

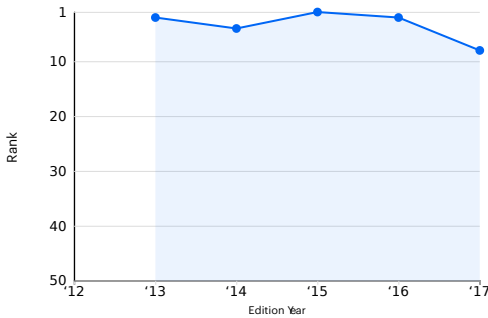


Vermont

OVERALL - SENIOR RANK: 8 | **CHANGE: ▼ 6**

DETERMINANTS RANK: 6

OUTCOMES RANK: 8



Rank Based On: Weighted sum of the number of standard deviations each core measure is from the national average

STRENGTHS

- Low percentage of ICU use
- High SNAP enrollment
- Low percentage of seniors living in poverty

CHALLENGES

- Low percentage of healthcare-associated infection reporting policies
- High prevalence of excessive drinking
- Low percentage of hospice care use

HIGHLIGHTS

- In the past two years, poverty decreased 10% from 7.3% to 6.6% of adults aged 65+
- In the past three years, food insecurity increased 43% from 10.8% to 15.4% of adults aged 60+
- In the past three years, hip fractures decreased 32% from 6.9 to 4.7 hospitalizations per 1,000 Medicare enrollees
- Since 2013, smoking increased 45% from 6.2% to 9.0% of adults aged 65+
- Since 2013, obesity increased 13% from 23.8% to 26.9% of adults aged 65+
- Since 2013, hospice care increased 57% from 23.5% to 37.0% of Medicare decedents aged 65+

WEBSITE: www.healthvermont.gov

Measure	Rating	2017 Value	2017 Rank
BEHAVIORS			
Dental Visit (Percentage of adults aged 65+)	+++++	71.9%	6
Excessive Drinking (Percentage of adults aged 65+)	++	7.5%	37
Obesity (Percentage of adults aged 65+)	++++	26.9%	16
Pain Management (Percentage of adults aged 65+ with arthritis)	++++	48.3%	16
Physical Inactivity (Percentage of adults aged 65+ in fair or better health)	++++	29.0%	14
Smoking (Percentage of adults aged 65+)	+++	9.0%	30
Behaviors * (All Behaviors-Seniors)	++++	0.060	13
COMMUNITY & ENVIRONMENT			
Nursing Home Quality (Percentage of beds rated 4- or 5-stars)	+++++	55.1%	4
Poverty (Percentage of adults aged 65+)	+++++	6.6%	4
Volunteerism (Percentage of adults aged 65+)	+++++	34.2%	8
Community Support (Dollars per adult aged 60+ in poverty)	+++++	\$1,473	5
Food Insecurity (Percentage of adults aged 60+)	+++	15.4%	29
Home-delivered Meals (Percentage of adults aged 60+ with independent living difficulty)	+++++	27.6%	6
Community & Environment - Macro * (Community & Environment - Macro - Seniors)	+++++	0.140	3
Community & Environment - Micro * (Community & Environment - Micro - Seniors)	+++++	0.105	7
Community & Environment Total * (All Community & Environment measures-Seniors)	+++++	0.246	4
POLICY			
Geriatrician Shortfall (Percentage of geriatricians needed)	+++	67.3%	22
Healthcare-associated Infection (HAI) Policies (Percentage of policies in place)	+	16.7%	42
Low-care Nursing Home Residents (Percentage of residents)	++++	9.0%	15
Prescription Drug Coverage (Percentage of Medicare enrollees aged 65+)	+++	85%	25
SNAP Reach (Percentage of adults aged 60+ living in poverty)	+++++	115.2%	2
Policy * (All Policy measures-Senior)	++++	0.017	14
CLINICAL CARE			
Dedicated Health Care Provider (Percentage of adults aged 65+)	++++	95.4%	16
Diabetes Management (Percentage of Medicare enrollees aged 65 to 75)	++	75.6%	39
Flu Vaccine (Percentage of adults aged 65+)	+++	60.9%	30
Health Screenings (Percentage of seniors with recommended screenings)	++++	73.0%	20
Home Health Care (Number of home health care workers per 1,000 adults aged 75+)	+++++	172.3	6
Hospice Care (Percentage of Medicare decedents aged 65+)	+	37.0%	46
Hospital Deaths (Percentage of Medicare decedents aged 65+)	+	23.9%	43
Hospital Readmissions (Percentage of hospitalized Medicare enrollees aged 65+)	+++++	13.6%	8
Preventable Hospitalizations (Discharges per 1,000 Medicare enrollees aged 65+)	++++	38.8	11
Clinical Care * (All Clinical Care measures--Seniors)	+++	0.004	25
All Determinants * (All Determinants)	+++++	0.328	6
OUTCOMES			
Able-bodied (Percentage of adults aged 65+)	++++	66.4%	16
Falls (Percentage of adults aged 65+)	+	31.7%	41
Frequent Mental Distress (Percentage of adults aged 65+)	+++++	5.4%	7
High Health Status-Senior (Percentage of adults aged 65+)	+++++	48.6%	3
Hip Fractures (Hospitalizations per 1,000 Medicare enrollees aged 65+)	+++++	4.7	2
ICU Use (Percentage of Medicare decedents aged 65+)	+++++	4.9%	2
Premature Death (Deaths per 100,000 aged 65 to 74)	++++	1,640	15
Teeth Extractions (Percentage of adults aged 65+)	++	16.9%	33
All Outcomes * (All Outcomes)	+++++	0.176	8
SUMMATION			
Overall * (Overall)	+++++	0.503	8
SUPPLEMENTAL MEASURES			
Education (Percentage of adults aged 65+)	+++++	36.5%	1
Overuse--Mammography (Percentage of female Medicare enrollees aged 75+)	+++	24.3%	30
Overuse--PSA Test (Percentage of male Medicare enrollees aged 75+)	+++++	9.7%	2
Cognition (Percentage of adults aged 65+)	+++	8.5%	24
Depression (Percentage of adults aged 65+)	+	18.5%	47
Multiple Chronic Conditions (Percentage of Medicare enrollees aged 65+)	+++++	26.1%	5
Suicide (Deaths per 100,000 adults aged 65+)	+	22.0	41

