

2015 POPULATION-LEVEL OUTCOMES AND INDICATORS REPORT

September 01, 2015

3 V.S.A. § 2311 (c)

Submitted by: VT Agency of Administration, Chief Performance Officer



ECONOMY



COMMUNITIES



VULNERABLE
POPULATIONS



HEALTHY
VERMONTERS



FAMILIES



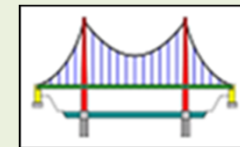
GOVERNMENT



ENVIRONMENT



CHILDREN & YOUTH



INFRASTRUCTURE

Transmittal and Table of Contents

To: Vermont General Assembly, Government Accountability Committee and Joint Fiscal Committee

Cc: Justin Johnson, Secretary of Administration and PALs

From: Susan A Zeller, CPO

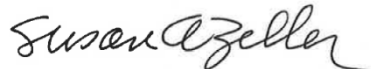
Date: September 1, 2015

Subject: 2015 Population-Level Outcomes & Indicators Report

We hereby present this second annual report, required in accordance with 3 V.S.A. § 2311 (c). Some indicators have been added, split or modified, to better inform the legislatively established Outcomes.

I would like to thank the Performance Accountability Liaisons, (PALs) for their work, providing the data for this report. Please note that I and the PALs are available to discuss the data and our internal efforts.

Following the main body of the report, Appendix I discusses the software “dashboard” tool used by AHS for tracking and reporting population based data – Results Scorecard. Appendix II provides screen shots of this tool. Ultimately, I suggest adopting this software tool for all Act 186 reporting.



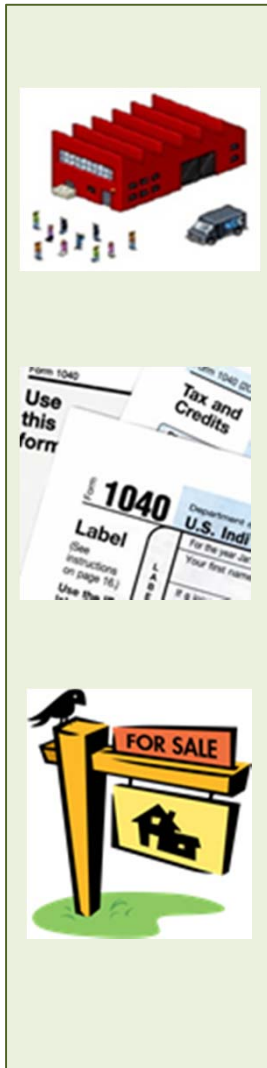
Susan A. Zeller
Agency of Administration
Chief Performance Officer

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OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY



INDICATORS:

(A) percent or rate per 1,000 jobs of non-public sector employment;

(B) median household income;

(C) median house price;
[Target: price increases less than the increase in household income.]

COMMENTS/NARRATIVE:

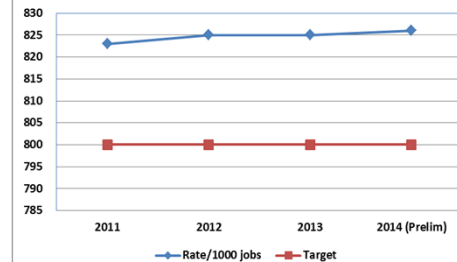
(A) This is the preliminary 2014 estimate; these numbers will be updated in 3 months with the addition of new data.

(B) US Census Bureau American Community Survey. One year data estimates.

(C) The changes in house prices are primarily driven by overall economic activity. Housing prices increased after the recession and are remaining steady over this reporting period. State programs help to decrease house prices by stimulating supply through new construction and renovation. State programs increase house prices by supporting home ownership, thereby increasing the demand. Note: The reported numbers are smaller than other figures for median house value when using Census Bureau data.

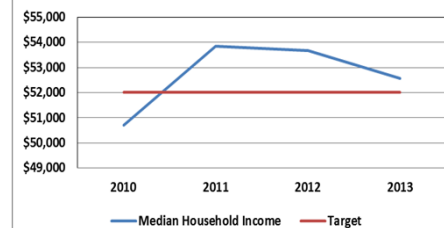
Data

Non-Public Sector Employment Rate per 1,000 Jobs
 Source: Ctrty Census Employment & Wages)



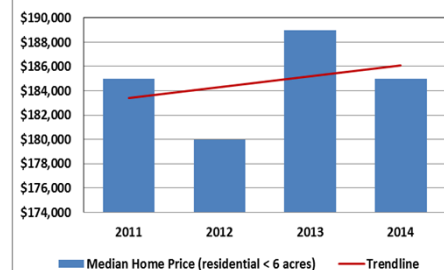
Median Household Income

Source: US Census Bureau



Median Home Price

Source: Annual Summary of Property Transfer Tax





OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY



INDICATORS:

(D) rate of resident unemployment per 1,000 residents;

(E) annualized Unemployment rate (an alternative indicator).

(F) percent of total farm sales;

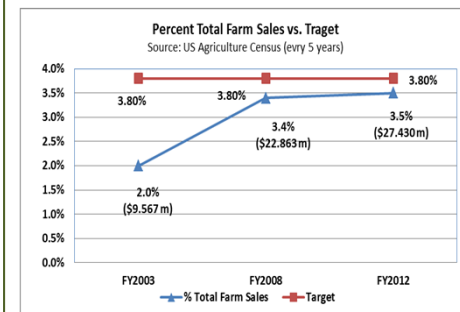
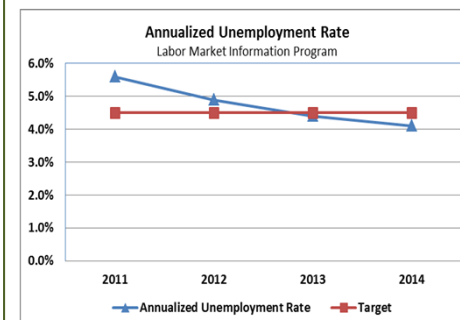
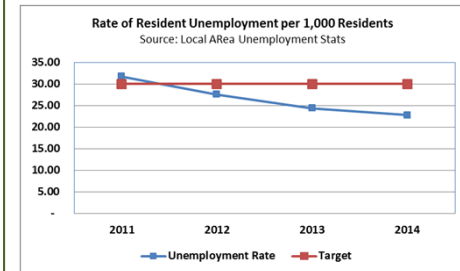
COMMENTS/NARRATIVE:

(D) The decrease in number of unemployed is due to two factors: improving economic conditions creating job openings and retirements from the Baby Boomer generation. The influence of the latter is expected to continue beyond the former.

(E) The decrease in number of unemployed is due to two factors: improving economic conditions creating job openings and retirements from the Baby Boomer generation. The influence of the latter is expected to continue beyond the former.

(F) No new data. Amount keeps increasing with more farmers markets and CSA's. Agency has been providing grants through Working Lands Enterprise, Farm to School and Farm to Market Grants that has increased market demand as well as valued added production and marketing.

Data





OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY



INDICATORS:

(G) percent of fruit and vegetable farms by sales outlet.



(H) increase in gross working lands income over previous year, for grantees of Working Lands Program;



(I) number of Farmers' Markets.

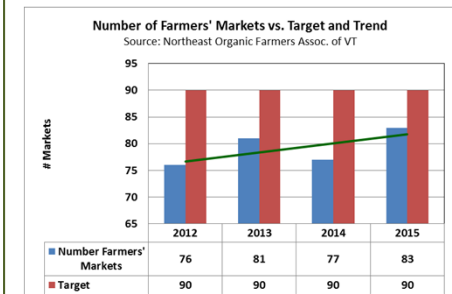
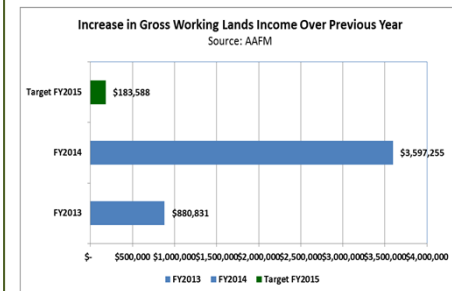
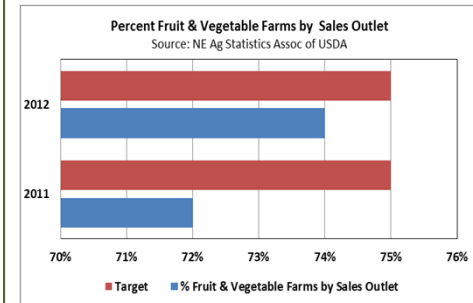
COMMENTS/NARRATIVE:

(G) No new data. Report comes out for 2014 later in the year. Similar reason for increase with more farmers markets and CSA's. Agency has been providing grants through Working Lands Enterprise, Farm to School and Farm to Market Grants that has increased market demand as well as valued added production and marketing.

(H) Current Period: Reporting on 16 completed projects of the 74 projects made in FY13 and FY14, totaling \$285,400 (approximately 7% of the 112 grants made to date). These include FY13 grantees in the Enterprise and Capital and Infrastructure investments areas as well as the FY14 Enterprise area. Prior Period: (FY2014 Reporting) Reporting on 23 completed projects of the 74 projects made in FY13 & FY14, totaling \$500,059 (approximately 23% of grants made in FY13 & FY14) including FY13 grantees in the Enterprise and Capital and Infrastructure investment areas.

(I) Overall trend is upward. More demand but there is a possible limit to how many farmers markets are needed to meet our population. Agency is working on expanding markets outside of Vermont for growers and producers of agricultural products to continue to grow demand if farmers markets become saturated.

Data





OUTCOME 2: VERMONTERS ARE HEALTHY.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

A) percent of adults 20 years of age or older who are obese;



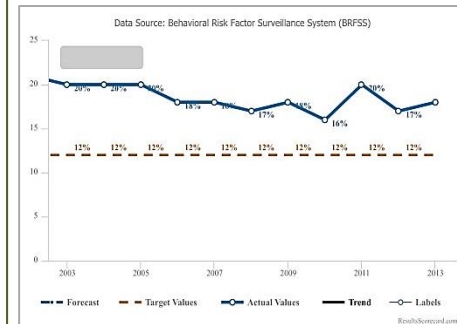
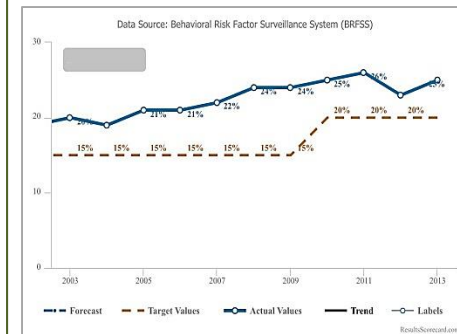
(B) percent of adults smoking cigarettes;

COMMENTS/NARRATIVE:

(A) In 2012, the BRFSS data showed that 23% of Vermont adults age 20 and older are obese; slightly less than in 2011 (prevalence 26%). Obesity tends to rise with age, & adults with a HS education or less & lower incomes are more likely to be obese. The # of adults who do no physical activity saw a positive change from 21% in 2011 to 16% in 2012, although we do not know the cause. Of concern is only 23% of adults reported eating five or more fruits and vegetables a day in 2011, down from 29% in 2009. Awareness of the impact of obesity on health, health costs, and worker absenteeism has risen over this time period.

(B) In 2011, the CDC implemented changes to its survey methodology in order to more accurately represent the adult population. The graphs may appear continuous but data before 2011 should not be directly compared to that after 2011. It is estimated that nearly 50% of smokers in Vermont are Medicaid insured or eligible. Research indicates that low-income smokers desire to quit as much as non-low-income smokers, but can have more difficulty in sustaining a successful quit over time. The program has worked steadily in collaboration with DVHA to increase the tobacco cessation benefit for Medicaid smokers and to promote these free resources through media and communications. VDH's Tobacco Control Program has been working to monitor and increase the proportion of Medicaid smokers served by its cessation resources. Of note, 24% of all tobacco users who registered for Quitline services were Medicaid insured; however; they were less likely to participate in more than one quit session, which decreases the likelihood of a successful quit.

DATA:





OUTCOME 2: VERMONTERS ARE HEALTHY.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



(C) number of adults who are homeless;



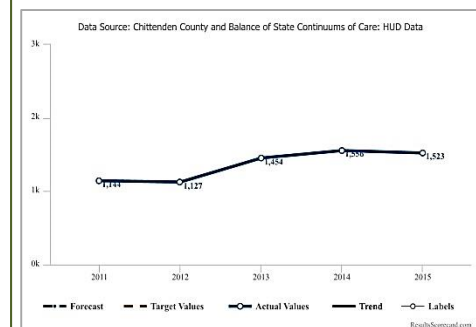
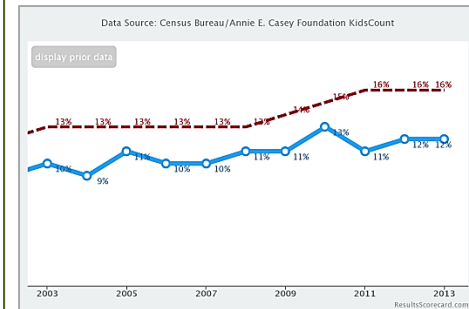
(D) percent of population living below the federal poverty level.

COMMENTS/NARRATIVE:

(C) The most recent one-day Point-In-Count of Americans experiencing homelessness (January 2014) indicates that on any given night, **approximately 1,556 Vermonters are without housing**. This represents a 9% increase over the previous year. While no single measure of homelessness purports 100% accuracy, the Point-In-Time count uses standard definitions developed by HUD and constitutes Vermont's best proxy measure at this time. 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 because people sheltering in motels were not systematically included.

(D) In Vermont, the % of individuals living below the Federal Poverty Level (FPL) has remained static since 2009, around 12%; lower than the national avg. of 16%. The % of individuals living in poverty has increased from a low of 9% in 2004, largely attributed to the Great Recession, which led to massive job losses and long-term unemployment. However, the effects of poverty are significantly mitigated by safety net programs. In 2013, approximately 74,000 Vermonters lived in poverty.

Data





OUTCOME 2: VERMONTERS ARE HEALTHY.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

(E) percent of adults age 18 - 64 with health insurance;

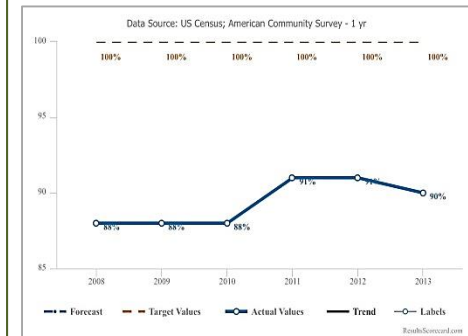
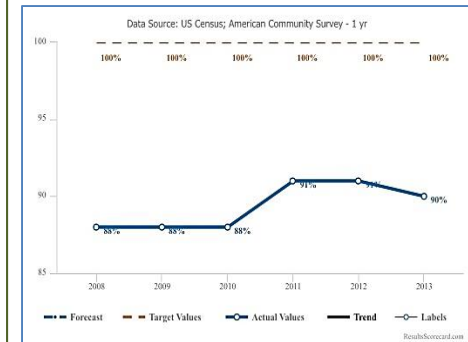
(F) Rate of suicide over 100,000 Vermonters;

COMMENTS/NARRATIVE:

(E) The majority of Vermont adults are insured and this proportion has been slowly rising in the last five years. We expect the proportion to continue to increase with full implementation of the Affordable Care Act and other initiatives to increase access to health care.

(F) 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 averages. Vermont rates of suicide are also higher than the rates of neighboring states and the New England Region. The overall rate for the past 10 years has been increasing. Deaths by suicide in Vermont appear to follow national patterns. More men die by suicide than women. Firearms are the method used for nearly two-thirds of the deaths by suicide.

Data





OUTCOME 2: VERMONTERS ARE HEALTHY.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

(G) fall-related death per 100,000 adults age 65 and older:

(H) rate of Vermonters with mental health conditions getting help for such conditions:

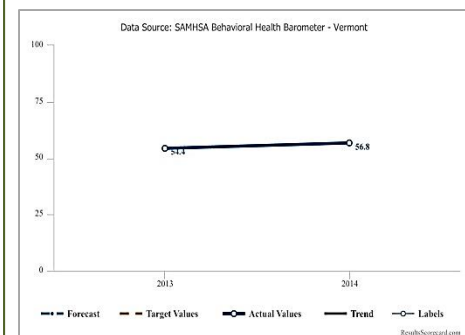
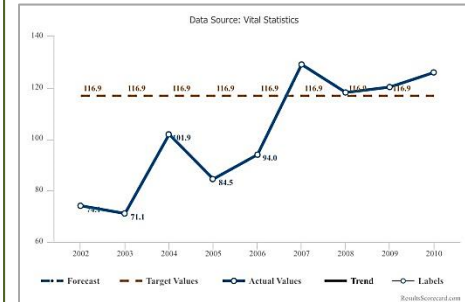


COMMENTS/NARRATIVE:

(G) From 2002 - 2009, the number and rate of fall-related deaths have increased. The 2009 Vermont death rate of 120.3 per 100,000 adults age 65 and older is significantly higher than that in 2002. Vermont's elderly (over age 65) fall-related mortality rate is higher than the national rate. In 2007, Vermont's fall-related death rate for this age group was 129.1 compared to 45.3 nationally. There are no major population-based events that are recognized as influencing the data in this time frame however, Vermont's ability to recognize and document fall-related deaths may have improved. Vermont's data provides useful information on the targeting of both primary and secondary prevention activities.

