

# Health Department Data Encyclopedia

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



November 2025

# 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 Vermont Department of 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?

---

This update includes details on health equity indicators available for each data source. Health equity indicators are detailed in each data source’s respective page and a reference table at the end of the document. Some indicators are described in simplified terms for reporting efficiency. The individual data sources should be referenced for additional details.

## Accessibility questions?

---

The Data Encyclopedia is undergoing continual improvement with future plans to improve accessibility. If you need assistance accessing information, please contact: [AHS.HSI@Vermont.gov](mailto:AHS.HSI@Vermont.gov).

## What if I have more questions?

---

For additional questions about the Data Encyclopedia or for help finding specific data, please contact: [AHS.HSI@Vermont.gov](mailto:AHS.HSI@Vermont.gov).




Return to [Table of Contents](#)

# Table of Contents

Data Sources Summary.....	4
Data Source Overview .....	5
<b>Surveys</b> .....	6
Adult Tobacco Survey (ATS).....	8
Asthma Call Back Survey (ACBS).....	9
Basic Screening Survey (BSS) .....	10
Behavioral Risk Factor Surveillance System (BRFSS) .....	11
Child Care Immunization Survey.....	12
College Immunization Survey .....	13
Health Care Workforce Census.....	14
Vermont Household Health Insurance Survey (HHIS) .....	15
Pregnancy Risk Assessment Monitoring System (PRAMS).....	16
School Health Profiles.....	17
Vermont School Nurse Report (VT SNR).....	18
School Immunization Survey .....	19
Young Adult Survey (YAS) .....	20
Youth Risk Behavior Survey .....	21
<b>Registries and Surveillance Systems</b> .....	22
Vermont Advance Directives Registry (VADR).....	23
Birth Information Network.....	24
Vermont Cancer Registry.....	25
Vermont Cyanobacteria Monitoring Data and Tracker.....	26
Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE).....	27
End of Life Care (Act 39) Tracking System .....	28
Enhanced HIV/AIDS Reporting System (eHARS).....	29
EvaluationWeb .....	30
Healthy Homes and Lead Poisoning Surveillance System (HHLPSS) .....	32
Vermont Immunization Registry (IMR).....	33
Impaired Driving Rehabilitation Program Database (IDRP).....	34
Maternal Early Childhood Sustained Home-Visiting Program Database (MESCH) .....	34
Vermont Medication Assistance Program (VMAP) Access Database and CAREWare .....	36
Naloxone Database.....	37
National Electronic Disease Surveillance System (NEDSS) Base System (NBS) .....	38
Childhood Hearing Health System (CHHS).....	39
Newborn Screening .....	40
Vermont Parents as Teachers Home Visiting Program Database (PAT+).....	41
Vermont Population Estimates.....	42
Vermont Prescription Monitoring System (VPMS).....	43
Refugee Domestic Health Assessment (DHA) Data .....	44

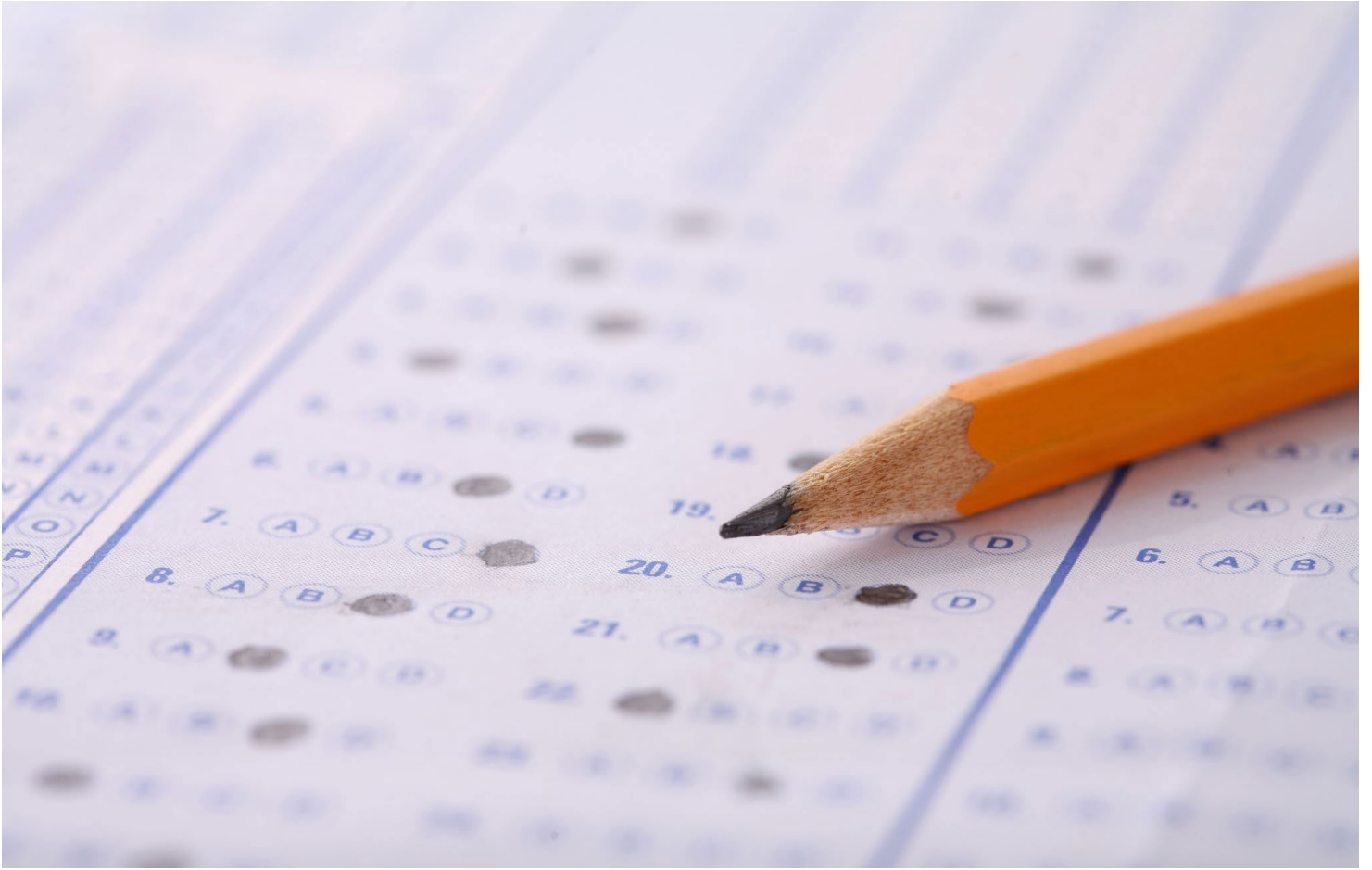
Situation Management and Response Tool (SMART) .....	45
State Unintentional Drug Overdose Reporting System (SUDORS) .....	46
Statewide Incident Reporting Network (SIREN) .....	47
Substance Abuse Treatment Information System (SATIS) .....	48
Development Screening Registry (DSR).....	49
Vermont Violent Death Reporting System (VTVDRS).....	50
Vital Statistics - Births .....	51
Vital Statistics – Deaths .....	52
Vital Statistics – Fetal Deaths and Abortions.....	53
Vital Statistics – Marriage and Divorce.....	54
Women Infants and Children (WIC) Database.....	55
You First Data Management System (Med-IT) .....	56
Regulatory and Licensing Data .....	57
Asbestos and Lead Regulatory Enforcement and Compliance Case Tracking Database (ALRP) .....	57
Asbestos and Lead Licensing Database (ALRP).....	59
Asbestos Regulatory Program – Permitting Database (Asbestos Abatement Permits) .....	60
eLicense (known as the CAVU System).....	61
Emergency Medical Services Licensing.....	62
Inspection, Repair and Cleaning Practices Online Compliance Statement Registry .....	63
Lead Regulatory Program- Permitting Database (Lead Abatement Permits) .....	64
USAFoodSafety Database .....	65
<b>Additional Data Sources</b> .....	66
Consumer Assessment of Healthcare Providers and Systems Medicaid Adult and Children Surveys .....	67
Medical Examiner/Coroner Alert Program (MECAP).....	67
Medicaid Management Information System.....	67
National Survey of Children’s Health.....	68
National Survey on Drug Use and Health .....	68
Real I.D. Database/Electronic Verification of Vital Events (EVVE).....	68
VHCURES.....	69
VUHDDS.....	69
Retired Data Sources .....	70
<b>Data Resources</b> .....	71
Data Resource Overview .....	72
Performance Scorecards.....	73
Environmental Public Health Tracking (EPHT).....	74
Healthy Vermonters Data Explorer .....	75
Social Vulnerability Index (SVI) .....	76
<b>Health Equity Indicator Reference Table</b> .....	77
Geographic Indicators.....	77
Demographic and Socioeconomic Indicators .....	81

