Health Department Data Encyclopedia

An overview of data sources and resources available through the Vermont Department of Health

VERMONT
DEPARTMENT OF HEALTH

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Frequently Asked Questions

What is the Health Department Data Encyclopedia?

The Data Encyclopedia is a catalog of data sources and data resources available through the Vermont Department of Health.

- Data sources are commonly used to assess and track population outcomes and contributors to disease.
- Data resources are tools that allow users to interact with this data.

This encyclopedia provides a high-level description of the type of information in each data source, the potential uses and limitations of the data, and the existing reports that summarize the data. The Data Encyclopedia is available on the Health Statistics and Vital Records web page.

Who uses the Data Encyclopedia?

Internal and external partners use the Data Encyclopedia to get information about what data is collected, where it is stored and who to contact regarding questions about the data.

How do I find a specific data source or resource?

Use the Table of Contents
Beginning on page 3, the table of contents provides a list of data sources and resources. Click on the source or resources to be directed to the page within the document. You can return to the table of contents from any page by clicking "Table of Contents" at the bottom of each page.

Use the search function
Type "ctrl-f" to bring up the search tool and type in key words. For best results, keep search terms short. For example: "tobacco" or "gender".

What information is available?

An overview of the information included on the data source pages and data resource pages is provided.

What is new in this version of the Data Encyclopedia?

Health equity and social determinants of health indicators that are collected by each source have been added. This version refers to the Division of Laboratory Sciences and Infectious Diseases and the Division of Health Statistics and Informatics which were formerly combined as the Division of Health Surveillance. This reflects organizational restructuring effective July 1, 2022.

What if I have more questions?

For additional questions about the Data Encyclopedia or for help finding specific data, please contact:
Elise Fuerstman, Public Health Analyst, at Elise.Fuerstman@vermont.gov.

Return to Table of Contents

Table of Contents

Return to Table of Contents

Return to Table of Contents

Data Sources Summary

Data Source Type	Color Code	Overview
Surveys	S	• Contain self-reported responses to questions • Some surveys are from a weighted sample to reflect the population of Vermont • Are usually completed at one point in time
Registries and Surveillance Systems	RSS	• Are dynamic- information is collected frequently and continuously • Allow for ongoing collection, retrieval, and analysis of health information for a defined population • Information from these sources is subject to change based on when the data was accessed
Claims and Discharge Data	CDD	• Based on billing information from visits to a health care provider • Claims data is information about what an insurer paid for a given service • Discharge data provides diagnosis and procedure codes documented during a visit to a health care provider • May not entirely describe what occurs during a visit to a health care provider
Regulatory and Licensing Data	RLD	• Used to collect license and compliance information • Licensing data captures authorizations for individuals or establishments that provide a service that may affect public health • Regulatory data tracks individual or establishment compliance and their ability to meet standards to protect public health

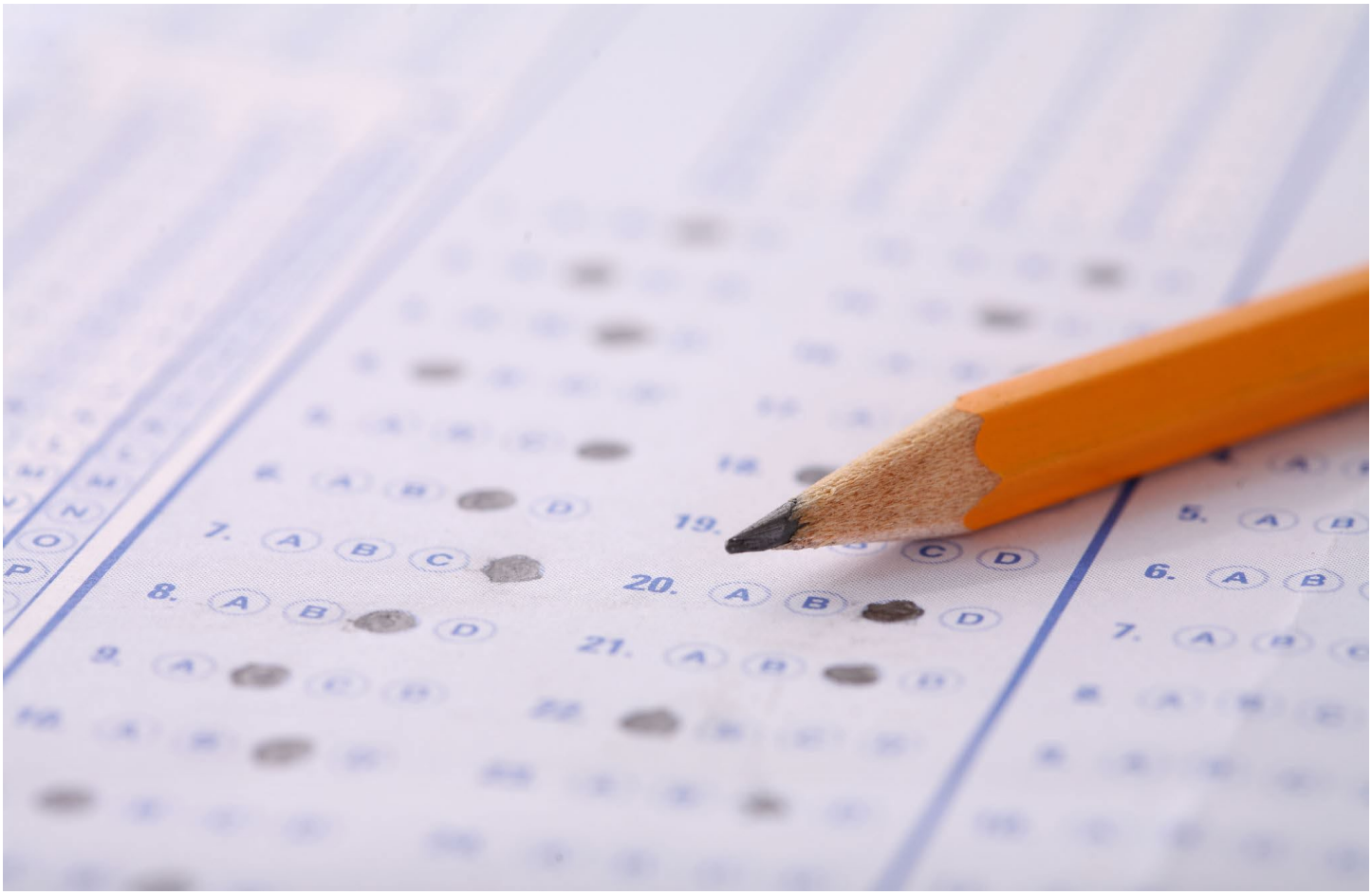
Return to Table of Contents

Data Source Overview

Purpose	What purpose does this data serve?
Public Use Dataset	Is this data set available for public use?
Design	What are the data collection methods?
Frequency	How often is the data collected and when does data become available?
Population (Units)	Who is represented in the data set?
Geographies	What state and substate geographies are available? State, County, Health District, Hospital Service Area?
Data Years	When did data collection begin and what is the most current year available?
Strengths	What is the data useful for?
Limitations	What information may not be represented in the data? What caution should be taken when looking at data results? What biases exist?
Indicators for Analysis	Which key indicators are collected in the data?
Health Equity Indicators	What key health equity and social determinants of health indicators are collected in the data?
Reports / Online Resources	Which regular or large reports use this data? (for example, annual reports, data briefs, legislative reports, etc.) Where can these reports be found on healthvermont.gov?
Who Manages Data	Who is responsible for the data?
Funding Sponsor	Who funds the data collection?
Contacts	Who is the contact person for data requests or other inquiries about this data?

Return to Table of Contents

Surveys



Adult Tobacco Survey (ATS)	S
Purpose	A representative, population survey that provides data for key tobacco measures, including non-cigarette tobacco product use, quit activity, secondhand smoke exposure, and policy opinions.
Public Use Dataset	Not Available
Design	**Method**: Random digit dial telephone survey **Collection Timeline:** 8 weeks during fall of calendar year **Sample:** 1,500 to 2,000 respondents (with oversample of smokers to result in equal number of smokers and nonsmokers) **Notes:** Data is weighted to be representative of Vermont adult population
Frequency	From 2008–2016, survey was conducted in even calendar years (see data years available). Data is available for internal use in the Spring of the following year. Since 2016 the survey is being done less regularly. The 2022 ATS is currently being developed.
Population (Units)	Non-institutionalized Vermont residents ≥ 18 years old with phone service
Geographies	State
Data Years Available	**2001–2008:** Conducted annually **2008–2016:** Conducted in even calendar years **2022:** In process
Strengths	Ideal for evaluating the effectiveness of Vermont Tobacco Control Program efforts to reduce smoking and increase awareness and knowledge of smoking-related issues.
Limitations	Several states conduct Adult Tobacco Surveys. However, the VT ATS is not part of a national survey and data should not be directly compared to that from other states. Information is self-reported.
Indicators for Analysis	Other tobacco product use (smokeless tobacco, cigar products, and e-cigarettes), Quit attempts and cessation methods among current and former smokers, Awareness and utilization of 802Quits services, Secondhand smoke exposure, Media awareness and exposure, Tobacco-related policy opinions
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Sexual Orientation, Race, Ethnicity, Socioeconomic Status, Healthcare
Reports / Online Resources	Adult Tobacco Survey Reports (includes full reports from 2007–2014 and select results from 2001–2005). Most recent reports: 2016 VT ATS Report Tobacco Data Pages
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	The Vermont Department of Health, Division of Health Statistics and Informatics, Vermont Tobacco Control Program
Contacts	Maria Roemhildt - Public Health Analyst Maria.Roemhildt@vermont.gov (802) 951-4067

Return to Table of Contents

Asthma Call Back Survey (ACBS)	S
Purpose	The ACBS is conducted with Behavioral Risk Factor Surveillance System Survey (BRFSS) respondents who report an asthma diagnosis and collects more detailed information on asthma risk factors, control, severity, and self-management.
Public Use Dataset	Vermont data set is not available. Public Data from CDC: Select statewide measures, US data sets
Design	Telephone survey. Behavioral Risk Factor Surveillance System Survey (BRFSS) respondents who have asthma are asked to participate in the follow up ACBS. Respondents that report a child in the household has asthma are asked to participate in the child ACBS. Typical sample size- Adult: approximately 350; Child: less than 50
Frequency	Survey is conducted on an annual basis as a follow-up to individuals reporting asthma on the BRFSS. It is conducted for adults and children. Adult ACBS data significantly lags BRFSS data. Child ACBS data has been delayed due to insufficient sample size and need to combine multiple years to weight data.
Population (Units)	VT residents with asthma
Geographies	State
Data Years	VT/US Adult: 1990–2019 VT Child: 2010, 2011, 2012–2014, 2015–2017, 2013–2019 US Child: 2012–2014, 2015–2017
Strengths	Collects details about asthma severity, control, management, medication use, risk factors, exposure to indoor environmental triggers, preventative methods, and asthma-related health care for VT adults and children. Data can be linked back to all variables examined in the BRFSS. Data is comparable to other states and territories using similar BRFSS methodology.
Limitations	Self-reported data. Small sample sizes. General limitations of a phone survey. Long delay in receiving annual data from CDC
Indicators for Analysis	Asthma Action Plan, Exposure to indoor environmental triggers, Asthma control and severity, Medication use, Use of clinical services, Missed days of school or work, Linkage to all BRFSS variables
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Sexual Orientation, Race, Ethnicity, Socioeconomic Status (Educational Attainment, Employment, Household Income), Disability Status (Physical, Mental/Emotional), Veteran/Military Status, Housing Status, Food Security, Healthcare, Adverse Childhood Experiences
Reports / Online Resources	Asthma Surveillance page: • Asthma data pages (published annually) • Data briefs (published semi-annually)
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics, BRFSS Coordinator oversees contractor
Funding Sponsor	Vermont Asthma Program / CDC Asthma Program
Contacts	Lauren Ressue – Public Health Analyst Lauren.Ressue@vermont.gov (802) 865-7783

Return to Table of Contents

Basic Screening Survey (BSS)	S
Purpose	To provide state and local health jurisdictions with a consistent model for monitoring oral disease in a timely manner, at the lowest possible cost, with minimum burden on survey participants, and that will support comparisons within and between states. (BSS overview)
Public Use Dataset	Not Available
Design	**Children's survey:** Conducted in a sample of elementary schools including 750–2000 children. Dental screenings are conducted by dental hygienists to assess oral health status. Optional questionnaires also completed by some parents. Sample weights used to produce population estimates. **Nursing home survey:** Conducted in a sample of nursing homes including approximately 350 nursing home residents. Dental screenings are conducted by dental hygienists to assess oral health status. Data were weighted to account for the complex sampling strategy.
Frequency	Every 3-5 years. Analyses and reports completed within a year of data collection.
Population (Units)	**Children's survey**: 2013–2014 and 2016–2017 screenings, included a sample of kindergarten and 3rd graders. Previous years included children in grades 1, 2 and 3. **Nursing home survey:** The 2013–14 sample includes about 350 nursing home residents.
Geographies	State
Data Years	**Children's survey:** 2002–2017 **Nursing home survey:** 2013–2014
Strengths	Ideal for understanding the oral health disparities, status and dental treatment needs of Vermont elementary school children and nursing home residents. Most data are based on a dental screening. Some data comparable to other states with similar methodologies. Trend analysis available.
Limitations	Data may underestimate the proportion of children and adults needing dental care because the survey does not include diagnostic dental examinations (no x-rays or advanced diagnostic tools). Low and unrepresentative response rate on the questionnaire (children's survey). Grades included in the children's survey vary slightly over time.
Indicators for Analysis	**Children's survey:** Oral health status: decay experience (treated or untreated), need for dental care, dental sealants on permanent molar teeth. Demographic characteristics (grade, age, gender, race/ethnicity, participates in free or reduced lunch program). **Nursing home survey:** Oral health status: decay experience (treated or untreated), need for dental care, tooth loss, use of dentures, suspicious soft tissue lesions. Demographic characteristics (age, sex, race/ethnicity).
Health Equity Indicators	Age, Gender or Gender Identity, Race, Ethnicity, Socioeconomic Status (Educational Attainment, Household Income)
Reports / Online Resources	Keep Smiling Vermont: The Oral Health of Vermont's Children Keep Smiling Vermont: The Oral Health of Vermonters in Nursing Homes Burden of Oral Disease in Vermont Vermont Oral Health Plan
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	The Vermont Department of Health's Office of Oral Health via Funding sponsors: CDC, Region I Office on Women's Health, U.S. Department of Health and Human Services
Contacts	Stephanie Stead- Data Analyst Stephanie.Stead@vermont.gov

Return to Table of Contents

Behavioral Risk Factor Surveillance System (BRFSS)	S
Purpose	The BRFSS tracks health-related risk behaviors, chronic health conditions and use of preventive services among Vermont adults, to assess progress on public health goals and to plan, support and evaluate health promotion programs.
Public Use Dataset	Available upon request
Design	Random digit dialed cellphone and landline telephone survey with an annual sample size of about 6,400 Vermont adults. Surveys are completed for a representative sample of the population. Data is weighted with a raking procedure (2011 forward and post-stratification 2010 and prior).
Frequency	Conducted annually, with data collection happening year-round. Prior year data is available in approximately July of the following year.
Population (Units)	Vermont non-institutionalized residents ages 18 and older (excludes group homes and correctional facilities)
Geographies	State, County, Health District, Hospital Service Area, US available through the CDC
Data Years	2000–2020
Strengths	Ideal for looking at risk factors and prevalence of chronic conditions at a population level in Vermont. Allows cross tabulation on many demographics, conditions, and behaviors. Well-established survey that allows us to look at trends over time. Data can be compared across states and to the US overall.
Limitations	Not a census; a representative sample of surveys weighted to represent the adult VT population. Information is self-reported.
Indicators for Analysis	Demographics (Age, Disability, Education, Employment, Gender, Income, LGBT, Race/Ethnicity); Chronic Conditions (Arthritis, Asthma, Cancer, Cardiovascular Disease, Cognitive Decline, COPD, Depression, Diabetes, High Cholesterol, Hypertension, Obesity, Oral Health); Preventive Measures (Doctor Visits, Family Planning, Fruit & Vegetable Consumption, Health Insurance, Immunizations, Physical Activity, Screenings, Quality of Life/Healthy Days); Risk Factors and Behaviors (Alcohol Consumption, Cannabis Use, Drinking Water, Firearm Storage, Prescription Drug Misuse, Seatbelt Use, Sexual Violence, Substance Use, Tobacco Use, Traumatic Brain Injury)
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Sexual Orientation, Race, Ethnicity, Socioeconomic Status (Educational attainment, Employment, Household income), Disability Status (Physical, Mental/Emotional), Federal Poverty Level, Veteran/Military Status, Housing Status, Food Security, Job Security, Transportation, Healthcare, Physical Environment/Neighborhood, Perceptions around Discrimination and/or Racism, Exposure to Violence or Trauma, Social Integration
Reports / Online Resources	BRFSS Webpage Annual reports, District Office profiles and summaries, data briefs
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	Co-sponsored by the Centers for Disease Control and Prevention BRFSS, Vermont Department of Health and various program partners
Contacts	Kate Emmons – BRFSS Coordinator AHS.VDHBRFSS@vermont.gov (802) 651-1862

