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Kristin Clouser, Secretary

MEMORANDUM

TO: Vermont General Assembly; Government Accountability Committee and Joint Fiscal Committee

CC: Kristin L. Clouser and Douglas Farnham

FROM: Justin Kenney, Chief Performance Officer

RE: Annual Outcomes Report – 3 VSA §2311 (c)

DATE: September 30, 2022

A handwritten signature in black ink that reads "Justin Kenney".

Attached please find the 2022 Annual Outcomes Report. As in the past, this report is being provided in two formats: as an online Clear Impact scorecard and as a PDF (attached below). For the best viewing experience, it is recommended to view the online version which can be accessed at <https://embed.clearimpact.com/Scorecard/Embed/71055>. To view a short tutorial on how to utilize a Clear Impact scorecard, I suggest viewing the following short video which was developed for the Agency of Human Services: <https://vimeo.com/198406616>.

Specific to this year's report, I would like to call attention to the following items:

- Many of the indicators continue to be impacted by the COVID-19 pandemic. As such, some indicators may show an unusual trend or not be as current as expected.
- We made some updates to the formatting of the PDF version of the report which makes it look quite different from the online version. Our intent was to make the PDF report more readable and usable.
- All indicators should now include a story behind the curve, and most should also include notes on methodology. We made these consistent elements in the PDF. Depending on the reporting entity, additional data elements may be found in the online version of each indicator. Links to each specific indicator are included in the PDF.
- The outcomes and indicators have not changed since last year but there is some ongoing work happening with the Government Accountability Committee which may lead to changes for next years report.

If you have any questions about this report, please don't hesitate to reach out by email (Justin.Kenney@vermont.gov) or phone (802-461-6259).

STATE OF VERMONT ANNUAL OUTCOMES REPORT

Submitted to

The Vermont General Assembly, the Government Accountability Committee
and the Joint Fiscal Committee

Pursuant to [3 VSA §2311 \(c\)](#)

From

Vermont Agency of Administration
Chief Performance Office

September 30, 2022

Also available as an interactive scorecard at:
<https://embed.clearimpact.com/Scorecard/Embed/71055>

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Background

In 2014, the Vermont State Legislature signed into law Act 186, sometimes referred to as the Outcomes Bill, as a means of increasing accountability and improving decision making through state government. Developed using results-based accountability (RBA), which uses ends-to-means thinking to improve the quality of life for communities and the performance of programs, the bill established numerous outcomes that reflect aspirational conditions of well-being for all Vermonters. Currently there are ten outcomes as defined below:

1. Vermont has a prosperous economy.
2. Vermonters are healthy.
3. Vermont's environment is clean and sustainable.
4. Vermont is a safe place to live.
5. Vermont's families are safe, nurturing, stable, and supported.
6. Vermont's children and young people achieve their potential.
7. Vermont's elders live with dignity and in settings they prefer.
8. Vermonters with disabilities live with dignity and in settings they prefer.
9. Vermont has open, effective, and inclusive government.
10. Vermont's State infrastructure meets the needs of Vermonters, the economy, and the environment.

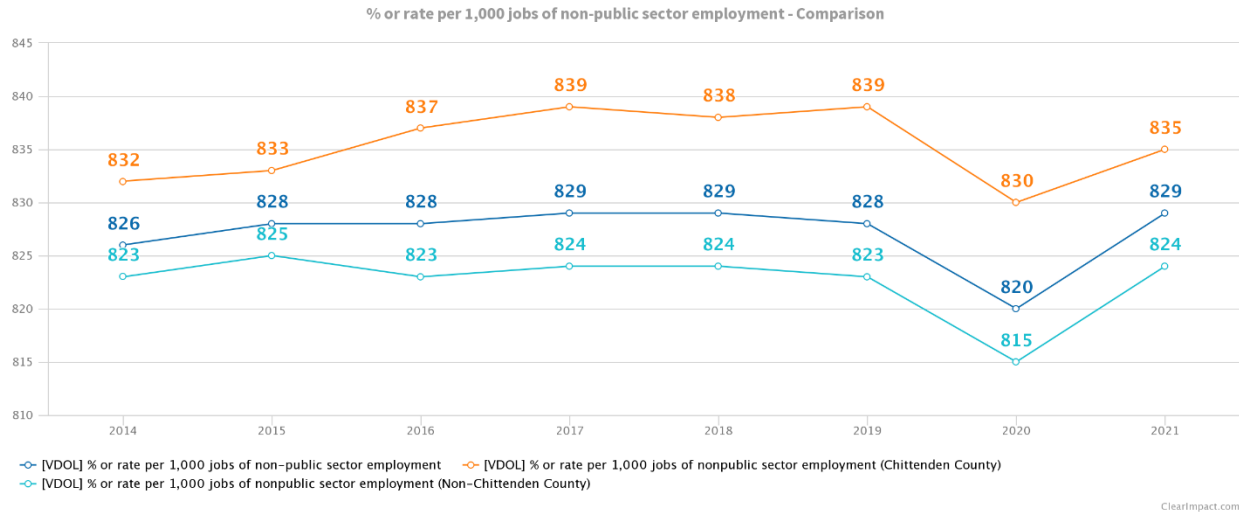
As a means of quantifying the extent to which these outcomes are being achieved, each outcome is associated with one or more indicators that quantitatively measure specific aspects of the Vermont experience at a population level. Indicators are prescribed by the Government Accountability Committee and reported on by various State of Vermont Agencies and Departments.

Under 3 V.S.A. § 2311, the Agency of Administration's Chief Performance Officer is required to submit to the General Assembly an **Annual Outcomes Report** on each indicator as a way of monitoring changing conditions for Vermonters and progress in reaching the desired population-level outcomes outlined above. The Chief Performance Officer works closely with each agency's Performance Accountability Liaison (PAL) to collect the data needed to develop the Annual Outcomes Report. Under 3 V.S.A. § 2312, PALs are responsible for reviewing with the legislature any population-level outcomes and indicators to which that agency contributes.

The following report includes the most recently collected data for each indicator as well as a summary of the trends that have occurred over time. In most cases notes on methodology are also included to provide additional context to the data. On a case-by-case basis, additional information may be found online in the interactive scorecard report which can be accessed at <https://embed.clearimpact.com/Scorecard/Embed/71055> or by clicking the links associated with each individual indicator.

Outcome 1: Vermont Has a Prosperous Economy

Percent or rate per 1,000 jobs of non-public sector employment



Story Behind the Curve

This indicator demonstrates the percentage of private sector jobs across the State of Vermont. In 2018 and 2019, we see similar levels of private sector employment making up 82.9% and 82.8% of all jobs Statewide. This private sector job percentage decreased during calendar year 2020 with significant layoffs due to the impacts from the COVID-19 pandemic. In calendar year 2021, at 82.7%, we can see the private sector employment beginning to rebound to levels seen pre-pandemic due to increased economic activity.

Notes On Methodology

Based on administrative data provided by Vermont employers.

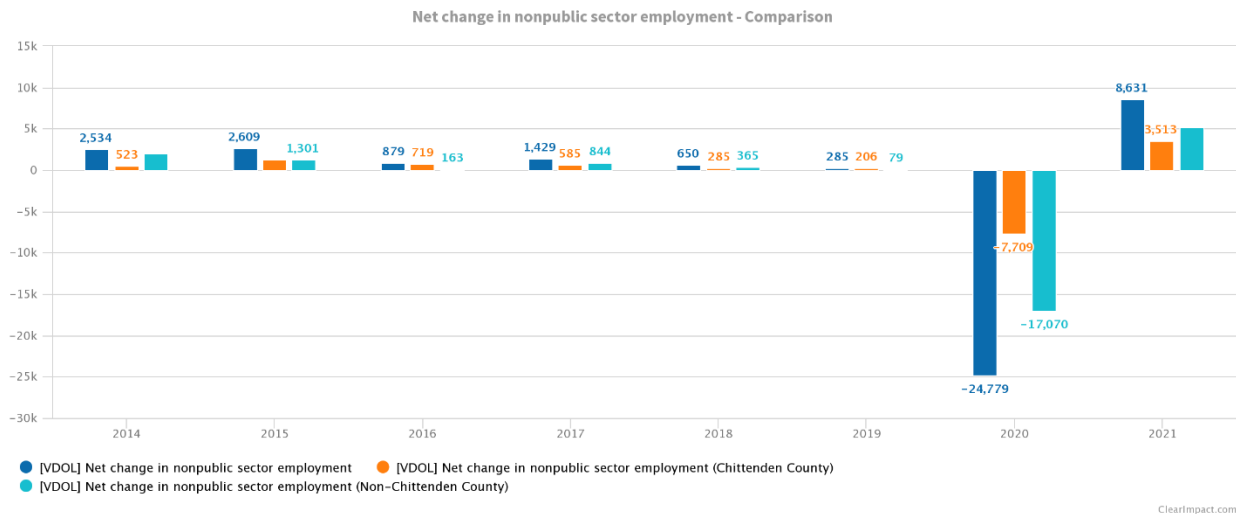
Reporting Entity

Vermont Department of Labor

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024672>

Net change in non-public sector employment



Story Behind the Curve

This indicator reflects the net change in filled private sector positions (those jobs filled with people) across the State of Vermont. In terms of filled jobs, the Vermont economy has not fully recovered from the most recent economic downturn of the pandemic. Statewide in 2021, only 34.8% of the filled jobs that were lost during COVID-19 have been recovered. Tight labor market conditions existed in 2019 as the rate of increase of filled jobs between 2018 and 2019 slowed. Tight labor market conditions have persisted through to 2021. The estimated number of open jobs increased in 2021 as demand swelled; however, employers had difficulty filling open positions, which is slowing the ability to return to pre-pandemic employment levels.

Notes On Methodology

Based on administrative data provided by Vermont employers.

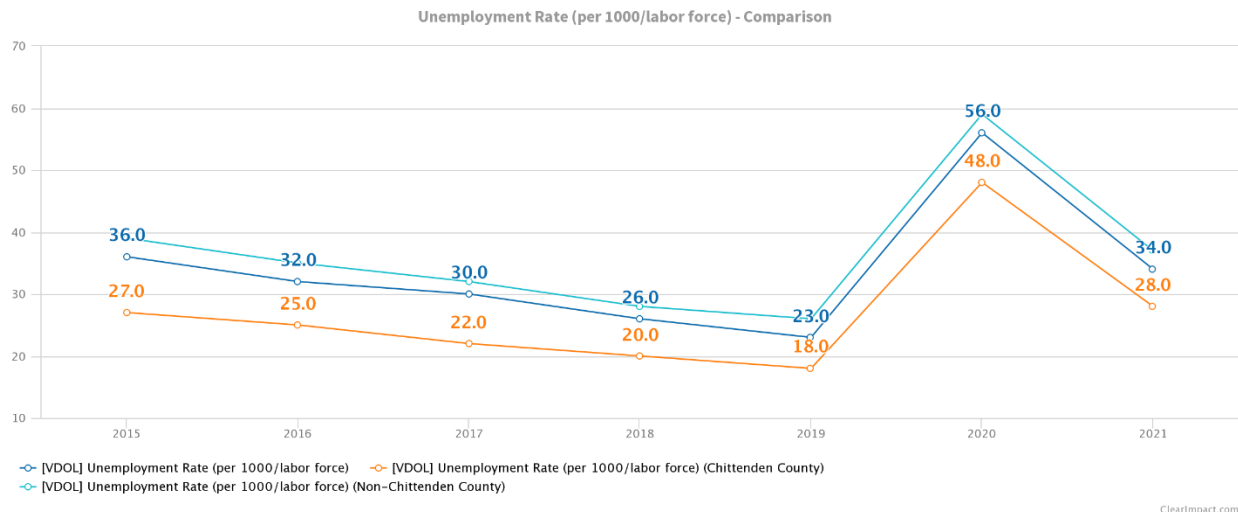
Reporting Entity

Vermont Department of Labor

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024677>

Unemployment rate (per 1000/labor force)



Story Behind the Curve

This metric reflects the number of unemployed people per 1,000 in the labor force for calendar years 2018 through 2021. Prior to the onset of the COVID-19 pandemic in 2020, the unemployment rate continued to decrease coming out of the last recession. During 2020, the rate more than doubled to 5.6% due to the impacts from layoffs caused by the pandemic disruptions to the State's economy lasting well into calendar year 2021. It's important to note that the unemployment rate is derived from a household survey conducted by the U.S. Census Bureau and asks respondents if they are 1) able and available to accept work if offered, and 2) actively looking for work in the last four weeks. It is possible that the unemployment rate presented for 2020 does not accurately reflect the number of dislocated workers who were temporarily laid off.

Notes On Methodology

Based on Vermont household survey data.

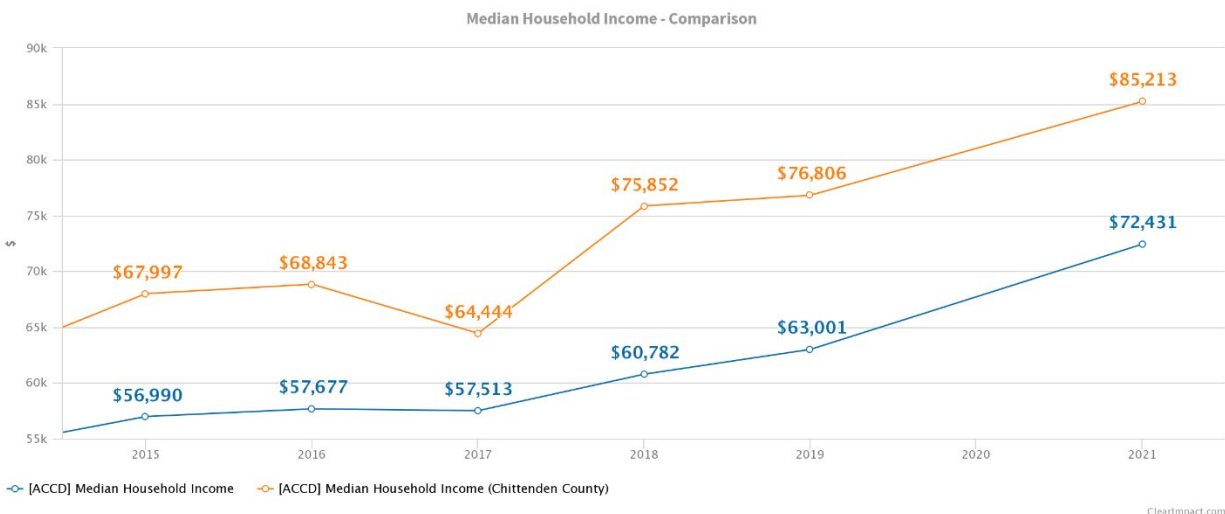
Reporting Entity

Vermont Department of Labor

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024678>

Median household income



Story Behind the Curve

In recent years, most of the affordability indicators have shown modest improvement as a percentage of “average household income” in Vermont prior to the onset of the COVID pandemic in early 2020. With the onset of the pandemic, all of the expenditure burden and the household income indicators (with the exception of 2020 when some expenditure indicators were not published) were impacted by the federal and state public health and other fiscal measures that were taken to address it. Since the economy has re-opened, household income growth has resumed with median household income reaching \$72,431 during calendar year 2021. Compared to the U.S. CPI-U inflation rate, median household income in Vermont has grown at rate that was 1.6 percentage points per year faster than the annual rate of U.S. CPI inflation since calendar year 2012 (at +3.5% per year for median household income vs. 1.9% rate of increase for CPI-U inflation). While prospects for near-term economic growth in Vermont remain uncertain as the effects of the pandemic recede, most of the State’s near-term economic performance is a reflection of factors that are beyond our control, and the expenditure levels for many expenditure indicators reflect actions and other factors that can be influenced by the state policymakers over time.

Notes On Methodology

This data comes from the American Community Survey using 1-year estimates. 1-year estimates are not calculated during census years. Data is not available for non-Chittenden counties.

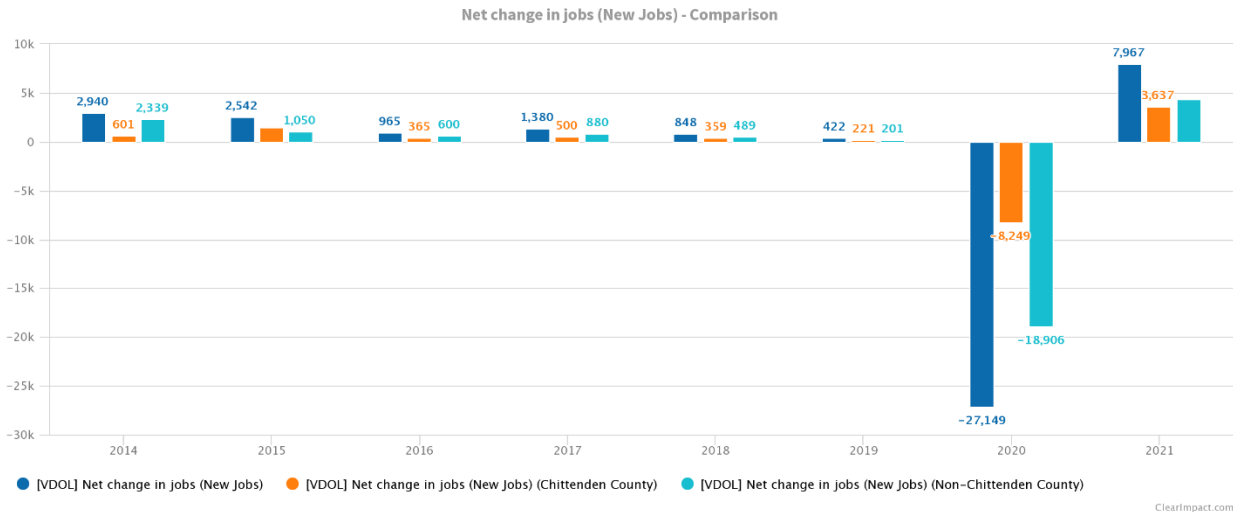
Reporting Entity

Agency of Commerce and Community Development

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024673>

Net change in jobs (new jobs)



Story Behind the Curve

This indicator reflects the number of net new jobs yearly across the State of Vermont. As you can see, there was significant job losses in calendar year 2020 due to the impacts from the COVID-19 pandemic. In calendar year 2021, the State rebounded by adding 7,967 jobs. However, the State has only recovered 29% of the jobs lost in calendar year 2020.

Notes On Methodology

Based on administrative data provided by Vermont employers.

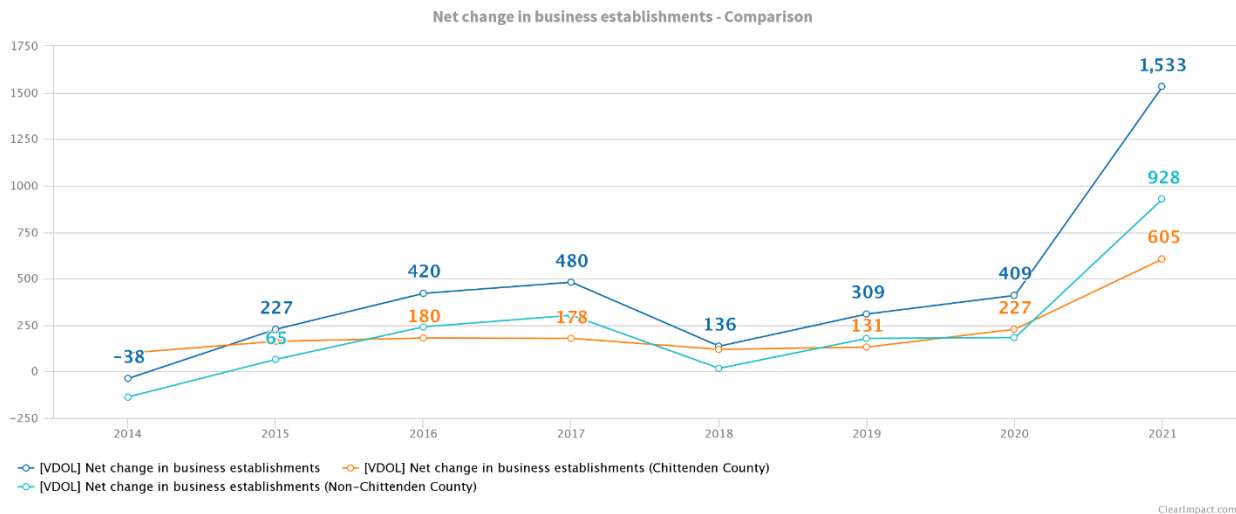
Reporting Entity

Vermont Department of Labor

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024674>

Net change in business establishments



Story Behind the Curve

This indicator reflects the number of net new businesses established within the UI program each year Statewide. This indicator could represent the establishment of a new business in Vermont, or simply a new worker performing telework for an out of state company. The number of new businesses represented year over year has increased dramatically, with the largest increase occurring from 2020 to 2021.