# Data Sources Summary

Data Source Type	Color Code	Overview
Surveys		<ul style="list-style-type: none"><li>• Contain self-reported responses to questions</li><li>• Some surveys are from a weighted sample to reflect the population of Vermont</li><li>• Are usually completed at one point in time</li></ul>
Registries and Surveillance Systems		<ul style="list-style-type: none"><li>• Are dynamic - information is collected frequently and continuously</li><li>• Allow for ongoing collection, retrieval, and analysis of health information for a defined population</li><li>• Information from these sources is subject to change based on when the data was accessed</li></ul>
Regulatory and Licensing Data		<ul style="list-style-type: none"><li>• Used to collect license and compliance information</li><li>• Licensing data captures authorizations for individuals or establishments that provide a service that may affect public health</li><li>• Regulatory data tracks individual or establishment compliance and their ability to meet standards to protect public health</li></ul>

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

# Surveys



Adult Tobacco Survey (ATS)		S
<b>Purpose</b>	The Vermont Adult Tobacco Survey (ATS) is a representative, population-based survey of non-institutionalized adults 18 and older in Vermont that provides data on key tobacco measures including all tobacco product use, flavored tobacco use, quit behavior, perceptions of harm, secondhand smoke exposure and attitudes toward tobacco policies.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	<p><b>Method:</b> Between 2001 and 2016, the ATS was administered as a telephone survey. In 2022, the methodology was revised with respondents completing the questionnaire online or on paper through the mail.</p> <p><b>Collection Timeline:</b> Historically, 8 weeks during fall of calendar year. The 2022 Vermont Adult Tobacco Survey was conducted July 11 to October 21, 2022.</p> <p><b>Sample:</b> 1,600 to 3,000 respondents (with oversample of those who smoke and those who do not result in equal number of smokers and nonsmokers)</p> <p><b>Notes:</b> Data is weighted to be representative of Vermont adult population.</p>	
<b>Frequency</b>	Vermont has conducted the Adult Tobacco Survey annually from 2001 to 2008, every other year from 2010 to 2016, and in 2022.	
<b>Population (Units)</b>	Non-institutionalized Vermont residents ≥ 18 years old.	
<b>Geographies</b>	State, Zip, Town	
<b>Data Years Available</b>	<b>2001-2008:</b> Conducted annually; <b>2008-2016:</b> Conducted in even calendar years; <b>2022</b>	
<b>Strengths</b>	To evaluate the effectiveness of Vermont Tobacco Control Program interventions, campaigns and programming to reduce tobacco initiation and use in Vermont. Includes measures for secondhand smoke exposure and support of tobacco policy topics. Survey questions can be updated more readily to assess use of all tobacco products, including new and emerging tobacco product.	
<b>Limitations</b>	Several other states also 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. The survey was only available in English.	
<b>Indicators for Analysis</b>	General health, tobacco use status (cigarette smoking, e-cigarettes, smokeless tobacco, cigar products, nicotine pouches), use of other substances, smoking practices for those who currently use tobacco, smoking practices for those who formerly used tobacco, quit behaviors, health care engagement, perceptions of harm of smoking and vaping tobacco, exposure to secondhand smoke and vapor, attitudes toward tobacco policy.	
<b>Health Equity Indicators</b>	Age: Exact Sex: Assigned at birth Gender: Multiple levels including trans. Sexual Orientation: Multiple terms Race: Multiple Responses Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic Language: Preferred	Household Size: No. under 18, No. over 18 Health Insurance: Primary Source Housing Security: Multiple levels or questions Disability: Multiple levels or questions Veteran Status: Veteran or active-duty service member Socioeconomic Status: Income Education: Highest educational attainment
<b>Reports / Online Resources</b>	<a href="#">Tobacco Survey Page</a>	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	The Vermont Department of Health, Vermont Tobacco Control Program, Health Statistics and Informatics Division	
<b>Contacts</b>	Samantha Stalford Public Health Analyst <a href="mailto:AHS.VDHTobaccoData@vermont.gov">AHS.VDHTobaccoData@vermont.gov</a>	

