduce physical assaults by intimate partners (number of cases per 1,000 people age 12+).

Goal	3.6
VT 1999	3.0
US 1994	4.5

Objective 3 Reduce work-related injuries resulting in medical treatment, lost time from work, or restricted work activity for full-time workers age 16+ (injuries per 100 workers).

Goal	4.6
VT 1998	6.6
US 1997	6.6

Objective 4 Increase the percentage of people who always use safety belts—

for youth:

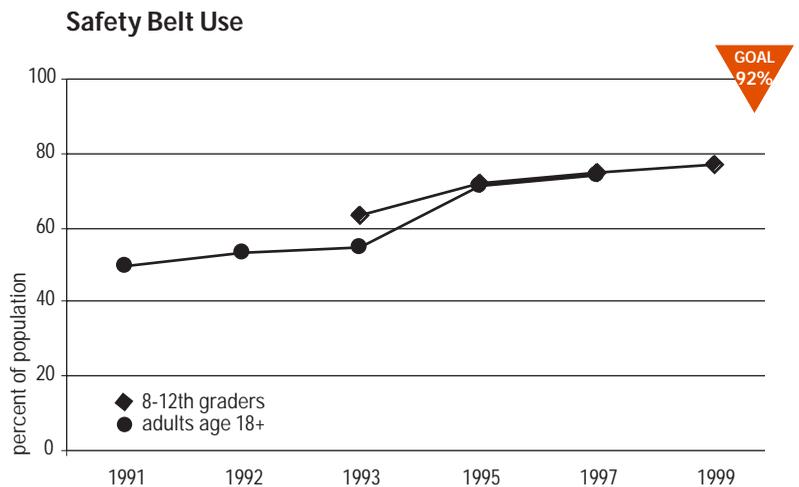
Goal	92%
VT 1999	77% (grades 8-12)
US 1998	81% (grades 9-12)

for adults age 18+:

Goal	92%
VT 1997	74%
US data not available	

Objective 5 Reduce residential fire deaths (deaths per 100,000 people)

Goal	0.6
VT 1996-98	1.6
US 1998	1.2





maternal, infant & child health

Most Vermont babies survive and thrive. Of those who don't survive to their first birthday, more than half are born prematurely or weigh less than 5.5 pounds at birth. Most of the major risk factors contributing to infant mortality, low birth weight, and long-term health problems are preventable.

Assuring that all babies get a healthy start in life depends on planning and preparation before pregnancy, early and comprehensive prenatal care, and support for a healthy lifestyle throughout pregnancy and beyond. For example, breastfeeding improves maternal health and benefits a child's health and development.

Objective 1

Reduce Infant Mortality

Vermont's overall infant mortality rate is below the rate for the country as a whole. But the decline in Vermont's rate leveled off after 1990, while the national rate continued to drop. An average of 47 infants die each year in Vermont. Half of these deaths occur during the first week of life, two-thirds within the first month. The major causes are birth defects, complications of prematurity, and Sudden Infant Death Syndrome (SIDS).

Objectives 2-3

Avoid Low Birth Weight

Infant mortality is closely linked with low birth weight. Many of the major factors leading to low birth weights can be avoided. Beginning prenatal care early, not smoking or drinking and gaining enough weight during pregnancy all help prevent low birth weight. While low birth weight and pre-term babies make up only about 6 percent of all Vermont births, they account for more than half of all infant deaths.

Objectives 4-5

Prenatal Care

Early and comprehensive prenatal care is essential for ensuring a healthy pregnancy and birth. Women who get little or no prenatal care are more likely to deliver premature or low birth weight babies. These babies in turn are at greater risk of not surviving to their first birthday, and of suffering some degree of disability. Comprehensive prenatal care includes screening for medical conditions, proper nutrition, adequate weight gain, and counseling about risks such as tobacco use, alcohol use, and domestic violence.

Objective 6

Reduce Teen Pregnancy

From 1991 to 1997, Vermont's young teen (age 15-17) pregnancy rate dropped 39 percent giving Vermont the lowest young teen birth rate in the nation. However, the pregnancy rate has not dropped among older teens. Teen pregnancy has serious consequences for both mother and child. Teen mothers are less likely to complete high school or college, and more likely to live in poverty. Infants born to young teen mothers are more likely to be born at low birth weight, or to die from Sudden Infant Death syndrome (SIDS).