Notes On Methodology

Based on administrative data provided by Vermont employers.

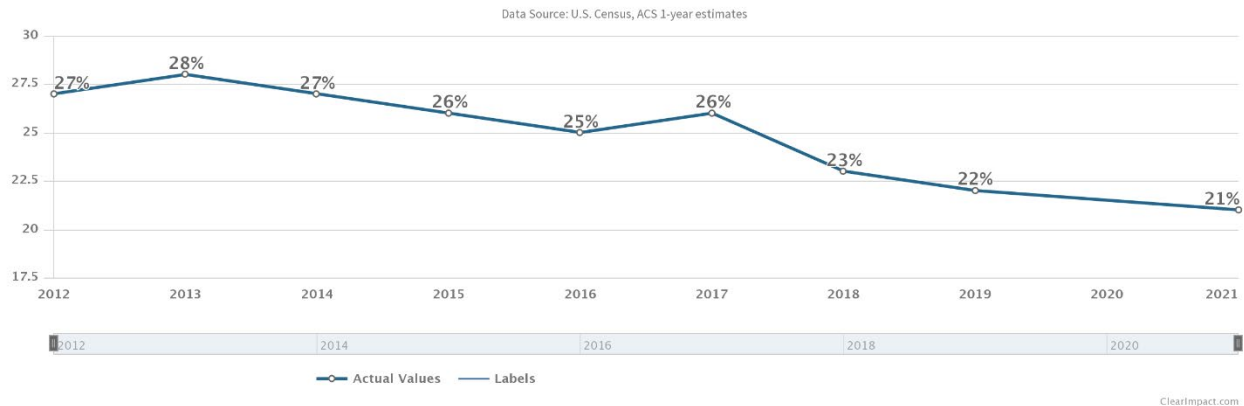
Reporting Entity

Vermont Department of Labor

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024705>

Percent of population living at or below 185% of the federal poverty level



Story Behind the Curve

The percent of Vermonters living at or below this specific measure of poverty has dropped over the last decade. This is a promising sign, although the full story is more complex. The level of poverty varies among towns and counties in Vermont, and between different population characteristics, such as race and ethnicity, gender, and level of education. And though the data trend for the next few years may see changes resulting from economic disruption due to the COVID-19 pandemic, the current downward trend is a positive sign that the economic situation for many Vermonters has improved.

This measure is an important indicator for our state, as poverty has a significant impact on overall wellbeing. The effects of poverty do not only impact individuals, but whole communities.

Notes On Methodology

This data is taken from the U.S. Census American Community Survey 1-year estimates. This measure was not calculated as usual for 2020 due to interruptions in normal processes as a result of the COVID-19 pandemic.

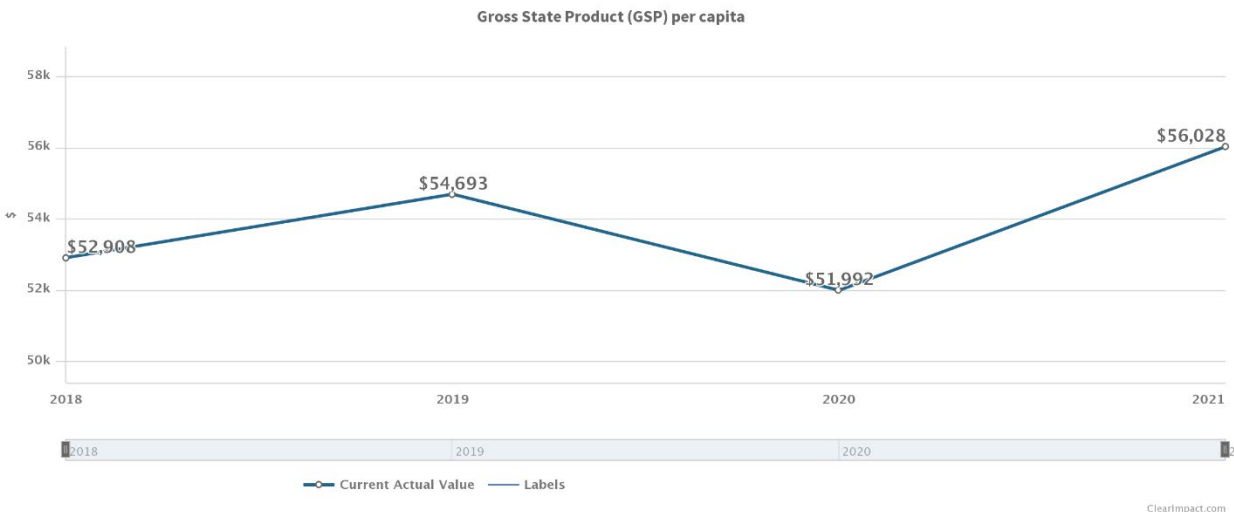
Reporting Entity

Vermont Department for Children and Families

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100170790>

Gross state product (GSP) per capita



Story Behind the Curve

The change in GSP from 2019 through 2021 is in part due to the Census body count correction that occurred in 2020 as well as a GSP decline as a result of COVID.

Notes On Methodology

Billions of dollars (nominal); Gross State Product is a measurement of a state's output; it is the sum of value added from all industries in the state. ... GDP is the market value of goods and services produced by labor and property in the United States, regardless of nationality.

To do per capita figures, inter-census estimates of population are used and as we get along in the decade there tends to be some variation from reality. This has an impact in Census years when the actual numbers come in. In Vermont, our 2020 Census population was a very large increase from the 2019 estimate.

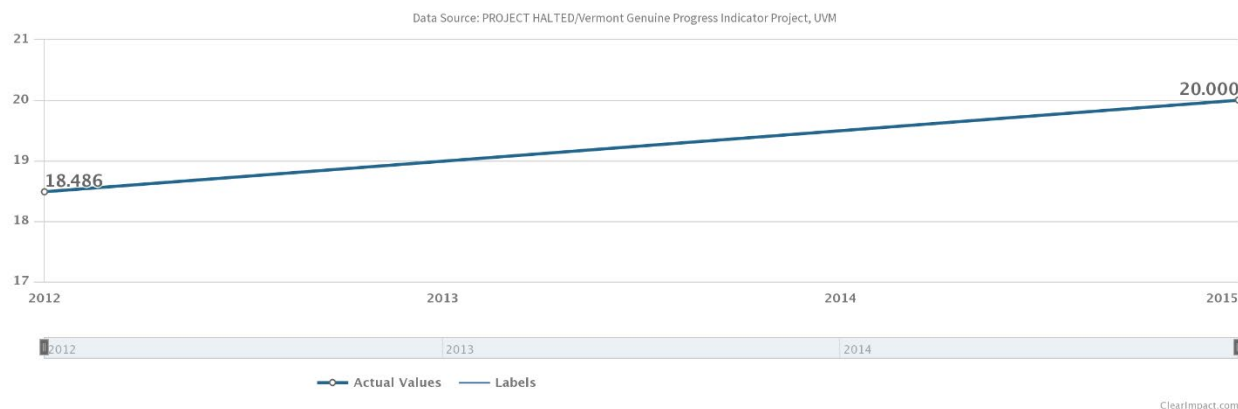
Reporting Entity

Agency of Commerce and Community Development

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024675>

Genuine progress indicator (GPI) on a three-year basis



Story Behind the Curve

NOTE: The individual responsible for coordinating this work has passed away and as a result the GPI has not been updated since 2015.

In 2025 The GPI stood at about 66% of the state's Gross State Product (GSP) of \$30.355 billion. Some gap between the two figures is to be expected, as gross receipts usually exceed net benefits. The size of the gap can be meaningful. Generally, the largest contributor to the GPI-GSP gap is the uncounted environmental costs imposed by economic activity on citizens of the state. Vermont's experience here compares favorably to that of other states. A fifty-state GPI study done in 2014, using data current to 2012, found that Vermont had the 16th smallest gap between the two figures. Within New England, though, Vermont lagged behind four of its six regional neighbors, edging out New York (22nd) and Connecticut (18th) but standing behind Massachusetts, Rhode Island, New Hampshire and Maine.

- The GPI trend for the years 2013-2015 was positive. The 2015 GPI increase of 7.0% over the 2014 figure is more than triple the growth in GSP. In 2014, GPI grew by 3.6% over 2013, a percentage point higher than GSP growth of 2.6%.
- The results for a longer time period are less salutary. Over the past decade GPI declined slightly, 0.9%, from \$19.94 to \$19.77 billion. In contrast GSP grew by 8.7% in those years. Among the indicators exerting a downward pressure on GPI over the decade were the Cost of Non-Renewable Energy Resource Depletion (up by \$1.1 billion) and the adjustment for income inequality, which rose by \$1.8 billion.
- Increasing income inequality is the largest single drag on the GPI. Increases in the total income of Vermonters can't promote the general welfare if they aren't generally shared. GPI includes a deduction for increasing concentration of income. In 2015, the income adjustment charge was \$6.48 billion, up 5.42% over the year before. In the ten years since 2005 the charge has increased 40%. In keeping with national trends, well-to-do Vermonters are seeing their incomes increase while Vermonters at the lower and middle parts of the income scale are not.

Notes On Methodology

In 2012, Vermont became the first state in the nation to legislate the compilation and policy use of an alternative indicator of macroeconomic performance known as the Genuine Progress Indicator (GPI). (Maryland was the first to do so through Executive Order.) While Gross State Product estimates the dollar value of the gross receipts of the economy, the GPI estimates the dollar value of the net economic benefit produced by economic activity in the state. GPI achieves this net figure by taking a basic measure of economic welfare--Personal Consumption Expenditure--and adjusting it in light of various kinds of costs and benefits that GSP ignores. To accomplish this, GPI compilations assign dollar values to otherwise uncounted costs like degradation of natural resources and to otherwise uncounted benefits like volunteer work and the domestic production (cooking, childcare, and the like) that Vermonters do for themselves.

Reporting Entity

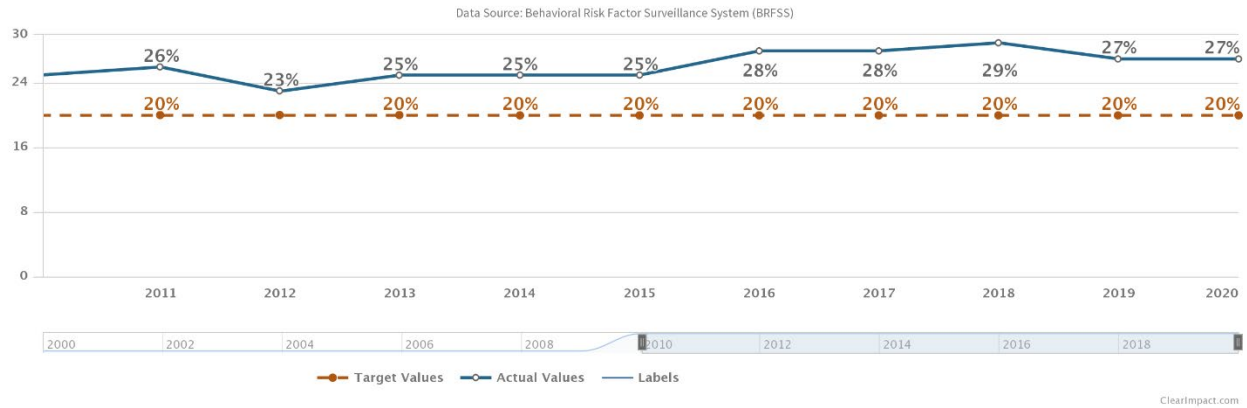
Agency of Commerce and Community Development and the University of Vermont

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024676>

Outcome 2: Vermonters are Healthy

Percent of adults age 20 and older who are obese



Story Behind the Curve

In 2020, the Behavioral Risk Factor Surveillance System (BRFSS) data showed that 27% of Vermont adults aged 20 and older are obese. This is a slight drop from 2018, when the prevalence was 29%, however the difference is not statistically significant. We know that obesity prevalence rises with age, and that adults with a high school education or less and a lower income are more likely to be obese.

[Obesity has always been a major health concern due to its connection to many chronic diseases.](#) Heart disease, diabetes and many forms of cancer are linked to obesity. In Vermont, we see high rates of these diseases and see the linkage between health behaviors such as getting the recommended amount of physical activity and eating a healthy diet (as well as tobacco use). Together with lung disease, these chronic diseases were the cause of 53% of deaths in Vermont in 2016. This has led us to organizing our work to highlight these preventable diseases through 3-4-50 (see Strategies below for more information).

[We now also know that those with obesity and chronic diseases are at higher risk for COVID-19 complications.](#) Vermonters with chronic diseases are hospitalized with COVID-19 at a higher rate than people without chronic diseases. It is more important than ever to work to reduce obesity rates in Vermont, so that Vermonters live healthier lives and have better outcomes even if they have COVID-19.

Notes On Methodology

This indicator is age-adjusted to the 2000 U.S. standard population. In U.S. data, age adjustment is used for comparison of regions with varying age breakdowns. In cases where age adjustment was noted as being part of the statistical analysis, the estimates were adjusted based on the proportional age breakdowns of the U.S. population in 2000. For more detailed information on age adjustment read the CDC's Statistical Notes. These data are limited to adults 20 years of age and older as those younger than 20 are generally not yet fully developed and tend to have more weight variability than older adults and are therefore excluded from this measure, following the guidelines of Healthy People 2020.

Due to BRFSS weighting methodology changes beginning in 2011, comparisons between data collected in 2011 and later and that from 2010 and earlier should be made with caution. Differences between data from 2011 forward and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

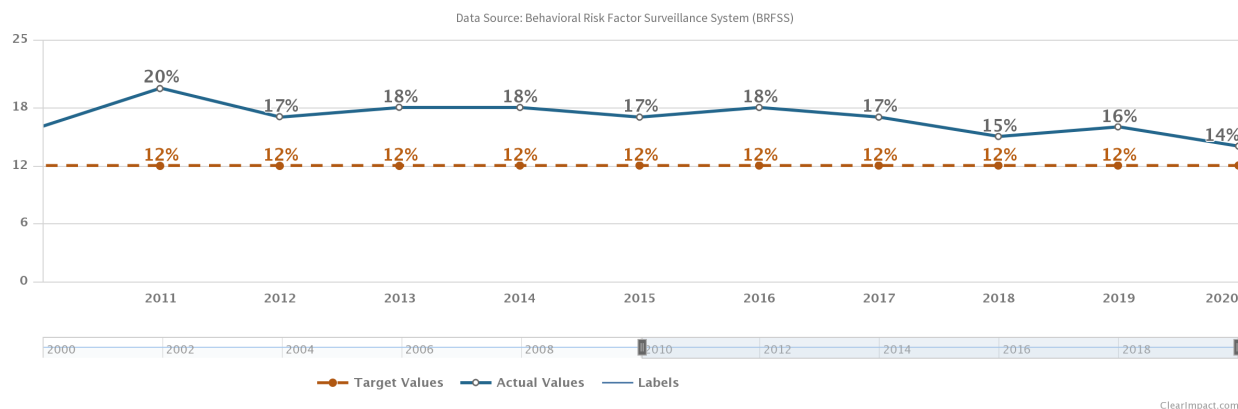
Reporting Entity

Vermont Department of Health

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99001409>

Percent of adults who smoke



Story Behind the Curve

Adult smoking prevalence in Vermont has significantly decreased from 18% in 2016 to 14% in 2020, the lowest rate of the past decade. Vermont's rate does not statistically differ from the national smoking rate of 15%.

In the last 20 years in Vermont, there has been a gradual decline in smoking from a high of 24% in 1996. Historically, compared to national rates, Vermont shows a significantly higher smoking rate among racial/ethnic minorities; Vermonters who make less than \$25,000 in annual income; and those who have less than a high school degree ([Tobacco Use Among Adults and Youth in Vermont and United States](#)). Vermont is one of the most rural states in the nation; research shows that [tobacco use](#) is higher among rural populations along with youth and pregnant women.

Vermont has a robust and long history in tobacco control and prevention. In 1987 Vermont was the first state to implement a smoke-free workplace law, and in 1995 Vermont public schools became smoke-free. In 2001 Vermont established a comprehensive [Tobacco Control Program](#) and the Vermont Tobacco Evaluation and Review Board, both funded by the [Master Settlement Agreement](#) dollars. The State also began offering an evidence-based state Quitline that is accessible and staffed by trained counselors. The program also implemented counter marketing to raise awareness about the dangers of tobacco and resources to quit. The comprehensive approach of the program expanded to include collaboration with Medicaid and the Blueprint for Health, Quit Online and text services, and mass reach media to provide motivation to quit.

Vermont offers a comprehensive suite of cessation services through 802Quits (www.802quits.org). In 2020, 802Quits served 2,721 callers, with 985 phone registrants. In 2020, the 802Quits website had over 35,000 unique views with 3,248 Vermonters enrolling with the Quit Online program. In total, between phone, web, and in-person cessation, we were able to provide 4,360 orders of effective nicotine replacement therapy (NRT) to Vermonters trying to quit tobacco. Use of NRT doubles the chance of quitting.

Vermont has made significant progress in passing policies that protect from hazardous secondhand smoke, reduce youth access, and contribute to people quitting. For many years the Vermont Tobacco Evaluation and Review Board (VTERB) guided policymaking to strengthen

protections for Vermonters from the morbidity and mortality caused by tobacco. VTERB was disbanded in 2019 and in its place is the Substance Misuse Prevention Council which operates as an advisory body to VDH. In 2012 VTERB worked on establishing price parity among cigarettes and other tobacco products which helps to prevent consumers switching to another harmful product when the price of cigarettes is increased, and updated to include tobacco substitutes now considered tobacco products and taxed at 92% wholesale price as of July 1, 2019. Other protective policies passed in the past several years include restricting smoking in cars when children under the age of 8 are present; restricting use of e-cigarettes where lit tobacco products are not allowed; requiring all tobacco products be safely stored behind the counter or in a locked case, and increasing the legal age to purchase tobacco products to 21 in addition to restricting online purchase of vaping products to only those with a wholesale license.

Notes On Methodology

The Behavioral Risk Factor Surveillance Survey (BRFSS) data is collected annually and is updated as it becomes available (timing may vary).

This data comes from adults who have smoked more than 100 lifetime cigarettes and responded either 'everyday' or 'some days' to the question: "Do you now smoke cigarettes everyday, some days, or not at all?"

This indicator is age-adjusted to the 2000 U.S. standard population. In U.S. data, age adjustment is used for comparison of regions with varying age breakdowns. In order to remain consistent with the methods of comparison at a national level, some statistics in Vermont were age adjusted. In cases where age adjustment was noted as being part of the statistical analysis, the estimates were adjusted based on the proportional age breakdowns of the U.S. population in 2000. For more detailed information on age adjustment see the [CDC Statistical Notes on age adjustment](#).

Due to BRFSS weighting methodology changes beginning in 2011, comparisons between data collected in 2011 and later and that from 2010 and earlier should be made with caution. Differences between data from 2011 forward and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

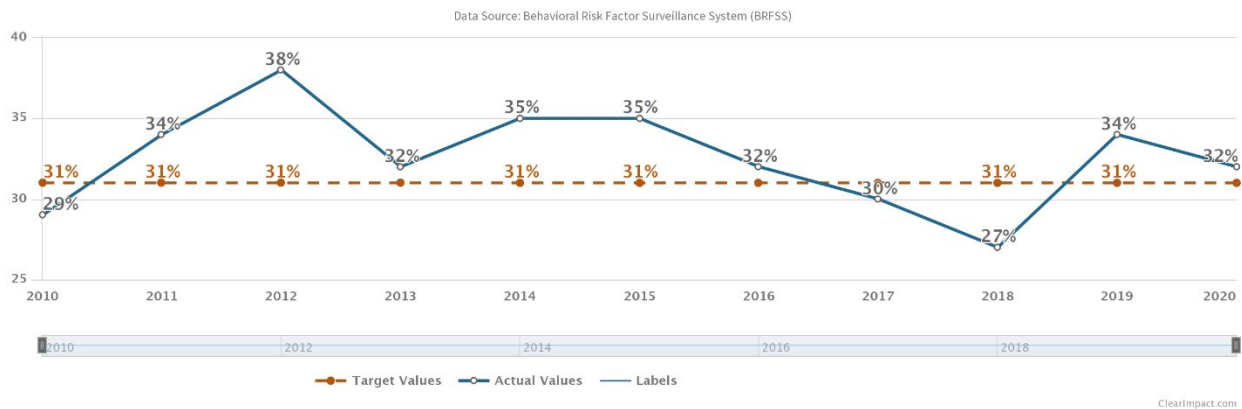
Reporting Entity

Vermont Department of Health

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99001405>

Percent of adults age 18-24 binge drinking in the last 30 days



Story Behind the Curve

Young adults aged 18-24 engaged are more likely to have an episode of binge drinking, defined as five or more drinks in one occasion for men and four or more for woman, than any other age group. Alcohol use among Vermont adults (18+) is statistically higher than the US (NSDUH).