Asthma Call Back Survey (ACBS)		S
<b>Purpose</b>	The ACBS was 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.	
<b>Public Use Dataset</b>	Vermont data set is not available. Public Data from CDC: <a href="#">US data sets</a>	
<b>Design</b>	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.	
<b>Frequency</b>	ACBS 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.	
<b>Population (Units)</b>	VT residents with asthma	
<b>Geographies</b>	State, County, District Office, Hospital Service Area if sample size is sufficient	
<b>Data Years</b>	<b>VT Adult:</b> 2005-2023 <b>VT Child Single Year Files:</b> 2010, 2011, 2021, 2022, 2023 <b>VT Child Combined Files:</b> 2012-2014, 2015-2017, 2019-2021 <b>US Adult:</b> 2006-2023 <b>US Child Combined Files:</b> 2012-2014, 2015-2017, 2018-2020, 2019-2021 <b>US Child Single Year Files:</b> 2013-2023 <b>***Note***</b> The ACBS survey has been discontinued: 2024 was the last year it was fielded.	
<b>Strengths</b>	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.	
<b>Limitations</b>	Self-reported data. Small sample sizes. General limitations of a phone survey. Long delay in receiving annual data from CDC. Survey will not be fielded beyond 2024.	
<b>Indicators for Analysis</b>	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	
<b>Health Equity Indicators</b>	Age: Exact Sex: Assigned at birth, current sex Gender: Multiple levels or questions including trans Sexual Orientation: Multiple terms Race: Multiple responses Ethnicity: Multiple-levels or questions Marital Status: Multiple-levels or questions Household Size: Exact number Caregiver Status: Provide care in last 30 days Health Insurance: Current source	Housing Security: Ability to pay rent/mortgage Homeowner Status: Rent or own Disability: Multiple levels or questions Veteran Status: Veteran or active-duty service member Education: Highest educational attainment Employment Status: Multiple levels or questions Industry and Occupation: Multiple levels or questions
<b>Reports / Online Resources</b>	<a href="#">Asthma Surveillance page:</a> <ul style="list-style-type: none"> <li>Asthma data pages (published annually)</li> <li>Data briefs (published semi-annually)</li> </ul>	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics, BRFSS Coordinator oversees contractor	
<b>Funding Sponsor</b>	Vermont Asthma Program / CDC Asthma Program	
<b>Contacts</b>	Hannah Willett Public Health Analyst <a href="mailto:Hannah.Willett@vermont.gov">Hannah.Willett@vermont.gov</a>	

Basic Screening Survey (BSS)		S
<b>Purpose</b>	The BSS is a validated and standardized oral health surveillance tool that monitors disease at the person level through efficient data collection and analysis methods.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	<p><b>Children’s survey:</b> Each BSS screens 750-2,000 children. In years 2013-14, 2016-17 and 2022-23, screenings included a sample of kindergarten and 3rd graders. Previous years' samples included children in grades 1, 2 and 3.</p> <p><b>Nursing home survey:</b> The 2013-14 sample includes ~350 nursing home residents.</p>	
<b>Frequency</b>	Every 3-5 years. Analyses and reports completed within a year of data collection.	
<b>Population (Units)</b>	<p><b>Children’s survey:</b> Kindergarten through grade three depending on year (see design section)</p> <p><b>Nursing home survey:</b> The 2013–14 sample includes about 350 nursing home residents.</p>	
<b>Geographies</b>	State	
<b>Data Years</b>	<p><b>Children’s survey:</b> 2002–2023</p> <p><b>Nursing home survey:</b> 2013–2014</p>	
<b>Strengths</b>	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.	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	<p><b>Children’s survey:</b> 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).</p> <p><b>Nursing home survey:</b> 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).</p>	
<b>Health Equity Indicators</b>	<p>Age: School grade</p> <p>Sex: Current</p> <p>Race: Multiple responses</p> <p>Ethnicity: Collected w/race</p> <p>Socioeconomic Status: Free and reduced lunch enrollment</p>	
<b>Reports / Online Resources</b>	<p><a href="#">Oral Health Data Page</a></p> <p><a href="#">2022-2023 Keep Smiling Vermont - children's report</a></p> <p><a href="#">2013-2014 Keep Smiling Vermont - Vermonters in nursing homes report</a></p>	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	The most recent 2022-2023 Basic Screening Survey was funded by The Vermont Department of Health’s Office of Oral Health via funding from the Centers for Disease Control and Prevention	
<b>Contacts</b>	Office of Oral Health <a href="mailto:VTOralhealth@vermont.gov">VTOralhealth@vermont.gov</a>	Audrey Ling Public Health Analyst <a href="mailto:Audrey.ling@vermont.gov">Audrey.ling@vermont.gov</a>

Behavioral Risk Factor Surveillance System (BRFSS)		S
<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	Available upon request	
<b>Design</b>	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).	
<b>Frequency</b>	Conducted annually, with data collection happening year-round. Prior year data is available by the fall.	
<b>Population (Units)</b>	Vermont non-institutionalized residents ages 18 and older (excludes group homes and correctional facilities)	
<b>Geographies</b>	State, County, Health District, Hospital Service Area, US available through the CDC	
<b>Data Years</b>	2000–2023	
<b>Strengths</b>	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.	
<b>Limitations</b>	Not a census; a representative sample of surveys weighted to represent the adult VT population. Information is self-reported.	
<b>Indicators for Analysis</b>	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)	
<b>Health Equity Indicators</b>	Age: Exact Sex: Assigned at birth, current sex Gender: Multiple levels or questions including trans Sexual Orientation: Multiple terms Race: Multiple responses Ethnicity: Multiple-levels or questions Marital Status: Multiple-levels or questions Household Size: Exact number Caregiver Status: Provide care in last 30 days Health Insurance: Current source	Housing Security: Ability to pay rent/mortgage Homeowner Status: Rent or own Disability: Multiple levels or questions Veteran Status: Veteran or active-duty service member Education: Highest educational attainment Employment Status: Multiple levels or questions Industry and Occupation: Multiple levels or questions
<b>Reports / Online Resources</b>	<a href="#">BRFSS Webpage</a> Annual reports, District Office profiles and summaries, data briefs	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	Co-sponsored by the Centers for Disease Control and Prevention BRFSS, Vermont Department of Health and various program partners	
<b>Contacts</b>	Kate Emmons BRFSS Coordinator <a href="mailto:AHS.VDHBRFSS@vermont.gov">AHS.VDHBRFSS@vermont.gov</a> 802- 651-1862	

# Child Care Immunization Survey

S

<b>Purpose</b>	To monitor the immunization coverage status of children enrolled in Vermont child care programs as required by legislation.	
<b>Public Use Dataset</b>	<a href="#">Child Care Vaccination Coverage Data</a>	
<b>Design</b>	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 requirement of the licensing regulations.	
<b>Frequency</b>	Annually in the fall. Data available by May 1 <sup>st</sup> of following year.	
<b>Population (Units)</b>	All children attending regulated childcare programs who are not also enrolled in K–12 school.	
<b>Geographies</b>	The town is not posted along with the program name; the county is connected to the program name.	
<b>Data Years</b>	<b>Complete data:</b> 2019–2020, 2020–2021, 2021–2022, 2022–2024 <b>Limited data:</b> 2011–2015, 2016–2019	
<b>Strengths</b>	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.	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	Number and percentage of children meeting specific vaccine requirements, and for those not meeting the vaccine requirement, the reason – either exempt or provisionally admitted	
<b>Health Equity Indicators</b>	Age: Ranges	
<b>Reports / Online Resources</b>	<a href="#">2018–2019 report</a> Detailed program specific data for licensed providers Only data from licensed (not registered) programs is publicly posted. <a href="#">2018–2019 summary</a> Summary data for all regulated programs <a href="#">School Vaccination Data Dashboard</a>	
<b>Who Manages Data</b>	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	
<b>Funding Sponsor</b>	Department for Children and Families - Child Development Division	
<b>Contacts</b>	Karolyn Long CDD Director of Operations <a href="mailto:karolyn.long@vermont.gov">karolyn.long@vermont.gov</a> 802-279-4019	Debbie Clark Licensing Administrative Coordinator II <a href="mailto:debra.clark@vermont.gov">debra.clark@vermont.gov</a> 802-904-3144