(H) This data represents State estimates based on the combined annual National Surveys on Drug Use and Health (NSDUHs) for the current and previous measurement year. For example, the 2010 data point represents survey data from the 2009 and 2010 NSDUH surveys. Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), NSDUH is an ongoing survey of the civilian, non-institutionalized population of the United States aged 12 years or older. Data for 2014 have not been released yet from SAMHSA.

Data





OUTCOME 2: VERMONTERS ARE HEALTHY.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



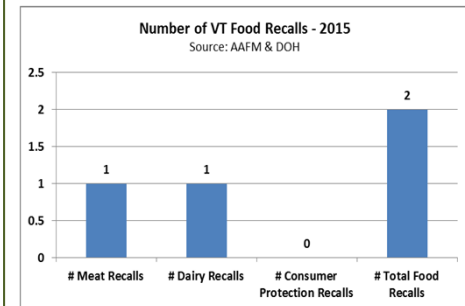
INDICATORS:

(I) number of Vermont food recall incidents.

COMMENTS/NARRATIVE:

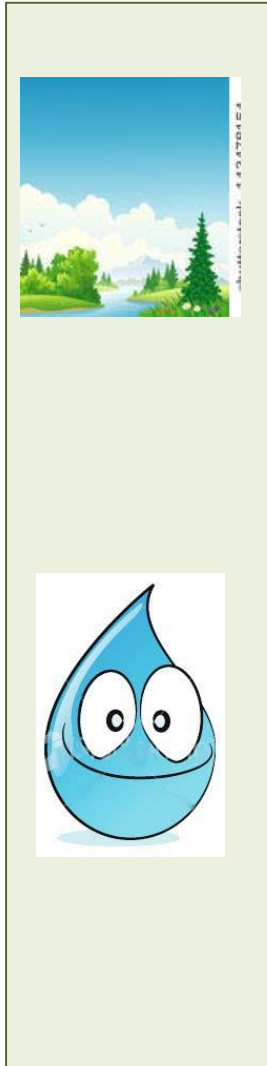
(I) **1. Consumer Protection:** syrup, eggs, apples, strawberries and potatoes – no recalls. **2. Meat/poultry:** Voluntary recall by Vermont Smoke and Cure, Hinesburg, VT of their 5 Knives, no antibiotic and born in Vermont line of pork products for economic misbranding. **3. Dairy:** On March 31, 2015 Farm to Fridge LLC, Shoreham, VT initiated a voluntary recall on production from one of their pasteurizers March 19, 24 and 29. The products produced were culture milk and yogurt. The recall was initiated because air space thermometer was not working properly and there was no way to verify complete pasteurization. [FY 2015 data only]

Data





OUTCOME 3: VERMONT'S ENVIRONMENT IS CLEAN AND SUSTAINABLE.



INDICATORS:

(A) cumulative number of waters subject to TMDLs or alternative pollution control plans;

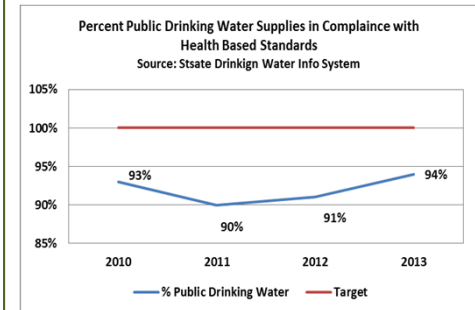
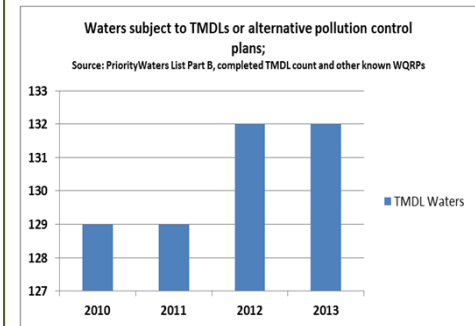
(B) percent of public drinking water supplies in compliance with health based standards;

COMMENTS/NARRATIVE:

(A) Numbers are based on TMDL approvals or Part B approvals which are tracked by EPA based on the FFY. The target is 3 per year.

(B) Increased compliance with MCLs has resulted from treatment installation. Compliance will increase next year when the Revised Total Coliform Rule becomes effective April 1, 2016 and the maximum contaminant level (MCL) for total coliform will cease to exist.

Data





OUTCOME 3: VERMONT'S ENVIRONMENT IS CLEAN AND SUSTAINABLE.



INDICATORS:

(C) Total greenhouse gas (GHG) emissions per capita, in units of annual metric tons of "equivalent carbon dioxide" (CO₂e) per capita;

(D) Percent of Vermont retail electric sales from renewable energy

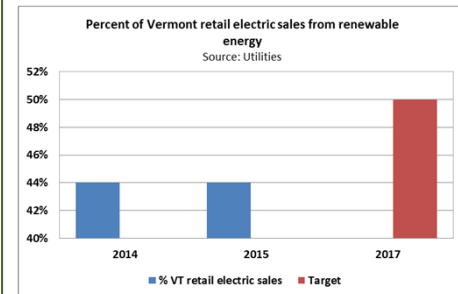
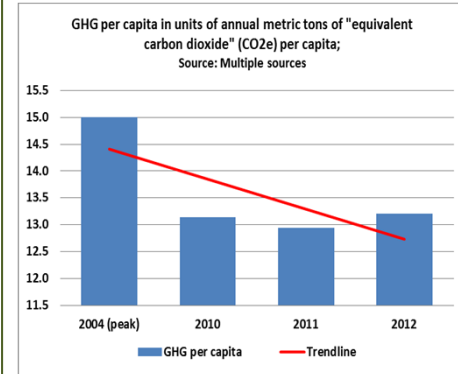


COMMENTS/NARRATIVE:

(C) Vermont population growth has been minimal in recent years, and actually exhibited a small decline in 2012. Greenhouse Gas (GHG) emissions which have been declining since a peak in 2004 showed a small increase between cy 2011 to cy 2012. The GHG emissions reductions since 2004 were largely driven by continued gradual decreases in transportation and residential / commercial / industrial fuel combustion emissions. The slight increase in 2012 emissions is mainly due to the consumption-based methodology used to quantify emissions from the electricity sector, which accounts for a marked decrease in reliance on nuclear generation, a consequential increased reliance on higher GHG-emitting regional market power in Vermont's contracted electricity mix, and sales of Renewable Energy Certificates (RECs) to entities outside of Vermont. The slight increase in GHG per capita for cy 2012 is a result of slightly higher GHG emissions attributed to a slightly smaller Vermont population.

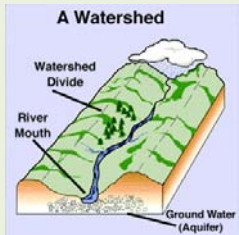
(D) Utilities are reporting more gross renewable energy in their portfolios, but they have procured more power overall this year. PSD estimates indicate certainty that renewables have not decreased. PSD will continue with analysis, and update the current percentage of renewable energy as the data indicates.

Data





OUTCOME 3: VERMONT'S ENVIRONMENT IS CLEAN AND SUSTAINABLE.



INDICATORS:

(E) percent of river miles with water quality that meet designated uses;

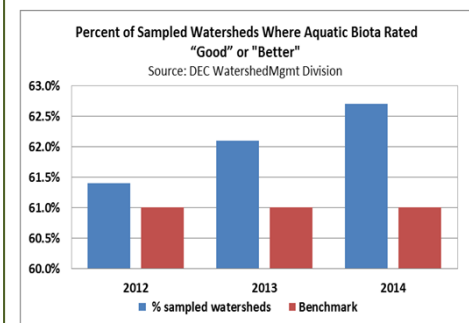
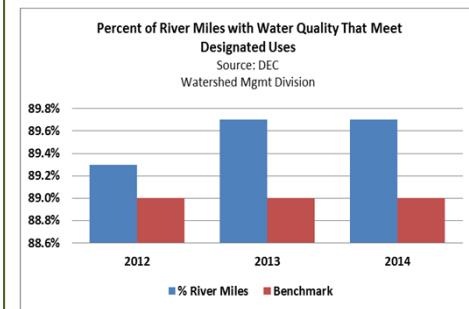
(F) percent of watersheds in Vermont where pollutant loads are declining;

COMMENTS/NARRATIVE:

(E) This is a new metric for 2015 but backfilled past 2 years. This metric is normally compiled every even numbered year in the 305b Report. This 2015 value reflects a summary through 2014.

(F) New metric; this reflects the cumulative percent through 2014.

Data





OUTCOME 3: VERMONT'S ENVIRONMENT IS CLEAN AND SUSTAINABLE.



INDICATORS:

(G) Percent of previously impaired waters meeting standards based on corrective actions.



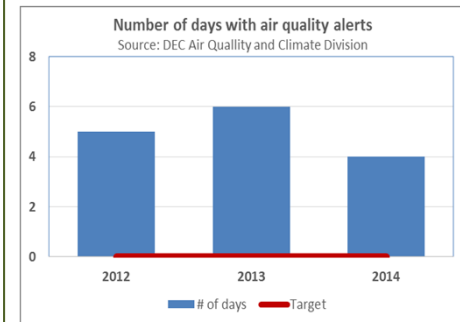
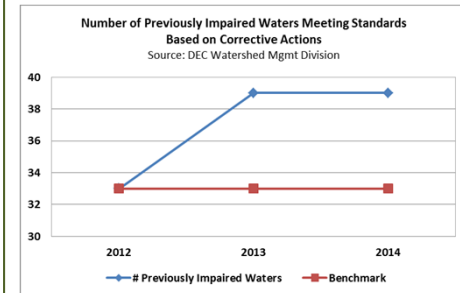
(H) total number of days with air quality alerts;

COMMENTS/NARRATIVE:

(G) This is a new metric for 2015 but was changed from "percent" to "number". The metric is based on the bi-annual reporting of the 303d List produced every even-numbered year. 2015 is based on 2002-2014 data.

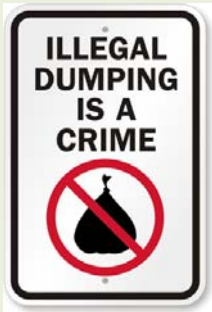
(H) Air quality alerts are based on next-day forecasts. Direct measurement data indicate that air quality health standards were exceeded on 4 days in 2012, 4 days in 2013 and 3 days in 2014. While days exceeding standards occur infrequently, and Vermont's air quality is rated "good" on most days, the measurements also indicate that air quality was "Moderate" or worse at least one VT site on 108 days in 2012, 90 days in 2013 and 90 days in 2014. When air quality is "moderate", there may be a moderate health concern for a small number of people who are unusually sensitive to air pollution.

Data





OUTCOME 3: VERMONT'S ENVIRONMENT IS CLEAN AND SUSTAINABLE.



INDICATORS:

(I) Disposal rate of municipal solid waste (lbs./person/day);

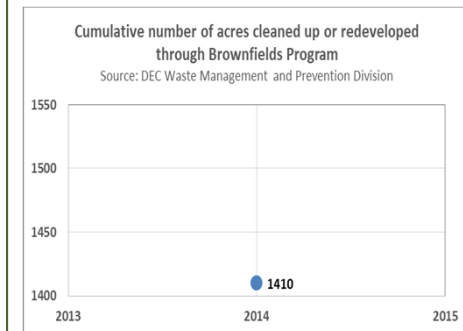
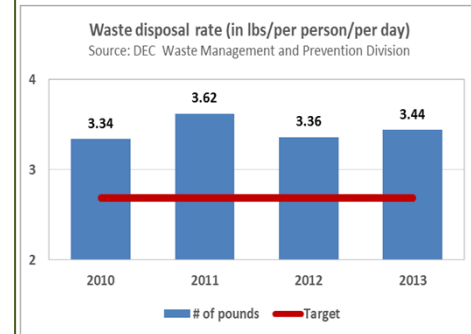
(J) Total number of acres that has been or will be cleaned up/redeveloped based on sites enrolled in the Brownfields reuse environmental liability limitation act;

COMMENTS/NARRATIVE:

(I) Reporting in CY2103 because there is a 6 to 12 month delay from the end of the calendar year through the time the data is available.

(J) New metric, representing the cumulative acreage through FY 2015.

Data





OUTCOME 4: VERMONT'S COMMUNITIES ARE SAFE AND SUPPORTIVE.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

(A) rate of petitions granted for relief from domestic abuse per 1,000 residents;



(B) rate of violent crime per 1,000 crimes;



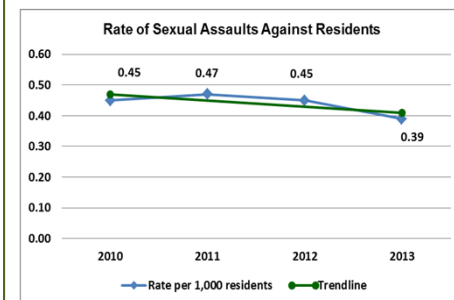
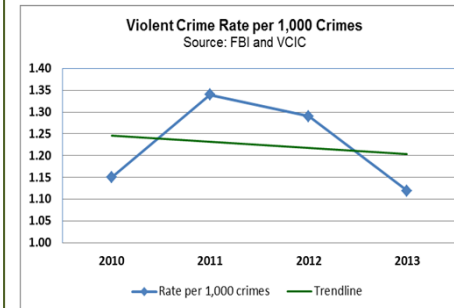
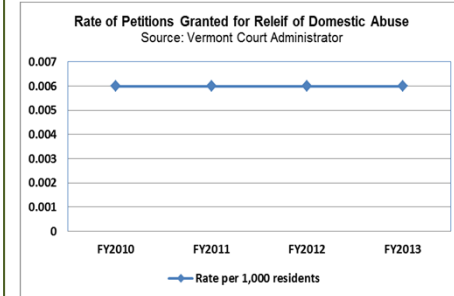
(C) rate of sexual assault committed against residents per 1,000 residents

COMMENTS/NARRATIVE:

(A) This indicator remains constant. This information is provided by the Court Administrators Office and is considered a reliable data source.

(B & C) The indicator showed a slight drop in 2013. However, DPS is concerned that this may be a result of lack of reporting. Since many local police departments transitioned away from the Spillman Records Management System to the Valcour records management system reporting crime statistics has not been reliable. The DPS has an initiative, which will begin in late fall of 2015 to work with law enforcement agencies to improve the quality of data being collected. It is our intent to see a rise in the violent crime over time which should be indicative of better reporting.

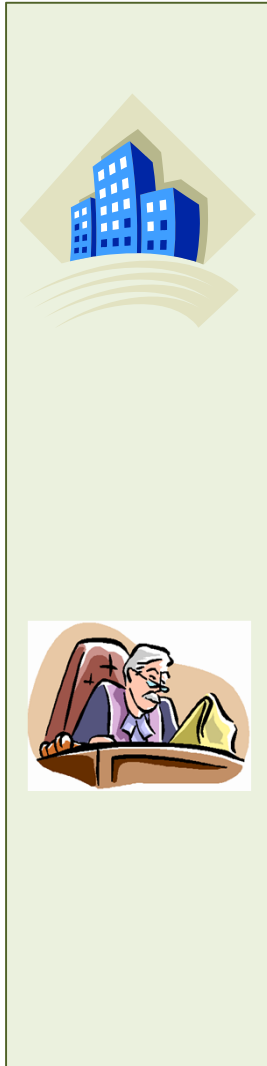
Data





OUTCOME 4: VERMONT'S COMMUNITIES ARE SAFE AND SUPPORTIVE.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

(D) percent of residents living in affordable housing;
[Target: Exceed the national percent of residents living in affordable housing (2013 = 65.2%)]

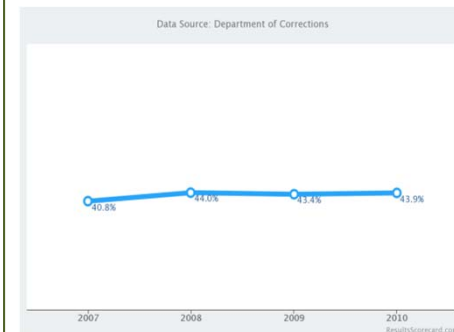
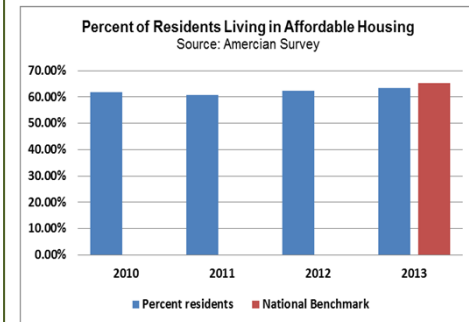
(E) Recidivism rate;

COMMENTS/NARRATIVE:

(D) Please note that we have gaps in data to measure "residents" so we are reporting here on "households" living in affordable housing. Housing is considered "affordable" when housing costs are $\leq 30\%$ of household income. This single figure does not capture the reality that conditions are worsening for many of those 35%+ of households who are living in housing that is not affordable. This figure also does not describe the changing demographics leading to an increase in the number of households. Generally, wealthier people have fewer people per household than lower income people who have higher persons per household.

(E) The data tell us that the average recidivism rate has remained consistent over time. It is common for recidivism rates to remain unchanged due to the nature of the measure. The goal is for this trend to go down. In 2014, Vermont was awarded a 3 year grant from the U.S. Department of Justice to reduce recidivism. This grant will focus on individuals who are most likely to recidivate- moderate to high risk offenders released on furlough. Data shows the baseline recidivism rate for that population is 51.6%. Multiple strategies will be implemented to target this population and bring down the entire recidivism rate for the state.