RATING RANK	
+++++	1 - 10
++++	11 - 20
+++	21 - 30
++	31 - 40
+	41 - 50

* Value indicates z score. Negative scores are below US value; positive scores are above US value. For complete definitions of measures including data sources and years, see "[Appendix: Core Measures](#)".

Food Insecurity - Seniors



15.4% ▲

SINCE 2016, FOOD INSECURITY* **INCREASED 0.7% FROM 15.3% TO 15.4%**

* Percentage of adults aged 60+

Hospital Deaths



23.9% ▲

SINCE 2016, HOSPITAL DEATHS* **INCREASED 4.4% FROM 22.9% TO 23.9%**

* Percentage of Medicare decedents aged 65+

Preventable Hospitalizations - Seniors



38.8 ▼

SINCE 2016, PREVENTABLE HOSPITALIZATIONS* **DECREASED 10.2% FROM 43.2 TO 38.8**

* Discharges per 1,000 Medicare enrollees aged 65+

SNAP Reach



115.2% ▼

SINCE 2016, SNAP REACH* **DECREASED 7.4% FROM 124.4% TO 115.2%**

* Percentage of adults aged 60+ living in poverty

Obesity - Seniors



26.9% ▲

SINCE 2016, OBESITY* **INCREASED 5.5% FROM 25.5% TO 26.9%**

* Percentage of adults aged 65+

Hip Fractures



4.7 ▼

SINCE 2016, HIP FRACTURES* **DECREASED 9.6% FROM 5.2 TO 4.7**

* Hospitalizations per 1,000 Medicare enrollees aged 65+



Top 5 States

1: MINNESOTA



2: UTAH



3: HAWAII



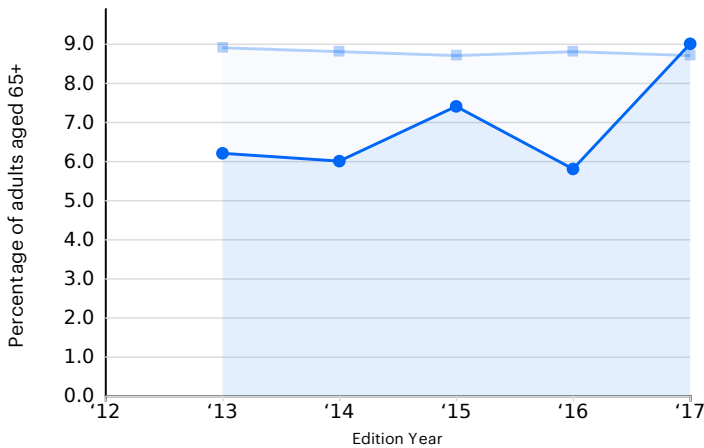
4: COLORADO



5: NEW HAMPSHIRE



Smoking - Seniors



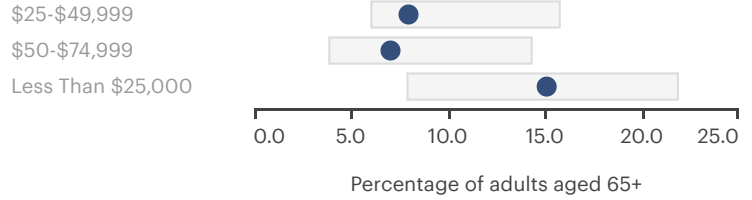
Percentage of adults aged 65 years and older who are smokers (reported smoking at least 100 cigarettes in their lifetime and currently smoke every or some days)