# College Immunization Survey

S

<b>Purpose</b>	To monitor the immunization coverage status of college students in Vermont as required by legislation.
<b>Public Use Dataset</b>	<a href="#">Colleges and Universities Vaccination Coverage Data</a>
<b>Design</b>	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.
<b>Frequency</b>	Assessment of newly entering fall semester students due January 1 <sup>st</sup> . Data is available by May 1 <sup>st</sup>
<b>Population (Units)</b>	All new entering, fall semester, full time, undergraduate students
<b>Geographies</b>	State, college / university
<b>Data Years</b>	<b>Limited data:</b> 2001–2007 2008–2024
<b>Strengths</b>	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.
<b>Limitations</b>	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.
<b>Indicators for Analysis</b>	Number and percentage of students meeting specific vaccine requirements, and for those not meeting the vaccine requirement, the reason – either exempt or provisionally admitted
<b>Health Equity Indicators</b>	N/A
<b>Reports / Online Resources</b>	<a href="#">2020/2021 Vermont College Immunization Coverage</a> Historic data is available from the Immunization Program <a href="#">School Vaccination Data Dashboard</a>
<b>Who Manages Data</b>	Vermont Department of Health, Division of Laboratory Sciences and Infectious Disease, Immunization Program
<b>Funding Sponsor</b>	Centers for Disease Control and Prevention
<b>Contacts</b>	Karen Halverson Immunization Program Data Manager <a href="mailto:karen.halverson@vermont.gov">karen.halverson@vermont.gov</a> 802- 951-1234

Health Care Workforce Census		S
<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	Available by request	
<b>Design</b>	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	
<b>Frequency</b>	Every 2 years along with the license renewal of each healthcare profession. Data becomes available about 6-9 months later.	
<b>Population (Units)</b>	Individual healthcare providers of all types. Datasets only include providers actively practicing in Vermont. There is not a dataset that includes all providers, but individual datasets of each provider group at time of their license renewal.	
<b>Geographies</b>	State, County, Health District, Hospital Service Area, etc. – any areas that are groups of townships.	
<b>Data Years</b>	<b>Physicians:</b> 1979, 1996-2022 (even years); <b>Dentists:</b> 1999-2023 (odd years); <b>All Health Care Professions:</b> 2015-Present	
<b>Strengths</b>	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.	
<b>Limitations</b>	Dataset does not include residents and fellows, those newly licensed in the 3 months preceding the license renewal, and 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.	
<b>Indicators for Analysis</b>	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)	
<b>Health Equity Indicators</b>	Age: Exact Gender: Multiple levels including self-describe Race: Multiple responses Ethnicity: Collected w/race Language: Varies by profession	Health Insurance: Providers accepted Education: Highest educational attainment Employment Status: Multiple levels or questions Industry and Occupation: Imputed industry and occupation
<b>Reports / Online Resources</b>	The <a href="#">Health Care Workforce Census webpage</a> lists all currently published reports for the health care professions surveyed.	
<b>Who Manages Data</b>	Department of Health, Health Statistics and Informatics	
<b>Funding Sponsor</b>	Health Resources & Services Administration (HRSA), Vermont Department of Health	
<b>Contacts</b>	Jessica Moore Public Health Analyst III <a href="mailto:AHS.VDHPhysicianCensus@vermont.gov">AHS.VDHPhysicianCensus@vermont.gov</a>	Elizabeth Tobey Public Health Analyst <a href="mailto:AHS.VDHPhysicianCensus@vermont.gov">AHS.VDHPhysicianCensus@vermont.gov</a>

# Vermont Household Health Insurance Survey (HHIS)

S

<b>Purpose</b>	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	
<b>Public Use Dataset</b>	Analytic file available upon request	
<b>Design</b>	The methodology of the HHIS was conducted as a random digit dialed telephone survey (varying ratios of land line and cell phone samples). Starting in 2025, the HHIS methodology was changed to a dual mode data collection strategy combining online sampling and random digit dialed interviewing (still with land line and cell phone components) using a stratified random address-based sample. While the HHIS survey is representative of the Vermont population, the number of households interviewed each iteration varies. Typically, at least 3,000 households are surveyed, representing at least 7,500 individuals.	
<b>Frequency</b>	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.	
<b>Population (Units)</b>	Vermont population (individuals & households).	
<b>Geographies</b>	State, County, Hospital Service Area	
<b>Data Years</b>	2000, 2005, 2008, 2009, 2012, 2014, 2018, 2021, 2025	
<b>Strengths</b>	Collects detailed information about health care coverage and access at a population level for Vermont households and residents. Asks about medical, dental, and vision insurance.	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	Type of health insurance coverage (including uninsured and underinsured); health care access; health literacy; health care expenses	
<b>Health Equity Indicators</b>	Age: Exact Sex: Assigned at birth Gender: Multiple levels or questions including trans Sexual Orientation: Multiple terms Race: Multiple responses Ethnicity: Multiple-levels or questions Immigration: Experience-based Marital Status: Multiple levels or questions	Household Size: Exact Number Health Insurance: Coverage Disability: Multiple levels or questions Socioeconomic Status: Income Education: Highest educational attainment Employment Status: Multiple levels or questions Industry and Occupation: Single choice
<b>Reports / Online Resources</b>	<a href="#">Comprehensive report, data compendium</a> Presentations of data are regularly provided to the Green Mountain Care Board and Vermont State Legislature.	
<b>Who Manages Data</b>	Department of Health, Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	Vermont State Legislature	
<b>Contacts</b>	Jennifer Campbell Public Health Analyst <a href="mailto:jennifer.campbell@vermont.gov">jennifer.campbell@vermont.gov</a>	Jessie Hammond Division Director <a href="mailto:Jessie.hammond@vermont.gov">Jessie.hammond@vermont.gov</a> 802-863-7663