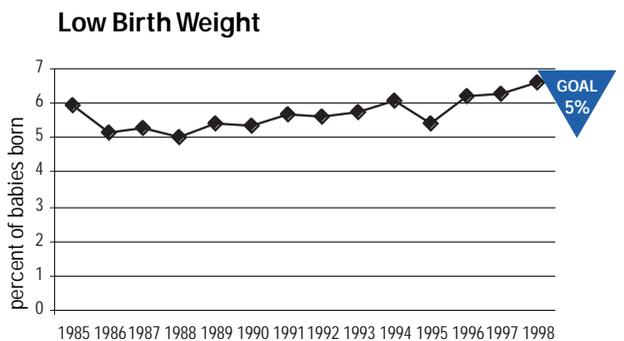
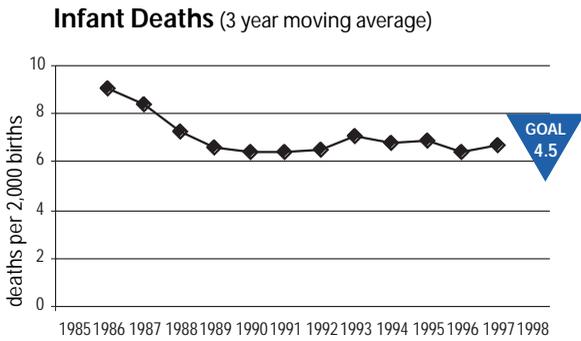
maternal, infant & child health 2010 objectives

Objective 1 Reduce infant deaths (deaths per 1,000 live births).

Goal	4.5
VT 1996-98	6.7
US 1998	7.2

Objective 2 Reduce the percentage of low birth weight births (5.5 pounds or less).

Goal	5.0%
VT 1996-98	6.6%
US 1998	7.6%

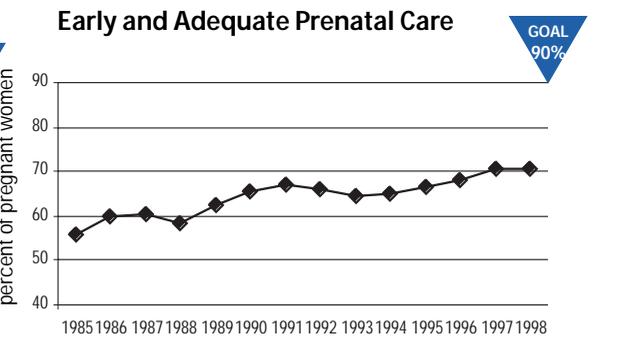
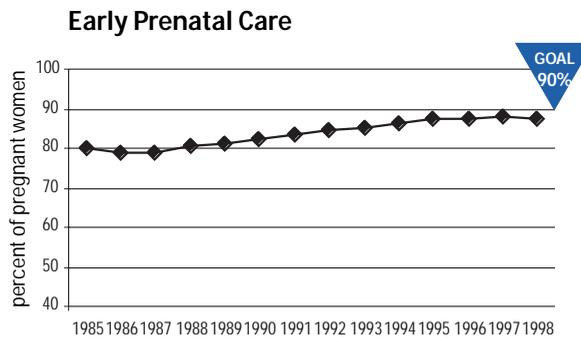


Objective 4 Increase the percentage of women who receive prenatal care beginning in the first trimester (three months) of pregnancy.

Goal	90%
VT 1998	87%
US 1998	83%

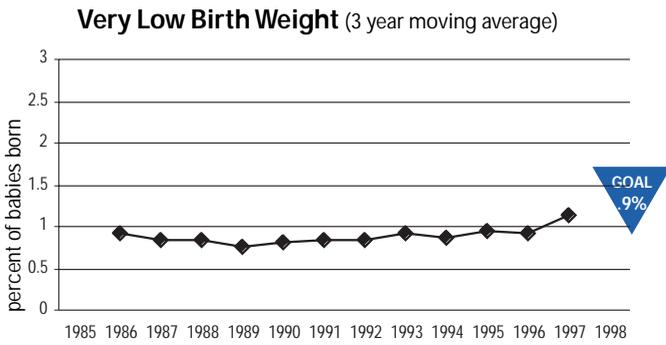
Objective 5 Increase the percentage of women who receive early and adequate prenatal care.