Return to Table of Contents

Child Care Immunization Survey

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Purpose	To monitor the immunization coverage status of children enrolled in Vermont child care programs as required by legislation.
Public Use Dataset	Child Care Vaccination Coverage Data
Design	Online survey, open from October through December. All regulated childcare programs complete this survey of aggregate immunization compliance data for all enrolled children. Support is available from Local Health Office Immunization Designees. The report is required by Health Department legislative rule, and as a condition of the license.
Frequency	Annually in the fall. Data available by May 1st of following year
Population (Units)	All children attending regulated childcare programs who are not also enrolled in K–12 school.
Geographies	The data comes to the Health Department with the street address of the childcare program. The town is posted along with the program name on the Health Department webpage.
Data Years	Limited data for 2011–2015 2016–2019 Data from 2019–2020, 2020–2021, and 2021–2022 have not been analyzed
Strengths	Fulfills the legislative requirements to assess immunization compliance of children in regulated childcare programs, for programs to report, and to meet the need to make information publicly available.
Limitations	Data is not validated. Data does not necessarily represent the entire population at a program. School age children are not reported. Reliance on program staff to interpret immunization records and report accurately.
Indicators for Analysis	Number and percentage of children meeting specific vaccine requirements, and for those not meeting the vaccine requirement, the reason – either exempt or provisionally admitted
Health Equity Indicators	N/A
Reports / Online Resources	2018–2019 report Detailed program specific data for licensed providers Only data from licensed (not registered) programs is publicly posted. 2018–2019 summary Summary data for all regulated programs
Who Manages Data	Vermont Department of Health, Division of Laboratory Sciences and Infectious Disease; Immunization Program in collaboration with the Department for Children and Families Child Development Division
Funding Sponsor	Centers for Disease Control and Prevention
Contacts	Karen Halverson - Immunization Program Data Manager karen.halverson@vermont.gov (802) 951-1234

Return to Table of Contents

College Immunization Survey	S
Purpose	To monitor the immunization coverage status of college students in Vermont as required by legislation.
Public Use Dataset	Colleges and Universities Vaccination Coverage Data
Design	Online survey, open from November through December. Aggregate immunization compliance data completed by student health center or administrator. The report is required by Health Department legislative rule.
Frequency	Assessment of newly entering fall semester students due January 1st. Data is available by May 1st
Population (Units)	All new entering, fall semester, full time, undergraduate students
Geographies	State, college / university
Data Years	2008–2021 Limited data for 2001–2007
Strengths	A well-established survey useful for looking at trends in vaccination, the impact of legislative requirements, and in the event of vaccine preventable disease, outbreak potential.
Limitations	This report captures only a segment of the on-campus population. Data is not validated. Reliance on the college to interpret the student immunization record and report accurately.
Indicators for Analysis	Number and percentage of students meeting specific vaccine requirements, and for those not meeting the vaccine requirement, the reason – either exempt or provisionally admitted
Health Equity Indicators	N/A
Reports / Online Resources	2020/2021 Vermont College Immunization Coverage Historic data is available from the Immunization Program
Who Manages Data	Vermont Department of Health, Division of Laboratory Sciences and Infectious Disease, Immunization Program
Funding Sponsor	Centers for Disease Control and Prevention
Contacts	Karen Halverson - Immunization Program Data Manager karen.halverson@vermont.gov (802) 951-1234

Health Care Workforce Census	S
Purpose	The Health Care Workforce Census measures the supply of active health care providers in Vermont and supports state-level analyses, federal level shortage designations, recruitment, and retention activities.
Public Use Dataset	Available by request
Design	All health care providers are required to fill in the census form as part of their relicensing. Questions include demographics, education, specialties, practice settings, and hours per week in each practice location
Frequency	Every 2 years along with the license renewal of each healthcare profession. Data become available about 6 to 9 months later. Reporting has been delayed by current COVID-19 pandemic response.
Population (Units)	Individual healthcare providers of all types. Datasets only includes those providers actively practicing in Vermont. There is not a singular dataset for providers, but individual datasets of each provider group at time of their license renewal.
Geographies	State, County, Health District, Hospital Service Area, other groups of townships
Data Years	Physicians—1979, 1996–2018 (even years); Dentists—1999–2019 (odd years); Nurses, social workers, psychologists, pharmacists, and other professions since 2015
Strengths	Unlike licensure data, this census reports localized full time equivalents (FTEs) of those providers who are actively practicing, allowing determination of shortage areas by specialty. Close to 100% response rate. Consistent questions over time allow trend analysis.
Limitations	Dataset does not include residents and fellows, those newly licensed in the 3 months preceding license renewal, or those who are licensed but not actively practicing in Vermont. Dataset contains one provider group at time of renewal, so when combining datasets, providers could be double counted if they maintain more than one healthcare license (e.g. MSW and LADC). Data is self-reported and not verified. The increase in telemedicine is blurring the concept of "practice location", localized FTEs, and shortage areas.
Indicators for Analysis	Health care providers: dentists, dental hygienists and assistants, mental health care providers, naturopathic physicians, nurses, pharmacists, pharmacy technicians, psychologists, physicians, physician assistants, clinical social workers. Specialties, settings, FTEs. Geographical distribution, shortage areas. Demographics (age, sex, race/ethnicity, location of health care specific education, years of experience).
Health Equity Indicators	Age, Gender or Gender Identity, Race, Ethnicity, Healthcare
Reports / Online Resources	The Health Care Workforce Census webpage lists reports for all health care professions.
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	The Federal Health Resources & Services Administration
Contacts	Jessica Moore AHS.VDHPhysicianCensus@vermont.gov

Return to Table of Contents

Vermont Household Health Insurance Survey (HHIS)	S
Purpose	Assess the status of health insurance coverage status of Vermont residents. Through this survey data are collected and analyzed on health insurance coverage sources, demographics, income, employment, health status, affordability of insurance and financial barriers to care. These data are used to measure the impacts of options for health insurance coverage expansion in Vermont. They inform the design and outreach for state-sponsored health insurance programs for the uninsured. The results help monitor impacts of employer-sponsored insurance, premium cost, cost sharing and benefit design, and access to insurance and care
Public Use Dataset	Analytic file available upon request
Design	Random digit dial (RDD) telephonic survey of non-institutionalized adults (about 3,000 households, representing approximately 7,200 Vermonters). Two-thirds of surveys come from cell phones with the remaining third coming from landlines. Surveys are completed for a representative number of Vermont households. Data are weighted using a raking procedure to represent the overall Vermont population. The person most knowledgeable about health insurance coverage and health care needs provides responses for all household members.
Frequency	Periodic; recommendation to legislature on implementation is at least every 3 years. Data turnaround time is approximately 6 months from time data collection is completed.
Population (Units)	Vermont population (individuals and households).
Geographies	State, County, Hospital Service Area
Data Years	2000, 2005, 2008, 2009, 2012, 2014 (Department of Financial Regulation) 2018, 2021
Strengths	Collects detailed information about health care coverage and access at a population level for Vermont households and residents. Includes questions about medical, dental, and vision insurance.
Limitations	It is not a census; a representative sample of households is weighted to represent the entire population. All data are self-reported. Because one person responds for the entire household, it is possible information is incomplete for non-responding household members.
Indicators for Analysis	Type of health insurance coverage (including uninsured and underinsured); Health care access; Health literacy; Health care expenses
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Sexual Orientation, Race, Ethnicity, Socioeconomic Status (Educational Attainment, Employment, Household Income), Disability Status (Physical), Job Security, Debt Burden, Healthcare, Perceptions around Discrimination and/or Racism
Reports / Online Resources	Comprehensive report, data compendium Presentations of data are regularly provided to the Green Mountain Care Board and Vermont State Legislature.
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	Vermont State Legislature
Contacts	Jennifer Hicks – Research and Statistics Section Chief jennifer.hicks@vermont.gov (802) 863-7264 Paul Meddaugh – Public Health Analyst paul.meddaugh@vermont.gov (802) 951-0133

Return to Table of Contents

Pregnancy Risk Assessment Monitoring System (PRAMS)	S
Purpose	PRAMS asks questions to mothers about their pregnancy and their new baby to understand why some babies are born healthy and others are not.
Public Use Dataset	Multi-state data: requested through the CDC Vermont data: requested through PRAMS coordinator Later this year the CDC will make a public use file available.
Design	Paper questionnaire survey with phone follow-up. Includes select Birth Certificate fields. A questionnaire is mailed to a random sample of Vermont mothers 2 to 6 months after having a live birth in VT or NH. Drawn from birth certificate data, the sampling fraction is approximately 1 out of 4. Women with low-birth-weight infants (<2500g) are over-sampled. Data is weighted to be representative of the population.
Frequency	Data collected on an ongoing basis; analytic files updated per calendar year birth cohort. Data available after weighting, generally 10 to 12 months after a cohort's last births.
Population (Units)	Vermont resident mothers who have recently had a live birth.
Geographies	State
Data Years	Data available for 2001–2019 birth cohorts. Select indicators vary by phase (3 to 5-year periods between questionnaire revisions).
Strengths	A linkage to the birth certificate means PRAMS builds upon existing information. PRAMS covers topics not available elsewhere: e.g., prenatal care content; smoking cessation strategies; drinking amount; breast-feeding support; intention of pregnancy and sensitive questions on drug use and domestic violence. Can be compared to other PRAMS sites that meet a response rate threshold (47 states & NYC, DC, and Puerto Rico for 2018 births, though not all sites may reach threshold).
Limitations	Only includes pregnancies resulting in a live birth. Self-reported data can tend to underreport certain health outcomes, though a certificate of confidentiality may improve the reporting of questions in sensitive areas. Data suppression and scrubbing due to small numbers in Vermont.
Indicators for Analysis	Preconception health and family planning; prenatal care; alcohol, tobacco, and drug use; intimate partner abuse; breastfeeding; social support; sleep environment; dental health; postpartum care; demographics (age, sex, race/ethnicity, education, income); workplace leave. The latest phase of the Vermont PRAMS Survey contains all the indicators currently measured.
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity, Socioeconomic Status (Educational Attainment, Employment, Household Income), Disability Status (Physical), Housing Status, Food Security, Healthcare, Perceptions around Discrimination and/or Racism, Exposure to Violence or Trauma, Social Integration
Reports / Online Resources	Reports and data briefs
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	Vermont PRAMS is funded by CDC and the Vermont Department of Health. Select indicators may be partially sponsored by partnering Departments or agencies.
Contacts	Lucia Orantes Lucia.Orantes@vermont.gov

Return to Table of Contents

School Health Profiles	S
Purpose	The School Health Profiles monitors school health education requirements and content, physical education and activity, school health policies related to HIV infection/AIDS, tobacco use prevention, nutrition, asthma management activities, family and community involvement in school health programs, and school health coordination.
Public Use Dataset	State and U.S. Data is available from the CDC
Design	The Profiles is a system of surveys collected from two separate self-administered questionnaires. Each school completes two questionnaires – one by the principal and one by the lead health educator.
Frequency	Collected very other spring (even years). Data typically is available 9 months post survey administration (e.g., late winter, early spring of odd years).
Population (Units)	School (the principal and lead health educator from all public middle and high schools).
Geographies	State
Data Years	Every other year since 2014. Prior to 2014, data was collected by the Agency of Education (2006–2012).
Strengths	Conducted as a census in all public high and middle schools around the state. Weighted data is available. Data can be used for national comparisons
Limitations	Information is self-reported; small sample size; no local level data available
Indicators for Analysis	School health education requirements and content, Sexual health education, Physical education, School nutrition, Physical activity, School health coordination / School wellness teams, Practices related to bullying and sexual harassment, School-based health services, Family engagement and community involvement, School health policies related to tobacco, alcohol and other drug use prevention, nutrition, LHE training, professional development, and experience
Health Equity Indicators	Physical Environment/Neighborhood, Community Integration
Reports / Online Resources	Statewide Report; Data Briefs and joint reports with YRBS
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	CDC
Contacts	Kristen Murray, YRBS / School Profiles Program Coordinator kristen.murray@vermont.gov (802) 863-7276

Return to Table of Contents

School Immunization Survey

S

Purpose	To monitor the immunization coverage status of students enrolled in Vermont K – 12 public and independent schools as required by legislation.
Public Use Dataset	Yes
Design	Online survey, open from November through December. All public schools complete the Immunization Status Report in addition to the Vermont School Nurse Report. All independent schools complete only the Immunization Status Report. School nurses or administrators report aggregate immunization compliance data by grade for all enrolled students. Support is available from Local Health Office School Liaisons. The report is required by Health Department legislative rule.
Frequency	Collection occurs annually during the fall. Data is available by May 1st of the following year.
Population (Units)	All enrolled students in grades Kindergarten through 12th grade in public and independent Vermont schools.
Geographies	State, County
Data Years	Limited data for 1989–2009. 2010–2020
Strengths	Fulfills the legislative requirements to assess immunization compliance of students in K-12, for schools to report, and to meet the requirement to make information publicly available.
Limitations	Does not assess the entire population, home school students only reported if they are enrolled in one or more classes. Data is not validated
Indicators for Analysis	Immunizations, Vaccines, Vaccine preventable diseases, School health
Health Equity Indicators	N/A
Reports / Online Resources	Vaccine Coverage by Grade, 2019–2020 K-12 Public and Independent Schools Vaccination Coverage Data Detailed school specific data is available for Department use from the Immunization Program
Who Manages Data	Vermont Department of Health, Division of Laboratory Sciences and Infectious Disease, Immunization Program Survey contractor is the University of Massachusetts Medical School
Funding Sponsor	Centers for Disease Control and Prevention
Contacts	Karen Halverson – Immunization Program Data Manager karen.halverson@vermont.gov (802) 951-1234

Return to Table of Contents

Vermont School Nurse Report (VT SNR)	S

Purpose	To ensure all children are insured, have access to their medical and dental homes to receive recommended preventive care according to Vermont's medical and dental periodicity schedules, and support other efforts and activities related to promoting good health outcomes for Vermont's school-aged children.	
Public Use Dataset	Aggregate data may be requested through District Office School liaisons	
Design	Self-report survey. Information is reported by parents/guardians to the school nurse. The data is collected using web-based survey software then it is compiled and aggregated by the survey vendor. A final report is submitted to the Division of Maternal and Child Health (MCH) and shared with the Health Department school liaison.	
Frequency	Collected annually.	
Population (Units)	Children in public schools (K-12) whose parents provide information to the school nurse.	
Geographies	State, Health District, and Supervisory Union. 2018–2019 data forward includes counties.	
Data Years	2007–2008 school year through 2021–2022 school year	
Strengths	Information on access to health care and insurance coverage for all public school-age children (K-12). There is also information on a students' asthma status and the presence of an asthma action plan at school. Some schools are using standardized question language provided by the Health Department on their forms for gathering data. Final report includes filterable data by Health Department District Office, Supervisory Union/School District, School, County (for 2018–2019 forward data), and grade.	
Limitations	This is a convenience sample; methods and collection materials vary at each school site.	
Indicators for Analysis	Well care visits, Dental visits, Insurance status, Presence of an asthma action plan, School electronic Health Record capability, Promotion of American Academy of Pediatrics' Bright *Futures* recommendations for well-care visits, presence and use of electronic health records in schools.	
Health Equity Indicators	Healthcare	
Reports / Online Resources	Asthma Burden Report Healthy Vermonter Goals related to school age health and oral health	
Who Manages Data	Vermont Department of Health, Maternal and Child Health Division coordinates data collection and storage. School Liaisons in the Health Department District Offices act as local level support for questions related to the survey content and monitor for completion.	
Funding Sponsor	Vermont Department of Health	
Contacts	Program Contact: Nathaniel Waite RN, BSN Nathaniel.Waite@vermont.gov (802) 865-1399	Analyst: Michael J. Kenny Michael.Kenny@vermont.gov (802) 863-7383