Pregnancy Risk Assessment Monitoring System (PRAMS)		S
<b>Purpose</b>	PRAMS asks questions to mothers about their pregnancy and their new baby to understand why some babies are born healthy and others are not.	
<b>Public Use Dataset</b>	<a href="#">2016-2022 CDC PRAMS multi-state automated research file (ARF), including Vermont data</a> and <a href="#">codebook are available from the CDC.</a> Vermont data from other years can be requested through VT PRAMS coordinator	
<b>Design</b>	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.	
<b>Frequency</b>	Data collected on an ongoing basis; analytic files updated per calendar year birth cohort. Data available after weighting, generally 12 to 15 months after a cohort's last births.	
<b>Population (Units)</b>	Vermont-resident birthing parents who recently had a live birth	
<b>Geographies</b>	State	
<b>Data Years</b>	Data available for 2001–2023 birth cohorts. Select indicators vary by phase (3 to 5-year periods between questionnaire revisions).	
<b>Strengths</b>	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 specific response rate threshold (47 states & NYC, DC, and Puerto Rico for 2018 births,).	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	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 <a href="#">Vermont PRAMS Survey</a> contains all the indicators currently measured.	
<b>Health Equity Indicators</b>	Age: Exact Sex: Sex assigned at birth Sexual Orientation: Multiple terms Race: From birth cert. Ethnicity: From birth cert. Language: Records "language barrier" Marital Status: From birth cert.	Household Size: Exact number Caregiver status: From birth cert. Health Insurance: Type Socioeconomic Status: Income, WIC, discrimination experience Education: From birth cert. Employment Status: From birth cert.
<b>Reports / Online Resources</b>	<a href="#">Reports and data briefs</a>	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	Vermont PRAMS is funded by CDC and the Vermont Department of Health. Select indicators may be partially sponsored by partnering Departments or agencies.	
<b>Contacts</b>	Lucia Orantes VT PRAMS Coordinator <a href="mailto:Lucia.Orantes@vermont.gov">Lucia.Orantes@vermont.gov</a> 802- 391-4865	

# School Health Profiles

S

<b>Purpose</b>	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.
<b>Public Use Dataset</b>	<a href="#">State and U.S. Data is available from the CDC</a>
<b>Design</b>	The Profiles is a system of surveys collected from two separate self-administered questionnaires at each school. Data are collected from middle and high school principals and lead health education teachers to assess school health policies, programs, and practices.
<b>Frequency</b>	Collected every other spring (even years). Data typically is available 9 months post survey administration (e.g., late winter, early spring of odd years).
<b>Population (Units)</b>	School (the principal and lead health educator from all public middle and high schools).
<b>Geographies</b>	State
<b>Data Years</b>	Prior to 2014, data was collected by the Agency of Education (2006–2012). Every other year since 2014 during the spring semester.
<b>Strengths</b>	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.
<b>Limitations</b>	Information is self-reported; small sample size; no local level data available
<b>Indicators for Analysis</b>	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, Professional development, and Professional certification
<b>Health Equity Indicators</b>	N/A
<b>Reports / Online Resources</b>	<a href="#">Statewide Report</a> ; <a href="#">Data Briefs</a> ; <a href="#">CDC Profiles Data Explorer (dashboard)</a>
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics
<b>Funding Sponsor</b>	CDC
<b>Contacts</b>	Kristen Murray YRBS / School Profiles Program Coordinator <a href="mailto:AHS.VDHYRBS@vermont.gov">AHS.VDHYRBS@vermont.gov</a>

# Vermont School Nurse Report (VT SNR)

S

<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	Aggregate data may be requested through District Office School Liaisons	
<b>Design</b>	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 Family and Child Health (FCH) division and shared with the Health Department School Liaisons	
<b>Frequency</b>	Collected annually	
<b>Population (Units)</b>	Children in public schools (K-12) whose parents/guardians provide information to the school nurse.	
<b>Geographies</b>	State, Health District, and Supervisory Union/School District. 2018–2019 data forward includes counties.	
<b>Data Years</b>	2007–2008 school year through 2024–2025 school year	
<b>Strengths</b>	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.	
<b>Limitations</b>	This is a convenience sample; methods and collection materials vary at each school site.	
<b>Indicators for Analysis</b>	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.	
<b>Health Equity Indicators</b>	Health Insurance: Current coverage	
<b>Reports / Online Resources</b>	<a href="#">Asthma Burden Report</a> <a href="#">Healthy Vermonter Goals related to school age health and oral health</a>	
<b>Who Manages Data</b>	Vermont Department of Health Family 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.	
<b>Funding Sponsor</b>	Vermont Department of Health	
<b>Contacts</b>	Nathaniel Waite RN, BSN Public Health Nurse Administrator <a href="mailto:Nathaniel.Waite@vermont.gov">Nathaniel.Waite@vermont.gov</a>	Michael J. Kenny Analyst <a href="mailto:Michael.Kenny@vermont.gov">Michael.Kenny@vermont.gov</a>

# School Immunization Survey

S

<b>Purpose</b>	To monitor the immunization coverage status of students enrolled in Vermont K – 12 public and independent schools as required by legislation.
<b>Public Use Dataset</b>	Yes
<b>Design</b>	Online survey open from November through December. All public schools complete the Immunization Status Report in addition to the Vermont School Nurse Report which is a self-reported survey. 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
<b>Frequency</b>	Collection occurs annually during the fall. Data is available by May 1st of the following year.
<b>Population (Units)</b>	All enrolled students in Kindergarten through 12 <sup>th</sup> grade in public and independent Vermont schools.
<b>Geographies</b>	State, County
<b>Data Years</b>	<b>Limited data:</b> 1989–2009. 2010–2025
<b>Strengths</b>	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.
<b>Limitations</b>	Home school students enrolled in one or more classes are reported. Data is not validated.
<b>Indicators for Analysis</b>	Immunizations, vaccines, vaccine preventable diseases, school health
<b>Health Equity Indicators</b>	N/A
<b>Reports / Online Resources</b>	<a href="https://www.healthvermont.gov/stats/surveillance-reporting-topic/school-vaccination-data">Child Care and School Vaccination Data Dashboard</a> <a href="https://www.healthvermont.gov/stats/surveillance-reporting-topic/school-vaccination-data">https://www.healthvermont.gov/stats/surveillance-reporting-topic/school-vaccination-data</a>
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics Immunization Program Survey contractor is the University of Massachusetts Medical School
<b>Funding Sponsor</b>	Centers for Disease Control and Prevention
<b>Contacts</b>	Jessica Buchanan Immunization Program Public Health Specialist <a href="mailto:jessica.buchanan@vermont.org">jessica.buchanan@vermont.org</a>