The Vermont Department of Health supports college age youth through community-based, environmental, and individual prevention programs aimed at reduction of binge drinking, marijuana and substance use, early intervention, and prevention through our work with the colleges across the state through the College Symposium. Participation from colleges across the state around common concerns and challenges many colleges are experiencing. Every other month, we are meeting with colleges across the state to talk about their substance use interventions and assessments to coordinate a better system of care and institute best practices for assessing substance use. In addition to our work with colleges, VDH also supports environmental and individual prevention strategies and programs through our Regional Prevention Partnerships (RPP) statewide grants, the Division of Substance Use Programs Prevention Consultant program, and statewide media campaigns.

Notes On Methodology

Binge Drinking is defined differently for males and females:

- Males: 5 or more drinks on one occasion
- Females: 4 or more drinks on one occasion

This indicator is age-adjusted to the 2000 U.S. standard population. In U.S. data, age adjustment is used for comparison of regions with varying age breakdowns. In order to remain consistent with the methods of comparison at a national level, some statistics in Vermont were age adjusted. In cases where age adjustment was noted as being part of the statistical analysis, the estimates were adjusted based on the proportional age breakdowns of the U.S. population in 2000. For more detailed information see the CDC statistical notes on age adjustment.

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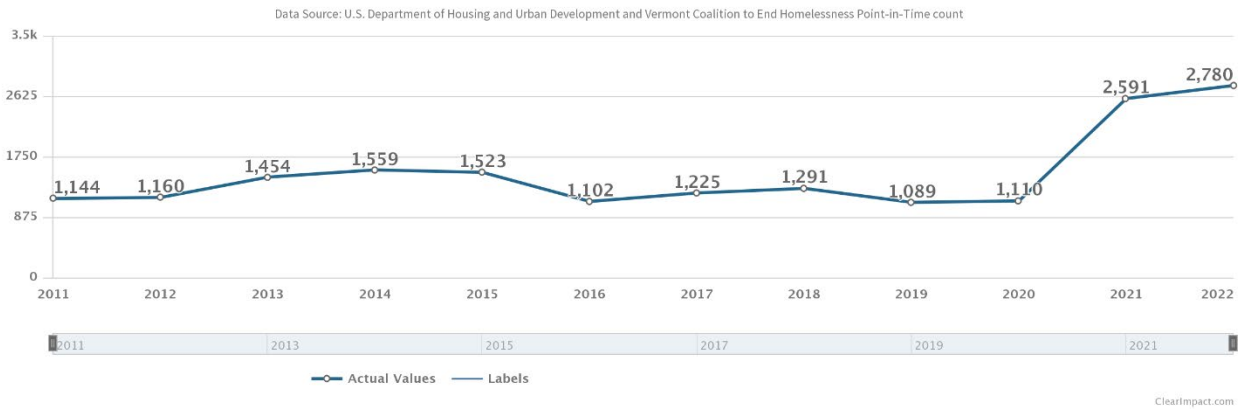
Reporting Entity

Vermont Department of Health

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99068733>

Number of persons who are homeless (adults and children)



Story Behind the Curve

Prior to 2021 the number of persons experiencing homelessness in Vermont remained relatively consistent for many years. Predictably, the health and economic impacts of COVID-19 caused a significant increase in the number of adults and children experiencing homelessness. During the pandemic State funding for motel vouchers increased to coincide with the COVID-19 State of Emergency, and it is important to note that numbers reported here include those housed in motels with a voucher.

While no single measure of homelessness purports 100% accuracy, the Point-In-Time count uses standard definitions developed by the U.S. Department of Housing and Urban Development (HUD) and constitutes Vermont’s best proxy measure at this time.

Homelessness remains a challenging problem in Vermont, with the impacts of COVID-19 likely to impact access to housing into the future. This is in addition to the ongoing challenges associated with a tight rental market, increased competition for rental subsidies, and barriers to accessible housing resulting from histories or behaviors that often warrant additional customized services for a housing placement to be successful.

Notes On Methodology

The data for this measure comes from the annual [Point-in-Time count](#) of people experiencing homelessness on a single night in January of each year. This is why the number for 2020 remained low, with the pandemic beginning after that time. The definition of literal homelessness used here is a person staying in emergency shelter, transitional housing for homeless persons, a place not meant for human habitation, or a motel with a voucher.

The count for 2022 is based on preliminary data from Vermont Coalition to End Homelessness and is subject to change. Previous numbers are from the [HUD Exchange](#) database.

(Note that count methodology evolved in 2013 and it is likely that the true extent of homelessness in Vermont was higher than officially reported prior to that time.)

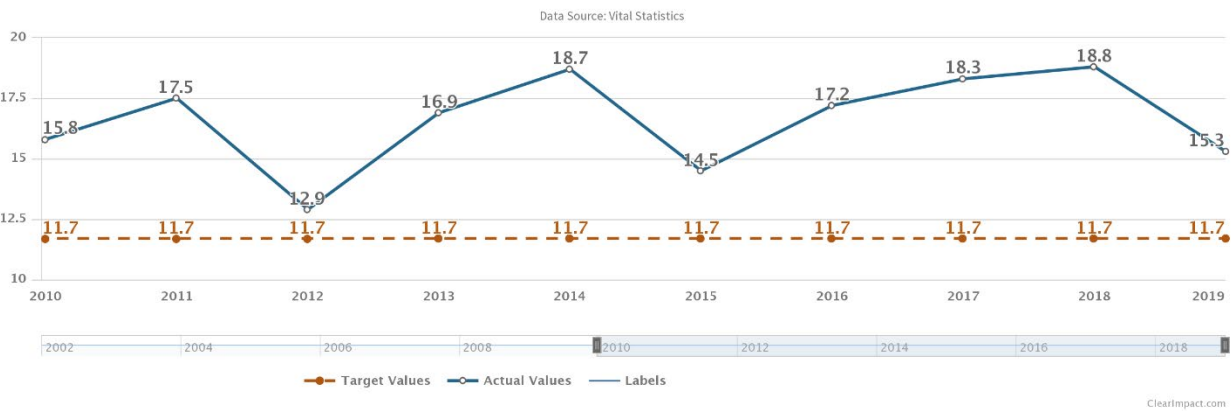
Reporting Entity

Vermont Agency of Human Services

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99021400>

Rate of suicide deaths per 100,000 Vermonters



Story Behind the Curve

Suicide is a major public health challenge, but it is often preventable. In 2020, suicide was the [9th leading cause of death for all Vermonters](#). Over the past two decades, trends in death by suicide have increased in Vermont and the United States. In recent years, more than 100 Vermonters have died by suicide each year. Vermont's rates of suicide, calculated as the number of deaths by suicide per 100,000 people, are higher than the national average. These rates in Vermont appear to follow national patterns in terms of age and gender breakdowns with more men dying by suicide than women. Firearms are the method used for a majority of these deaths. Identity groups most vulnerable to death by suicide include:

- Individuals who identify as male.
- Individuals who identify or are perceived as Black, Indigenous, or People of Color.
- Individuals who identify as Lesbian, Gay, Bisexual, Trans, Queer, Intersex (LGBTQI+).
- Adults with a disability.
- Veterans who have served in the armed forces.
- Adults (typically 65+ years old) who experience social isolation.

[Previous research](#) has noted that approximately two-thirds of people who died by suicide had a reported history of mental health treatment. Suicide is not only a mental health issue, it is a community issue. It touches every socioeconomic status, race, identity, and community. Everyone can help.

The [Vermont Agency of Human Services](#), as well as the Departments of [Health](#) and [Mental Health](#) are collaborating with community partners to reduce these rates. Firearms are the method used for a majority of deaths by suicide.

Notes On Methodology

Suicide is determined using the International Classification of Disease version 10 (ICD-10) codes for underlying cause of death (X60-X84,Y87.0, U03). Suicide rates are age-adjusted to the 2000

U.S. standard population. Age adjustment helps take into account the different age structures of populations that die by suicide, so Vermont's rates can be compared to the U.S. and other jurisdictions. For more detailed information on age adjustment visit <http://www.cdc.gov/nchs/data/statnt/statnt20.pdf>. This indicator is updated with final data from Vermont Vital Statistics.

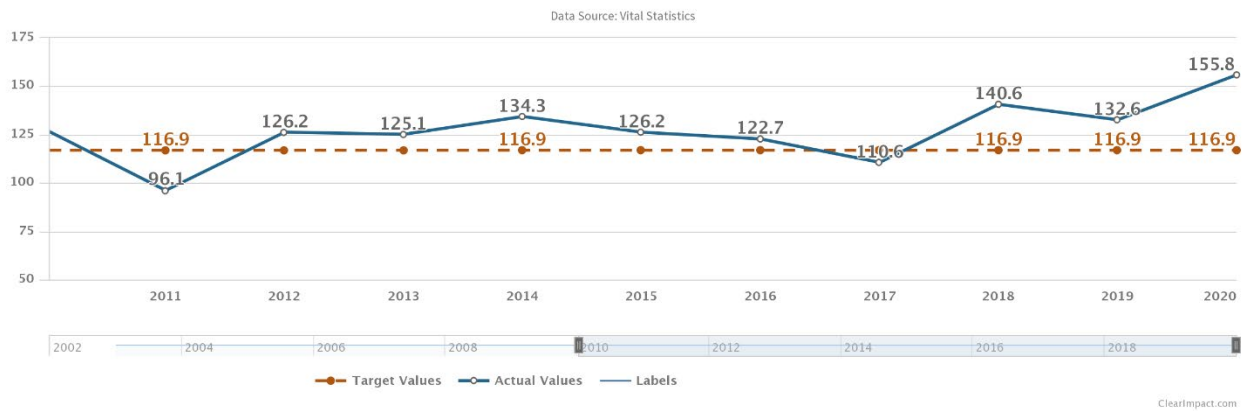
Reporting Entity

Vermont Department of Mental Health

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99030905>

Fall-related death rate per 100,000 adults age 65 and older



Story Behind the Curve

Over the time period between 2002 and 2022, the number and rate of fall-related deaths have increased. The 2019 Vermont death rate of 132.6 per 100,000 adults age 65 and older is significantly higher than that in 2002, as well as higher than the national rate of 63.3. In 2020 the rate of fall-related deaths increased 17% from 2019, but the difference is not statistically significant.

Notes On Methodology

Data is updated as it becomes available and timing may vary by data source. For more information about this indicator, see our [Injury and Violence Prevention data notes](#).

This indicator is age-adjusted to the 2000 U.S. standard population. In U.S. data, age adjustment is used for comparison of regions with varying age breakdowns. In order to remain consistent with the methods of comparison at a national level, some statistics in Vermont were age adjusted. In cases where age adjustment was noted as being part of the statistical analysis, the estimates were adjusted based on the proportional age breakdowns of the U.S. population in 2000. For more detailed information see the [CDC statistical notes on age adjustment](#).

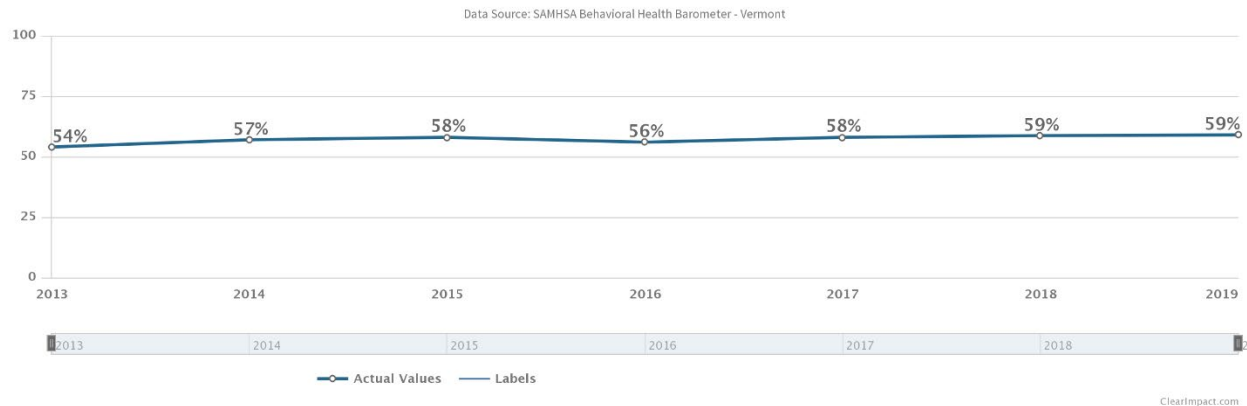
Reporting Entity

Vermont Department of Health

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99001501>

Percent of Vermont adults with any mental health conditions receiving treatment



Story Behind the Curve

More Vermont adults are receiving mental health treatment than both the regional and national averages. The annual average prevalence of mental health service use among Vermont adults was higher than both the regional (58.7% versus 51.0%) and national (58.7% vs. 43.6%) averages between 2017-2019. Data sources, such as the Substance Abuse and Mental Health Services Administration's (SAMHSA) [Uniform Reporting System \(URS\)](#), show that Vermonter's use of community mental health services is higher than national averages ([39.1 per 1,000 people vs. 23.9 per 1,000 people in 2020](#)). Additionally, according to results from the [National Survey on Drug Use and Health \(NSDUH\)](#), Vermont adults (ages 18 and older) received mental health services in the past year more than the national rate ([22.1% vs. 16.5% in 2019 and 2020](#)).

The [Vermont Agency of Human Services](#) is currently using this scorecard to assess our agency's contribution to increasing the rate of mental health treatment in Vermont, and to keep track of key data elements to guide our efforts. One agency cannot turn the curve alone; there are many partners who have a role to play making a difference.

Notes On Methodology

Percentages are taken from the most recent SAMHSA [Behavioral Health Barometer: Vermont, Volume 6](#). Additional SAMHSA reports are available [here](#).

Any mental illness (AMI) is defined in NSDUH as adults aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet DSM-IV criteria. AMI estimates are based on a predictive model applied to NSDUH data and are not direct measures of diagnostic status. Adults estimated as having a diagnosable mental, behavioral, or emotional disorder in the past year, regardless of their level of functional impairment, were defined as having AMI.

Mental health service use is defined in the NSDUH for adults aged 18 or older as receiving treatment or counseling for any problem with emotions, nerves, or mental health in the 12 months before the interview in any inpatient or outpatient setting, or the use of prescription

medication for treatment of any mental or emotional condition that was not caused by the use of alcohol or drugs.

Data are based on NSDUH survey results. Estimates are annual averages based on the combined 2017-2019 NSDUH data. Respondents were not to include treatment for drug or alcohol use. Those with unknown service use information were excluded. Estimates were based only on responses to items in the NSDUH Adult Mental Health Service Utilization module.

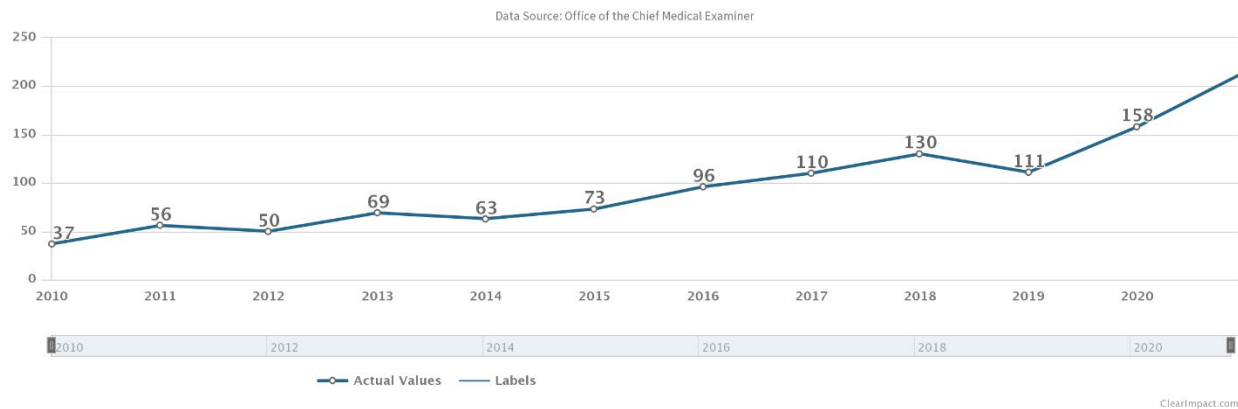
Reporting Entity

Vermont Department of mental Health

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99046964>

Number of accidental (non-suicide) drug deaths involving opioids



Story Behind the Curve

Please note data for the most recent two years are considered preliminary and are subject to change.

As elsewhere across the country, drug deaths involving opioids have been steadily increasing. This is despite the fact that many of our strategies have been successful, such as a greater than 50% reduction in opioid analgesics (pain medication) dispensed in 2021 compared to 2015. Data shows that fatalities increasingly involve illicit fentanyl.

For more information, please search “Fatalities” in the [Data and Reports](#) section of the Health Department’s website. In particular, the data briefs include information at the county level. Monthly information by county is also available in the data and reports section – search on “preliminary” to find the most recent information.

NOTE: Vermont, as with the rest of the United States, saw a large increase in overdose fatalities that coincided with the COVID-19 pandemic. COVID-19 first began to be diagnosed in Vermont in March 2020. Some of Vermont's actions taken in response to overdose deaths are outlined in a document [Opioid Overdose Response Initiatives: An overview of opioid overdose response strategies](#) on our website.

Notes On Methodology

Vermont drug-related fatalities data come from the Vermont Department of Health Vital Statistics System and are based on deaths of Vermonters.

The drug-related fatalities reported here include accidents, suicides, homicides, and fatalities with undetermined intent. All deaths involved at least one legal or illicit opioid including: heroin or prescription drugs.

This report does not include deaths due to chronic substance use (such as HIV, liver disease, or infection); death due to injury related to substance use (i.e., car accident or falls) or deaths due to medical professional error.

It is important to note that most drug-related fatalities are due to combinations of substances (e.g., a prescription opioid and cocaine, or illicit opioids and fentanyl), not a single drug.

Additionally, the circumstances under which each of these fatalities occurred are unique, and cannot all be attributed to addiction and/or dependence.

Beginning in 2017, the Drug- and Opioid- Related Fatality Briefs present data differently than in the past to be consistent with the methods used by the Center for Disease Control. The revised report has data on the total numbers of Vermont residents who died, regardless of where that death occurs (i.e. in Vermont or in another state). Previously, the Brief reported on the total number of deaths that occurred in Vermont, regardless of the decedent's state of residence. For a more comprehensive explanation of the changes, see the methodology notes at the end of the Brief. All historic information has also been updated to be consistent with the 2017 data.

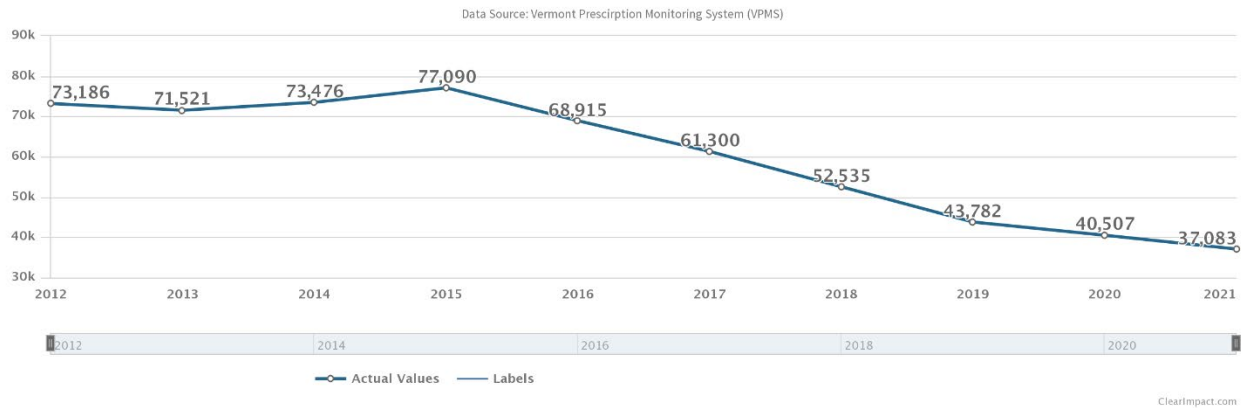
Reporting Entity

Vermont Department of Health

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99079409>

Number of opioid analgesic morphine milligram equivalents (MMES) dispensed per 100 residents



Story Behind the Curve

Vermont prescribers have made a concerted effort to only prescribe opioids when essential, and instead use other means for controlling pain. This has resulted in a significant decrease in opioids prescribed to Vermonters.

