A ROADMAP TO BETTER HEALTH
COMMISSIONER HARRY CHEN

VERMONT
DEPARTMENT OF HEALTH

House Human Services, January 17, 2016

What is Public Health?

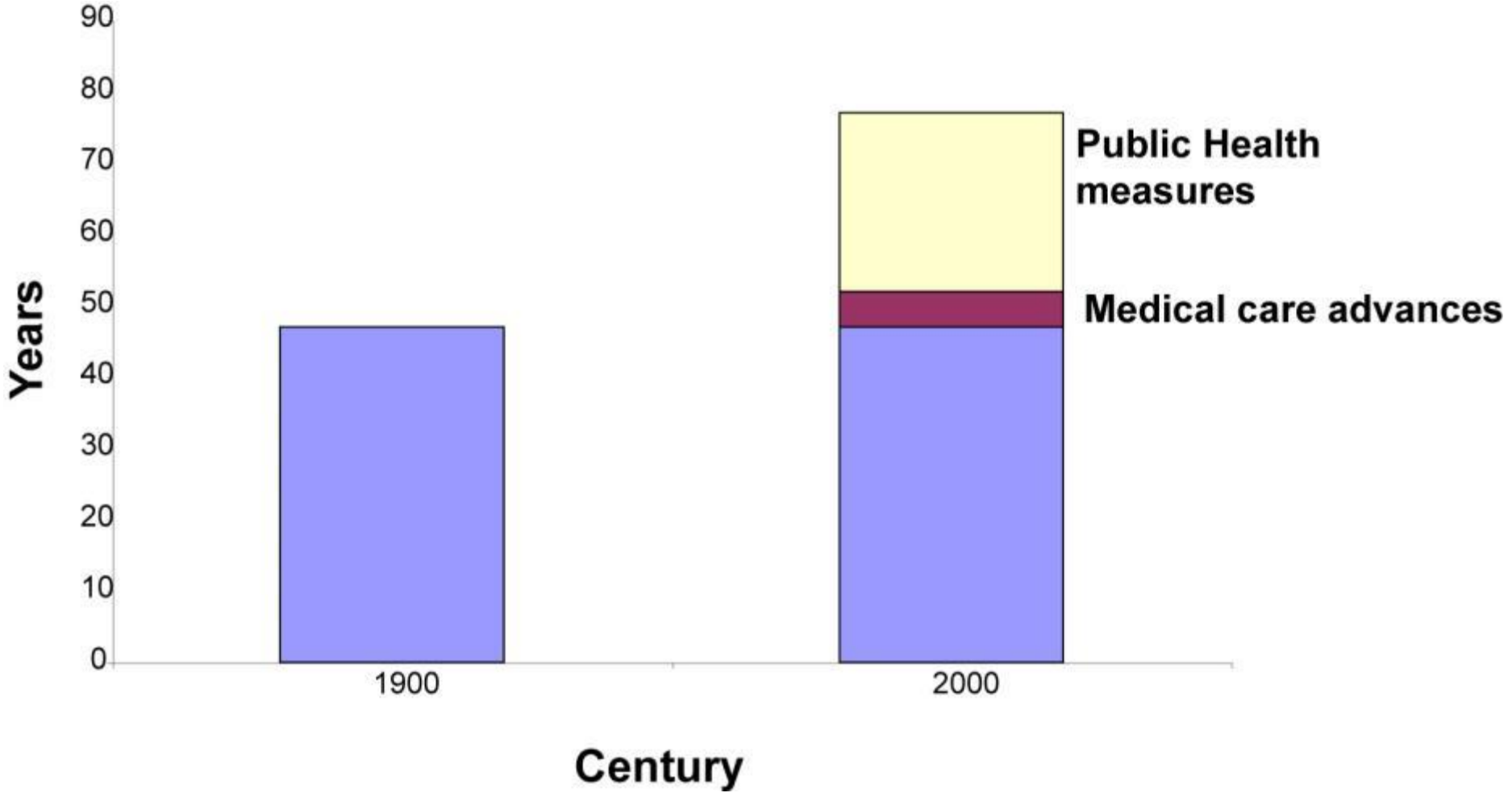
What we, as a society do to collectively assure the conditions in which people can be healthy

– Institute of Medicine, 1988

Public* Health = Healthy *Populations

Improvements in Longevity

100 years of Progress

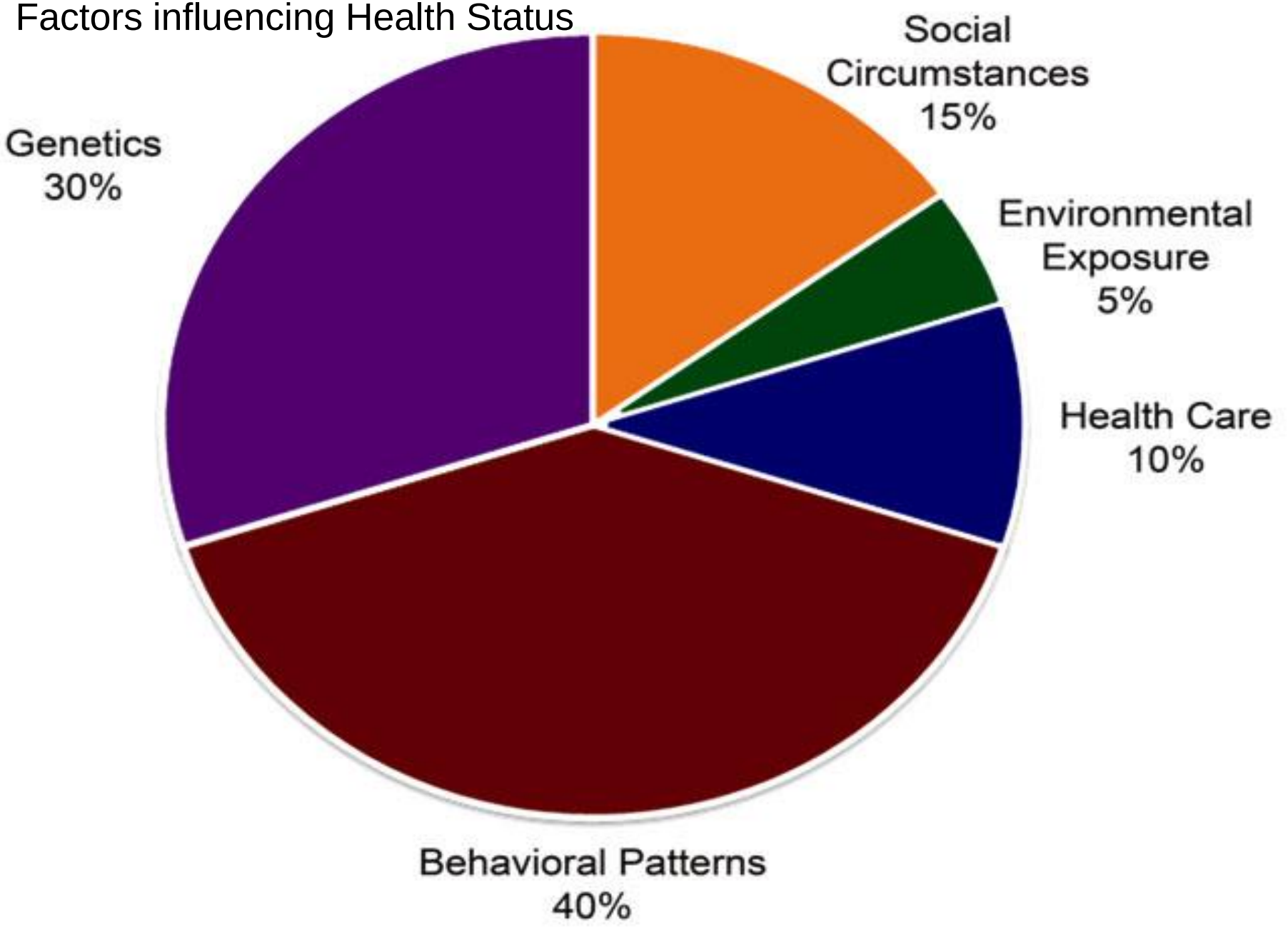


Public health keeps kids healthy and communities strong

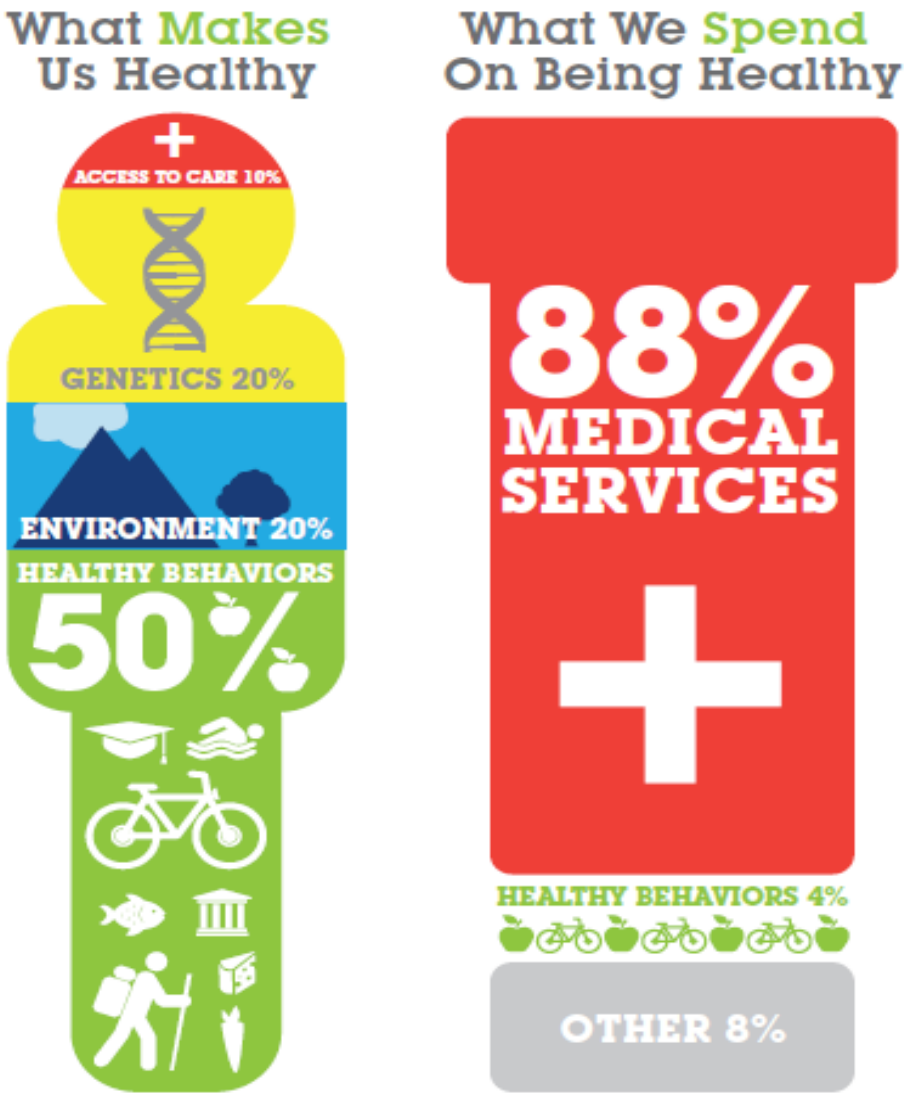
http://action.apha.org/site/PageNavigator/Infographic_Page_2012_10_04_Round_2.html