Young Adult Survey (YAS)		S
<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	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 between 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.	
<b>Frequency</b>	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.	
<b>Population (Units)</b>	All Vermont residents aged 18 to 25 are eligible.	
<b>Geographies</b>	State, County	
<b>Data Years</b>	2014, 2016, 2018, 2020, 2022, 2024	
<b>Strengths</b>	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. The core set of questions for all surveys allows tracking over time. New questions can be added each year to address emerging issues	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	Key indicators include past 30-day use of alcohol, cannabis, tobacco and other nicotine delivery products, past year misuse of other drugs. Including 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.	
<b>Health Equity Indicators</b>	Age: Exact Sex: Sex assigned at birth Gender: Identify as transgender Sexual Orientation: Multiple terms	Race: Multiple responses Ethnicity: Collected with race Socioeconomic Status: Personal financial situation
<b>Reports / Online Resources</b>	County-level tables have been shared directly with Division of Substance Use (DSU) grantees/community partners. State and county level reports can be found on the Data and Reports section of DSU's webpage: <a href="https://www.healthvermont.gov/alcohol-drugs/substance-use-data-reports/data-and-reports">https://www.healthvermont.gov/alcohol-drugs/substance-use-data-reports/data-and-reports</a>	
<b>Who Manages Data</b>	Pacific Institute for Research and Evaluation (PIRE), via their contract with VDH/DSU	
<b>Funding Sponsor</b>	SAMHSA/CSAP. Federal grant program is Partnerships for Success (PFS) (referred to in Vermont as Regional Prevention Partnerships, or RPP).	
<b>Contacts</b>	Amy Livingston PIRE Project Director <a href="mailto:alivingston@pire.org">alivingston@pire.org</a> 802-490-5071	Traci Sawyers Vermont Department of Health Division of Alcohol and Drug Abuse Programs <a href="mailto:Traci.Sawyers@vermont.gov">Traci.Sawyers@vermont.gov</a>

# Youth Risk Behavior Survey (YRBS)

S

<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	CDC provides access to <a href="#">state and national data sets in Access and ASCII formats</a> and provides national and state data comparison that focus on specific health topics, compare locations, or trends in data at <a href="#">Youth Online</a> or via tables and graphs on the <a href="#">YRBS Explorer</a> .	
<b>Design</b>	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 processed by the CDC with over 100 data checks performed. Data is weighted by the CDC, for states obtaining a 60% overall response rate (school response rate * student response rate).	
<b>Frequency</b>	Collected very other spring (odd years). Data typically is available 9 months post survey administration (e.g., late winter, early spring of even years).	
<b>Population (Units)</b>	All middle and high school-aged students attending public and select independent schools. Includes approximately 35,000 students each iteration.	
<b>Geographies</b>	State, County, Health District, Hospital Service Area, Supervisory Union/ School District	
<b>Data Years</b>	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).	
<b>Strengths</b>	Currently Vermont is the one of the only states 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.	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	Substance use, personal safety and violence, physical activity and nutrition, mental health, sexual activity, protective factors/youth assets	
<b>Health Equity Indicators</b>	Age: Exact Sex: Assigned at birth Gender: Multiple levels including trans Sexual Orientation: Multiple terms Race: Multiple responses Ethnicity: Collected along with race	Language: Available in multiple languages Housing Security: Usual sleeping location (e.g. home or shelter) Disability: IEP Socioeconomic Status: Subjective Social Status Education: Grade
<b>Reports / Online Resources</b>	<a href="#">Statewide, populations in focus, and local (county and supervisory union) reports</a> are available on the <a href="#">VT YRBS webpage</a> and completed for each survey iteration. State and local data briefs, data summaries are published on a regular basis (~ 6 / year). <a href="#">YRBS Statewide Report</a>	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	CDC, VDH DSU	
<b>Contacts</b>	Kristen Murray YRBS / School Health Profiles Program Coordinator <a href="mailto:kristen.murray@vermont.gov">kristen.murray@vermont.gov</a>	

# Registries and Surveillance Systems



Vermont Advance Directives Registry (VADR)		RSS
<b>Purpose</b>	To serve as a digital repository for advance directives completed by Vermont residents.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	Individuals interested in creating an advance directive complete and submit an advance directive form and registration agreement. Once registered, providers can access the registry to view a patient's decisions in an emergency.	
<b>Frequency</b>	Data is available in real time.	
<b>Population (Units)</b>	Vermonters (18 years or older) who have registered an advance directive.	
<b>Geographies</b>	Reports are only produced at the state level, although town level information is collected. County/hospital service region reports can be generated by request.	
<b>Data Years</b>	2007 - Present	
<b>Strengths</b>	Allows medical providers to have quick access to Vermont resident advance directives when needed.	
<b>Limitations</b>	Only captures residents who have registered their advance directive with the registry.	
<b>Indicators for Analysis</b>	While providers can access the contents of individual advance directives, the Health Department only tracks the number of registrants.	
<b>Health Equity Indicators</b>	Age	
<b>Reports / Online Resources</b>	<a href="#">Vermont Advance Directives Registrations Chart</a> (only through 2017) <a href="https://www.healthvermont.gov/systems/advance-directives">https://www.healthvermont.gov/systems/advance-directives</a>	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	US Advance Care Plan Registry (formerly US Living Will Registry) - Contractor Vermont Ethics Network – Grantee Vermont Department of Health, Division of Health Statistics and Informatics	
<b>Contacts</b>	Whitney Noel HSI Division Administrative and Operations Manager <a href="mailto:Whitney.Noel@vermont.gov">Whitney.Noel@vermont.gov</a> 802-652-4179	Taylor Murray Advance Care Planning Program Manager at VT Ethics Network <a href="mailto:tmurray@vtethicsnetwork.org">tmurray@vtethicsnetwork.org</a> 802-828-4482

Birth Information Network (BIN)		RSS
<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	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 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.	
<b>Frequency</b>	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 2018–2022 became available in June of 2025).	
<b>Population (Units)</b>	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).	
<b>Geographies</b>	State, County, Birth Hospital	
<b>Data Years</b>	2006–2022	
<b>Strengths</b>	Conducts statewide, population-level surveillance using many data sources; data is enhanced by additional follow-up of all provisional cases	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	<a href="#">List of Birth Defects</a> Demographic factors (age, sex, race/ethnicity, residence), condition type, prevalence and yearly trends, infant mortality, very low birth weight	
<b>Health Equity Indicators</b>	Age: Exact Sex: Sex assigned at birth Race: Multiple responses Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic Health Insurance: Medicaid Education: Highest educational attainment	
<b>Reports / Online Resources</b>	Contributions to the <a href="#">National Birth Defect Prevention Network (NBDPN) Annual Report</a> <a href="#">Data Briefs</a> <a href="#">Dynamic Prevalence Maps</a>	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	Vermont Department of Health, Division of Health Statistics and Informatics	
<b>Contacts</b>	Brennan Martin BIN Coordinator <a href="mailto:Brennan.Martin@vermont.gov">Brennan.Martin@vermont.gov</a> 802- 863-7611	