A single opioid prescription can be prescribed with a different number of doses, in differing strengths, or in different formulations. This can make comparisons across prescriptions challenging. Morphine milligram equivalents (MMEs) are a way to standardize and compare prescriptions across these variations. Many research experts, federal agencies (e.g., CDC, BJA, SAMHSA) and VPMS use MMEs in order to better understand the abuse and overdose potential of opioid analgesics.

Total MME is a good indication of the total amount of opioids dispensed in the state. Reducing the amount of opioids dispensed is an important part of the statewide strategy to reduce opioid overdose and dependence. Total MME is reported as a rate per 100 people in Vermont to allow comparisons between counties of different sizes.

Note: the 2020 decrease is partially due to the use of the 2020 VT census data which showed a reported a higher estimate than the Vermont population estimates that were previously used. Also, the COVID-19 pandemic, starting in March 2020, has disrupted the provision of healthcare in Vermont which can impact this number.

Notes On Methodology

Data are from the Vermont's prescription drug monitoring program, known as the Vermont Prescription Monitoring System (VPMS). VPMS is a statewide electronic database of Schedule II – IV controlled substance prescriptions dispensed from Vermont-licensed pharmacies. It does not include all prescriptions.

VPMS is a clinical tool that exists to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse, and diversion of controlled substances.

Individuals can, and do, fill prescriptions at pharmacies that are not Vermont-licensed. For example, some residents fill prescriptions in New Hampshire. These prescriptions are not included in the VPMS data.

VPMS does not currently collect data on controlled substances dispensed from emergency rooms, veterinarian offices or opioid treatment programs (OTPs) that dispense methadone and buprenorphine for opioid addiction, such as those treated in a “hub”. It DOES contain data from office-based opioid treatment at a physician’s office, such as those treated in a “spoke”.

Data submitted to VPMS by pharmacies can contain errors. Each data upload from a pharmacy is screened for errors and sent back to the pharmacy to be corrected if errors are discovered. However, not all errors are found or corrected.

Finally, the VPMS data is for prescriptions dispensed. The VPMS does not contain information regarding when, or if, a prescription was picked up or how a prescribed medication is used.

Routine reporting on the VPMS is available on the [website](#).

Note: The 2014-2015 increase in MME is attributable in part to the August 14, 2014 rescheduling of tramadol from a Schedule V to a Schedule IV drug. VPMS only collects data on Schedule II-IV controlled substances; therefore prior to rescheduling, tramadol was not reported to VPMS and is not included in the calculations. The total MME of dispensed opioids has consistently decreased after 2015.

Reporting Entity

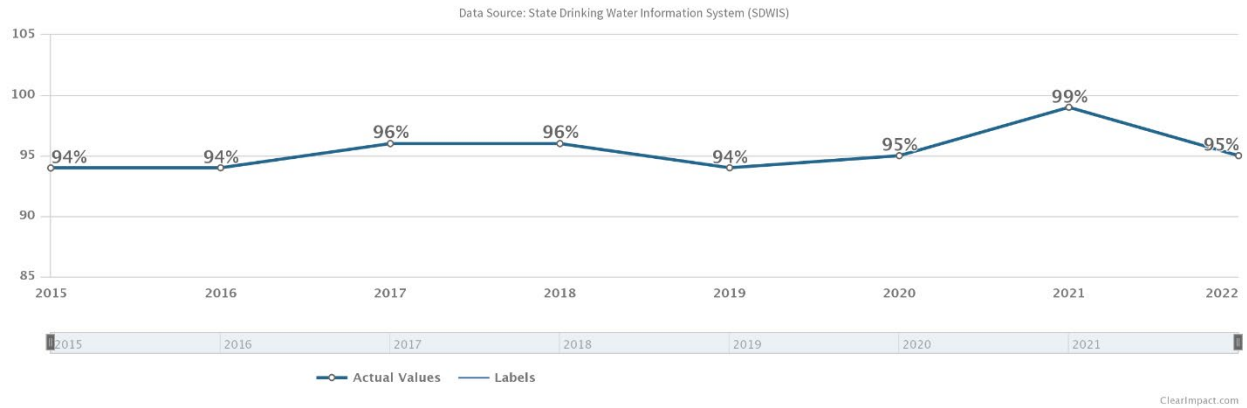
Vermont Department of Health

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99102657>

Outcome 3: Vermont's Environment is Clean and Sustainable

Percent of public drinking water supplies in compliance with health-based standards



Story Behind the Curve

Compliance rates have consistently increased in the last several years as more water systems have come into compliance with standards.

Notes On Methodology

Metrics reported for state fiscal year.

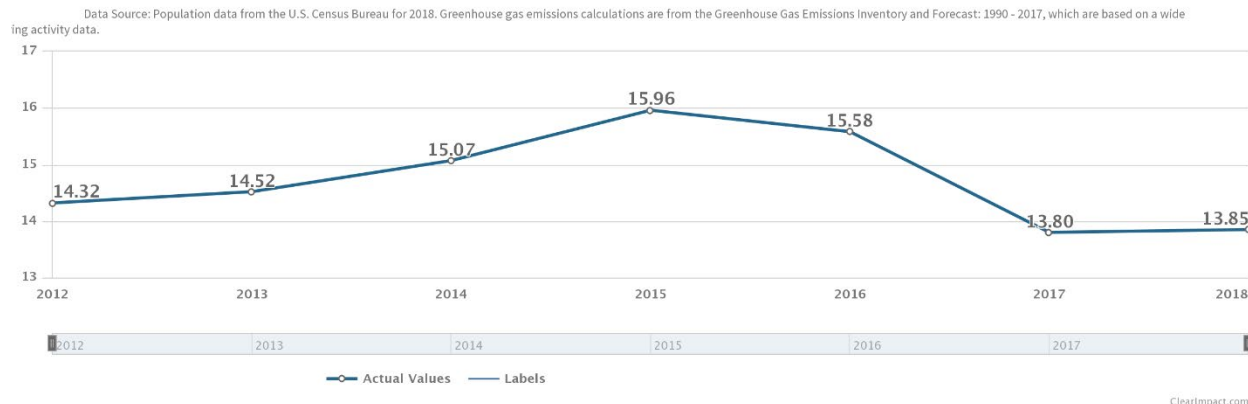
Reporting Entity

Vermont Department of Environmental Conservation

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024684>

Total greenhouse gas emissions per capita, in units of annual metric tons of equivalent carbon dioxide per capita



Story Behind the Curve

Per capita emissions trended down from 2015 - 2018 mainly due to emissions reductions seen in the electricity sector. Year to year variability is common due to the multitude of factors that influence the calculations. With the establishment of the Global Warming Solutions Act (GWSA) and the subsequent development and adoption of the Climate Action Plan (CAP) by the Vermont Climate Council, a number of greenhouse gas mitigation strategies are in the process of being implemented that are intended to reduce overall greenhouse gas emissions in the coming years. Total emissions levels will also be significantly impacted by the COVID pandemic and post pandemic emissions levels will be very dependent on the rate and realities of economic and social recoveries and behaviors (e.g. travel behaviors, telework, etc.)

Notes On Methodology

Population values for 2018 are from the U.S. Census Bureau "Population, Population Change, and Estimated Components of Population Change: April 1, 2010 to July 1, 2019 (NST-EST2019-alldata)" tables. The 2018 per capita value is derived from the latest VT GHG Emissions Update issued May 2021. The data are for calendar year 2018, which is an annual value that was calculated with same complete methodology as the rest of the 1990 - 2017 data, and is the most current complete data that has been published. Greenhouse gas emissions calculations are generally based on some sort of activity data (e.g. fuel sales) and fuel specific emissions factors. The several year lag in emissions estimates is due to several factors, the main one being the inherent lag time in large federal datasets utilized in the calculations.

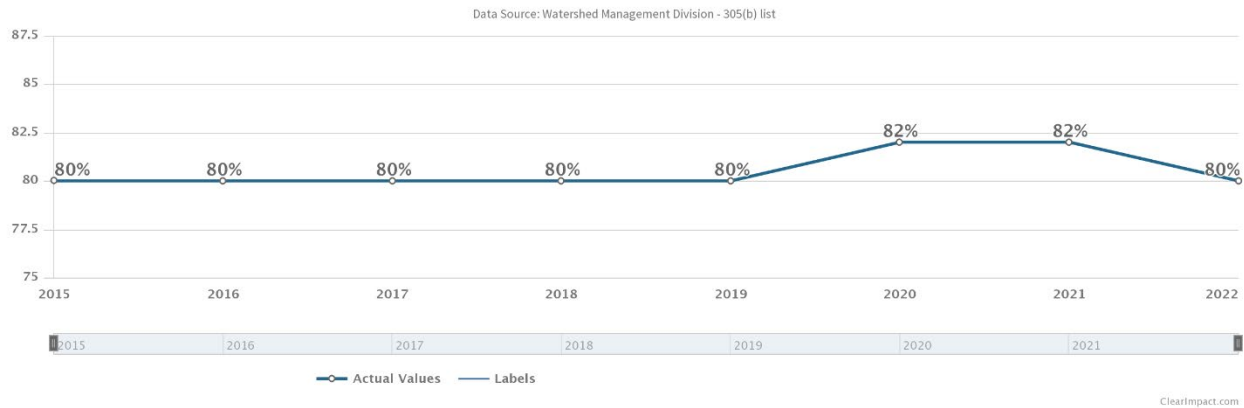
Reporting Entity

Vermont Department of Environmental Conservation

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024685>

Percent of Vermont's rivers and lakes (excluding Lake Champlain) that meet state water quality standards for fishing



Story Behind the Curve

This data is compiled and analyzed every two-years/bi-annually. The percentage of rivers and streams fully supporting aquatic life has decreased slightly (2%) from the last reporting period. In 80% of Vermont's rivers and streams, the aquatic organisms are considered healthy and support fishing uses. The remaining 20% are either impaired (due to pollution or altered flow/hydro dams that don't currently meet water quality standards) or the health of the aquatic biota is unknown. Over time, updated assessment data shows areas where we have been successful in river and stream restoration as well as areas where we have identified new impairments or alterations, making overall progress slow. Implementation of regulatory and voluntary measures is expected to help improve the water quality of our rivers and streams and their uses for fishing; however, it is expected to take many years to show substantial progress.

Notes On Methodology

Data contained in the ATTAINS assessment database is reviewed and stream miles that are not meeting water quality standards for Aquatic Biota Use are summed and subtracted from the total river miles.

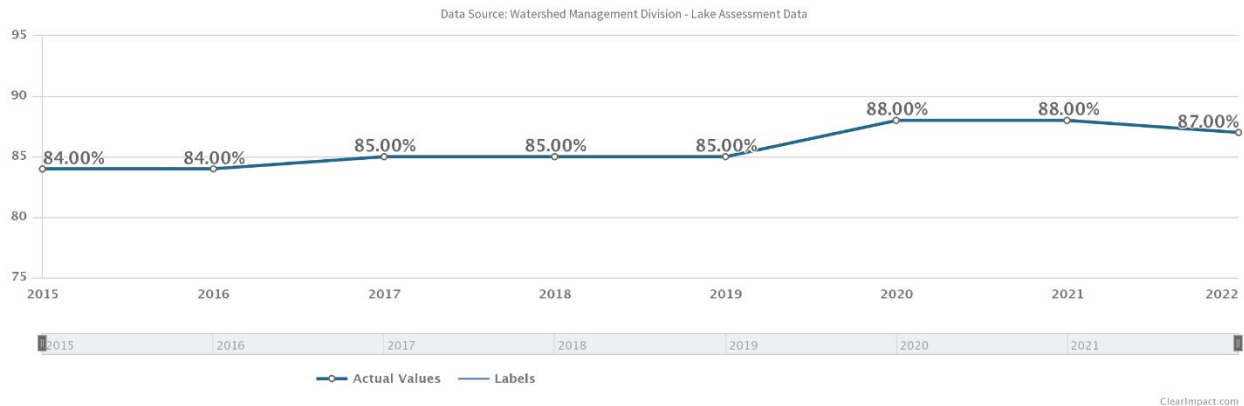
Reporting Entity

Vermont Department of Environmental Conservation

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024686>

Percent of Vermont's rivers and lakes (excluding Lake Champlain) that meet state water quality standards for swimming



Story Behind the Curve

This data is compiled and analyzed every two-years/bi-annually; annual fluctuations are expected due to updated assessment data reflecting the current conditions on our waters. There are over 55,000 acres of lakes in the state of Vermont; of these acres 87% support swimming/recreational uses. The remaining 13% are consistently limited due to aquatic invasive species. A slight decrease (1%) was reported in the overall condition of the health of Vermont lakes during this most recent reporting period.

Notes On Methodology

Data contained in the ATTAINS assessment database is reviewed and stream miles that are not meeting water quality standards for Recreation-Swimming are summed and subtracted from the total river miles.

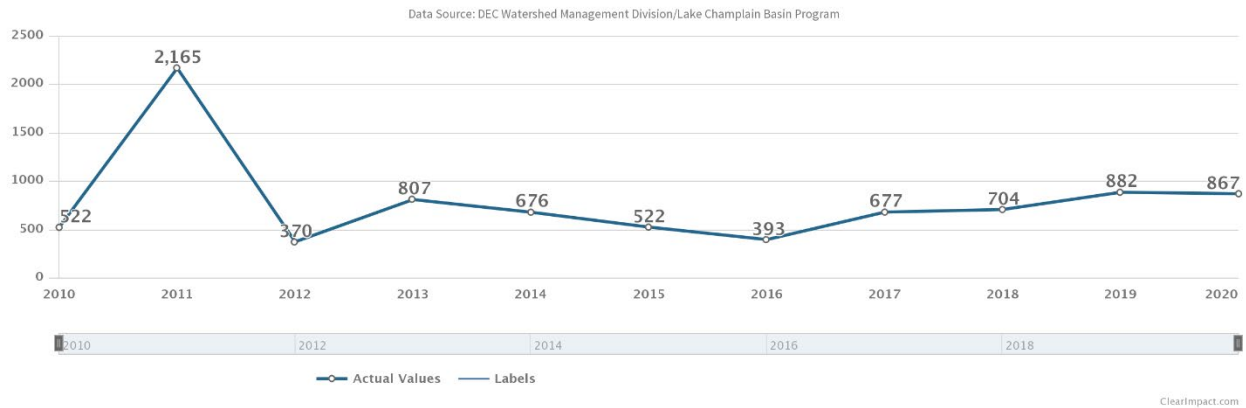
Reporting Entity

Vermont Department of Environmental Conservation

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024704>

Changes in total phosphorus loading to Lake Champlain from Vermont sources in metric tons per year



Story Behind the Curve

The phosphorus data shown here represents an estimate of total Vermont loads of phosphorus, based on estimated loads from major Vermont tributaries to Lake Champlain. Total gaged areas for tributaries located primarily in VT are adjusted by the proportion of gaged area relative to total VT watershed area in the Lake Champlain drainage to estimate total VT loads. This number is an approximation, as gaged areas may not be a perfect analogue to un-gaged areas, particularly in the direct Champlain drainage area. Higher amounts of precipitation, particularly heavy rainfall, move more phosphorus from the land to flowing waters and on downstream to the lake. As a result, annual phosphorus loading patterns closely follow annual stream flow patterns. The target load of 418 metric tons total phosphorus represents the maximum amount of phosphorus the lake can receive each year, as specified by the Phosphorus Total Maximum Daily Loads (TMDLs) for Vermont Segments of Lake Champlain, and continue to meet water quality standards. With the passage of the Vermont Clean Water Act (Act 64) in 2015, we now have additional permitting and funding tools to further reduce phosphorus loads to our rivers, streams, and lakes. Decreased loading should be measurable at a local level (individual smaller rivers and streams) as implementation progresses, however it is likely to take many years to show substantial progress in the larger Champlain tributaries and the lake itself. The DEC utilizes additional metrics to evaluate load reductions over time (see our annual RBA report for more information). Loads are calculated and reported for Water Year (year 2020 starts Oct. 1, 2019 and ends Sept. 30, 2020). Water year is the same as Federal Fiscal Year (FFY). NOTE: We have adopted a new approach for calculating total estimated loads that represents our “best available/improved understanding” method and have updated the table for current and past years to represent this improved methodology.

Notes On Methodology

Loads are calculated and reported for Water Year (year 2020 starts Oct. 1, 2019 and ends Sept. 30, 2020). Water year is the same as Federal Fiscal Year (FFY). NOTE: We have adopted a new approach for calculating total estimated loads that represents our “best available/improved understanding” method and have updated the table for current and past years to represent this improved methodology.

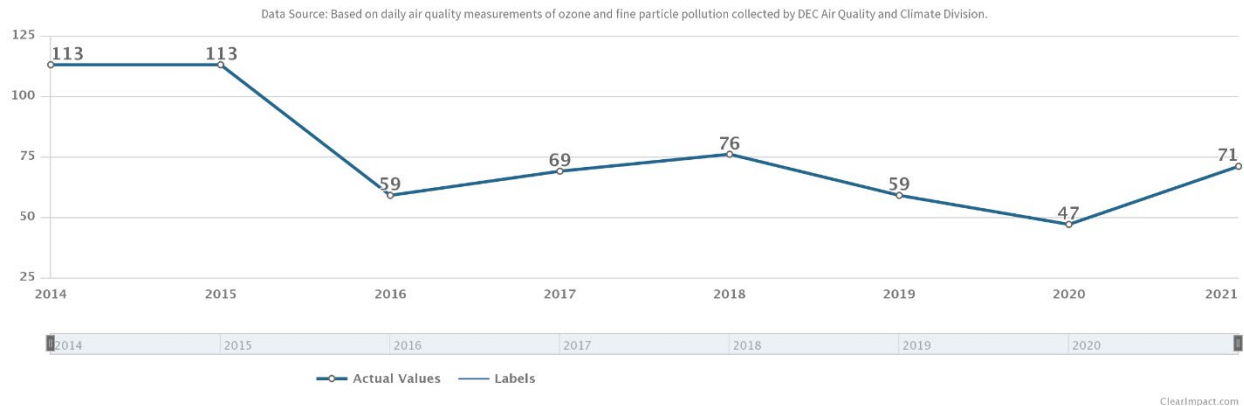
Reporting Entity

Vermont Department of Environmental Conservation

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024687>

Number of days air quality in Vermont posed a moderate or greater risk to sensitive populations



Story Behind the Curve

2021 saw the number of days with moderate air pollution and air quality alerts return to conditions sometimes seen prior to the COVID-19 pandemic. However, the air quality alerts occurred not due to usual sources of pollution such as transport from upwind states in summer or local woodsmoke in winter, but from wildfire smoke in summer 2021 that affected much of the northeast and primarily originated in Alberta, Canada. Wildfire smoke events as seen in Vermont in 2021 generally only occur about once a decade. While the target number of days with poor air quality is zero, in reality this is unrealistic because air quality is affected by natural phenomenon (such as wildfire smoke) and emissions from upwind of Vermont's borders. These factors, in addition to changes in meteorology from year to year, result in great year-to-year variability, but there is a significant improvement in air quality on a decadal scale

Notes On Methodology

This metric counts the number of days per year that the “air quality index” (AQI) was categorized as “Moderate” or “Unhealthy for Sensitive Groups” (USG) for at least one pollutant at one monitoring site based on the National Ambient Air Quality Standards (NAAQS) for ozone and fine particulate matter (PM2.5). Air quality in the USG range exceeds the federal air quality standards (i.e., is worse than the standard); Moderate air quality still poses some risk to those with respiratory illnesses and can have additional environmental and visibility impacts. Ozone is monitored in Bennington, Rutland, and Underhill; PM2.5 is monitored in these locations, as well as in Burlington.

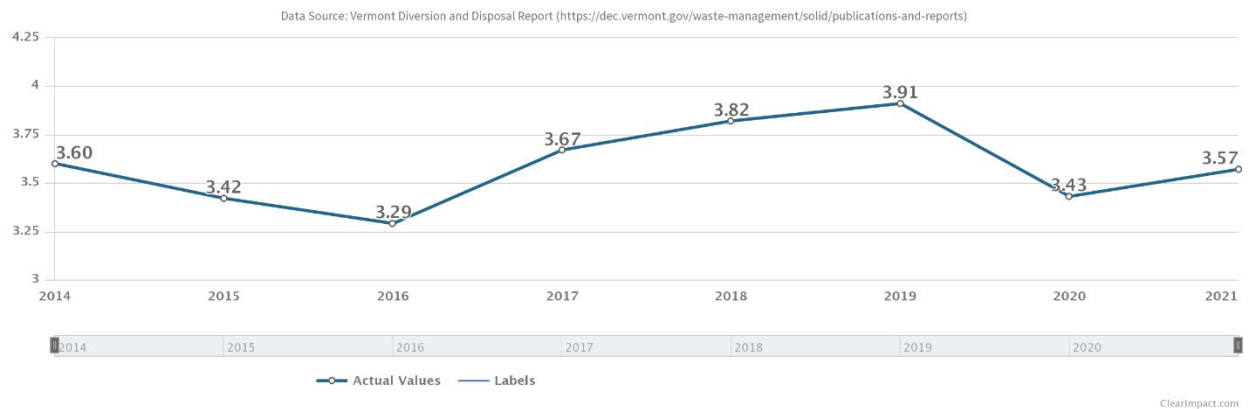
Reporting Entity

Vermont Department of Environmental Conservation

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024688>

Disposal rate of municipal solid waste in pounds per person per day



Story Behind the Curve

After three consecutive years of increasing waste generation, 2020 brought a pandemic-related reduction in generation. In 2021, Vermont saw a 2.4% increase in waste generation compared to 2020, although total generation was lower than in 2018 or 2019. Of the waste generated in 2021, Vermonter’s disposes of 66% of that waste and diverted (recycled, composted etc.) 34%. These rates of disposal and diversion have held steady throughout the last 10 years, despite increases in generation.