Goal	90%
VT 1998	71%
US 1997	74%



Objective 3 Reduce the percentage of very low birth weight births (3.3 pounds or less).

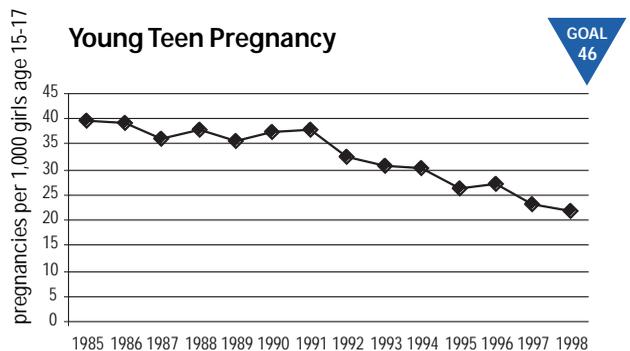
Goal	0.9%
VT 1996-98	1.1%
US 1998	1.4%



Objective 6 Further reduce or maintain teen pregnancy rate (pregnancies per 1,000 females age 15-17).

EARLY and ADEQUATE Prenatal Care =
Prenatal care that begins early (within four months of pregnancy) and includes the recommended number of visits

Goal	46%
VT 1998	22%
US 1995	72%



mental health



Nationally, it is estimated that approximately 20 percent of the population is affected by mental illness each year. Mental disorders such as schizophrenia, bipolar disorder and anxiety affect people of all age groups, racial and ethnic backgrounds, educational levels, and socioeconomic groups.

Depression is the most common mental health disorder, and is a leading cause of suicide. Treatment with medication and/or counseling can help most people with depression and enable them to return to full health. Nevertheless, less than one-quarter of adults diagnosed with depression receive treatment.

Objective 1

Improve Diagnosis of Depression

While depression affects up to 10 percent of patients seen in primary care practices, as many as half of them may not be diagnosed. In Vermont, a 1996 survey of physicians showed that only one-quarter routinely screen their adult patients for signs and symptoms of depression. The survey also showed that many, including 68 percent of pediatricians, wanted to increase their counseling skills and knowledge in this area.

Objective 2

More Treatment for Children

Nationally, about 10 percent of children and adolescents suffer from some form of mental illness. However, annual estimates show that fewer than 5 percent receive the treatment they need. Early detection and treatment can alleviate symptoms, improve life and reduce associated deaths.

Objective 3

Prevent Teen Suicide Attempts

In Vermont, suicide is the second leading cause of death for adolescents, after motor vehicle crashes. Young people who are at greatest risk often have clinical depression. They may also exhibit behavior problems, including abuse of alcohol and other drugs. Nationally, suicide is the leading cause of death among gay and lesbian adolescents, who are two to three times more likely to attempt suicide than their heterosexual peers.

Objective 4

Prevent Suicide Deaths

Suicide ranks in the top 10 leading causes of death in Vermont. An average of 74 Vermonters commit suicide each year. While women are about twice as likely as men to attempt suicide, men are nearly five times as likely to die. Risk factors for suicide in adults and the elderly include recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, and recent bereavement. Firearms are the most common method of suicide, and drug use is the most common attempt method.

mental health 2010 objectives

Objective 1 Increase the percentage of adults (age 18+) who are, at a minimum, screened in the past three years for depression by a primary care professional.

Vermont 2010 goal to be set

Objective 2 Increase the percentage of children with mental health problems who receive treatment.

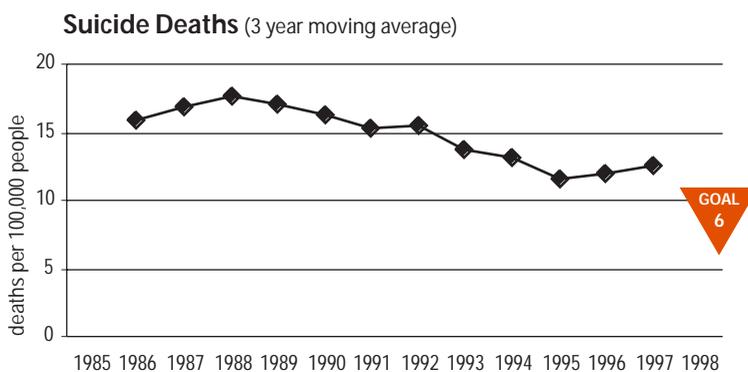
National 2010 goal to be set

Objective 3 Reduce suicide attempts by adolescents (as measured by attempts that require medical treatment).