Data





OUTCOME 4: VERMONT'S COMMUNITIES ARE SAFE AND SUPPORTIVE.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

(F) incarceration rate per 100,000 residents;

(G) number of first-time entrants into the corrections system;

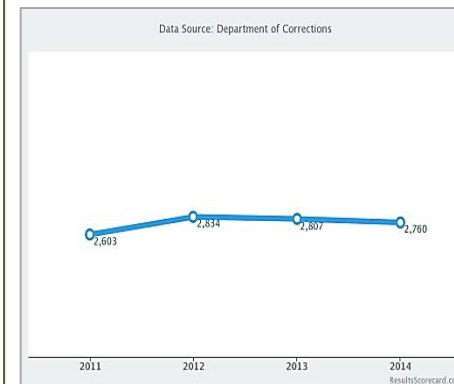
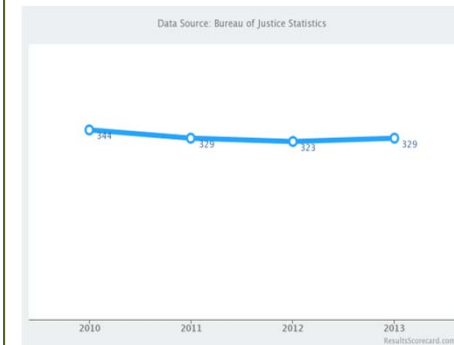


COMMENTS/NARRATIVE:

(F) The Vermont Corrections system integrates services both 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). Our overall incarceration rate, regardless of sentence length, is 329/100K residents. This compares to the US Imprisonment rate of 648/100K. In all categories of inmate, Vermont's rate 50% less than the national average.

(G) There is significant evidence that demonstrates the effectiveness of diverting people early in the system will reduce future interactions with the criminal justice system. Across Vermont, there are many efforts working to intervene with individuals at earlier point along the sequential intercept. Many of these strategies are Pre-Charge (e.g. referral to Community Justice Center); Post Arrest (e.g. Court Diversion) or Pre-Trial (e.g. Rapid Referrals to other services). The success of these efforts contributes to the reduction of new entries into the DOC system.

Data





OUTCOME 4: VERMONT'S COMMUNITIES ARE SAFE AND SUPPORTIVE.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



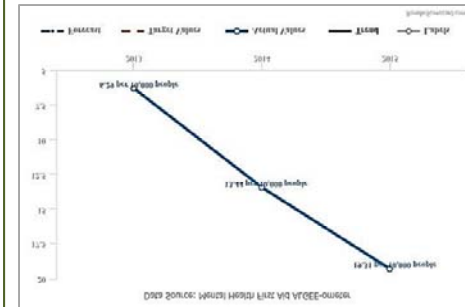
INDICATORS:

(H) percent or population trained in mental health first aid.

COMMENTS/NARRATIVE:

(H) Vermont has had one of the greatest increases in courses offered between 2012 and 2013, from 51 to 214, representing a 319% increase. The data are from June 2015. Vermont has one of the largest percentages of the population trained in Mental Health First Aid. Numbers reported for the measure are based upon the most recently available report for each calendar year. Vermont ranks as one of 17 states in the highest category of 15% or more population trained.

Data





OUTCOME 5: VERMONT'S FAMILIES ARE SAFE, NURTURING, STABLE, AND SUPPORTED.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

(A) number and rate per 1,000 children of substantiated reports of child abuse and neglect;

(B) number of children who are homeless;

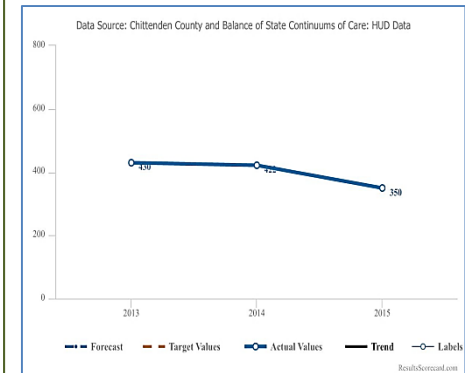
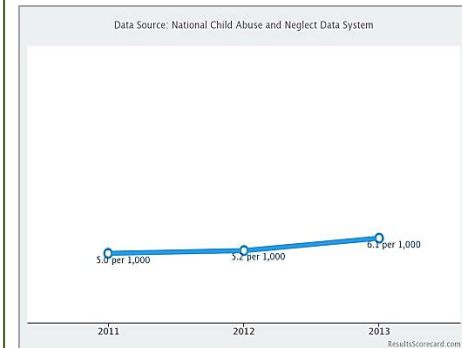


COMMENTS/NARRATIVE:

(A) In Vermont, the rate of substantiated child abuse and neglect per 1,000 children has increased in the past several years, between 5.0 and 6.1 per 1,000 children. Increased rates of poverty, substance abuse (particularly opiate use), and family and community violence have been linked to this increase. During the same period of time, the national average was 9.1 to 9.3 maltreatment victims per 1,000 children. Vermont's comparatively lower rate may indicate that Vermont's investment in child abuse prevention, early childhood services, and comprehensive family supports is paying off.

(B) Following a dramatic increase in the number of homeless families with children, the state of Vermont invested in programs such as the Vermont Rental Subsidy Program and Family Supportive Housing Program. Rental assistance and intensive services provided through these state-funded initiatives is targeted to homeless families with children and seems to be having the desired effect of reducing homelessness among this vulnerable population. This strategy has also demonstrated a reduction in health care utilization and costs and is consistent with our Agency focus on the critical early years in a child's development. Additional work needs to be done to increase access to deeply-affordable housing and bring the supportive services currently available in five regional pilots statewide.

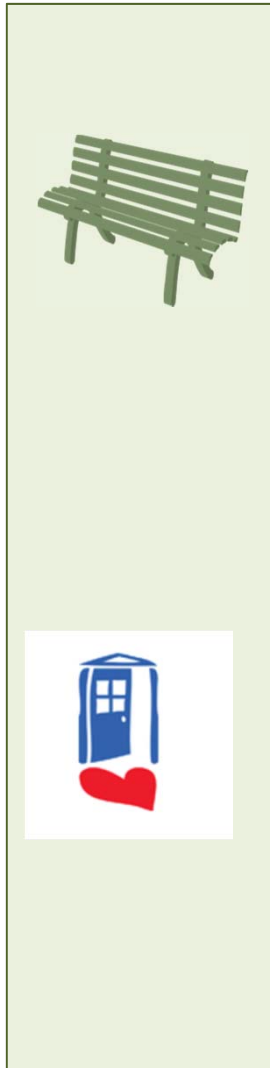
Data





OUTCOME 5: VERMONT'S FAMILIES ARE SAFE, NURTURING, STABLE, AND SUPPORTED.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

(C) number of homeless persons (adults and children) in families with at least one child

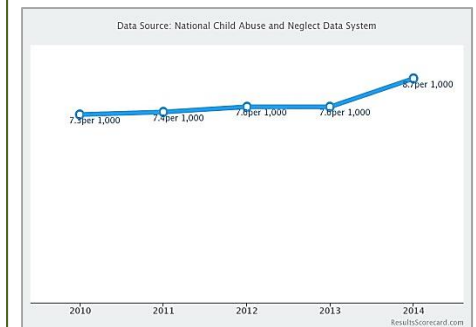
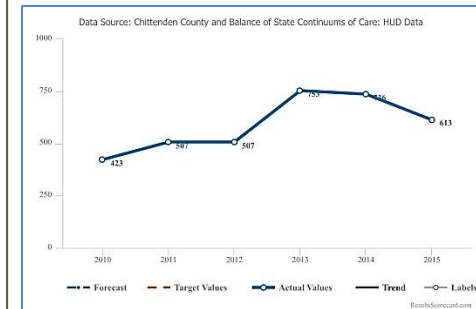
(D) number and rate per 1,000 children and youth of children and youth in out-of-home care.

COMMENTS/NARRATIVE:

(C) Following a dramatic increase in the number of homeless families with children, the state of Vermont invested in programs such as the Vermont Rental Subsidy Program and Family Supportive Housing Program. Rental assistance and intensive services provided through these state-funded initiatives is targeted to homeless families with children and seems to be having the desired effect of reducing homelessness among this vulnerable population. This strategy has also demonstrated a reduction in health care utilization and costs and is consistent with our Agency focus on the critical early years in a child's development. Additional work needs to be done to increase access to deeply-affordable housing and bring the supportive services currently available in five regional pilots statewide.

(D) The number of children in out of home care has increased steadily since 2010. Over the past year, there has been a 33% increase in the number of children in DCF custody, bringing the total to over 1,300 children. This is the highest number of children in custody in over a decade, and places Vermont above the national average for children in out of home care. The trend is most startling for children under the age of six, which increased 79% (source). This rise in the rate of children in out of home care can be partially attributed to substance abuse (particularly opiates) among families with young children. In 2014, substance abuse was a factor in approximately one-third of the reports received by the Child Protection Line.

Data





OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:

A: Pregnant women and young people thrive.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

(i) percent of women who receive first trimester prenatal care;



(ii) percent of live births that are preterm (less than 37 weeks);



(iii) rate of infant mortality per 1,000 live births;

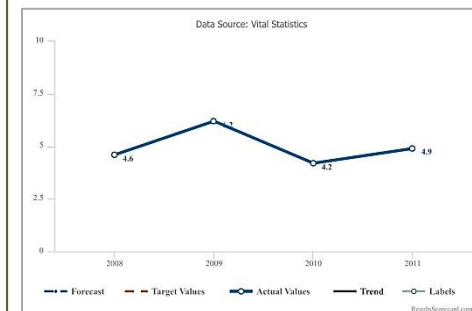
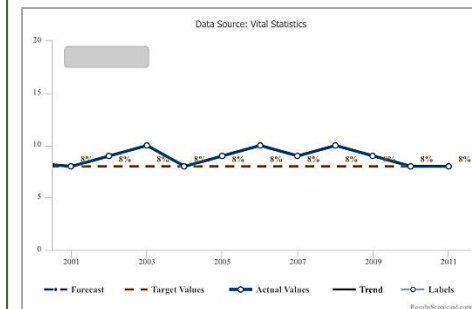
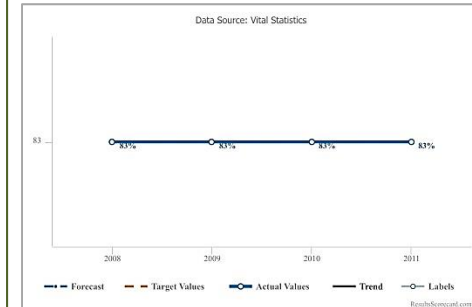
COMMENTS/NARRATIVE:

(i) The proportion of women reporting first trimester prenatal care remains steady at 83% as measured on the birth certificate.

(ii) Vermont has a stable, low rate of preterm births. There have been minor fluctuations between 8% and 9.5% in the last 12 years.

(iii) The Vermont infant mortality rate remains stable, low, and below the national rate.

Data





OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:

A: Pregnant women and young people thrive.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

(iv) percent of children at or below 200 percent of federal poverty level;

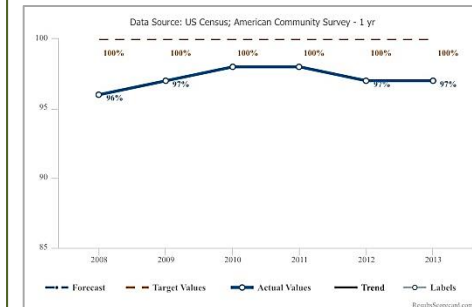
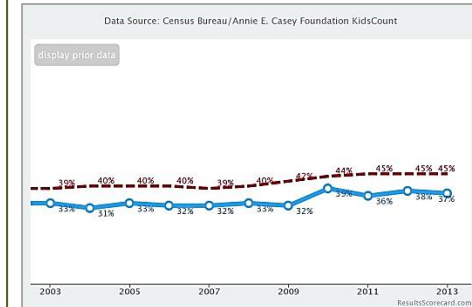
(v) percent of children age 17 or younger with health insurance.

COMMENTS/NARRATIVE:

(iv) In Vermont, the percentage of children living in families below 200% of the Federal Poverty Level (FPL) has increased markedly since 2009, from 32% to 37%. This trend is mirrored in the national average, which increased from 40% to 45% during the same period. These increases coincide with the worst recession since the Great Depression, which led to massive job losses and long-term unemployment.

(v) Nearly all Vermont children have health insurance and this proportion has been steady in the last five years.

Data





OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:

B: Children succeed in school.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>

INDICATORS:

(i) percent of children age 19-35 months receiving recommended vaccines (4:3:1:4:3:1:4) ;

(ii) percent of children ready for school in all ~~five~~ four domains of healthy development;

(iii) percent of children receiving State subsidy enrolled in high quality early childhood programs that receive at least four out of five stars under State standards.

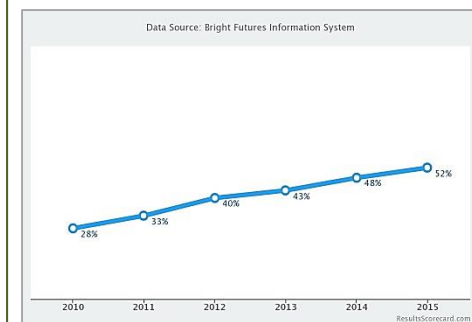
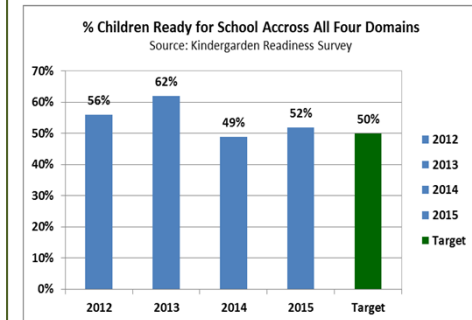
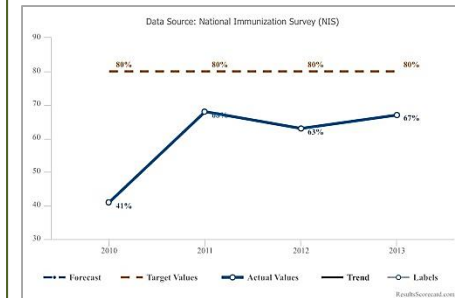
COMMENTS/NARRATIVE:

(i) Immunization rates for Vermont toddlers (19-35 months) are below state and national goals. Results from the 2013 National Immunization Survey (NIS) show that 67% of Vermont children ages 19-35 months received the full series of recommended vaccines. This represents a four percent increase from 2012. In 2013, the Vermont rate was lower than both the national rate (70%) and the rate for all New England states (77%).

(ii) Survey has just been modified and don't yet have validated items. Based now on four domains.

(iii) The percentage of children receiving child care subsidy who attended high-quality early childhood programs has steadily increased over the past five years, from 28% in FY2010 to 52% in FY2015. This increase can be attributed to Vermont's consistent financial investment in child care subsidy. In FY2014, \$43.4 million in child care financial assistance was provided to 8,444 children - helping them access early care & education and after school programs; 60% of these funds was spent on high quality care.

Data





OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:

C: Children are ready for School

INDICATORS:

(i) rate of school attendance per 1,000 children;

(ii) percent of children below the basic level of fourth grade reading achievement under State standards;

(iii) rate of high school graduation per 1,000 high school students.

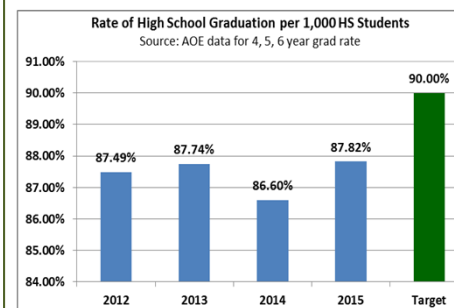
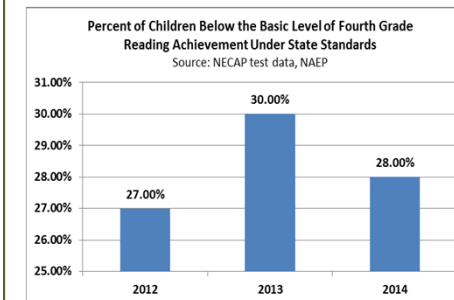
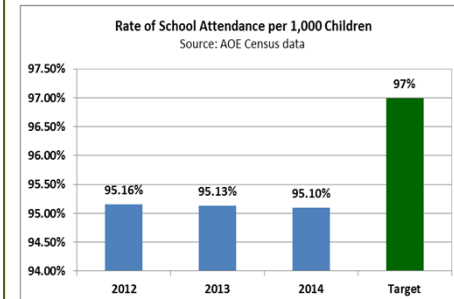
COMMENTS/NARRATIVE:

(i) The SY15 Student Census collection closed on July 15th. Currently we are following up with the field and the data are undergoing the cleaning process. They should be available by the beginning of SY16.

(ii) Just changed assessments and haven't seen new results. Target can not yet be set.

(iii) The agency works through supervisory unions in support of Act 77 (2013), flexible pathways to graduation, and in developing continuous improvement plans for member schools.

Data





OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:

D: Youths choose healthy behaviors.

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INDICATORS:

(i) rate of pregnancy per 1,000 females 15–17 years of age;

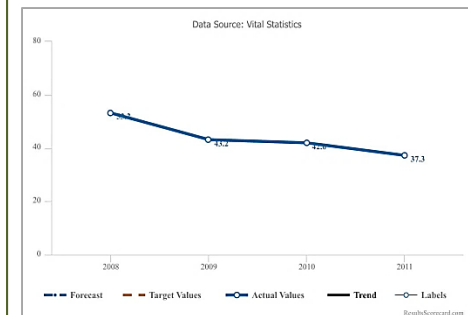
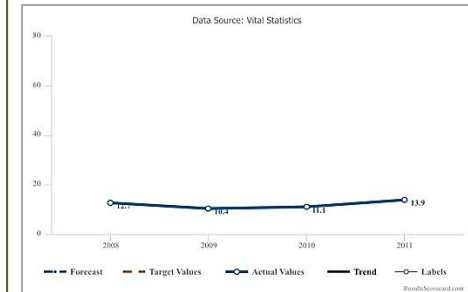
(ii) rate of pregnancy per 1,000 females 18–19 years of age;

COMMENTS/NARRATIVE:

(i) The pregnancy rate in females age 15 to 17 has been gradually declining in the last 15 years though the pace of decline has stagnated.