Determinants of Health

Factors influencing Health Status

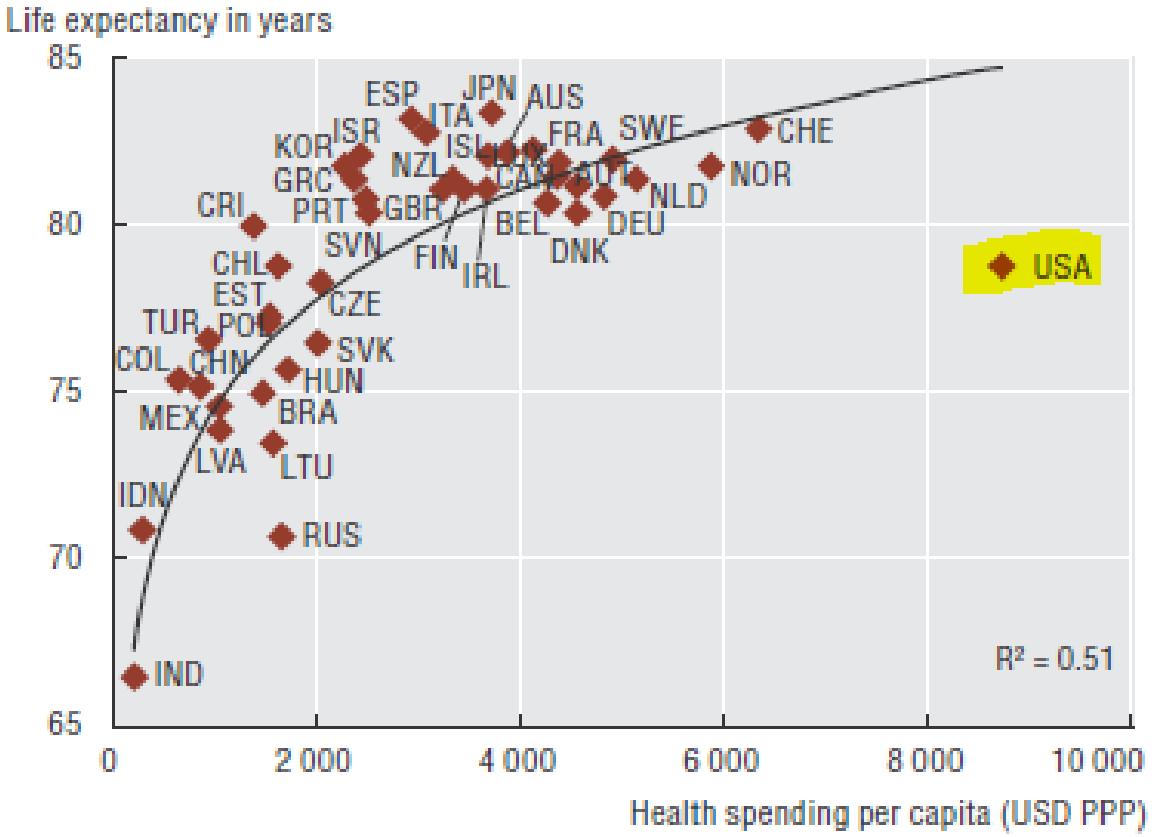


Mismatch in Spending



U.S. High Health Spending ≠ Excellent Health Outcomes

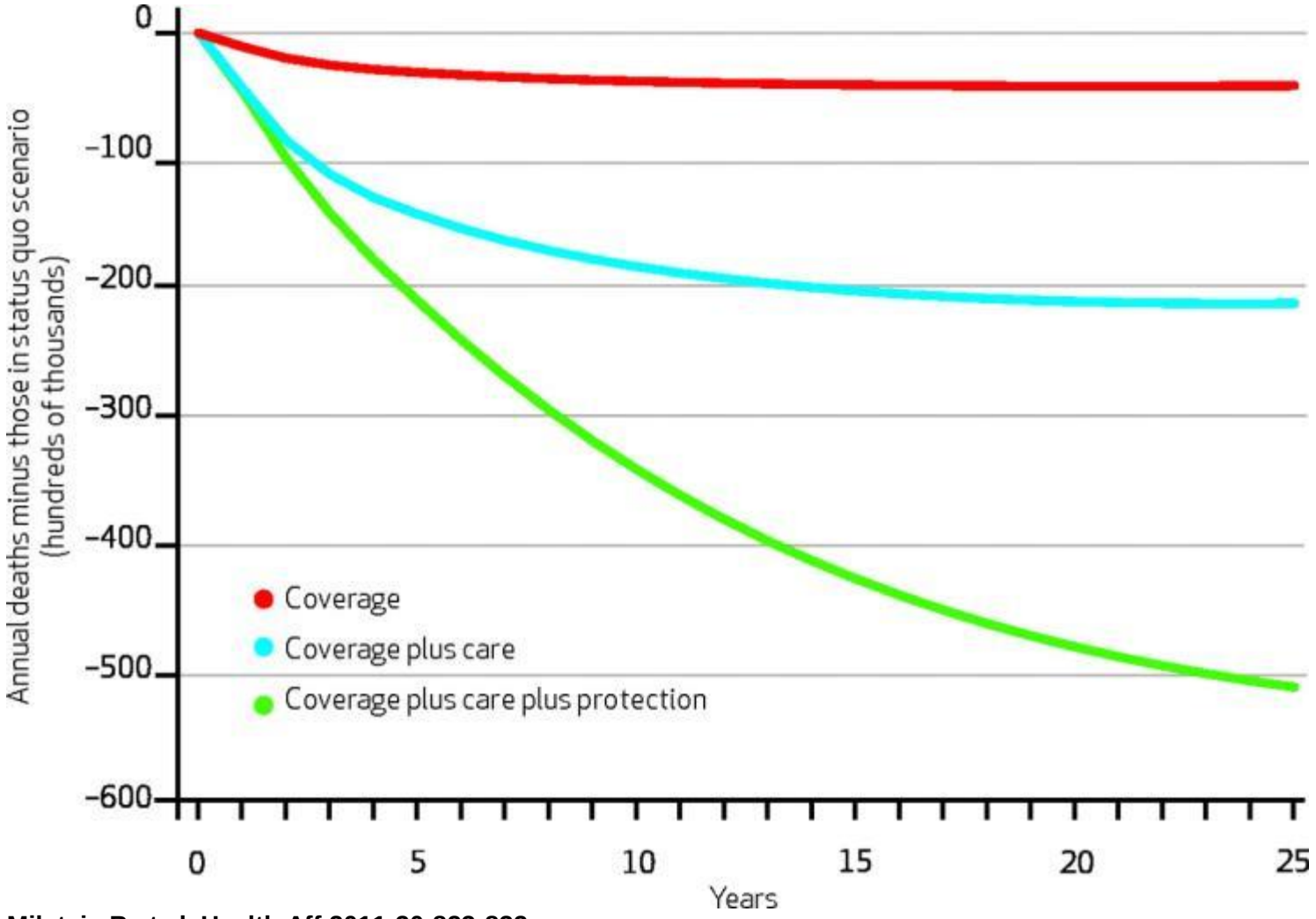
3.3. Life expectancy at birth and health spending per capita, 2013 (or latest year)



Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.

StatLink http://dx.doi.org/10.1787/888933280727

Annual Deaths,
Three Layered Intervention Scenarios, Year 0 To Year 25.



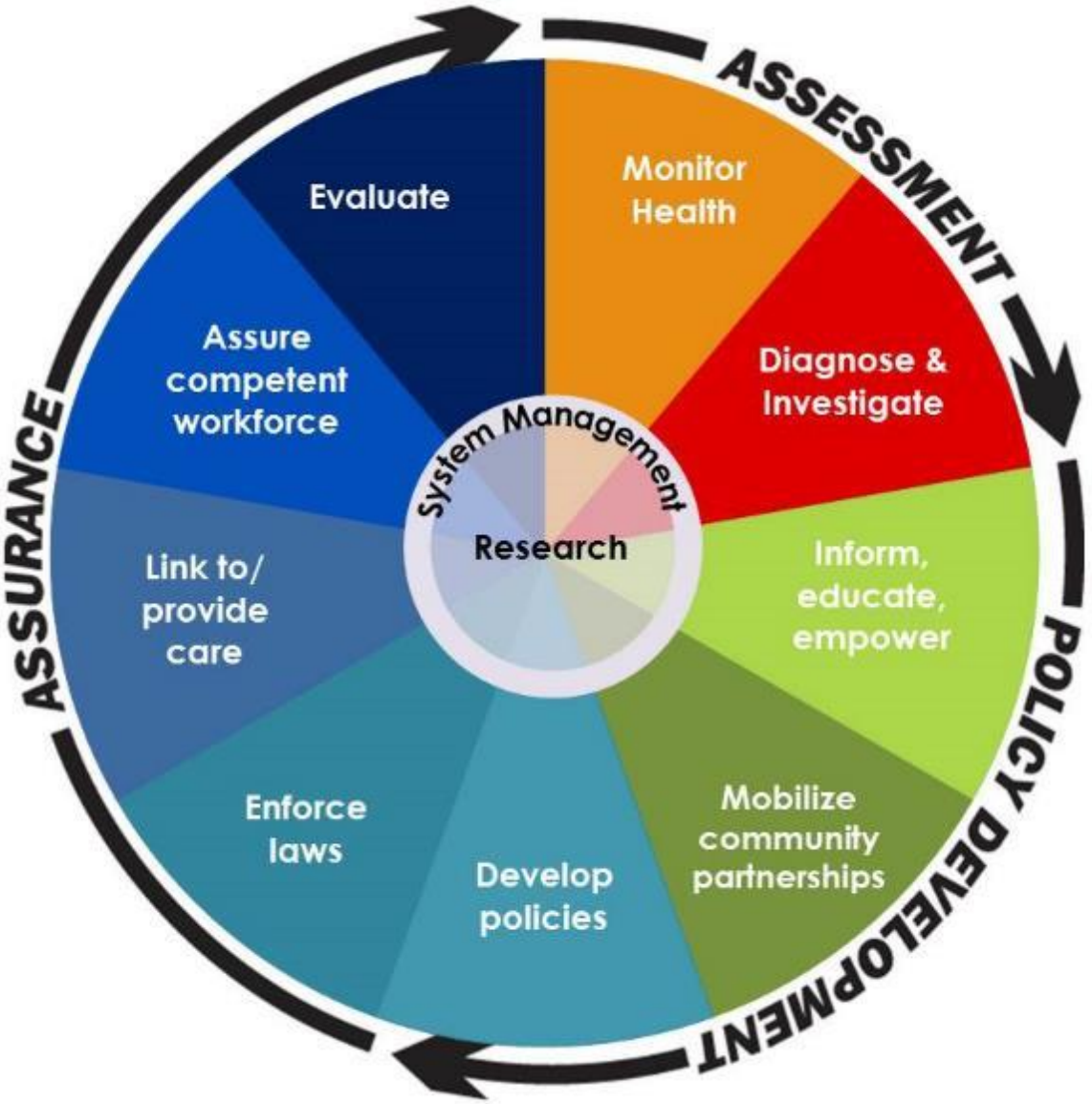
Milstein B et al. Health Aff 2011;30:823-832

HealthAffairs

Public Health Practice

- **Data Driven –** What we know about the distribution of disease and disability
- **Evidence Based –** What we know works to improve health and well-being
- **Strategic Prevention –** Where we focus our action to address preventable disease and disability