Goal	1%
VT 1999	2% (grades 8-12)
US 1997	2.6% (grades 9-12)

Objective 4 Reduce suicide deaths (deaths per 100,000 people).

Goal	X6.0
VT 1994-98	12.2
US 1998	10.8



oral health



Today about half of all Vermont elementary school students and one-third of high school students are cavity-free. Still, since dental decay and gum disease are both largely preventable, there is ample room for improvement. With the best dental care and personal oral health habits, most people should be able to keep their teeth for a lifetime.

Objective 1

Fluoridate the Water Supply

Every dollar spent on community fluoridation saves \$80 in dental care costs. Since it was introduced in the 1940s, water fluoridation has been consistently demonstrated to be safe and effective. In communities that add fluoride to their drinking water, children have a 20 to 40 percent lower rate of cavities. Tooth decay among adults decreases by a similar percentage.

Objectives 2-3-4

Regular Dental Care

Regular dental checkups, that include professional cleaning and evaluation for early signs of tooth decay and gum infection, have been proven to be effective in maintaining oral health. However, many people do not seek care. A 1995 survey found that the two most common reasons Vermonters give for not visiting a dentist are “no reason to go” and “cost.” Even people with dental health insurance may not get regular care. In 1998, only 25 percent of

adults and 46 percent of children with Medicaid coverage were receiving regular dental care.

Objective 5

Increase Use of Dental Sealants

Many studies have shown that with the use of sealants and fluoride, tooth decay can be virtually eliminated. Placing sealants (plastic coatings applied to the tooth biting surface) on permanent molar teeth shortly after they come in protects the teeth from bacteria that cause tooth decay.

Objective 6

Tobacco Counseling by Dentists

Dentists and dental hygienists have a unique opportunity to influence their patients about tobacco use. Dentists often see adolescents and young adults at regular intervals, around the time when smoking begins and becomes a habit. A clinical trial has shown dentists to be effective counselors in getting their patients to quit smoking.

oral health 2010 objectives

Objective 1 Increase the percentage of the population served by community public water systems that receive optimally fluoridated water.

Goal	75%
VT 1999	69%
US 1992	62%

Objective 2 Further reduce the percentage of children (age 6-8) with untreated dental decay in primary and permanent teeth.

Goal	21%
VT 1993-94	19%
US 1988-94	29%

Objective 3 Reduce the percentage of youth (age 14-15) with untreated dental decay.

Goal	15%
VT 1993-94	22%
US 1988-94	20%

Objective 4 Increase the percentage of people who use the dental system each year.

Goal	83%
VT 1999	74% (age 18+)
US 1997	65% (age 2+)

Objective 5 Increase the percentage of children who receive dental sealants—

at age 8:

Goal	50%
VT 1993-94	43%
US 1988-94	23%

at age 14:

Goal	50%
VT 1993-94	45%
US 1988-94	15%

Objective 6 Increase the percentage of dentists who counsel patients about quitting smoking.

Goal	85%
Vermont survey under development	
US 1997	59%



physical activity & nutrition

One of the most effective ways to improve the health of the overall population is to improve nutrition and physical activity. Physical activity and healthy eating decrease the risks for premature heart disease, stroke, high blood pressure, cancer, diabetes, arthritis, and osteoporosis.

Unfortunately, Vermonters, like other Americans, are growing more overweight—a trend that holds true for both adults and children. In Vermont, 23 percent of 8th through 12th graders are either overweight now, or close to becoming overweight. Inactivity and eating too much saturated fat and too few vegetables, fruits and grain products contributes to obesity and other health problems.

Objective 1

Regular Physical Activity

For people of all ages, physical activity improves health. Many of the diseases and disabling conditions associated with aging can be prevented, postponed or eased with regular physical activity. It helps control weight, and contributes to healthy bones, muscles, and joints. It also reduces the symptoms of anxiety and depression. Despite these proven benefits, most people do not get adequate exercise.