(ii) The pregnancy rate in females age 18 to 19 has been gradually declining in the last 15 years and continues to drop.

Data





OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:

D: Youths choose healthy behaviors.

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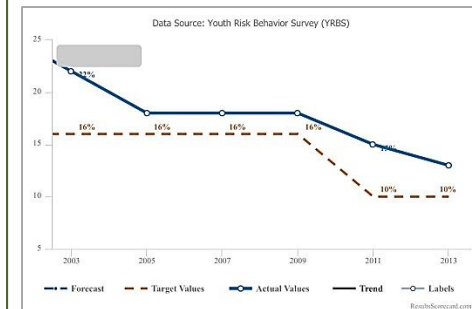
INDICATORS:

(iii) percent of adolescents in grades 9 -12 smoking cigarettes;

COMMENTS/NARRATIVE:

(iii) In 1995, the prevalence of youth smokers in Vermont was 40%. In 2013, it was 13%. The [Tobacco Control Program](#) in collaboration with its partners including advocates, the Tobacco Evaluation and Review Board and legislators, have worked diligently to reduce tobacco's harm to youth. Achievements since the early 90's include prohibiting cigarette sales to minors, creating smoke-free schools, prohibiting vending machine sales and establishing Vermont Kids Against Tobacco ([VKAT](#)) youth coalition effort. Subsequently, in addition to tobacco tax increases and other restrictions, the current prevalence of youth smoking is 67% less than it was twenty years ago. While establishing Vermont's Healthy People 2020 goals, the program adopted the [national benchmark](#) in setting the target goal of 10% youth prevalence. Currently, Vermont's youth prevalence of 13% is in middle with [23 states](#) having lower prevalence than we do.

Data





OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:

D: Youths choose healthy behaviors.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

(iv) percent of adolescents in grades 9-12 who used marijuana in the past 30 days;



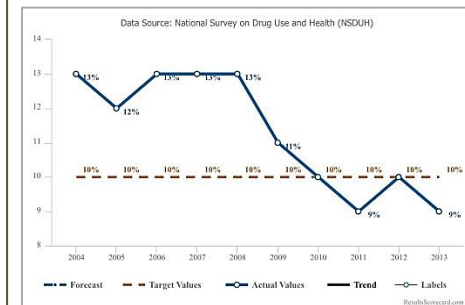
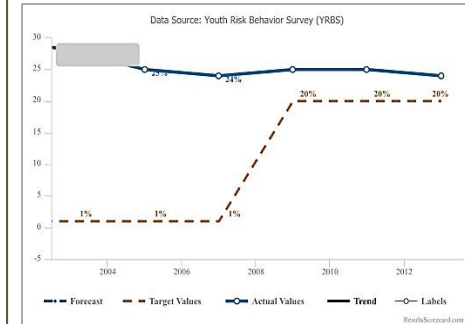
(v) percent of adolescents in grades 9 - 12 who drank alcohol in the past 30 days;

COMMENTS/NARRATIVE:

(iv) In 1995, the prevalence of youth smokers in Vermont was 40%. In 2013, it was 13%. The Tobacco Control Program in collaboration with its partners including advocates, the Tobacco Evaluation and Review Board and legislators, have worked diligently to reduce tobacco's harm to youth. Achievements since the early 90's include prohibiting cigarette sales to minors, creating smoke-free schools, prohibiting vending machine sales and establishing Vermont Kids Against Tobacco (VKAT) youth coalition effort. Subsequently, in addition to tobacco tax increases and other restrictions, the current prevalence of youth smoking is 67% less than it was twenty years ago. While establishing Vermont's Healthy People 2020 goals, the program adopted the national benchmark in setting the target goal of 10% youth prevalence. Currently, Vermont's youth prevalence of 13% is in middle with 23 states having lower prevalence than we do.

(v) The decrease from 2002 - 2012 reflects an overall decrease in alcohol consumption in general and binge drinking in particular among this age group across the country. This is good news, but more must be done to promote healthy behavior and limit access to alcohol for this age group. One of Vermont's prevention priorities is addressing underage drinking. This was one of the targets of the Strategic Prevention Framework - State Incentive Grant (SPF-SIG). The efforts associated with that project are likely at least partially responsible for the decrease observed in more recent years (i.e., since 2007).

Data





OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:

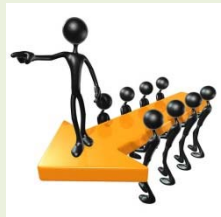
D: Youths choose healthy behaviors.

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INDICATORS:

(vi) percent of adolescents who reported ever using a prescription drug without a prescription;

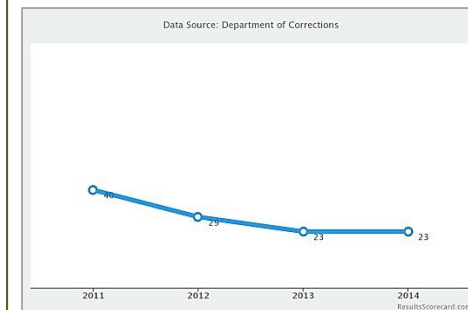
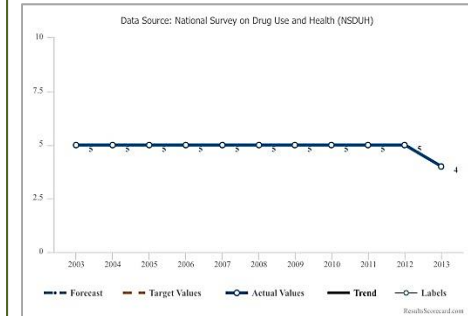


(vii) number and rate per 1,000 minors of minors who are under the supervision of the Department of Corrections.

COMMENTS/NARRATIVE:

(vii) The decline in youth/young adults in corrections can most likely be attributed to other efforts by groups that work with youthful offenders through early interventions and alternate programs.

Data





OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:

E: Youths successfully transition to adulthood.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



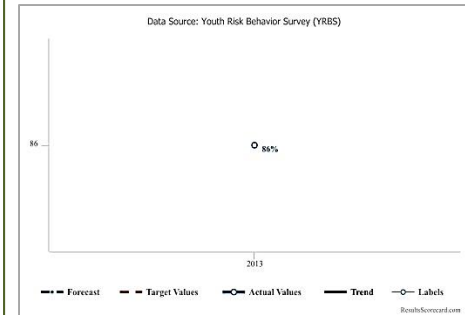
INDICATORS:

(i) percent of high school seniors with plans for education, vocational training, or employment;

COMMENTS/NARRATIVE:

(i) The majority of high school seniors report post-secondary plans. This question was asked for the first time in the 2013 YRBS; no new data is yet available.

Data





OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:

E: Youths successfully transition to adulthood.



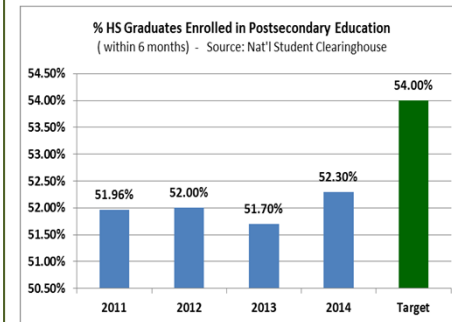
INDICATORS:

(ii) percent of graduating high school seniors who continue their education within six months of graduation;

COMMENTS/NARRATIVE:

(ii) The National Student Clearinghouse collects enrollment data from ~98% of the postsecondary institutions that participate in Title IV Student Loans. While this captures the majority of postsecondary enrollments, it may not include many trade, vocational, military, and international institutions, or apprenticeship programs. As well, this report does not include publicly tuitioned students that attend out of state High Schools due to demographic issues. Also, students and schools can opt for a Family Educational Rights and Privacy Act (FERPA) blocker on their enrollment records and therefore not be included in NSC reports. It is also important to note that there may be a number of reasons for a secondary graduate not to continue to a postsecondary experience, or not to persist. While the Agency of Education works to eliminate inadequate preparation as a reason, we must also recognize that other factors may come into play. The rising cost of higher education and the potential debt burden are certainly significant factors in this important decision.

Data





OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:

E: Youths successfully transition to adulthood.

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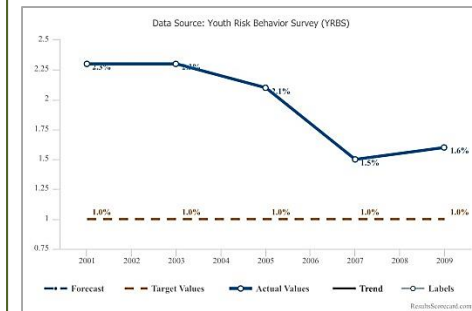
INDICATORS:

(iii) percent of adolescents with a suicide attempt that requires medical attention;

COMMENTS/NARRATIVE:

(iii) The proportion of adolescents with suicide attempts severe enough to require medical attention is low and unchanged. This question was not asked on the 2013 YRBS and therefore no new data is available.

Data





OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:

E: Youths successfully transition to adulthood.



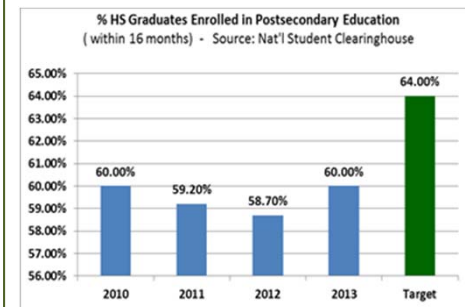
INDICATORS:

(iv) high school graduates who graduated with a Regular High School diploma and enrolled in postsecondary education within 16 months after high school graduation.

COMMENTS/NARRATIVE:

(iv) The National Student Clearinghouse collects enrollment data from ~98% of the postsecondary institutions that participate in Title IV Student Loans. While this captures the majority of postsecondary enrollments, it may not include many trade, vocational, military, and international institutions, or apprenticeship programs. As well, this report does not include publicly tuitioned students that attend out of state High Schools due to demographic issues. Also, students and schools can opt for a Family Educational Rights and Privacy Act (FERPA) blocker on their enrollment records and therefore not be included in NSC reports. It is also important to note that there may be a number of reasons for a secondary graduate not to continue to a postsecondary experience, or not to persist. While the Agency of Education works to eliminate inadequate preparation as a reason, we must also recognize that other factors may come into play. The rising cost of higher education and the potential debt burden are certainly significant factors in this important decision.

Data





OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:

E: Youths successfully transition to adulthood.

INDICATORS:



(v) students who graduated with a regular high school diploma and enrolled in postsecondary education within 16 months of High School Graduation; and persisted in postsecondary for at least three semesters within two academic school years. (former indicator revised and split in two parts - this is #1)

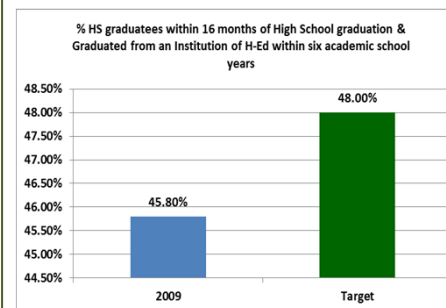
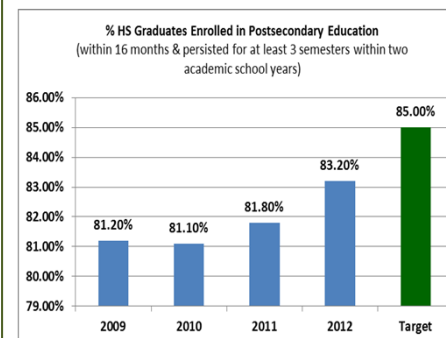


(vi) percent students who graduated with a regular high school diploma within 16 months of High School graduation, and graduated from an institution of higher education within six academic school years. (former indicator revised and split in two parts - this is #2)

COMMENTS/NARRATIVE:

(v) The National Student Clearinghouse collects enrollment data from ~98% of the postsecondary institutions that participate in Title IV Student Loans. While this captures the majority of postsecondary enrollments, it may not include many trade, vocational, military, and international institutions, or apprenticeship programs. As well, this report does not include publicly tuitioned students that attend out of state High Schools due to demographic issues. Also, students and schools can opt for a Family Educational Rights and Privacy Act (FERPA) blocker on their enrollment records and therefore not be included in NSC reports. It is also important to note that there may be a number of reasons for a secondary graduate not to continue to a postsecondary experience, or not to persist. While the Agency of Education works to eliminate inadequate preparation as a reason, we must also recognize that other factors may come into play. The rising cost of higher education and the potential debt burden are certainly significant factors in this important decision.

Data





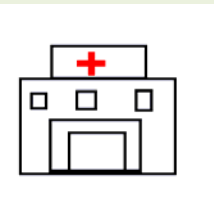
OUTCOME 7: VERMONT'S ELDERS AND PEOPLE WITH DISABILITIES AND MENTAL CONDITIONS LIVE WITH DIGNITY AND INDEPENDENCE IN THE SETTINGS THEY PREFER.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

(A) rate of confirmed reports of abuse and neglect of vulnerable adults per 1,000 vulnerable adults;



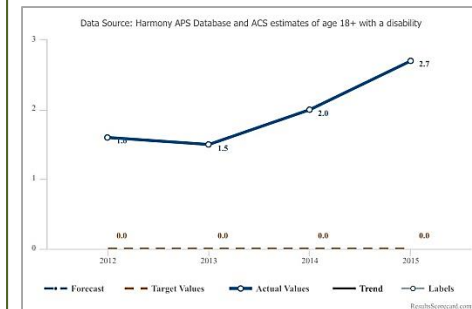
(B) percent of elders living in institutions versus home care.

COMMENTS/NARRATIVE:

(A) 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.

(B) We do not have data on elder Vermonters living in institutions. Please see next indicator for Vermont elders enrolled in Choices for Care who are institutionalized.

Data





OUTCOME 7: VERMONT'S ELDERS AND PEOPLE WITH DISABILITIES AND MENTAL CONDITIONS LIVE WITH DIGNITY AND INDEPENDENCE IN THE SETTINGS THEY PREFER.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

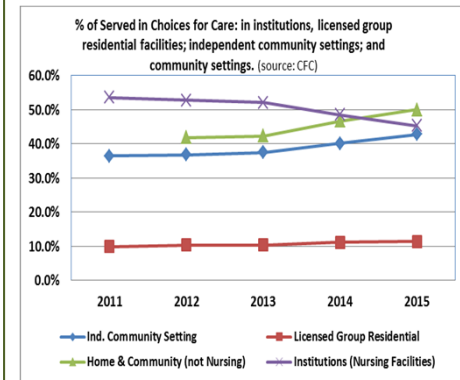
(D) ~~number and~~ percent of people served in Choices for Care who are served in institutions, licensed group residential facilities, and in independent community settings; and community settings;

COMMENTS/NARRATIVE:

(D) Choices for Care:

87 percent of people in the US age 65+ want to stay in their current home and community as they age. Among people age 50 to 64, 71 percent of people want to age in place. (AARP Public Policy Institute, April 2014). One goal of the Choices for Care (CFC) program is to help Vermonters age in place by providing multiple home and community-based services (HCBS) options to choose from. Home-based options include agency-directed care, consumer or surrogate-directed care, flexible choices and Adult Family Care. CFC also offers an Enhanced Residential Care home option. In 2012, Vermont implemented a federally funded Money Follows the Person grant that offers enhanced assistance to people who are in nursing homes and wish to transition back to the community. Since CFC began in 2005, the percent of people on CFC in HCBS settings has gone from 30% to now over 50%.

Data





OUTCOME 7: VERMONT'S ELDERLY AND PEOPLE WITH DISABILITIES AND MENTAL CONDITIONS LIVE WITH DIGNITY AND INDEPENDENCE IN THE SETTINGS THEY PREFER.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

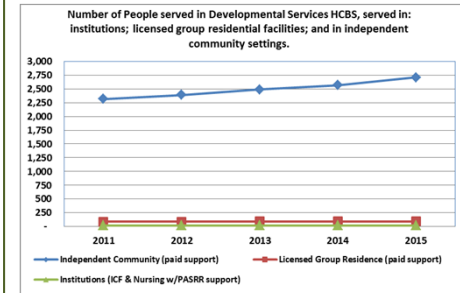
(C) number and percent of people served in Developmental Services HCBS who are served in institutions, licensed group residential facilities, and in independent community settings;

COMMENTS/NARRATIVE:

(C) Developmental Services HCBS

- The number of people with developmental disabilities services living in independent settings, and who receive some level of paid support in their home, continues to increase over time.
- The number of people with developmental disabilities who live in institutions, including receiving PASRR services in nursing facilities and who live in Vermont's only 6-bed Intermediate Care Facility for people with Developmental Disabilities, has stay very low and constant over time.
- The number of people who live in group living (3-6 persons per home) has remained relatively low (compared to the number of people in independent living) and constant over time.