● Vermont ■ United States

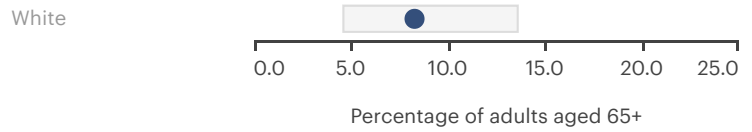
Smoking damages nearly every organ and causes such diseases as cataracts, respiratory disease, heart disease, stroke and cancer. It is also associated with accelerated cognitive decline, dementia and early cognitive impairment. Adults aged 65 years and older experience a higher prevalence of chronic obstructive pulmonary disease (COPD) than younger adults, and smoking causes about 80 percent of all COPD deaths. Smoking is the leading cause of preventable death in the United States. Cigarette smoking and secondhand smoke account for an estimated 480,000 deaths yearly and an additional 8.6 million people have a serious smoking-related illness.

Range of Values for all States ● VT Value

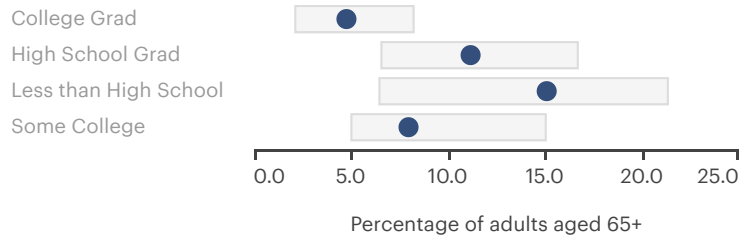
INCOME



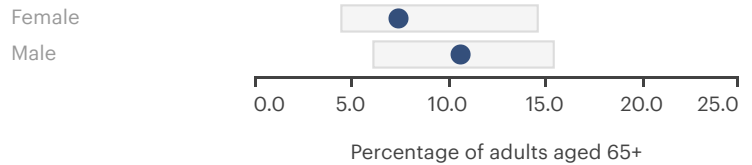
RACE/ETHNICITY



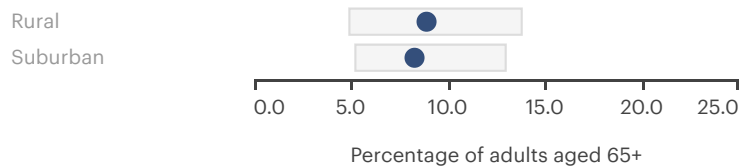
EDUCATION



GENDER

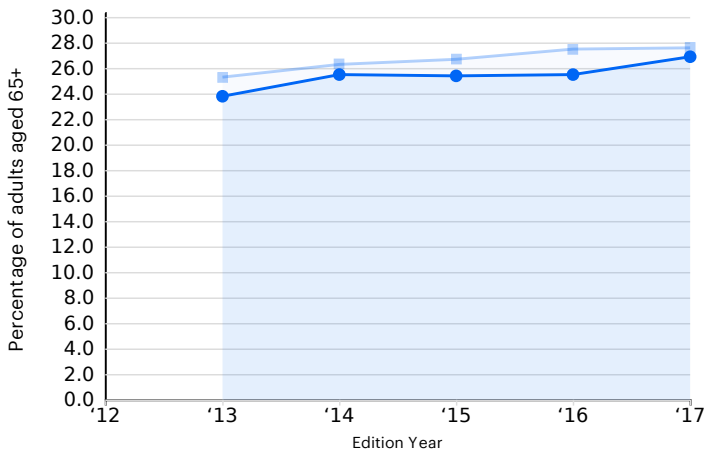


URBANICITY



Race and ethnicity populations are as defined by the original source.