Young Adult Survey (YAS) — S

Purpose	To collect data on young adults' attitudes and behaviors regarding alcohol use, tobacco, nicotine delivery products, illicit drugs, and prescription drugs as well as questions related to Vermont Department of Health communications campaigns.
Public Use Dataset	Not Available
Design	Data are collected through an online survey hosted by Pacific Institute for Research and Evaluation (PIRE). Vermonters between the ages of 18 and 25 are recruited through ads on several social media platforms as well as through promotion by ADAP's community prevention partners. The surveys are conducted for eight and ten weeks during the months of March through May in even years. Participants are given the opportunity to enter a drawing for a weekly prize valued at $100 and a grand prize drawing after the survey has closed valued at $500.
Frequency	Every two years since 2014. State level summary data tables are typically available by the end of the calendar year in which the data are collected.
Population (Units)	All Vermont residents aged 18 to 25 are eligible.
Geographies	State, County
Data Years	2014, 2016, 2018, 2020
Strengths	Uniformly collected data from young adults on substance use behaviors and perceptions across Vermont. Sample sizes allow for disaggregation to the county level (for most counties). Recruitment methods and use of online data collection make this a very cost-efficient strategy. Core set of questions for all surveys allows tracking over time. New questions can be added each year to address emerging issues
Limitations	Convenience sample: representativeness of the Vermont resident population aged 18–25 and its comparability to other survey data sources cannot be guaranteed. Potential bias in the sample due to differential exposure to recruitment ads and self-selection to participate, as well as the need for internet access in order to complete the survey online. County-level estimates are based on relatively small samples.
Indicators for Analysis	Key indicators include past 30-day use of alcohol, cannabis, tobacco and other nicotine delivery products, and other drugs, past year misuse of different classifications of prescription medications, perceived ease of access to and risk of harm from using various substances, and awareness of recent communications campaigns related to substance use.
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Sexual Orientation, Race, Ethnicity, Socioeconomic Status (Employment, Perception of Personal Financial Situation)
Reports / Online Resources	Evaluation reports of federal grants managed by ADAP, most recently in the evaluation of Vermont's Regional Prevention Partnerships. These and state-level data tables have been posted by ADAP in the Plans and Reports section of their web pages. County-level tables have been shared directly with ADAP grantees/community partners.
Who Manages Data	Pacific Institute for Research and Evaluation (PIRE), via contract with VDH/ADAP.
Funding Sponsor	SAMHSA/CSAP. Federal grant program is Partnerships for Success (PFS) (referred to in Vermont as Regional Prevention Partnerships, or RPP).
Contacts	Amy Livingston - PIRE Project Director alivingston@pire.org (802) 490-5071 Traci Sawyers – VDH Division of Alcohol and Drug Abuse Programs Traci.Sawyers@vermont.gov

Return to Table of Contents

Youth Risk Behavior Survey (YRBS) | S

Purpose	The YRBS is used to monitor priority health risk behaviors including behaviors that contribute to unintentional injuries, mental health, physical activity, nutrition, tobacco use, alcohol, marijuana and other drug use, and sexual behaviors. It also measures the prevalence of behaviors and beliefs that contribute to the resiliency of young people.
Public Use Dataset	CDC provides access to state and national data sets in Access and ASCII formats and provides national and state data comparison that focus on specific health topics, compare locations, or trends in data at Youth Online or via tables and graphs on the YRBS Explorer.
Design	1993–2017: paper and pencil survey. 2019+: web-based survey. Students complete the survey in school during a single class period. All students must be able to complete the survey independently. The survey does not allow for skip patterns to help maintain student anonymity. The survey includes approximately 100–115 questions on the high school survey and 70–75 questions on the middle school survey. Data is cleaned and proceeded by the CDC with over 100 data checks performed. Data is weighted by the CDC, for states obtaining a 60% overall response rate (school RR * student RR).
Frequency	Collected very other spring (odd years). Data typically is available 9 months post survey administration (e.g., late winter, early spring of even years).
Population (Units)	All middle and high school-aged students attending public and select private schools. Includes approximately 35,000 students each iteration.
Geographies	State, County, Health District, Hospital Service Area, Supervisory Union/ School District
Data Years	1993–2009 included students in grades 8–12. 2011–Present, expanded to include two separate surveys, one for middle school students (grades 6–8) and one for high school students (grades 9–12).
Strengths	Currently Vermont is the only state to conduct the YRBS as a census of all students in all schools. Weighted data is available at the statewide and sub-state levels. Data can be used for national comparisons and comparisons with other states or regions.
Limitations	Students who cannot complete the survey without help, are home-schooled or attending school virtually are not eligible. Many students attending independent or alternative schools do not participate. The results do not capture youth who were absent, chose not to complete the survey, or whose parents opted them out.
Indicators for Analysis	Substance Use, Personal Safety and Violence, Physical activity and Nutrition, Mental Health, Sexual Activity, Protective factors / youth assets
Health Equity Indicators	Age, Biological Sex, Gender Identity, Sexual Orientation, Race, Ethnicity, Immigration Status, Socioeconomic Status, Disability Status (Physical, Mental/Emotional), Language, Housing Status, Food Security, Physical Environment, Perceptions around Discrimination and/or Racism, Perceived Social Status, Exposure to Violence or Trauma, Social Integration, Community Integration
Reports / Online Resources	Statewide, populations in focus, and local (county and supervisory union) reports are completed for each survey. State and local data briefs, data summaries are published on a regular basis (~ 6 / year).
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	CDC, ADAP
Contacts	Kristen Murray, YRBS / School Health Profiles Program Coordinator kristen.murray@vermont.gov (802) 863-7276

Return to Table of Contents

Registries and Surveillance Systems

Vermont Advance Directives Registry (VADR)	RSS
Purpose	To represent quarterly and cumulative submissions of Vermont advance directives to the registry.
Public Use Dataset	Not Available
Design	Individuals interested in creating an advance directive complete and submit an advanced directive form and registration agreement. Once registered, providers can access the registry to view a patient's wishes in an emergency.
Frequency	Data is available in real time.
Population (Units)	Vermonters (18 years or older) who have registered an advance directive.
Geographies	Reports are only produced at the state level, although town level information is collected.
Data Years	2007–Present
Strengths	Allows for medical providers to have quick access to Vermont resident advance directives in an emergency.
Limitations	Only captures residents who have registered their advance directive with the registry.
Indicators for Analysis	While providers can access the contents of individual advance directives, the Health Department only tracks the number of registrants.
Health Equity Indicators	Age
Reports / Online Resources	Vermont Advance Directives Registrations Chart
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	US Living Will Registry (contractor) Vermont Ethics Network (Grantee) Vermont Department of Health, Division of Health Statistics and Informatics
Contacts	Todd Perry – Director of Division Operations Todd.Perry@vermont.gov (802) 651-1955

Birth Information Network (BIN)	RSS
Purpose	This BIN is used to improve outreach and referral services for families with children with special health needs, ensure adequate services are available for children and their families, evaluate efforts to prevent health problems and document possible link between environmental and chemical exposure with the special health conditions of Vermont's infants and children.
Public Use Dataset	Not Available
Design	The BIN uses multiple data sources to identify potential cases and then conducts follow up to confirm or rule out those cases. Originally, it relied predominantly on four data sources: Medicaid claims, reports from Vermont hospitals and physicians, vital records, and records from the Children with Special Health Needs program (CSHN). Since 2011, it has also made use of the "Vermont Healthcare Claims Uniform Reporting and Evaluation System" (VHCURES), an All Payers claims dataset.
Frequency	Data are entered and quality assurance is performed on a regular basis. New data is available each June for a five-year period, ending three years earlier (e.g., data from 2012–2016 became available in June of 2019).
Population (Units)	Vermont-resident children diagnosed in the first year of life with one or more of 47 structural and chromosomal birth defects, 33 metabolic and endocrine conditions, congenital hearing loss, and very low birth weight (birth weight less than 1500 grams).
Geographies	State, County, Birth Hospital
Data Years	2006–Present
Strengths	Conducts statewide, population-level surveillance using many data sources; data is enhanced by additional follow up of all provisional cases
Limitations	Small numbers for some conditions mean some prevalence data require suppression, especially when presenting the data broken down by county or other sub-state geographies. Case ascertainment and follow up is hampered by the BIN's lack of authority to request records from care providers outside of Vermont.
Indicators for Analysis	List of Birth Defects Demographic factors (age, sex, race/ethnicity, residence), Condition type, Prevalence and yearly trends, Infant Mortality, Very low birth weight
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity, Socioeconomic Status (Educational Attainment), Healthcare
Reports / Online Resources	Contributions to the National Birth Defect Prevention Network (NBDPN) Annual Report Data Briefs Dynamic Prevalence Maps
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	CDC Environmental Public Health Tracking Grant
Contacts	Brennan Martin – BIN Coordinator Brennan.Martin@vermont.gov (802) 863-7611

Vermont Cancer Registry (VCR)	RSS
Purpose	Cancer Registry data are used to monitor efforts to reduce the burden of cancers among all Vermonters. Information is collected about all cancers, except certain skin and non-invasive cervical cancers, and all benign brain-related tumors that are diagnosed in Vermont.
Public Use Dataset	Data can be requested through cancer registry analyst.
Design	Reporting for the registry is required by statute. A case must be reported within 180 days of diagnosis by Vermont healthcare facility or provider. Other states' cancer registries have 18 months after the end of the diagnosis year to report the occurrence of cancer among Vermont residents that were diagnosed or treated out-of-state.
Frequency	Data collection is ongoing as data are reported and quality assurance is performed. New data years generally become available in June, after national comparison data have been published. The dataset is population-based and becomes available 30 months after the close of each diagnosis year.
Population (Units)	All Vermont residents with an in situ or malignant cancer diagnosis or benign brain tumor. Basal cell and squamous cell skin cancers are not collected.
Geographies	State, County, Sub-County. Hospital Service Area and Health District coded beginning with 2016 diagnosis year and will be available as five-year data starting in 2023.
Data Years	Data available 1994 through 2019 (in 2022). A reporting delay by Department of Veterans Affairs (VA) has resulted in incomplete reporting of VA hospital cases in 2011–2014, 2016–2018.
Strengths	Includes all cancer and benign brain tumor diagnoses among Vermonters. Vital status is updated through linkages with Vermont Vital Statistics System and National Death Index. VCR data meet or exceed all national standards for fitness for use.
Limitations	Delay in reporting by 30 months, no data prior to 1994, and small numbers for some cancers mean some incidence data require suppression.
Indicators for Analysis	Demographic factors (age, sex, race/ethnicity, residence, primary payer), diagnostic info (primary site, laterality, histology, behavior, grade, diagnostic confirmation, stage), treatment info (earliest date and most definitive type of each modality), incidence and mortality, trends, survival.
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Race, Ethnicity, Healthcare
Reports / Online Resources	Age-Adjusted Incidence and Mortality, Cancer Data Pages, Data Briefs (risk-factor tobacco, obesity, and HPV associated cancers, breast cancer, colorectal cancer), Community Data (Fact Sheets and Infographics), Vermont Data Explorer (county level and community level interactive maps).
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics, Vermont Cancer Registry
Funding Sponsor	Centers for Disease Control and Prevention (CDC) grant or cooperative agreement number CDC-RFA-DP17-1701 (06/30/2017 - 06/29/2022).
Contacts	Jennifer Kachajian – Cancer Registry Chief Jennifer.kachajian@vermont.gov (802) 651-1977

Return to Table of Contents

Vermont Cyanobacteria Monitoring Data and Tracker	RSS
Purpose	The cyanobacteria tracker data contains information on water conditions related to cyanobacteria.
Public Use Dataset	Data maps for the current and previous years. The underlying data can be accessed for each of the summary maps.
Design	Trained volunteer monitors and VDH/DEC staff to make weekly observations of cyanobacteria conditions and submit a report with pictures through the online tracker. Reports are reviewed and approved by DEC, VDH, or LCC. At some sites, volunteers or staff take water samples that are then analyzed for cyanobacteria taxa and toxins. Reports received from the general public are also included if confirmed through pictures.
Frequency	Data is added to the current year's map and database as the Health Department receives reports of cyanobacteria each week. Summary maps and underlying data processed and made available in the spring each year.
Population (Units)	Cyanobacteria presence is expressed on the tracker as Generally Safe, Low Alert, or High Alert.
Geographies	Lake Champlain and Vermont inland lakes where cyanobacteria have been monitored or reported.
Data Years	2012–Present
Strengths	Allows the public to see where cyanobacteria have been reported or where their absence was noted. Indicates locations that have frequently had blooms in the past. Other states with monitoring programs do not record the absence of cyanobacteria.
Limitations	Grant funded and volunteer based. Not all locations are monitored. Locations are often only monitored once per week. Cyanobacteria conditions can change rapidly, so the tracker cannot give real-time conditions of cyanobacteria at recreational locations. Information is only included when blooms are reported. Comparing data from year to year is difficult due to changing sites. Photographing cyanobacteria can be difficult with glare, etc.
Indicators for Analysis	Lake; Region of Lake Champlain; Water temperature; Date of bloom; Alert Level; Report type; Toxin levels; Cyanobacteria taxa
Health Equity Indicators	N/A
Reports / Online Resources	DEC Produces an annual report using this data
Who Manages Data	Vermont Department of Health, Environmental Health
Funding Sponsor	Vermont Department of Health, Environmental Health; Vermont Department of Environmental Conservation (DEC); Lake Champlain Committee (LCC); Lake Champlain Basin Program; CDC Tracking and Drinking Water grants
Contacts	Bridget O'Brien, Cyanobacteria Program Manager Bridget.obrien@vermont.gov (802) 951-0114

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)	RSS
Purpose	ESSENCE stores syndromic surveillance data from Emergency Department visits to detect unusual patterns of visits to determine whether a response is warranted and serve as an early warning system for public health concerns.
Public Use Dataset	Not Available
Design	Designed to capture and analyze recent Emergency Department visit data for trends and signals of abnormal activity that may indicate the occurrence of events significant to public health (e.g., outbreaks, unusual illnesses).
Frequency	The system is updated daily and sometimes hourly.
Population (Units)	All individual Emergency Department visits from participating hospitals and one urgent care clinic in Vermont, except for Brattleboro Memorial Hospital.
Geographies	State, County, Hospital, City, Zip Code
Data Years	2016–2022 (YTD)
Strengths	Cloud-based program that can be accessed from anywhere. Provides timely data on disease activity at Vermont hospitals. Can detect unusual health events before traditional diagnostic methods.
Limitations	Variability in chief complaint field. Instability of hospital feeds (not a stable denominator). No data on Vermonters who seek emergency care outside of VT. Brattleboro Memorial Hospital is not yet participating. Discharge data takes a few weeks to update into the system.
Indicators for Analysis	Emergency Department visit date and hospital name; Number of ED visits for a given chief complaint or diagnosis; Patient age, Sex, Location, Race, Ethnicity
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity,
Reports / Online Resources	Enhanced State Opioid Overdose Surveillance grant reports.
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics; National Syndromic Surveillance Program (NSSP)
Funding Sponsor	N/A
Contacts	Theresa Dunn, ELR Coordinator (interim) theresa.dunn@vermont.gov

End of Life Care (Act 39) Tracking System	RSS
Purpose	To track individuals who have filed forms in accordance with Act 39.
Public Use Dataset	Not Available
Design	This is a tracking system; a repository of forms.
Frequency	Physicians and patients submit the End of Life Care forms as they are completed. Statute requires certain forms to be filed within a specific number of days, depending on date of prescription and date of death.
Population (Units)	Patients who meet the criteria defined in Act 39 for whom one or more of the forms required by statutes and rules are completed.
Geographies	State
Data Years	2013–Present
Strengths	Detailed tracking of patients who complete the process and submit all (4) forms.
Limitations	It does not contain all cases in which a patient my start the process, but not complete. A patient may start the process with primary care physician (first form), but not proceed further. In some cases, the forms are not submitted to our office.
Indicators for Analysis	No indicators available. Only the total number of events, and by year, that meet the requirements of Act 39 are released.
Health Equity Indicators	N/A
Reports / Online Resources	Every two years a summary report is provided to the Legislature.
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	N/A
Contacts	Jessie Hammond – Public Health Statistics Chief Jessie.Hammond@vermont.gov (802) 863-7663

Return to Table of Contents

Enhanced HIV/AIDS Reporting System (eHARS)	RSS
Purpose	eHARS is a CDC-supplied system used to store case report forms and laboratory results of people living with HIV. Data from this system is downloaded and sent to CDC each month.
Public Use Dataset	Not available to public
Design	HIV and AIDS are reportable conditions under the Vermont Reportable and Communicable Diseases Rule. Reportable laboratory values include HIV viral load measurements (including non-detectable results), all CD4 counts and percentages, and all HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing. Laboratory results are extracted from NBS (or manually entered from paper results) and uploaded into eHARS each month. Case report forms are sent by providers and entered into the system manually.
Frequency	Database is updated at least monthly. Data is uploaded to CDC at the end of every month. The dataset created at the end of December is considered the "frozen" dataset for that calendar year.
Population (Units)	Any person who is a resident of Vermont who was diagnosed in Vermont or receiving care in Vermont for HIV or AIDS.
Geographies	State, County
Data Years	1983 through present. Realtime data available as needed.
Strengths	HIV-related data collected by the Vermont Department of Health are useful for estimating disease incidence and prevalence. These data are also used for monitoring trends in the infection that can be used to inform resource allocation for prevention and care. Monthly, de-identified HIV data are transmitted to the CDC that informs national HIV surveillance. Includes clinical data, demographic, and behavioral risk information.
Limitations	Lag in reporting when lab results are received without case report forms. Does not capture persons known to be living with HIV who have not been reported to the Health Department or for whom laboratory values have not been or are not being reported. Does not capture persons living with undiagnosed HIV infection in Vermont. Cell suppression rule is <5. Data requests may need to be reviewed and approved by the Overall Responsibly Party (State Epidemiologist).
Indicators for Analysis	Demographic factors (age, sex, race/ethnicity, residence), Diagnostic and treatment info (earliest date, residence, provider, facility, continuation of care)
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Race, Ethnicity
Reports / Online Resources	The Vermont Department of Health produces annual HIV reports. Every five years, an HIV Epidemiologic Profile is also produced.
Who Manages Data	Vermont Department of Health, Division of Laboratory Sciences and Infectious Disease, HIV/STD/Hepatitis (HSH) Program
Funding Sponsor	Centers for Disease Control and Prevention; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Division of HIV/AIDS Prevention; Quantitative Sciences and Data Management Branch
Contacts	Erin LaRose– Health Surveillance Program Administrator Erin.larose@vermont.gov (802) 863-7244