10 Essential Public Health Services



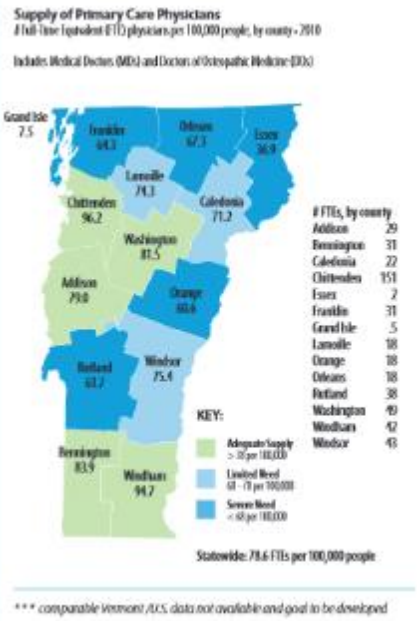
Data to Drive Decisions

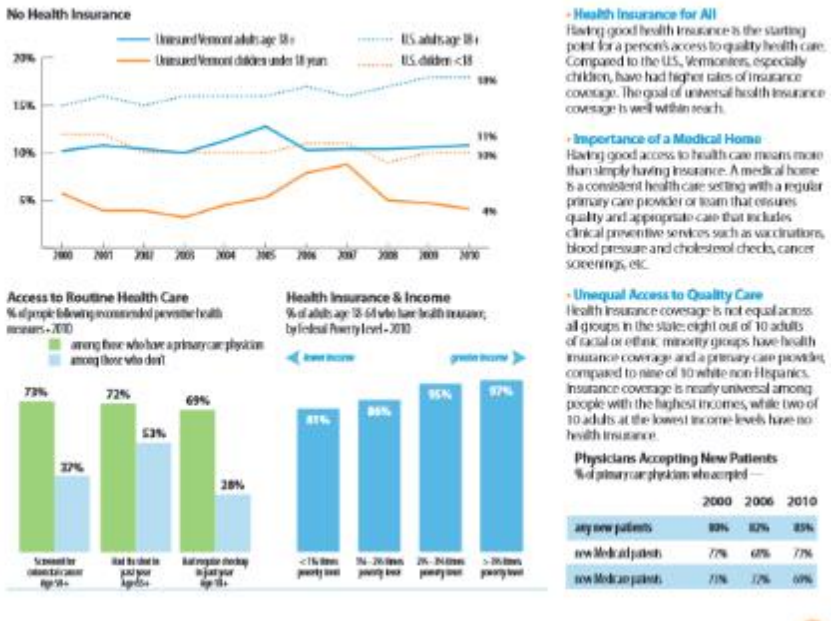
Data to Drive Decisions

Measure characteristics of:

- People
- Places
- Over time

- Data to understand causal and non-causal relationships
- Data to plan and evaluate interventions for improvement
  - Prevention improvements
  - Access and systems improvements





Core Measures

Behaviors
- Smoking
- Excessive Drinking
- Drug Deaths
- Obesity
- Physical Inactivity
- High School Graduation

Community & Environment
- Violent Crime
- Occupational Fatalities
- Children in Poverty
- Air Pollution
- Infectious Disease

Policies
- Lack of Health Insurance
- Public Health Funding
- Immunization Coverage

Clinical Care
- Low Birthweight Infants
- Primary Care Physicians
- Dentists
- Preventable Hospitalizations

Health Outcomes
- Diabetes
- Poor Mental Health Days
- Poor Physical Health Days
- Disparities in Health Status
- Infant Mortality
- Cardiovascular Deaths
- Cancer Deaths
- Premature Death

AMERICA'S ANNUAL REPORT HEALTH RANKINGS
UNITED HEALTH FOUNDATION

AMERICA'S ANNUAL REPORT HEALTH RANKINGS
UNITED HEALTH FOUNDATION

Vermont is ~~still~~ the ~~2nd~~ 5th **healthiest** state.

Strengths

- Low prevalence of obesity
- Low violent crime rate
- Low percentage of population without insurance

Challenges

- High prevalence of excessive drinking
- High rate of cancer deaths
- Large disparity in health status by educational attainment

Highlights

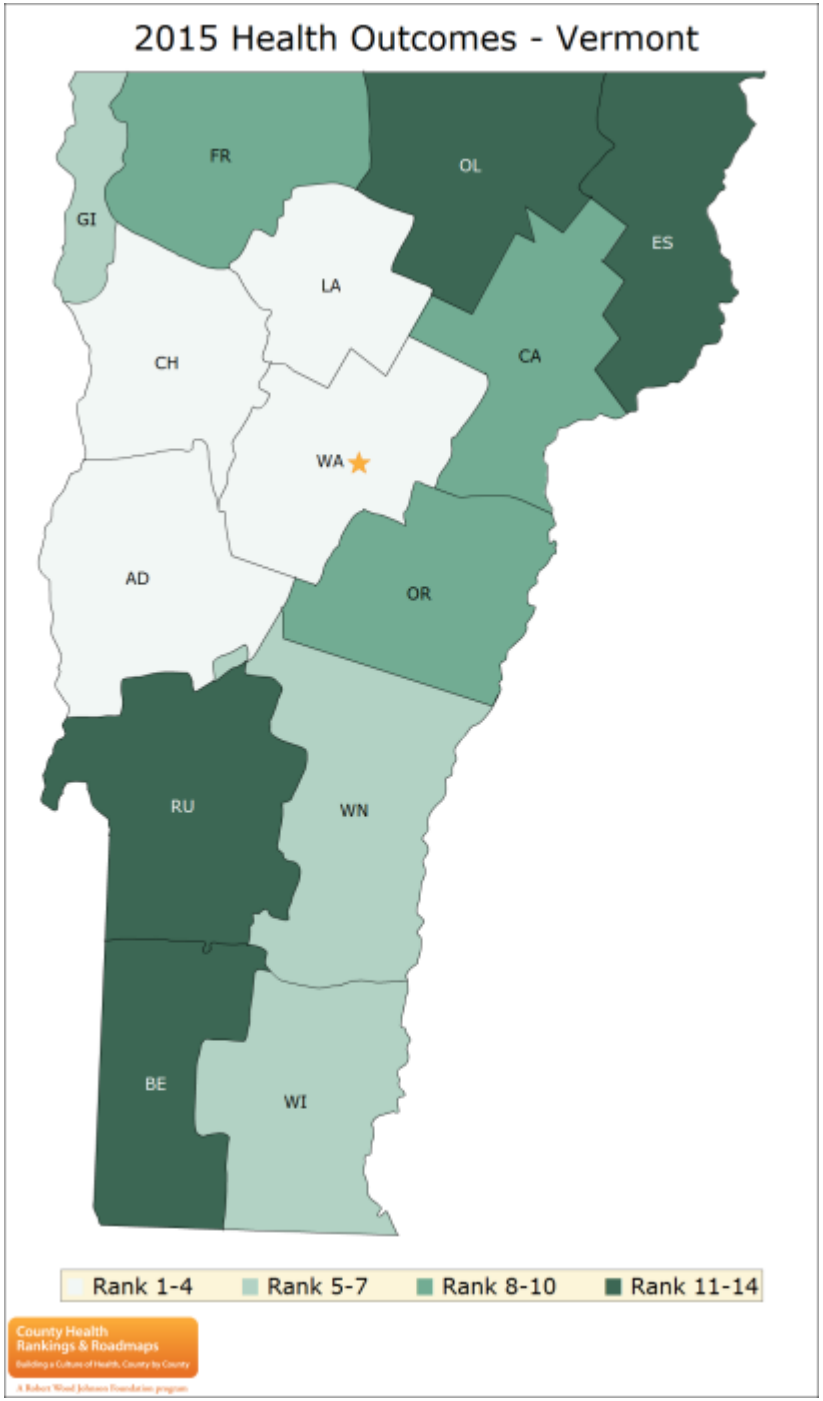
- In the past year, **physical inactivity increased** 17% from 19.0% to 22.2% of adults.
- In the past year, **children in poverty increased** 50% from 11.5% to 17.3% of children.
- In the past 10 years, the percentage of the **population without health insurance decreased** 60% from 11.1% to 4.4%.
- In the past two years, **low birthweight increased** 15% from 6.2% to 7.1% of live births.
- In the past year, **preventable hospitalizations decreased** 10% from 43.2 to 38.8 discharges per 1,000 Medicare enrollees.

Vermonters are not equally healthy

The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1.

The ranks are based on 2 types of measures:

- how long people live
- how healthy people feel while alive



http://www.countyhealthrankings.org/sites/default/files/state/downloads/2015%20Health%20Outcomes%20-%20Vermont.png

EQUALITY VERSUS EQUITY

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

Evidence Base to Inform Action

State Health Improvement Plan • 2013-2017

HEALTHY VERMONTERS 2020

VERMONT
DEPARTMENT OF HEALTH

January 2013

State Health Improvement Plan (SHIP)

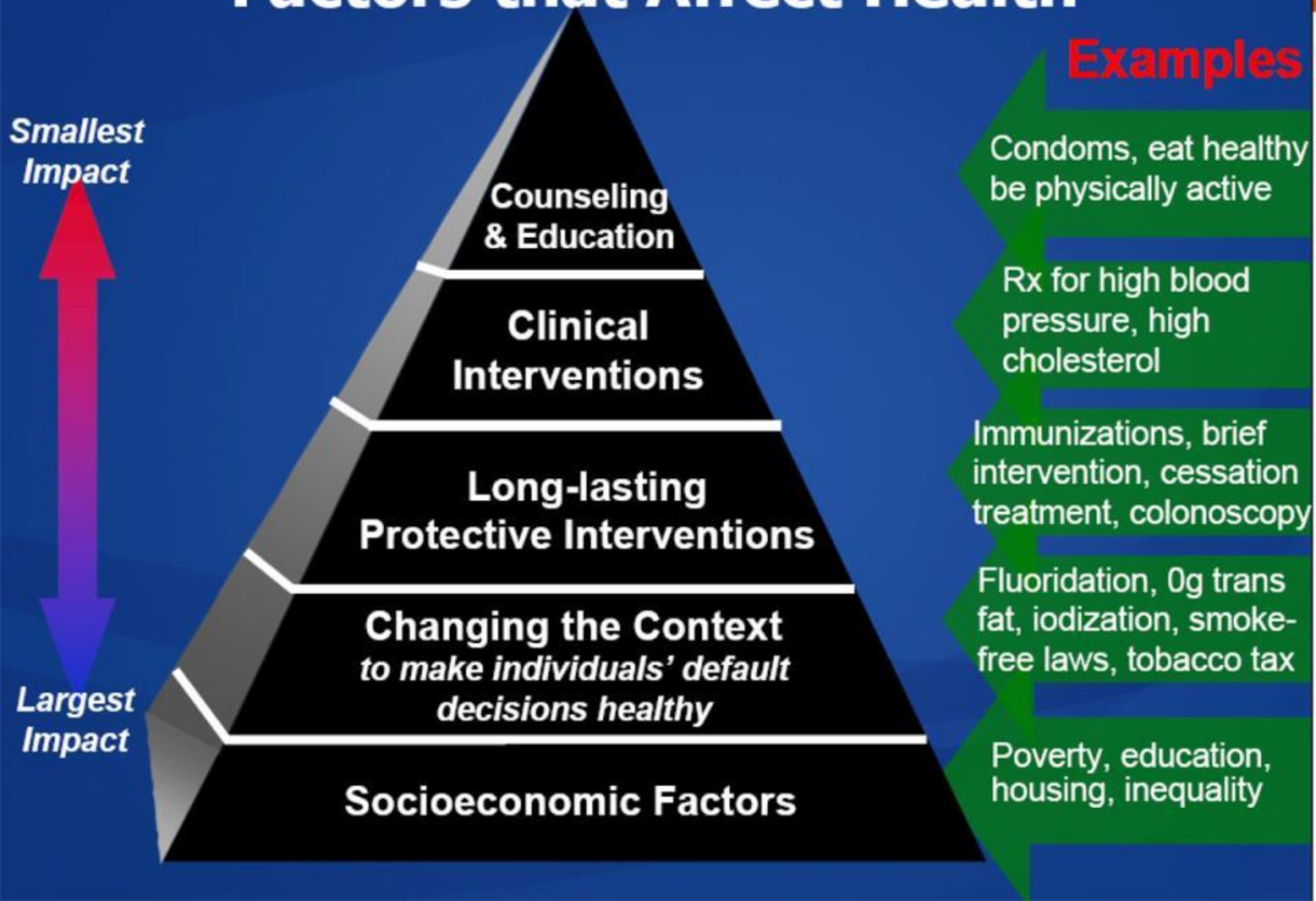
The Health Department's priorities:

GOAL 1: Reduce prevalence of smoking & obesity

GOAL 2: Reduce the prevalence of substance abuse and mental illness

GOAL 3: Improve childhood immunization rates

Factors that Affect Health



Interventions Changing the Context

- School-Based Programs to Increase Physical Activity
- School-Based Violence Prevention
- Safe Routes to School
- Motorcycle Injury Prevention
- Tobacco Control Interventions
- Access to Clean Syringes
- Pricing Strategies for Alcohol Products
- Multi-Component Worksite Obesity Prevention

Interventions Addressing the Social Determinants of Health

- Early Childhood Education
- Clean Diesel Bus Fleets
- Public Transportation: System Introduction or Expansion
- Home Improvement Loans and Grants
- Earned Income Tax Credits
- Water Fluoridation

How do we put this into practice?

