

Vermont Department of Health



Appropriations Committee • February 3, 2016
Harry Chen, MD, Commissioner of Health

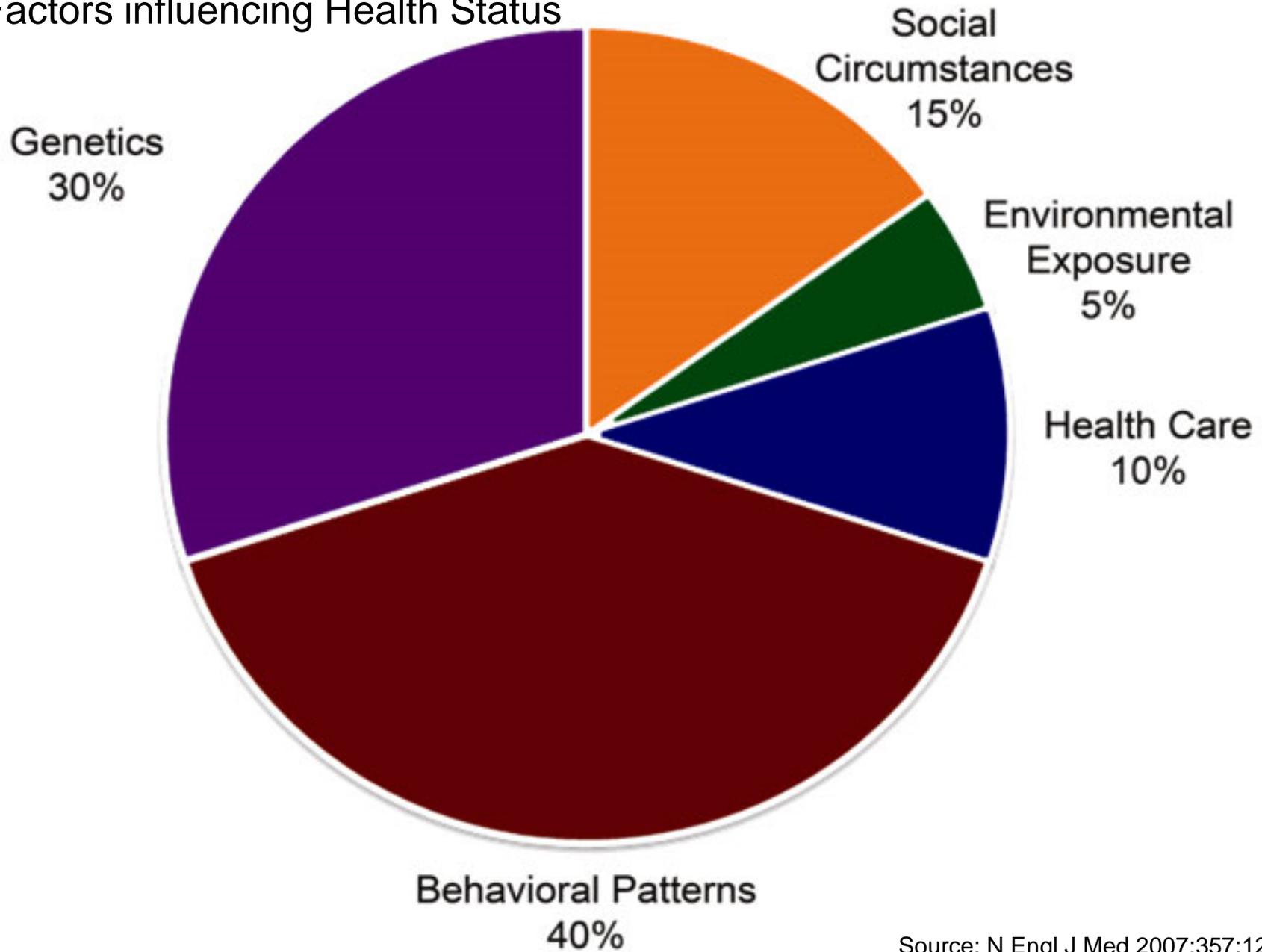
VDH Budget Highlights FY16



- Introduction
- Performance management at Health
- Major initiatives across Health
 - ▣ Chronic Disease
 - ▣ Maternal and Child Health
 - ▣ Infectious Disease
 - ▣ Environmental Health
 - ▣ Preparedness and EMS
 - ▣ Alcohol and Drug Programs
- Budget ups and downs

Determinants of Health

Factors influencing Health Status

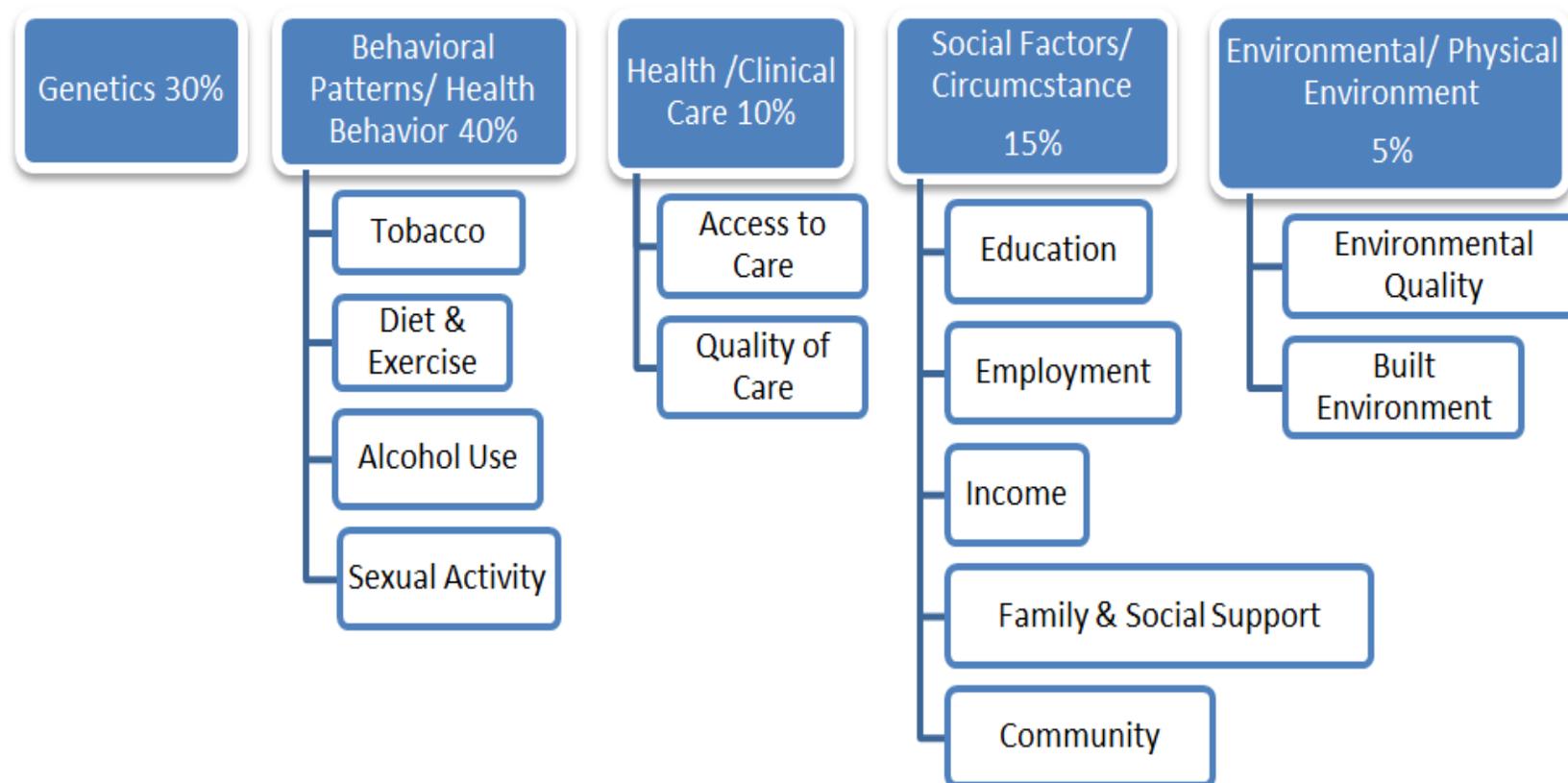


Source: N Engl J Med 2007;357:1221-8.

Determinants of Health

Factors influencing health status

Figure 2. Factors Affecting Health Outcomes



Adapted to include genetics and McGinnis weighting of factors approach

Core Measures



Behaviors

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

Policies

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

Community & Environment

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

Clinical Care

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

Health Outcomes

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

Vermont is still the **2nd healthiest** state.

Vermont

RANK: 2

No Change
from
2014

2014 Rank: 2
No Change

TOP FIVE HEALTHIEST STATES:

1. Hawaii
2. Vermont
3. Massachusetts
4. Minnesota
5. New Hampshire



Smoking

16.4%



of people in Vermont smoke
compared with 18.1% nationally

Healthy People 2020 Goal: 12.0% of adults

Drug Deaths

12.9



deaths per 100,000 people in Vermont
from drug overdose compared with 13.5 deaths
per 100,000 nationally

Healthy People 2020 Goal: 11.3 deaths per 100,000

Physical Inactivity

19.0% or about

1 in 5



adults in Vermont are
physically inactive compared
with 22.6% nationally

Infant Mortality

4.3



deaths per 1,000 live births in Vermont
compared with 6.0 deaths per 1,000 nationally

Healthy People 2020 Goal: 6.0 infant deaths per
1,000 live births

Obesity/Diabetes

24.8%

of adults in Vermont are obese



7.9%

of adults in Vermont have diabetes

Nationally, 29.6% of adults are obese,
and 10.0% have diabetes.

Immunizations—Children

71.8%



of children in Vermont received vaccinations
compared with 71.6% nationally

Healthy People 2020 Goal: 80.0% of children

NEW Dietary Guidelines
Require Less Sugar for All
and Less Meat for Boys...



WELL
Rethinking Weight Loss
and the Reasons We're
'Always Hungry'



WELL
Mexican Soda Tax
Followed by Drop in
Sugary Drink Sales



PHYS ED
How Training Without
Helmets Could Reduce
Head Injuries



WELL
Ask Well
Diabetes

HEALTH

Death Rates Rising for Middle-Aged White Americans, Study Finds

By GINA KOLATA NOV. 2, 2015



Angus Deaton with his wife, Anne Case, right, last month after he won the 2015 Nobel Memorial Prize in Economic Science. Together, they wrote a study analyzing mortality rates.
Ben Solomon for The New York Times

Something startling is happening to middle-aged white Americans. Unlike every other age group, unlike every other racial and ethnic group, unlike their counterparts in other rich countries, death rates in this group have been rising, not falling.

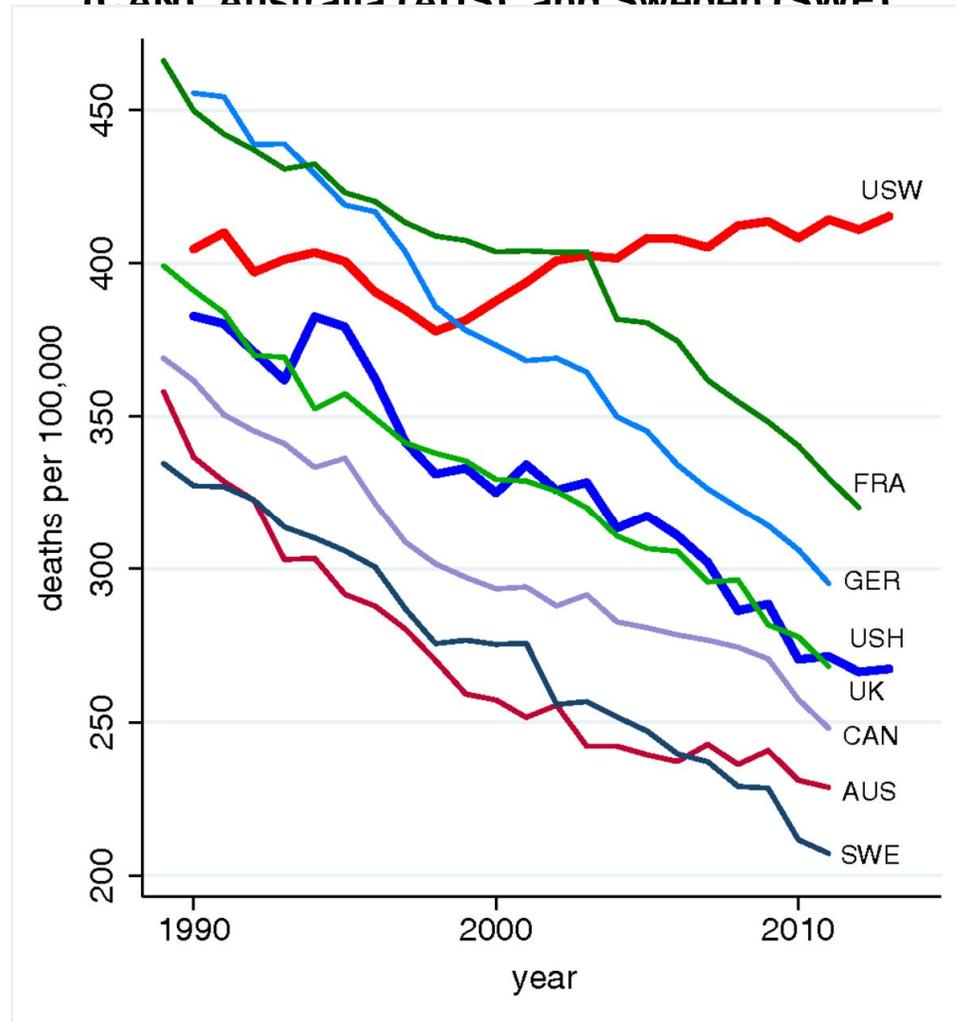
That finding was reported Monday by two Princeton economists, Angus Deaton, who last month [won the 2015 Nobel Memorial Prize in Economic Science](#), and Anne Case. Analyzing health and mortality data from the Centers for Disease Control and Prevention and from other sources, they concluded that rising annual death rates among this group are being driven not by the big killers like heart disease and [diabetes](#) but by an epidemic of suicides and afflictions stemming from [substance abuse](#):

*... an epidemic of **suicides** and afflictions stemming from substance abuse: **alcoholic liver disease** and **overdoses** of heroin and prescription opioids.*

Email

[alcoholic liver disease](#) and overdoses of heroin and prescription opioids.

All-cause mortality, ages 45–54 for US White non-Hispanics (USW), US Hispanics (USH), and six comparison countries: France (FRA), Germany (GER), the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE)