Notes On Methodology

The disposal and diversion numbers are based on a combination of reports from Vermont facilities (landfill, materials recovery facilities, transfer stations, certified compost facilities, etc.) and estimates from studies such as the Vermont Waste Composition Study (conducted every 5 years). Consequently, while the disposal number is quite accurate, the diversion number is based on many estimates of diversion activities that are hard to quantify, such as reuse and home composting.

Reporting Entity

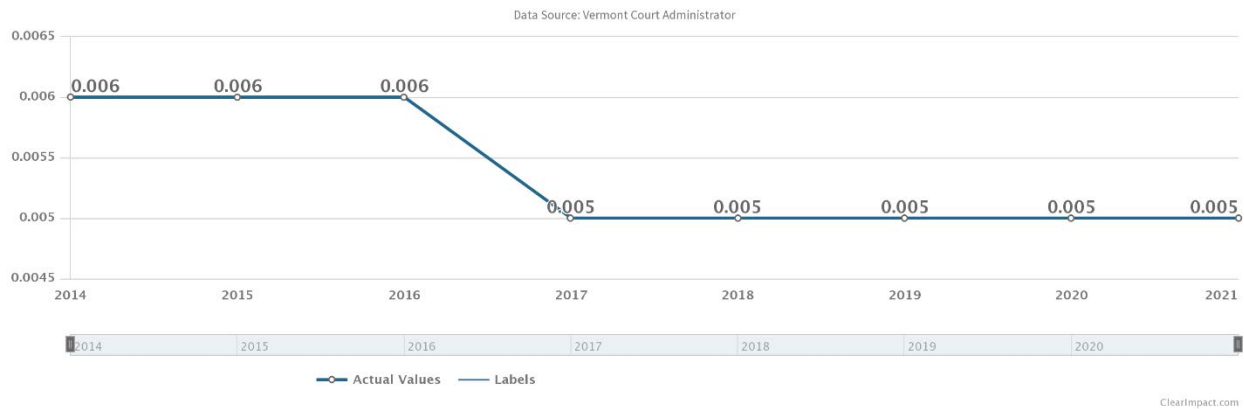
Vermont Department of Environmental Conservation

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024689>

Outcome 4: Vermont Is A Safe Place to Live

Rate of petitions granted for relief from domestic abuse per 1,000 residents



Story Behind the Curve

This indicator remains relatively constant. This information is provided by the Vermont Judiciary and is considered a reliable data source. Population for analysis taken from 2020 US Census data.

An analysis would need to be undertaken of the Vermont, Maine, and New Hampshire court systems to determine a Northern New England benchmark for this measure to ensure an accurate comparison.

Notes On Methodology

Based upon SFY21 Vermont Judiciary Annual Statistical Report.

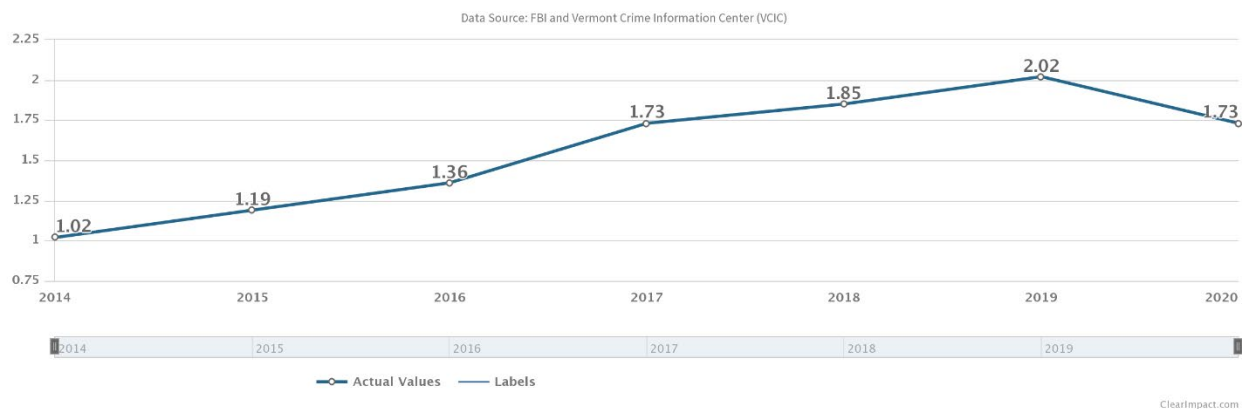
Reporting Entity

Vermont Department of Public Safety

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024695>

Rate of violent crime per 1,000 crimes



Story Behind the Curve

The indicator showed an decrease in 2021. However, DPS is aware this may be due to disruptions in reporting due to COVID rather than direct changes in crime rate. Additionally, DPS began an initiative during late 2015 to work with law enforcement agencies to improve the quality of data being collected. We expect that there may be a rise in the violent crime data submitted to the state over time which may be indicative of better reporting (as opposed to increases in criminal activity). Prior data updated to reflect information provided through the FBI Crime in the United States Report.

Notes On Methodology

Pending release of 2021 data by the FBI as of 9/9/2022.

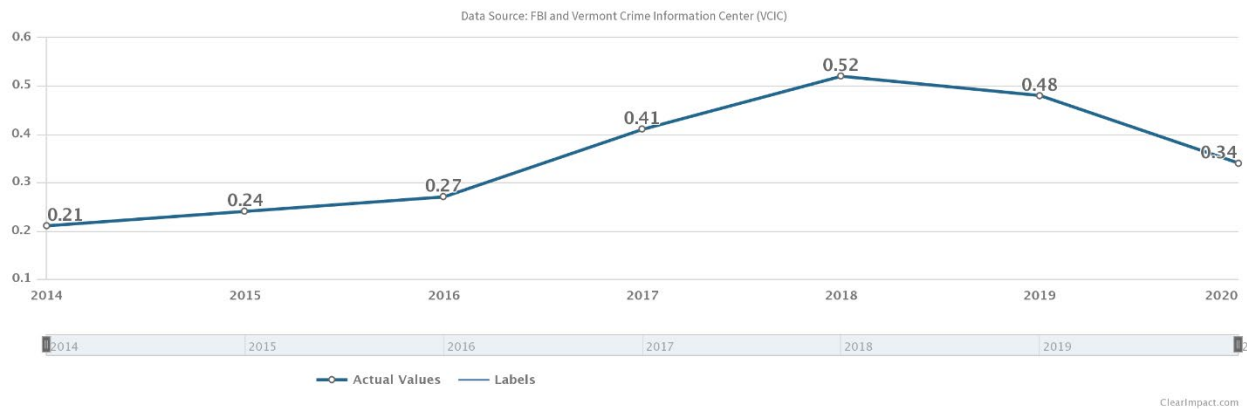
Reporting Entity

Vermont Department of Public Safety

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024696>

Rate of sexual assault committed against residents per 1,000 residents



Story Behind the Curve

The indicator showed a decrease in 2021. However, DPS is aware this may be due to disruptions in reporting due to COVID rather than direct changes in crime rate. Additionally, DPS began an initiative during late 2015 to work with law enforcement agencies to improve the quality of data being collected. We expect that there may be a rise in the assault data submitted to the state over time which may be indicative of better reporting (as opposed to increases in criminal activity). Prior data updated to reflect information provided through the FBI Crime in the United States Report.

Notes On Methodology

Pending release of 2021 data by the FBI as of 9/9/2022.

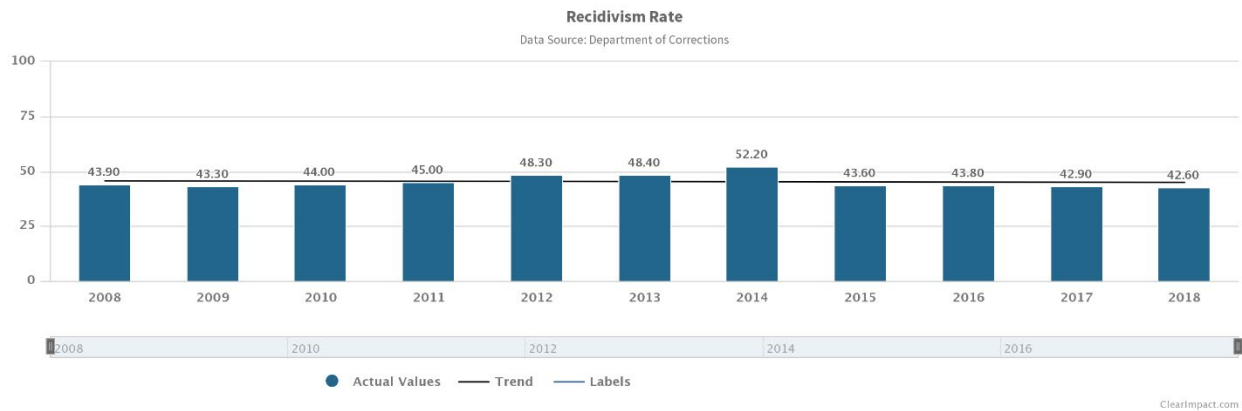
Reporting Entity

Vermont Department of Public Safety

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024697>

Recidivism rate



Story Behind the Curve

Recidivism is defined per statute as follows:

Citation-2011 Act 41 Section 5: "The Department shall calculate the rate of recidivism based upon offenders who are sentenced to more than one year of incarceration who, after release from incarceration, return to prison within three years for a conviction for a new offense or a violation of supervision resulting, and the new incarceration sentence or time served on the violation is at least 90 days."

Note: Due to this definition, these data are always reported at least three years after the reporting year to allow for returns to prison within three years after release.

The yearly rates show an increase leading to the highest rate in 2014. However, the 2014 rate has reliability issues due to changes in software that stored the data needed to calculate the measure. The trend indicates that the rate has remained stable.

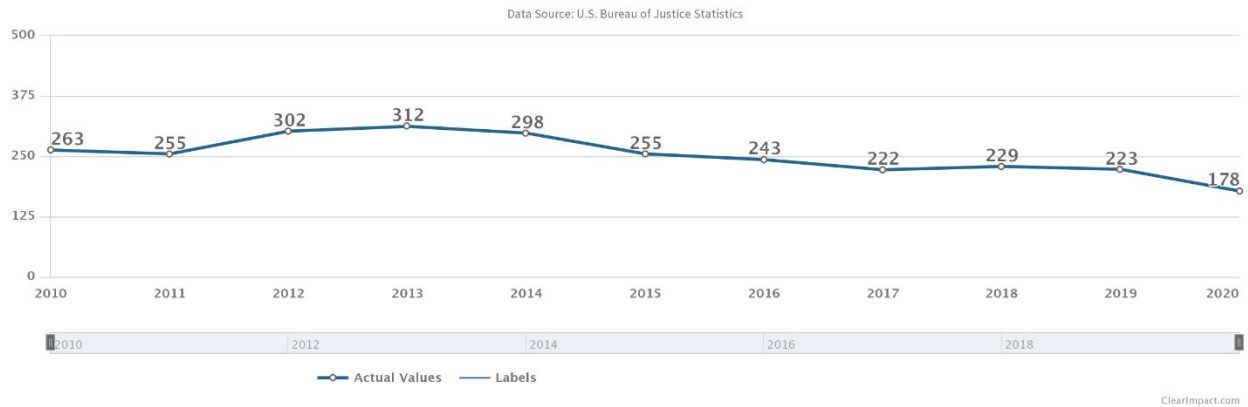
Reporting Entity

Vermont Department of Corrections

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99031970>

Incarceration rate per 100,000 adult residents



Story Behind the Curve

The Vermont Corrections system integrates services for long term sentenced prisoners (those sentenced to a maximum of greater than one year) and shorter-termed jail inmates (those sentenced to a maximum of under one year).

At year-end 2020, Vermont had one of the lowest imprisonment rates in the U.S. compared to the nationwide average (459 per 100,000 Adult).

Source: <https://bjs.ojp.gov/content/pub/pdf/p20st.pdf>

As of August 2022, this is the most current data reported by BJS.

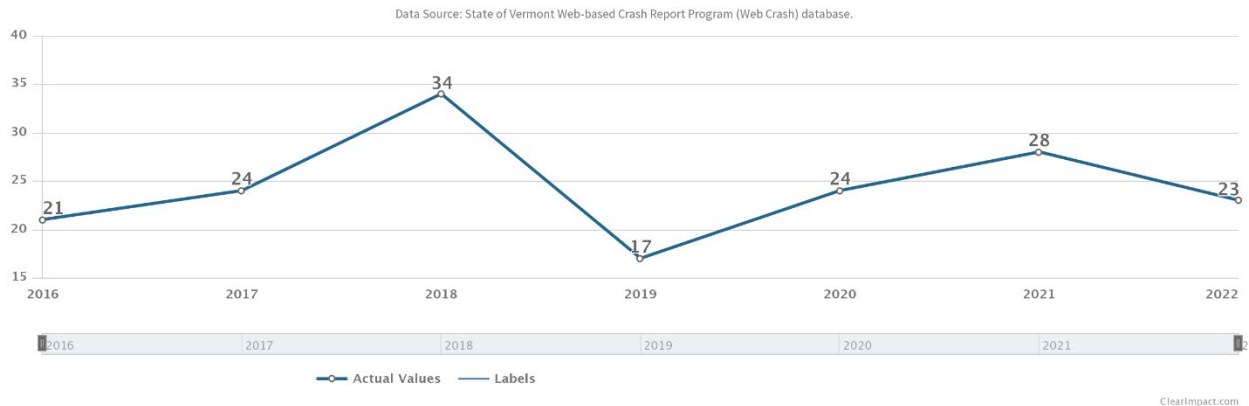
Reporting Entity

Vermont Department of Corrections

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99031966>

Number of highway fatalities involving no or the improper use of seatbelts



Story Behind the Curve

While the goal is to decrease unrestrained passenger vehicle occupant fatalities, occupants are still choosing to forgo using safety restraints. In 2021 and so far in 2022, the number of fatalities has been rising. The rise in unrestrained passenger vehicle occupant fatalities has risen with those numbers.

Notes On Methodology

This number is pulled directly from the law enforcement crash reports. It is the number of people who had an available seatbelt to use, but did not and were fatally injured in a crash that calendar year.

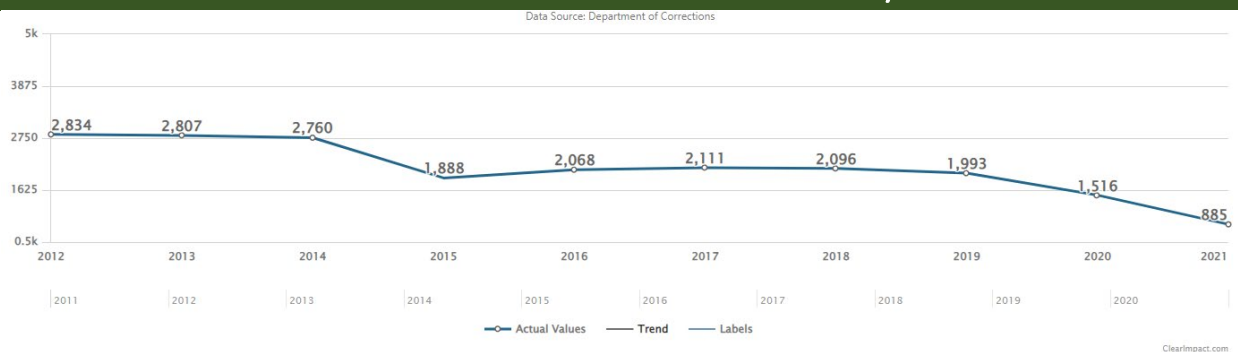
Reporting Entity

Vermont Agency of Transportation

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024698>

Number of first time entrants into the corrections system



Story Behind the Curve

These data show a decrease in the number of first-time entrants into the corrections system. The Vermont criminal justice system has engaged in multiple initiatives to divert individuals to appropriate services and reduced the use of the correctional system. Some examples include pre-trial, diversion, and community and restorative justice programs.

In 2021, 78.7% of the first-time entrants identified as White, 11.9% as Black, and 9.4% as other Indigenous or people of color.

Reporting Entity

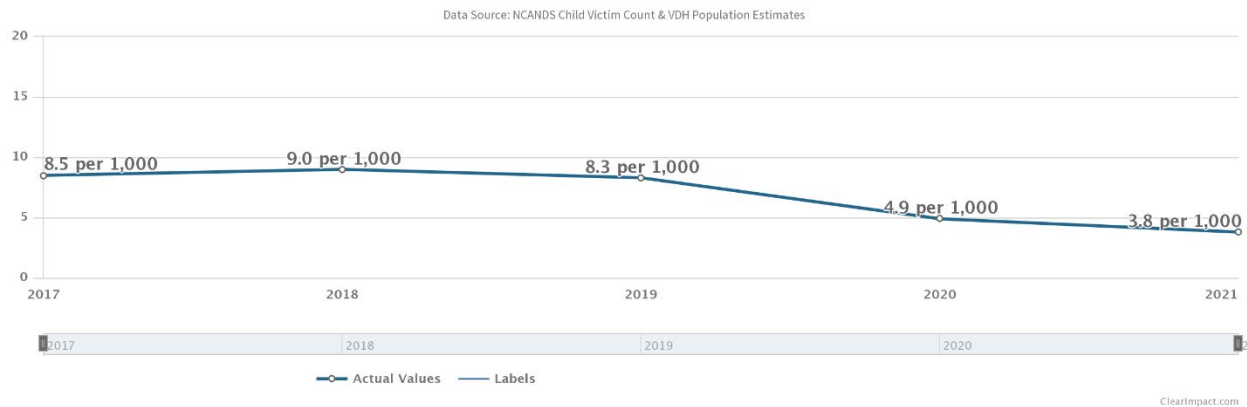
Vermont Department of Corrections

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99031969>

Outcome 5: Vermont's Families are Safe, Nurturing, Stable and Supported

Rate per 1,000 Vermont children found to be a substantiated child victim of abuse and neglect



Story Behind the Curve

In Vermont, the rate of substantiated child abuse and neglect per 1,000 children has decreased from 9.0 in 2018 to 4.9 in 2020. This is due to several factors including Vermont's sustained efforts to treat the opioid epidemic, increases to Family Services staffing and the work of our community partners. Our community partners have made key investments in child abuse prevention, early childhood services, and comprehensive family supports which is also having an impact.

Notes On Methodology

NCANDS Child Victim Count (duplicate value). Vermont child population estimates, by year, used to calculate rate per 1,000. Current reporting period uses VDH 2019 population estimates (latest available).

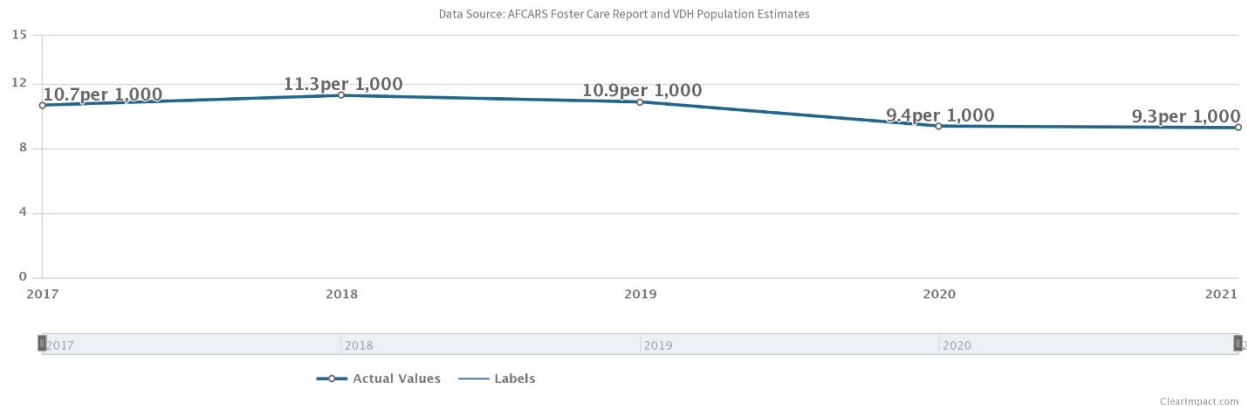
Reporting Entity

Vermont Department for Children and Families

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99030980>

Rate per 1,000 Vermont children in custody on the last day of the federal fiscal year



Story Behind the Curve

The rate of Vermont children coming into state custody due to abuse and neglect has slowly decrease from 11.3/1,000 children in 2018 to 9.4/1,000 in 2020.