- **Culture of Health:**

  What we do as a society

- **Health in All Policies** (HiAP):

  What we do through governmental action

- **Health Impact Assessments** (HIA):

  A tool for assessing impact

- Broad range of **Public Health Strategies**

Building A Culture of Health in Vermont

What is Health in All Policies?

- Collaborative approach to improving the health of all by incorporating health considerations into decision making across sectors and policy areas
- Ensures that decision-makers are informed about health consequences of various policy options during the decision making process

Health in All Policies Task Force

Executive Order No. 7-15

The Health in All Policies (HiAP) Task Force will identify strategies to more fully integrate health considerations into all state programs and policies, and promote better health outcomes through interagency collaboration and partnership.

Opportunities for System-wide Change

- Institutionalize the vision for sustainability and health
  - Criteria and analytic tools to be used by all gov't branches
  - Interagency Task Force
- Use existing administrative authority
  - Healthy food procurement
  - Staff wellness programs
  - Contract and grant guidance
- Evaluate public policy proposals
- State-wide and Municipal Planning (PSB, Act 250, DRBs)

Vermont Examples

- Health & Community Planning
  - Barre Town Plan
  - ECOS sustainability project
- Health & Housing
  - Support and Services at Home (SASH)
  - Indoor Air Quality and Lead Abatement
- Health & Agriculture & Food
  - Community Supported Agriculture (CSA)
  - Farm to School and Farm to Plate
- Health & Transportation
  - Complete Streets
  - Health Impact Assessment
- Health & State Parks
  - Prescriptions for health

Health Impact Assessment: A Tool for Implementing HiAP

Act 48 Sec. 11. **HEALTH SYSTEM PLANNING, REGULATION, AND PUBLIC HEALTH**

Charges the state with "recommending a plan to institute a public health impact assessment process to ensure appropriate consideration of the impacts on public health resulting from major policy or planning decisions made by municipalities, local entities, and state agencies."

HIA: Essential Questions

- How will the proposed change impact health – positively or negatively?
- Are potential health benefits and risks distributed equitably?
- Are there ways in which the proposal can be modified to maximize beneficial impacts and minimize harmful ones?

Health Impact Assessment — HIA

planBTV South End

- Topic: Development of a master plan for the South End of Burlington
- Health Impacts studied:
  1. Physical activity as it relates to chronic disease
  2. Mental health as it relates to depression, social isolation, and stress

Health Impact Assessment — HIA

Paid Sick Leave Policy

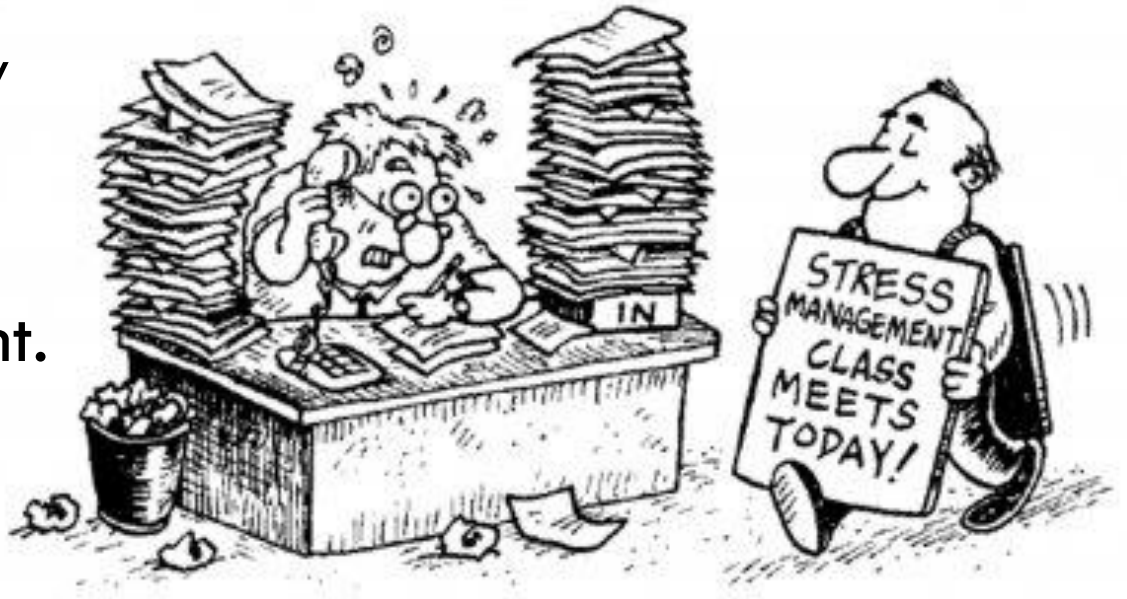
- Topic: Effect of a statewide paid sick leave policy
- Health Impacts studied:
  1. spread of infectious disease especially in child care and food service settings
  2. access of domestic violence victims to health and social services and maintain employment.
  3. preventable hospitalizations and associated health care costs

Strategic Action for Prevention

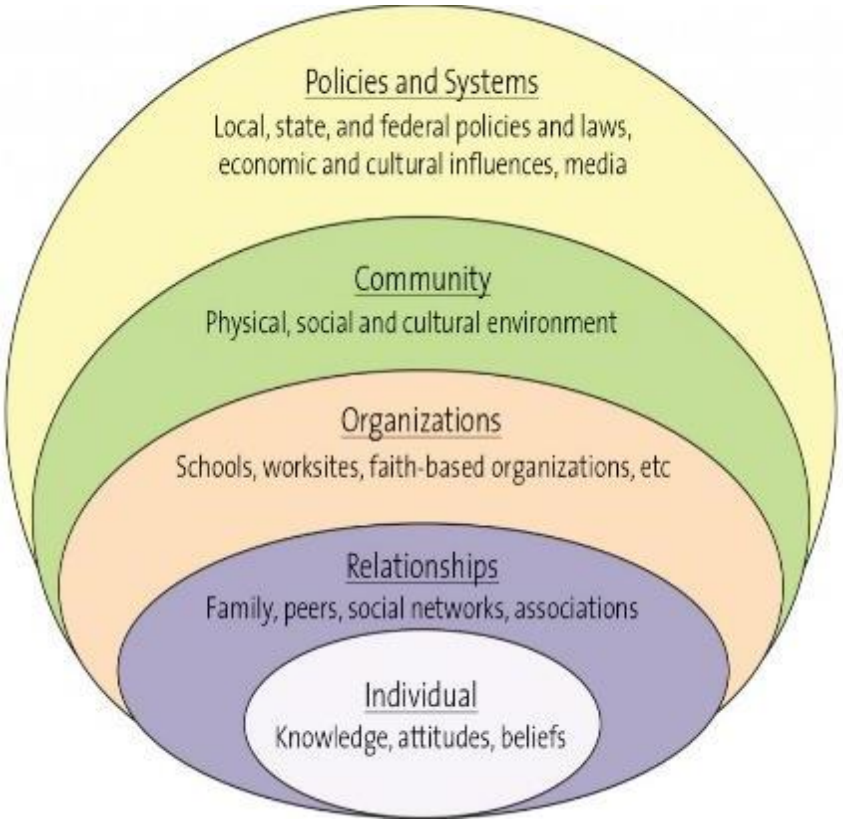
What if we acted as if disease was **not** inevitable?

Information is not enough

Just telling people how to be healthy doesn't work, we need to change the environment.



Prevention strategies at multiple levels



- Work with state agencies on healthy food procurement and guidelines
- Work with cities and towns on healthy community design
- Work with community organizations to promote second-hand smoke protections
- Support businesses to make workplaces healthier
- Support health care providers to help their patients make healthy changes
- Support Vermonters to take control

Behavioral vs. Standard Economics

Standard Economics

- Make rational decisions to maximize happiness
- Have all needed information
- Market forces correct mistakes

Behavioral Economics

- Experience "bounded rationality"
- Impossible to have all needed information
  - Have limited information-processing abilities anyway
- Make repeated systematic decision errors

(Ariely, 2008)

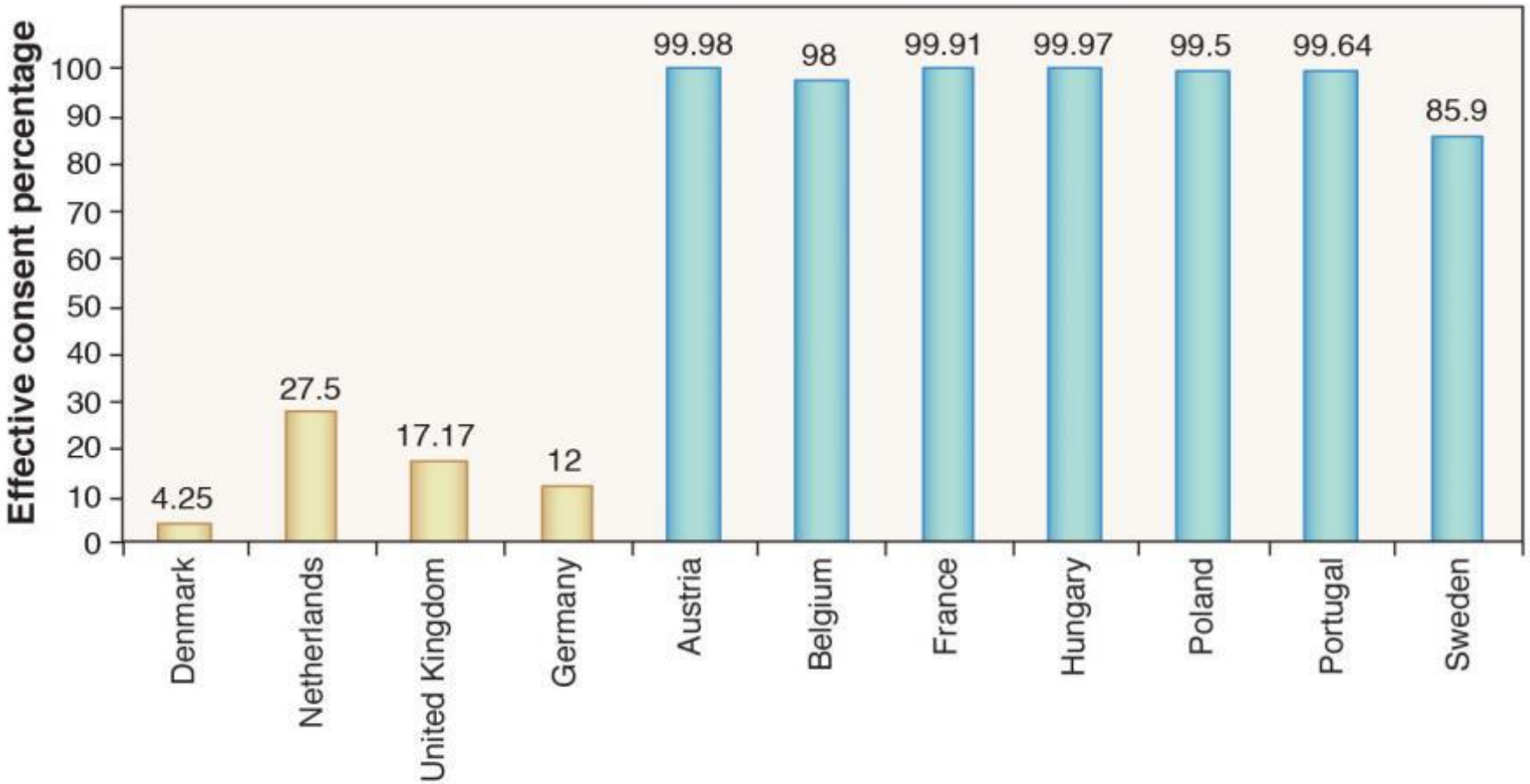
Bad popcorn in big buckets:

portion size can influence intake as much as taste

- Moviegoers in Philadelphia
- Popcorn in medium and large buckets
- Fresh and 14 day old popcorn
- Large buckets + fresh popcorn – **+45%**
- Large buckets + stale popcorn – **+34%**

Wansink and Kim, 2005

Opt-in, Opt-out?