Anne Case, and Angus Deaton PNAS 2015;112:15078-15083

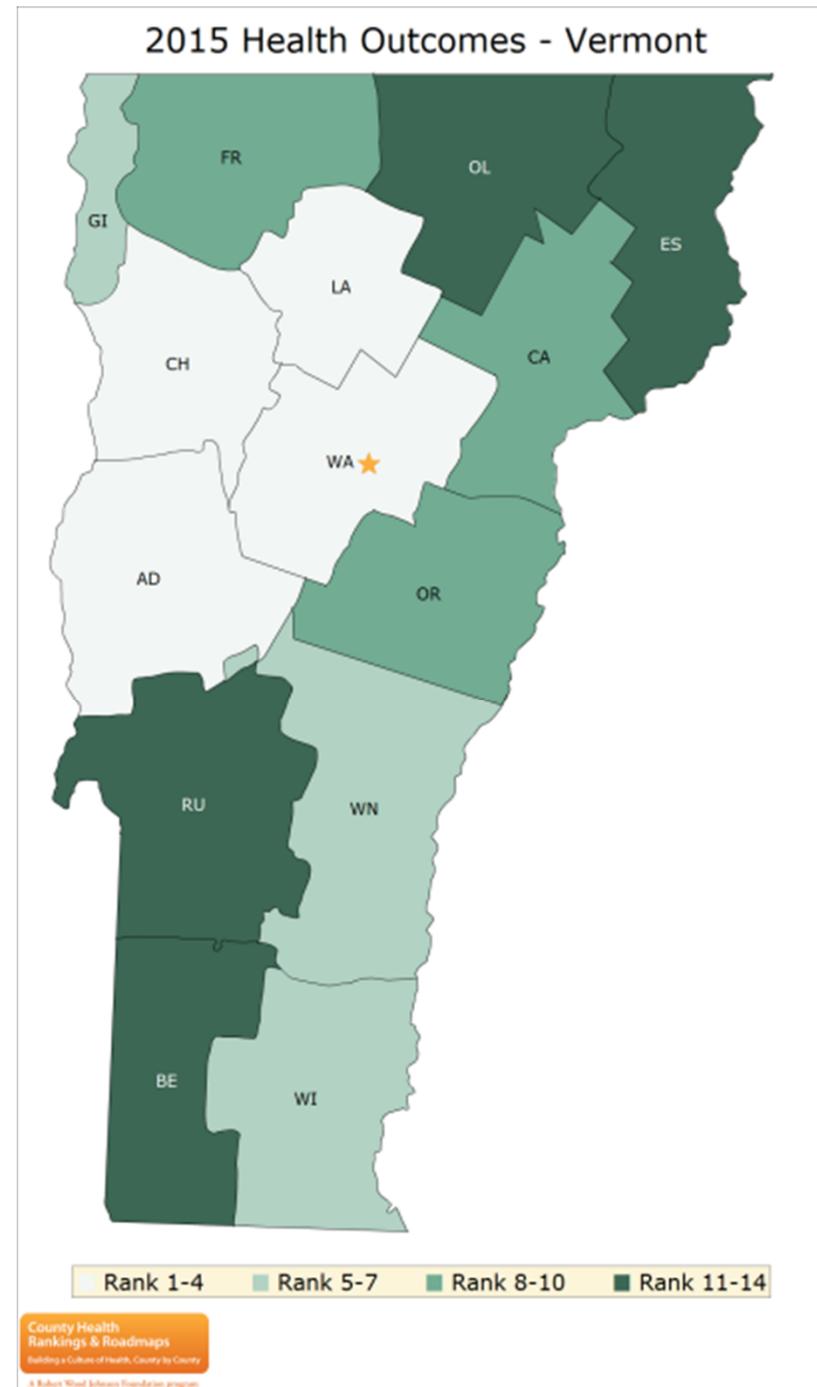
Vermonters are not equally healthy

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

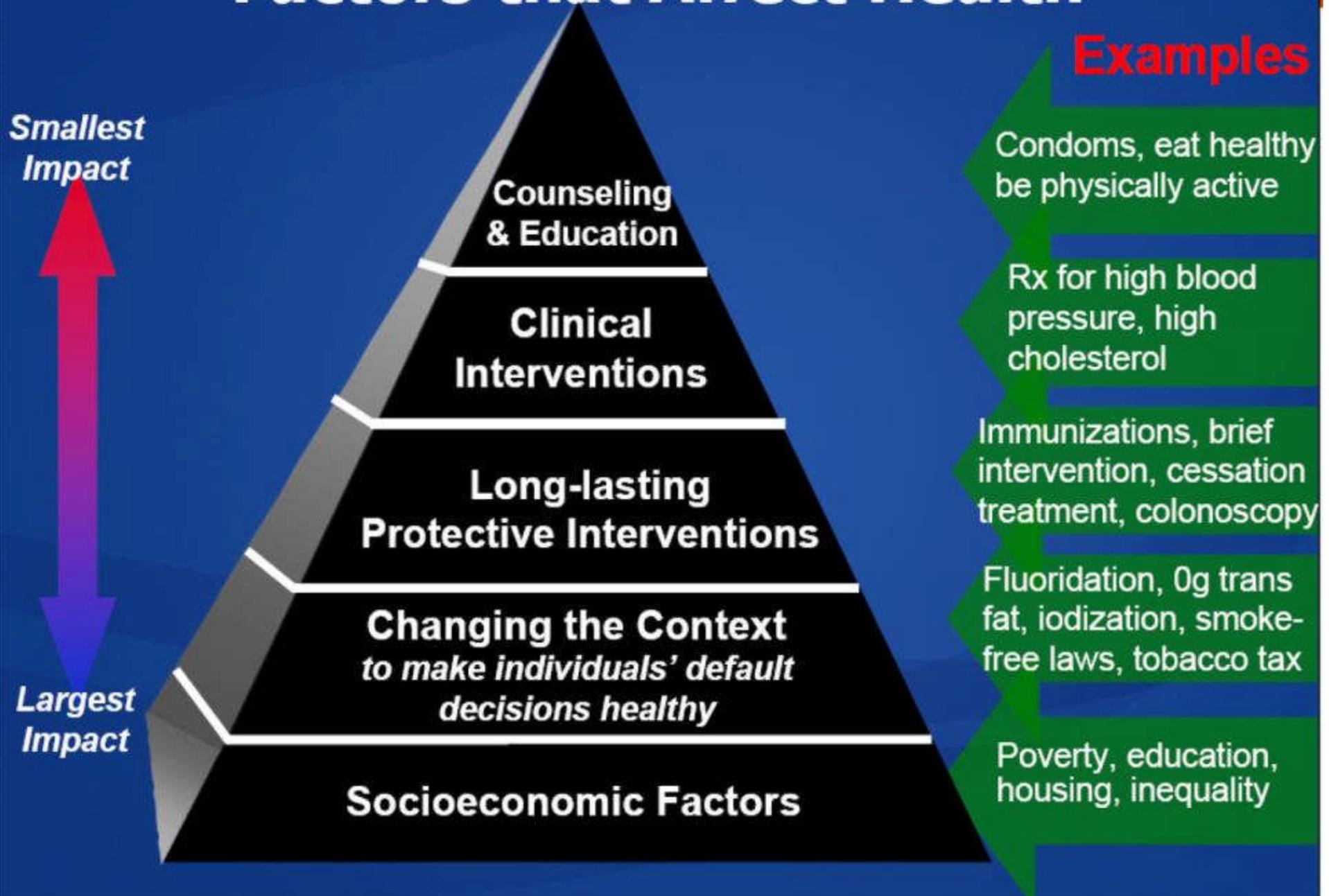
The ranks are based on 2 types of measures:

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

<http://www.countyhealthrankings.org/sites/default/files/state/download/s/2015%20Health%20Outcomes%20-%20Vermont.png>



Factors that Affect Health



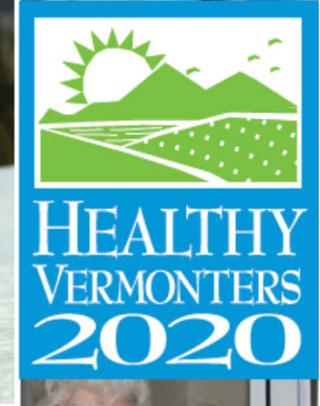
Public health keeps kids healthy and communities strong

Public health and prevention programs in your community:



We all benefit

State Health Improvement Plan • 2013-2017



Performance Management Framework



Framework Language

DEFINITIONS

(Language Discipline)

POPULATION ACCOUNTABILITY

RESULT/OUTCOME

A condition of well-being for children, adults, families or communities.

Healthy children; Youth graduate on time; Families are economically stable.

INDICATOR

A measure which helps quantify the achievement of a result.

Obesity rates; Graduation rates; Median family income.

PERFORMANCE ACCOUNTABILITY

STRATEGY

A coherent collection of actions often implemented as, programs, initiatives, systems, and services that have a reasonable chance of improving results.

Let's Move, Promise Neighborhoods, CHOICE Neighborhoods, Voluntary Income Tax Assistance

PERFORMANCE MEASURE

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

Three types:

1. How much did we do?

2. How well did we do it?

3. Is anyone better off?

= Customer Results

**Results-Based
Accountability™**

Act 186 – Population Level Outcomes/Priorities

Governor's Strategic Plan

Agency of Human Services Strategic Plan

Healthy Vermonters 2020

ADAP Dashboard

Objective: Prevent and eliminate the problems caused by alcohol and drug misuse.

Indicators:

- 1) % of adolescents age 12-17 binge drinking in the past 30 days
- 2) % of adolescents in grades 9-12 who used marijuana in the past 30 days
- 3) % of persons age 12 and older who need and do not receive alcohol treatment
- 4) % of persons age 12 and older who need and do not receive illicit drug use treatment

Performance Measures:

- 1) Are we appropriately referring students who may have a substance abuse problem?
- 2) Are youth and adults who need help starting treatment?
- 3) Are youth and adults who start treatment sticking with it?
- 4) Are youth and adults leaving treatment with more support than when they started?
- 5) Are adults seeking help for opioid addiction receiving treatment? (under development)

Support healthy people in very stage of life – reduce the percentage of people who engage in binge drinking of alcohol beverages

Decrease % of youth who binge drink - 2020

Decrease % of youth who used marijuana in the past 30 days - 2020

% of persons age 12+ who need and do not receive alcohol treatment

Promote the health, well-being and safety of individuals, families and our communities

% of adults' binge drinking in the past 30 days

% of adolescents binge drinking in the past 30 days

% of persons age 12+ who need and do not receive alcohol treatment

% of persons age 12+ who need and do not receive illicit drug treatment

Affordable Health Care – All Vermonters have access to affordable quality healthcare

Strong Families, Safe Communities: Vermont's children live in stable and supported families and safe communities

High Quality and Affordable Education: Learners of all ages have the opportunity for success in education

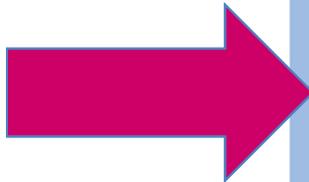
Percent of adolescents in grades 9-12 who used marijuana in the past 30 days (YRBS)

Percent of adolescents who drank alcohol in the past 30 days (YRBS)

Percent of adolescents who reported ever using a prescription drug without a prescription (YRBS)

Publicly Accessible Scorecards

Click here

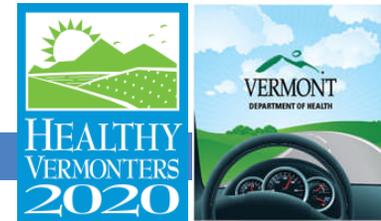


Healthy Vermonters 2020
is the home of Health
Department Performance
Scorecards

<http://healthvermont.gov>

The screenshot shows the homepage of the Vermont Department of Health. At the top, there is a navigation bar with links for Home, Contents A to Z, Site Map, Contact Us, and About Us. Below this is a 'Public Health Spotlight' section with a list of recent updates: Jan 30 - Tuberculosis Update, Jan 29 - Linking Employee Health to Better Business: Worksite Wellness Conference, and Jan 22 - Health Department Confirms Case of Tuberculosis. The main content area is divided into several columns. On the left, there is a 'QUICK LINKS' section with various services like 'Get Help Now', 'Advance Directives', and 'Immunization'. Below that is 'NEWS & ALERTS' and 'PUBLICATIONS'. On the right, there are several category-based sections: 'Children & Families', 'Diseases & Prevention', 'Substance Abuse Programs', 'Emergency & Public Health Preparedness', 'Community Public Health', 'A Healthy Environment', 'Health Research, Data and Records', and 'Health Care Professionals'. At the bottom, there is a footer with contact information and a copyright notice for 2015.

HV2020 Toolkit



Healthy Vermonters Toolkit		
Statewide Population Indicators	Maps & Trends	Performance Dashboard
HV2020 Goal: <i>A Healthy Lifetime</i> 📄		
Family Planning	County District HSA	Dashboard
Maternal & Infant Health	County District HSA	Dashboard
Early Childhood Screening	County District HSA	Dashboard
School-age Health	County District HSA	Dashboard
Older Adults	County District HSA	Dashboard
HV2020 Goal: <i>Providing for Better Health</i> 📄		
Access to Health Services	County District HSA	Dashboard
Immunization & Infectious Disease	County District HSA	Dashboard
Oral Health	County District HSA	Dashboard
Mental Health	County District HSA	Dashboard
HV2020 Goal: <i>Behaviors, Environment & Health</i> 📄		
Alcohol & Other Drug Use	County District HSA	Dashboard
Tobacco Use	County District HSA	Dashboard
Nutrition & Weight	County District HSA	Dashboard
Physical Activity	County District HSA	Dashboard

<http://healthvermont.gov/hv2020/>

Priority Health Topics	
Access to Health Services	Maternal & Infant Health
Arthritis and Osteoporosis	Mental Health
Cancer	Nutrition & Weight Status
Childhood Screening	Older Adults
Diabetes & CKD	Oral Health
Environmental Health	Physical Activity
Family Planning	Preparedness
Heart Disease & Stroke	Respiratory Diseases
HIV & STD	School Age Health
Immunization & ID	Substance Abuse
Injury & Violence Prevention	Tobacco Use

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

Population Accountability

Program Accountability

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

Using Performance Measures – across VDH

Population Accountability		Program Accountability		
HV2020 Outcome		Program Performance Measure		Related Program
Pregnant women abstain from cigarettes	% of pregnant smokers seen by WIC who are referred to the 802Quits Network			Tobacco
	% of Nurse Family Partnership clients who screen positive for tobacco use who are referred to the 802Quits or other cessation services			Tobacco
Act 186		Program Performance Measure		
Pregnant women and young people thrive	% of pregnant women seen by WIC attending a prenatal breastfeeding class			MCH
	% of Nurse Family partnership clients who breastfed for a minimum of 4 weeks			MCH
	% of Nurse Family Partnership clients who screen positive for illicit drug use who are referred to treatment/services			ADAP

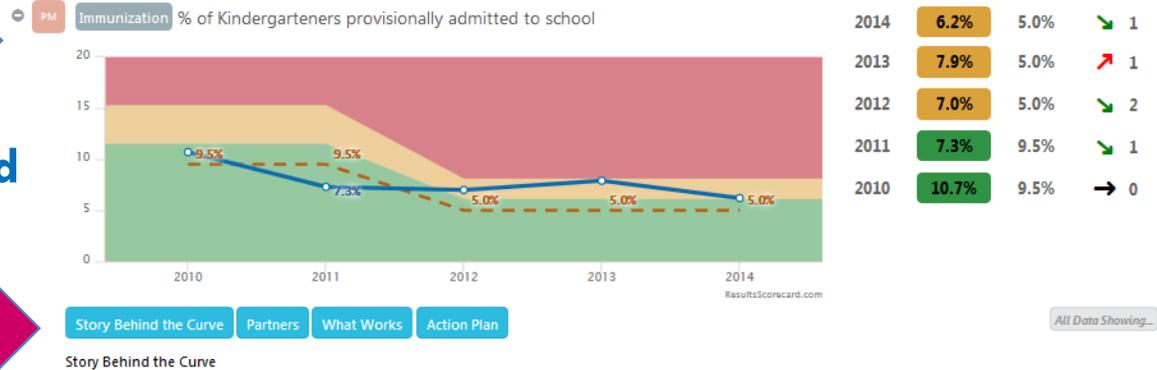
Available online at:

Healthy Vermonters 2020 - http://healthvermont.gov/hv2020/dashboard/maternal_infant.aspx

AHS Act 186 Scorecard - <https://app.resultsscorecard.com/Scorecard/Embed/8131>

Data & narrative context

Click + here to expand



Click the buttons for information on partners, strategies, and action plans

Story Behind the Curve

Last Updated: January 2015

Author: Immunization Program, Vermont Department of Health

The percent of students provisionally admitted to kindergarten in the 2013-14 school year increased to 7.9%, the highest level since 2010. In the preceding school year, a quality improvement effort by the Vermont Child Health Improvement Program and the Health Department may have contributed to the low rate of 7%. This initiative was not continued in the 2013-14 school year. Also, in 2012, the provisional admittance time period was shortened from one year to six months.

Partners

School nurses and administrators, primary care providers/staff, VDH Office of Local Health public health nurses

What Works

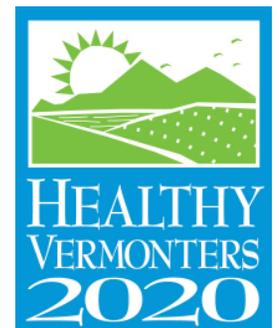
Vermont school immunization regulations require that all children be vaccinated prior to enrollment in a public or private school. Health Department staff visit school nurses to provide education and provide assistance in meeting the immunization requirements.

Action Plan

Continued education, enforcement of school immunization regulations and ongoing evaluation

Available on AHS Programmatic Performance Measures for Budgeting Scorecard - <https://app.resultsscorecard.com/Scorecard/Embed/9736>

Performance Accountability Wheel



Public Health Stat



- Data driven management tool
- Programs present recommendations to Department leaders; recommendations focus on what it will take to really turn the curve for a health outcome
- Facilitated, transparent, and data driven discussion of all senior department leadership
 - ▣ Do we stay the course? Until when?
 - ▣ Do we realign resources? How?
 - ▣ Are there efficiencies to be gained through integration or coordination with other programs?