# Vermont Cancer Registry (VCR)

RSS

<b>Purpose</b>	The Vermont Cancer Registry (VCR) collects and maintains data on all cancers and benign brain-related tumors diagnosed in Vermont, excluding certain skin and non-invasive cervical cancers. Data is used to monitor trends, evaluate prevention and control efforts, and reduce the cancer burden among Vermonters. The VCR supports public health initiatives and serves as a resource for residents, researchers, healthcare providers, the cancer control and chronic disease programs, the state cancer coalition (VTAAC), stakeholders, and policymakers to improve cancer outcomes and lessen the impact of cancer statewide.	
<b>Public Use Dataset</b>	Data can be requested by contacting the Cancer Registry Public Health Analyst or the Cancer Registry Manager.	
<b>Design</b>	All health care facilities diagnosing or treating cancer or benign brain-related tumors in the State of Vermont are required by the Vermont Cancer Registry Law, 18 V.S.A. §§ 151-157, to report information to the Vermont Cancer Registry. All cases must be reported within 180 days after the date of the first contact with a patient. Other state 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.	
<b>Frequency</b>	Data collection is ongoing. New data years are typically released in June. The population-based dataset becomes available 30 months after the end of each diagnosis year.	
<b>Population (Units)</b>	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.	
<b>Geographies</b>	State, County, Sub-County. Hospital Service Area and Health District (Hospital Service Area and District Office are available starting with diagnosis year 2016)	
<b>Data Years</b>	Data available 1994 through 2020. A reporting delay by Department of Veterans Affairs (VA) has resulted in incomplete reporting of VA hospital cases in 2011-2014, 2016-2022.	
<b>Strengths</b>	The population level registry includes comprehensive data on all cancer and benign brain tumors diagnosed among Vermonters, with vital status updated annually through linkages to the Vermont Vital Statistics System and the National Death Index. VCR data meet or exceed national standards for data quality and fitness for use.	
<b>Limitations</b>	Delay in reporting by 30 months, no data prior to 1994, and small numbers for some cancers mean some incidence data require suppression.	
<b>Indicators for Analysis</b>	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.	
<b>Health Equity Indicators</b>	Age: Exact Sex: Current sex Gender: Race: Multiple responses Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic	Marital Status: Multiple levels or questions Health Insurance: Primary payer Industry and Occupation: Imputed industry and occupation
<b>Reports / Online Resources</b>	<a href="#">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</a>	
<b>Who Manages Data</b>	Vermont Cancer Registry ( Vermont Department of Health, Division of Health Statistics & Informatics,)	
<b>Funding Sponsor</b>	Centers for Disease Control and Prevention (CDC) grant or cooperative agreement number NU58DP007149.	
<b>Contacts</b>	Jennifer Kachajian Cancer Registry Manager <a href="mailto:Jennifer.kachajian@vermont.gov">Jennifer.kachajian@vermont.gov</a>	Michael Flaherty Public Health Analyst II <a href="mailto:Michael.Flaherty@Vermont.gov">Michael.Flaherty@Vermont.gov</a>

Return to [Table of Contents](#)

# Vermont Cyanobacteria Monitoring Data and Tracker

RSS

<b>Purpose</b>	The cyanobacteria tracker data contains information on water conditions related to the presence of cyanobacteria blooms.
<b>Public Use Dataset</b>	<a href="#">Data maps for the current and previous years.</a> The underlying data can be accessed for each of the summary maps.
<b>Design</b>	Trained volunteer monitors and VDH/DEC staff to make weekly observations of cyanobacteria conditions at a site on a water body and submit a report through the online tracker with pictures. Reports are reviewed and approved by DEC, VDH, or Lake Champlain Committee. Reports received from the general public are also included if confirmed through pictures. At some sites, volunteers or staff take water samples that are then analyzed for cyanobacteria taxa and toxins. Samples are collected July through September.
<b>Frequency</b>	Data is added to the current year's map and database as the Health Department receives reports of cyanobacteria blooms (or lack thereof). Summary maps and underlying data is processed and made available in the spring each year.
<b>Population (Units)</b>	Cyanobacteria presence is expressed on the tracker as Generally Safe, Low Alert, or High Alert.
<b>Geographies</b>	Lake Champlain and Vermont inland lakes where cyanobacteria have been monitored or reported.
<b>Data Years</b>	2012–Present
<b>Strengths</b>	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
<b>Limitations</b>	Grant funded, 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.
<b>Indicators for Analysis</b>	Lake; Region of Lake Champlain; water temperature; date of bloom; alert level; reports type; toxin levels; cyanobacteria taxa
<b>Health Equity Indicators</b>	N/A
<b>Reports / Online Resources</b>	DEC Produces an annual report using <a href="#">this data</a> ; <a href="#">Vermont Cyanobacteria Tracker</a>
<b>Who Manages Data</b>	Vermont Department of Health, Environmental Health
<b>Funding Sponsor</b>	Vermont Department of Health, Environmental Health; Lake Champlain Basin Program funds Vermont Department of Environmental Conservation (DEC) and Lake Champlain Committee (LCC); CDC Tracking and Drinking Water grants help support.
<b>Contacts</b>	Bridget O'Brien Cyanobacteria Program Manager <a href="mailto:Bridget.obrien@vermont.gov">Bridget.obrien@vermont.gov</a> 802- 951-0114

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)		RSS
<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	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)	
<b>Frequency</b>	The system is updated daily and sometimes multiple times a day.	
<b>Population (Units)</b>	All individual Emergency Department visits from participating hospitals and one urgent care clinic in Vermont.	
<b>Geographies</b>	State, County, Hospital, City, Zip Code	
<b>Data Years</b>	2016–2025 (YTD)	
<b>Strengths</b>	Provides timely data on disease activity at Vermont hospitals. Can detect unusual health events before traditional diagnostic methods. Cloud-based program that can be accessed from anywhere.	
<b>Limitations</b>	Variability in chief complaint field. Instability of hospital feeds (not a stable denominator). Misspellings and variant terminology in free text fields. No data on Vermonters who seek emergency care outside of VT. Discharge data may be delayed updating into the system, delays in reporting and gaps in historical data.	
<b>Indicators for Analysis</b>	Emergency Department visit date and hospital name; number of ED visits for a given chief complaint or diagnosis	
<b>Health Equity Indicators</b>	Age: Exact Sex: Current sex Race: Select only one Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic Health Insurance: Coverage and provider	
<b>Reports / Online Resources</b>	<a href="#">Real-Time Heat and Cold Illness Data</a> ; <a href="#">Tick Activity in Vermont</a> ; <a href="#">Suicide Surveillance Dashboard</a> ; <a href="#">Cold-Related Illness Season Summary</a> ; <a href="#">Monthly Opioid Morbidity and Mortality Report</a> ; <a href="#">Substance Use Dashboard</a> ; <a href="#">NSSP Technical Resources Center</a> ; <a href="#">Substance Use Data &amp; Reports</a>	
<b>Who Manages Data</b>	National Syndromic Surveillance Program (NSSP)	
<b>Funding Sponsor</b>	N/A	
<b>Contacts</b>	Tewodros Wassie Public Health Analyst 802-651-1789 <a href="mailto:Tewodros.wassie@vermont.gov">Tewodros.wassie@vermont.gov</a>	Infectious Disease Data Systems (IDDS) Team <a href="mailto:AHS.VDHIDDS@vermont.gov">AHS.VDHIDDS@vermont.gov</a>