Obesity - Seniors



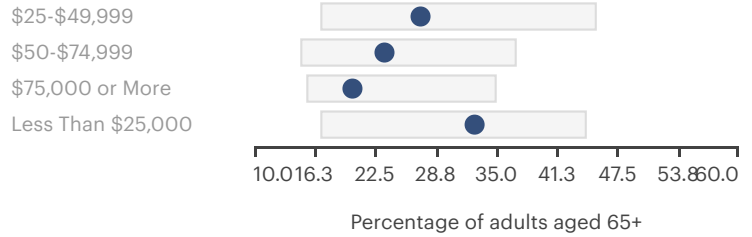
Percentage of adults aged 65 years and older with a body mass index of 30.0 or higher based on reported height and weight

● Vermont ■ United States

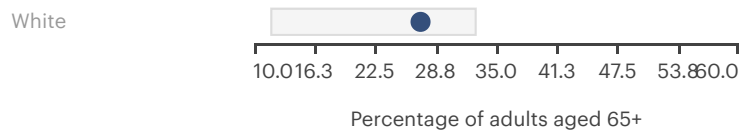
Obesity contributes to cognitive decline, heart disease, diabetes, stroke and certain cancers. Recent research suggests that the strength of the association between obesity and mortality risk increases with age. The causes of obesity are complex and include lifestyle, social and physical environment, genetics and medical history. Obese seniors experience more hospitalizations, emergency department visits and use of outpatient health services than non-obese seniors. Older adults are more likely to have poor diet and decreased physical activity that contribute to obesity. Growing evidence illustrates the importance of the built environment and community design in promoting a healthy lifestyle.

Range of Values for all States VT Value

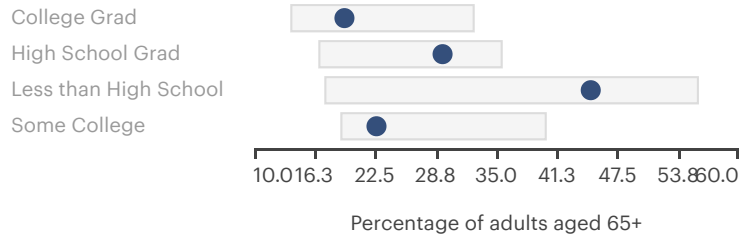
INCOME



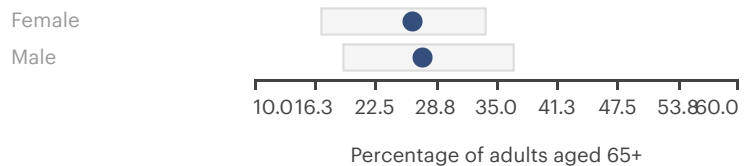
RACE/ETHNICITY



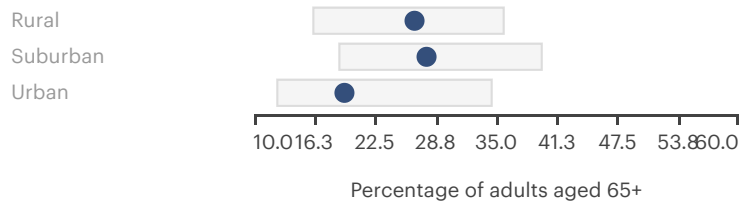
EDUCATION



GENDER

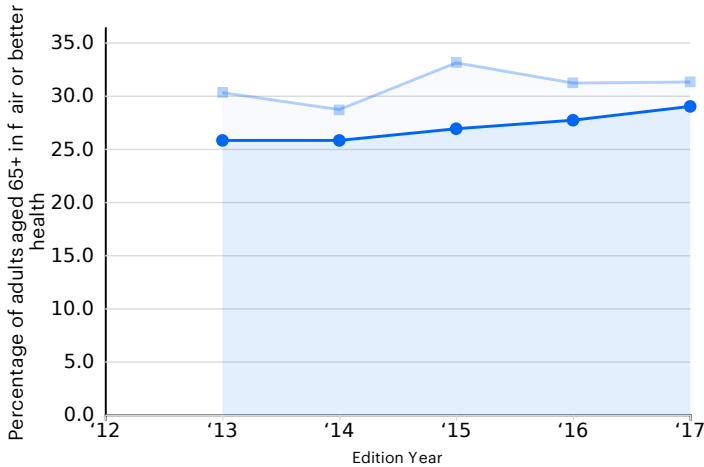


URBANICITY



Race and ethnicity populations are as defined by the original source.

Physical Inactivity - Seniors



Percentage of adults aged 65 years and older with fair or better health status who reported doing no physical activity or exercise other than their regular job in the past 30 days

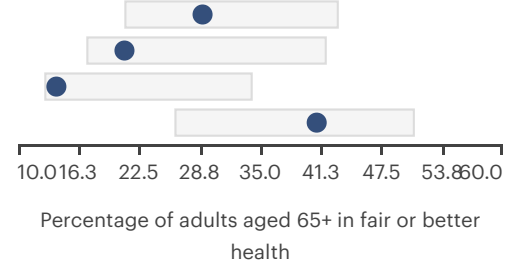
● Vermont ■ United States

Older adults are less likely to meet aerobic and muscle-strengthening physical activity recommendations than younger adults. Aging causes muscle mass and strength to decrease, which may challenge older adults to remain active. Physical inactivity increases the risk of cardiovascular disease, cancer, diabetes, hypertension, obesity and premature death. Increasing physical activity prevents and helps manage numerous chronic diseases. Physical activity has also been shown to increase bone density, reduce falls, prevent memory loss and decrease depression. Growing evidence illustrates the importance of environment and community design to promote physical activity for seniors.