Health Promotion and Disease Prevention



- ❑ Preventing Chronic Disease
 - ❑ 3-4-50

3

BEHAVIORS

- No Physical Activity
- Poor Diet
- Tobacco Use

LEAD TO

4

DISEASES

- Cancer
- Heart Disease & Stroke
- Type 2 Diabetes
- Lung Disease

RESULT IN

MORE THAN

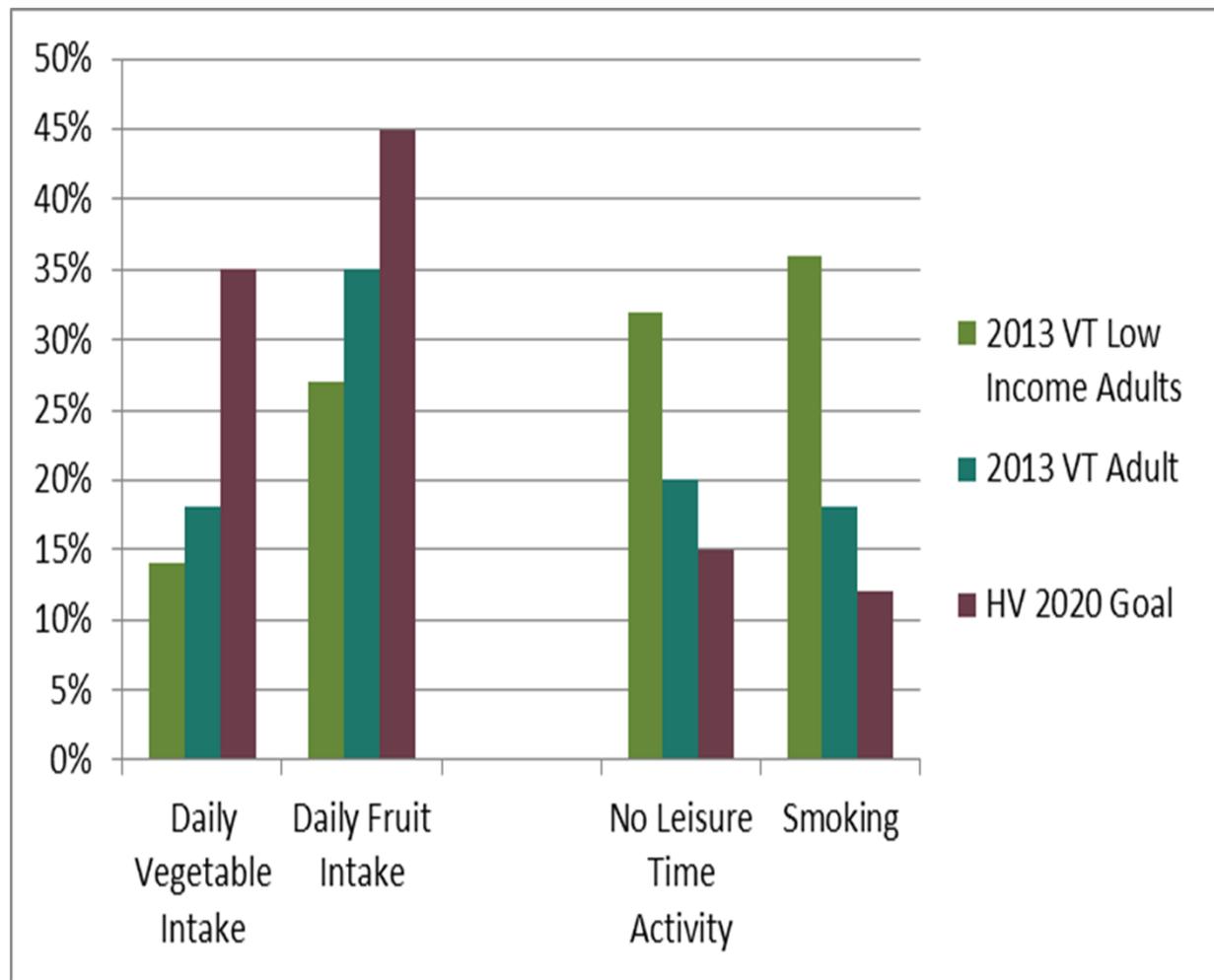
50

**PERCENT
OF DEATHS
IN VERMONT**

Current rates of unhealthy behaviors

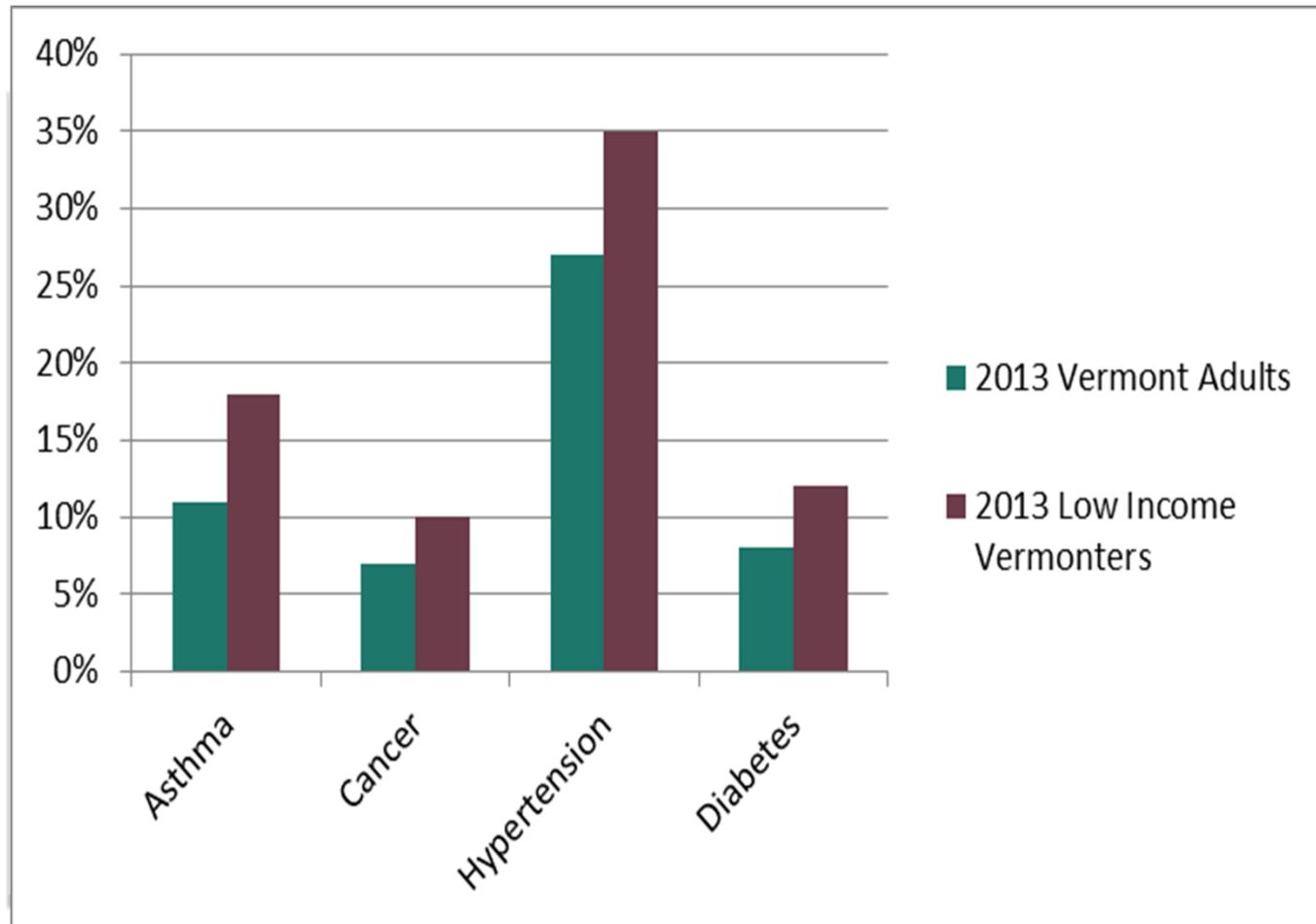
versus

Healthy Vermonters 2020 goals



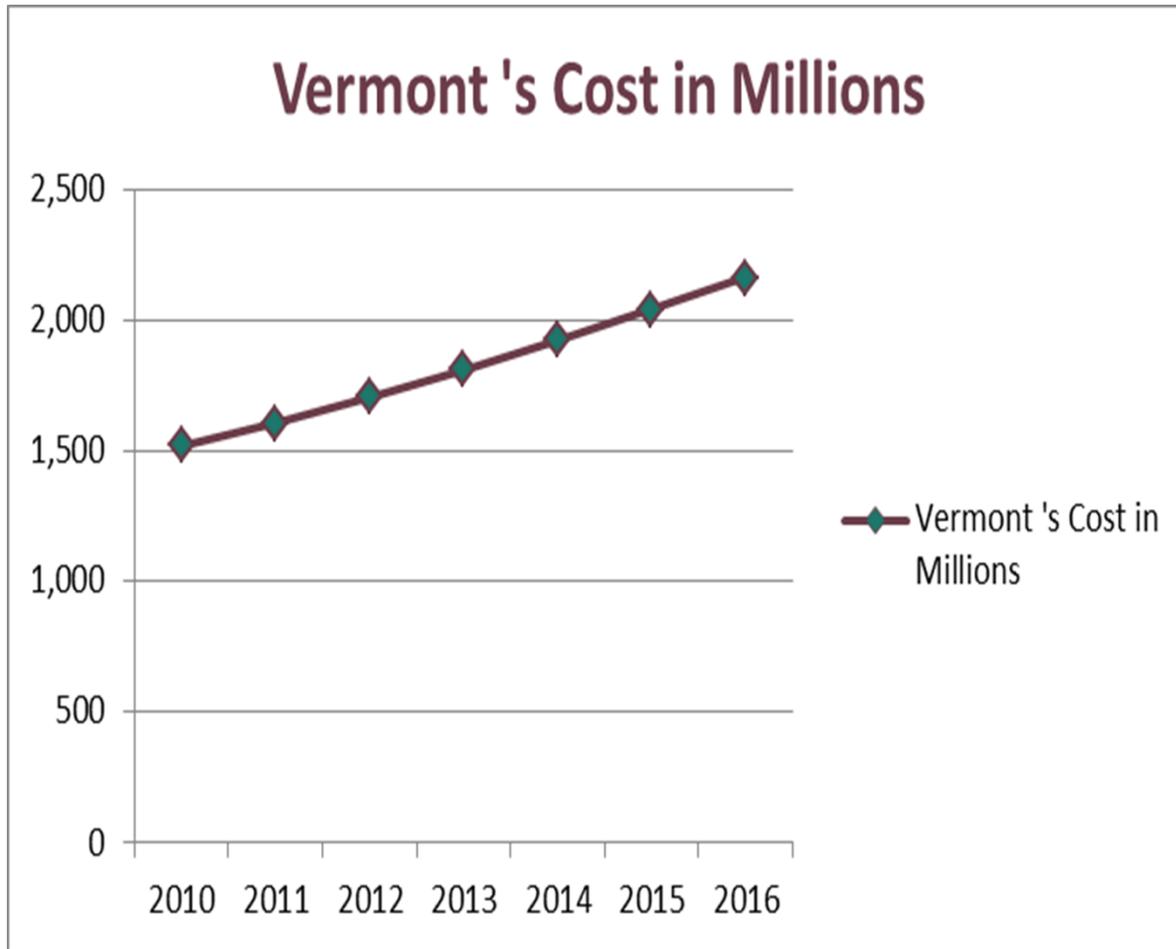
Vermont BRFSS, 2013

Chronic Disease Rates Among Vermonters



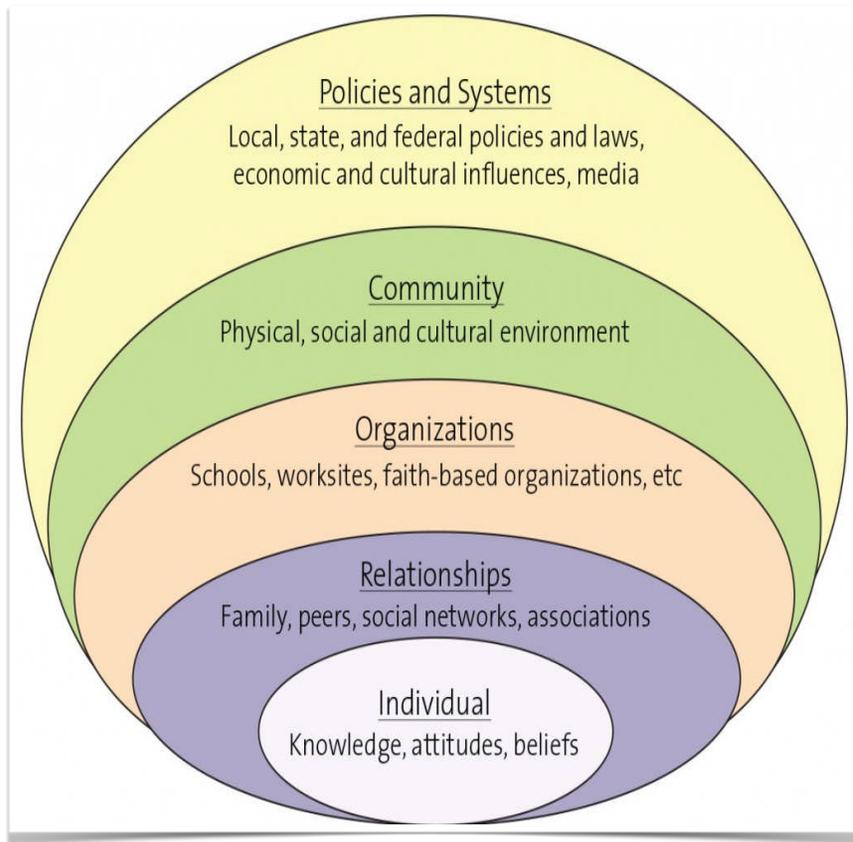
Vermont BRFSS, 2013

Health Care Costs of Chronic Disease



Chronic Disease Cost Calculator, Version 2, Centers for Disease Control and Prevention

Current Activities Work Across Prevention Model



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



**MAKE YOUR
MOMENT NOW**

Chronic Disease Prevention: 3-4-50

Available online at:

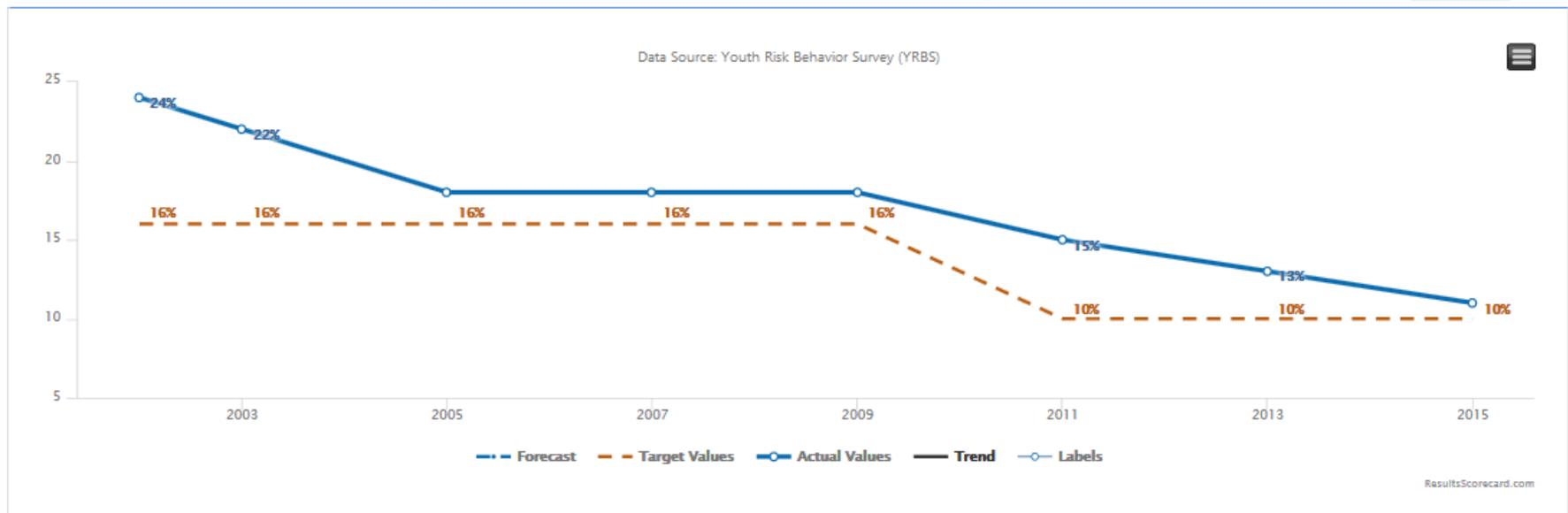
AHS Act 186 Scorecard - <https://app.resultsscorecard.com/Scorecard/Embed/8131>

Healthy Vermonters 2020 Scorecard - <http://healthvermont.gov/hv2020/dashboard/tobacco.aspx>

Act 186 & HV2020 Population Indicator

% of adolescents in grades 9-12 who smoke cigarettes

11% 2015



Chronic Disease Prevention: 3-4-50

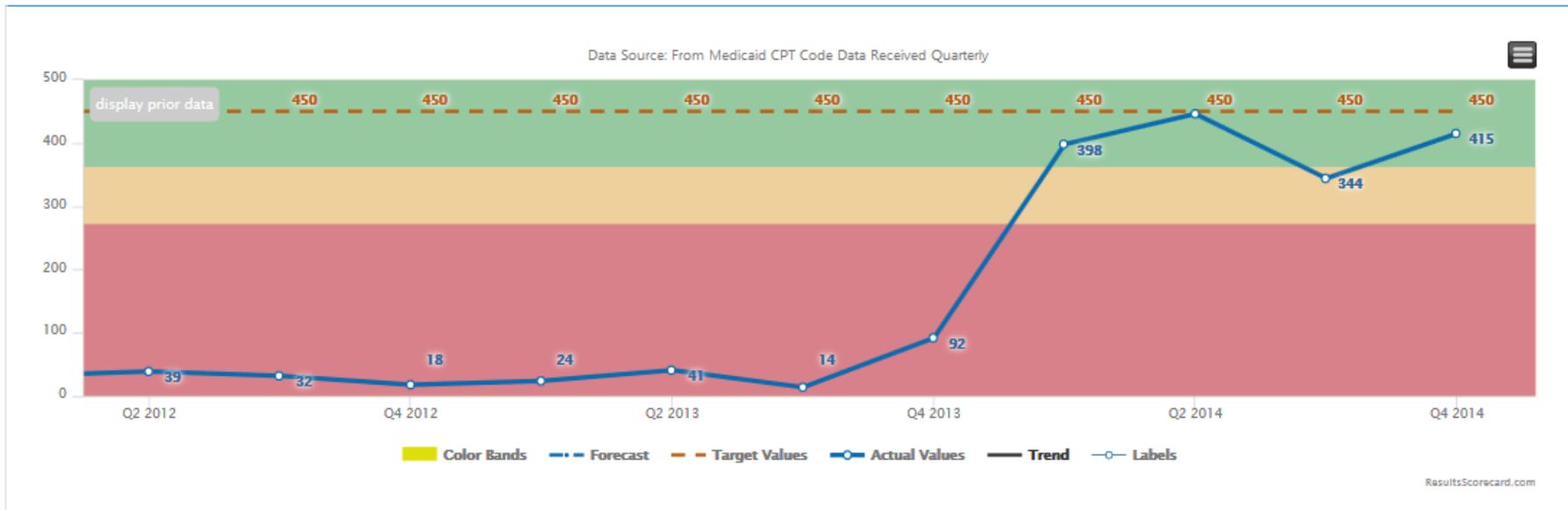
Available online at:

Healthy Vermonters 2020 Scorecard - <http://healthvermont.gov/hv2020/dashboard/tobacco.aspx>

HV2020 Tobacco Program Performance Measure

of CPT reimbursement codes used by Medicaid providers
for tobacco cessation

415 Q4 2014



Maternal and Child Health



- ❑ WIC
- ❑ Nurse Family Partnership

WIC Management Information System and eWIC Conversion

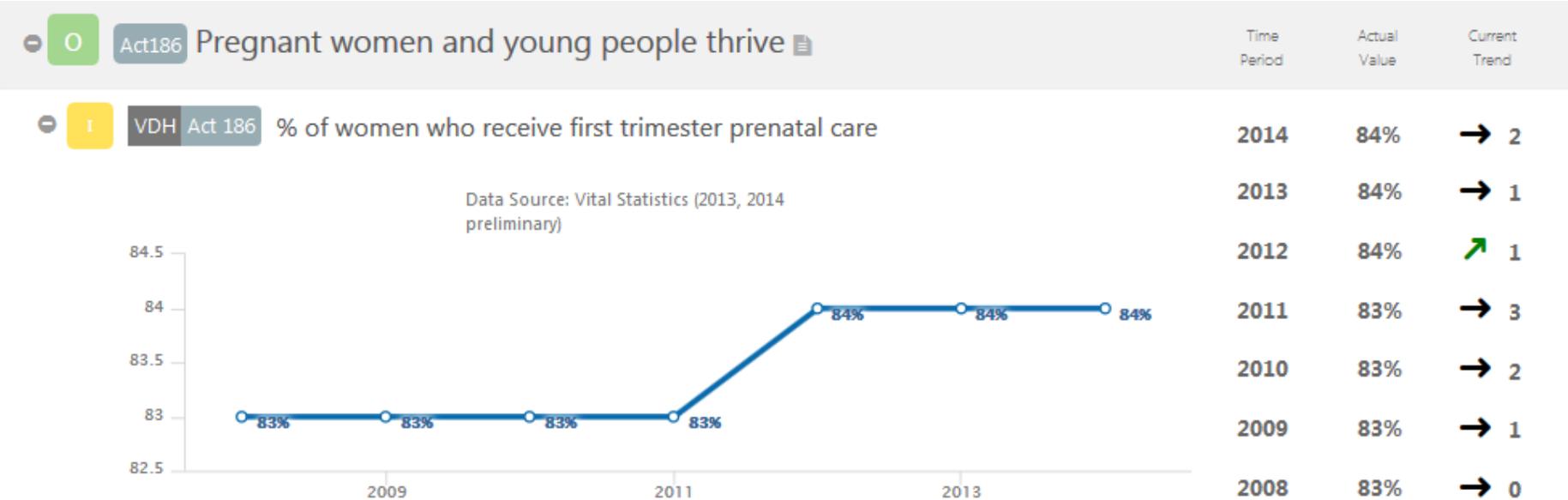
- ❑ Replacing 40 year old mainframe system with modern system designed for WIC
- ❑ Converting from home delivery of WIC food benefits to a retail purchase system using an eWIC debit-like card
- ❑ Rollout will be complete in April 2016
- ❑ 100% federally funded



Maternal & Child Health - WIC

Available online at:
 AHS Act 186 Scorecard - <https://app.resultsscorecard.com/Scorecard/Embed/8131>

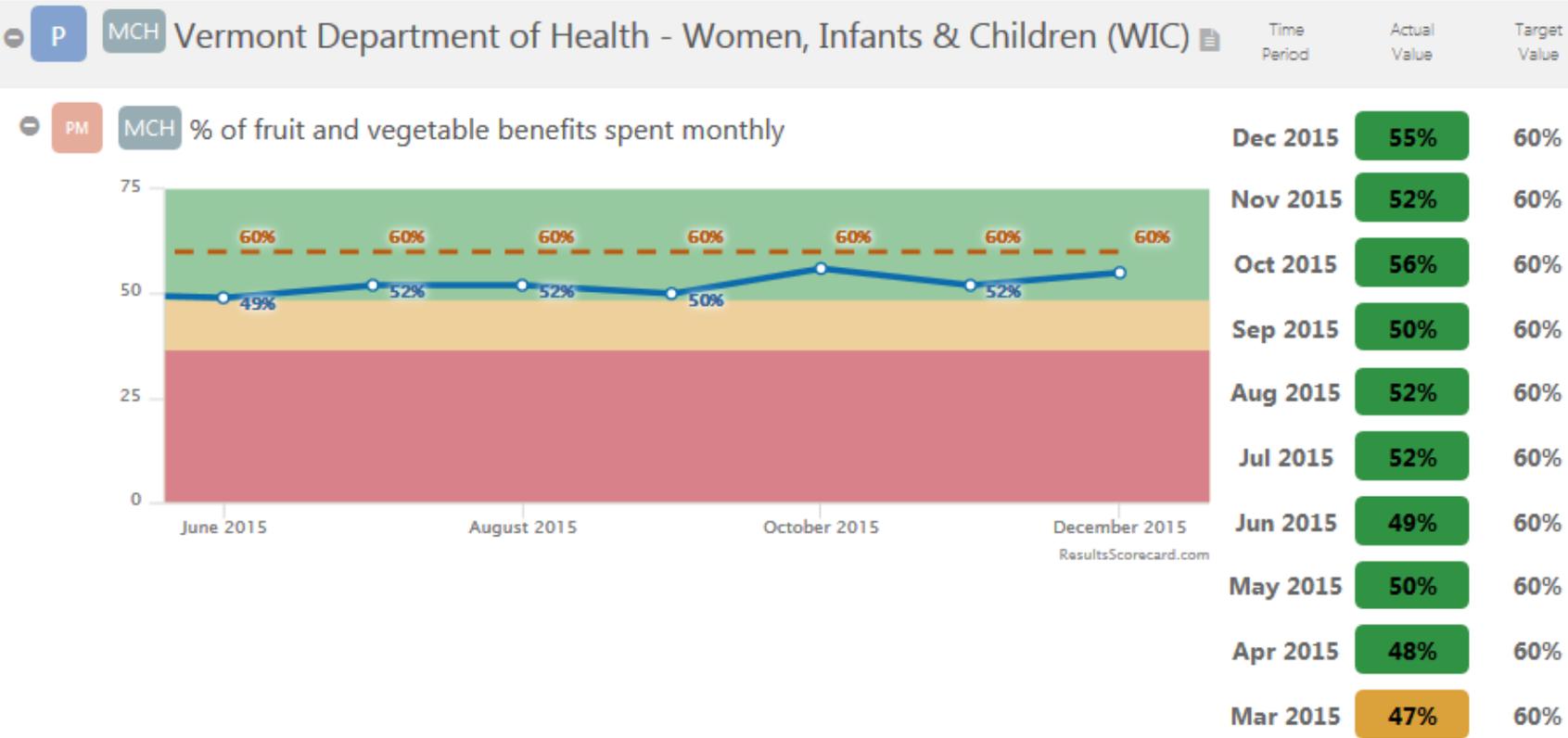
Act 186 Population Indicator



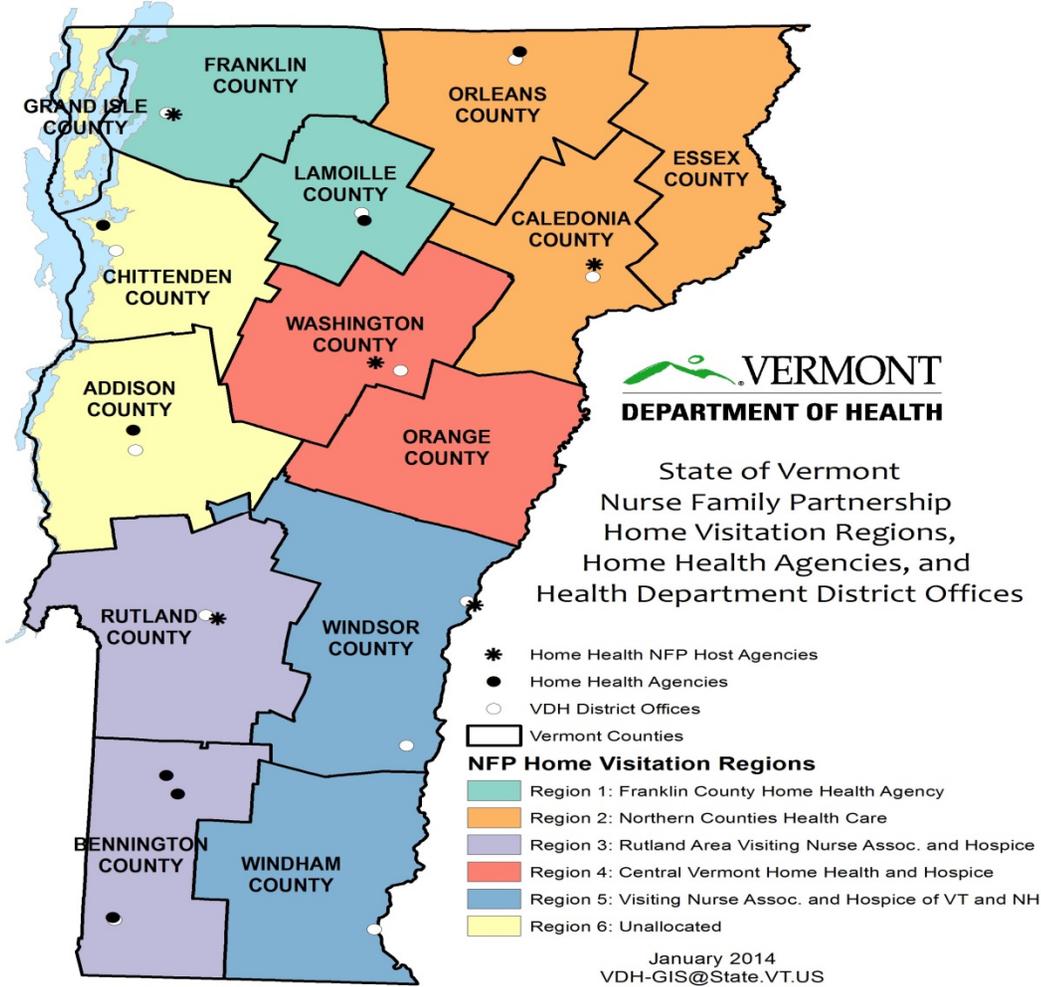
Maternal & Child Health - WIC

Available online at:
 Healthy Vermonters 2020 Scorecard - http://healthvermont.gov/hv2020/dashboard/maternal_infant.aspx

WIC Program Performance Measure



Nurse Family Partnership Home Visiting



Vermont Nurse Family Partnership

- An evidenced-based, nurse led, home visiting program for low income 1st time pregnant moms through the child's second birthday.
- Program goals are to improve: pregnancy outcomes, child health and development, and economic self-sufficiency .
- Program includes Nurses doing screening, referrals, and follow up for: Smoking, Alcohol and Drug use, Intimate Partner Violence (IPV), Maternal Depression and Childhood Developmental Delays.
- Positive screens for enrolled VT families: Depression 56%, IPV 35%, Tobacco use 46%, Drug use 8% , alcohol use 3% and Developmental delays 11%.

Vermont Nurse Family Partnership

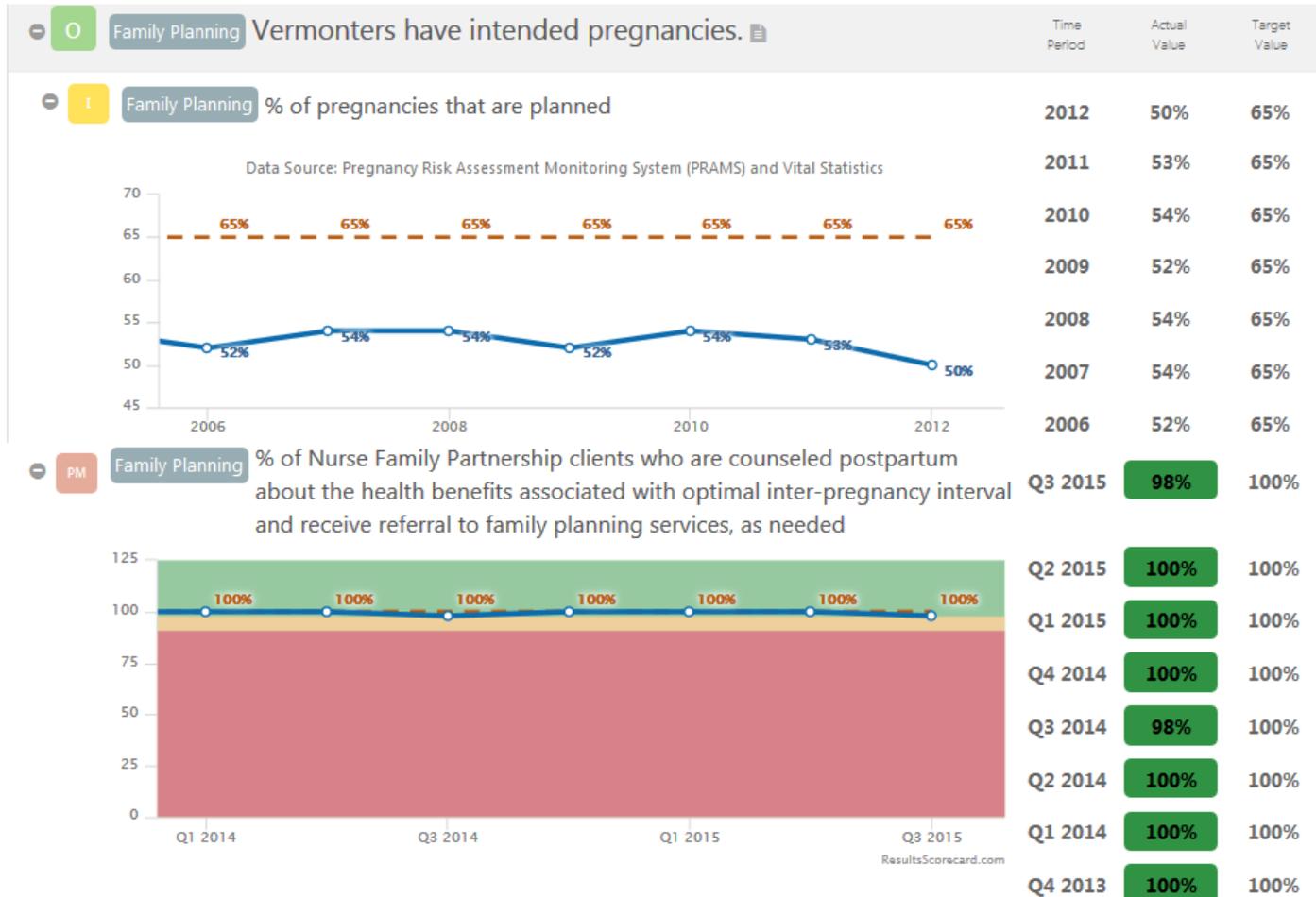
- ❑ 100% of women who screened positive for drug, alcohol and tobacco use during pregnancy received a referral for counseling or treatment.
- ❑ 100% of women who reported symptoms of moderate to severe depression were referred for further mental health evaluation, counseling or treatment.
- ❑ 100% of women who reported exposure to domestic violence were referred to the domestic violence prevention network for assistance and completed a safety plan.
- ❑ 100% of women and children enrolled had adequate health insurance
- ❑ 100% of families who had unmet social, economic or medical needs received a referral to federal, state or community services, and 95% reported that they received new services that met their needs.