There is more work to be done to assure child safety and support vulnerable families. However, it is anticipated that the rate of children and youth in out of home care will continue to slowly decrease based on findings from the [2019 Report on Child Protection in Vermont](#).

Notes On Methodology

Out of home care includes foster care, kinship care, therapeutic foster care, and residential and group care. A judge may order a child be taken into the custody of the Department for Children and Families (DCF) if the child has been abused or neglected; is beyond or without parental control; or has been adjudicated delinquent.

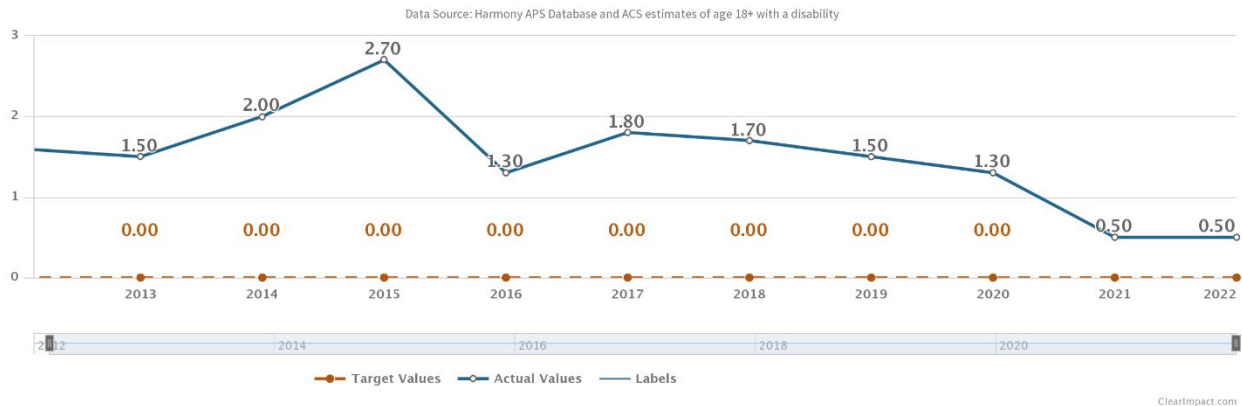
Reporting Entity

Vermont Department for Children and Families

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99033313>

Rate of substantiated cases of abuse, neglect, and exploitation of vulnerable adults per 1,000 vulnerable adults (by state fiscal year)



Story Behind the Curve

This population indicator shows the estimated rate of abuse, neglect, and exploitation of vulnerable adults. This rate is related to both motive and opportunity of perpetrators; the vulnerability of victims; the state of the Vermont economy; education of the public and stakeholders; challenges within families including stresses on caregivers and caregiver support services; individual support of vulnerable adults; effective screening, training, and oversight of paid caregivers; effective practices at financial institutions to prevent or identify financial exploitation; effective reporting, investigation, and substantiation/prosecution at Adult Protective Services.

Notes On Methodology

Numbers of substantiations are from DAIL DLP Adult Protective Services, by state fiscal year. DAIL DLP produces a current estimated rate using the total estimated number of vulnerable adults (with disabilities) in Vermont from the US Census American Community Survey Table S1810 ACS 1-year estimates.

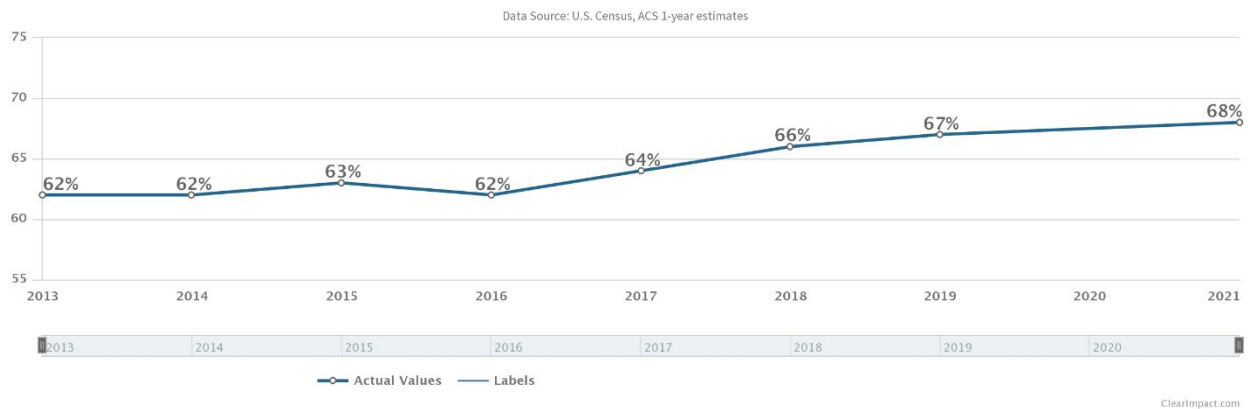
Reporting Entity

Vermont Department of Aging and Independent Living

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99032981>

Percent of residents spending less than 30% of income on housing



Story Behind the Curve

According to the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion, families that have to spend a large part of their income on housing may not have enough money to pay for other essentials. Having less money available for things like healthy food, health care, and safe transportation is linked to stress, mental health problems, and an increased risk of disease.

This trend over time shows that Vermont has been successful at turning the curve to increase the percentage of the population with a low housing cost burden.

Notes On Methodology

This data is taken from the U.S. Census American Community Survey 1-year estimates. This measure was not calculated as usual for 2020 due to interruptions in normal processes as a result of the COVID-19 pandemic.

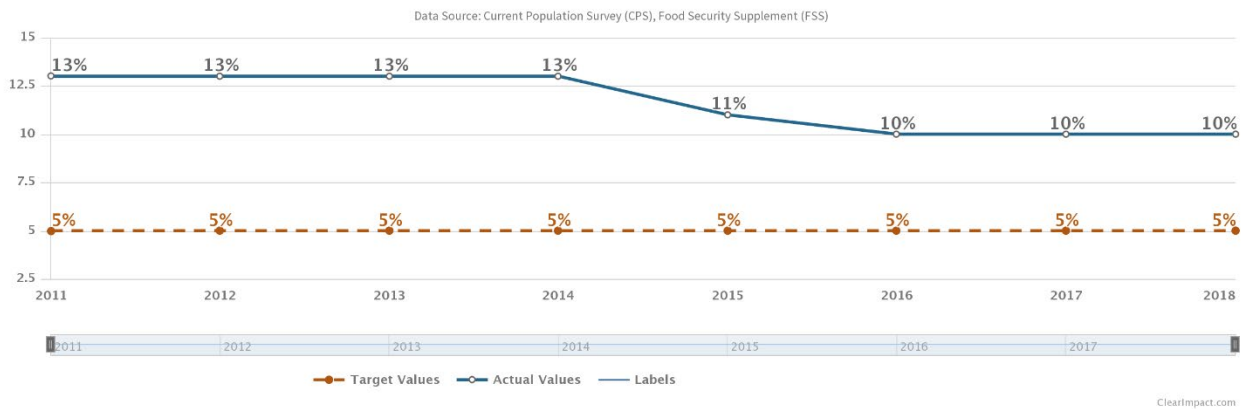
Reporting Entity

Vermont Agency of Human Services

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100170798>

Percent of households with food insecurity



Story Behind the Curve

Food insecurity is defined as the lack of access to enough food to fully meet basic needs at all times due to lack of financial resources. Households that are classified as food insecure with hunger are those in which adults have decreased the quality and quantity of food they consume because of lack of money. The adults are quite likely to be hungry on a frequent basis or are at a point where their children's intake has been reduced due to lack of family financial resources. These children are likely to be hungry on a regular basis and the adults' food intake is also likely to be severely reduced.

Using the Current Population Survey, Food Security Supplement, Vermont's rate of food insecure households (for 2015-2017) is 9.8%; the Healthy Vermonters 2020 goal is to have less than 5% of households living with food insecurity. Nationally, [food insecurity rates](#) range from 7.4% in North Dakota to 20.1% in Mississippi. According to a review by the U.S. Department of Agriculture, food insecurity in states varies by, and depends on, household factors, such as income, employment and household structure (i.e. single parents), as well as state-level characteristics, such as average wages, cost of housing, levels of participation in food assistance programs (including summer meal programs for children) and tax policies.

Notes On Methodology

The data for this measure are from the [Current Population Survey \(CPS\), Food Security Supplement \(FSS\)](#). This survey is conducted by the U.S. Census Bureau for the Bureau of Labor Statistics among the civilian non-institutionalized U.S. population 16 and older. The CPS is a labor force survey that contacts about 50,000 U.S. households a month. Then once each year, respondents from the CPS are asked a series of questions about food security, food expenditures, and use of food and nutrition assistance programs, the FSS. Over the course of the FSS survey period, about 1 in every 250 Vermont households are surveyed. To provide individual state measurements, the CPS FSS combines 3-years of data to ensure statistically meaningful results.

Reporting Entity

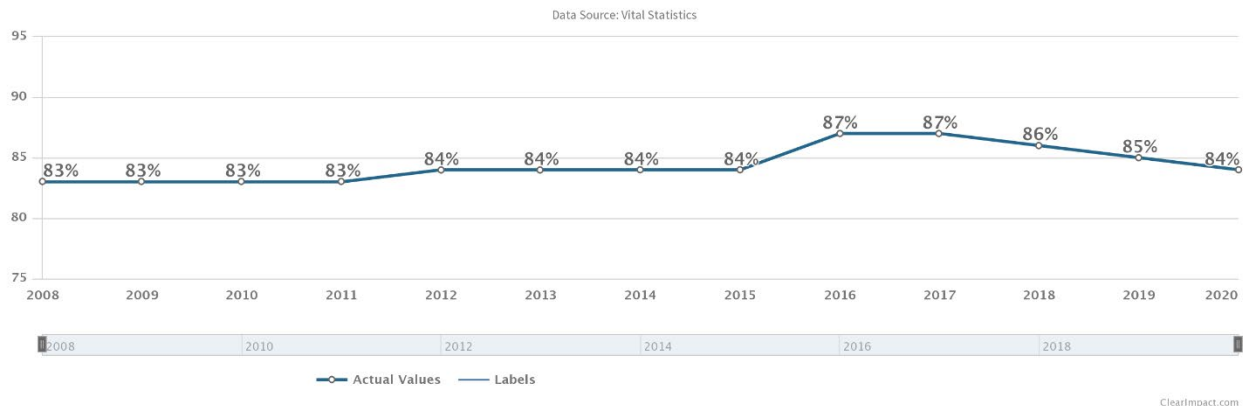
Vermont Department of Health

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99145678>

Outcome 6: Vermont's Children and Young People Achieve Their Potential

Percent of women who receive first trimester prenatal care



Story Behind the Curve

This measure looks at the percentage of pregnant people who began prenatal care during the first 13 weeks of pregnancy. Though there are differences between geographic areas around the state (as seen in [these indicators](#) about Vermont births), the statewide percentage has remained relatively steady over the years.

This measure is influenced by many factors, including medical provider capacity and practice, access to appointment times, access to transportation, and the social context of pregnant people.

Promotion of a [healthy pregnancy](#) and identification of risk factors like substance use including tobacco, alcohol, and cannabis and mental health concerns should occur early in pregnancy to be optimally effective. Early prenatal care is also an essential part of helping a pregnant person prepare to become a parent and connect to important resources such as home visiting and [lactation education](#).

If a pregnant person needs help finding a health care provider or local supports, the Local Health Office, WIC, and Help Me Grow can provide assistance.

Notes On Methodology

This measure looks at the percentage of pregnant people who began prenatal care during the first 13 weeks of pregnancy.

The Vermont vital statistics system monitors the following vital events: births, deaths, marriages and civil unions, divorces and dissolutions, fetal deaths, and abortions.

This data comes from the birth certificate, and the percentage is based on the number of total live births of residents of Vermont as documented on the birth certificate.

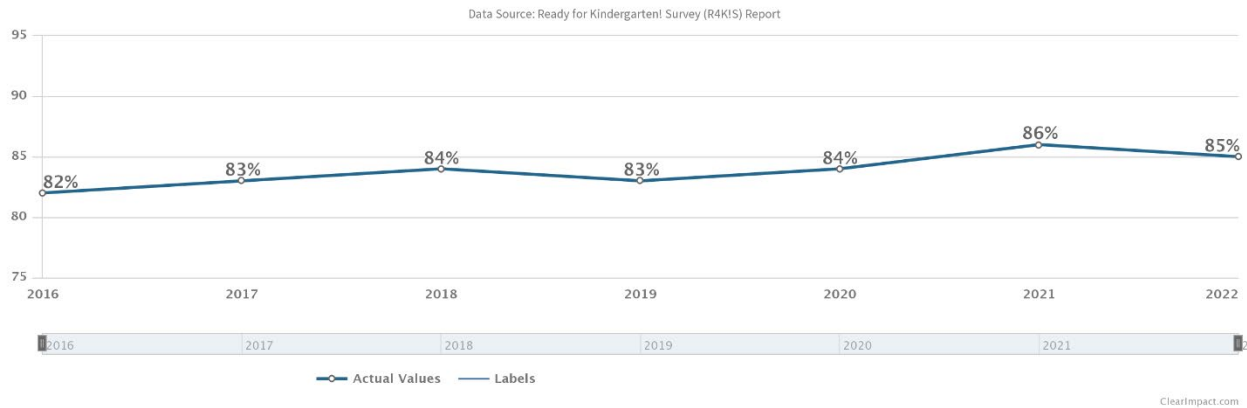
Reporting Entity

Vermont Department of Health

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99030663>

Percent of children ready for school in all four domains of healthy development



Story Behind the Curve

The COVID-19 pandemic has profoundly disrupted schooling nationwide, raising serious concerns about the impact of the pandemic on children’s learning, the ways online learning may be exacerbating racial inequities, and the need to balance the strong desire for in-person learning with the risks posed by the pandemic.” (Bassok & Shapiro, 2021). One of the most noticeable impacts was a significant drop in prekindergarten and kindergarten enrollments across the country and in Vermont. “Early-grade enrollment drops are troubling given the importance of early learning experiences for children’s school readiness. High-quality experiences in the early grades have also been linked to reductions in special education placements and grade retention.” (Bassok & Shapiro, 2021). In VT, “schools will need considerable resources, time, and flexibility to assess the wide-ranging developmental needs of children and to target a host of needed supports. They will need to think creatively about how best to structure classrooms and learning experiences to meet the very divergent needs of children in the early grades—especially those youngest, most vulnerable learners who missed out on learning opportunities at a uniquely critical moment in their development. (Bassok & Shapiro, 2021).

Notes On Methodology

The R4KIS is not a direct assessment of students; rather it relies on the teacher’s accumulated observational knowledge of the child developed during the first few weeks of kindergarten. The R4KIS, along with its scoring on readiness identification methods, is based on recommendations made as a result of an independent validity review conducted by American Institutes for Research (AIR) in spring of 2015.

R4KIS data results comparisons made between SY2016 through SY2022 data are considered valid. It is important to note that readiness results prior to SY2016 are not recommended nor valid comparisons to the SY2016 through SY2022 results.

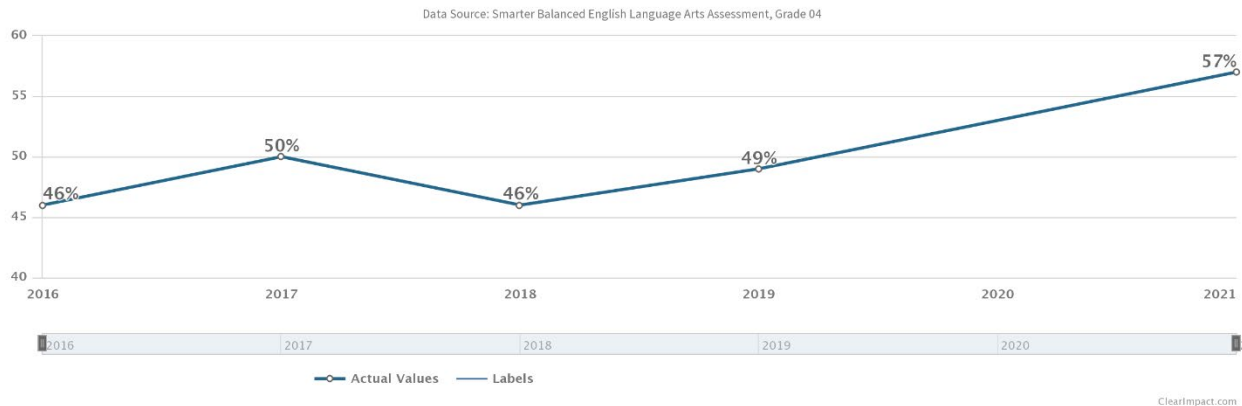
Reporting Entity

Vermont Agency of Education

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024699>

Percent of children below the basic level of fourth grade reading achievement under state standards



Story Behind the Curve

Please reference

<https://app.powerbigov.us/view?r=eyJrIjoiMGJmY2I4ODktMTQ1Zi00ZmU2LWE0MWEtMjIxY2JjYTU5YzhjliwidCI6IjIwYjQ5MzNiLWJhYWQtNDMzYy05YzAyLTcwZWVjYzc1NTIjNiJ9>

Notes On Methodology

Please reference

<https://app.powerbigov.us/view?r=eyJrIjoiMGJmY2I4ODktMTQ1Zi00ZmU2LWE0MWEtMjIxY2JjYTU5YzhjliwidCI6IjIwYjQ5MzNiLWJhYWQtNDMzYy05YzAyLTcwZWVjYzc1NTIjNiJ9>

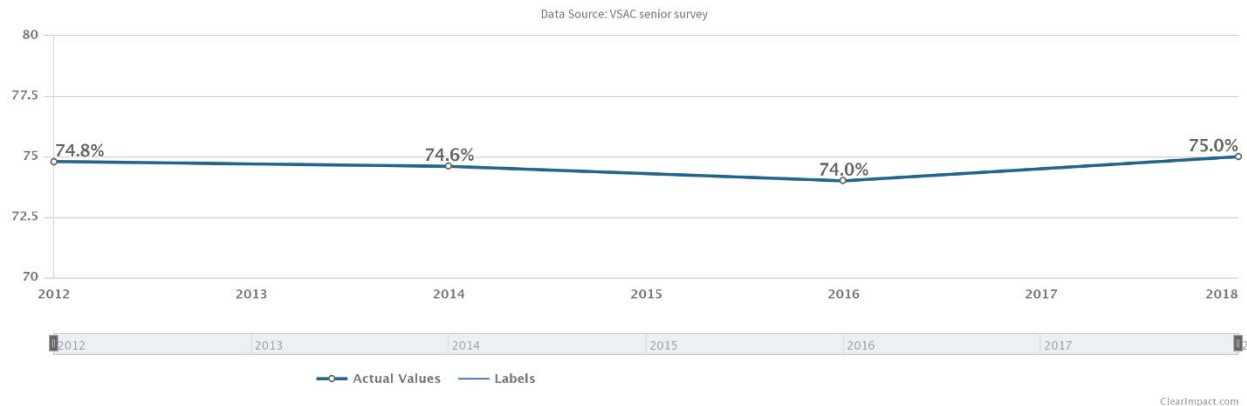
Reporting Entity

Vermont Agency of Education

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024700>

Percent of high school seniors with plans for education, vocational training, or employment



Story Behind the Curve

Data are collected by the Vermont Student Assistance Corporation. This collection only runs every other year. They were not collected during state fiscal year 2020 and subsequent data has not been published as of 9/9/22.