Effective consent rates, by country. Explicit consent (opt-in, gold) and presumed consent (opt-out, blue).

https://www8.gsb.columbia.edu/sites/decisionsciences/files/files/Johnson_Defaults.pdf

Choice Architecture in Action

Photo: Whole Foods

Eat Well • Move More • Learn Better • *Live Longer*

Working together to eliminate substance abuse in Vermont

ParentUpVT
Parent hears social media message on Pandora and links to ParentUp tips on how to talk with their kids about substance abuse.

School-based Substance Abuse Services
High school student does presentation to school board on Youth Risk Behavior Survey.

Vermont's Most Dangerous Leftovers
Patient sees "Most Dangerous Leftovers" poster in doctor's office; decides to bring unwanted medication to a local drug take-back program.

Recovery Centers
Family member gets recovery coaching at local Turning Point Center.

Community Coalitions
Local partners find most residents support reduced alcohol and tobacco ads in their community.

SBIRT
A relative falls and goes to the emergency department; receives a screening and has access to brief intervention and referral to treatment.

Care Alliance for Opioid Addiction (Hub & Spoke)
Concern about a family member's opiate use leads to referral to treatment programs.

Impaired Driver Rehabilitation Program (Project CRASH)
Family member gets DUI, receives education & assessment.

AHS Districts
Parent applies for Supplemental Nutrition Assistance Program, gets free substance abuse screening.

Division of Alcohol & Drug Abuse Programs
108 Cherry Street • Burlington, VT 05401
800-464-4343 • 802-651-1550

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healthvermont.gov

Actions to Address Opioid Drug Abuse

Education

- Prescriber education
- Community education
- Naloxone distribution

Tracking and Monitoring

- Vermont Prescription Drug Monitoring System (VPMS)

Regulation/Enforcement

- Identification verification at pharmacies
- Law enforcement training on prescription drug misuse and diversion
- Unified Pain Management Regulation

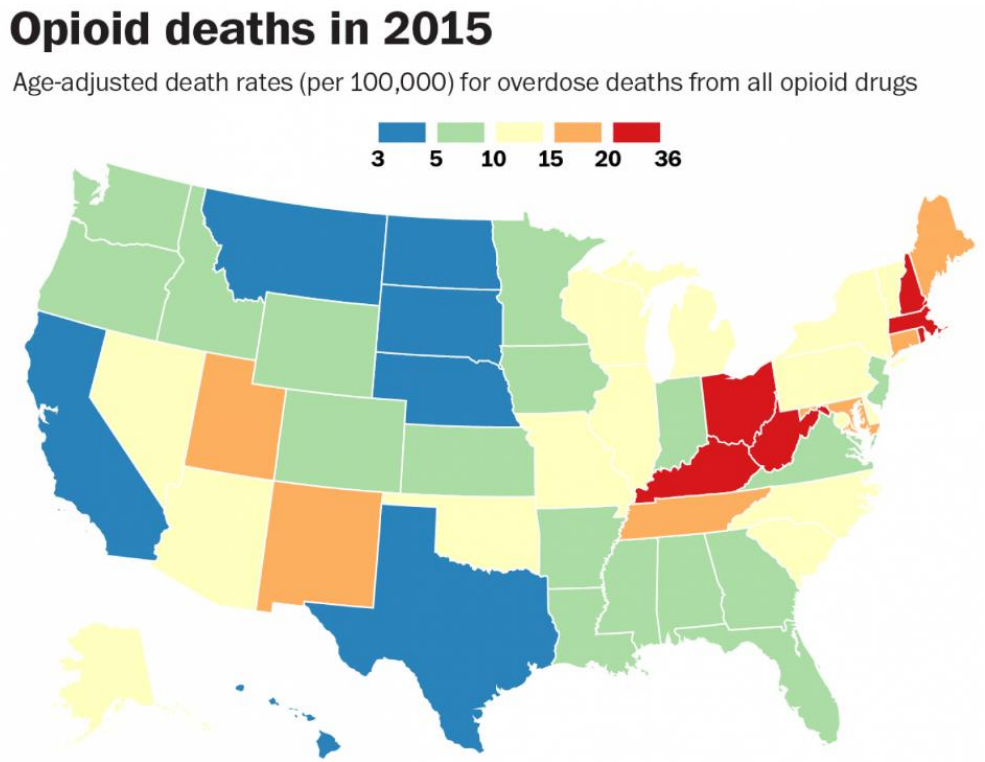
Proper Medication Disposal

- Keeping medications safe at home
- Proper medication disposal guidelines consistent with FDA standards
- Community take-back programs
- “Most Dangerous Leftovers” Campaign

Treatment Options

- Care Alliance for Opioid Addiction Regional Treatment Centers
- Outpatient and residential treatment at state-funded treatment providers
- Harm Reduction

Overall Opioid 2015 Death Rate by State

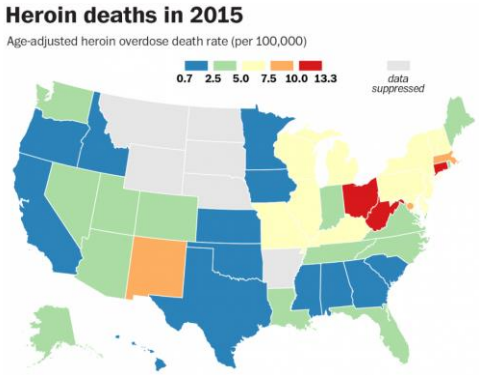


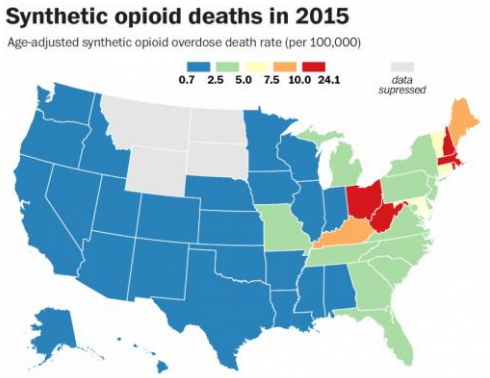
Source: CDC Wonder as compiled by the Washington Post

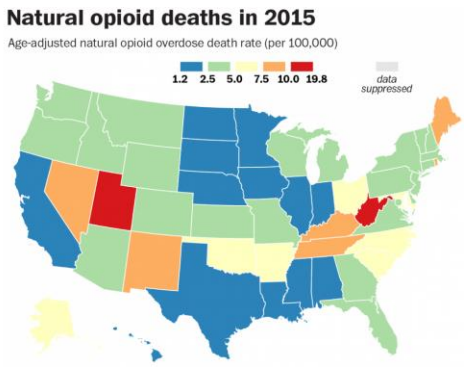
2015 Death Rate by State and Opioid Type

Synthetics: Substances such as fentanyl or tramadol

Natural Opioid: "classic" opioid painkillers such as hydrocodone and oxycodone

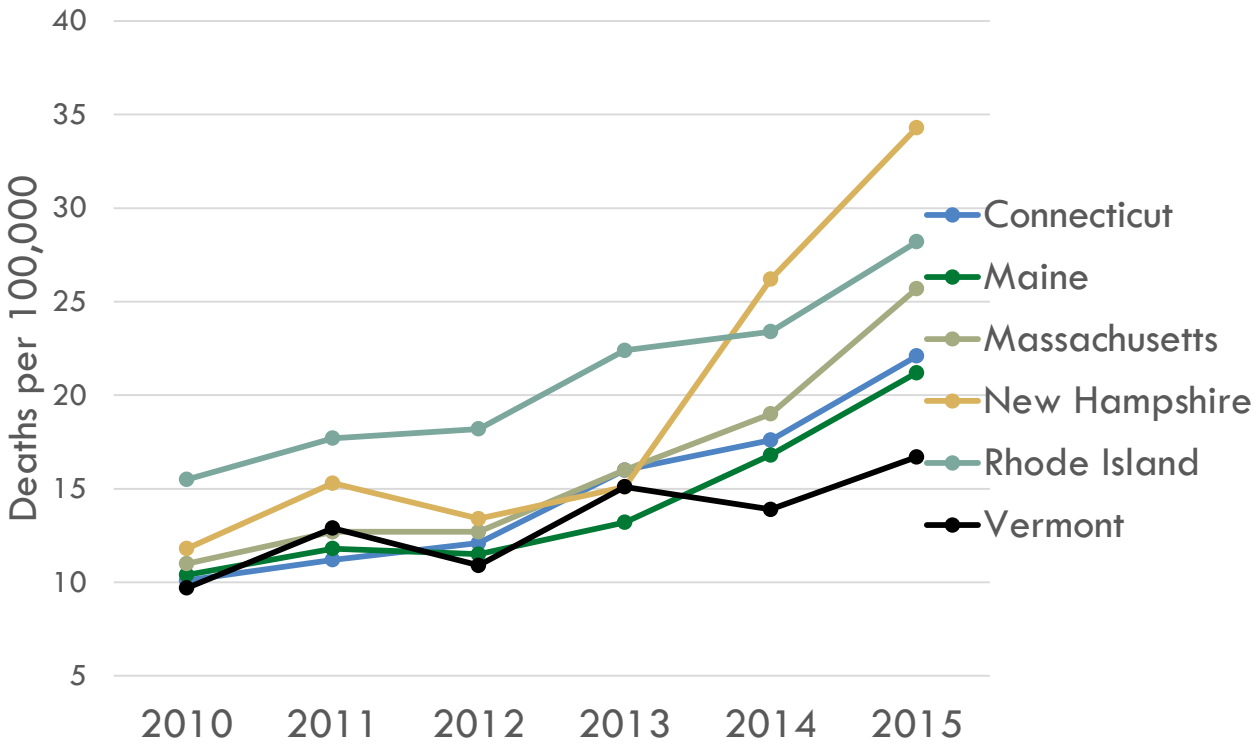






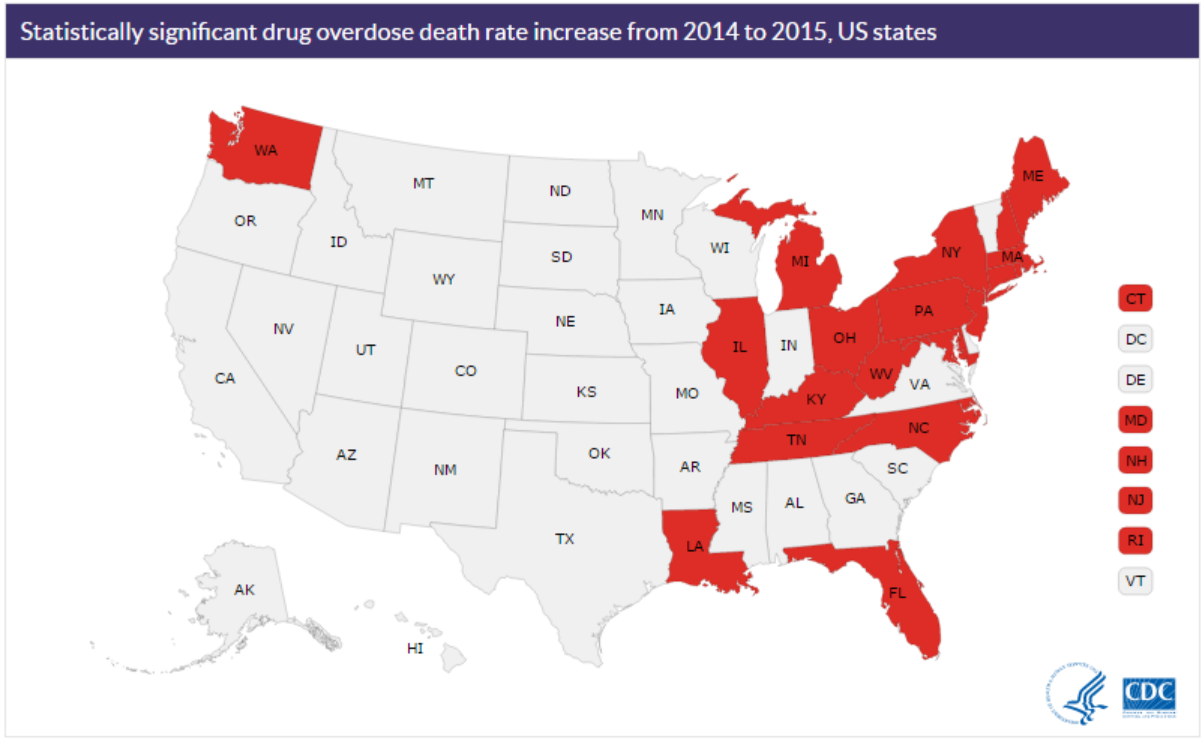
Source: CDC Wonder as compiled by the Washington Post