Maternal & Child Health - NFP

Available online at Healthy Vermonters 2020 Scorecards:

Maternal & Infant Health - http://healthvermont.gov/hv2020/dashboard/maternal_infant.aspx

Family Planning - <http://healthvermont.gov/hv2020/dashboard/familyplanning.aspx>



**HV2020
Population
Indicator**

**Nurse Family
Partnership
Program
Performance
Measure**

Infectious Disease



- Immunization
- Lyme Disease
- Needle Exchange

Immunization Program

- Received CDC Immunization Coverage Awards
 - Highest herpes zoster vaccine coverage
 - Influenza vaccination among children
- Insurers provided over \$7 million toward the purchase of vaccines for children and adults
- 2014–15 school year had highest percentage (88%) of fully-immunized children entering kindergarten since requirements were revised in 2008
- In 2015, the percent of teens 13–17 years who received 3 doses of HPV vaccine increased in all Vermont counties

Infectious Disease - Immunization

Available online at:

AHS Programmatic Performance Measures for Budgeting Scorecard - <https://app.resultsscorecard.com/Scorecard/Embed/9736>

AHS Act 186 Scorecard - <https://app.resultsscorecard.com/Scorecard/Embed/8131>

Healthy Vermonters 2020 Scorecard - http://healthvermont.gov/hv2020/dashboard/imm_infectious.aspx

IZ Program Performance Measure

% of Kindergarteners provisionally admitted to school

6.2% 2014

VDH AOA Immunization Programs (PPMB)

What We Do Who We Serve How We Impact Budget Information

What We Do

The Vermont Department of Health Immunization Program provides over \$14 million in vaccine immunizations, implements the state immunization regulations, and conducts ongoing assessments of preventable diseases. Program activities are developed based on best practices to ensure access to the public with information needed to vaccinate with confidence.

Who We Serve

The Immunization Program serves health care providers, provider practices, and all Vermonters.

How We Impact

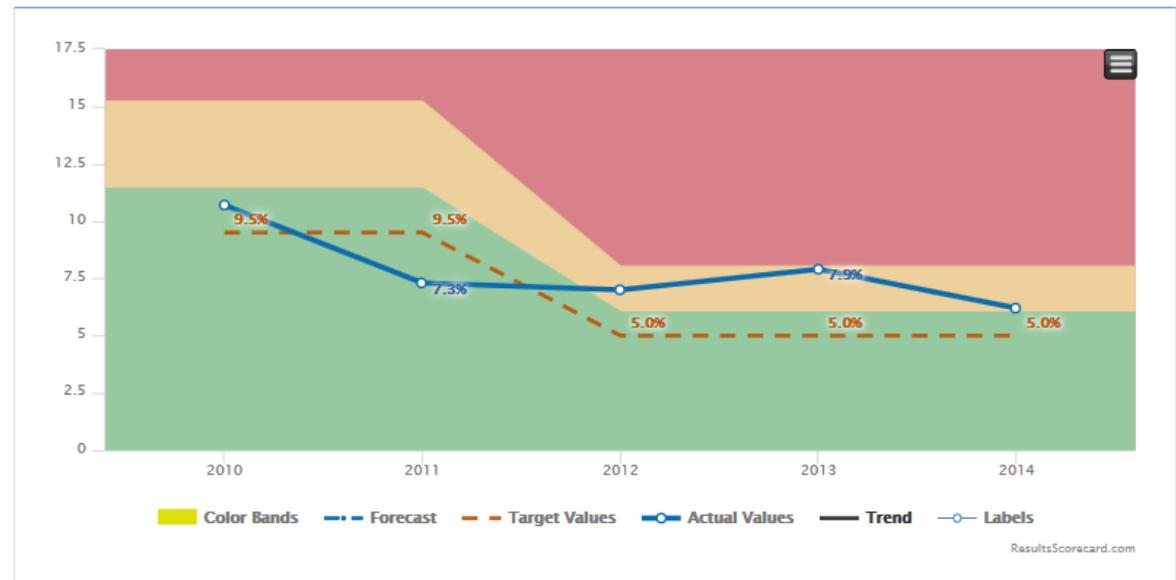
The Immunization Program ensures children have access to all recommended vaccines at the time of enrollment.

Budget Information

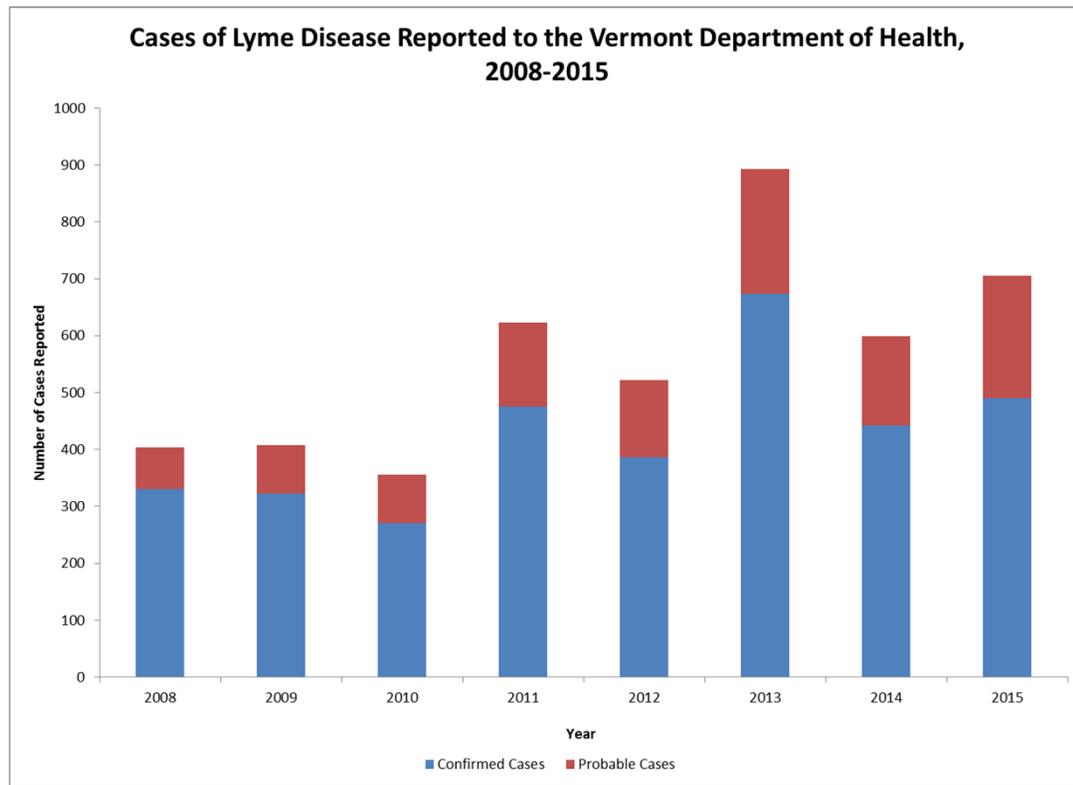
Total Program Budget FY 2017: \$9,300,000

PRIMARY APPROPRIATION #: 3420021000
PROGRAM # (if applicable): N/A

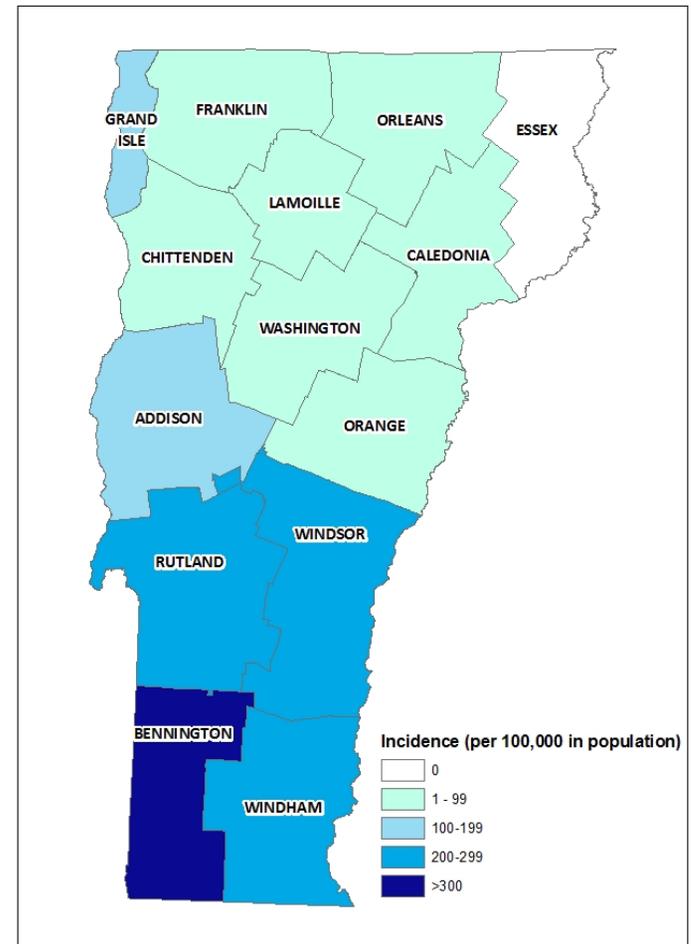
Total FY2017 Appropriation	\$88,289,646
Budget Amounts in Primary Appropriation if not related to this program	\$78,791,579
TOTAL PROGRAM BUDGET 2017	\$9,498,067



Lyme Disease Surveillance in Vermont



Incidence of Lyme Disease in Vermont Counties, 2015

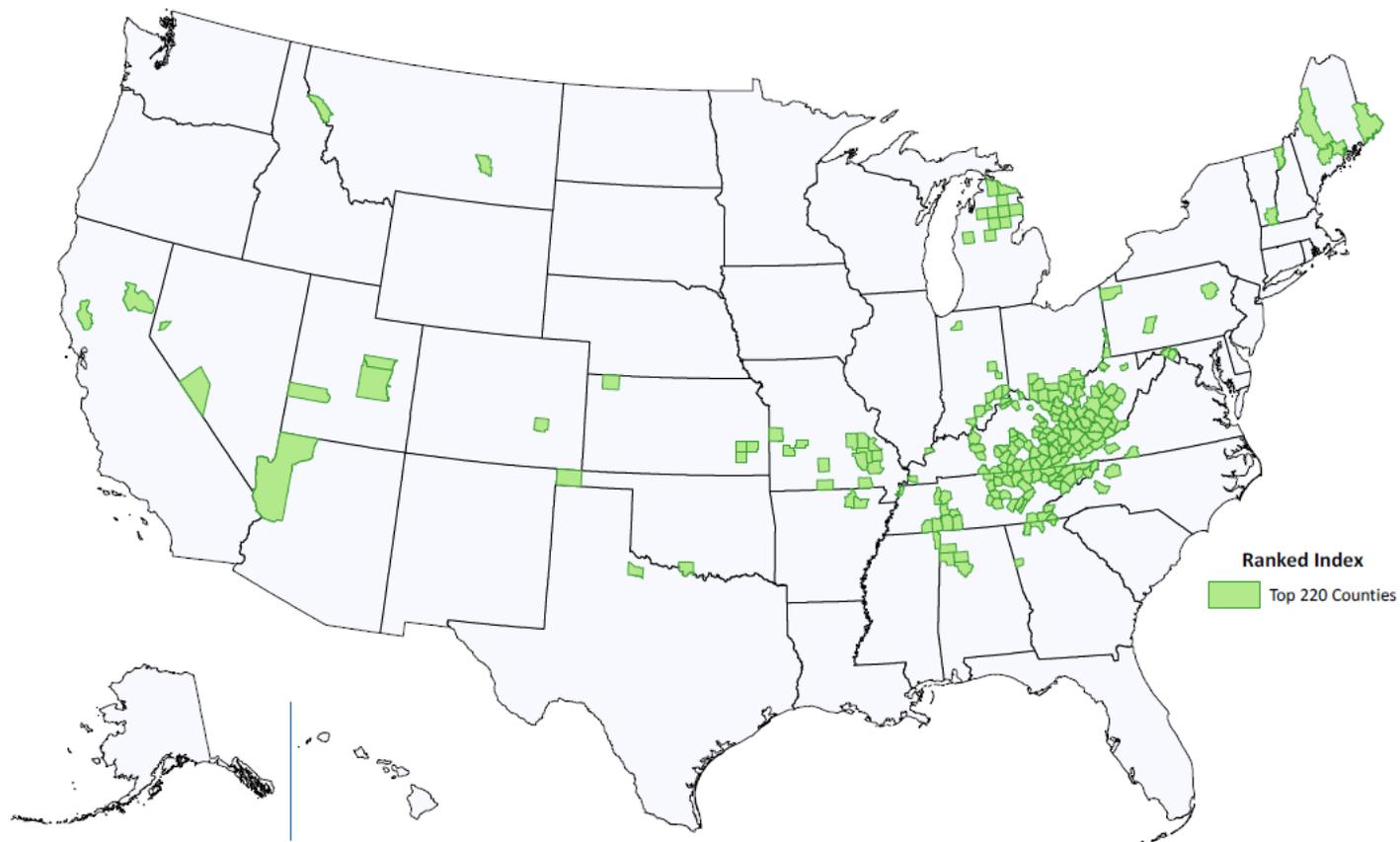


Lyme Disease Outreach & Education

1. Continued surveillance of tick sightings using the Vermont Tick Tracker website
2. Sponsored the 3rd annual Lyme disease prevention video contest for high school students
3. Multiple interviews with television, radio and print news outlets
4. Partnered with Green Up Vermont to educate volunteers on tick prevention
5. Paid for underwriting messages about ticks and Lyme disease on Vermont Public Radio
 - Resulted in 5 times the normal traffic to the Department's tick information website
6. Gave 8 presentations about Lyme Disease to the public
7. Continued to provide the public with “Be Tick Smart” booklets and Tick Identification cards
 - Over 50,000 booklets and cards distributed so far
8. Hosted a Continuing Medical Education session on tickborne disease for health care providers
9. Initiated the CDC Lyme Corps program in Vermont
 - Medical, nursing and public health students in Vermont were trained to become educators on Lyme disease
 - VDH then supported Lyme Corps members as they educated members of the health care and general community
 - Lyme Corps members gave 17 presentations, wrote 15 newsletters/blogs/articles and engaged in 20 different discussions in health-related online forums about Lyme disease

Vulnerability to Rapid Dissemination of HIV/HCV Infections Among Persons Who Inject Drugs: Ranked index using regression model coefficients

26 States with 1 or more vulnerable counties



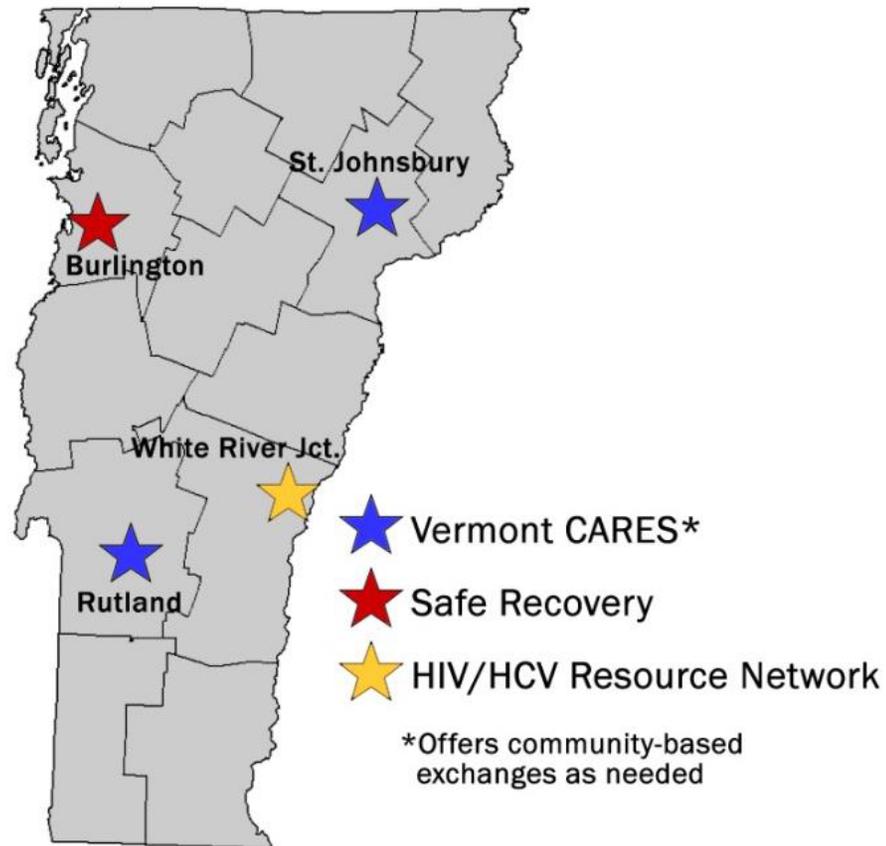
Vermont Syringe Exchange Programs



- Provision of sterile syringes and other injection supplies
- Safe disposal of used syringes (removal of used syringes from the community)
- Safer sex supplies and education
- Overdose prevention education and resources
- Referrals for substance abuse treatment
- Provision of harm reduction options while injection drug users prepare for or wait for treatment
- HIV and hepatitis C testing and referrals for follow up medical care if needed
- Referrals for recommended vaccines

Syringe Exchange Programs

Vermont Syringe Exchange Programs



Environmental Health



- Climate Change
- Cyanobacteria (blue green algae)

Climate Change and Public Health

Extreme Heat Events

- Our analysis suggests that, when temperatures reach 87°F:
 - ▣ Emergency department visits for heat illness are 8x more frequent than on cooler days.
 - ▣ On average, one excess death among individuals 65 and older (~8% mortality increase)
- Vulnerable groups for heat-related illness
 - ▣ Senior citizens, especially those 75+
 - ▣ Teenagers and younger adults (age 15-34)
 - ▣ Those with pre-existing conditions (e.g. cardiovascular issues)
 - ▣ Outdoor workers
 - ▣ Outdoor athletes