Data





OUTCOME 7: VERMONT'S ELDERS AND PEOPLE WITH DISABILITIES AND MENTAL CONDITIONS LIVE WITH DIGNITY AND INDEPENDENCE IN THE SETTINGS THEY PREFER.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

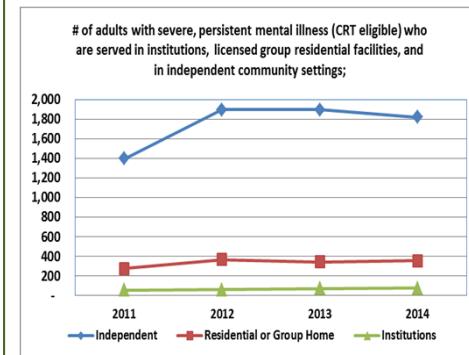
(E) number and percent of adults with severe, persistent mental illness (CRT eligible) who are served in institutions, licensed group residential facilities, and in independent community settings;

COMMENTS/NARRATIVE:

(E) Persistent Mental Health Illness:

- "People with mental conditions" are defined as Community Rehabilitation and Treatment (CRT) clients enrolled at designated agencies. CRT is a community program reserved for adults with severe and persistent mental illness.
- The substantial change between SFY 2011 and more recent years was due a substantial portion of missing data in SFY 2011, where 34% of cases were missing living arrangements. SFY 2012 and SFY 2013 have 7-8% of cases missing data.
- 14.2% of all CRT clients are reported as living in residential or group facilities at the end of the fiscal year.
- 3.0% of all CRT clients are reported as living in institutions at the end of the fiscal year.
- 72.8% of all CRT clients are reported as living independently at the end of the fiscal year.

Data





OUTCOME 7: VERMONT'S ELDERLY AND PEOPLE WITH DISABILITIES AND MENTAL CONDITIONS LIVE WITH DIGNITY AND INDEPENDENCE IN THE SETTINGS THEY PREFER.

<https://app.resultsscorecard.com/Scorecard/Embed/8131>



INDICATORS:

(F) employment rate of people with disabilities of working age;

(G) employment rate of people over the age of 65.



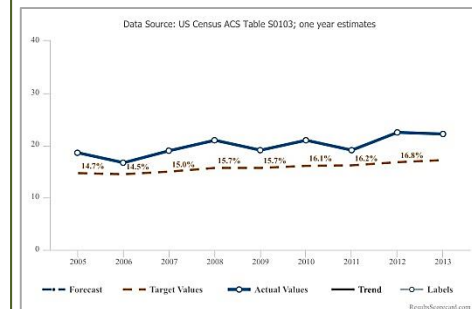
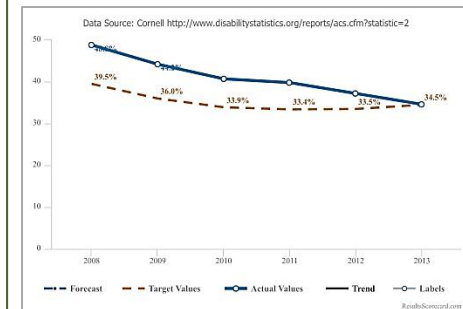
COMMENTS/NARRATIVE:

(F) This population indicator shows the estimated employment rate of all Vermonters with disabilities who are age 18-64. This employment rate is related to the state of the Vermont economy and labor force; work incentives and disincentives within public benefit programs; and the efforts of employment programs including the division of vocational rehabilitation, the division for the blind and visually impaired, the department of labor, the department of mental health, and developmental disabilities services.

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

(G) This population indicator shows the estimated labor force participation of all Vermonters over age 65. This employment rate is related to the state of the Vermont economy and labor force; retirement age and incentives in the Social Security system; work incentives and disincentives within public benefit programs; and the efforts of employment programs that serve older Vermonters. 'Target' is the US rate.

Data





OUTCOME 8: VERMONT HAS AN OPEN, EFFECTIVE, AND INCLUSIVE GOVERNMENT WITH A SUPPORTED, MOTIVATED AND ACCOUNTABLE STATE WORKFORCE.



INDICATORS:

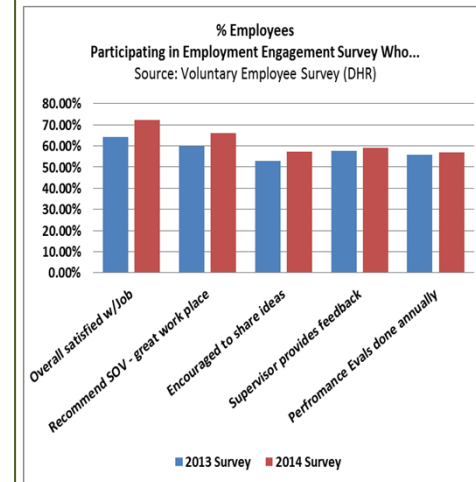
- (A) % employees participating in voluntary EES (Employment Engagement Survey) responding as to:
- (1) Satisfied overall with job;
 - (2) Would recommend SOV as great place to work;
 - (3) Encouraged to share ideas on efficiency;
 - (4) Supervisor regularly provides timely and useful feedback;
 - (5) Their performance evaluations are completed annually;

COMMENTS/NARRATIVE:

(A) 2013 was the first year of the survey and is the baseline year for the initial set of questions. The survey looks at many areas of employee engagement. DHR's new "Supervising in State Government" course provides managers with skills that should help address these areas.

Note: For 2014, additional questions were included in the survey. This data will serve as base year for the new questions. Therefore, additional indicators will be reported on next year, when there are two years to compare.

Data





OUTCOME 8: VERMONT HAS AN OPEN, EFFECTIVE, AND INCLUSIVE GOVERNMENT WITH A SUPPORTED, MOTIVATED AND ACCOUNTABLE STATE WORKFORCE.



INDICATORS:

(B) % of employees who voluntarily leave state service.

(C) Percent of registered voters voting in the general election.

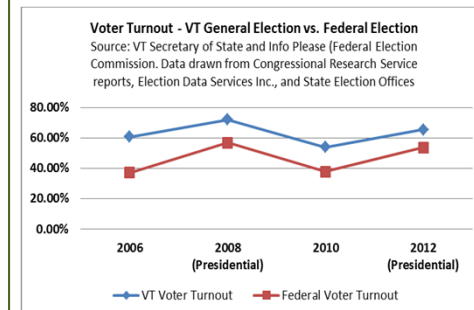
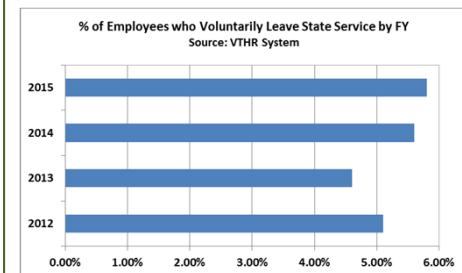


COMMENTS/NARRATIVE:

(B) Voluntary Turnover (separation from state service), Executive Branch classified employees only. This indicator gets to all aspects of the outcome. DHR's new "Supervising in State Government" course provides managers with skills that should help retain talent.

(C) Vermont fares well against national data. Note that voter turnout increases in Presidential election years (2008 and 2012)

Data





OUTCOME 8: VERMONT HAS AN OPEN, EFFECTIVE, AND INCLUSIVE GOVERNMENT WITH A SUPPORTED, MOTIVATED AND ACCOUNTABLE STATE WORKFORCE.



INDICATORS:

(D) Percent of Contracts including performance measures;



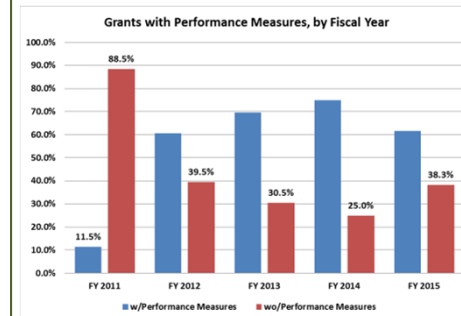
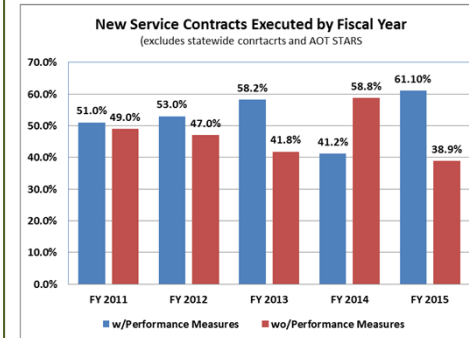
(E) Percent of grants awarded including Performance Measures.

COMMENTS/NARRATIVE:

(D) Includes all contracts for service entered into the VISION System, by departments and executed in a fiscal year; excludes statewide contracts and AOT contracts recorded in the AOT STARS system.

(E) Includes all grants entered into the VISION System, Grants Reporting Module, by departments, and executed in a fiscal year;

Data





OUTCOME 8: VERMONT HAS AN OPEN, EFFECTIVE, AND INCLUSIVE GOVERNMENT WITH A SUPPORTED, MOTIVATED AND ACCOUNTABLE STATE WORKFORCE.



INDICATORS:

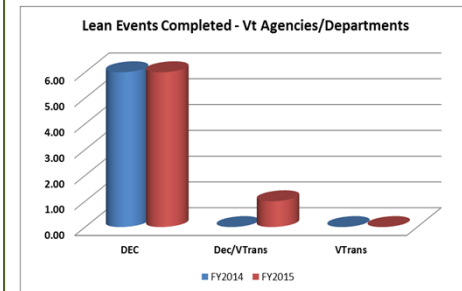
(F) Number of Lean Events successfully completed:
(1) by DEC;
(2) by AOT.

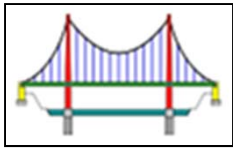
COMMENTS/NARRATIVE:

(F) The Department of Environmental Conservation (DEC) and completed 13 Lean events through June 30, 2015, including one done jointly with the Agency of Transportation (VTrans). Both DEC and VTrans are conducting additional Lean events during FY 2016..

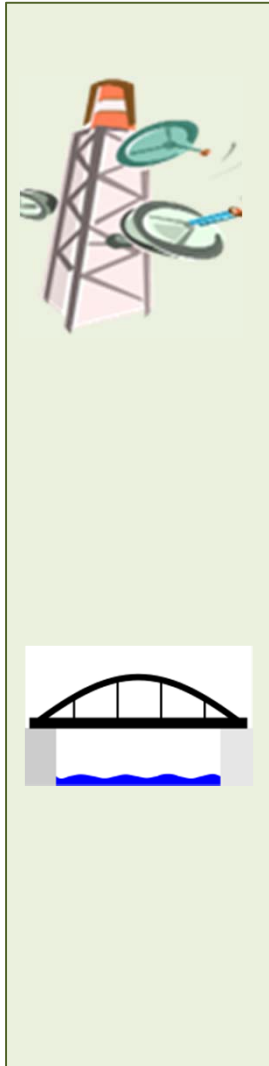
[\[Link to DEC's June 2015 Lean Summary Report\]](#)

Data





OUTCOME 9: VERMONT'S STATE INFRASTRUCTURE MEETS THE NEEDS OF VERMONTERS, THE ECONOMY AND THE ENVIRONMENT.



INDICATORS:

(A) percent of Vermont covered by state-of-the-art telecommunications infrastructure;

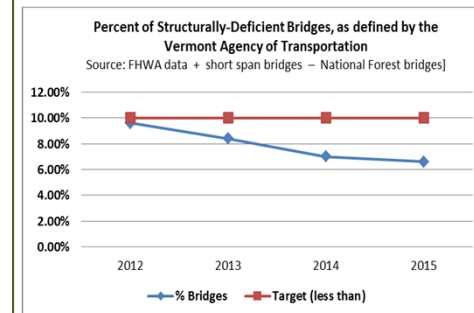
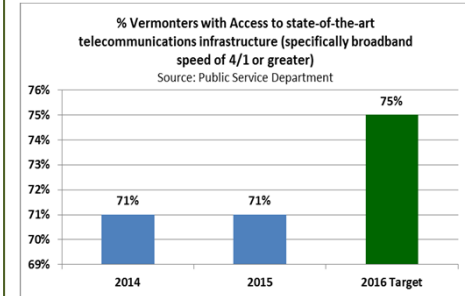
(B) percent of structurally-deficient bridges, as defined by the Vermont Agency of Transportation;

COMMENTS/NARRATIVE:

(A) PSD reports that 71% of Vermonters have access to Broadband speeds of 4/1 or greater, based on mapping completed on 06/30/14. The next mapping is expected to be completed by 12/31/15. The goal is to bring the remaining 29% of all addresses to 4/1, and ultimately to bring all addresses to 100/100 by year end 2024. PSD also reports that 100% of E-911 addresses are covered with the necessary infrastructure to obtain telephone service. 99.3% are covered by high speed internet infrastructure; 75.8% are covered with infrastructure offering an internet speed of at least 4/1; 91.2% are covered with mobile wireless.

(B) FHWA numbers are partially based on information provided by VTrans. VTrans also reports state data (SD) to the Legislature in the annual report. The FHWA data does not include short structures (spans between 6 and 20 ft), while the SD numbers do include short structures. The FHWA data includes bridges that are located within the National Forests. VTrans is not responsible for maintaining National Forest Bridges. Consequently, they are not included in the annual report to the Legislature.

Data



APPENDIX I:

What is “Results Scorecard” & How Can It Be used for Act 186 Reporting?

- Software Application tool developed and built on the RBA framework by Results Scorecard, LLC;
- Used by VDH for many years and now by all AHS departments for Act 186 reporting;
- Views available to the public on websites at no added cost;
- Ability to Create a Standardized reporting format statewide;
- Reporting can be posted for public viewing or public may access more detailed information on the web;
- Allows transfer of data between sites for programs shared across departments or agencies;
- Allows downloading and copying of charts (all AHS related charts in this report with copy/pasted from Scorecard);
- Reasonable cost.
- We will be evaluation using Scorecard with several non-AHS agencies/departments.

Scorecard Cost Information, as of February 2015:

- User License: \$50/user/month, plus a monthly fee of \$100/month/agency (or independent dept.) for website link and another \$100/month for data import capabilities.
- Technical Service: \$150/hour or negotiated rates;
- All others can “view” at no cost.
- Reasonable Estimate – 2 user/department \$300-\$500/month (excluding tech support)
- FTEs required – AHS started with 2 Scorecard Champions working part time in each department. They now have 4 – 6 per department. Health Dept. has 20 users (mature use). Note, however, all Champions, expect 1 FTE at VDH, all have other primary job duties and only use Scorecard periodically. Smaller agencies, such as ACCD might consolidate users at the agency level and not have each department separate. Full or part-time FTE depends on ow many programs and measures are included.

APPENDIX II – EXAMPLE OF AHS ACT 186 SCORECARD

[See the following pages for screen shots of AHS' Act 186 Scorecard]

[Or, use this link to delve into AHS' Act 186 Scorecard yourself:

<https://app.resultscorecard.com/Scorecard/Embed/8131>]

Outcome 2 – Vermonters are Healthy: Summary level view of AHS indicators for Outcome 2 ([web view](#))

Vermonters are healthy

Go Back

Why Is This Important?

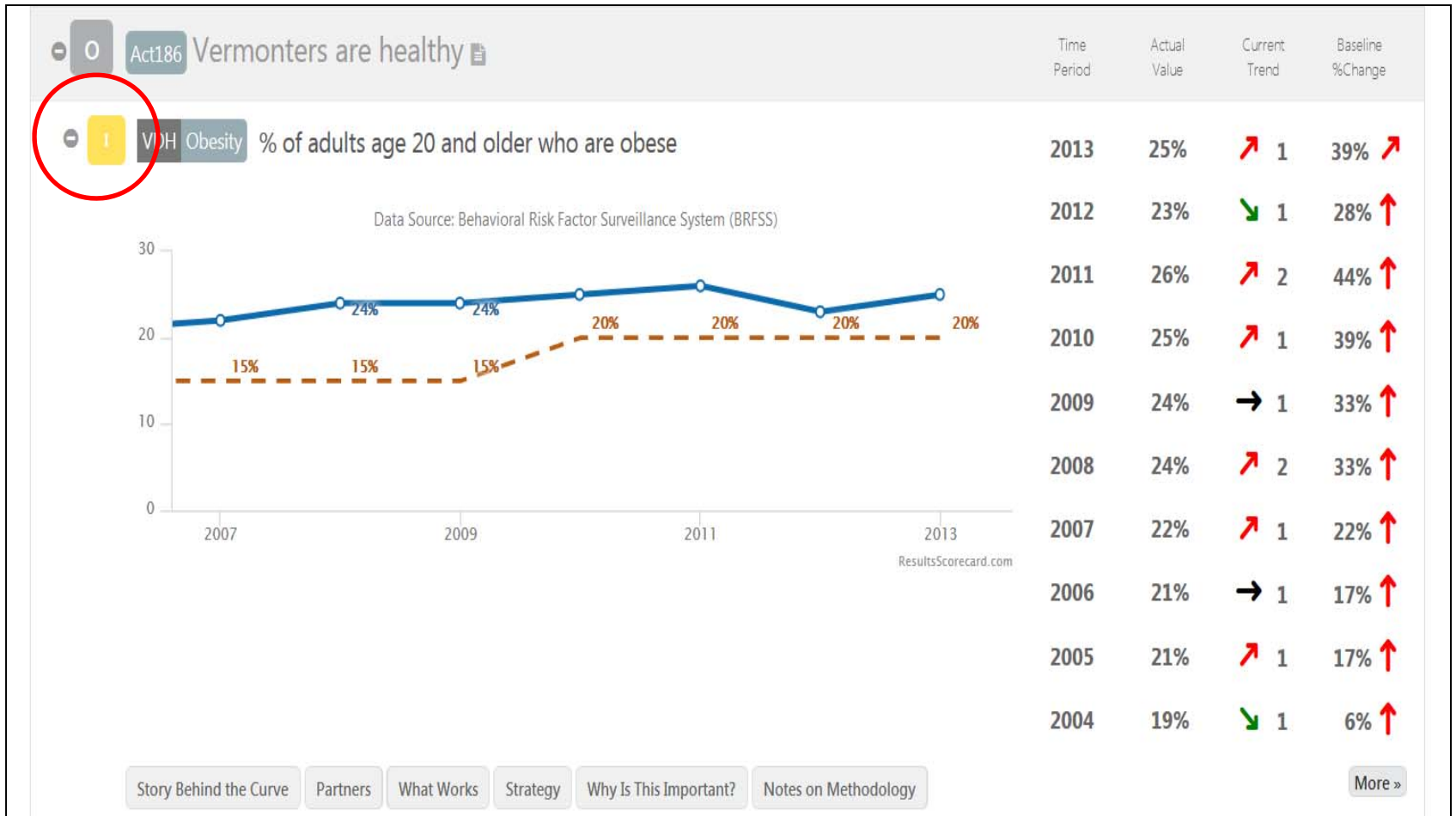
Indicators

			Time Period	Actual Value	Target Value	Current Trend	
+ I	VDH Obesity	% of adults age 20 and older who are obese	Details..	2013	25%	20%	↗ 1
+ I	VDH Tobacco	% of adults who smoke cigarettes	Details..	2013	18%	12%	↗ 1
+ I	VDCF Act 186	Percent of population living below the Federal Poverty Level	Details..	2013	12%	16%	→ 1
+ I	VDH Access	% of adults age 18-64 with health insurance	Details..	2013	90%	100%	↘ 1
+ I	AHS	# of Vermonters who are experiencing homelessness	Details..	2015	1,523	—	↘ 1
+ I	VDMH AHS	Rate of suicide per 100,000 Vermonters	Details..	2012	12.7	11.7	↘ 1
+ I	VDH Injury	Fall-related death rate per 100,000 adults age 65 and older	Details..	2010	126.0	116.9	↗ 2
+ I	VDMH Act186	% of Vermont adults with any mental illness	Details..	2013	19.74	18.53	↗ 2



Outcome 2 – Indicator: % of adults age 20 and older who are obese:
 Summary web view of charts and data changes for this indicator (web view): Page 1 of 1

Clicking on the + changes it to a – and brings the chart into view.