Range of Values for all States ● VT Value

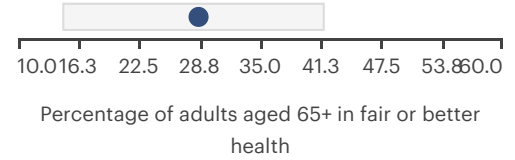
INCOME

- \$25-\$49,999
- \$50-\$74,999
- \$75,000 or More
- Less Than \$25,000



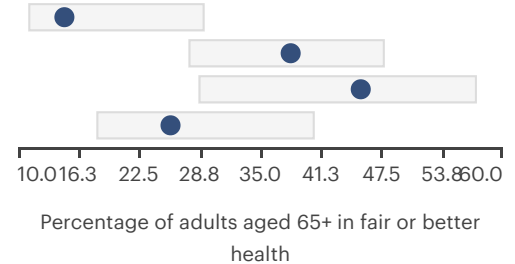
RACE/ETHNICITY

- White



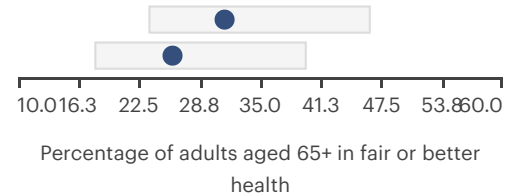
EDUCATION

- College Grad
- High School Grad
- Less than High School
- Some College



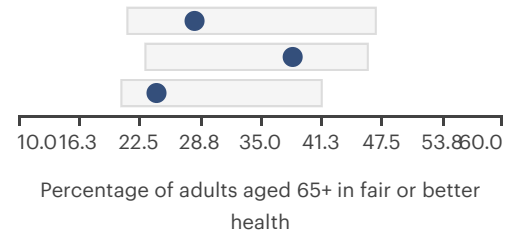
GENDER

- Female
- Male



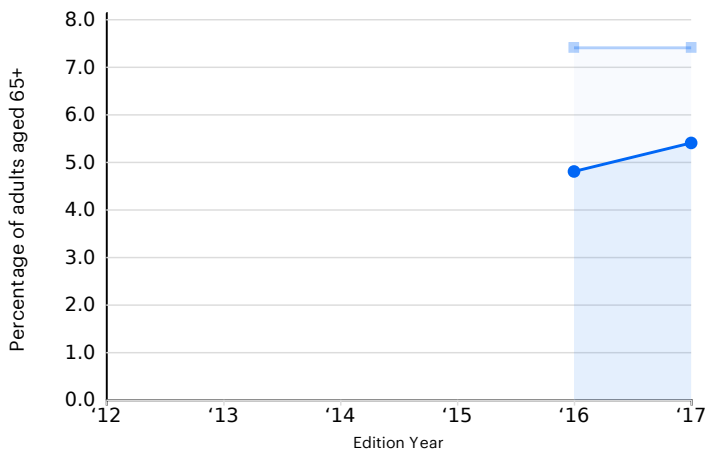
URBANICITY

- Rural
- Suburban
- Urban



Race and ethnicity populations are as defined by the original source.

Frequent Mental Distress - Seniors



Percentage of adults aged 65 years and older who reported their mental health was not good 14 or more days in the past 30 days

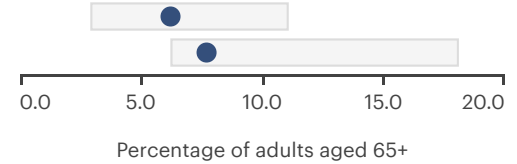
● Vermont ■ United States

Frequent Mental Distress (FMD) is characterized by 14 or more days of self-reported poor mental health in the past month, and emphasizes the burden of chronic and likely severe mental health issues in a population. Older adults with FMD are more likely to engage in behaviors that contribute to poor health such as smoking, physical inactivity and poor diet. Activity limitations due to physical, mental or emotional problems, as well as avoidance of medical care due to cost are associated with FMD in older adults. Chronic and severe mental health episodes are treatable and may be preventable through simple, cost-effective and time-efficient screening procedures, early interventions and quality care.