New England Drug Overdose Deaths



Source: CDC/NCHS, National Vital Statistics System, mortality data.
Includes opioids and other drugs

Vermont is the Only Northeastern State without a Statistically Significant Increase in Drug Overdose 2014 to 2015



Vermont Department of Health

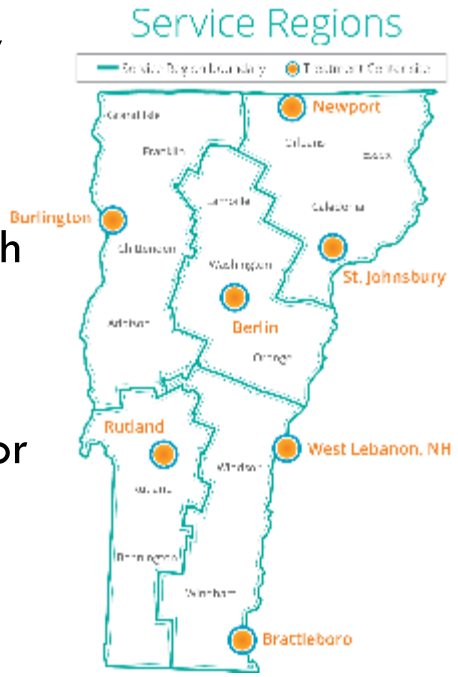
Source: CDC/NCHS, National Vital Statistics System, mortality data. Includes opioids and other drugs.

The Care Alliance for Opioid Addiction

A regional approach for delivering Medication Assisted Therapy to Vermonters who suffer from opioid drug addiction.

The Care Alliance is designed to coordinate addiction treatment with medical care and counseling, supported by community health teams and services, to effectively treat the whole person as they make their way along the path to recovery.

Medication Assisted Therapy (MAT) is an effective treatment for opioid addiction that involves prescribing medication — methadone, buprenorphine or naltrexone — in combination with counseling. Outcomes from this approach include:



- reduced drug use
- retention in treatment
- better social functioning
- better health
- reduced criminal activity
- reduced disease transmission
- reduced drug overdoses

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Department of VT Health Access

Hub Census and Waitlist: November 29, 2016

Region	# Clients	# Buprenorphine	# Methadone	# Vivitrol	# Receiving Treatment but Not Yet Dosed	# Waiting
Chittenden, Franklin, Grand Isle & Addison	939	272	657	1	9	154
Washington, Lamoille, Orange	472	207	265	0	0	0
Windsor, Windham	628	168	460	0	0	0
Rutland, Bennington	400	100	270	3	27	29
Essex, Orleans, Caledonia	739	189	544	6	0	17
Total	3178	936	2196	10	36	200

Source: Alcohol and Drug Abuse Treatment Programs

Opioid Prescribing for Pain: Final Rule (effective 7/1/2017)

- Universal Precautions
  - Requires prescribers to discuss risks, provide a patient education sheet, and receive an informed consent for all first opioid prescriptions
  - Requires co-prescription of naloxone for all prescriptions over 90 MME as well as opioids co-prescribed with benzodiazepines
  - Requires checking the prescription monitoring system the first time a prescriber writes a prescription opioid (over 10 pills) or benzodiazepine
- Acute Pain section for first prescription to opioid naïve patients
  - Requires consideration of non-opioid treatment for minor injuries and procedures
  - Sets MME limits for acute prescriptions based on severity of pain and anticipated duration
  - Limits the first prescription to no more than 350 MME (50 MME per day for 7 days)
  - Requires specialty providers to transfer care of patients to primary care providers should they expect the patient may need additional treatment
  - Prohibits use of long-acting opioids

MME Limits for First Prescription for Opioid Naïve Patients Ages 18+

Pain	Average Daily MME *(allowing for tapering)*	Prescription TOTAL MME based on expected duration of pain	Common average DAILY pill counts	Commonly associated injuries, conditions and surgeries
Minor pain	No Opioids	0 total MME	0 hydrocodone 0 oxycodone 0 hydromorphone	molar removal, sprains, non-specific low back pain, headaches, fibromyalgia, un-diagnosed dental pain
Moderate pain	24 MME/day	0-3 days: **72 MME** 1-5 days: **120 MME**	4 hydrocodone 5mg or 3 oxycodone 5mg or 3 hydromorphone 2mg	non-compound bone fractures, most soft tissue surgeries, most outpatient laparoscopic surgeries, shoulder arthroscopy
Severe pain	32 MME/day	0-3 days: **96 MME** 1-5 days: **160 MME**	6 hydrocodone 5mg or 4 oxycodone 5mg or 4 hydromorphone 2mg	many non-laparoscopic surgeries, maxillofacial surgery, total joint replacement, compound fracture repair
For patients with severe pain and extreme circumstance, the provider can make a clinical judgement to prescribe up to 7 days so long as the reason is documented in the medical record.				
Extreme Pain	50 MME/day	7 day MAX: 350 MME	10 hydrocodone 5mg or 6 oxycodone 5mg or 6 hydromorphone 2mg	similar to the severe pain category but with complications or other special circumstances

Exemptions: palliative care, end-of-life and hospice care, patients in skilled and intermediate care nursing facilities, pain associated with significant or severe trauma, pain associated with complex surgical interventions, such as spinal surgery, pain associated with prolonged inpatient care due to post-operative complications, medication-assisted treatment for substance use disorders, patients who are not opioid naïve, other circumstances as determined by the Commissioner of Health.

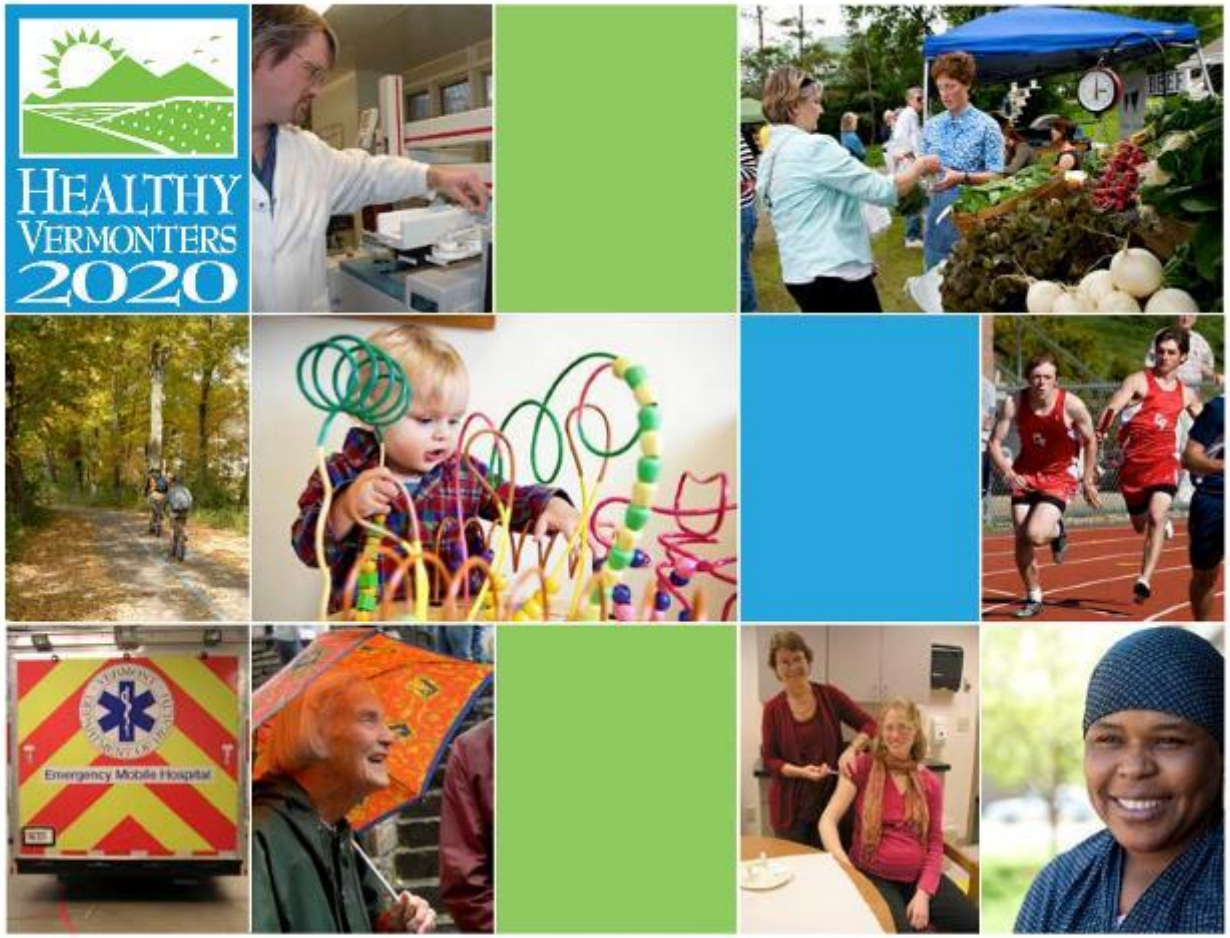
Opioid Prescribing for Pain: Final Rule for Minors

- Prescribing to Minors (in addition to universal precautions)

Teens who used opioids for legitimate reasons in high school had a 33% increased risk for future misuse compared to their peers.[1]

  - Requires a prescriber to seek consultation with the pediatrician or primary care doctor prior to prescribing an opioid in an urgent care or emergency department setting
  - Limits opioids for minor injuries, including uncomplicated wisdom tooth extraction and sprains or uncomplicated fractures
  - Limits the first prescription to a total of 72 MME (24 MME for 3 days)

[1]Miech R, Johnston L, O'Malley PM, Keyes KM, Heard K. Prescription Opioids in Adolescence and Future Opioid Misuse. Pediatrics. 2015;136(5):e1169-e1177.



Public Health in Vermont

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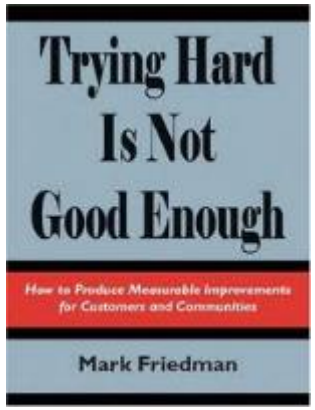
http://healthvermont.gov/about

Framework Language

DEFINITIONS
(Language Discipline)



POPULATION ACCOUNTABILITY

RESULT/OUTCOME
A condition of well-being for children, adults, families or communities.
Healthy children; Youth graduate on time; Families are economically stable.

INDICATOR
A measure which helps quantify the achievement of a result.
Obesity rates; Graduation rates; Median family income.

PERFORMANCE ACCOUNTABILITY

STRATEGY
A coherent collection of actions often implemented as, programs, initiatives, systems, and services that have a reasonable chance of improving results.
Let's Move, Promise Neighborhoods, CHOICE Neighborhoods, Voluntary Income Tax Assistance

PERFORMANCE MEASURE
A measure of how well a program, agency, service system or strategy is working.