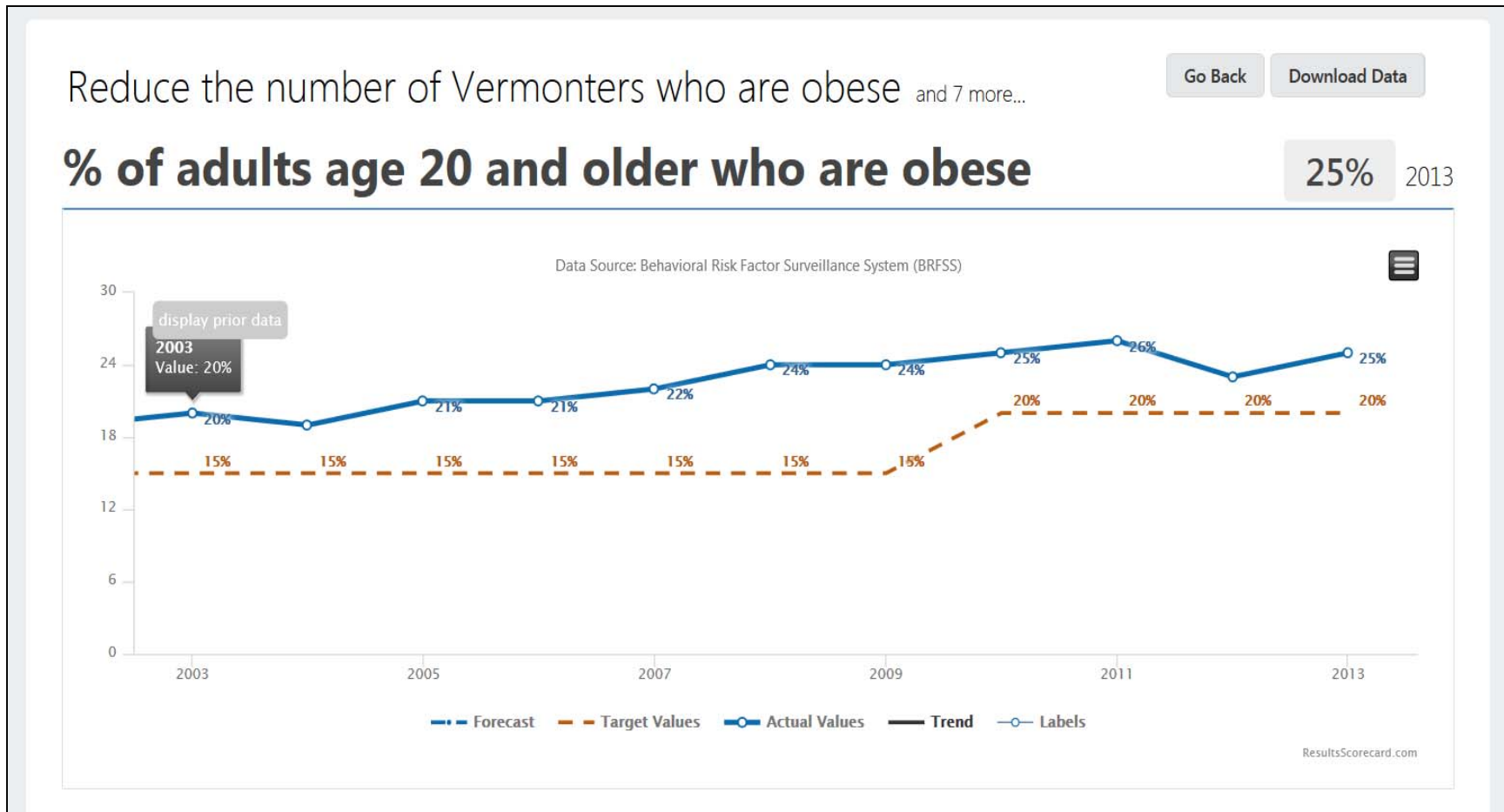


Clicking on the gray tabs reveals more information. ↑

Outcome 2 – Indicator: % of adults age 20 and older who are obese:
 Detail web view of all information on this Indicator: Page 1 of 4

+ 1 VDH Obesity % of adults age 20 and older who are obese

← Clicking on the Indicator name brings up an interactive chart. ↓



Outcome 2 – Indicator: % of adults age 20 and older who are obese: Detail web view of all information on this Indicator:

Page 2 of 4

Story Behind the Curve

Last Updated: April 2014

Author: Physical Activity & Nutrition Program, Vermont Department of Health

In 2012, the Behavioral Risk Factor Surveillance System (BRFSS) data showed that 23% of Vermont adults age 20 and older are obese. This is slightly less than in 2011, when the prevalence was 26%. 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.

While we do not know specific causes of this recent decline, we saw a positive change in number of adults that do not do any physical activity; this decreased from 21% in 2011 to 16% in 2012. Of concern though is that only 23% of adults reported eating five or more fruits and vegetables a day in 2011, down from 29% in 2009.

There has been [increasing interest and concern about overweight and obesity](#) in Vermont and nationwide, with related increases in news stories and other general media. Awareness of the impact of obesity on health, health costs, and worker absenteeism has risen over this time period.

Partners

- Office of Local Health District Offices, Vermont Department of Health
- Division of Maternal & Child Health, Vermont Department of Health
- Division of Economic Services Three Squares program, Vermont Department of Children & Families
- Community coalitions
- Live Healthy Vermont Chronic Disease Coalition
- [American Heart Association](#)

Outcome 2 – Indicator: % of adults age 20 and older who are obese: Detail web view of all information on this Indicator:

Page 3 of 4

What Works

There are several evidence-based strategies that can be used to improve the prevalence of obesity including, Electronic Balance Transfer (EBT) for farmers markets, healthy community design, and worksite wellness programs. [More information is available from the Centers for Disease Control and Prevention.](#)

Strategy

At the Vermont Department of Health, several strategies are underway with funding from federal and state sources.

1. [My Moment Campaign and updated website](#): This campaign was developed in the fall of 2013, after hearing from focus groups of low income, obese Vermonters about the healthy eating and physical activity messaging that resonated with them. The campaign includes testimonials from Vermonters who realized they needed to get healthier. A new consumer website was created and includes video clips of campaign ads and links to more information.
2. Worksite wellness activities are programs and activities supported by the worksite that encourage employees to make healthy choices during and after the workday. These programs include physical activity, healthy eating, tobacco cessation, breastfeeding and other activities that will help employees be healthier and help employers add to their bottom line. Work to support small companies in Vermont in their worksite wellness efforts continues to be funded through the 1305 grant from the Centers for Disease Control and Prevention. This work includes Health Department staff working with smaller employers of lower income workers to begin or upgrade their worksite wellness activities. Mini grants support these upgrades. In 2014, the grants went for worksite gardens. In 2015, they will be for healthier food at worksites.

Outcome 2 – Indicator: % of adults age 20 and older who are obese: Detail web view of all information on this Indicator:

Page 4 of 4

Why Is This Important?

This indicator is part of Healthy Vermonters 2020 (the State Health Assessment) that documents the health status of Vermonters at the start of the decade and the population health indicators and goals that will guide the work of public health through 2020. [Click here](#) for more information.

Act 186 was passed by the Vermont Legislature in 2014 to quantify how well State government is working to achieve the population-level outcomes the Legislature sets for Vermont's quality of life. It will assist the Legislature in determining how best to invest taxpayer dollars. The Vermont Department of Health and the Agency of Human Services report this information annually. [Click here](#) for more information.

The Agency of Human Services (AHS) operates in support of the Governor's overall agenda for the state and his seven statewide priorities. Additionally, AHS' mission and the work of its six Departments are targeted to achieve results in four strategic areas: the reduction of the lasting impacts of poverty; promotion of the health, well being and safety of communities; enhancement of program effectiveness and accountability; reform of the health system. [Click here](#) for more information.

Notes on Methodology

Data is updated as it becomes available and timing may vary by data source. For more information about this indicator, [click here](#).

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 visit [/www.cdc.gov/nchs/data/statnt/statnt20.pdf](http://www.cdc.gov/nchs/data/statnt/statnt20.pdf).

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.

APPENDIX III – MASTER DATA SPREADSHEET

[See the following pages for Master Data Spreadsheet]

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State of Vermont Population-Level Outcomes and Indicator Report
July 30, 2015

A Row	B Population Outcome (2014 Act 186)	C Population Indicator	D Reporting Agency/ Department	E Data Source	F Target or Benchmark	G H I J Actual Values for the past 4 periods (FY, CY, FFY, Other)				K Current Period Reference (FY, CY, FFY, etc.)	L Comments, Narrative, Story
						Prior (current -3)	Prior (current -2)	Prior (current -1)	Current		
1	(1) Vermont has a prosperous economy.										
2	(A) percent or rate per 1,000 jobs of nonpublic sector employment;		VDOL	QCEW (Qtrly Census Employment & Wages)	800	823	825	825	826	CY2014	This is the preliminary 2014 estimate; these numbers will be updated in 3 months with the addition of new data.
3	(B) median household income;		VDOL	US Census Bureau	\$ 52,000	\$ 50,707	\$ 53,841	\$ 53,677	\$ 52,578	CY2013	US Census Bureau American Community Survey. One year data estimates.
4	(C) median house price;		ACCD	Annual summary of Property Transfer Tax Data - Median price for residential properties < 6 acres	Increases less than increase in Household income	\$185,000	\$180,000	\$189,000	\$185,000	CY2014	The changes in house prices are primarily driven by overall economic activity. Housing prices increased after the recession and are remaining steady over this reporting period. State programs help to decrease house prices by stimulating supply through new construction and renovation. State programs increase house prices by supporting home ownership, thereby increasing the demand. Note: The reported numbers are smaller than other figures for median house value when using Census Bureau data.
5	(D) rate of resident unemployment per 1,000 residents;		VDOL	LAUS (Local Area Unemployment Stats)	30	31.77	27.61	24.42	22.81	CY2014	The decrease in number of unemployed is due to two factors: improving economic conditions creating job openings and retirements from the Baby Boomer generation. The influence of the latter is expected to continue beyond the former.
6	(E) Annualized Unemployment rate (an alternative indicator)		VDOL	Labor Market Information program	4.50%	5.6%	4.9%	4.4%	4.1%	CY2014	The decrease in number of unemployed is due to two factors: improving economic conditions creating job openings and retirements from the Baby Boomer generation. The influence of the latter is expected to continue beyond the former.
7	(F) percent of total farm sales		AGFM	US Agriculture census - done every 5 years - last done 2012	3.80%	\$9,567,000 (2%)	\$22,863,000 (3.4%)	\$27,430,000 (3.5%)	n/a	CY2012	No new data. Amount keeps increasing with more farmers markets and CSA's. Agency has been providing grants through Working Lands Enterprise, Farm to School and Farm to Market Grants that has increased market demand as well as valued added production and marketing.
8	(G) percent of fruit and vegetable farms by sales outlet.		AGFM	New England Ag Statistics Service of USDA	75%	n/a	72%	74%	n/a	CY 2014	No new data. Report comes out for 2014 later in the year. Similar reason for increase with more farmers markets and CSA's. Agency has been providing grants through Working Lands Enterprise, Farm to School and Farm to Market Grants that has increased market demand as well as valued added production and marketing.
9	(H) increase in gross working lands income over previous calendar year, for grantees of Working Lands program;		AAFM	AAFM (not including Forestry)	\$183,588 FY2015	n/a	n/a	\$880,831	\$3,597,255	FY 2014	Current: Reporting on 16 completed projects of the 74 projects made in FY13 and FY14, totaling \$285,400 (approximately 7% of the 112 grants made to date). These include FY13 grantees in the Enterprise and Capital and Infrastructure investments areas as well as the FY14 Enterprise area. Current - 1: (FY2014 Reporting) Reporting on 23 completed projects of the 74 projects made in FY13 & FY14, totaling \$500,059 (approximately 23% of grants made in FY13 & FY14) including FY13 grantees in the Enterprise and Capital and Infrastructure investment areas.
10	(I) number of Farmers' Markets.		AAFM	Northeast Organic Farmers Association of VT	90	76	81	77	83	CY2015	Overall trend is upward. More demand but there is a possible limit to how many farmers markets are needed to meet our population. Agency is working on expanding markets outside of Vermont for growers and producers of agricultural products to continue to grow demand if farmers markets become saturated.
11	(2) Vermonters are healthy.										
12	(A) percent of adults 20 years of age or older who are obese;		AHS - VDH	Behavioral Risk Factor Surveillance System (BRFSS)		26%	23%	25%	25%	2013	In 2012, the BRFSS data showed that 23% of Vermont adults age 20 and older are obese; slightly less than in 2011 (prevalence 26%). Obesity prevalence rises with age & adults with a HS or less & lower incomes are more likely to be obese. The # of adults that do not do any physical activity saw a positive change from 21% in 2011 to 16% in 2012, although we do not know the cause. Of concern is only 23% of adults reported eating five or more fruits and vegetables a day in 2011, down from 29% in 2009. There is increasing interest and concern about overweight and obesity in Vermont and nationwide. Awareness of the impact of obesity on health, health costs, and worker absenteeism has risen over this time period.
13	(B) percent of adults smoking cigarettes;		AHS - VDH	Behavioral Risk Factor Surveillance System (BRFSS)		20%	17%	18%	18%	2013	In 2011, the CDC implemented changes to its survey methodology in order to more accurately represent the adult population. The graphs may appear continuous but data before 2011 should not be directly compared to that after 2011. The change more accurately reflects smoking among more disparate populations, especially the low-income. It is estimated that nearly 50% of smokers in Vermont are Medicaid insured or eligible. Research indicates that low-income smokers desire to quit as much as non-low-income smokers, but can have more difficulty in sustaining a successful quit over time. The program has worked steadily in collaboration with DVHA to increase the tobacco cessation benefit for Medicaid smokers and to promote these free resources through media and communications. VDH's Tobacco Control Program has been working to monitor and increase the proportion of Medicaid smokers served by its cessation resources. Of note, 24% of all tobacco users who registered for Quitline services were Medicaid insured; however, they were less likely to participate in more than one quit session, which decreases the likelihood of a successful quit.