Return to Table of Contents

EvaluationWeb	RSS
Purpose	Collect and report HIV testing and partner services to CDC.
Public Use Dataset	Not Available
Design	Captures National HIV Prevention Program Monitoring and Evaluation (NHME) HIV testing data. CDC requires the collection of client-level, session-level and aggregate level variables on all implemented activities, including HIV Testing and other HIV Prevention interventions.
Frequency	HIV Testing data is entered within 72 hours of intervention completion by grantees with EvaluationWeb approval, or after the forms are received at the health department on a monthly basis. Data is available to the CDC immediately, but is pulled biannually.
Population (Units)	Any person who accesses anonymous Counseling, Testing and Referral services. Any person who completes at least one session of an HIV prevention intervention.
Geographies	State, County
Data Years	HIV Testing Data is available from 2008–Present
Strengths	Provides data in real time upon entry. Integrated data analysis program (Reflexx) allows for easy data extraction and analysis. Web-based interface allows for multiple approved users to utilize at any time.
Limitations	Not all program staff are e-authenticated to allow for access to the data reporting sections of the program. This means there may be a lag in time between when activities occur and when they are entered.
Indicators for Analysis	Demographic factors (age, sex, race/ethnicity, residence, risk factors for HIV infection), Diagnostic and treatment info (HIV testing earliest date, residence, provider, facility, continuation of care)
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Sexual Orientation, Race, Ethnicity
Reports / Online Resources	Summary Reports, grant proposals, guide allocation of testing resources
Who Manages Data	Vermont Department of Health, Division of Laboratory Sciences and Infectious Disease, HIV/STD/ HCV program
Funding Sponsor	CDC Division of HIV Prevention and Surveillance
Contacts	Erin LaRose– Health Surveillance Program Administrator Erin.larose@vermont.gov (802) 863-7244

Healthy Homes and Lead Poisoning Surveillance System (HHLPSS)	RSS
Purpose	HHLPSS is a web-based data management platform developed and supported by the CDC for use by state and local childhood lead poisoning prevention programs (CLPPPs) to provide a centralized surveillance repository for blood lead data, environmental sampling results, and follow-up information for case management.
Public Use Dataset	Not Available
Design	Registry - All laboratories and providers conducting a lead test are required to report the results to the Health Department. Blood lead results are sent in multiple formats.
Frequency	Data are added to the database as information is reported by providers and laboratories. Prior year data are available at the end of February.
Population (Units)	All Vermont children who have had a blood lead test (up age 16)
Geographies	County, Town
Data Years	1993–Present
Strengths	Data from all laboratories and providers that completed a lead test on a Vermont child. Continuous data since 1993; Tracks prevalence of lead testing and elevated blood lead levels over time. Provides state and county level data for planning and evaluation. Provides notification when a child has an elevated blood lead level, so that the Health Department can contact and help identify the source of lead.
Limitations	Not all health care practices and laboratories report completely and in a timely fashion. The older the data, the more incomplete it is likely to be.
Indicators for Analysis	Blood lead levels, Child's age at test, Type of test, Confirmation and re-testing rates, District office testing vs. Provider testing, Town of Residence
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity, Healthcare
Reports / Online Resources	Annual Legislative Reports Environmental Public Health Tracking: Childhood Lead Poisoning CDC quarterly reports Data are imported into SPHINX; Individual and health care practice lead reports are available in the Patient Profile.
Who Manages Data	Division of Environmental Health, Healthy Homes and Lead Poisoning Prevention Program
Funding Sponsor	Centers for Disease Control and Prevention
Contacts	Christine Leonard – HHLPPP Data Analyst II Christine.Leonard@vermont.gov (802) 652-2061

Return to Table of Contents

Vermont Immunization Registry (IMR)	RSS
Purpose	The Vermont Immunization Registry (IMR) is a secure health information system that contains immunization records for persons living in Vermont.
Public Use Dataset	Not Available- Individuals may request their own records, or the records of their children with photo identification.
Design	Collected as a registry from 3 sources: About 85% of the data is sent via a secure process directly from an electronic medical record, 10% is loaded via monthly third-party import, and about 5% is still manually entered. Follows national guidance regarding weighting.
Frequency	New information is added in real time. A few standard vaccine series by county are assessed monthly. Summary statistics for a calendar year are provided to the CDC as part of the grant requirements.
Population (Units)	All persons born in VT since 1909. Any individual that has had a vaccine in a VT hospital or provider practice and, persons with a Vermont address who received an immunization at Dartmouth Hitchcock Medical Center in NH also have IMR records. Since July 2019, New York's Immunization Information System also reports to the IMR any immunizations administered in New York to persons with a Vermont address.
Geographies	State, County, Health District, Hospital Service Area
Data Years	1909-Present. Data from 1996 to present is more comprehensive than prior years.
Strengths	Helps providers assess which immunizations have already been received, preventing unnecessary immunizations and saving medical costs. Provides easy access to printable, consolidated immunization records needed for school, work, etc. Allows school nurses to access immunization data directly. Allows doctors to assess their own immunization practices and assess vaccine coverage. Provides state and county level data for planning, evaluation, and outreach to underserved areas.
Limitations	Because it is not always possible to identify persons who have moved out of state, the denominator can be too large. While most health care providers in Vermont report immunizations to the IMR, a few do not. The VA hospital reports COVID immunizations but no other vaccine series. Some independent pharmacies and employee wellness clinics are not reporting to the IMR.
Indicators for Analysis	Vaccination date and type, Vaccine master list, Lot numbers, Primary Practice, Demographics (age, gender, race/ethnicity)
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity
Reports / Online Resources	Healthy Vermonters 2020. Immunization Information System Annual Report provided to Centers for Disease Control each year. (No longer available online. We are planning to publish some metrics locally.) Vaccine Coverage Reports by County provided monthly to stakeholders. Vaccine Coverage Reports, practice and comparable state rates to practices each quarter. Data Requests and Data Briefs
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	CDC via a grant to the Immunization Program at the Vermont Department of Health
Contacts	Bridget Ahrens - Vermont Immunization Registry Manager Bridget.Ahrens@vermont.gov (802) 951-4094

Return to Table of Contents

Impaired Driving Rehabilitation Program Database (IDRP)	RSS
Purpose	To ensure that people have completed required program components before license reinstatement is sent to DMV.
Public Use Dataset	Not Available
Design	Data on individuals who enroll in the IDRP. Data arranged by individual and impaired driving offense. Includes school enrollment and completion, treatment enrollment and completion, offense information including date, blood alcohol level, and type of offense. Data system is comprised of client level information that is transmitted to the IDRP via submitted paperwork. The data from the forms is entered into the system.
Frequency	Data transfer and entry is daily and the lag between services and receipt of paperwork can be two days to several months.
Population (Units)	People who received an impaired driving offense and initiated enrollment into the IDRP in order to restore their driving privileges.
Geographies	State, including information for people who have received an impaired driving offense in Vermont, who now live elsewhere
Data Years	1989–Present
Strengths	Data provides information about programmatic functioning and areas for technical assistance. Type of offense, school enrollment and completion dates all in one data system. The overall trends regarding program completion may be able to be compared with other states or nationally.
Limitations	Data does not currently capture socioeconomic data to analyze SES as it relates to re-offense rate. Only captures the people who have initiated the IDRP. It cannot be a proxy for the number of impaired driving offenses received. Programmatic enrollment effected by several outside sources and legislation regarding offense forgiveness legislation, pleading of impaired driving offenses to lesser charges, and introduction of ignition interlock devices.
Indicators for Analysis	Substance use, offense dates, length of treatment, substance use disorder diagnosis, impairment, driving under influence, treatment, offense, DMV, Completion Reports, Enrollment rosters, Multiple Offender data, Demographics (age)
Health Equity Indicators	Age, Socioeconomic Status (Educational Attainment, Employment)
Reports / Online Resources	The internal data system can provide reports about program completion by site, percent of people with first offenses who were referred for treatment, treatment hours completed of people referred to treatment, and timely payments of the IDRP providers. Data briefs around re-offense rates, program completion, and age have been produced in the past.
Who Manages Data	Agency of Digital Services warehouses the data
Funding Sponsor	IDRP is funded by program fees, general fund and other funding sources.
Contacts	Patty Breneman – Dir. of QM and Compliance Patricia.breneman@vermont.gov (802) 652-2030

Return to Table of Contents

Infectious Disease Outbreak Database	RSS
Purpose	This database system records high-level aggregate numbers of cases associated with infectious disease outbreaks in VT; it is currently being replaced with a new system being built by ADS, but this old system has not yet been fully retired yet.
Public Use Dataset	Not Available
Design	Designed to capture descriptive information of infectious disease outbreaks that have occurred in Vermont or that involve Vermonters.
Frequency	Database is updated monthly.
Population (Units)	Aggregate numbers of VT residents who are ill due to an outbreak.
Geographies	State, County, City, Setting
Data Years	1950–2019 (YTD)
Strengths	Provides quick access to historic outbreak data. Allows quick extraction of data elements for grant reporting.
Limitations	Relies on archaic software. Captures basic information on each outbreak, sometimes lacks in-depth information that is part of more complicated outbreak investigations. Is in the process of being retired as a new outbreak database is being built by ADS.
Indicators for Analysis	Number exposed, ill, sent to doctor/ER, hospitalized, dead; Location of outbreak, Setting of outbreak; Causative agent; Mode of transmission; Date outbreak started; Lead investigator; Healthcare Acquired Infections (HAI)
Health Equity Indicators	Age, Sex or Biological Sex
Reports / Online Resources	Epidemiology and Laboratory Capacity reports Emergency Preparedness grant reports HAI Grant reports
Who Manages Data	Vermont Department of Health, Division of Laboratory Sciences and Infectious Disease
Funding Sponsor	N/A
Contacts	Interim Contact: Jessie Hammond Jessie.Hammond@vermont.gov

Return to Table of Contents

Maternal Early Childhood Sustained Home-Visiting Program Database (MESCH)	RSS
Purpose	Collect and store data for the Strong Families Vermont Nurse Home Visiting Program (internationally known as MECSH) to complete monthly, quarterly, annual, and ad hoc data requests from model developers, federal funders and state partners.
Public Use Dataset	Not Available
Design	Information collected about home visiting services provided using the MECSH (branded as Strong Families Vermont Nurse Home Visiting Program in Vermont) evidence-based model. Includes demographic data on participants, home visits, health screening and referrals provided, and selective outcome data.
Frequency	Data are added to the database continuously in real-time
Population (Units)	Program serves low-income families in Vermont, Pregnant people up to two years postpartum.
Geographies	Statewide
Data Years	2015–2022
Strengths	Database designed to meet model developers' quarterly fidelity reporting as well as federal grant reporting requirements. Data also used for program management and oversight, and for continuous quality improvement. The data collected for federal reporting is compared to other states with MIECHV funding.
Limitations	Limited data set designed to fulfill program requirements that relies on a standard set of reports to pull data
Indicators for Analysis	Maternal and child demographics; frequency and duration of home visiting services; Screening data (ASQ-3, ASQ-SE, EPNDS Maternal Depression, smoking, alcohol, drugs, intimate partner violence), Referrals to services and service utilization; Breastfeeding initiation and duration; Smoking cessation during pregnancy; Child injuries; Maternal and child ED utilization; Well-child and well-woman preventative health service utilization; Safe sleep practices
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity, Socioeconomic Status (Educational Attainment, Employment, Household Income), Language, Veteran/Military Status, Housing Status, Healthcare, Exposure to Violence or Trauma, History of Abuse/Neglect, History of Substance Use
Reports / Online Resources	Quarterly model fidelity report, quarterly and annual reports to HRSA
Who Manages Data	Vermont Department of Health, Division of Maternal and Child Health
Funding Sponsor	HRSA under the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. Some funding through Children's Integrated Services/Child Development Division
Contacts	Morgan Paine– Health Data Administrator morgan.paine@vermont.gov (802) 859-5940

Return to Table of Contents

Vermont Medication Assistance Program (VMAP) Access Database and CAREWare	RSS
Purpose	Collect and Report HIV Care (including VMAP) data to HRSA
Public Use Dataset	Not Available
Design	Eligibility applications, Medicaid pharmacy data.
Frequency	Data is updated daily, monthly, quarterly and annually. The data is available immediately.
Population (Units)	Vermont Residents diagnosed with HIV and with an FPL of 500% or less
Geographies	State, County, Health District, Hospital Service Area
Data Years	2000–Present
Strengths	HIV service (outpatient ambulatory, medical nutrition therapy, mental health, case management, dental, medication, housing) information in Vermont.
Limitations	Some of the date is not real-time and is only updated monthly, quarterly and annually.
Indicators for Analysis	Demographic factors (age, sex, race/ethnicity, residence) for people receiving a care service listed above [strengths]; Medication Adherence info for Treatment Cascade; Service information related to outpatient ambulatory, medical nutrition therapy, mental health, medical case management, dental, medication adherence.
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Immigration Status, Socioeconomic Status (Employment, Household Income), Language, Veteran/Military Status, Housing Status, Healthcare
Reports / Online Resources	Integrated Epidemiologic Profiles for HIV/AIDS Prevention and Care Planning HIV Annual Reports Ryan White Services Report (RSR) Ryan White Data Report (RDR) Comprehensive Integrated Plan for HIV Services and Prevention and Statewide Coordinated Statement of Need (SCSN).
Who Manages Data	Vermont Department of Health, Division of Laboratory Sciences and Infectious Disease, HIV/STD/Hepatitis Program
Funding Sponsor	Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Ryan White Care Act
Contacts	Erin LaRose–Program Administrator Erin.larose@vermont.gov (802) 863-7244

Naloxone Database

RSS

Purpose	This database collects information on the Naloxone distributed by community-based organizations. Naloxone overdose rescue kits are distributed to individuals at risk of an overdose, family members and anyone who may be able to help in the event of an overdose. The data base tracks kit distribution, the number of "clients" that receive kits, reports on whether the individual picking up kits has used Naloxone in the event of an overdose, and how many successful overdose reversals have resulted from Naloxone rescue kits distributed by the Vermont Department of Health.
Public Use Dataset	Not Available
Design	Naloxone distribution data are collected on an ongoing basis via a secure, web-based administrative form that is utilized by distribution sites. All sites are located in Vermont with the exception of one site in New Hampshire. The naloxone database includes information related to naloxone distribution, overdoses, and client demographic data.
Frequency	Data collection is ongoing and available on a quarterly basis.
Population (Units)	Clients receiving naloxone from a distribution site.
Geographies	State, County of overdose (not available for reporting)
Data Years	December 2013–Present
Strengths	Collects real-time data related to community naloxone distribution. Overdose data collected informs the use and effectiveness of naloxone in an overdose setting, as well as could allow for the examination of emerging drug involvement.
Limitations	The database may not capture every distribution of naloxone. We do not currently track the actual geographic location of distribution. However, approximately 60% of the naloxone distributed through the Opioid Overdose Prevention and Reversal Project (OOPRP) is distributed by sites where the base location is in Chittenden County. Geographic information related to the client's residence and the location of naloxone use is not captured. Overdose information is voluntary and self-reported.
Indicators for Analysis	Distribution site/location, Naloxone distributed, Previous naloxone receipt/use, Client demographics (gender, age, race), Overdose information (gender, age, county, drugs involved, naloxone use/effectiveness)
Health Equity Indicators	Age, Gender or Gender Identity, Race, Ethnicity
Reports / Online Resources	Naloxone Distribution and Administration Data Brief (published quarterly) Naloxone Distribution Locations (not inclusive of all distribution sites)
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics (data management) and Department of Emergency Preparedness, Response, and Injury Prevention (data collection)
Funding Sponsor	Vermont Department of Health
Contacts	Mallory Staskus – Public Health Analyst III Mallory.Staskus@Vermont.gov (802) 651-1516