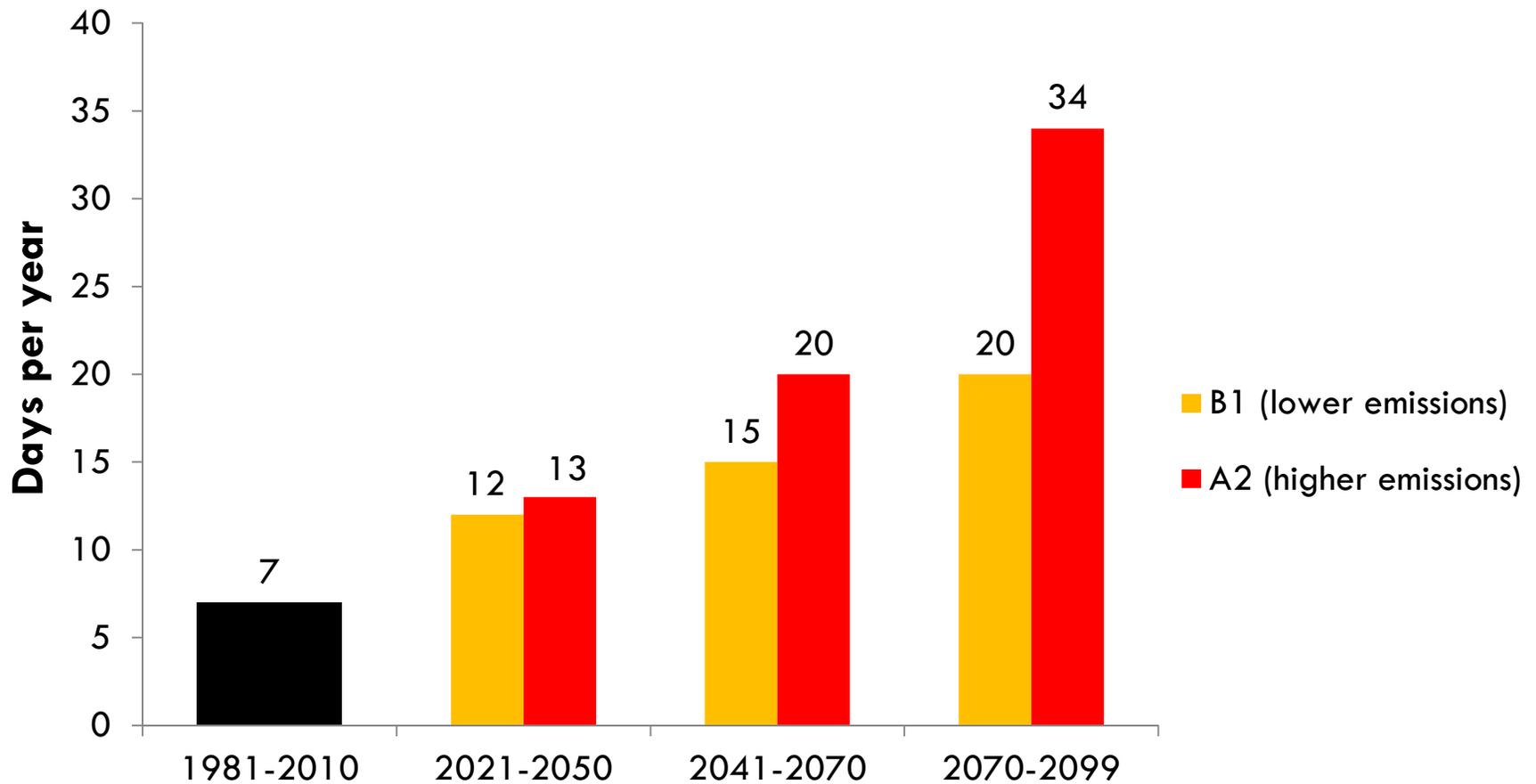


**WATER.
REST.
SHADE.**

*The work can't get done
without them.*

More hot days are expected... (in 2 slides)

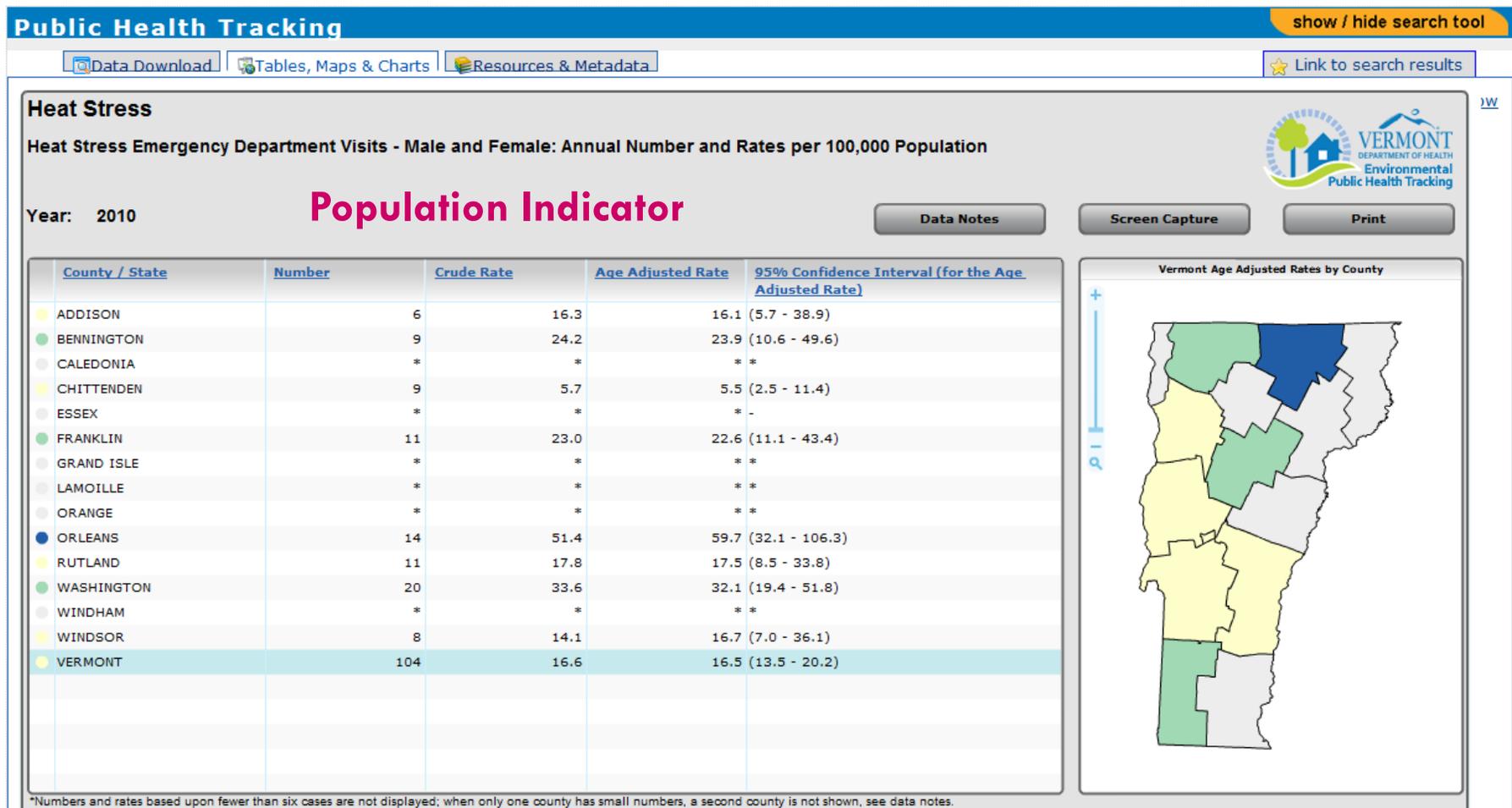
Current and projected days/year reaching at least 87°F



Environmental Health – Climate Change

Available online at -

<https://apps.health.vermont.gov/gis/ias/querytool/?topic=ClimateChange&geo=17&date=2010&theme2=HeatStressEmergencyDepartmentVisits&theme3=HeatStressAgeAdjustedRateOfEDVisits&tab=DataViewDynamicReport&go=1>



2015 Cyanobacteria Monitoring on Lake Champlain and Inland Lakes

Visual Assessments by Health, DEC, volunteer monitors

1,795 visual reports collected (160 locations)

- 89% No visible cyanobacteria
- 11% Cyanobacteria present (Beaches advised to close)

Toxin testing in public drinking water

All 22 water systems tested weekly

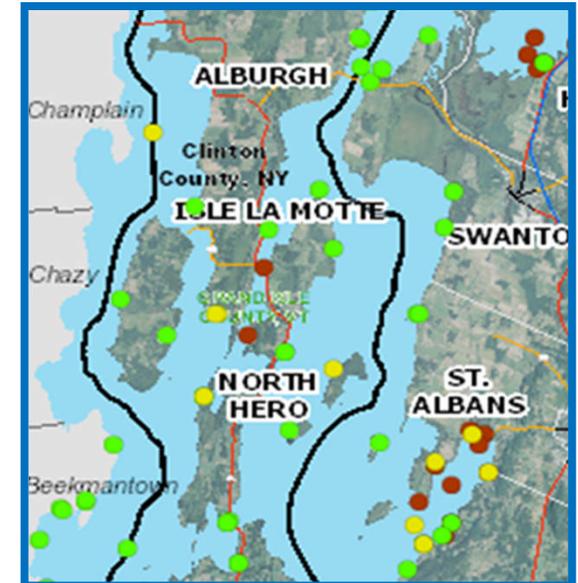
- No cyanobacteria toxins in public drinking water



Toxin testing in open water or recreational sites

Over 200 samples analyzed

- No cyanobacteria toxins above recreational values



Media

CDC success story of the year

Blue Legacy video with Alexandra Cousteau

Department of Health

Vermont Department of Health

Environmental Health – Blue green algae

Available online at:

Healthy Vermonters 2020 Scorecard - <http://healthvermont.gov/hv2020/dashboard/environmental.aspx>

Cyanobacteria Tracker - <https://apps.health.vermont.gov/gis/vtracking/BlueGreenAlgae/2015Summary/>

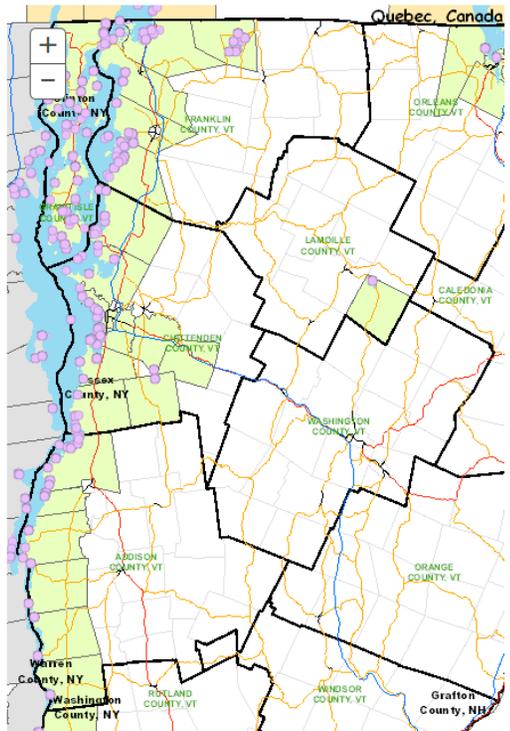
**Vermont Blue Green Algae
(Cyanobacteria) Tracker**

(June-October 2015)



Select Lake/Region ▾

Select Monitoring Town ▾



Alert	Monitoring Town	Date	Alert Level	Status
40	LTM 40	10/14/2015	Tiered Alert	Generally Safe
166	Lake Carmi, Dewing Road	10/14/2015	Visual	Generally Safe
212	Holbrook Bay	10/14/2015	Visual	Generally Safe
166	Lake Carmi, Dewing Road	10/9/2015	Visual	High Alert
167	Lake Carmi, North	10/9/2015	Visual	High Alert

Blue Green Algae (Cyanobacteria) 2015 Season Summary
 The season summary status of Blue-green Algae shown on the map reflects conditions from early June thru mid October. Observations and samples were collected once each week. Each dot on the map represents a testing site. Test site labels identify how many tests were not "Generally Safe" (either "Low Alert" or "High Alert"). Click on a test site on the map to display that site's results.
[Download 2015 summary data.](#)

About Blue Green Algae and Blooms
 Wind and waves can move algae around. Blooms can appear or disappear very rapidly so conditions around the lake are likely to change over the course of the week.
 - To check on the current status of your favorite beach or swimming area, contact whoever is responsible for maintaining the beach. This may be the town, Vermont State Parks, or a private association.
 - It is not possible to tell whether algae blooms are toxic by looking at them. Everyone should become familiar with the appearance of blue-green algae blooms and avoid them.
 - See examples of what Blue-green Algae does and does not look like [here](#).

Be cautious and avoid blooms
 - Children are at higher risk because they are more likely to play near the shoreline and drink water while swimming.
 - Pets will also drink the water and lick off algae that may be caught in their fur.
 - Avoid boating, jet-skiing and swimming through blooms

If you become ill
 If you or someone you know may have become ill because of exposure to Blue-green Algae, seek medical attention and then contact the Health Department at 1-800-439-8550.

[Department of Health Blue-green Algae \(Cyanobacteria\) website](#)
[Environmental Public Health Tracking Portal](#)




VERMONT DEPARTMENT OF ENVIRONMENTAL CONSERVATION

WATERSHED MANAGEMENT DIVISION

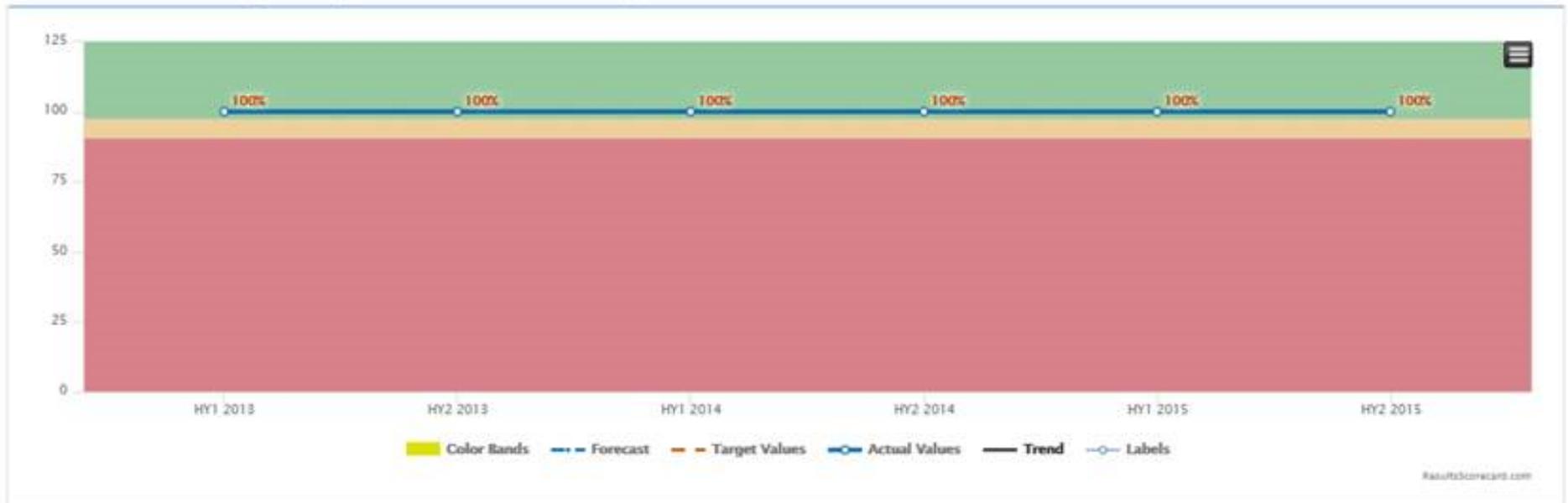
LAKES & PONDS PROGRAM



Program Performance Measures

% of cyanobacteria surface water advisories provided within one working day of laboratory results

100% HY2 2015





New Laboratory for Department of Health



VIGILANT GUARD 2016 – Statewide emergency exercise

1. Activate and sustain Public Health Emergency Operations.
2. Receive, manage and redistribute medical countermeasures (SNS).
3. Provide medical countermeasures to the public via five Point of Distribution (POD) sites. All VDH staff and several hundred volunteers will participate on 28 July
St. Albans, Burlington, Barre, Rutland, and Brattleboro
4. Utilize volunteers and VDH CO staff to supplement OLH staff at PODs.
5. Activate and implement VDH continuity of operations plans (staffing).
6. Work closely with Vermont's hospitals to receive SNS material and coordinate scarce resources statewide.