Range of Values for all States ● VT Value

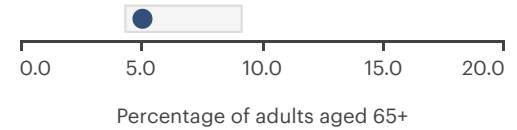
INCOME

\$25-\$49,999
Less than \$25,000



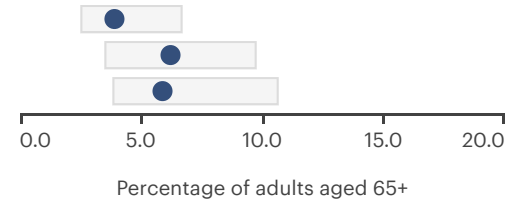
RACE/ETHNICITY

White



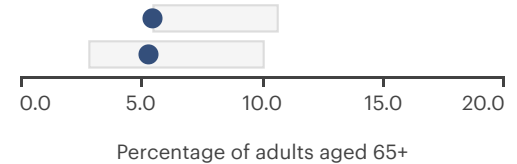
EDUCATION

College Grad
High School Grad
Some College



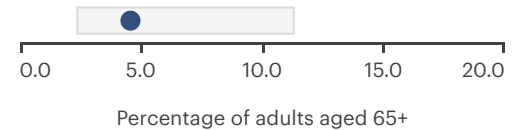
GENDER

Female
Male



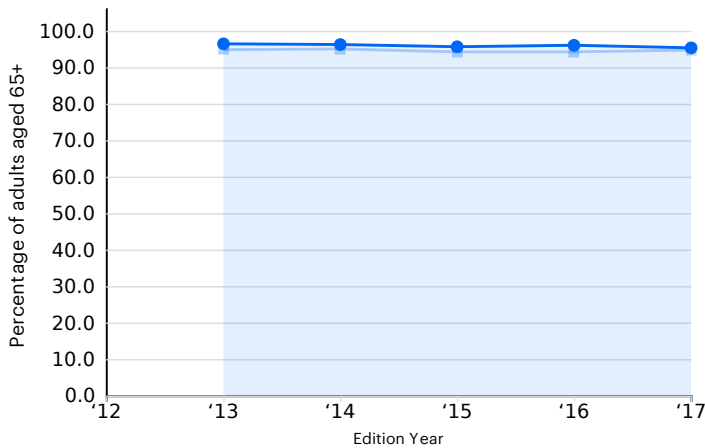
URBANICITY

Rural



Race and ethnicity populations are as defined by the original source.

Dedicated Health Care Provider - Seniors



Percentage of adults aged 65 years and older who reported having a personal doctor or health care provider

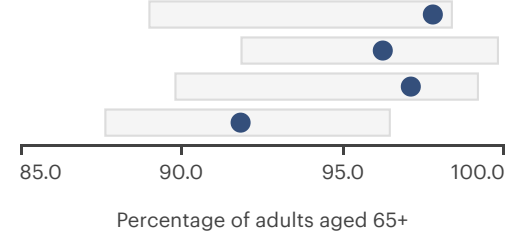
● Vermont ■ United States

Seniors with a dedicated health care provider are better positioned to receive care that can prevent, detect and manage health conditions. Having a primary care provider is associated with greater patient-provider communication and trust, and an increased likelihood that patients will receive appropriate care. Older adults who live in areas with a larger primary care physician workforce are less likely to be hospitalized for preventable reasons and have lower death rates than those living in areas with fewer primary care physicians. Having a regular health care provider has been associated with lower health care costs, and improvements in overall health status and chronic care management for asthma, hypertension and diabetes.