Return to Table of Contents

National Electronic Disease Surveillance System (NEDSS) Base System (NBS)	RSS
Purpose	NBS the surveillance database for all patient level case investigation and lab data (except for HIV) for reportable diseases collected by the State of Vermont's Epidemiology program.
Public Use Dataset	Not generally available. During peak COVID response, some COVID data was regularly extracted from NBS, cleaned, and shared via the COVID dashboard with public access to the underlying limited and deidentified dataset. This is not regularly done for other infectious diseases.
Design	The data are organized by unique occurrences of a reportable disease; individuals could be in the database multiple times due to a diagnosis of different reportable diseases or due to a re-occurrence of the same reportable disease. This system is used by Public Health Nurses in District Offices and transmits data electronically to CDC. The data is not weighted.
Frequency	The system is updated daily as disease reports are received from health care providers and laboratories and case investigations are competed by Vermont Department of Health staff.
Population (Units)	Every instance of a reportable disease diagnosed in Vermont. Occurrences in Vermont are represented in this data set (VT residents and out-of-state residents diagnosed in VT). We also receive data on VT residents diagnosed with reportable diseases in other states.
Geographies	State, County, Town, Health District
Data Years	2006–2022 (YTD)
Strengths	It is a complete surveillance database of all reportable diseases. Allows for analysis of trends over time. Analysis can be performed by individual or by disease occurrence. System used by many other judications in the US, ensuring on-going support from CDC and allowing for collaboration with other states on workflow ideas/improvements
Limitations	Some VT residents who are diagnosed out of state may not be reported to VDH. Data quality varies due to many different staff entering in data. Not all lab data are electronically received yet, meaning resources are dedicated to manual entry as non HL7 import/loading features are extremely limited. While the same laws apply across the state for disease reporting, there are likely unknown gaps in reporting from certain providers/facilities
Indicators for Analysis	Demographic factors (age, sex, race), Infectious disease-specific data, Geographic location, and for some conditions, Risk Factors for Disease
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Sexual Orientation, Race, Ethnicity, Socioeconomic Status (Employment), Disability Status (Physical, Mental/Emotional), Language, Housing Status, Food Security
Reports / Online Resources	CDC's Morbidity and Mortality Weekly Report (MMWR) summarizes national reportable disease data, including VT data.
Who Manages Data	Agency of Digital Services and Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	N/A: Data collection is based on Public Health Rule
Contacts	Interim Contact: Jessie Hammond Jessie.Hammond@vermont.gov

Newborn Hearing Screening Database	RSS
Purpose	Tracking and surveillance for newborn hearing screening, diagnosis of hearing loss and entrance into early intervention services
Public Use Dataset	Not Available
Design	Data Reporting is required by Administrative Rules. Hospitals, midwives, primary care providers, audiologists and early intervention providers submit data into the Childhood Hearing Health System part of the SPHINX Health Department database.
Frequency	Data is collected weekly. Quarterly reports are shared with key stakeholders and is available one and a half years after the close of the calendar year on the CDC website.
Population (Units)	Infants birth to 3 years 364 days of age; Deaf, hard of hearing, or deaf blind infants
Geographies	State level Data only for public review.
Data Years	2009–2022
Strengths	Comparable to other state and territories. Tracks our progress in meeting national goals: screen hearing by 1 month of age, diagnose hearing loss by 3 months of age and entrance into early intervention by 6 months of age.
Limitations	Small population of infants who are deaf, hard of hearing, or deaf blind therefore data cannot be broken down by county for diagnostic evaluations and entrance into early intervention services This is a low incidence population and if broken down to the county level infants would be easily identifiable.
Indicators for Analysis	Hearing Screening by 1 month, Diagnostic Audiology by 3 months of age, and entrance into early intervention by 6 months of age.
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Race, Ethnicity, Disability Status (Physical)
Reports / Online Resources	CDC Annual Report (CDC Website), Hospital, Midwife, Audiology and Early Intervention Report Cards.
Who Manages Data	Vermont Department of Health, Division of Maternal Child Health; Children with Special Health Needs Vermont Early Hearing Detection and Intervention Program
Funding Sponsor	Centers for Disease Control and Prevention HRSA
Contacts	Dr. Linda Hazard - Program Director Linda.Hazard@partner.vermont.gov (802) 272-1588

Return to Table of Contents

Newborn Screening	RSS
Purpose	Data is used to maintain and improve key newborn screening quality indicators, and to identify the number of babies diagnosed with tested conditions.
Public Use Dataset	Program can provide some data sets upon request. Data may need to be suppressed for small numbers and confidentiality reasons. Limited data is available publicly from NewSTEPs.
Design	Registry/database with ability to run specific reports. All newborn screening specimens are entered into the database.
Frequency	Continuously. Reports can be generated upon request. Hospitals receive monthly quality assurance (QA) reports. The program generates an annual report for internal QA.
Population (Units)	Babies screened in Vermont. Some babies screened in Vermont may have been born out of state.
Geographies	State, Birth Hospital
Data Years	Vermont Department of Health assumed responsibility for this program in 2002, although the screening program started in 1963. Statistical reports are available beginning in 2002. Results prior to 2002 are kept in a warehouse. Data available upon request from the screening laboratory.
Strengths	Provides some insight into the epidemiology of rare conditions in Vermont. Is used to make sure that all babies born in Vermont receive newborn screening tests and for program quality improvement. Data can be compared to states with the same screening panel and screening requirements.
Limitations	Database does not include information on Vermont babies who were not screened in Vermont (refusals, transfers). There are also a fair number of false positive tests that resolve on repeat testing, so the number of diagnosed conditions is much smaller than what is flagged in the system. Each state determines its own screening panel and requirements so not all states are comparable.
Indicators for Analysis	Number of positive screens for a given condition. Number of screens performed, and number of babies screened. Can be broken down by hospital of birth. Various reports can be run such as number of unsatisfactory specimens, timeliness, and others.
Health Equity Indicators	Age, Sex or Biological Sex
Reports / Online Resources	Hospitals receive monthly quality assurance (QA) reports. The program generates an annual report for internal QA. Birth Information Network Report. Data sharing agreement with NewSTEPs (de-identified).
Who Manages Data	The Vermont Newborn Screening Program manages the data, but it resides in a database owned and operated by the New England Newborn Screening Program at the University of Massachusetts Medical School.
Funding Sponsor	The Vermont Newborn Screening Program
Contacts	Sydney Williamson-White – Nurse Program Coordinator Sydney.Williamson-White@vermont.gov (802) 951-5180

Vermont Parents as Teachers Home Visiting Program Database (PAT+)	RSS

Purpose	To select and store data for the Parents As Teachers (PAT) program to complete annual fidelity report for PAT model developers.
Public Use Dataset	Not Available
Design	Information collected about home visiting services provided by regional agencies using the Parents as Teachers evidence-based model. Includes demographic data on participants, home visits, health screenings and referrals provided, and selective outcome data
Frequency	Data are added to the database continuously in real-time.
Population (Units)	Program serves low-income families resident in Vermont, with children up to the age of 5-6 years old.
Geographies	Statewide
Data Years	2013–2022
Strengths	Database designed to meet model developers' annual fidelity reporting requirements. Data also used for program management and oversight, and for continuous quality improvement.
Limitations	Limited data set; Small numbers; Relies on a standard set of reports to pull data; Funding for program
Indicators for Analysis	Maternal and child demographics; frequency and duration of home visiting services; screening data (ASQ-3, ASQ-SE, vision, hearing and child physical health and development); Family Protective Factors survey; Family Satisfaction Survey; referrals to services and service utilization; breastfeeding initiation and duration; immunization
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity, Socioeconomic Status (Educational Attainment, Employment, Household Income), Disability Status, Language, Veteran/Military Status, Housing Status, Healthcare, Exposure to Violence or Trauma
Reports / Online Resources	Annual fidelity reports to PAT
Who Manages Data	Vermont Department of Health, Division of Maternal and Child Health
Funding Sponsor	Children's Integrated Services/Child Development Division
Contacts	Morgan Paine– Health Data Administrator morgan.paine@vermont.gov (802) 859-5940 Karen Bielawski-Branch – Home Visiting Program Administrator Karen.bielawskibranch@vermont.gov (802) 789-2615

Vermont Population Estimates	RSS
Purpose	Provides estimates of resident population by age, race, sex, geography which are used to estimate the population served by various programs and to provide denominator data so that we may calculate population-based rates for numerous public health measures.
Public Use Dataset	A number of public use data files are made available
Design	Census counts for the first year of each decade (1990,2000,2010, etc.) Estimates for all other years are calculated using a variety of administrative and vital records data.
Frequency	Updated annually. For a given calendar year, estimates are typically available in the fall of the following year.
Population (Units)	Resident population
Geographies	State, County, Hospital Service Area, AHS Districts, Town
Data Years	Estimates for individual years from 1970-2019 are available (2020-21 available late 2022).
Strengths	Updated regularly. Level of detail is sufficient for most analyses undertaken at the Vermont Department of Health.
Limitations	No age/gender data for towns except in the decennial Census years. Limited race/ethnicity data.
Indicators for Analysis	Population estimates by age and gender are available for the state, counties, hospital service areas, and AHS districts. Population totals are also available for towns. These estimates provide the population (denominator) data for countless programs in and out of state government.
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity
Reports / Online Resources	Annual population reports
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	The United States Census Bureau produces the annual estimates as part of the Federal State Cooperative for Population Estimates (FSCPE). The Center for Rural Studies at the University of Vermont and the Vermont Department of Health work jointly as the Vermont FSCPE partners.
Contacts	Michael Nyland-Funke –Public Health Analyst III michael.nyland-funke@vermont.gov (802) 863-7261

Vermont Prescription Monitoring System (VPMS)	RSS
Purpose	VPMS is a clinical tool to promote appropriate prescribing, while deterring the misuse, abuse, and diversion of controlled substance; it is also a surveillance tool that is used to monitor statewide trends in the dispensing of controlled substances.
Public Use Dataset	Not Available
Design	Data is submitted directly by pharmacies for all Schedule II-IV controlled substances dispensed from Vermont-licensed pharmacies. Data is then processed by a contractor into flat files for use by the Health Department. Live data is accessible to health care providers who have registered with VPMS.
Frequency	Data enters the warehouse database as it is collected from pharmacies at least once each business day. The quarterly report is usually available one month after the end of the quarter. The annual report is usually available 8 months after the end of the calendar year.
Population (Units)	All prescriptions for controlled substances (Schedule II-IV) dispensed by Vermont licensed pharmacies.
Geographies	State, County
Data Years	Six years of data are available in the VPMS system.
Strengths	Universal database of controlled substances dispensed in Vermont. Variables on prescription, patient, provider and dispenser. Data is up-to-date and entered into the system as information becomes available
Limitations	Raw data only accessible by assigned analytic staff. Legal restrictions on what can be released. This registry has many users entering data with varying levels of data training.
Indicators for Analysis	Prescription Drug Monitoring, Prescription Drug Misuse, Opioids, Sedatives, Stimulants, Hormones, Cannabinoids, Recipient demographics (age, sex)
Health Equity Indicators	Age, Sex or Biological Sex
Reports / Online Resources	VPMS Annual Reports VPMS Quarterly Reports VPMS Annual Legislative Report Alcohol & Drug Abuse Programs Data and Reports
Who Manages Data	Data is warehoused by an external contractor and locally managed by the Vermont Department of Health, Division of Health Statistics and Informatics and Alcohol and Drug Abuse Program
Funding Sponsor	State funded and federal grant supported
Contacts	Lela Kretzer – Prescription Drug Monitoring Program Analyst Lela.kretzer@vermont.gov (802) 863-6354

Real I.D. Database/Electronic Verification of Vital Events (EVVE)	RSS
Purpose	Used for the verification or certification of Vermont birth and death certificates when presented as identification to federal and state agencies.
Public Use Dataset	Not Available
Design	SQL database designed by the VDH ADS team following specifications provided by National Association for Public Health Statistics and Information Systems (NAPHSIS). Content and format are specified by the national user agreement and requirements of federal agencies that verify birth and death records in the database (utilizing the EVVE software).
Frequency	Birth and death events (VT occurrences) are populated in the database daily. Corrections, deletions and other changes are reflected in the database immediately.
Population (Units)	All VT birth and death certificates back to 1909, including delayed birth certificates and certificates of live birth for foreign born children.
Geographies	State
Data Years	1909–Present
Strengths	Contains birth and death records pre-dating the Vital Records birth and death SQL database and files. This database contains records back to 1909 with 99%+ completeness
Limitations	Significant data quality issues for birth and death records caused by data entry and poor image quality of the original source. Limited information was transcribed from birth records dated between 1909 and 2005 and from death records dated between 1909 and 2008 therefore not useful for comprehensive study or for public health decisions.
Indicators for Analysis	**Births:** baby and parent names; sex; date of birth; date filed; place of birth; town of birth; mother's town of residence; parents' birthplace. **Deaths:** decedent's name; parent and spouse names; sex; date of death; date of birth; date filed; place of death; town of death; underlying cause of death; manner of death; veteran and which war.
Health Equity Indicators	Age, Sex, Military/Veteran Status
Reports / Online Resources	This database is intended for administrative use only. There are no external reports. There is a match error rate report run daily to review problems with specific records identified by federal agencies.
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	N/A
Contacts	Cindy Hooley – Vital Statistics Information Manager Cynthia.hooley@vermont.gov (802) 651-1636

Refugee Domestic Health Assessment (DHA) Data	RSS
Purpose	The Refugee Domestic Health Assessment is an opportunity to identify health issues, promote wellbeing, introduce new arrivals to the Vermont healthcare system, and connect refugees with a medical home and needed specialty care.
Public Use Dataset	Not Available
Design	Data is collected through Domestic Health Assessment (DHA) forms. Data elements are based on CDC recommendations and guidelines as well as data collection requirements outlined by the Office of Refugee Resettlement. All newly arriving refugees are required to have a DHA completed within 90 days of arrival in the country. The DHA is completed by trained health care professionals with capacity to complete comprehensive infectious disease screening and administration of appropriate immunization schedules. Providers send forms to the Refugee Health Program after they are seen.
Frequency	System is updated as Refugee Domestic Health Assessment forms are completed and submitted by health care providers.
Population (Units)	All refugees resettled in Vermont; Visa Status Holders includes: Refugee; Asylees; Special Immigrant Visa; Parolee; V-92; V-93; Victims of human trafficking; Victims of torture
Geographies	State, County, Health District
Data Years	2012–Present
Strengths	Can track certain communicable disease prevalence trends; functioning of refugee health system. Many components comparable to other states. Only data source that provides a state-based assessment of the health of newly arrived refugees.
Limitations	Lag time between exams and receipt of some reports may be considerable. Data is mostly infectious disease indicators and vaccinations. It does not include chronic diseases.
Indicators for Analysis	Demographic factors (age, sex, country of origin, language, arrival date), Screenings (tuberculosis, Hepatitis B, STIs, vaccinations, children's lead levels), Referrals (dental, vision, mental health, substance use, WIC, TB program, OB/GYN, infectious disease, cardiology, ENT, Disability Services, neurology, gastroenterology, other), Time to DHA appointment and time to DHA exam
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Immigration Status, Language
Reports / Online Resources	Used for annual reports to Office of Refugee Resettlement.
Who Manages Data	Refugee Health Program
Funding Sponsor	Office of Refugee Resettlement
Contacts	Allie Perline Allison.perline@vermont.gov (802) 585-5652

Return to Table of Contents

Sexually Transmitted Disease Management Information System (STDMIS)	RSS
Purpose	Collect and report STD data to CDC. No longer in use.
Public Use Dataset	Not available to public, but data reports can be produced upon request
Design	Chlamydia, gonorrhea, and syphilis are reportable infections. STDMIS archives case report forms, lab results, risk profile, and treatment information for each reported case.
Frequency	Database is updated as labs/case report forms come in, several times a week and then as case investigators interview patients. Data is uploaded to CDC at the start of each week.
Population (Units)	Any Vermont resident who is diagnosed with a reportable sexually transmitted infection (STI), regardless of state they are tested in.
Geographies	State, County, City/Town
Data Years	1998–2018
Strengths	Knowing the impacts of STI's in specific areas of the state and knowing how we compare overall to other states. This system is tailored specifically for STD monitoring and evaluating timeliness factors such as lab processing of specimens and timeliness of treatment.
Limitations	No longer in use.
Indicators for Analysis	Demographic factors (age, sex, race/ethnicity, residence, sexual orientation); Diagnostic and treatment info (earliest date diagnosis, provider, facility, continuation of care); Information on risk behaviors; Sexually Transmitted Infection Information (chlamydia, gonorrhea, and syphilis)
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity, Sexual Orientation
Reports / Online Resources	Integrated Epidemiologic Profiles for HIV/AIDS Prevention and Care Planning Summary Reports Healthy Vermonters 2020
Who Manages Data	Vermont Department of Health, Division of Laboratory Sciences and Infectious Disease, HIV/STD/ HCV program
Funding Sponsor	CDC Division of STD Prevention and Control
Contacts	Erin LaRose– Health Surveillance Program Administrator Erin.larose@vermont.gov (802) 863-7244

Situation Management and Response Tool (SMART)	RSS
Purpose	All-in-one tool for managing situations and outbreaks related to infectious disease including linelist collection, facility details, and progress notes about response work.
Public Use Dataset	This system is for internal use only. Occasionally small data reports about outbreaks may be pulled from SMART, but there is no public use data set.
Design	The data are organized by unique occurrences of infectious disease situations or outbreaks at facilities in VT; facilities could be in the database multiple times due to multiple instances of infectious disease response related to that facility. Currently the system only contains data related to COVID response, but plans are in place to expand this system for all infectious disease outbreaks record keeping. This system is used by Public Health Nurses and epi staff in District Offices and Central Office. The data is not weighted.
Frequency	SMART is connected to NBS (case and lab surveillance disease system) to import updated case data on individuals linked to situations in SMART. Those updates happen daily. Additional manual updates are made by users as they conduct investigations; these updates are made as additional information is learn through response work, not on a regular, pre-defined frequency.
Population (Units)	Facilities and known infectious disease cases associated those facilities are recorded in this data system.
Geographies	State, County, Health District, Town
Data Years	2021–2022 (YTD)
Strengths	Eventually will allow for trends across time. Allows for more in-depth analysis by facility type and location than pervious data system allowed for. Includes key case level data to describe severity of outbreak beyond just aggregate numbers. Developed by ADS to meet VDH needs, so currently includes all fields desired for VDH response work for COVID.
Limitations	Limited changes can be made by epi/VDH staff, requires ADS support for nearly all changes (e.g., field label changes). In-house developed solutions cannot always rely on CDC funding/support for on-going maintenance. Not fully integrated with NBS
Indicators for Analysis	Facilities details (category, sub type, census), Case demographic factors (age, sex, race), Infectious disease-specific data, Geographic location
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity, Housing Status
Reports / Online Resources	Data from SMART is used for public facing reports of LTCF outbreaks for COVID response. Other SMART reports are used internal for epi response and leadership reporting. Additionally, SMART data can be queried to fulfill public records requests.
Who Manages Data	Agency of Digital Services and Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	N/A: Data collection is based on Public Health Rule
Contacts	Interim Contact: Jessie Hammond Jessie.Hammond@vermont.gov