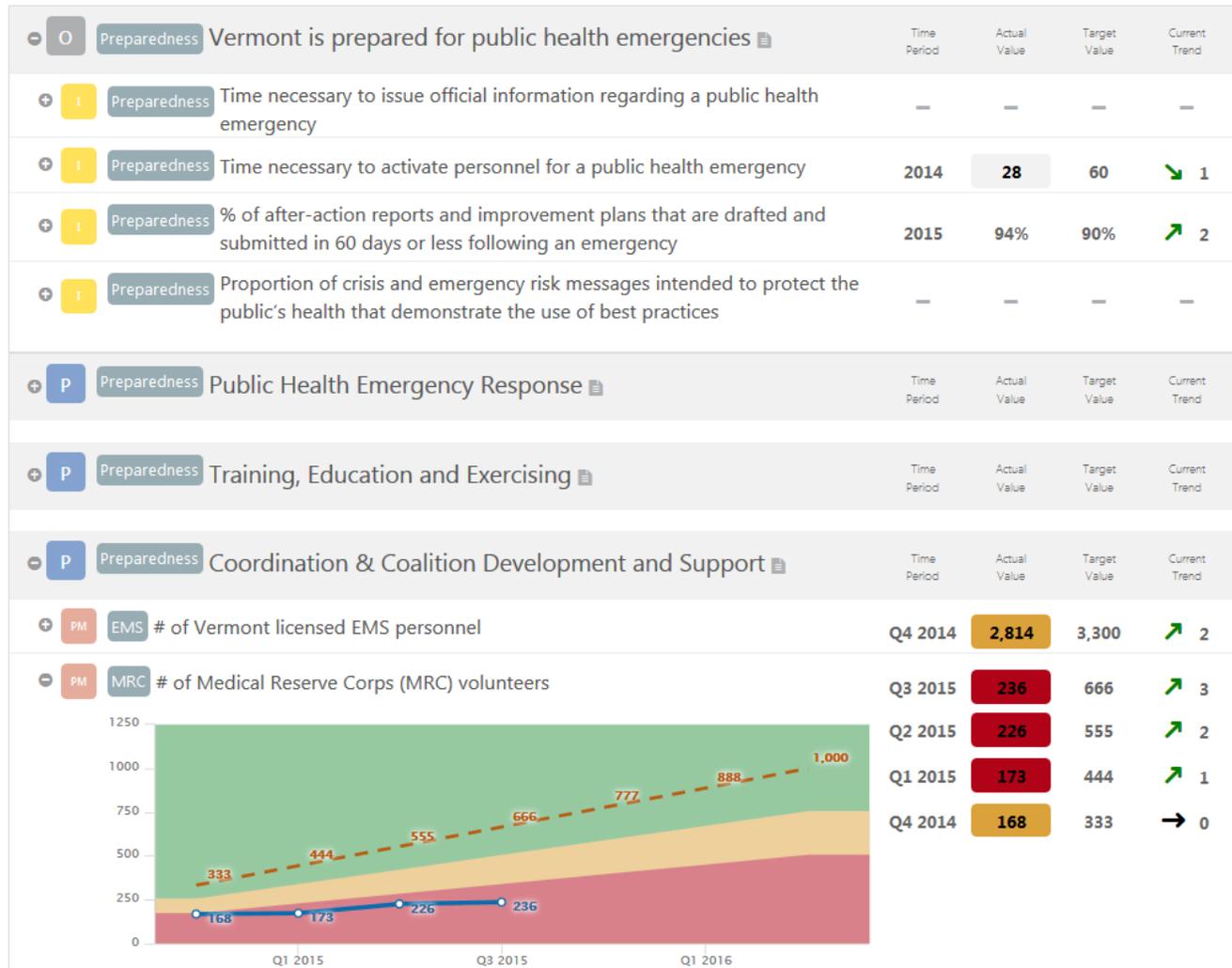
Emergency Preparedness and EMS



- Vigilant Guard
- Naloxone

Emergency Preparedness – Vigilant Guard

Available online at Healthy Vermonters 2020 Scorecard - <http://healthvermont.gov/hv2020/dashboard/preparedness.aspx>



Population
Accountability

Program
Accountability

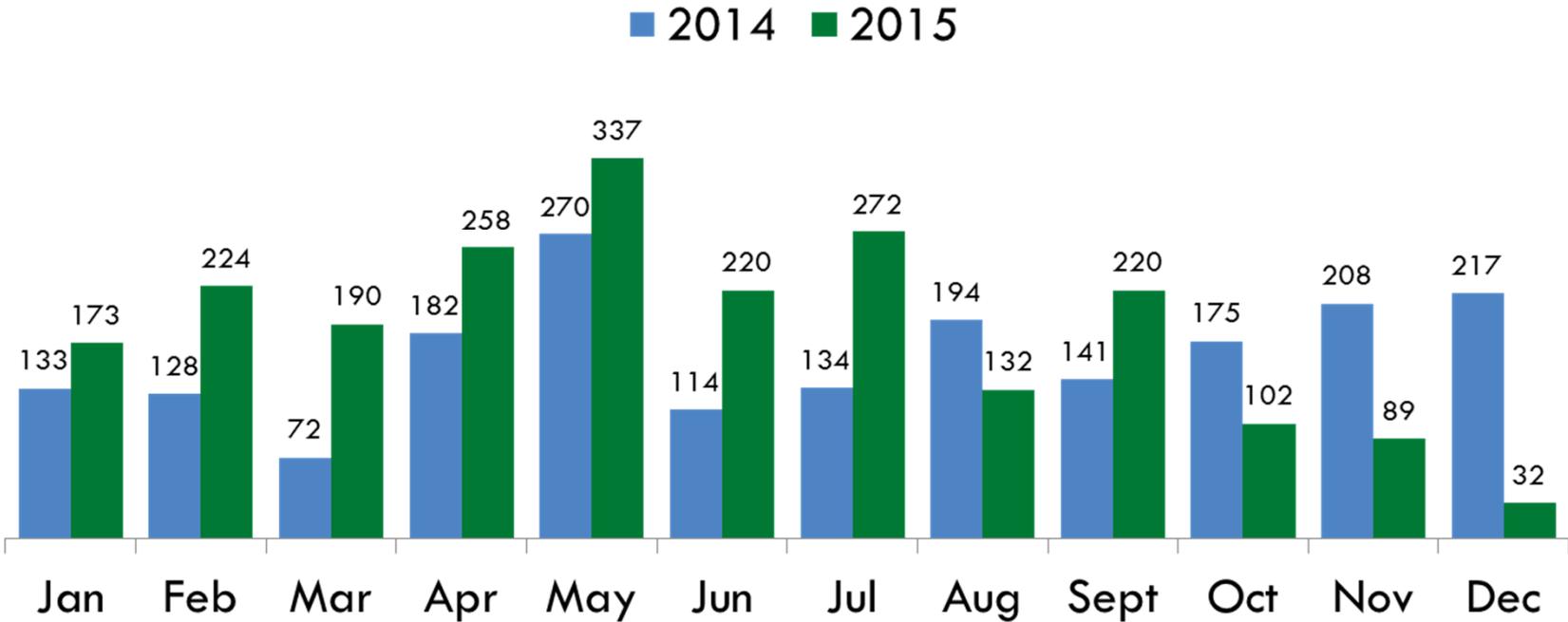
Naloxone Pilot Data

- The Vermont Naloxone Pilot Program now has 10 sites throughout Vermont
- From December 2013 – January 5, 2016
 - 4,775 doses of naloxone distributed through pilot sites to new clients
 - 3,258 doses of naloxone distributed in the form of a refill to returning clients
 - Over 465 reported cases of naloxone being used in a perceived overdose incident

NOTE: Data for September through December 2015 is incomplete due to one site not being able to enter the data due to staffing problems.

Pilot sites have distributed 4,775 doses of naloxone to new clients since December 2013

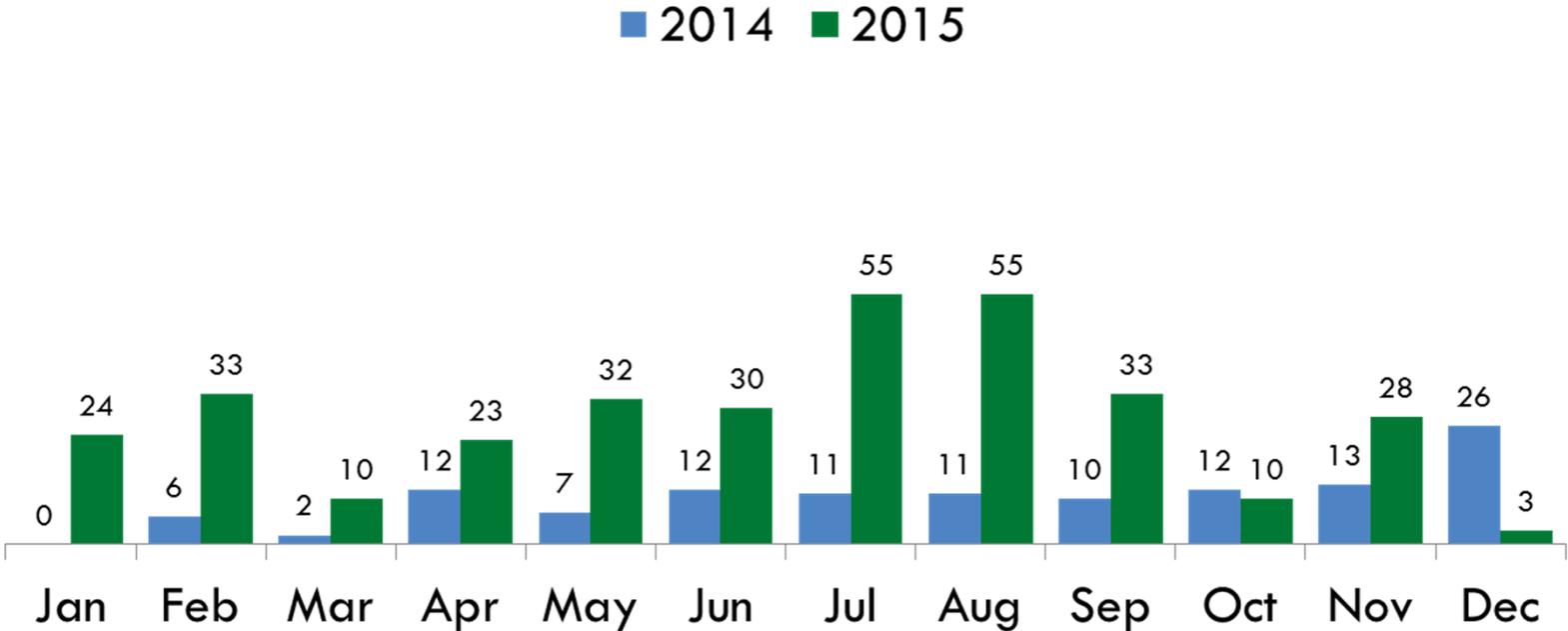
Number of doses dispensed to new clients by month



NOTE: Data for September through December 2015 is incomplete due to one site not being able to enter the data due to staffing problems.

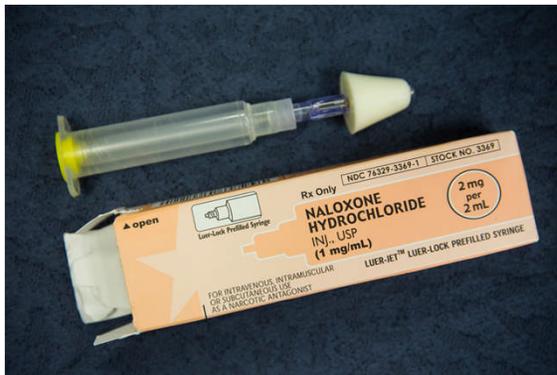
In 2015, over 330 clients have reported using naloxone in a perceived overdose incident

Number of reports of naloxone use in response to a perceived overdose incident



NOTE: Data for September through December 2015 is incomplete due to one site not being able to enter the data due to staffing problems.

Administration of Naloxone



Alcohol and Drug Abuse Programs



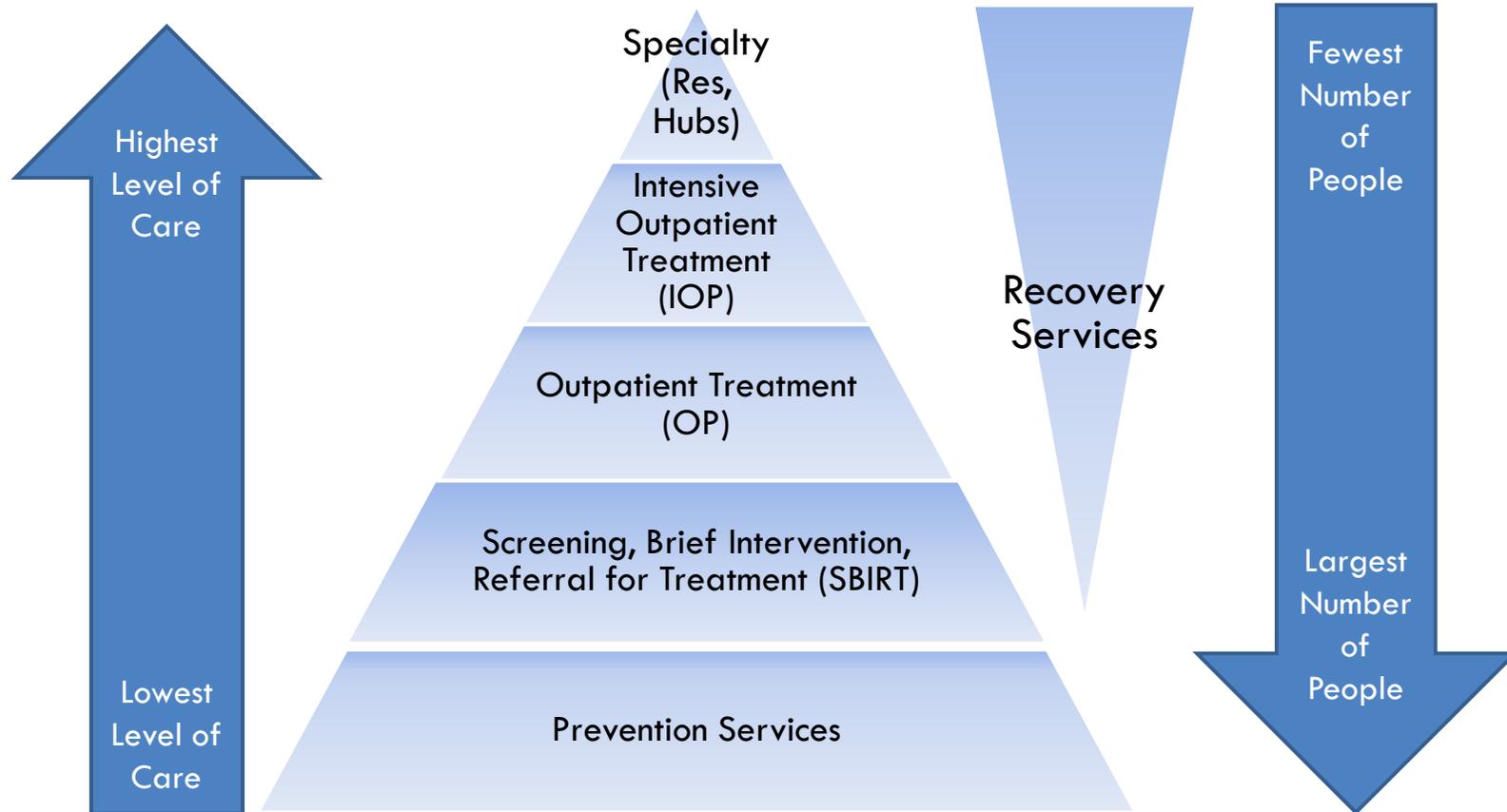
- ❑ Opioid Program
- ❑ Drug Take Back
- ❑ Federal Grants