State of Vermont Population-Level Outcomes and Indicator Report
July 30, 2015

A		B	C	D	E	F	G H I J Actual Values for the past 4 periods (FY, CY, FFY, Other)				K	L
Row	Population Outcome (2014 Act 186)	Population Indicator	Reporting Agency/ Department	Data Source	Target or Benchmark	Prior (current -3)	Prior (current -2)	Prior (current -1)	Current	Current Period Reference (FY, CY, FFY, etc.)	Comments, Narrative, Story	
14		(C) number of adults who are homeless;	AHS - CO	HUD PIT Count		1144	1,454	1,556	1,523	2015	The most recent one-day Point-In-Count of Americans experiencing homelessness (January 2014) indicates that on any given night, approximately 1,556 Vermonters are without housing . This represents a 9% increase over the previous year. While no single measure of homelessness purports 100% accuracy, the Point-In-Time count uses standard definitions developed by HUD and constitutes Vermont's best proxy measure at this time. 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 because people sheltering in motels were not systematically included.	
15		(D) percent of population living below the federal poverty level.	AHS - DCF	Census Bureau/Annie Casey Foundation	16% National Avg.	10%	11%	11%	12%	2013	In Vermont, the % of individuals living below the Federal Poverty Level (FPL) has remained static since 2009, around 12%; lower than the national avg. of 16%. The % of individuals living in poverty has increased from a low of 9% in 2004, largely attributed to the Great Recession, which led to massive job losses and long-term unemployment. However, the effects of poverty are significantly mitigated by safety net programs. In 2013, approximately 74,000 Vermonters lived in poverty.	
16		(E) percent of adults age 18 - 64 with health insurance;	DVHA (began 2015) DFR (2014 & prior)	Vermont Household Health Insurance Survey	100%	88.00%	88.00%	91.00%	90.00%	2013 (two years each)	The majority of Vermont adults are insured and this proportion has been slowly rising in the last five years. We expect the proportion to continue to increase with full implementation of the Affordable Care Act and other initiatives to increase access to health care.	
17		(F) Rate of suicide over 100,000 Vermonters;	AHS-VDOH	Vital Statistics	11.7	13.0	15.8	17.5	12.7	2012	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 averages. Vermont rates of suicide are also higher than the rates of neighboring states and the New England Region. The overall rate for the past 10 years has been increasing. Deaths by suicide in Vermont appear to follow national patterns. More men die by suicide than women. Firearms are the method used for nearly two-thirds of the deaths by suicide.	
18		(G) fall-related death per 100,000 adults age 65 and older;	AHS-VDH	Vital Statistics	116.9	129.1	118.2	120.3	126.0	2010	From 2002 - 2009, the number and rate of fall-related deaths have increased. The 2009 Vermont death rate of 120.3 per 100,000 adults age 65 and older is significantly higher than that in 2002. Vermont's elderly (over age 65) fall-related mortality rate is higher than the national rate. In 2007, Vermont's fall-related death rate for this age group was 129.1 compared to 45.3 nationally. There are no major population-based events that are recognized as influencing the data in this time frame however, Vermont's ability to recognize and document fall-related deaths may have improved. Vermont's data provides useful information on the targeting of both primary and secondary prevention activities.	
19		(H) rate of Vermonters with mental health conditions getting help for such conditions:	AHS-VDH	SAMHSA Behavioral Health Barometer - Vermont		n/a	n/s	54.40%	56.80%	2014	Vermont's percentage of mental health treatment among adults with AMI was higher than the national percentage in both the 2013 and 2014 barometer reports.	
20		(I) number of Vermont food recall incidents:	AAFM	Agency of Ag data - meat, dairy, maple, eggs, strawberries and potatoes	0	n/a	n/a	n/a	2 voluntary	FY2015	Meat/poultry: Voluntary recall by Vermont Smoke and Cure, Hinesburg, VT of their 5 Knives, no antibiotic and born in Vermont line of pork products for economic misbranding. Dairy: On March 31, 2015 Farm to Fridge LLC, Shoreham, VT initiated a voluntary recall on production from one of their pasteurizers March 19, 24 and 29. The products produced were culture milk and yogurt. The recall was initiated because air space thermometer was not working properly and there was no way to verify complete pasteurization. Consumer Protection: syrup, eggs, apples, strawberries and potatoes – no recalls.	
21	(3) Vermont's environment is clean and sustainable.											
22		(A) cumulative number of waters subject to TMDLs or alternative pollution control plans;	ANR - DEC	Priority Waters List Part B, completed TMDL count and other known WQRPs	3 per year	129	129	132	132	FFY	Numbers are based on TMDL approvals or Part B approvals which are tracked by EPA based on the FFY. The target is 3 per year.	
23		(B) percent of public drinking water supplies in compliance with health based standards:	ANR - DEC	State Drinking Water Information System (SDWIS)	target 100%	93%	90%	91%	94%	FY	Increased compliance with MCLs has resulted from treatment installation. Compliance will increase next year when the Revised Total Coliform Rule becomes effective April 1, 2016 and the maximum contaminant level (MCL) for total coliform will cease to exist.	
24		(C) Total greenhouse gas (GHG) emissions per capita, in units of annual metric tons of "equivalent carbon dioxide" (CO2e) per capita;	ANR - DEC	Based on a wide variety of underlying data (e.g., Vehicle Miles Traveled, residential fuel consumption, electricity consumption, etc.) from other sources (e.g., VTrans, US DOE-EIA, VT PSD, etc.), some of which have lag times of 1 or 2 years.	n/a		13.14	12.94	13.21	CY (2012)	Vermont population growth has been minimal in recent years, and actually exhibited a small decline in 2012. Greenhouse Gas (GHG) emissions which have been declining since a peak in 2004 showed a small increase between cy 2011 to cy 2012. The GHG emissions reductions since 2004 were largely driven by continued gradual decreases in transportation and residential / commercial / industrial fuel combustion emissions. The slight increase in 2012 emissions is mainly due to the consumption-based methodology used to quantify emissions from the electricity sector, which accounts for a marked decrease in reliance on nuclear generation, a consequential increased reliance on higher GHG-emitting regional market power in Vermont's contracted electricity mix, and sales of Renewable Energy Certificates (RECs) to entities outside of Vermont. The slight increase in GHG per capita for cy 2012 is a result of slightly higher GHG emissions attributed to a slightly smaller Vermont population.	

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25		(D) Percent of Vermont retail electric sales from renewable energy	PSD	FROM UTILITIES	50% in 2017	n/a	n/a	44%	44%	FY2015	Utilities are reporting more gross renewable energy in their portfolios, but they have procured more power overall this year. PSD estimates indicate certainty that renewables have not decreased. PSD will continue with analysis, and update the current percentage of renewable energy as the data indicates.
26		(E) percent of river miles with water quality that meet designated uses;	ANR - DEC	DEC Watershed Management Division	benchmark 89%	n/a	89.3%	89.7%	89.7%	FY	This is a new metric for 2015 but backfilled past 2 years. This metric is normally compiled every even numbered year in the 305b Report. This 2015 value reflects a summary through 2014.
27		(F) percent of watersheds in Vermont where pollutant loads are declining;	ANR - DEC	DEC Watershed Management Division	benchmark 61%		61.4%	62.1%	62.7%	FY	New metric. This reflects the cumulative percent through 2014.
28		(G) percent of previously impaired waters meeting standards based on corrective actions;	ANR - DEC	DEC Watershed Management Division	benchmark 33	n/a	33	39	39	FY	This is a new metric for 2015 but was changed from "percent" to "number". The metric is based on the bi-annual reporting of the 303d List produced every even-numbered year. 2015 is based on 2002-2014 data.
29		(H) total number of days with air quality alerts;	ANR - DEC	Based on daily air quality forecasts of ozone and fine particle pollution issued by DEC Air Quality and Climate Division, and distributed to the public through the EPA AIRNOW and EnviroFlash systems.	Target 0		5	6	4	CY (2014)	Air quality alerts are based on next-day forecasts. Direct measurement data indicate that air quality health standards were exceeded on 4 days in 2012, 4 days in 2013 and 3 days in 2014. While days exceeding standards occur infrequently, and Vermont's air quality is rated "good" on most days, the measurements also indicate that air quality was "Moderate" or worse at least one VT site on 108 days in 2012, 90 days in 2013 and 90 days in 2014. When air quality is "moderate", there may be a moderate health concern for a small number of people who are unusually sensitive to air pollution.
30		(I) Disposal rate of municipal solid waste (lbs./person/day);	ANR - DEC	DEC Solid Waste Management Program	2.69	3.34	3.62	3.36	3.44	CY 2013	Reporting in CY2103 because there is a 6 to 12 month delay from the end of the calendar year through the time the data is available.
31		(J) Total number of acres that has been or will be cleaned up/redeveloped based on sites enrolled in the Brownfields reuse environmental liability limitation act;	ANR - DEC	DEC Waste Management and Prevention Division	n/a	n/a	n/a	n/a	1410.00	FY	New metric representing cumulative acreage through FY 2015.
32											
33	(4) Vermont's communities are safe and supportive.										
34		(A) rate of petitions granted for relief from domestic abuse per 1,000 residents;	DPS	Vermont Court Administrator		0.006	0.006	0.006	0.006	FY2013	This indicator remains constant. This information is provided by the Court Administrators Office and is considered a reliable data source.
35		(B) rate of violent crime per 1,000 crimes;	DPS	FBI and Vermont Crime Information Center (VCIC)		1.15	1.34	1.29	1.12	CY2013	The indicator showed a slight drop in 2013. However, DPS is concerned that this may be a result of lack of reporting. Since many local police departments transitioned away from the Spillman Records Management System to the Valcour records management system reporting crime statistics has not been reliable. The DPS has an initiative, which will begin in late fall of 2015 to work with law enforcement agencies to improve the quality of data being collected. It is our intent to see a rise in the violent crime over time which should be indicative of better reporting.
36		(C) rate of sexual assault committed against residents per 1,000 residents	DPS	FBI and VCIC		0.45	0.47	0.45	0.39	CY2013	The indicator showed a slight drop in 2013. However, DPS is concerned that this may be a result of lack of reporting. Since many local police departments transitioned away from the Spillman Records Management System to the Valcour records management system reporting crime statistics has not been reliable. The DPS has an initiative, which will begin in late fall of 2015 to work with law enforcement agencies to improve the quality of data being collected. It is our intent to see a rise in the sexual assault crimes over time which should be indicative of better reporting.
37		(D) percent of residents living in affordable housing;	ACCD	American Community Survey - percent of households spending 30% or more of household income for housing	Exceed the national percent of residents living in affordable housing (2013 = 65.2%)	61.9%	60.7%	62.3%	63.4%	Calendar 2013	Please note that we have gaps in data to measure "residents" so we are reporting here on "households" living in affordable housing. Housing is considered "affordable" when housing costs are <= 30% of household income. This single figure does not capture the reality that conditions are worsening for many of those 35%+ of households who are living in housing that is not affordable. This figure also does not describe the changing demographics leading to an increase in the number of households. Generally, wealthier people have fewer people per household than lower income people who have higher persons per household.
38		(E) recidivism rate;	AHS - DOC / Courts	Facts and Figures		40.80%	44.00%	43.40%	43.90%	2010	The data tell us that the average recidivism rate has remained consistent over time. It is common for recidivism rates to remain unchanged due to the nature of the measure. The goal is for this trend to go down.
39		(F) incarceration rate per 100,000 residents;	AHS - DOC	Bureau of Justice Statistics		344	329	323	329	2013	The Vermont Corrections system integrates services both 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 less than one year). Our overall incarceration rate, regardless of sentence length, is 329/100K residents. This compares to the US Imprisonment rate of 648/100K. In all categories of inmates, Vermont's rate is 50% less than the national average.

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39		(G) number of first-time entrants into the corrections system;	AHS-DOC	DOC		2603	2834	2807	2760	2014	There is significant evidence that demonstrates the effectiveness of diverting people early in the system will reduce future interactions with the criminal justice system. Across Vermont, there are many efforts working to intervene with individuals at earlier point along the sequential intercept. Many of these strategies are Pre-Charge (e.g. referral to Community Justice Center); Post Arrest (e.g. Court Diversion) or Pre-Trial (e.g. Rapid Referrals to other services). The success of these efforts contributes to the reduction of new entries into the DOC system.
40		(H) percent or population trained in mental health first aid, per 10,000 Vermonters.	AHS - DMH	Mental Health First Aid ALGEE-ometer	15% or more		6.29 per 10k	13.44 per 10k	19.31 per 10k	2015	Vermont has had one of the greatest increases in courses offered between 2012 and 2013, from 51 to 214, representing a 319% increase. The data are from June 2015. Vermont has one of the largest percentages of the population trained in Mental Health First Aid. Numbers reported for the measure are based upon the most recently available report for each calendar year. Vermont ranks as one of 17 states in the highest category of 15% or more population trained.
41	(5) Vermont's families are safe, nurturing, stable, and supported.										
42		(A) number and rate per 1,000 children of substantiated reports of child abuse and neglect;	AHS - DCF	FSD Database		n/a	N=630 Rate=5.0	N=649 Rate=5.2	N=746 Rate=6.1	2013	In Vermont, the rate of substantiated child abuse and neglect per 1,000 children has increased in the past several years, between 5.0 and 6.1 per 1,000 children. Increased rates of poverty, substance abuse (particularly opiate use), and family and community violence have been linked to this increase. During the same period of time, the national average was 9.1 to 9.3 maltreatment victims per 1,000 children. Vermont's comparatively lower rate may indicate that Vermont's investment in child abuse prevention, early childhood services, and comprehensive family supports is paying off.
43		(B) number of children, birth-17 years of age, who are homeless;	AHS - CO	HUD PIT Count		Data not available	430	Data not available	350	2015 (every two years)	Following a dramatic increase in the number of homeless families with children, the state of Vermont invested in programs such as the Vermont Rental Subsidy Program and Family Supportive Housing Program. Rental assistance and intensive services provided through these state-funded initiatives is targeted to homeless families with children and seems to be having the desired effect of reducing homelessness among this vulnerable population. This strategy has also demonstrated a reduction in health care utilization and costs and is consistent with our Agency focus on the critical early years in a child's development. Additional work needs to be done to increase access to deeply-affordable housing and bring the supportive services currently available in five regional pilots statewide.
44		(C) number of homeless persons (adults and children) in families with at least one child. families that are homeless	AHS - CO	Chittenden County and Balance of State Continuum of Care: HUD Data		507	753	736	613	2015	
45		(D) number and rate per 1,000 children and youth of children and youth in out-of-home care.	AHS - DCF	National Child Abuse and Neglect Data System		7.4	7.6	7.6	8.7	2014	The number of children in out of home care has increased steadily since 2010. Over the past year, there has been a 33% increase in the number of children in DCF custody, bringing the total to over 1,300 children. This is the highest number of children in custody in over a decade, and places Vermont above the national average for children in out of home care. The trend is most startling for children under the age of six, which increased 79% (source). This rise in the rate of children in out of home care can be partially attributed to substance abuse (particularly opiates) among families with young children. In 2014, substance abuse was a factor in approximately one-third of the reports received by the Child Protection Line.
46	(6) Vermont's children and young people achieve their potential, including:										
47	(A) Pregnant women and young people thrive.										
48		(i) percent of women who receive first trimester prenatal care;	AHS - VDH	Vital Statistics		83%	83%	83%	83%	2011	The proportion of women reporting first trimester prenatal care remains steady at 83% as measured on the birth certificate.
49		(ii) percent of live births that are preterm (less than 37 weeks);	AHS - VDH	Vital Statistics		10%	9%	8%	8%	2011	Vermont has a stable, low rate of preterm births. There have been minor fluctuations between 8% and 9.5% in the last 12 years.
50		(iii) rate of infant mortality per 1,000 live births;	AHS - VDH	Vital Statistics		4.6	6.2	4.2	4.9	2011	The Vermont infant mortality rate remains stable, low, and below the national rate.
51		(iv) percent of children at or below 200 percent of federal poverty level;	AHS - DCF	Census Bureau/Annie Casey Foundation	45% National Avg.	33%	32%	38%	37%	2013 (2 years each)	In Vermont, the percentage of children living in families below 200% of the Federal Poverty Level (FPL) has increased markedly since 2009, from 32% to 37%. This trend is mirrored in the national average, which increased from 40% to 45% during the same period. These increases coincide with the worst recession since the Great Depression, which led to massive job losses and long-term unemployment.
52		(v) percent of children age 17 or younger with health insurance.	AHS	US Census; Amercian Community Survey	100% target	98%	98%	97%	97%	2013	Nearly all Vermont children have health insurance and this proportion has been steady in the last five years.
53	(B) Children are ready for school.										
54		(i) percent of children age 19-35 months receiving recommended vaccines (4:3:1:4:3:1:4);	AHS - VDH	Annual School Immunization Reporting	70% Nat'l 77% NE	41%	38%	63%	67%	2013	Immunization rates for Vermont toddlers (19-35 months) are below state and national goals. Results from the 2013 National Immunization Survey (NIS) show that 67% of Vermont children ages 19-35 months received the full series of recommended vaccines. This represents a four percent increase from 2012. In 2013, the Vermont rate was lower than both the national rate (70%) and the rate for all New England states (77%).