State Unintentional Drug Overdose Reporting System (SUDORS)	RSS
Purpose	Understanding circumstances around accidental or undetermined overdose deaths
Public Use Dataset	Not Available
Design	Data abstraction of death certificates, medical examiner reports, law enforcement reports
Frequency	Annually. Prior year data is available around August of the following year.
Population (Units)	All Vermont occurrent accidental or undetermined overdose deaths
Geographies	State, County Town of occurrence and residence can be used for aggregating to larger geographies
Data Years	2015–2021
Strengths	Understanding circumstances around accidental or undetermined overdose deaths
Limitations	All data reported comes from third party documents, so the answers may be influenced by how well other individuals knew the decedent, what questions were asked of family, friends, bystanders, and what was documented.
Indicators for Analysis	Circumstances around accidental or undetermined overdose deaths. Mental health problem/treatment, substance use problem/treatment, toxicology, drug route of administration, bystanders present, naloxone administration, medical history
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Sexual Orientation, Race, Ethnicity, Socioeconomic Status (Educational Attainment, Employment), Disability Status (Physical), Veteran/Military Status, Housing Status
Reports / Online Resources	Data included in Social Autopsy Reports. This report and other briefs including this data can be found here: https://www.healthvermont.gov/alcohol-drugs/reports/data-and-reports
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	CDC
Contacts	Mallory Staskus, Mallory.Staskus@Vermont.gov Lindsay Bonesteel, Lindsay.Bonesteel@vermont.gov

Return to Table of Contents

Statewide Incident Reporting Network (SIREN)	RSS
Purpose	SIREN collects information on EMS incidents including patient information and pre-hospital interventions.
Public Use Dataset	Not Available
Design	Registries and surveillance system. Data is not weighted. SIREN is a secure, web based NEMSIS version 3.4 compliant system hosted by the software vendor, ImageTrend Inc, and comprised of real-time patient data entered by EMS providers. The database contains data collection, storage, extraction and analytical capabilities. Patient care reports are comprised of national and state coded and free text data.
Frequency	Data collected in real-time and available immediately.
Population (Units)	Any patient receiving pre-hospital, emergency medical care by a Vermont licensed ambulance agency. Records are patient and incident specific.
Geographies	Incident location type, street address, city, county, zip code, state
Data Years	2009–Present By 2015, 100% of Vermont-based ambulance agencies were submitting data. System was upgraded in 2017 to be NEMSIS v3.4 compliant.
Strengths	Real-time data; applicable to a variety of public health analyses. Comparable to other states and national prehospital emergency medical services data.
Limitations	Dependent on EMS provider data collection; detailed patient info may be documented in narrative as free text rather than as extractable national and state defined data components; patient narrative data are not routinely incorporated in analysis. First Response agencies not required to report.
Indicators for Analysis	Medical events, trauma and injury data, prehospital interventions (medications administered, procedures performed), EMS protocols, demographics (age, sex, race, ethnicity).
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity
Reports / Online Resources	Injury data briefs and naloxone data briefs
Who Manages Data	Data hosted and stored through software vendor ImageTrend Inc. Data system managed by the EMS Data Manager in DEPRIP at VDH.
Funding Sponsor	National Highway Traffic Safety Administration (NHTSA)
Contacts	Beth Brouard SIREN@vermont.gov (802) 951-5824

Substance Abuse Treatment Information System (SATIS)	RSS
Purpose	Maintaining and submitting the admissions and discharge data to SAMHSA is a requirement of the SAMHSA SAPT Block Grant. Internally it is used to monitor substance use disorder treatment trends, assess provider performance, and support grant funding to providers.
Public Use Dataset	Not Available
Design	Three linked tables representing episodes of care provided by ADAP Preferred Providers. **Admission**: Includes demographic information, education, employment, referral source, primary/secondary/tertiary substances, route of administration, frequency of use, age of first use, payment responsibility, income, dependents, social connectedness, pregnant, living arrangement, arrests, diagnosis codes etc. **Service(s):** Dates and types of service – units of service which vary by level of care. Payment responsibility **Discharge**: Discharge date & reason, education at time of discharge, employment, primary/secondary/tertiary substances, route of administration, frequency of use, social connectedness, living arrangement, arrests
Frequency	Providers submit data monthly for admissions, services, and discharges provided the previous month.
Population (Units)	Client level service data for people served through the ADAP funded preferred provider treatment system.
Geographies	Includes zip code as a geographic marker
Data Years	2000–2021 but 2020 and 2021 are incomplete.
Strengths	Includes demographic information; collects information that allows evaluation of change between treatment admission and discharge.
Limitations	Significant data lags when providers are unable to submit as required. Person level data cannot be linked to other data sources because it doesn't include full identifying information. Some providers enter data directly into an on-line system, some extract from electronic health records and map their own data resulting in variation in data quality from provider to provider. The information from the on-line SATIS is typically higher quality than extracted data. Limited to direct treatment services funded by ADAP - excludes medical: spokes, hospitals, private practitioners. Units of service data is unreliable due to changes in unit measures over time. Data are stored in Microsoft Access.
Indicators for Analysis	Description of the data collected is here (under the treatment section), Service utilization, Trend analysis (by age; gender; substance: alcohol, heroin/opiates, marijuana/hashish), location, Outcomes evaluation, Demographics (age, sex, race/ethnicity, education, income)
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity, Socioeconomic Status (Educational Attainment, Employment, Household Income), Housing Status
Reports / Online Resources	VDH Performance Scorecard, Routine treatment reporting, Alcohol Tobacco and Other Drugs Profile, SAMHSA's Treatment Episode Data Set (TEDs) , ADAP internal reporting
Who Manages Data	Vermont Department of Health, Alcohol and Drug Abuse Programs (ADAP)
Funding Sponsor	Vermont Department of Health Alcohol and Drug Abuse Programs
Contacts	Anne VanDonsel Anne.VanDonsel@vermont.gov (802) 652-4142

Return to Table of Contents

Universal Development Screening (UDS) Registry	RSS
Purpose	To collect information on the development of children in Vermont.
Public Use Dataset	Not Available
Design	Registry – manual entry of developmental screening results by multiple, cross-sector users
Frequency	Data is collected ongoing and available immediately
Population (Units)	Children up to age six who have received developmental and/or autism screening in Vermont
Geographies	State and primary care practice level
Data Years	2017–Present
Strengths	Comprehensive and accurate statewide source for developmental screening results
Limitations	Registry screening data is not comprehensive yet. Prior to the pandemic, building of a data bridge to import Help Me Grow's Ages and Stages (ASQ) online screening data into the registry was in process. This work was interrupted by the pandemic, there are currently 7,000 screens within the ASQ that will be integrated into the registry in the future.
Indicators for Analysis	Developmental screening, behavioral screening, and autism screening data
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity
Reports / Online Resources	Help Me Grow Vermont annual report Primary care practice reports, ACO reports, state and regional user group reports, and individual client reports.
Who Manages Data	Vermont Department of Health, Division of Maternal and Child Health
Funding Sponsor	Vermont Department of Health, Division of Maternal and Child Health
Contacts	Janet Kilburn Janet.kilburn@vermont.gov (802) 865-1323 (O), (802) 540-5723 (M)

Vermont Violent Death Reporting System (VTVDRS)	RSS
Purpose	Understanding circumstances around violent deaths – suicides, homicides, law enforcement involved deaths, accidental firearm deaths and deaths of undetermined manner
Public Use Dataset	Not Available
Design	Data abstraction of death certificates, medical examiner reports, law enforcement reports
Frequency	Annually. There is a two-year delay with new data available around August each year. For example, 2021 data will be available in August 2023.
Population (Units)	All Vermont occurrent violent deaths (as identified in the purpose section) and VT resident out of state deaths
Geographies	State, County Town of occurrence and residence used for aggregating to larger geographies
Data Years	2015–2020
Strengths	Understanding circumstances around violent deaths
Limitations	All data reported comes from third party documents, so the answers may be influenced by how well other individuals knew the decedent, what questions were asked of family, friends, bystanders, and what was documented.
Indicators for Analysis	Circumstances around violent deaths. Mental health problem/treatment, substance use problem/treatment, relationship/life stressors, weapons involved, injury events.
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Sexual Orientation, Race, Ethnicity, Socioeconomic Status (Educational Attainment, Employment), Geography/Residence, Veteran/Military Status, Housing Status
Reports / Online Resources	No comprehensive reports yet produced. Publications including this data can be found here: https://www.healthvermont.gov/health-statistics-vital-records/surveillance-reporting-topic/injuries
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	CDC
Contacts	Mallory Staskus, Mallory.Staskus@Vermont.gov Grace Yu, Grace.Yu@vermont.gov

Return to Table of Contents

Vital Statistics	RSS
Purpose	To meet requirements of CDC's Vital Statistics Cooperative Program contract and provide data to help guide public health programs.
Public Use Dataset	Not Available
Design	**Births** are reported via the Electronic Birth Registration System. **Deaths** are reported via the Electronic Death Registration System. **Fetal deaths and abortions** are reported on forms by hospitals, physician offices and clinics. **Marriage** certificates are registered in the issuing town and towns send copies to the Vital Records Office. **Divorce** reports are mailed from the family courts to the Vital Records Office. Marriage, divorce, fetal death and abortion records are entered daily into a MS Access database.
Frequency	Data is updated almost daily. Final data sets are available within one year following completion of the calendar year.
Population (Units)	All events that occur in Vermont. In addition, births and deaths to Vermont residents which occur in other states are sent to the Vital Records Office for use in resident statistics.
Geographies	State, County, Health District, Hospital Service Area, Town (for limited items)
Data Years	Final data for 2017; preliminary data for 2018. **Births**: 1980–Present; **Deaths**: 1985–Present; **Abortions and Fetal Deaths**: 1989–Present; **Marriages**: 1989–Present; **Divorces**: 1989–Present; **Civil Unions**: July 1, 2000–August 30, 2009; **Civil Union Dissolutions**: 2000–Present.
Strengths	Births and deaths are a census of all births and deaths for Vermonters. There is other information that is collected as part of the birth and death certificate that we can use for analyses and can compare to other states.
Limitations	Birth and death data may not be considered final for a year or more after the end of the calendar year. Resident data from other states may not be as complete as data collected for Vermont occurrences
Indicators for Analysis	**From births:** birth weight, prenatal care, smoking during pregnancy, gestational age. **From deaths:** underlying cause of death, injury statistics, suicides, drug related deaths, marital status at time of death, deaths to veterans, infant deaths, maternal deaths, demographics (age, sex, race/ethnicity, education)
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity, Socioeconomic Status (Educational Attainment, Employment)
Reports / Online Resources	Vital Statistics Annual Reports; Healthy Vermonters 2020
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics
Funding Sponsor	CDC's National Center for Health Statistics
Contacts	Cindy Hooley - Vital Statistics Information Manager Cynthia.Hooley@vermont.gov (802) 651-1636

Return to Table of Contents

Women Infants and Children (WIC) Database	RSS

Purpose	The **Pregnancy Nutrition Surveillance System (PNSS)** is a public health surveillance system that describes the nutritional status of low-income pregnant, postpartum or nursing people enrolled in federally funded maternal and child health and nutrition programs. The **Pediatric Nutrition Surveillance System (PedNSS)** is a public health surveillance system that describes the nutritional status of low-income infants and children enrolled in federally funded maternal and child health and nutrition programs. The **WIC Management Information System (Ceres)** generates administrative data related to participation in WIC, use of benefits, and nutrition and health assessment.		
Public Use Dataset	Not Available		
Design	**2002–2011:** PNSS and PedNSS were extracted from WIC Management Information System by CDC. **2012–2014:** Data were extracted from legacy System1032 database by VDH staff. **2017–Present:** Data are extracted from Ceres data management system by CDP Inc. 2015 and early 2016 data were entered in both data systems depending on when each local health office made the transition. This data has not been analyzed		
Frequency	Data was previously made available annually.		
Population (Units)	Infants and children who participated in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in the calendar year		
Geographies	**2002–2011:** State, Health District, County **2012–2014:** State, Health District, County **2016–Present:** State, Health District		
Data Years	2002 – 2011: Pregnancy Nutrition Surveillance System (PNSS) and Pediatric Nutrition Surveillance System (PedNSS). After 2011 the CDC stopped collecting and analyzing PNSS and PedNSS data, though the data extracts still exist and are pulled from the Ceres administrative data set. VDH uses these extracts to analyze and publish topic-specific data briefs.		
Strengths	Many years of data, consistent analysis & comparison with national data through 2011, Based on all participating individuals (not a sample).		
Limitations	Not representative of the entire population, analysis methodology changed slightly after 2012, data for 2015 and beyond pulled from a different Management Information System – systematized analysis is a work in progress. Data suppression due to small numbers. Cell suppression rule is <50 in denominator, or <10 in numerator (show denominator, but suppress rates or percentages)		
Indicators for Analysis	2002–2011 and 2017–Present: underweight (age 2 and older), overweight (age 2 and older), obesity (age 2 and older), short stature, anemia, birth weight (low and high), breastfeeding (initiation, duration & exclusivity). 2012-2014: combined overweight & obesity measure only		
Health Equity Indicators	Age, Sex or Biological Sex, Gender or Gender Identity, Race, Ethnicity, Socioeconomic Status (Educational Attainment, Household Income), Language, Food Security, Healthcare		
Reports / Online Resources	WIC Plans and Reports		
Who Manages Data	Maternal Child Health Division, Women Infants and Children Program		
Funding Sponsor	US Department of Agriculture – Food and Nutrition Service		
Contacts	Patrick Henry – Public Health Data Analyst patrick.henry@vermont.gov (802) 951-5167	Amy Malinowski – Public Health Nutrition Specialist amy.malinowski@vermont.gov (802) 652-4186	Mike Kenny – Public Health Data Analyst michael.kenny@vermont.gov (802) 863-7383