Three types:
1. *How much did we do?*
2. *How well did we do it?*
3. *Is anyone better off?*

= **Customer Results**

Results-Based Accountability™

		Time Period	Actual Value	Target Value	Current Trend
O MCH	**Mothers and young children are healthy**				
I MCH	Sudden, Unexpected death rate for infants per 1,000 live births	2011	0.33	0.62	↘ 2
I MCH	% of pregnant women who abstain from alcohol	2012	86%	100%	↘ 1
I MCH	% of pregnant women who abstain from smoking cigarettes	2013	82%	90%	→ 1
I MCH	% of pregnant women who abstain from illicit drug use	2012	95%	100%	↗ 1
I MCH	% of women delivering a live birth who discussed preconception health prior to pregnancy	2012	22%	40%	↘ 2
I MCH	% of women delivering a live birth who had a healthy weight prior to pregnancy	2012	48%	65%	↘ 1
I MCH	% of infants breastfed exclusively for six months	2011	30%	40%	↗ 2
P MCH	**Vermont Department of Health - Women, Infants & Children (WIC)**	Time Period	Actual Value	Target Value	Current Trend
PM MCH	% of fruit and vegetable benefits spent monthly	Dec 2015	55%	60%	↗ 1
PM MCH	% of Farm-to-Family coupons redeemed	2014	75%	75%	↗ 3
PM MCH	% of postpartum mothers seen by WIC attending baby behavior class	Q3 2015	1%	10%	→ 1
PM MCH	% of pregnant women seen by WIC attending a prenatal breastfeeding class	Q3 2015	9%	10%	↘ 2
PM MCH	% of pregnant smokers seen by WIC who are referred to the 802Quits Network	Q3 2015	33%	100%	↘ 1
P MCH	**Vermont Department of Health - Nurse Family Partnership (NFP)**	Time Period	Actual Value	Target Value	Current Trend
PM MCH	% of Nurse Family partnership clients who breastfed for a minimum of 4 weeks	Q3 2015	66%	68%	↗ 2
PM MCH	% of Nurse Family Partnership clients who screen positive for alcohol use who are referred to treatment/services	Q3 2015	100%	100%	→ 7
PM MCH	% of Nurse Family Partnership clients who screen positive for illicit drug use who are referred to treatment/services	Q3 2015	100%	100%	→ 4
PM MCH	% of Nurse Family Partnership clients who screen positive for tobacco use who are referred to the 802Quits or other cessation services	Q3 2015	100%	100%	→ 3

Population Accountability

Program Accountability

One measure alone will not help us manage the programs but together this data helps guide management decisions about appropriate strategies.

http://healthvermont.gov/scorecard-maternal-infant-health

Programmatic Performance Measures for Budgeting

Population Accountability

This Scorecard demonstrates the programs and performance measures from the Health Department that have been included in the Agency of Administration's Performance Budgeting Exercise. (Established FY2017)

			Time Period	Actual Value	Target Value	Current Trend
O	AOA	Vermonters are healthy (PPMB)				
I	Substance Abuse	Percent of persons age 12 and older who need and do not receive alcohol treatment	2014	7%	5%	→ 1
I	Substance Abuse	Percent of persons age 12 and older who need and do not receive illicit drug use treatment	2014	3%	2%	→ 8
I	Tobacco	% of adults who smoke cigarettes	2014	18%	12%	→ 1
O	AOA	Vermont's children are ready for school (PPMB)				
I	Immunization	% of children age 19-35 months receiving recommended vaccines (4:3:1:4:3:1:4)	2015	76%	80%	↗ 3
I	Act 186	% of kindergarteners fully immunized with all five vaccines required for school	2015	90%	–	↗ 2
O	AOA	Vermont's youth choose healthy behaviors (PPMB)				
I	Substance Abuse	Percent of adolescents in grades 9-12 who used marijuana in the past 30 days	2015	22%	20%	↘ 2
I	Substance Abuse	% of adolescents in grades 9-12 binge drinking in the past 30 days	2015	16%	15%	↘ 4
I	Tobacco	% of adolescents in grades 9-12 who smoke cigarettes	2015	11%	10%	↘ 3

Programmatic Performance Measures for Budgeting

Program Accountability

			Time Period	Actual Value	Target Value	Current Trend
P	AOA	Alcohol & Drug Abuse Programs (PPMB)				
PM	Substance Abuse	School Screenings: Are we referring students who may have a substance abuse problem to community resources? Measured as percent of students at funded schools who screen positive for possible substance abuse disorders who are referred for a substance abuse assessment.	Q1 2016	90%	90%	↗ 1
PM	Substance Abuse	Social Supports: Are youth and adults leaving treatment with more support than when they started? Measured as percent of treatment clients (excluding residential detoxification and detoxification treatment) who have more social supports on discharge than on admission.	Q2 2016	18%	25%	↗ 1
PM	Substance Abuse	Access to MAT: Are adults seeking help for opioid addiction receiving treatment? Measured as the number of people receiving Medication Assisted Treatment per 10,000 Vermonters age 18-64.	Q3 2016	134	135	↗ 14
P	AOA	Immunization Programs (PPMB)				
PM	Immunization	% of public & private providers enrolled in VFC who have received a VFC and/or AFIX visit that includes feedback on practice level IMR completeness and coverage rates	2015	93%	60%	↗ 1
PM	Immunization	% of Kindergarteners provisionally admitted to school	2015	4.6%	5.0%	↘ 2
PM	Immunization	# of provider offices that receive IMR training	2015	59	15	↗ 1
P	AOA	Tobacco Control Program (PPMB)				
PM	Tobacco	% of 802Quits registrants who complete 4 or more sessions	Q3 2016	32%	35%	↗ 1
PM	Tobacco	Anti-tobacco media campaign intensity for low-income adults, in Gross Rating Points (GRP) per quarter	Q3 2016	0	1,200	↘ 1
PM	Tobacco	% of youth groups that educate local or state decisionmakers on smoke free policy and retailer tobacco advertising restrictions	2016	81%	100%	↘ 2

VDH Programs

PROGRAM DEFINITION:

A program is defined as a group of interdependent or interrelated activities directed toward the achievement of a common goal or objective. Programs usually have at least one staff person assigned and represent a discrete area of department focus. Program structure must be maintained to provide consistency in program identification across years.

VDH has approximately 100 programs

3-4-50

Vermonters today are more likely to die from a largely preventable disease than an infectious disease.

3-4-50 is a simple concept to help us grasp the reality that 3 health behaviors contribute to 4 chronic diseases that claim the lives of more than 50 percent of Vermonters.

3 behaviors	Time Period	Actual Value	Target Value	Current Trend
O 3-4-50 Increase physical activity and good nutrition, and decrease tobacco use				
I Tobacco % of adolescents in grades 9-12 who smoke cigarettes	2015	11%	10%	↘ 3
I Tobacco % of adults who smoke cigarettes	2014	18%	12%	→ 1
I 3-4-50 % of adolescents in grades 9-12 who do NOT meet daily aerobic physical activity recommendations	2015	77%	–	↗ 1
I 3-4-50 % of adults who do NOT meet daily aerobic physical activity recommendations	2015	41%	–	→ 2
I 3-4-50 % of adolescents in grades 9-12 who do NOT eat 5 fruits & vegetables per day	2015	76%	–	↘ 1
I 3-4-50 % of adults who do NOT eat 5 fruits & vegetables per day	2015	79%	–	→ 1
Lead to 4 chronic diseases				
O 3-4-50 Decrease the burden of cancer, lung disease, diabetes, and heart disease				
I 3-4-50 % of adults currently diagnosed with cancer	2015	7%	–	→ 2
I 3-4-50 % of adults currently diagnosed with lung disease (asthma/COPD)	2015	15%	–	→ 2
I 3-4-50 % of adults currently diagnosed with diabetes	2015	8%	–	→ 2
I 3-4-50 % of adults currently diagnosed with cardiovascular disease	2015	8%	–	↗ 1

Immunization

P AOA Immunization Programs (PPMB)

Time Period | Actual Value | Target Value | Current Trend

What We Do | Who We Serve | How We Impact | Budget Information | Performance Monitoring Plan

What We Do

The Vermont Department of Health Immunization Program provides over $16 million in vaccines to provider practices, educates health care providers and the public regarding immunizations, implements the state immunization regulations, and conducts ongoing assessments of population health status to identify populations at risk for vaccine-preventable diseases. Program activities are developed based on best practices to ensure access to affordable vaccines, support vaccination in the medical home, and provide the public with information needed to vaccinate with confidence.

Who We Serve

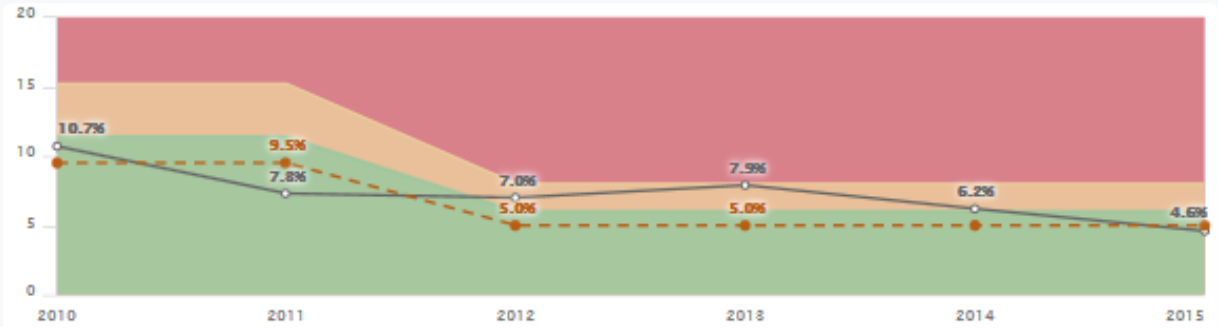
The Immunization Program serves all Vermonters with targeted efforts for parents, health care providers, provider practices, and school nurses.

How We Impact

The Immunization Program ensures adults and children have access to all recommended vaccines at their medical home and works to effectively limit vaccine preventable disease. Together with population indicators, the following performance measures focus on whether Vermonters are better off as a result of this program. They do so by looking at the quality and efficiency of these programs and services.