Working together to eliminate substance abuse in Vermont



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

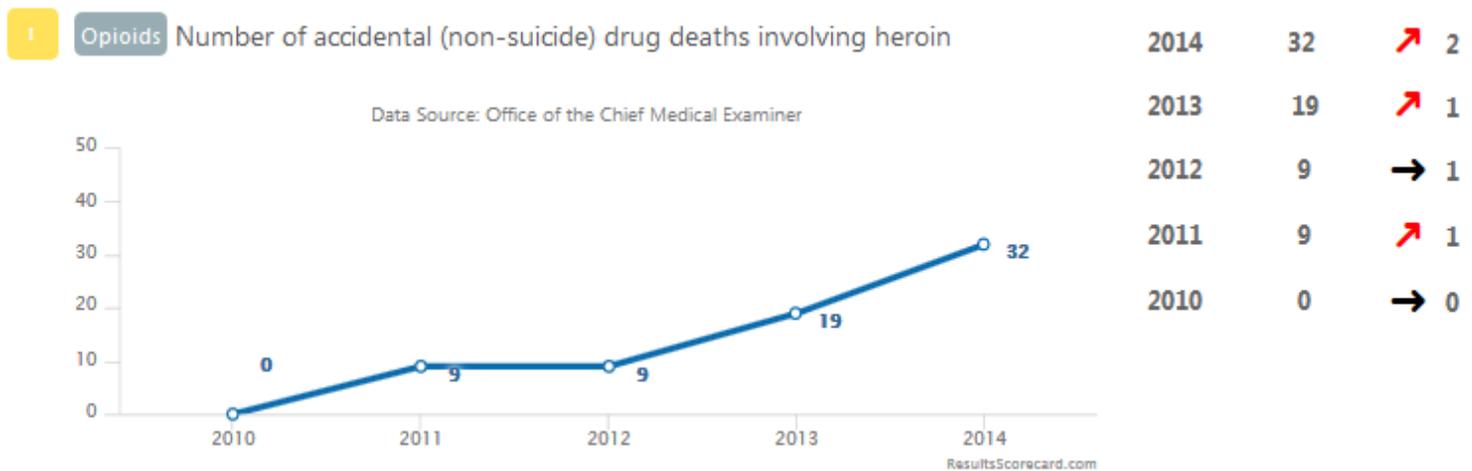
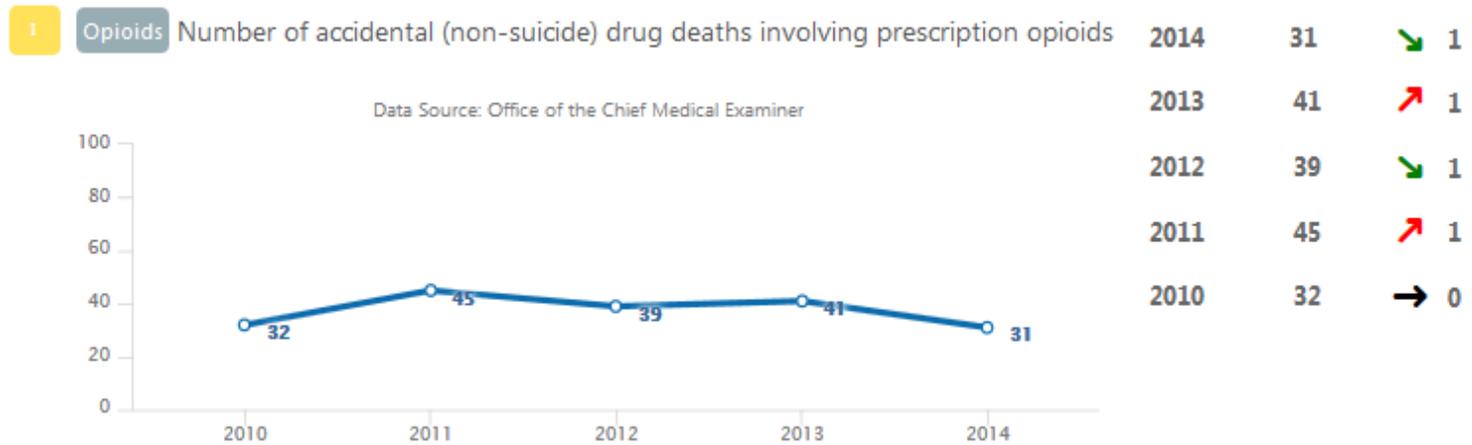
Substance Abuse Continuum of Care



Alcohol & drug abuse - Opioids

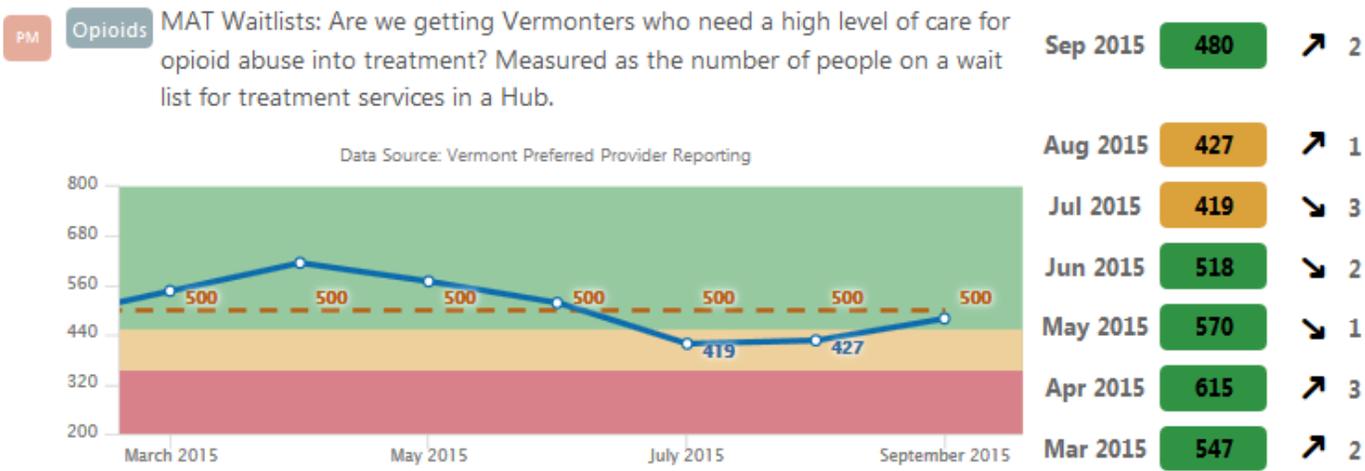
Available online at - <http://healthvermont.gov/adap/dashboard/opioids.aspx>

Population Opioid Indicators

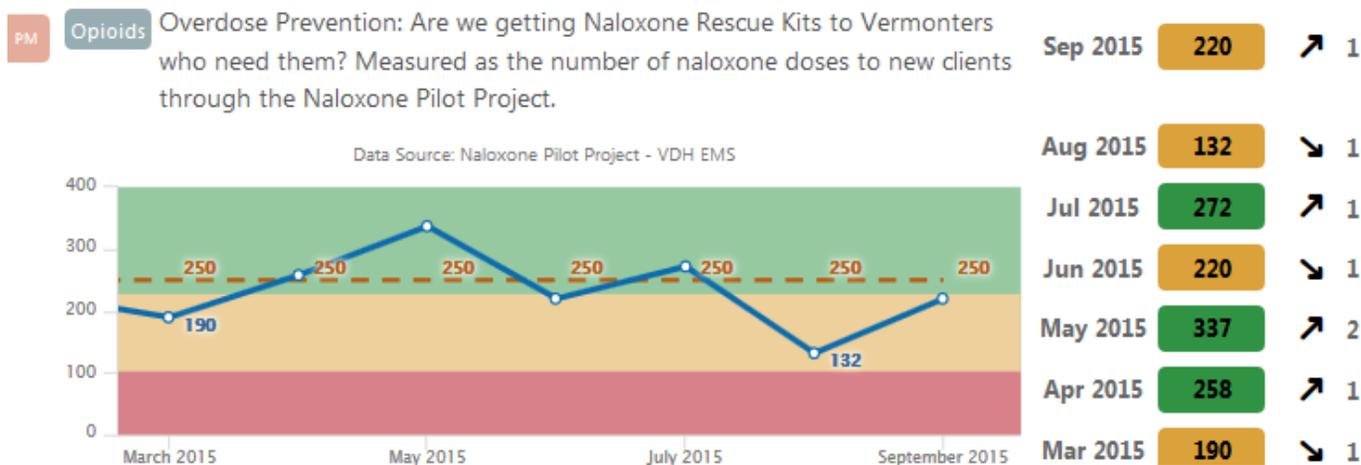


Alcohol & drug abuse - Opioids

Available online at - <http://healthvermont.gov/adap/dashboard/opioids.aspx>



ADAP & EMS Program Performance Measures



Drug Take-Back Activities

Community Prevention

- ❑ Educate community about proper storage and safe disposal
- ❑ Publicize drop off locations in the community
- ❑ Promote prescription drug take-back events
- ❑ Drop boxes for local law enforcement purchased upon request

Public Information

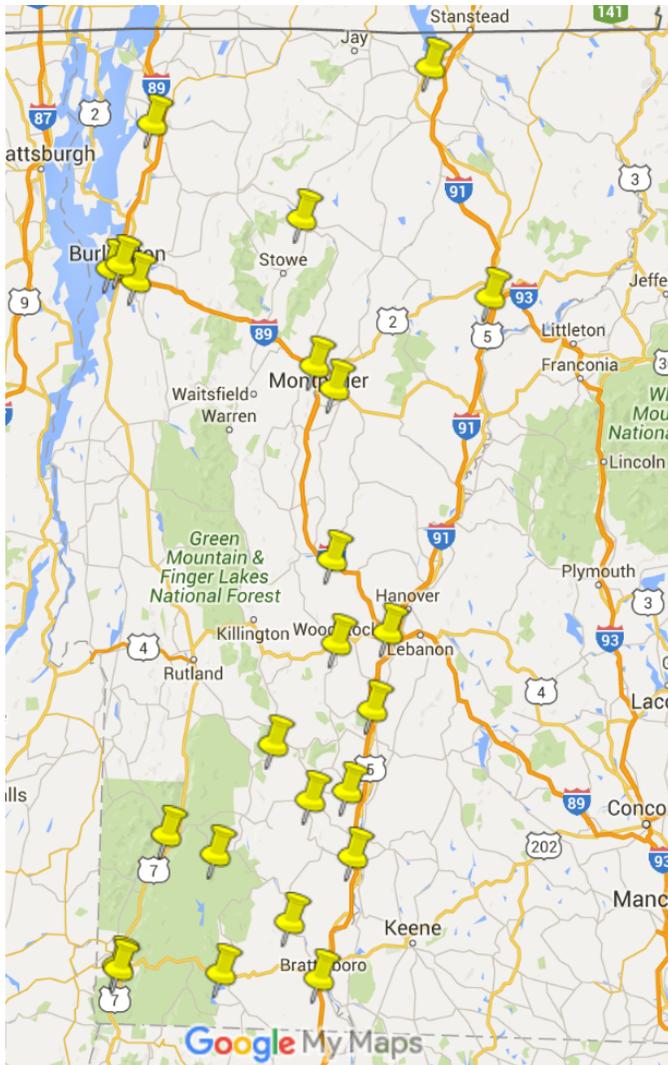
- ❑ “Vermont’s Most Dangerous Leftovers” promotes safe use, safe storage, and proper disposal. Campaign materials and additional prescription drug abuse prevention resources are located on the Health Department’s website at healthvermont.gov/adap/RxOTCabuse.aspx.
- ❑ ParentUpVT.org supports prescription drug abuse prevention messages, including tips on talking with kids about drugs and alcohol: parentupvt.org/

Additional Funds

- ❑ Expand community prevention through 12 health districts



Drug Disposal Locations



Locations	
Barre City Police	Newport Police
Bennington County Sheriff	Royalton Police
Bennington Police	St. Albans Police
Bellows Falls Police	Springfield Police
Brattleboro Police	Washington County Sheriff
Burlington Police	Wilmington Police
Caledonia County Sheriff	Windham County Sheriff
Chester Police	Windsor Police
Hartford Police	Winhall Police
Lamoille County Sheriff	Winooski Police
Ludlow Police	Woodstock Police
Manchester Police	

Other Drug Disposal Options



Even More Drug Disposal Options



CDC Prescription Drug Overdose Prevention Grant - Vermont

- **A four-year grant of \$940,000/year for prescription drug overdose prevention (2015-2019)**
 - VPMS enhancements to make the system more useful to users by highlighting patient use patterns and identifying outliers
 - Provide prescribing best practice technical assistance and quality improvement processes to PCPs through Blueprint practice facilitators and of outlier specialty providers by UVM Office of Primary Care
 - Improve VPMS data dissemination and linkages to other epidemiological data
 - Identify use patterns of opioid users through an ethnographic evaluation

SAMHSA Medication Assisted Treatment (MAT) Expansion Grant

- **A three-year grant of \$1 million annually for targeted systems capacity expansion of MAT treatment and recovery supports for individuals with opioid dependence (2015-2018)**
 - ▣ organize a multi-disciplinary community-based team within each patient-centered medical home/neighborhood
 - ▣ offer the option of naltrexone IM in the Hubs and Spokes
 - ▣ implement evidence-based integrated psychosocial treatments in the specialty addiction treatment agencies
 - ▣ build recovery capital by engaging peer recovery support guides at the outset of treatment

SAMHSA Regional Prevention Partnerships (RPP) Grant

- **A five-year grant of \$2,400,000/ year (2015 – 2020) to:**
 - Reduce underage and binge drinking (12-20 years)
 - Reduce marijuana use (12 - 25 years)
 - Reduce prescription drug misuse and abuse (12-25 years)
 - Increase state, regional and community prevention capacity through a targeted regional approach.
- ▣ Continue to utilize the Strategic Prevention Framework public health planning process
- ▣ Expand to all 12 regions with VDH Office of Local Health (OLH) leading communities' development of district wide prevention plan
- ▣ Community-based organizations within districts will implement evidence-based strategies

Budget

FY17 Department Request - Health Department

	GF	SF	Tob	IdptT	Ptrust	FF	Medicaid GCF	Invmnt GCF	TOTAL
VDH Admin & Support - As Passed FY16	2,579,027	1,022,719				5,668,282	932,789	2,743,459	12,946,276
Other Changes:									
2015 Act 58 Section B. 1104	(71,167)	56,000						(56,115)	(71,282)
									0
Operating Expenses:									
2015 Act 58 Sections B. 1103 and B. 1104	(52,949)	(13,201)					(11,235)		(77,385)
									0
Grants:									
2015 Act 54 Area Health Education Centers (AHEC) funding								667,111	667,111
									0
FY16 after other changes	(124,116)	42,799	0	0	0	0	(11,235)	610,996	518,444
Total after FY16 other changes	2,454,911	1,065,518	0	0	0	5,668,282	921,554	3,354,455	13,464,720
FY16 after other changes									
Personal Services:									
Salary & Fringe Increase	(252,283)	161,942						552,283	461,942
Workers' Compensation Insurance	(17,429)					(63,011)	(53,627)		(134,067)
Retirement Incentive (BAA Item)	(23,253)							(20,347)	(43,600)
Other Contracted and Third Party Services		59,272							59,272
Operating Expenses:									
Internal Service Fund (ISF) DII	(1,512)					(5,465)		(4,651)	(11,628)
ISF DHR	(2,752)					(9,949)		(8,467)	(21,168)
ISF General Liability Insurance	(866)					(3,132)		(2,665)	(6,663)
ISF Auto Insurance	(362)					(1,309)		(1,114)	(2,785)
Property Insurance	43					153		130	326
ISF Commercial Policies	2					6		4	12
ISF VISION	(2,568)					(9,283)		(7,900)	(19,751)
ISF DII Demand	(2,882)					(8,647)		(7,686)	(19,215)
Property Management Surcharge	5,651					16,953	15,070		37,674
Grants:									
FY17 Changes	(298,211)	221,214	0	0	0	(83,684)	(38,557)	499,587	300,349
FY17 Gov Recommended	2,156,700	1,286,732	0	0	0	5,584,598	882,997	3,854,042	13,765,069

Budget

FY17 Department Request - Health Department

	GF	SF	Tob	ldptT	Ptrust	FF	Medicaid GCF	Invmnt GCF	TOTAL
VDH Public Health - As Passed FY16	8,544,109	16,854,895	2,461,377	1,121,861	25,000	38,184,687	11,721,694	6,679,580	85,593,203
Personal Services:									
2015 Act 58 Section B. 1104	(238,742)						(179,671)	(270,434)	(688,847)
									0
Operating Expenses:									0
									0
Grants:									0
Tobacco Litigation Settlement Funding per 2015 Act 58			(51,863)						(51,863)
FY16 after other changes	(238,742)	0	(51,863)	0	0	0	(179,671)	(270,434)	(740,710)
Total after FY16 other changes	8,305,367	16,854,895	2,409,514	1,121,861	25,000	38,184,687	11,542,023	6,409,146	84,852,493
FY16 after other changes									
Personal Services:									
Salary & Fringe Increase	(840,943)							1,840,943	1,000,000
Retirement Incentive (BAA Item)	(26,562)							(55,994)	(82,556)
GF transfer to AHS CO for GC conversion (AHS net-neutral)	(2,055,600)							4,500,000	2,444,400
Operating Expenses:									
Opioid Antagonist		200,000							200,000
ISF Fee for Space	(35,710)					(129,105)		(109,876)	(274,691)
Grants:									
Syringe Exchange program - supplemental funding	150,000								150,000
FY17 Changes	(2,808,815)	200,000	0	0	0	(129,105)	0	6,175,073	3,437,153
FY17 Gov Recommended	5,496,552	17,054,895	2,409,514	1,121,861	25,000	38,055,582	11,542,023	12,584,219	88,289,646

Budget

FY17 Department Request - Health Department

	GF	SF	Tob	IdptT	Ptrust	FF	Medicaid GCF	Invmnt GCF	TOTAL
VDH Alcohol and Drug Abuse - As Passed FY16	2,873,238	442,829	1,386,234			9,865,175	30,041,769	3,711,045	48,320,290
other changes:									
Operating Expenses:									
2015 Act 58 Section B. 1104	(33,282)							(49,923)	(83,205)
Grants:									
2015 Act 54 Increase reimbursement rates							74,566		74,566
Tobacco Litigation Settlement Funding per 2015 Act 58			(29,209)						(29,209)
FY16 after other changes	(33,282)	0	(29,209)	0	0	0	74,566	(49,923)	(37,848)
Total after FY16 other changes	2,839,956	442,829	1,357,025	0	0	9,865,175	30,116,335	3,661,122	48,282,442
FY16 after other changes									
Personal Services:									
Salary & Fringe Increase	(84,094)					157,532	184,094		257,532
Counselor Regulatory Services		(33,376)							(33,376)
Operating Expenses:									
Grants:									
Substance Abuse Prevention						1,990,000			1,990,000
Medical Assisted Treatment (MAT) Hub expansion 1/1/17 implementation							420,000		420,000
Prescription Drug Disposal Program		50,000							50,000
FY17 Changes	(84,094)	16,624	0	0	0	2,147,532	604,094	0	2,684,156
FY17 Gov Recommended	2,755,862	459,453	1,357,025	0	0	12,012,707	30,720,429	3,661,122	50,966,598