Return to Table of Contents

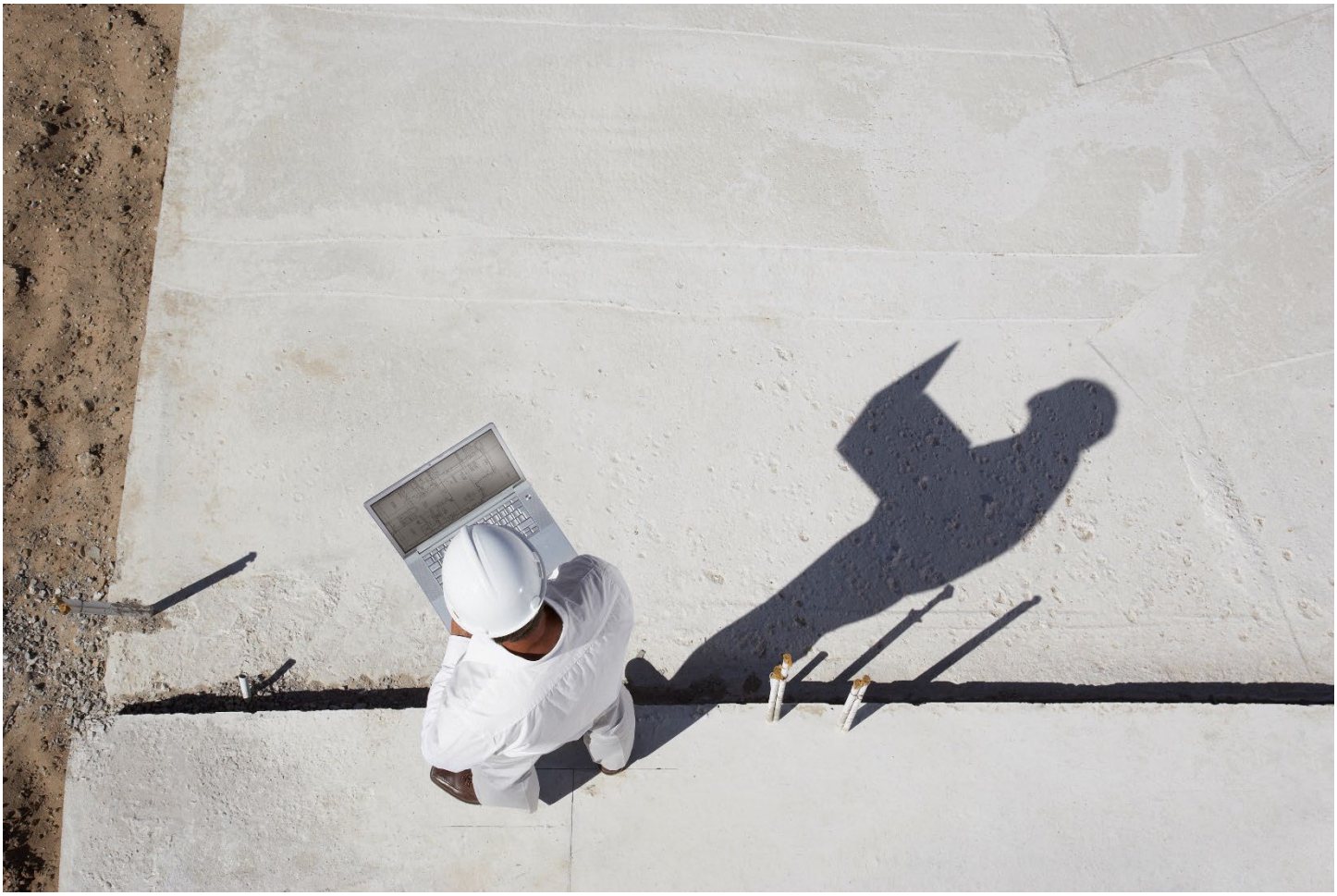
You First Data Management System (Med-IT)	RSS
Purpose	Med-IT is the data management system used by the You First program for program administration and to collect, store, and report the data required by the two CDC grants which fund the program – the National Breast and Cervical Cancer Early Detection (NBCCEDP) program and Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program.
Public Use Dataset	Not Available
Design	Designed to meet the Minimum Data Elements (MDE) grant reporting requirements. Data is collected in the form of enrollment applications completed by the members and provider reports completed by the provider and used to report clinical results for those members whom the program navigates and/or pays for clinical services.
Frequency	Data is collected on an ongoing basis.
Population (Units)	People who have completed an application and found to be eligible for the program. Eligibility Requirements: Have (or have had) breasts or a cervix, or need preventative breast or cervical cancer screenings, VT Resident, Age 21 or older, Household income ≤ 250% FPL
Geographies	State, County, Town of Residence, Zip Code
Data Years	Breast and Cervical Cancer Screening Results: 1995–Present Heart Health Screening Results: 2014–Present
Strengths	Primarily used for program administration, monitoring, evaluation, and for grant reporting.
Limitations	Only includes data for those electing to enroll in You First. May not include screening results for services paid for by Medicaid, Medicare, or a private insurer.
Indicators for Analysis	Low-income Vermonters, Breast Cancer Screening, Cervical Cancer Screening, Heart Health Screening, Demographics (age, race/ethnicity, education, income)
Health Equity Indicators	Age, Race, Ethnicity, Immigration Status, Socioeconomic Status (Educational Attainment, Household Income), Disability Status (Physical, Mental/Emotional), Language, Food Security, Healthcare
Reports / Online Resources	MDE data is reported to both grants bi-annually. VT and National NBCCEDP Data, VT and Other Grantee WISEWOMAN Program Data
Who Manages Data	Vermont Department of Health, Health Promotion and Disease Prevention, You First Program
Funding Sponsor	Funded by two CDC grants: National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and Well-Integrated Screening and Evaluation for Women Across the Nation Program (WISEWOMAN)
Contacts	Matt Maiberger - Data and Reporting Coordinator Matthew.maiberger@vermont.gov (802) 865-7758

Claims and Discharge Data

Vermont Uniform Hospital Discharge Data Set (VUHDDS)	CDD
Purpose	The hospital discharge data provides information about patient health issues and hospital services provided in 14 Vermont acute care hospitals within inpatient, outpatient and emergency department settings. The hospital discharge data are available to state agencies, providers, payers and health care researchers seeking data for health research in the public interest.
Public Use Dataset	A Public Use Data Set is available upon request to the Green Mountain Care Board for years 2003 and onward
Design	Data include all discharges submitted by Vermont hospitals to the Vermont Association of Hospitals and Health Systems – Network Services Organization (VAHHS-NSO), which then delivers the data to the Health Department, as contracted with the Green Mountain Care Board.
Frequency	The data are updated annually, usually a year after the calendar year ends.
Population (Units)	The unit is a hospital inpatient, outpatient, or emergency department discharge/visit.
Geographies	State, County, Hospital Service Area, Health District
Data Years	1980–2020
Strengths	Census of all Vermont hospital visits including inpatient, outpatient and emergency department, regardless of insurance status or state of residence. Includes up to 20 diagnoses and procedures codes allowing analyses by diagnosis and/or procedures. The data are useful for understanding overall hospital utilization and trends over time, and have applications for health system planning, cost containment, and resource development.
Limitations	The data do not include a person-level indicator which limits analyses of numbers of individuals with chronic conditions. Data include charges, not actual costs. The White River Junction Veterans Administration Medical Center and psychiatric hospitals are not included. Vermont resident discharges from border state hospitals are not currently included.
Indicators for Analysis	Diagnosis codes (ICD-9-CM/ICD-10-CM), Procedure codes (ICD-9-CM, ICD-10-PCS, CPT), Injury codes, Age, gender, Primary Payer, Charges (distinguished from paid claims)
Health Equity Indicators	Age, Sex or Biological Sex, Race, Ethnicity, Healthcare
Reports / Online Resources	Annual reports
Who Manages Data	Vermont Department of Health, Division of Health Statistics and Informatics has an MOU with the Green Mountain Care Board to manage the data.
Funding Sponsor	Green Mountain Care Board
Contacts	Jeffrey Ross - Public Health Analyst Jeffrey.Ross@Vermont.gov (802) 865-7704

Return to Table of Contents

Regulatory and Licensing Data



Asbestos and Lead Regulatory Enforcement and Compliance Case Tracking Database (ALRP)	RLD

Purpose	This system tracks open asbestos and lead regulation noncompliance cases and maintains a history of closed cases.
Public Use Dataset	Not Available
Design	Access database built by the Asbestos and Lead Regulatory Program.
Frequency	Program staff update database daily with case information.
Population (Units)	Individuals and Entity contractor's data for license holders of the Asbestos and Lead Regulatory Program in VT. Contractors primarily come from New England states.
Geographies	Addresses of buildings where noncompliance has occurred.
Data Years	2014–Present
Strengths	Shows regulators cases assigned to them and others. Allows entry of actions taken and follow up dates. Maintains a history of open and closed cases. Allows staff to tag cases by property address, owner and case batch.
Limitations	This data is Access 2007 format and requires programming language knowledge to repair database. Access is limited; not user-friendly for reporting or changing existing reports.
Indicators for Analysis	Property owner noncompliance. Contractor noncompliance.
Health Equity Indicators	N/A
Reports / Online Resources	N/A
Who Manages Data	Vermont Department of Health, Asbestos and Lead Regulatory Program
Funding Sponsor	N/A
Contacts	Amy Danielson – Asbestos and Lead Regulatory Program Manager Amy.danielson@vermont.gov (802) 865-7784

Asbestos and Lead Licensing Database (ALRP)	RLD
Purpose	Tracks the processing of asbestos and lead discipline license applications received by the ALRP. Tracks licensed training providers who provide training in asbestos and lead work disciplines. Tracks individuals and companies wanting to abate asbestos and/or lead from houses, public buildings, commercial building and superstructures like bridges, water tanks.
Public Use Dataset	Not Available
Design	Access 2003 database built by EPA in 2000, upgraded to Access 2003 (called CERT 2000)
Frequency	Program staff update the database daily with data for licensed trainers, contractors, entities, and individuals.
Population (Units)	Asbestos and lead discipline workers and contractor companies. Asbestos and lead discipline training providers.
Geographies	Addresses available for contractors and trainers
Data Years	1996–Present
Strengths	Generates quarterly reports for Asbestos and Lead licensed contractors. Can print wallet cards and license certificates for individual contractors; can print license certificates for entity contractors.
Limitations	This data is Access 2003 format and requires programming language knowledge to repair database. Access is limited; not user-friendly for reporting or changing existing reports.
Indicators for Analysis	Contractor licensing history, Expiration reports generated
Health Equity Indicators	Age, Gender or Gender Identity
Reports / Online Resources	Lead Contractor List Asbestos Contractor List VDH Asbestos and Lead Regulatory Program Website EPA required Asbestos & Lead reports
Who Manages Data	Vermont Department of Health, Asbestos and Lead Regulatory Program
Funding Sponsor	N/A
Contacts	Amy Danielson – Asbestos and Lead Regulatory Program Manager Amy.danielson@vermont.gov (802) 865-7784

Asbestos Regulatory Program – Permitting Database (Asbestos Abatement Permits)	RLD
Purpose	The system is used to track the permit application process for asbestos abatement licensed contractor companies seeking permits to perform abatement jobs. The system tracks information and documents collected during a permitted project through permit closure. The system retains closed permit information.
Public Use Dataset	Not Available
Design	Used to keep track of all licensed companies wanting to abate asbestos from any type of structure that contained Asbestos.
Frequency	Program staff update the database daily with data from licensed contractor companies applying for permits or providing information and documentation to update open permits.
Population (Units)	Contractor companies filing for a permit to abate asbestos from structures within Vermont.
Geographies	Abatement worksite address
Data Years	1985–Present
Strengths	Generate reports of open and closed permits. Generates reports of missing items needed to close open permits. Prints permit certificates issued to abatement contractor companies.
Limitations	This data is Access 2003 format and requires programming language knowledge to repair database. Access is limited; not user-friendly for reporting or changing existing reports.
Indicators for Analysis	Permit projects history and address specific abatement history
Health Equity Indicators	N/A
Reports / Online Resources	EPA required Asbestos & Lead reports
Who Manages Data	Vermont Department of Health, Asbestos and Lead Regulatory Program
Funding Sponsor	N/A
Contacts	Amy Danielson – Asbestos and Lead Regulatory Program Manager Amy.danielson@vermont.gov (802) 865-7784

eLicense (known as the CAVU System)	RLD
Purpose	The CAVU system is used for licensing and certification of Vermont physicians, physician assistants, podiatrists, anesthesiologist assistants, and radiologist assistants, and it is used for case management of complaints and investigations into reports of unprofessional conduct.
Public Use Dataset	Portions of the licensing data is available for public use, as identified in statute. Investigative data is confidential per statute.
Design	**Licensing**: This is an on-line application system for licensees and applicants to apply for a medical license or certificate or to make changes to existing accounts. **Investigations:** This is a case management system that is manually updated when a complaint is received.
Frequency	Data is collected whenever an applicant applies for a license, which is daily, when a licensee renews their license, which is on an annual schedule. The data is updated in real-time throughout the day.
Population (Units)	Vermont physicians, physician assistants, podiatrists, anesthesiologist assistants, and radiologist assistants
Geographies	Applicants and licensees provide a public address, which may be a work or home address.
Data Years	Data collection started with the first license issued in the early 1900s in paper form. The BMP moved to the CAVU/elicense on-line system in 2011 and all paper data was moved into the system. The BMP has data through present day.
Strengths	Tracking medical specialties. Tracking the number of medical professionals. Tracking the number of complaints and alleged issues.
Limitations	Data is self-reported and we do not currently utilize programs to verify address information is entered correctly. Internal users do not use the case management portion in a unified manner, so it is not easy to generate reports about complaints and investigations. The system is SQL based, so generating reports is not fluid or easy.
Indicators for Analysis	Professional Medical Licensure; Physicians, Doctors, Physician Assistants, Podiatrists, Anesthesiologist Assistants, Radiologist Assistants; Complaints; Investigations
Health Equity Indicators	Age, Gender or Gender Identity, Immigration Status, Socioeconomic Status (Educational Attainment, Employment, Disability Status (Physical, Mental/Emotional), Language, Veteran/Military Status
Reports / Online Resources	Upon request for legislature. Upon request for other programs/departments as deemed relevant for use of data.
Who Manages Data	ADS; Vermont Health Department, Board of Medical Practice
Funding Sponsor	Board of Medical Practice
Contacts	Karen LaFond- BMP Business Manager karen.lafond@Vermont.gov (802) 657-4222

Return to Table of Contents

Emergency Medical Services Licensing	RLD
Purpose	An online portal that allows external users to enroll in EMS courses and exam sites and apply for licenses. It allows internal users to track personnel training and investigations and conduct inspections.
Public Use Dataset	The public portal allows the public to look up license information for people, agencies and vehicles without creating a user account.
Design	Data are inputted by external users when they enroll in courses and exams and apply for licenses, and by EMS office staff when approving courses and exams, scoring exam results, inspecting ambulances and agencies, and when managing investigations.
Frequency	Data are updated daily from applications for agency licenses, personnel licenses, course approval, ambulance licenses, ambulance inspections, investigations, and course enrollment.
Population (Units)	Personnel enrolled in an EMS course, EMS providers, EMS agency leaders, EMS district officials, ambulance inspectors
Geographies	Vermont, with providers' mailing addresses across US and Canada
Data Years	2006–Present Some incomplete data (1989–2005) was migrated from the previous database.
Strengths	Relational database that tracks all EMS licensing activities, including a student's progress through the testing process and a provider's progress through an investigation. Its online portal shifts the responsibility of updating demographics, agency affiliations, staff and vehicle rosters, etc. from EMS office staff to external users and improves the timeliness and accuracy of the data. The system automatically verifies an applicant's National Registry of EMTs certification status, which is the basis for a state license. Most aspects of the system can be configured by EMS office staff which lets them make adjustments to applications as requirements change, rather than relying on vendor programmers.
Limitations	The parts of the system that relate to courses and exams are not as configurable as the licensing, inspections, and investigations modules. The Report Writer feature allows for searches on thousands of datapoints but is confusing to use.
Indicators for Analysis	EMS Personnel (# providers and license level: VEFR, EMR, EMT, AEMT, Paramedic), Ambulance Services (Number of services, License Levels: EMT, AEMT, Paramedic), First Responder Services (Number of services), License Levels (EMT, AEMT, Paramedic), Ambulance Vehicles (Number licensed by each service, License Levels: EMT, AEMT, Paramedic), EMS Courses (Number of Courses), Course Levels (VEFR, EMR, EMT, AEMT, Paramedic), Demographics (age, sex)
Health Equity Indicators	Age, Biological Sex or Sex
Reports / Online Resources	The data in this licensing database are only sporadically used in any reports, but there is one quarterly accounting of licensed EMS personnel
Who Manages Data	Vermont Department of Health, EMS Office/DEPRIP
Funding Sponsor	VDH General Fund
Contacts	Ray Walker Ray.walker@vermont.gov (802) 863-7274

Return to Table of Contents

Essential Maintenance Practices Online Compliance Statement Registry (EMP Registry)	RLD
Purpose	The EMP compliance statement filing system allows property owners, property managers and childcare providers to submit their annual compliance statement to the state electronically. The system holds EMP certificate holder information and provides a public facing look up of compliance statements that have been submitted in the past 365 days.
Public Use Dataset	Not Available
Design	National Information Consortium (NIC) developed a registry to contain all properties, property owners, property managers, childcare facility owners/operators, EMP trainees and their certificates, compliance statements filed with EMP inspections and other necessary data fields.
Frequency	Property owners, property managers or childcare facility owners/operators file a compliance statement every 365 days.
Population (Units)	Properties, property owners, property managers, childcare facility owners/operators, EMP trainees
Geographies	Rental property or childcare address where EMPs were performed
Data Years	2013–Present
Strengths	Public facing online lookup of EMP compliance statements that have been submitted in the past 365 days.
Limitations	Registry back end is not accessible by program staff. Few registry reports are available and must be built by NIC. ALRP staff cannot program or create reports.
Indicators for Analysis	Rental property and childcare facility EMP compliance filing history. EMP certificate holders.
Health Equity Indicators	N/A
Reports / Online Resources	VDH Asbestos and Lead Regulatory Program Website VT Office of the Attorney General – Lead in Housing Property search on compliance status
Who Manages Data	Vermont Department of Health, Asbestos and Lead Regulatory Program
Funding Sponsor	N/A
Contacts	empcompliance@vermont.gov (802) 865-7786

Lead Regulatory Program- Permitting Database (Lead Abatement Permits)	RLD
Purpose	The system is used to track the permit application process for lead abatement licensed contractor companies seeking permits to perform abatement jobs.
Public Use Dataset	Not Available
Design	The system tracks information and documents collected during a permitted project. The system tracks permits to closure and retains closed permit information.
Frequency	Program staff update the database daily with data from licensed contractor companies applying for permits or providing information and documentation to update open permits.
Population (Units)	Contractor companies filing for a permit to abate lead from structures within Vermont
Geographies	Abatement worksite address
Data Years	2005–Present
Strengths	Can generate reports of open and closed permits and reports of missing items needed to close open permits. Prints permit certificates issued to abatement contractor companies.
Limitations	This data is Access 2003 format and requires programming language knowledge to repair database. Access is limited; not user-friendly for reporting or changing existing reports.
Indicators for Analysis	Permit projects history and address specific abatement history
Health Equity Indicators	N/A
Reports / Online Resources	EPA required Asbestos & Lead reports
Who Manages Data	Vermont Department of Health, Asbestos and Lead Regulatory Program
Funding Sponsor	N/A
Contacts	Amy Danielson – Asbestos and Lead Regulatory Program Manager Amy.danielson@vermont.gov (802) 865-7784

USAFoodSafety Database	RLD
Purpose	Licensing and inspection data for administering the Food & Lodging Program.
Public Use Dataset	Public Portal Online License Renewal
Design	Regulatory program licensing data for businesses which describes the VDH licenses held and timeframes. Inspection data is generated by Public Health Inspectors conducting food safety and sanitation inspections for compliance with department regulations and statutes. Complaint data is reported by the public or other state agencies and partners and is investigated for observed compliance with health regulations.
Frequency	Data is collected daily and available to the program and public following real-time or nightly sync processes.
Population (Units)	Business license holders with the Department of Health
Geographies	State, County
Data Years	May 2016 to present
Strengths	Useful for program analysis, trends in violations, tracking compliance of a licensee.
Limitations	Data is very specific to the VDH Food and Lodging program regulatory responsibilities. Complaint data is self-reported from the public.
Indicators for Analysis	Licensing Information, GIS and address data, payment data for fees processed, inspection data (regulatory code violations), foodborne illness complaints, sanitation complaints
Health Equity Indicators	N/A
Reports / Online Resources	Data is used for grant reports, program evaluation, public portal for inspection report access, and legislative requests.
Who Manages Data	Vermont Department of Health, Food and Lodging Program USAFoodSafety (USAFS) Database Software hosted by Computer Aid, Inc. (CAI)
Funding Sponsor	Program fees and federal grant funding
Contacts	Elisabeth Wirsing - Program Manager Elisabeth.wirsing@Vermont.gov (802) 951-0109

Additional Data Sources

The following tables contain additional data sources, both Vermont-specific and national, that are not regularly used but could provide useful data.