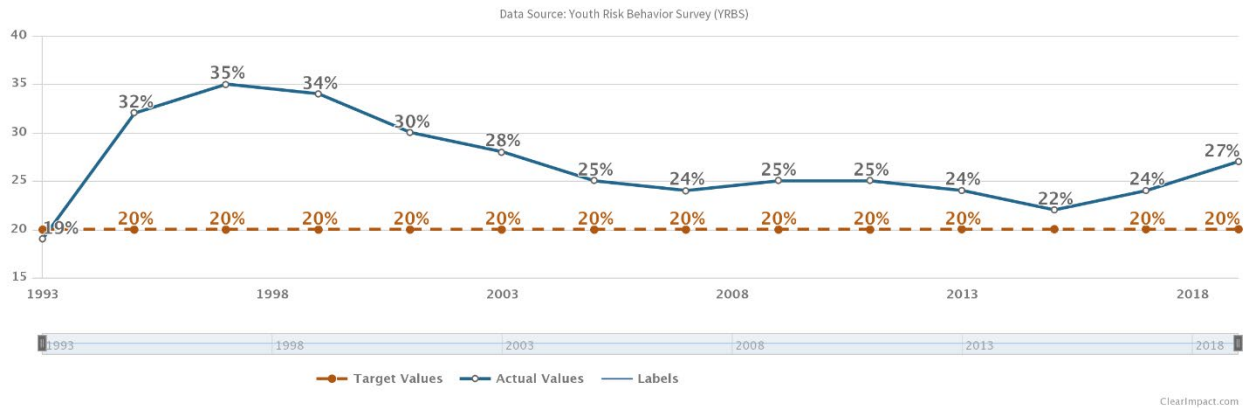
Reporting Entity

Vermont Agency of Education

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024701>

Percent of adolescents in grades 9-12 who used marijuana in the past 30 days



Story Behind the Curve

Marijuana use among Vermonters is consistently among the highest in the country and is the highest for 12-17 and 18-25 year-olds. Marijuana legal status in Vermont has changed significantly over the past two decades. In 2004, the Vermont legislature voted to legalize the use of marijuana for medical purposes and in 2013 penalties for possession of one ounce or less were reduced to a fine. In July 2018, legislation went into effect legalizing possession, private consumption, and limited cultivation among persons aged 21 years and older. Most recently, the Vermont legislature voted to create a regulated market which is set to open in October 2022. Marijuana remains illegal at the federal level.

In Vermont more adolescents are in treatment for marijuana disorders than any other substance, including alcohol. Reduced perception of risk among youth is likely influenced by many community-wide factors such as changes in marijuana policy and norms.

Notes On Methodology

The Youth Risk Behavior Survey is administered every other year (odd years). Data is updated as it becomes available. For more information about this data source, see the [YRBS page](#).

Note that prior to 2013, statewide estimates were generated by weighting responses from a representative sample of schools. In 2013, the methodology was changed and all student responses were used in creating statewide estimates, allowing for more accurate reporting. 2011 data were recalculated in the same way as 2013 data in order to improve comparisons. As a result, 2011 YRBS estimates that were published online after 02/04/2015 may be slightly different compared to those published previously.

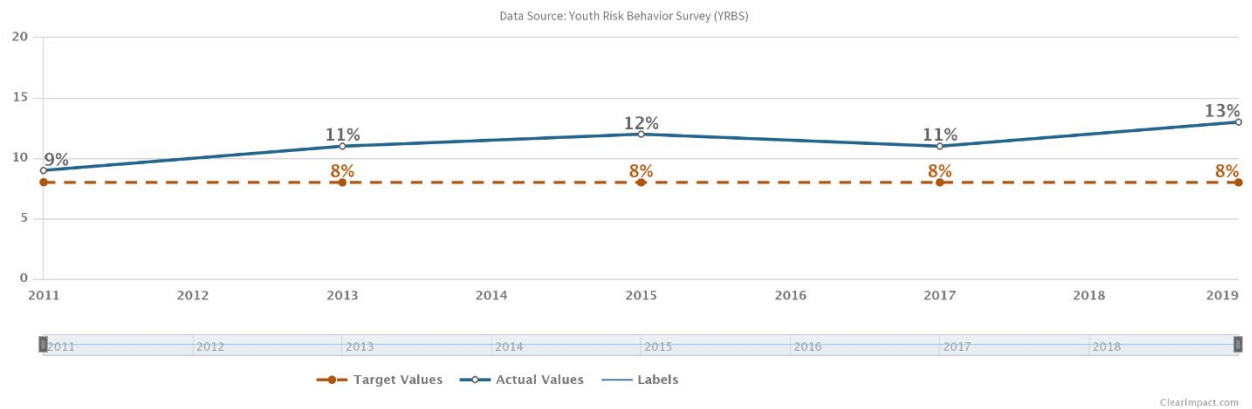
Reporting Entity

Vermont Department of Health

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99001455>

Percent of adolescents in grades 9-12 who made a suicide plan



Story Behind the Curve

In 2019, the percentage of adolescents who made a suicide plan in the past year was 13%, which follows an increasing trend since 2011. The data is collected from the Youth Risk Behavior Survey (YRBS) which is administered every other year. For more data on suicide mortality and self-harm morbidity, please visit our injury surveillance reports.

Suicide is the second leading cause of death for people age 15 to 34 in Vermont. For every suicide death, there are many other people who think about or attempt suicide. While the causes vary and are complex, suicide is preventable.

Beyond this statewide number, we also know that the percentage varies between different subpopulations and tells a more complex story. Two populations with significantly high rates of suicidal thoughts or behaviors are youth of color and youth who identify as LGBTQ+.

Thirty-six percent of youth who identify as lesbian, gay, bisexual, or transgender (LGBT) made a suicide plan in the past year, which is significantly higher than heterosexual/cisgender youth (9%). Seventeen percent of youth of color made a suicide plan in the past year, which is significantly higher than their white, non-Hispanic peers (13%). Youth who hold marginalized identities may be at higher risk for suicide because of how they are mistreated and stigmatized in society.

The Vermont Departments of Health and Mental Health are collaborating with community partners to reduce these rates. One Agency cannot turn the curve alone; there are many partners who have a role to play making a difference.

Notes On Methodology

The Youth Risk Behavior Survey (YRBS) is a national program funded by the Centers for Disease Control and Prevention. It is administered every other year (odd years) through the public school system. The YRBS is a major source of information about youth health related behaviors that may contribute to leading causes of death and disability as adults.

The Vermont YRBS asks youth about concerning behaviors such as “feeling sad or hopeless” and suicide plans and attempts. Detailed analyses of Vermont data also inform on special subpopulations.

Reporting Entity

Vermont Department of Health

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99069986>

Outcome 7: Vermont's Elders Live with Dignity in Settings They Prefer

State ranking on long-term services and supports for older adults, people with physical disabilities, and family caregivers (AARP, Scan Foundation, Commonwealth Fund)



Story Behind the Curve

Produced every three years, this scorecard ranks states and the District of Columbia from 1 to 51 on a wide range of issues pertaining to older adults and people with disabilities. The LTSS scorecard has five domains that states are ranked within, and each of those domains has multiple indicators that are used to derive the overall score. The domains include:

- Affordability and Access
- Choice of Setting and Provider
- Quality of Life and Quality of Care
- Support for Family Caregivers
- Effective Transitions

AARP and ADvancing States recognize that the report can be challenging when solely viewed as a numerical ranking; however, it also can provide states with opportunities to highlight areas of success while simultaneously identifying areas for improvement. ADvancing States believes that all states have unique attributes and strengths and we are encouraged with the progress all states have made since AARP initiated this project in 2011. ADvancing States encourages each state to look beyond the total tabulations and state rankings and spend time understanding the individual components within each of the domains and how your state may improve as well as areas of success that you can highlight.

A few important things to consider about this report:

Some of the factors that impact the indicators are within Aging and Disability or Medicaid agencies' spheres of influence, but many are not. (i.e. the poverty rate in your state, Medicare policy, housing affordability, and Federal funding allocations for several programs)

Some of the data-sources used, including those from the Federal government, (especially CMS) may not be current enough to reflect improvements made in state systems since the information was first collected.

Many state-specific innovations may also not be captured because the report relies on sources of data that can draw all-state comparisons.

Many of the indicators and data sources shifted since the most recent release of the scorecard, so we do not believe it is useful to compare results across the different reports; however, we caution that there is likely to be press attention paid both to the individual state rankings as well as to any change in positioning that occurred between the releases.

The ranking of the top five states is as follows (note: some states are tied in this ranking system)

- Minnesota
- Washington
- Wisconsin
- Oregon
- Vermont

Notes On Methodology

Data source: national reports (as of August 2022):

<http://www.longtermscorecard.org/~media/Microsite/Files/2020/LTSS%202020%20Short%20Report%20PDF%20923.pdf>

<http://www.longtermscorecard.org/2017-scorecard>

<http://www.longtermscorecard.org/2014-scorecard>

<http://www.longtermscorecard.org/2011-scorecard>

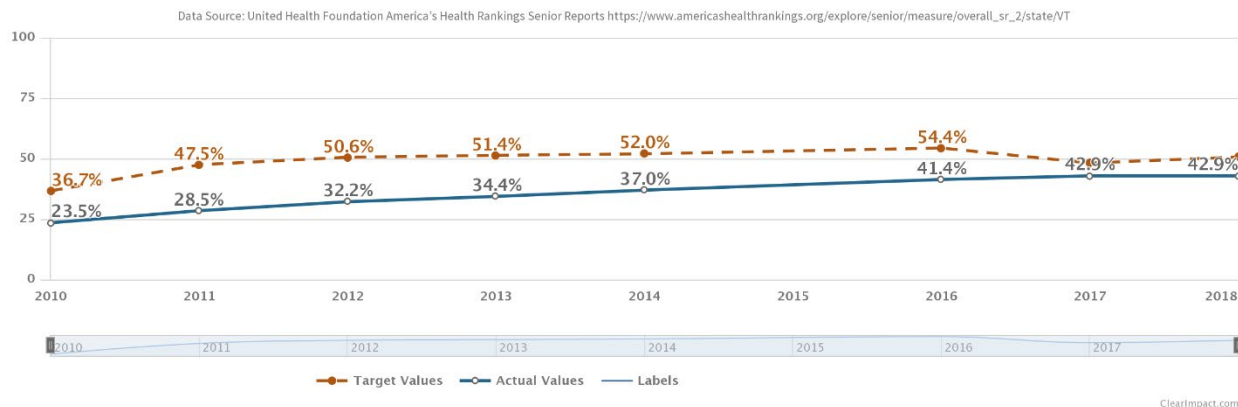
Reporting Entity

Vermont Department of Aging and Independent Living

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99116187>

Hospice enrollment: percentage of chronically ill Medicare decedents age 65 and older who were enrolled in hospice during the last 6 months of life



Story Behind the Curve

Vermont ranked 46th among US states in 2018. Target values are US values, i.e. across all states.

While Vermont has low enrollment in hospice for this cohort, Vermont also has a high rate of deaths in hospital. Efforts by hospice providers and physician practices to enroll more people in hospice could support people dying in settings that are often more personal and satisfying than the hospital, while also reducing the costs of end of life care.

Notes On Methodology

Hospice Care is the percentage of Medicare decedents aged 65 years and older enrolled in hospice care in the last six months of life after a diagnosis of one of nine chronic conditions with a high probability of death. The senior ranks are based on data from The Dartmouth Atlas of Health Care. The percentage of Medicare decedents aged 65 and older enrolled in hospice care in the last six months of life varies by state. Nationally, in 2018 50.7% of Medicare decedents were enrolled in hospice care in the last six months of life.

Source: America's Health Rankings analysis of The Dartmouth Atlas of Health Care, United Health Foundation, AmericasHealthRankings.org; National Hospice and Palliative Care Organization, NHPCO Facts and Figures.

https://www.americashealthrankings.org/explore/senior/measure/hospice_care_sr_a/state/VT

As of August 2022 this is the most current report/data available.

Reporting Entity

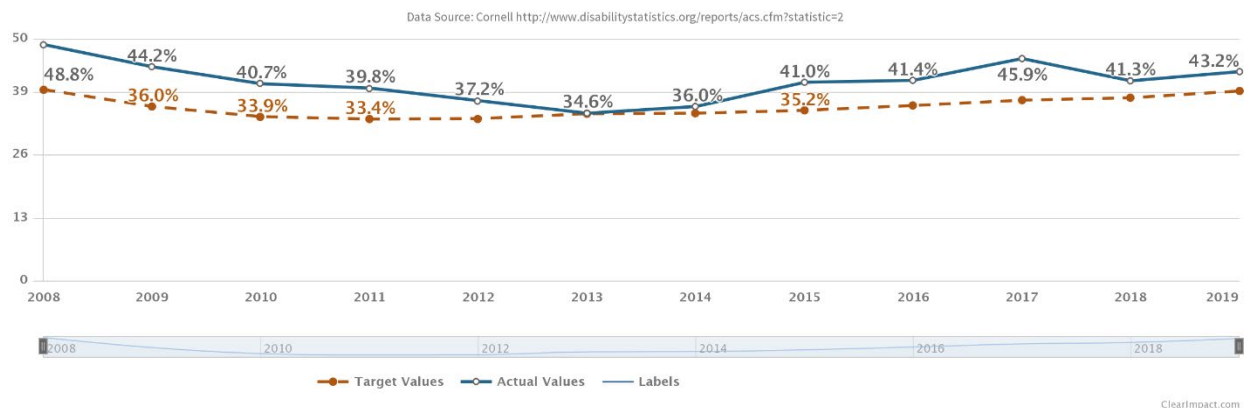
Vermont Department of Aging and Independent Living

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99032902>

Outcome 8: Vermonters with Disabilities Live with Dignity in Settings They Prefer

Estimated employment rate of Vermonters age 21-64 with all disabilities



Story Behind the Curve

This population indicator shows the estimated employment rate of all Vermonters with disabilities who are age 18-64. Employment is one way that Vermonters with disabilities contribute to their communities and the Vermont economy. Employment income is also directly related to economic status and independence among people with disabilities.

Note that the employment rate is higher in Vermont, but related earned wages are lower in Vermont. There is also evidence that some people with disabilities want a job but do not have one, and that some people with disabilities who have a job would like to work more hours and/or earn higher wages.

As reported by Joyce Manchester of the Joint Fiscal Office, an unusually high number of Vermonters of working age are eligible for SSDI. This tends to remove them from the active workforce.

Notes On Methodology

2019 is the most recent data available as of August 2022.

<http://www.disabilitystatistics.org/reports/acs.cfm?statistic=2>

Erickson, W., Lee, C., von Schrader, S. (2022). Disability Statistics from the American Community Survey (ACS). Ithaca, NY: Cornell University Yang-Tan Institute (YTI). Retrieved from Cornell University Disability Statistics website: www.disabilitystatistics.org

A person is considered employed if he or she is either

1. "at work": those who did any work at all during the reference week as a paid employee (worked in his or her own business or profession, worked on his or her own farm, or worked 15 or more hours as an unpaid worker on a family farm or business) or
2. were "with a job but not at work," : had a job but temporarily did not work at that job during the reference week due to illness, bad weather, industrial dispute, vacation or

other personal reasons. The reference week is defined as the week preceding the date the questionnaire was completed.

'Target' value is the national rate. Note high margins of error for estimated state rate. Caution should be used when interpreting a statistic based on small sample sizes or when the Margin Of Error (MOE) is large relative to the estimate. The MOE is a measurement of the accuracy of the statistic. We highly recommend that you indicate the sample size and MOE when reporting a statistic.

The ACS definition of disability is based on six questions. A person is coded as having a disability if he or she or a proxy respondent answers affirmatively for one or more of these six categories.

- Hearing Disability (asked of all ages): Is this person deaf or does he/she have serious difficulty hearing?
- Visual Disability (asked of all ages): Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
- Cognitive Disability (asked of persons ages 5 or older): Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
- Ambulatory Disability (asked of persons ages 5 or older): Does this person have serious difficulty walking or climbing stairs?
- Self-care Disability (asked of persons ages 5 or older): Does this person have difficulty dressing or bathing?
- Independent Living Disability (asked of persons ages 15 or older): Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

Reporting Entity

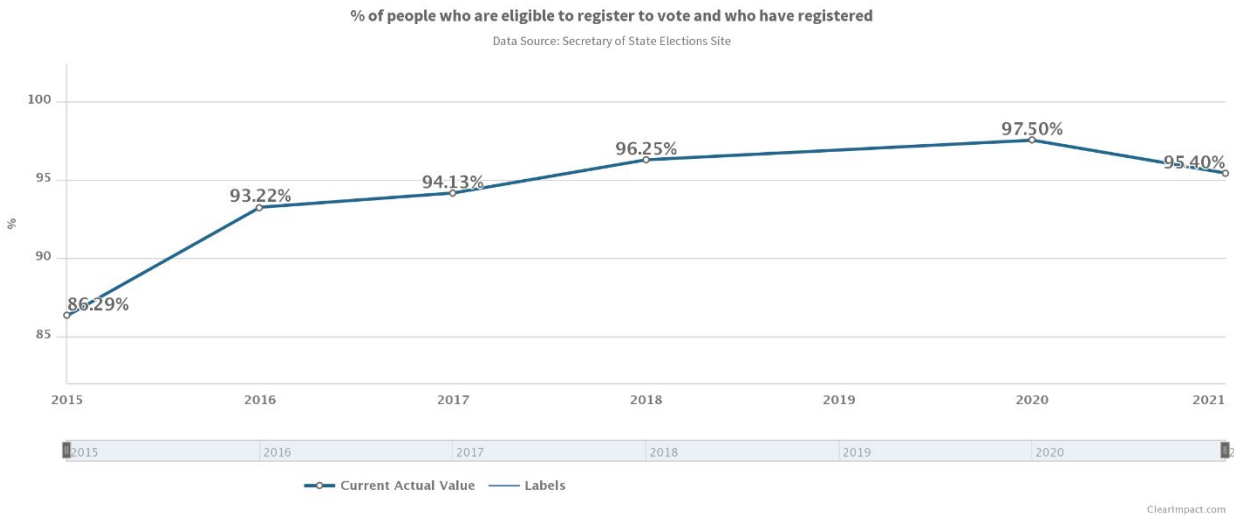
Vermont Department of Aging and Independent Living

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=99033040>

Outcome 9: Vermont Has Open, Effective and Inclusive Government

Percent of people who are eligible to register to vote and who have registered



Story Behind the Curve

There are currently 491,887 registered voters. The recent census figures indicated there are 461,304 people over the age of 18 in VT. This results in a percentage of 106% of the eligible population being registered. This is the result of the fact that the registered voter number includes our "challenged" voters, who are voters that the local election officials believe have moved, but have not yet responded to the notice sent. We cite this figure for consistency because the percentage of voters who voted in the election (the next measure) is measured against this total number of registered voters, because a challenged voter may still cast a ballot in the election if they first confirm their residence. A more accurate reflection of how many eligible Vermonters are currently registered would compare our number of active voters (those not challenged) against the eligible population. Our current number of active voters is 440,413. As a percentage of the eligible population, this is 95.4% ($440,413 / 461,304$).

As of September 2022, updated data has not been provided.

Notes On Methodology

Data collected from the Secretary of State Elections website.

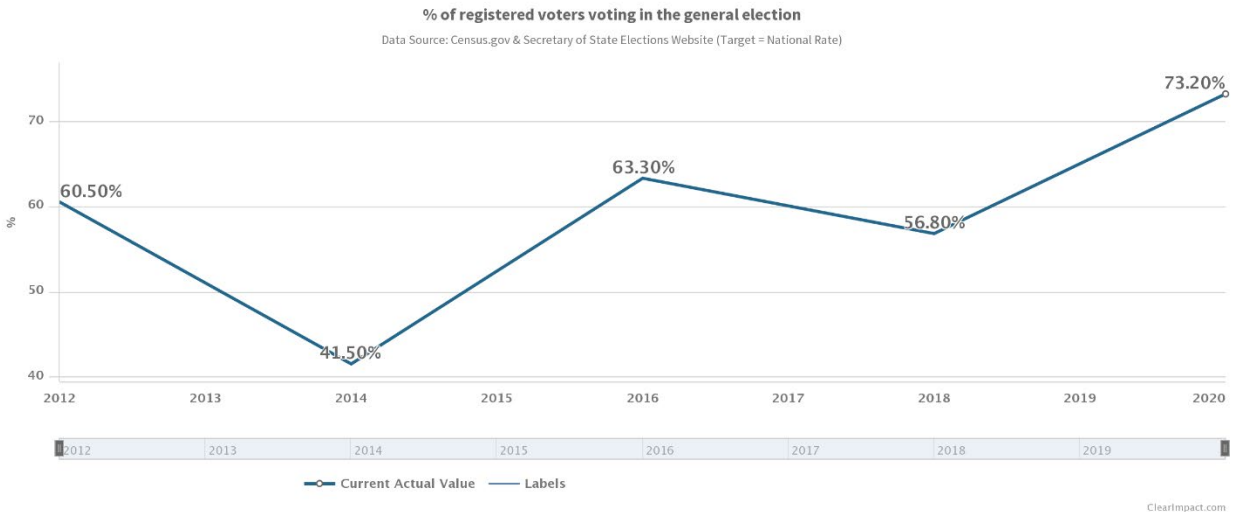
Reporting Entity

Vermont Secretary of State

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024679>

Percent of registered voters voting in the general election



Story Behind the Curve

2020 was the highest voter turnout in a statewide election in Vermont history. Of these 73.2% of voters who participated, 74% of those did so by returning their ballot early.