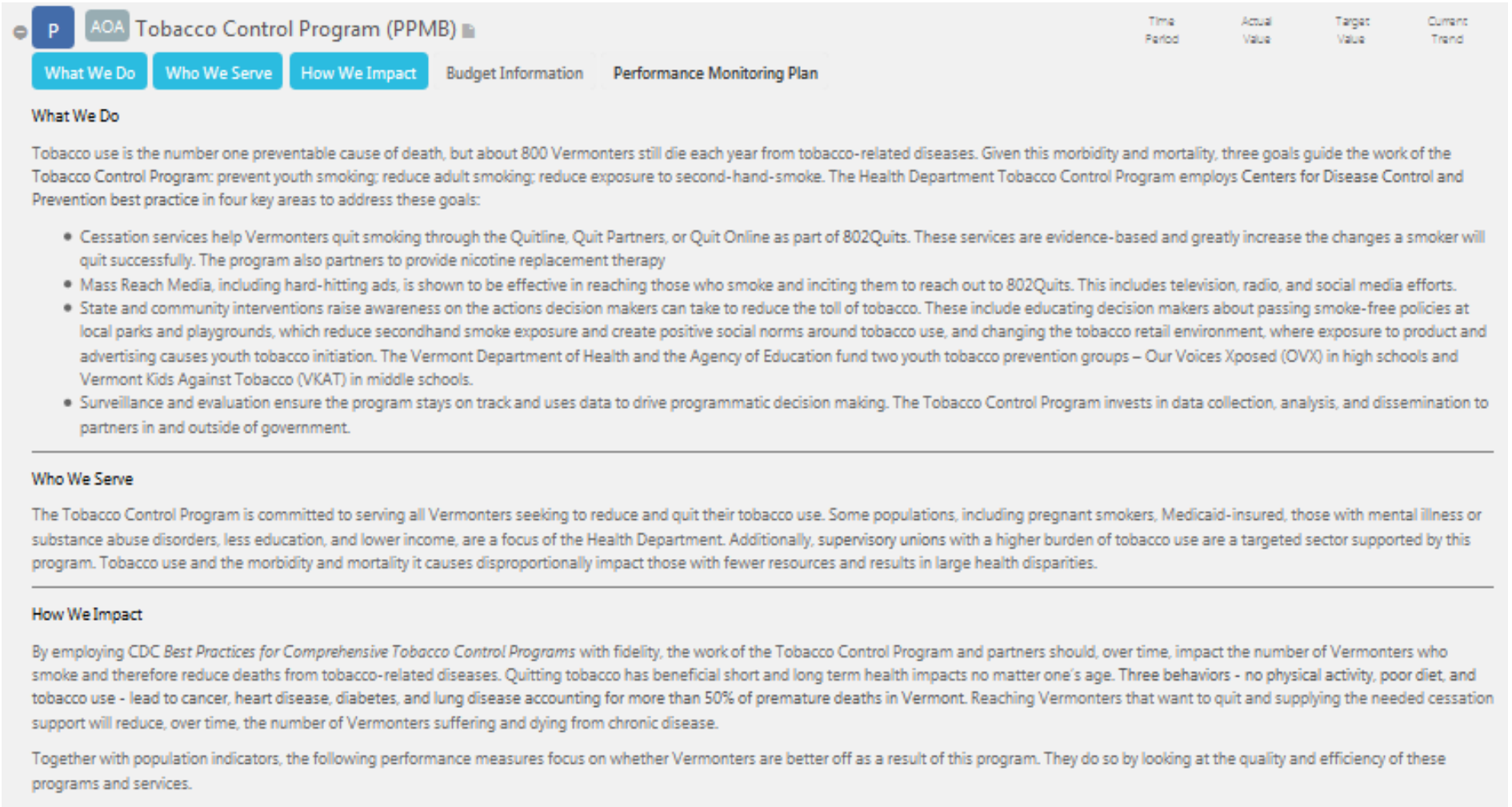
Investment objective: Encourage the formation and maintenance of public-private partnerships in health care, including initiatives to support and improve the health care delivery system.

PM	Immunization	% of public & private providers enrolled in VFC who have received a VFC and/or AFIX visit that includes feedback on practice level IMR completeness and coverage rates	2015	93%	60%	↗ 1
PM	Immunization	% of Kindergarteners provisionally admitted to school	2015	4.6%	5.0%	↘ 2
			2014	6.2%	5.0%	↘ 1
			2013	7.9%	5.0%	↗ 1
			2012	7.0%	5.0%	↘ 2
			2011	7.3%	9.5%	↘ 1
			2010	10.7%	9.5%	→ 0



http://healthvermont.gov/scorecard-infectious-disease

Tobacco



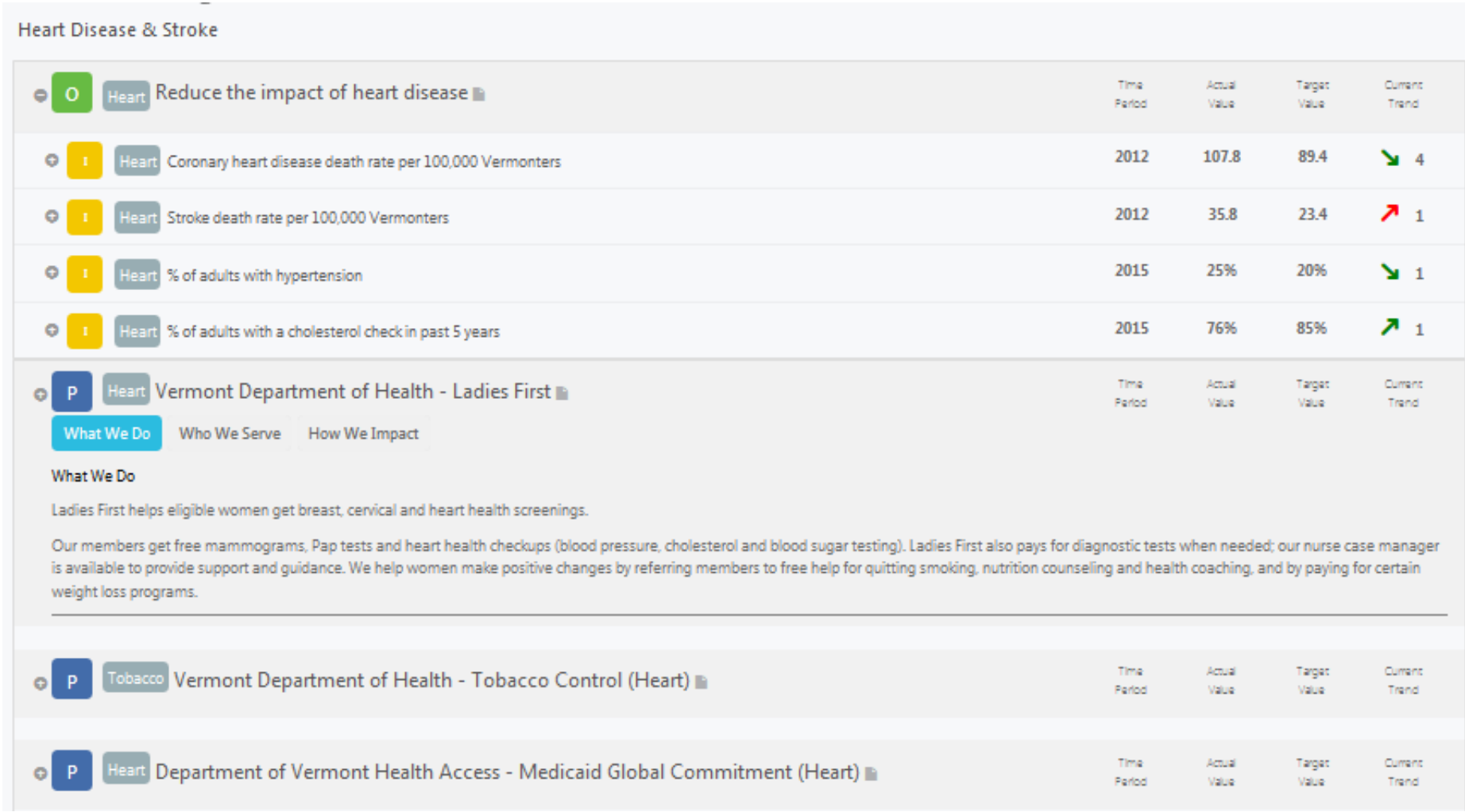
http://healthvermont.gov/scorecard-tobacco

Family Planning

Reporting to Medicaid

http://healthvermont.gov/scorecard-family-planning

Ladies First



http://healthvermont.gov/scorecard-heart-disease-stroke

Children's Personal Services

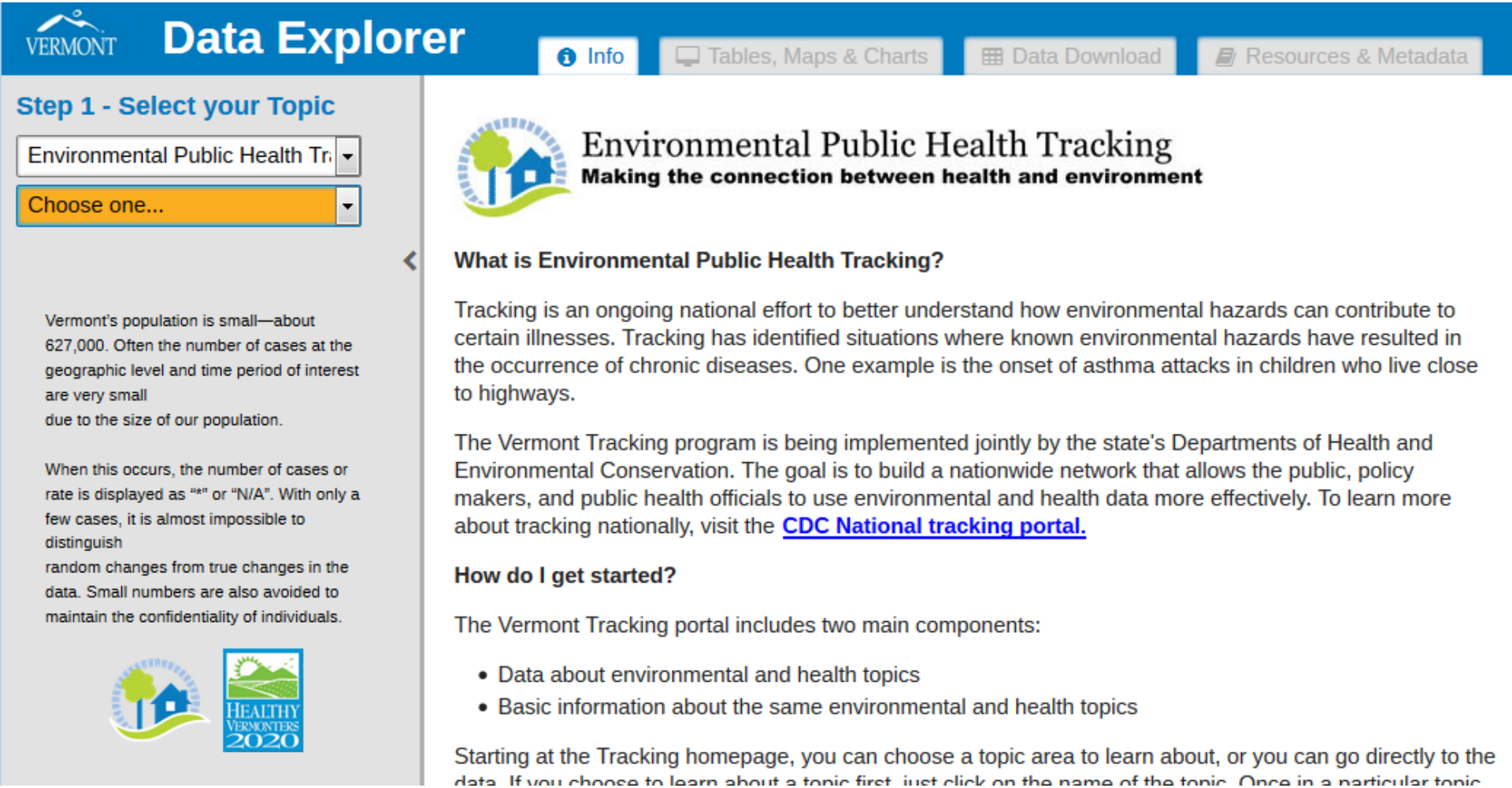
Managed Care Entity - Programs that can directly bill Medicaid for services

Reporting to Medicaid

Children with Special Health Needs

	Time Period	Actual Value	Target Value	Current Trend
O MCE Pediatric Services				
P MCE Pediatric Hi-Tech Nursing				
PM MCE % Utilization of Authorized Pediatric Hi-Tech Nursing Hours	Q1 2016	5.85%	–	↗ 1
PM MCE % Utilization of Authorized Pediatric Hi-Tech Nursing Case Management Visits	Q1 2016	0.65%	–	↘ 1
PM MCE # of Referrals to Pediatric Hi-Tech Services	Q1 2016	0	–	→ 2
P MCE Children's Personal Care Services				
PM MCE % of New Assessments for Children's Personal Care Services	Q3 2016	15%	–	↘ 3
PM MCE % of Reassessments for Children's Personal Care Services	Q3 2016	85%	–	↗ 3
PM MCE % of Approvals for Children's Personal Care Services	Q3 2016	89%	–	↗ 3
PM MCE % of Denials for Children's Personal Care Services	Q3 2016	3%	–	↘ 1
PM MCE % of Reductions in Children's Personal Care Services	Q3 2016	8%	–	↘ 5
PM MCE % of Children's Personal Care Services' Assessments that are Congruent upon Peer Review	Q3 2016	90%	98%	↘ 1
PM MCE % CPCS Decisions which Result in an Internal Appeal	Q3 2016	5.45%	–	↗ 1

Environmental Health



https://apps.health.vermont.gov/ias/querytool?Topic=EPHT