National Survey of Children's Health

Contact	Michael Kenny – Vermont Department of Health, Public Health Analyst III
Phone	(802) 863-7383
Email	Michael.Kenny@vermont.gov
Description of Data Source	The National Survey of Children's Health (NSCH) provides rich data on multiple, intersecting aspects of children's lives including physical and mental health, access to quality health care, and the child's family, neighborhood, school, and social context. The National Survey of Children's Health is funded and directed by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB).
Uses of Data Source	An interactive data query is available from the Data Resource Center for Child and Adolescent Health. The Data Resource Center takes the results from the NSCH and makes them easily accessible to parents, researchers, community health providers and anyone interested in maternal and child health. Data on this site are for the nation and each of the 50 states plus the District of Columbia. State and national data can be further refined to assess differences by race/ethnicity, income, type of health insurance, and a variety of other important demographic and health status characteristics. Downloadable data sets and codebooks are also available from the website

National Survey on Drug Use and Health

Contact	Jeff Trites – Vermont Department of Health, Public Health Analyst II
Phone	(802) 651-1789
Email	Jeffrey.Trites@vermont.gov
Description of Data Source	The National Survey on Drug Use and Health (NSDUH) is a nationally representative survey, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), capturing a variety of substance use and mental health data. This survey measures alcohol, marijuana, and other drug use prevalence, in addition to rates of mental illness and substance use disorders.
Uses of Data Source	SAMHSA provides estimates for all 50 states and the District of Columbia, which allows for comparisons between Vermont and the rest of the country. These data are used in a variety of Department of Health publications, including Stimulant Use in Vermont and Marijuana Use in Vermont. The Department of Health also uses NSDUH data for federal grant reporting and evaluation.

VHCURES

Contact	Kate O'Neill – Director of Data Management, Analysis & Integrity for the Green Mountain Care Board
Phone	(802) 272-8602
Email	Kathryn.Oneill@vermont.gov
Description of Data Source	VHCURES is Vermont's all payer claims database. It includes medical and pharmacy claims and eligibility data from private and public insurers. Includes paid claims beginning in Jan. 1, 2007.
Uses of Data Source	VHCURES provides information on health care utilization and expenditures.

Return to Table of Contents

Consumer Assessment of Healthcare Providers and Systems Medicaid Adult and Children Surveys	
Contact	Erin Carmichael – Department of Vermont Health Access Quality Improvement Administrator
Phone	(802) 241-0388
Email	Erin.Carmichael@vermont.gov
Description of Data Source	DVHA contracts with a third-party vendor to conduct both the Children and Adult health plan surveys annually. DVHA sends the vendor a secure sample frame from which to work. Surveys are distributed to members via mail and phone.
Uses of Data Source	DVHA is required to calculate and report out on its beneficiaries' experience of care. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey provides an assessment of health plan performance from a consumer perspective regarding the plan's services and care delivery system. DVHA's most recent Adult and Child Experience of Care survey results

Medicaid Management Information System	
Contact	Bekah Kutt – MMIS Compliance Manager
Phone	(802) 585-5507
Email	Bekah.Kutt@vermont.gov
Description of Data Source	The objectives of this system and its enhancements include the Title XIX program control and administrative costs; service to recipients, providers, and inquiries; operations of claims control and computer capabilities; and management reporting for planning and control.
Uses of Data Source	Data is available to specific state users via a web-based Business Intelligence (BI) query tool after completing an initial training with DVHA's fiscal agent DXC Technologies. There are various subsystems of data housed in the BI tool via "universes". These include medical claims (institutional and professional); pharmacy claims; provider information; member information (recipient; third party liability (TPL) information; as well as reference information; procedure codes, revenue codes, ICD-10 diagnosis codes, ICD-10 surgical procedure codes, etc. Data is used via a drag and drop interface for variables and condition to retrieve data.

Medical Examiner / Coroner Alert Program (MECAP)	
Contact	Mallory Staskus – Vermont Department of Health, Public Health Analyst III
Phone	(802) 651-1516
Email	Mallory.Staskus@Vermont.gov
Description of Data Source	MECAP is a database maintained by the Consumer Product Safety Commission (CPSC) to monitor unintentional consumer product-related deaths.
Uses of Data Source	Used to gather timely information on deaths that involve consumer products. The intent is to identify potentially hazardous or dangerous products. Data is collected from autopsy reports from the Chief Medical Examiner and other medical examiners in the state. Potential MECAP cases are individually reviewed by the analyst and Chief Medical Examiner before they are reported to CPSC.

Retired Data Sources

The following table outlines data sources that have been removed from the data encyclopedia.

Data Source	Removal Reason	Year of Removal
College Health Survey	Last administered in 2016	2022
Early Aberration Reporting System (EARS)	System retired in 2018	2022
Asbestos and Lead Regulatory Program-Auditing Compliance Tool (CLASSACT)	Retired	2022
Vermont Clinical Registry	Not VDH managed, Retired in 2019	2022
Blueprint Vermont Healthcare Claims Reporting and Evaluation System Data Set	Not VDH managed, Captured in VHCURES entry	2022

Data Resources

People can access information about population health status and contributors to health through four primary resources developed by the Vermont Department of Health. These resources include access to various data sources that, in combination, can help to better understand health trends, opportunities for health improvement and current actions for health protection.

Data Resource Overview	R
Overview	What is the purpose of this resource?
Access	What is the link to access the resource?
Reporting Structure	How is the data reported and displayed within the resource?
Data Years	What year did data collection begin and what is the most current year available?
Geographies	At what geographies can the data be displayed? State, County, Health District, Hospital Service Area, or additional geographies?
Population Restrictions	What is the detailed information about the population captured?
Strengths	What is the data useful for? Can you compare our data to other states or national data? What are the unique benefits or data points of the data set?
Limitations	What items may not be represented in the data? What caution should be taken when looking at data results? What bias exists?
Updates	How often is the data in the resource updated?
Referenced Data Sources	Which data sources are represented?
Index of Topics	What are the key topics covered in this resource?
Controller	Who is responsible for updating and maintaining the resource?
Contacts	Who is the contact person for questions about the resource?

Performance Scorecards	R
Overview	Allow users to view interactive report cards, each with multiple measures. Statewide data shows how well Vermont is doing (current value) compared to desired population outcomes (target value). Performance data shows how Health Department programs contribute to desired outcomes. Scorecards contain narrative sections in the *Story Behind the Curve,* providing context and notes about the measures. Scorecards inform the public of our performance and provide decision-makers with a way to use data to manage performance.
Access	Performance Scorecards Webpage
Reporting Structure	Scorecards are built according to Results Based Accountability™ and contain two sections: population-level *Indicators* tied to overall Objectives; and *Performance Measures* tied to specific Programs. Scorecards are structured in a table format with color coding: green for improvement from the previous period, yellow for no change from the previous period, and red when moving in the wrong direction from the previous period. Program owners (programmatic staff) have primary responsibility for scorecard maintenance and performance measure reporting. Data owners (analytic staff) are responsible for sharing annual surveillance data for indicator reporting.
Data Years	Indicator trends show 10 years of data when available and have the most recently available data. Performance measures trends vary but are updated within the last quarter of available data.
Geographies	Statewide (see Public Health Data Explorer – HV2020 for indicator sub-state data)
Population Restrictions	Surveillance measures are calculated similarly to the corresponding Healthy People measures. Some numbers are age-adjusted and could slightly differ from crude calculations. Other indicators vary in methodology. Performance measures are generally limited to the population served by the program.
Strengths	Allows public access to performance data, population-level goals, and other Health Department priorities and frequently requested data. Allow for transparency of Health Department goals and activities.
Limitations	The Scorecards and Data Explorer utilize most of the same data but have different methods for updating. Occasionally the Vermont data on the scorecard is more recent than the data on the Data Explorer.
Updates	Performance measures are updated on a quarterly basis. Indicators are updated once a year or as new data becomes available.
Referenced Data Sources	Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behaviors Survey (YRBS), U.S. Census data, Healthcare Workforce Census, Vital Statistics, Pregnancy Risk Assessment Monitory Survey (PRAMS), Asthma Call Back Survey (ACBS), Vermont Uniform Hospital Discharge Data Set (VUHDDS), Women Infants and Children (WIC) data, Adult Tobacco Survey (ATS), National Survey on Drug Use and Health (NSDUH), School Nurses' Report
Index of Topics	Healthy Vermonters 2020 (see Public Health Data Explorer – HV2020), State Health Improvement Plan, 3-4-50 (3 behaviors lead to 4 diseases that cause more than 50% of Vermont deaths), Health in All Policies, Opioids, Vector, food, and waterborne diseases
Controller	Vermont Department of Health, Planning and Healthcare Quality unit
Contacts	Jaclyn Holden – Performance Improvement Manager Jaclyn.Holden@vermont.gov (802) 578-7627

Environmental Public Health Tracking (EPHT)	R

Overview	EPHT brings together environmental and public health data to help research possible health threats from environmental exposures. Funded by the CDC as part of the National Environmental Public Health Tracking Program, Vermont's Tracking program links to comparable information from other states and to national data.
Access	Public Health Data Explorer- Tracking Webpage
Reporting Structure	Tables, charts, and maps are presented for various environmental exposures (e.g., air, drinking water) and for health outcomes that may be related to environmental exposures (e.g., cancer, childhood blood lead levels). There are a variety of indicators, some focusing on trends and some focusing on within-state geographic comparison (with error bars); additional stratification (e.g., age, sex) is available where allowed by data stewards. Tracking participates in two CDC data calls per year submitting Vermont data not otherwise available to the federal government (e.g., birth defects, childhood lead poisoning) for display on the National portal as well as on the Vermont portal.
Data Years	The Tracking portal includes the most recent publicly available data for each indicator; years of data included vary by indicator but are generally available for the period 2000-2019 with more recent data available for several datasets.
Geographies	State, County, Sub-County (Town, Towns, Census Tract or Census Tracts)
Population Restrictions	Nationally consistent measures are calculated per CDC definition using specified population denominators. Some indicators overlap with HV2020, but case definitions and population restrictions vary meaning EPHT crude and age-adjusted rates may differ slightly from HV2020 rates.
Strengths	The Tracking Program supports both Tracking data, Health Vermonters data, and Community Profile Reports. Twenty-five states plus New York City provide standardized data to the National Tracking network allowing comparison to Vermont data. Vermont-specific measures include Standardized Incidence Ratios for specific cancers, the Blue Green Algae Tracker and the Tick Tracker.
Limitations	The Tracking program is in the midst of migrating the Data Explorer from InstantAtlas Server to Microsoft Power BI. Reports are currently in a variety of formats and data for some content areas may be temporarily unavailable until the migration is complete.
Updates	The tracking portal is updated approximately three times per year depending on availability of new data and software tools.
Referenced Data Sources	Behavioral Risk Factor Surveillance System (BRFSS), Vermont Cancer Registry, Vermont Uniform Hospital Discharge Data Set (VUHDDS), U.S. Census, Vital Statistics
Index of Topics	Full Inventory
Controller	Vermont Department of Health, Environmental Health CDC, National Environmental Public Health Tracking
Contacts	David Grass David.Grass@vermont.gov (802) 951-4064 Lauren Prinzing Lauren.Prinzing@vermont.gov (802) 652-4175

Return to Table of Contents

Healthy Vermonters Data Explorer	R
Overview	Allows users to visualize Healthy Vermonters indicators at the state or local level. Where available, this allows for statistical comparisons between local and state data and for tracking trends over time.
Access	Healthy Vermonters Data Explorer Webpage Healthy Vermonters Publications
Reporting Structure	The Data Explorer visualizes the Healthy Vermonter indicators using maps, tables, and trends of regional and statewide data.
Data Years	Healthy Vermonters goals trend data begins in 2000 where available and has the most recently available data.
Geographies	State, County, Hospital Service Area, District Office
Population Restrictions	Surveillance measures are calculated similarly to the corresponding Healthy People measures. This means numbers are age-adjusted and could slightly differ from crude calculations. More information is available in the *Data Notes* section of the Maps and Trends pages.
Strengths	Allows public access to local and trend data of the Health Department's Healthy Vermonter Goals. These pages allow for transparency of Health Department goals and activities.
Limitations	At this time data is presented by measure, and all regional subgroup information is presented together on one page. There may be a lag between when data becomes available and when it is updated on the data explorer.
Updates	Data is updated two times a year. All newly available data is added during each update.
Referenced Data Sources	Adult Tobacco Survey (ATS), Asthma Call Back Survey (ACBS), Behavioral Risk Factor Surveillance System (BRFSS), Healthcare Workforce Census, National Survey on Drug Use and Health (NSDUH), Pregnancy Risk Assessment Monitory Survey (PRAMS), School Nurses' Report, U.S. Census data, Vermont Uniform Hospital Discharge Data Set (VUHDDS), Vital Statistics, Women Infants and Children (WIC) data, Youth Risk Behaviors Survey (YRBS)
Index of Topics	Healthy Vermonters 2020 Quick Reference
Controller	Vermont Department of Health, Division of Health Statistics and Informatics and Planning and Healthcare Quality Unit
Contacts	Elise Symer Elise.Symer@vermont.gov (802) 951-5808

Social Vulnerability Index (SVI)	R
Overview	This is an interactive tool that draws together 16 measures of vulnerability in three themes: socioeconomic, demographic, and housing/ transportation. Local level data comes from the American Community Survey (ACS) and can help identify communities with vulnerable populations.
Data Years and Access Links	2009-2013; 2014-2018; 2016-2020
Reporting Structure	The SVI data is portrayed in three tiers of maps. Across all the map tiers, census tracts with a high relative standard of error are marked with a caution symbol. Due to high uncertainty, these values should be considered with caution. The first tier is the complete SVI map which draws together 16 different measures of vulnerability across 3 different themes. In each of these 16 measures, the 10% most vulnerable census tracts in the state are assigned a flag. The SVI map is the sum of these flags per census tract. The second tier contains 3 maps, one for each theme: socioeconomic vulnerability; demographic vulnerability; housing/ transportation vulnerability. The third tier contains 16 population maps, one for each of the unique measures of vulnerability. In each of these maps, the data is presented in 6 quantile classes, meaning each class contains the same number of census tracts. In this way, the 3 lower classes are below the state median and the 3 higher classes are above the state median.
Geographies	Census Tract
Population Restrictions	ACS data is collected by the US Census. The data contains population estimates averaged over five years.
Strengths	This can be a planning tool to evaluate the relative vulnerability of populations in different parts of the state. It can be consulted in the event of an emergency, either natural or man-made, to identify populations that may need more assistance.
Limitations	SVI is the first step in screening for a population's vulnerability. Different measures could be more or less important and should be looked at more closely. Local information might be more accurate than these estimates and should always be considered if it is available.
Updates	The first Vermont SVI was released for 2009-2013 data. Since then, the tool has been updated for 2011-2015, 2014-2018, and 2016 -2020 data.
Referenced Data Sources	American Community Survey (ACS)
Index of Topics	**Socioeconomic:** poverty; unemployment; per capita income; education; health insurance **Demographic:** children; elderly; disability; single parent; minority; limited English **Housing/ Transportation:** large apartment buildings; mobile homes; crowding; no vehicle; group quarters
Controller	Vermont Department of Health, Environmental Public Health Tracking and Health Surveillance GIS
Contacts	Ian Knapp – GIS Professional Ian.Knapp@vermont.gov (802) 498-5008

Return to Table of Contents