Range of Values for all States VT Value

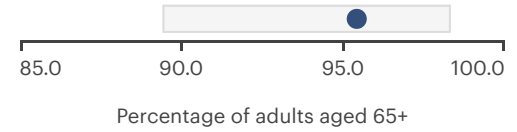
INCOME

- \$25-\$49,999
- \$50-\$74,999
- \$75,000 or More
- Less than \$25,000



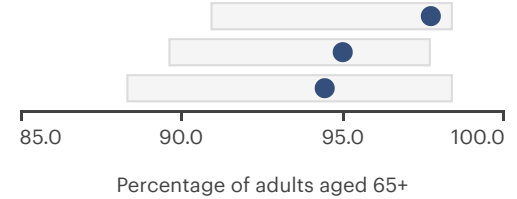
RACE/ETHNICITY

- White



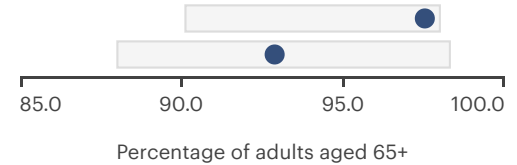
EDUCATION

- College Grad
- High School Grad
- Some College



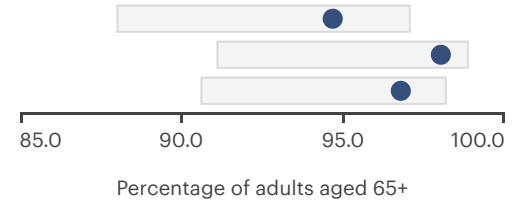
GENDER

- Female
- Male



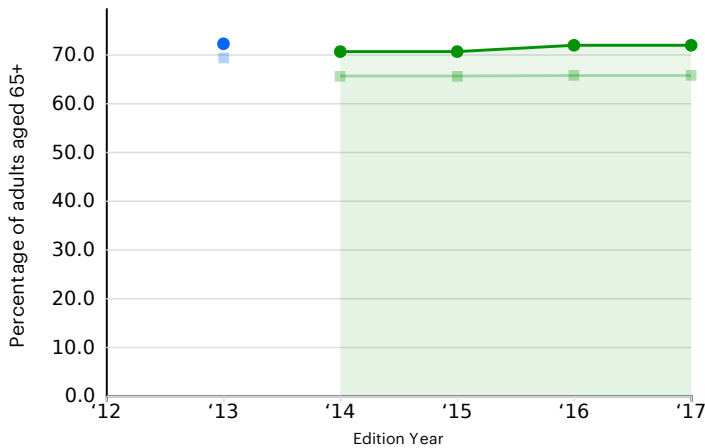
URBANICITY

- Rural
- Suburban
- Urban



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Dental Visit - Seniors



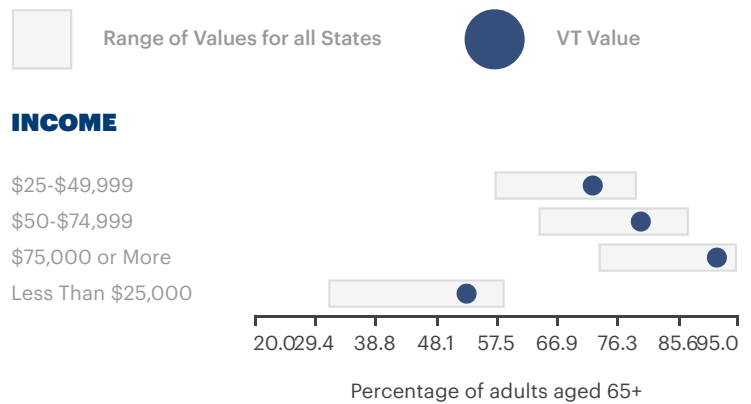
Blue Percentage of adults aged 65 years and older who reported visiting the dentist or dental clinic within the past 12 months (not comparable to later data years due to methodology change)

Green Percentage of adults aged 65 years and older who reported visiting a dental health professional within the past 12 months

● Vermont

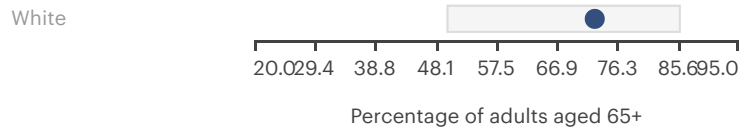
■ United States

Oral health naturally declines with age, and problems arise if routine care is not maintained. Poor oral health can have a large impact on quality of life by negatively affecting the ability to chew, speak and interact socially, in addition to increasing the risk for certain diseases such as diabetes and oral cancer. Most individuals lose dental insurance coverage when they retire, and Medicare generally does not cover dental care. This means the majority of seniors pay out-of-pocket for most or all dental expenses, which impacts dental care use. Evidence indicates that older adults who use preventive dental care reduce their dental bills and out-of-pocket payments.