Notes On Methodology

Data collected from Census.gov and the Secretary of State Elections website.

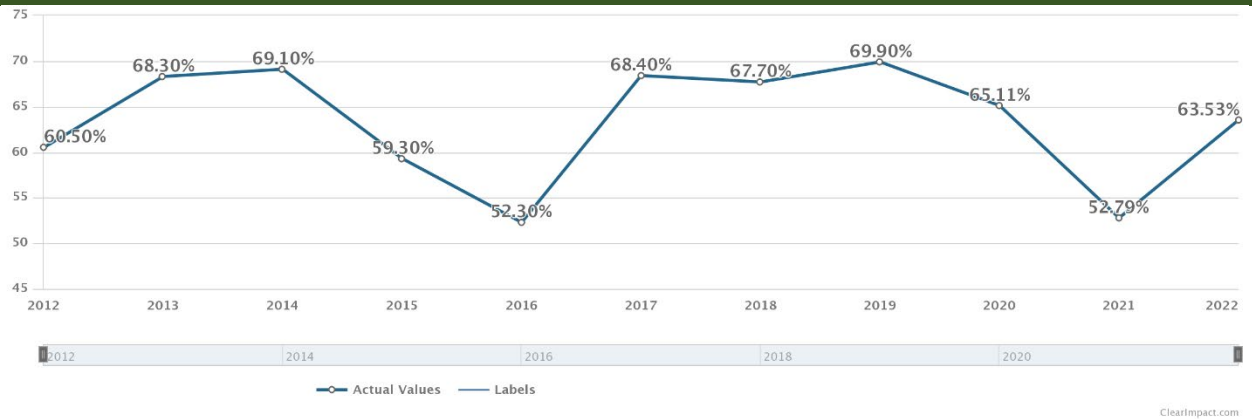
Reporting Entity

Vermont Secretary of State

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024680>

Percent of state grants awarded that include performance measures



Story Behind the Curve

Grants with performance measures dropped in SFY 2021 as a result of the large number of grants that were provided for COVID relief. It should be noted that appropriations for pass through non-state entities, such as UVM, Tax Lister Education, GF transfers to Capital Funds, and others, are processed and reported as "grants" but do not have performance measures attached, nor standard grant agreements. Other such situations include federal grants where performance measures are part of federal reporting and audit requirements and are therefore not included in the grant document.

Notes On Methodology

Data is self reported by agencies and departments through the state's financial system, VISION.

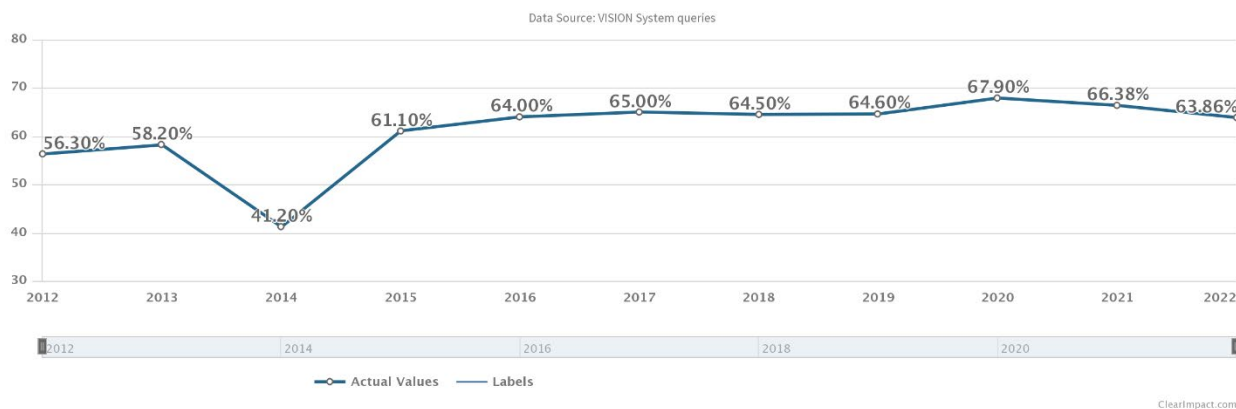
Reporting Entity

Vermont Agency of Administration

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024703>

Percent of state contracts awarded that include performance measures



Story Behind the Curve

After some inconsistency in the initial years, the percent of contracts awarded which contain performance measures has stabilized around 65%.

Notes On Methodology

Data is self reported by agencies and departments through the state's financial system, VISION.

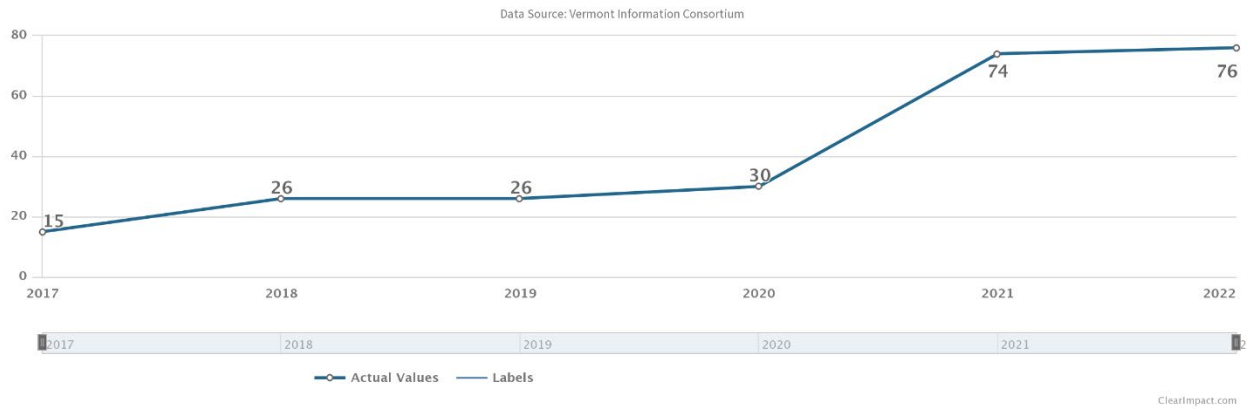
Reporting Entity

Vermont Agency of Administration

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024681>

Number of departments that are able to accept online payments



Story Behind the Curve

There has been guidance for some years to move all possible transactions to electronic means and away from paper-based processes.

Notes On Methodology

Data sourced from the Vermont Information Consortium.

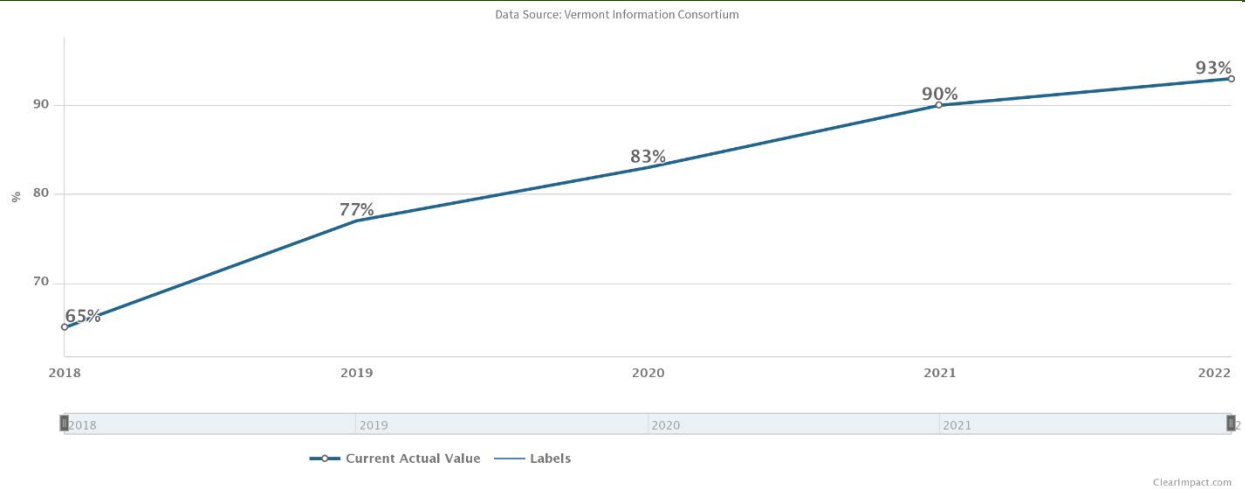
Reporting Entity

Vermont Agency of Digital Services

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024682>

Percent of departments using an up-to-date website template



Story Behind the Curve

This is entirely driven by the migration to newer versions of the Software underpinning the State's Website hosting solution. All sites in the latest version are responsive. Some State entities have not had the resources to update their site for some years and so they were still on antiquated templates in the older version. This was intended to be completed two years ago but the State requested a pause several times as resources were required for emergent circumstances, including the COVID pandemic.

Notes On Methodology

Comparing the number of non-responsive sites with the total number of sites.

Reporting Entity

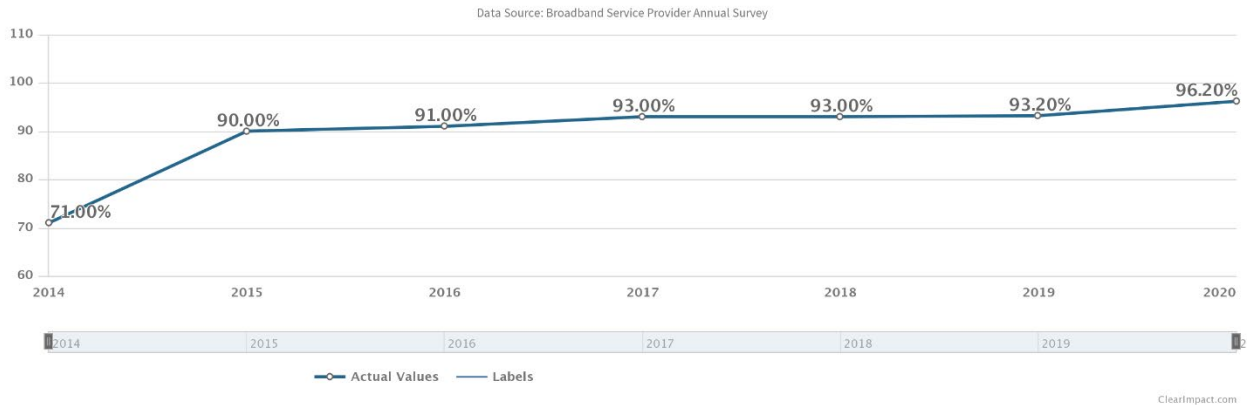
Vermont Agency of Digital Services

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024707>

Outcome 10: Vermont's State Infrastructure Meets the Needs Of Vermonters, the Economy, and the Environment

Percent of Vermont covered by state-of-the-art telecommunications infrastructure



Story Behind the Curve

The basic broadband standard, 4/1 Mega-bits per second (Mbps), measures the bare minimum broadband necessary to access a basic website. The standard is measured against residential and commercial structures of which there are roughly 310,000. 96.2 percent of the state's residential and commercial buildings have broadband of this level or better. This means that these structures have access to DSL, cable, or fiber to the premises internet. 80.3% of the state has access to 25/3 Mbps broadband or better, which is likely delivered by fast DSL, cable, or fiber. 76.1% have access to 100/20 Mbps or better, which is delivered through cable or fiber to the home systems. 29.2% of locations have fiber to the home. The state goal is to bring 100% of Vermont locations to fiber to the premises by 2024. The state is investing \$250 million to expand fiber to the home. While the total number of locations served by basic broadband will not likely increase, the number of locations with excellent broadband (i.e. 100/100 Mbps) should increase every year.

Notes On Methodology

Information on Vermont's broadband availability statistics can be found here:

<https://publicservice.vermont.gov/content/broadband-availability>

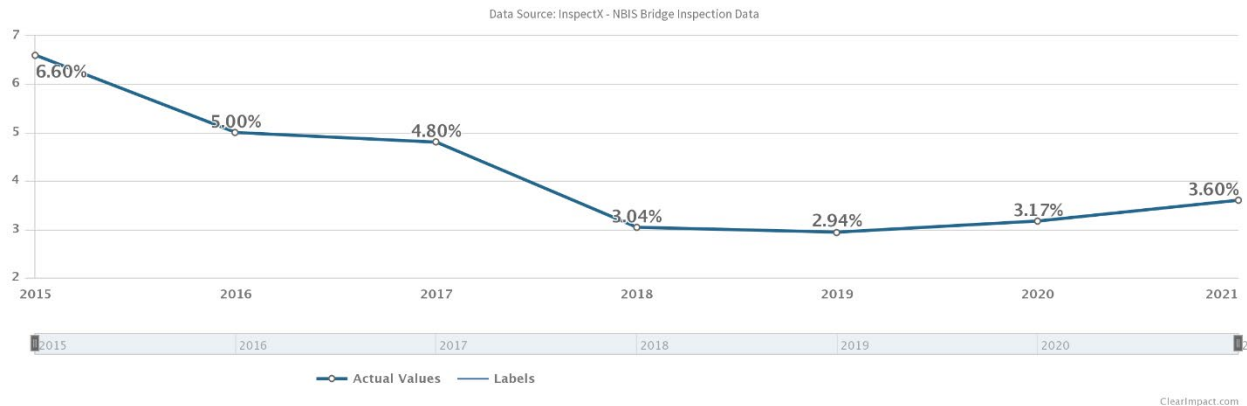
Reporting Entity

Vermont Department of Public Service

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024690>

Percent of structurally-deficient bridges, as defined by the agency of transportation



Story Behind the Curve

This data has kept the trend that it is on by replacing bridges that are in poor condition as bridges move from fair condition to poor condition. While this number is holding level it is a good sign that they are not moving to poor condition faster than we are replacing them.

Notes On Methodology

Annual inventory and inspections by VTrans of bridges with spans > 20 ft on state and town highways, and short structures with spans between 6 and 20 ft on the state highway system.

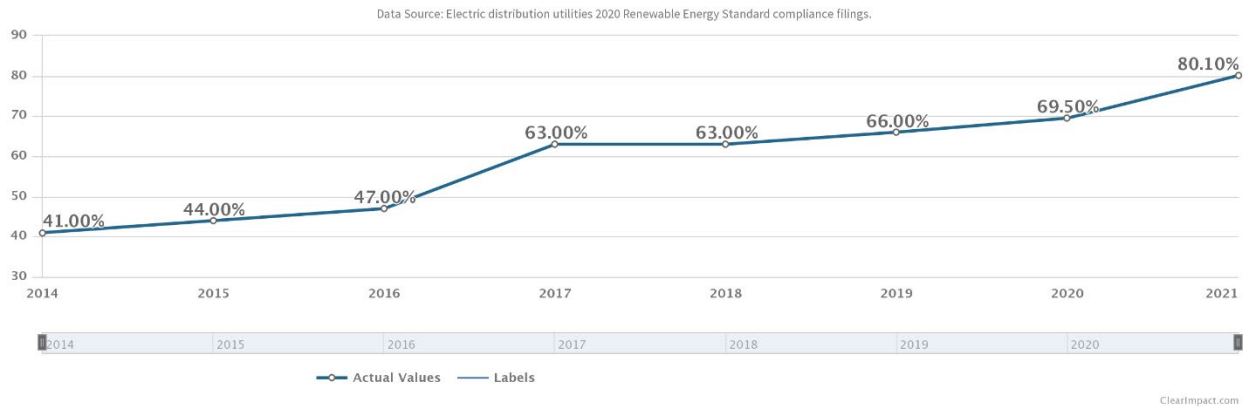
Reporting Entity

Vermont Agency of Transportation

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024691>

Percent of Vermont retail electric sales from renewable energy



Story Behind the Curve

Electric Utilities have found value in having an electric portfolio with REC attributes in excess of requirements in order to facilitate electrification, as well as a tool to communicate with customers. 80% jump was significantly higher than 2020 - a portion of this increase related to replacement of nuclear power that is not fully expected to persist in 2022.

Notes On Methodology

Data still being cleaned and finalized, subject to slight changes. Percent renewable reflects REC retirements- physical delivery of power (via contracts or ownership) reflects a lower amount of renewability. (~65-70%)

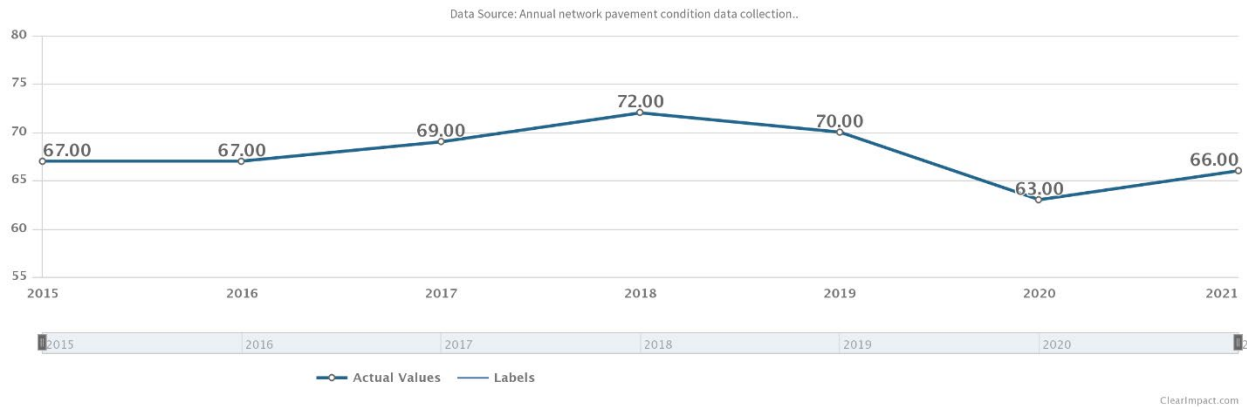
Reporting Entity

Vermont Department of Public Service

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024692>

State highway pavement condition rating



Story Behind the Curve

The travel weighted average condition has improved since 2020 and after a decline in 2019 trending back in the in the correct direction while the percent very poor has remained fairly constant since 2014.

Notes On Methodology

Pavement condition is tracked using two different performance measures, Travel Weighted Average Condition, and the Percent of Pavement Mileage in Very Poor Condition. Two measures are used to ensure a balance between good condition roads for the majority of travelers and a reasonable minimum condition for less-traveled roads.

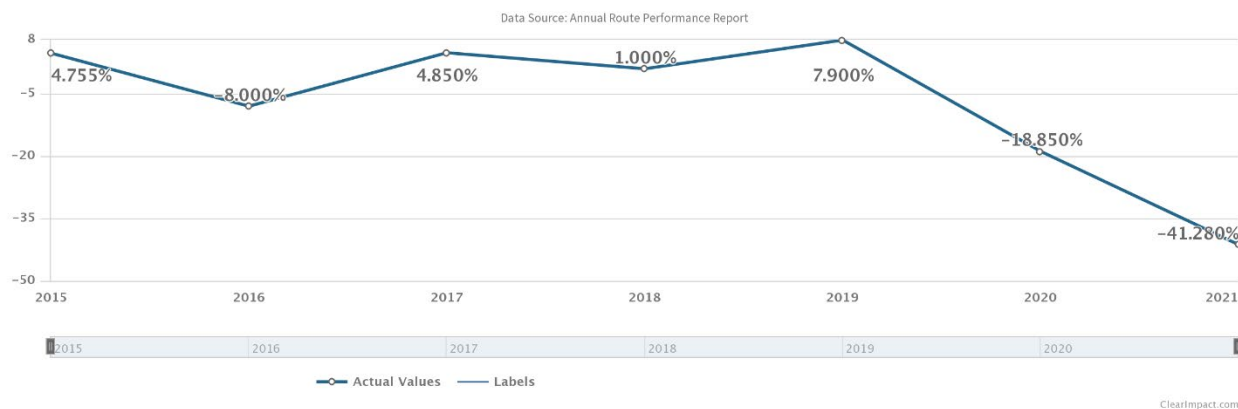
Reporting Entity

Vermont Agency of Transportation

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024693>

Percent change in public transit ridership year over year



Story Behind the Curve

While the impact of the Covid-19 pandemic was felt in the final quarter of SFY20, all of SFY21 was affected by the ongoing pandemic. Ridership ebbed and flowed with the waves of infections. Commuter oriented services suffered the steepest losses--over 80% of ridership in some cases. Other routes recovered somewhat during the year, but there is hardly a route in Vermont that has returned to its pre-pandemic ridership level. Routes oriented toward shopping and other essential services that are used by people with no other transportation options are the ones that have recovered most of their riders.

Notes On Methodology

Ridership data are routinely reported by the regional transit providers to AOT.

Reporting Entity

Vermont Agency of Transportation

Scorecard Link

<https://embed.clearimpact.com/Measure/Embed?id=100024694>