Objective 2

Physical Education

The decline in school physical activity programs may contribute to the increase in overweight and obesity among young people. PE classes that focus on lifelong exercise and enhance a child's enjoyment of physical activity have the potential to establish good exercise habits throughout life.

Objectives 3-4

Eat More Fruit & Vegetables

Eating more fruit and vegetables has a variety of health benefits, including a decreased risk for some types of cancer. These foods are generally low in fat, and by displacing high fat foods, can decrease the relative proportion of fat in the diet. In the past, nutrition experts have urged five servings of fruits and vegetables a day. That guideline has become more specific: two servings of fruit and three of vegetables, with at least one-third of the vegetables being dark green or yellow.

Objectives 5-6

Reduce Rates of Overweight and Obesity

Obesity has become epidemic in the United States and half of all adults are overweight, and about one in 10 children are obese. Obesity and overweight are caused by a combination of genetic, behavioral, cultural, and socioeconomic factors. As a person's weight increases, so do health risks. A healthy diet and regular physical activity are both important for maintaining a healthy weight, and should begin in childhood.

Objective 7

Decrease Hunger

Food security means that people have enough nutritious food to support an active, healthy life. School absenteeism, learning and behavioral problems, anemia and chronic illness are all linked to hunger. According to a 1999 Health Department survey, 6 percent of adults do not have enough food to eat or enough money to buy food.

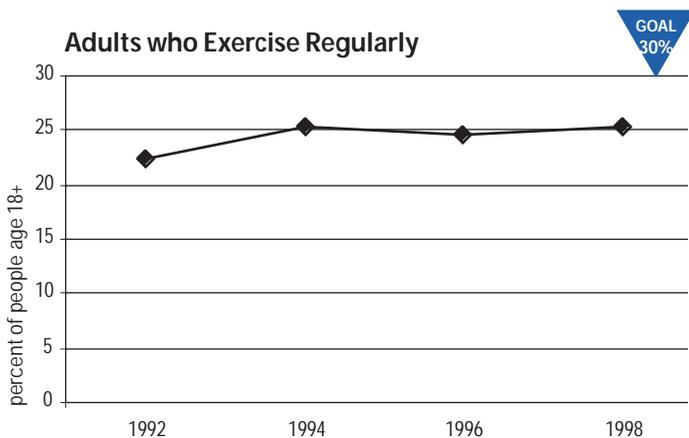
physical activity & nutrition 2010 objectives

Objective 1 Increase the percentage of adults (age 18+) who engage in regular physical activity (30 minutes per day/five days per week).

Goal	30%
VT 1998	25%
US 1997	15%

Objective 2 Increase the percentage of middle and junior high schools that require daily physical education for all students.

Goal	25%
Vermont survey under development	
US 1994	17%



Objective 5 Reduce the percentage of youth who are obese or overweight (as measured by age-specific 95th percentile of BMI).

Goal	5%
VT 1999	8% (grades 8-12)
US 1988-94	10% (age 12-19)



BMI (Body Mass Index) =
704.5 times weight divided by height squared (wt/ht²)

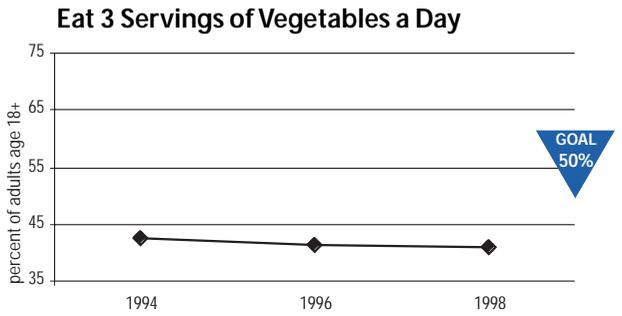
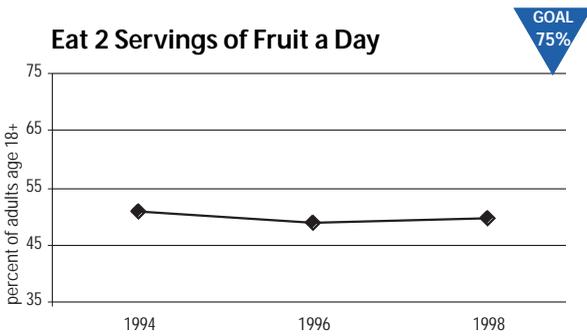
OVER HEALTHY WEIGHT =
BMI of 25 or more

Objective 3 Increase the percentage of people who eat at least two daily servings of fruit.