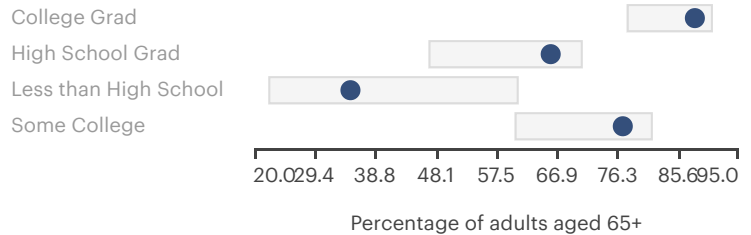


INCOME

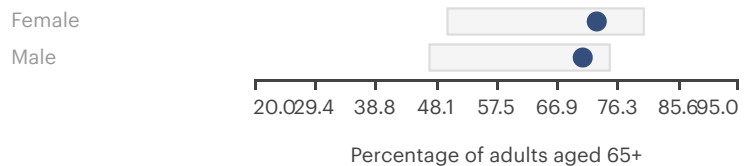
RACE/ETHNICITY



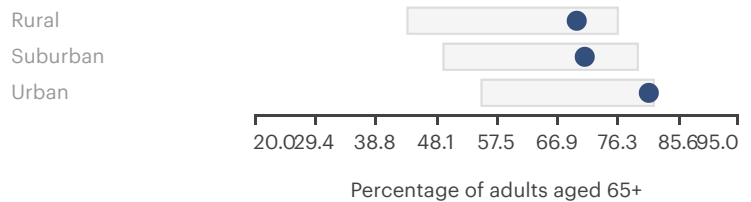
EDUCATION



GENDER

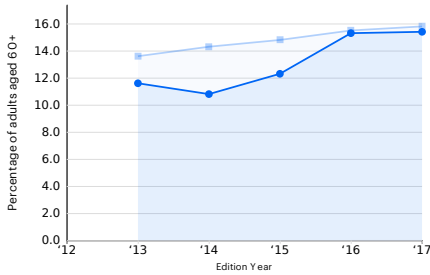


URBANICITY



Race and ethnicity populations are as defined by the original source.

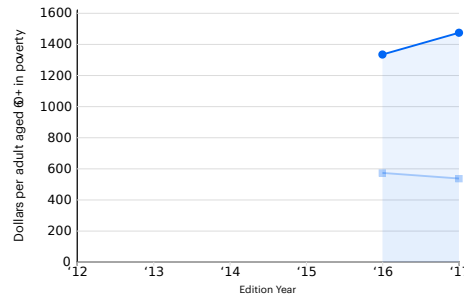
Trend: Food Insecurity - Seniors, Vermont, United States



Percentage of adults aged 60 years and older who faced the threat of hunger in the past 12 months

● Vermont ■ United States

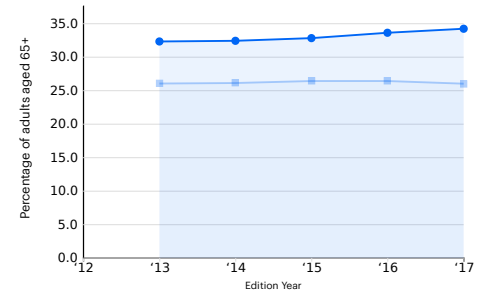
Trend: Community Support, Vermont, United States



Expenditures captured by the Administration on Aging per adult aged 60 years and older living in poverty

● Vermont ■ United States

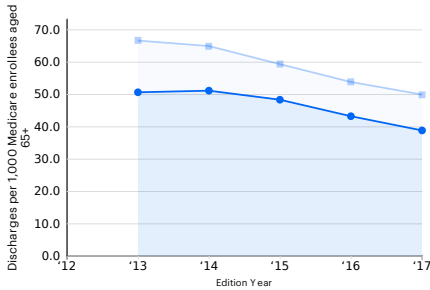
Trend: Volunteerism, Vermont, United States



Percentage of adults aged 65 years and older who reported volunteering in the past 12 months

● Vermont ■ United States

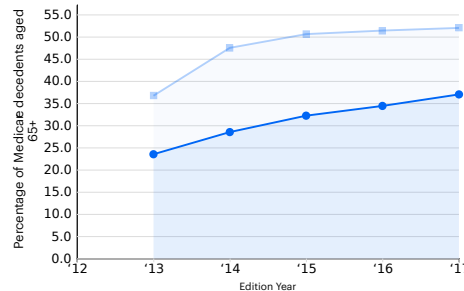
Trend: Preventable Hospitalizations - Seniors, Vermont, United States



Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees aged 65 years and older

● Vermont ■ United States

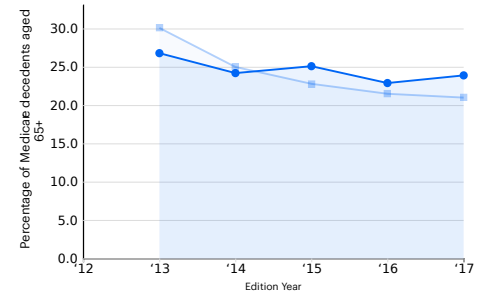
Trend: Hospice Care, Vermont, United States



Percentage of Medicare decedents aged 65 years and older who were enrolled in hospice during the last six months of life after diagnosis of a condition with a high probability of death

● Vermont ■ United States

Trend: Hospital Deaths, Vermont, United States



Percentage of deaths occurring in a hospital among chronically ill Medicare decedents aged 65 years and older

● Vermont ■ United States