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55		(ii) percent of children ready for school in all five four domains of healthy development;	SHARED: AOE; AHS - DCF	Kindergarten Readiness Survey	55%	56%	62%	49%	52%	SY2015	Survey has just been modified and don't yet have validated items. Based now on four domains.	
56		(iii) percent of children receiving State subsidy enrolled in high quality early childhood programs that receive at least four out of five stars under State standards.	AHS - DCF	Bright Futures Information System		40%	43%	48%	52%	2015	The percentage of children receiving child care subsidy who attended high-quality early childhood programs has steadily increased over the past five years, from 28% in FY2010 to 52% in FY2015. This increase can be attributed to Vermont's consistent financial investment in child care subsidy. In FY2014, \$43.4 million in child care financial assistance was provided to 8,444 children - helping them access early care & education and after school programs; 60% of these funds was spent on high quality care.	
57		(C) Children succeed in school.										
58		(i) rate of school attendance per 1,000 children;	AOE	AOE census data	97%	95.16	95.13	95.1	n/a until end of year	SY 2015	The SY15 Student Census collection closed on July 15th. Currently we are following up with the field and the data are undergoing the cleaning process. They should be available by the beginning of SY16.	
59		(ii) percent of children below the basic level of fourth grade reading achievement under State standards;	AOE	NECAP test data, NAEP	see comment	27%	30%	28%	n/a - SBAC field testing year	SY2015	Just changed assessments and haven't seen new results. Target can not yet be set.	
60		(iii) rate of high school graduation per 1,000 high school students.	AOE	AOE data for 4, 5, 6 year grad rate	90%	87.49%	87.74%	86.60%	87.82%	SY2015	The agency works through supervisory unions in support of Act 77 (2013), flexible pathways to graduation, and in developing continuous improvement plans for member schools.	
61		(D) Youths choose healthy behaviors.										
62		(i) rate of pregnancy per 1,000 females 15-17 years of age;	AHS - VDH	Vital Statistics		12.7	10.4	11.1	13.9	2011	The pregnancy rate in females age 15 to 17 has been gradually declining in the last 15 years though the pace of decline has stagnated.	
63		(ii) rate of pregnancy per 1,000 females 18-19 years of age;	AHS - VDH	Vital Statistics		53.2	43.2	42.0	37.3	2011	The pregnancy rate in females age 18 to 19 has been gradually declining in the last 15 years and continues to drop.	
64		(iii) percent of adolescents in grades 9 - 12 smoking cigarettes;	AHS - VDH	YRBS	10%	18%	18%	15%	13%	2013	In 1995, the prevalence of youth smokers in Vermont was 40%. In 2013, it was 13%. The Tobacco Control Program in collaboration with its partners including advocates, the Tobacco Evaluation and Review Board and legislators, have worked diligently to reduce tobacco's harm to youth. Achievements since the early 90's include prohibiting cigarette sales to minors, creating smoke-free schools, prohibiting vending machine sales and establishing Vermont Kids Against Tobacco (VKAT) youth coalition effort. Subsequently, in addition to tobacco tax increases and other restrictions, the current prevalence of youth smoking is 67% less than it was twenty years ago. While establishing Vermont's Healthy People 2020 goals, the program adopted the national benchmark in setting the target goal of 10% youth prevalence. Currently, Vermont's youth prevalence of 13% is in middle with 23 states having lower prevalence than we do.	
65		(iv) percent of adolescents in grades 9-12 who used marijuana in the past 30 days;	AHS - VDH	YRBS	20%	24%	25%	25%	24%	2013 (2-year increments)	While marijuana use among 9th-12th graders is down from a high of 35% in 1997 to approximately 25% since 2005, prevention efforts have not been able to reduce this number further (2007-2013). Measured through a self-report survey of past 30 day use of marijuana among 9th - 12th graders in Vermont this failure to make further progress in reducing adolescent use of marijuana may be at least partly attributable to several external factors. First, the medicalization of marijuana seems to have reduced perception of risk of harm among this age group. Risk perception is inversely related to use; that is as it decreases, use rates increase. Second, the decriminalization of small amounts of marijuana for adults 21 and over in Vermont and other states has also reduced the perception of risk of using marijuana. Third, the legalization of marijuana in Colorado and Washington appears to classify marijuana in the same risk category as alcohol again resulting in a further lowering of perception of risk of use. Fatal motor vehicle accidents involving drivers who were under the influence of marijuana have tripled over a recent 10 year period. Marijuana is the most abused illicit substance among all age groups in Vermont.	
66		(v) percent of adolescents in 12 - 17 years of age binge drinking alcohol in the past 30 days;	AHS - VDH	YRBS	10%	10%	9%	10%	9%	2013	The decrease from 2002 - 2012 reflects an overall decrease in alcohol consumption in general and binge drinking in particular among this age group across the country. This is good news, but more must be done to promote healthy behavior and limit access to alcohol for this age group. One of Vermont's prevention priorities is addressing underage drinking. This was one of the targets of the Strategic Prevention Framework - State Incentive Grant (SPF-SIG). The efforts associated with that project are likely at least partially responsible for the decrease observed in more recent years (i.e., since 2007).	
67		(vi) percent of adolescents 12 and older who misused a prescription pain reliever drug without a prescription	AHS - VDH	YRBS		5%	5%	5%	4%	2013		
68		(vii) number and rate per 1,000 minors of minors (under 18) who are under the supervision of the Department of Corrections.	AHS - DOC / AHS - DCF	Co-case-management		40	29	23	23	2013	The decline in youth/young adults in corrections can most likely be attributed to other efforts by groups that work with youthful offenders through early interventions and alternate programs.	
69		(E) Youths successfully transition to adulthood.										
70		(i) percent of high school seniors with plans for education, vocational training, or employment;	AHS - VDH	YRBS		n/a	n/a	n/a	86%	2013	The majority of high school seniors report post-secondary plans. This question was asked for the first time in the 2013 YRBS; no new data is yet available.	

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71		(ii) percent of high school graduates who graduated with a Regular High School diploma and enrolled in postsecondary education within six months after high school graduation; <i>(more specificity added)</i>	AOE	National Student Clearinghouse * (Ref. NSC Notes Tab)	54%	51.90%	52.00%	51.70%	52.30%	SY2014	The National Student Clearinghouse collects enrollment data from ~98% of the postsecondary institutions that participate in Title IV Student Loans. While this captures the majority of postsecondary enrollments, it may not include many trade, vocational, military, and international institutions, or apprenticeship programs. As well, this report does not include publicly tutored students that attend out of state High Schools due to demographic issues. Also, students and schools can opt for a Family Educational Rights and Privacy Act (FERPA) blocker on their enrollment records and therefore not be included in NSC reports. It is also important to note that there may be a number of reasons for a secondary graduate not to continue to a postsecondary experience, or not to persist. While the Agency of Education works to eliminate inadequate preparation as a reason, we must also recognize that other factors may come into play. The rising cost of higher education and the potential debt burden are certainly significant factors in this important decision.
72		(iii) percent of adolescents with a suicide attempt that requires medical attention;	AHS - VDH	YRBS	1%	2%	2%	2%	2%	2009	The proportion of adolescents with suicide attempts severe enough to require medical attention is low and unchanged. This question was not asked on the 2013 YRBS and therefore no new data is available.
73		(iv) percent of high school graduates who graduated with a Regular High School diploma and enrolled in postsecondary education within 16 months after high school graduation. <i>(more specificity added)</i> .	AOE	National Student Clearinghouse * (Ref. NSC Notes Tab)	64%	60.00%	59.20%	58.70%	60.00%	SY2013	The National Student Clearinghouse collects enrollment data from ~98% of the postsecondary institutions that participate in Title IV Student Loans. While this captures the majority of postsecondary enrollments, it may not include many trade, vocational, military, and international institutions, or apprenticeship programs. As well, this report does not include publicly tutored students that attend out of state High Schools due to demographic issues. Also, students and schools can opt for a Family Educational Rights and Privacy Act (FERPA) blocker on their enrollment records and therefore not be included in NSC reports. It is also important to note that there may be a number of reasons for a secondary graduate not to continue to a postsecondary experience, or not to persist. While the Agency of Education works to eliminate inadequate preparation as a reason, we must also recognize that other factors may come into play. The rising cost of higher education and the potential debt burden are certainly significant factors in this important decision.
74		(v) students who graduated with a regular high school diploma and enrolled in postsecondary education within 16 months of High School Graduation; and <i>persisted</i> in postsecondary for at least three semesters within two academic school years. <i>(former indicator revised and split in two parts - this is #1)</i>	AOE	National Student Clearinghouse * (Ref. NSC Notes Tab)	85%	81.2%	81.1%	81.8%	83.2%	SY2012	The National Student Clearinghouse collects enrollment data from ~98% of the postsecondary institutions that participate in Title IV Student Loans. While this captures the majority of postsecondary enrollments, it may not include many trade, vocational, military, and international institutions, or apprenticeship programs. As well, this report does not include publicly tutored students that attend out of state High Schools due to demographic issues. Also, students and schools can opt for a Family Educational Rights and Privacy Act (FERPA) blocker on their enrollment records and therefore not be included in NSC reports. It is also important to note that there may be a number of reasons for a secondary graduate not to continue to a postsecondary experience, or not to persist. While the Agency of Education works to eliminate inadequate preparation as a reason, we must also recognize that other factors may come into play. The rising cost of higher education and the potential debt burden are certainly significant factors in this important decision.
75		(vi) percent students who graduated with a regular high school diploma within 16 months of High School graduation, and graduated from an institution of higher education within six academic school years. <i>(former indicator revised and split in two parts - this is #2)</i>	AOE	National Student Clearinghouse * (Ref. NSC Notes Tab)	48%	NA	NA	NA	45.8%	SY2009	The National Student Clearinghouse collects enrollment data from ~98% of the postsecondary institutions that participate in Title IV Student Loans. While this captures the majority of postsecondary enrollments, it may not include many trade, vocational, military, and international institutions, or apprenticeship programs. As well, this report does not include publicly tutored students that attend out of state High Schools due to demographic issues. Also, students and schools can opt for a Family Educational Rights and Privacy Act (FERPA) blocker on their enrollment records and therefore not be included in NSC reports. It is also important to note that there may be a number of reasons for a secondary graduate not to continue to a postsecondary experience, or not to persist. While the Agency of Education works to eliminate inadequate preparation as a reason, we must also recognize that other factors may come into play. The rising cost of higher education and the potential debt burden are certainly significant factors in this important decision.
75	(7) Vermont's elders and people with disabilities and people with mental conditions live with dignity and independence in settings they prefer.										
76		(A) rate of confirmed reports of abuse and neglect of vulnerable adults per 1,000 vulnerable adults;	AHS – DAIL/DLP	Harmony APS database; US Census American Community Survey 3-year estimates		*SFY2012 1.6* per 1000 *see note	SFY2013 1.5 per 1000	SFY2014 2.0 per 1000	SFY2015 2.7 per 1000		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.

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A	B	C	D	E	F	G H I J Actual Values for the past 4 periods (FY, CY, FFY, Other)				K	L
						Prior (current -3)	Prior (current -2)	Prior (current -1)	Current		
Row	Population Outcome (2014 Act 186)	Population Indicator	Reporting Agency/ Department	Data Source	Target or Benchmark						
77		(B) percent of elders living in institutions versus home care.	AHS – DAIL/PPAU	Medicaid paid claims (one month point in time, by dates of service)		SFY2012 Inst: 1832 Res: 336 Ind: 985	SFY2013 Inst:1828 Res:331 Ind:1014	SFY2014 Inst:1755 Res: 373 Ind:1164			
78		(C) number and percent of people served in Developmental Services HCBS who are served in institutions, licensed group residential facilities, and in independent community settings;	AHS - DAIL	PASRR, ICF/DD data, DDS Annual Survey and HCBS spreadsheets		2012 Inst: 15 Lic Res: 87 Ind: 2391	2013 Inst: 16 Lic Res: 90 Ind: 2488	2014 Inst: 15 Lic Res: 91 Ind: 2566	2015 Inst: 16 Lic Res: 91 Ind: 2707		
79		(D) number and percent of people served in Choices for Care who are served in institutions, licensed group residential facilities, and in independent community settings;	AHS - DAIL	Choices for Care							
80		(E) number and percent of adults with severe, persistent mental illness (CRT eligible) who are served in institutions, licensed group residential facilities, and in independent community settings;	AHS - DMH	PASRR, ICF/DD data, DDS Annual Survey and HCBS spreadsheets		2012 Ind: 36.8%, Licensed 10.4%. Home/Comm 41.9%, Instution 52.8%	2013 Ind: 37.5%, Licensed 10.4%. Home/Comm 42.4%, Instution 52.1%	2014 Ind: 40.2%, Licensed 11.2%. Home/Comm 46.7%, Instution 48.6%	2015 Ind: 42.8%, Licensed 11.4%. Home/Comm 50.0%, Instution 45.4%	2015	
81		(F) employment rate of people with disabilities of working age (18-64);	AHS - DAIL	Cornell disabilities data: http://www.disabilitystatistics.org/reports/acs.cfm?statistic=2	34.50%	40.70%	39.80%	37.20%	34.60%	2013	This population indicator shows the estimated employment rate of all Vermonters with disabilities who are age 18-64. This employment rate is related to the state of the Vermont economy and labor force; work incentives and disincentives within public benefit programs; and the efforts of employment programs including the division of vocational rehabilitation, the division for the blind and visually impaired, the department of labor, the department of mental health, and developmental disabilities services.
82		(G) employment rate of people over the age of 65.	AHS - DAIL	US Census ACS Table	US Rate 172% 2013	21%	19.10%	22.50%	22.20%	2013	This population indicator shows the estimated labor force participation of all Vermonters over age 65. This employment rate is related to the state of the Vermont economy and labor force; retirement age and incentives in the Social Security system; work incentives and disincentives within public benefit programs; and the efforts of employment programs that serve older Vermonters.
83	(8) Vermont has open, effective, and inclusive government with a supported, motivated and accountable State workforce.										
84		(A1) % state employee respondents who are satisfied overall with their job. (New Indicator)	DHR	Employee Engagement Survey (voluntary)		n/a	n/a	64.1%	72.2%	CY 2014	2013 was the first year of the survey and is the baseline year. This indicator is a good overall measure of whether the workforce feels supported, motivated, and accountable. Consistent engagement, supervisor feedback, and meaningful work assignments are among the factors that contribute to employee satisfaction. DHR is continuously working to support Departments and their efforts to create a satisfying workplace. DHR's new "Supervising in State Government" course provides supervisors with the skills to empower their employees.
85		(A2) % of state employees who say they would recommend the State of Vermont to others as a great place to work. (New Indicator)	DHR	Employee Engagement Survey (voluntary)		n/a	n/a	59.8%	66.2%	CY 2014	2013 was the first year of the survey and is the baseline year. This indicator is a measure of how employees' feel about their overall work environment. Consistent engagement, supervisor feedback, meaningful work assignments, and dissemination of Department goals and mission are among the factors that contribute to this indicator. DHR is working on efforts to promote the highlight work done in state government internally and externally, including the use of video and social media. DHR's new "Supervising in State Government" course provides supervisors with the skills to empower their employees.
86		(A3) % of state employees who say they are encouraged to share ideas on improving service delivery or business process efficiency. (New Indicator)	DHR	Employee Engagement Survey (voluntary)		n/a	n/a	53.0%	57.2%	CY 2014	2013 was the first year of the survey and is the baseline year. This indicator sheds light into whether state government is open to new ideas geared toward efficiency and effectiveness. DHR's new "Supervising in State Government" course provides supervisors with the skills to empower their employees.
87		(A4) % of state employees who say their supervisor regularly provides them with timely and useful feedback. (New Indicator)	DHR	Employee Engagement Survey (voluntary)		n/a	n/a	57.7%	59.3%	CY 2014	2013 was the first year of the survey and is the baseline year. This indicator hits every aspect of the outcome. DHR's new "Supervising in State Government" course provides supervisors with the skills to empower, mentor, and provide their employees with meaningful input.
88		(A5) % of state employees who say their performance evaluations are completed annually. (New Indicator)	DHR	Employee Engagement Survey (voluntary)		n/a	n/a	55.9%	56.8%	CY 2014	2013 was the first year of the survey and is the baseline year. This indicator is a measure of employee accountability. DHR's new "Supervising in State Government" course provides supervisors with the skills to empower, mentor, and provide their employees with meaningful input.
89		(B) % of employees who voluntarily leave state service. (New Indicator)	DHR	VTHR		5.1%	4.6%	5.6%	5.8%	FY15	Voluntary Turnover (separation from state service), Executive Branch classified employees only This indicator gets to all aspects of the outcome. DHR's new "Supervising in State Government" course provides managers with skills that should help retain talent.

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Row	Population Outcome (2014 Act 186)	Population Indicator	Reporting Agency/ Department	Data Source	Target or Benchmark	Prior (current -3)	Prior (current -2)	Prior (current -1)	Current	Current Period Reference (FY, CY, FFY, etc.)	Comments, Narrative, Story	
90		(C) percent of registered voters voting in the general election.	SOS	Secretary of State Website; federal elections info	53.6% federal 2012	2006 60.6%	2008* 71.9%	2010 53.8%	2012* 65.4%	Every 2 years (2008, 2010, 2012)	Vermont's turnout is higher than the national average. *Voter turnout increases in Presidential election years (2008 and 2012)	
		(D) Number of Lean Business Process Improvement Events Completed Successfully.	DEC/AOT	Dept. of Environmental Conservations & Trans		n/a	n/a	6 (DEC)	6 (DEC) 1 (DEC/AOT)	FY2015	DEC has completed 13 Lean events through June 30, 2015, including one jointly with Vtrans. Both DEC and Vtrans are conducting additional Lean events.	
91	(9) Vermont's State Infrastructure meets the needs of Vermonters, the economy and the environment.											
92		(A) percent of Vermont covered by state-of-the-art telecommunications infrastructure;	PSD	PSD	75% in 2016	n/a	n/a	71%	71%	FY2015	PSD reports that 71% of Vermonters have access to Broadband speeds of 4/1 or greater, based on mapping completed on 06/30/14. The next mapping is expected to be completed by 12/31/15. The goal is to bring the remaining 29% of all addresses to 4/1, and ultimately to bring all addresses to 100/100 by year end 2024. PSD also reports that 100% of E-911 addresses are covered with the necessary infrastructure to obtain telephone service. 99.3% are covered by high speed internet infrastructure; 75.8% are covered with infrastructure offering an internet speed of at least 4/1; 91.2% are covered with mobile wireless.	
93		(B) percent of structurally-deficient bridges, as defined by the Vermont Agency of Transportation;	[FHWA data + short span bridges - National Forest bridges] adjusted data/source	All bridges in excess of a 20 foot span and located on public roads receive regular, biennial inspections by qualified personnel to ensure safety of the travelling public. Short structures, those greater than 6 feet and up to 20 feet in span length, located on either the interstate or state highway systems are inspected once every 60 months. If deemed necessary because of deteriorating conditions, bridges are inspected more frequently.	< 10%	Qty. 382 9.6%	Qty. 335 8.4%	Qty. 279 7.0	Qty. 262 6.6	2015 (April)	FHWA numbers are partially based on information provided by VTrans. VTrans also reports state data (SD) to the Legislature in the annual report. The FHWA data does not include short structures (spans between 6 and 20 ft), while the SD numbers do include short structures. The FHWA data includes bridges that are located within the National Forests. VTrans is not responsible for maintaining National Forest Bridges. Consequently, they are not included in the annual report to the Legislature.	