Goal	75%
VT 1998	50% (age 18+)
VT 1999	45% (grades 8-12)
US data	not available

Objective 4 Increase the percentage of people who eat at least three daily servings of vegetables.

Goal	50%
VT 1998	41% (age 18+)
VT 1999	14% (8th-12th)
US data	not available

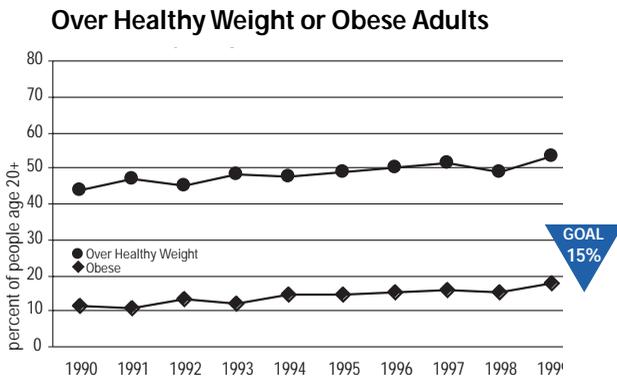


Objective 6 Reduce the percentage of adults (age 20+) who are obese (as measured by BMI of 30 or more).

Goal	15%
VT 1999	18%
US 1988-94	23%

Objective 7 Further increase food security to reduce hunger (as measured by not having enough food to eat or enough money to buy food).

Goal	94%
VT 1999	94%
US 1995	88%



respiratory diseases



Over 30 million Americans suffer from respiratory diseases like asthma and chronic bronchitis, and up to 10 percent of people over age 65 have COPD (chronic obstructive pulmonary disease).

Avoiding tobacco smoke can have a major impact on respiratory diseases—up to 90 percent of COPD is attributable to cigarette smoking, and environmental tobacco smoke can trigger asthma and other respiratory conditions.

Objective 1

Recognizing Asthma

Asthma is a serious and growing health problem. Nationally, it is the leading chronic illness of children and the leading cause of school absenteeism. The number of asthma deaths and the number of people diagnosed with asthma continues to increase each year. Asthma patients who are taught self-management skills are better able to control their disease than patients who do not receive education.

Objective 2

Managing Asthma

Effective management of asthma reduces the need for hospitalizations and emergency care, and enables people with asthma to lead healthier lives. Along with patient education, managing the disease involves avoiding allergens and irritants that trigger asthma episodes, taking appropriate medications, and working with a physician to more effectively monitor and control the disease.

Objective 3

Environmental Tobacco Smoke

Exposure to environmental tobacco smoke (also called secondhand smoke) causes serious health consequences. Children's lungs are more sensitive to harmful effects from environmental tobacco smoke. In infants and children under age 3, exposure dramatically increases the incidence of pneumonia and bronchitis. Older children exposed to environmental tobacco smoke also have higher rates of respiratory illness.

Objective 4

Reduce COPD Deaths

COPD (Chronic Obstructive Pulmonary Disease) is a group of diseases that obstruct airflow within the lungs. COPD includes emphysema and chronic bronchitis. Nationally and in Vermont, COPD is the fourth leading cause of death. It kills an average of 258 Vermonters every year. Although cigarette smoking is the primary cause of COPD, an estimated 14 percent of cases may be attributable to environmental and occupational exposures.

respiratory diseases 2010 objectives

Objective 1 Increase the percentage of people with asthma who receive education about recognizing early signs and symptoms and how to respond.

National 2010 goal to be developed

Objective 2 Increase the percentage of people with asthma who receive written management plans from their health care professional.

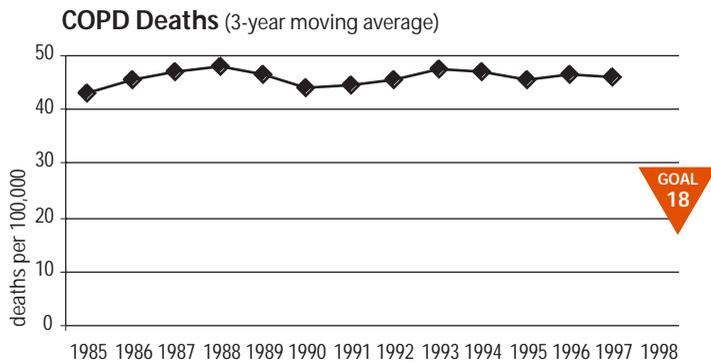
National 2010 goal to be developed

Objective 3 Reduce the percentage of young children who are regularly exposed to tobacco smoke in the home.

Goal	10%
VT 1999	23% (under age 5)
US 1994	27% (under age 7)

Objective 4 Reduce COPD deaths (per 100,000 adults).

Goal	18
VT 1998	44
US 1998	42



tobacco



We all know that tobacco use is bad for our health, yet 1,000 Vermonters die each year from tobacco-related causes. Smoking causes heart disease, cancers of the lung, larynx, esophagus, pharynx, mouth and bladder, and chronic lung disease. It contributes to cancer of the pancreas, kidney and cervix. Tobacco has been the leading “real killer” of Americans for decades.

Vermont has set an ambitious goal: to cut smoking rates in half by 2010. This can only be accomplished with an approach that includes community action, effective school health curricula, effective countermarketing, and help for smokers to quit. It requires strong anti-tobacco policies and strong enforcement of those policies. The science behind this approach has been documented in the most recent *U.S. Surgeon General's Report on Reducing Tobacco Use*.

Objective 1

Reduce Adult Smoking Rates

Most Vermonters don't smoke. Still, the adult smoking rate has not changed significantly since 1990. Rates are highest among 18- to 24-year-olds (35%), and among adults who did not graduate from high school (33%). In addition, research shows that a child who has at least one parent who smokes is twice as likely to become a smoker. Nearly half (45%) of all Vermont smokers have children under age 17 living in their household.

Objectives 2-3-4

Reduce Youth Tobacco Use

Since 1995, Vermont has seen some success in cutting smoking rates among youth. Smoking among 8th to 12th graders went from 38 percent in 1995 to 31 percent in 1999. There remains much to do in this area. Nearly all first use of tobacco occurs before high school graduation. Among Vermont students who smoked in 1997, 48 percent began smoking before they were 13 years old.

Objective 5

Quit Smoking

In Vermont, 44 percent of adult smokers are trying to quit. But quitting isn't easy—most people must try several times before they succeed. The good news is that there are new, proven therapies to help people quit. And the health benefits are almost immediate. For example, after quitting for one year, the risk of heart disease from smoking-related causes is reduced by half.

Objective 6

Encourage Pregnant Women to Quit

Pregnant women who smoke are about twice as likely as non-smokers to have low birthweight babies (a leading cause of infant death). In Vermont, smoking is the most important preventable risk for low birth weight. And on a national level, smoking has been proven to be the most preventable risk for Sudden Infant Death Syndrome (SIDS) as well.

Objective 7

Smoking Cessation Services

Compelling new research shows that adults can be helped to quit by a combination of brief counseling, nicotine replacement or other drug therapy, and follow-up. Widely available state-of-the-art cessation services will improve smokers' ability to quit.



tobacco 2010 objectives

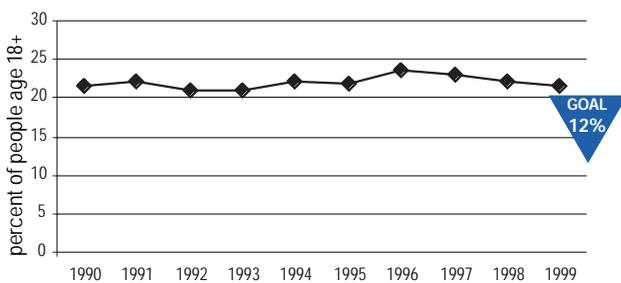
Objective 1 Reduce the percentage of adults (age 18+) who smoke cigarettes.

Goal	12%
VT 1999	22%
US 1997	24%

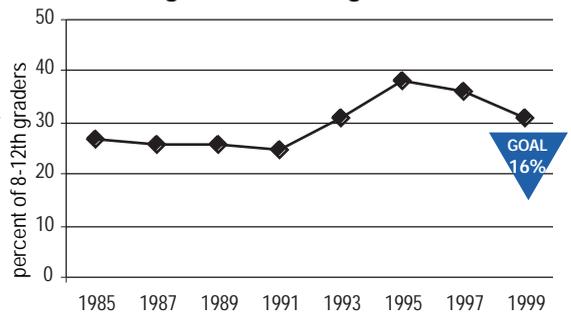
Objective 2 Reduce the percentage of youth who smoked cigarettes in the past month.

Goal	16%
VT 1999	31% (grades 8-12)
US 1997	36% (grades 9-12)

Adult Cigarette Smoking



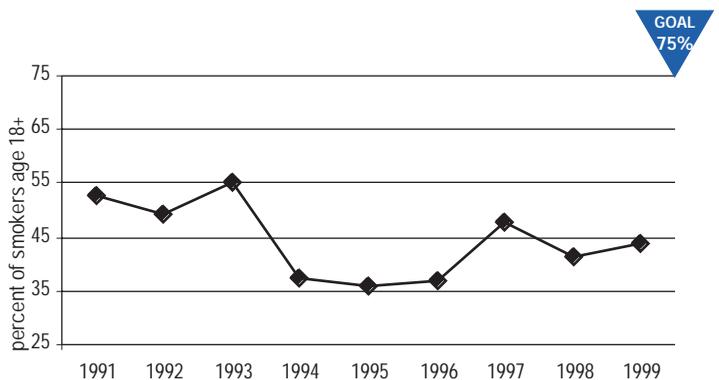
Youth Cigarette Smoking



Objective 5 Increase the percentage of adult (age 18+) smokers who attempt to quit.

Goal	75%
VT 1999	44%
US 1997	43%

Adult Smokers who Attempted to Quit in the Past Year

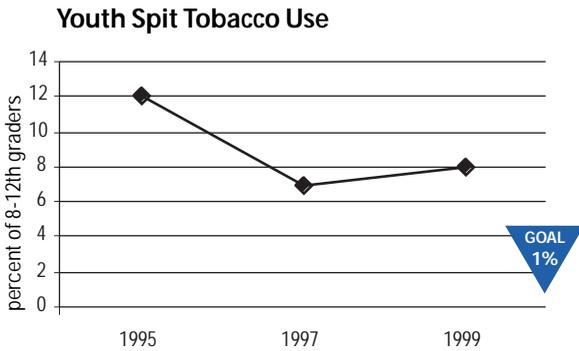


Objective 3 Reduce the percentage of youth who used spit tobacco in the past month.

Goal	1%
VT 1999	8% (grades 8-12)
US 1997	9% (grades 9-12)

Objective 4 Reduce the percentage of youth who smoked cigars, cigarillos or little cigars in the past month.

Goal	X8%
VT 1999	14% (grades 8-12)
US 1997	22% (grades 9-12)



Objective 6 Increase the percentage of pregnant women who quit smoking during the first trimester (three months) of pregnancy.

Goal	30%
Vermont data available in 2002	
US 1991	12%

Objective 7 Increase the percentage of people with insurance that covers evidence-based treatment for nicotine addiction.

Goal	100%
Vermont survey under development	

appendix

References

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- U.S. Department of Health and Human Services. National Immunization Survey, Centers for Disease Control & Prevention. July 1998-June 1999
- U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA August 2000
- VT Department of Health and Agency of Human Services. *VT Health Plan 1999: A Call to Action*. Burlington, VT 1999
- VT Agency of Human Services. *The Social Well-Being of Vermonters 2000*. Waterbury, VT 2000
- VT Department of Health, *Diabetes Control Plan*. Burlington, VT April 1998
- VT Department of Health, *Vermont Best Practices to Cut Smoking Rates in Half by 2010*. Burlington, VT January 2000

Data Sources

Vermont baseline data and U.S. comparisons are age-adjusted to the year 2000 standard population where appropriate.

VT Department of Health

- VT Behavioral Risk Factor Surveillance System
- VT Vital Statistics System
- VT Reportable Disease Surveillance System
- VT Cancer Registry
- VT Oral Health Survey
- VT Hospital Discharge Data
- VT Youth Risk Behavior Survey

VT Department of Banking, Insurance & Health Care Administration

VT Department of Environmental Conservation

VT Department of Labor & Industry

VT Department of Public Safety

VT Department of Social & Rehabilitation Services