# Patient Choice at End of Life (Act 39) Tracking System

RSS

<b>Purpose</b>	To track individuals who have filed forms in accordance with Act 39.
<b>Public Use Dataset</b>	Not Available
<b>Design</b>	This is a tracking system; a repository of forms.
<b>Frequency</b>	There are four forms associated with Patient Choice Physicians and patients submit the forms as they are completed or as required by statute (i.e., within a specific number of days, depending on the date of prescription and date of death), depending on the form.
<b>Population (Units)</b>	Patients who meet the criteria defined in Act 39 for whom one or more of the forms required by statutes and rules are completed.
<b>Geographies</b>	State
<b>Data Years</b>	2013-current
<b>Strengths</b>	Detailed tracking of patients who complete the process and submit all (4) forms.
<b>Limitations</b>	We do not enumerate all cases where a patient starts the process with their provider but does not complete it. A subset of forms may be sent to VDH if the patient begins the process with their primary provider, but goes no further, or we may not receive any forms from a provider.
<b>Indicators for Analysis</b>	No indicators available. Only the data and indicators in the bi-annual legislative report are released.
<b>Health Equity Indicators</b>	N/A
<b>Reports / Online Resources</b>	Every two years a summary report is provided to the Legislature.
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics
<b>Funding Sponsor</b>	N/A
<b>Contacts</b>	Jessie Hammond Director Health Statistics and Informatics <a href="mailto:Jessie.Hammond@vermont.gov">Jessie.Hammond@vermont.gov</a> 802-863-7663

# Enhanced HIV/AIDS Reporting System (eHARS)

RSS

<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	Not available to public	
<b>Design</b>	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.	
<b>Frequency</b>	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.	
<b>Population (Units)</b>	Any person who is a resident of Vermont who was diagnosed in Vermont or receiving care in Vermont for HIV or AIDS.	
<b>Geographies</b>	State, County, Census Tract	
<b>Data Years</b>	1983 through present. Realtime data available as needed.	
<b>Strengths</b>	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.	
<b>Limitations</b>	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 State Epidemiologist.	
<b>Indicators for Analysis</b>	Demographic factors (age, sex, race/ethnicity, residence), diagnostic and treatment info (earliest date, residence, provider, facility, continuation of care)	
<b>Health Equity Indicators</b>	Age: Exact Sex: Assigned at birth, current sex Gender: Multiple levels or questions including trans Sexual Orientation: Gay/Lesbian/Bisexual or Heterosexual/Straight Race: Multiple responses Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic	
<b>Reports / Online Resources</b>	The Vermont Department of Health produces annual HIV reports. Every five years, an <a href="#">HIV Epidemiologic Profile</a> is also produced.	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Laboratory Sciences and Infectious Disease, HIV/STD/Hepatitis (HSH) Program	
<b>Funding Sponsor</b>	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	
<b>Contacts</b>	Erin LaRose Public Health Program Manager II <a href="mailto:Erin.larose@vermont.gov">Erin.larose@vermont.gov</a> 802-863-7244	Kelly Bachiochi HIV/HCV Surveillance Coordinator <a href="mailto:kelly.bachiochi@vermont.gov">kelly.bachiochi@vermont.gov</a> 802-363-0701

Return to [Table of Contents](#)

EvaluationWeb		RSS
<b>Purpose</b>	Collect and report HIV testing and partner services to CDC.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	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.	
<b>Frequency</b>	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.	
<b>Population (Units)</b>	Any person who accesses anonymous Counseling, Testing and Referral services. Any person who completes at least one session of an HIV prevention intervention.	
<b>Geographies</b>	State, County	
<b>Data Years</b>	HIV Testing Data is available from 2008–Present	
<b>Strengths</b>	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.	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	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)	
<b>Health Equity Indicators</b>	Sex: Sex assigned at birth Gender: Male or Female Race: Multiple responses Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic	
<b>Reports / Online Resources</b>	Not currently available	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Laboratory Sciences and Infectious Disease, HIV/STD/ HCV program	
<b>Funding Sponsor</b>	CDC Division of HIV Prevention and Surveillance	
<b>Contacts</b>	Erin LaRose Public Health Program Manager II <a href="mailto:Erin.larose@vermont.gov">Erin.larose@vermont.gov</a> 802-557-5012	Daniel Daltry Public Health Program Director II <a href="mailto:daniel.daltry@vermont.gov">daniel.daltry@vermont.gov</a> 802-863-7305

# Enhanced HIV/AIDS Reporting System (eHARS)

RSS

<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	Not available to public	
<b>Design</b>	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.	
<b>Frequency</b>	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.	
<b>Population (Units)</b>	Any person who is a resident of Vermont who was diagnosed in Vermont or receiving care in Vermont for HIV or AIDS.	
<b>Geographies</b>	State, County, Census Tract	
<b>Data Years</b>	1983 through present. Realtime data available as needed.	
<b>Strengths</b>	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.	
<b>Limitations</b>	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 State Epidemiologist.	
<b>Indicators for Analysis</b>	Demographic factors (age, sex, race/ethnicity, residence), diagnostic and treatment info (earliest date, residence, provider, facility, continuation of care)	
<b>Health Equity Indicators</b>	Age: Exact Sex: Assigned at birth, current sex Gender: Multiple levels or questions including trans Sexual Orientation: Gay/Lesbian/Bisexual or Heterosexual/Straight Race: Multiple responses Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic	
<b>Reports / Online Resources</b>	The Vermont Department of Health produces annual HIV reports. Every five years, an <a href="#">HIV Epidemiologic Profile</a> is also produced.	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Laboratory Sciences and Infectious Disease, HIV/STD/Hepatitis (HSH) Program	
<b>Funding Sponsor</b>	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	
<b>Contacts</b>	Erin LaRose Public Health Program Manager II <a href="mailto:Erin.larose@vermont.gov">Erin.larose@vermont.gov</a> 802-863-7244	Kelly Bachiochi HIV/HCV Surveillance Coordinator <a href="mailto:kelly.bachiochi@vermont.gov">kelly.bachiochi@vermont.gov</a> 802-363-0701

Return to [Table of Contents](#)

Healthy Homes and Lead Poisoning Surveillance System (HHLPSS)		RSS
<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	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.	
<b>Frequency</b>	Data are added to the database as information is reported by providers and laboratories. Prior year data are available at the end of February.	
<b>Population (Units)</b>	All Vermont children (age 0 – 16) who have had a blood lead test	
<b>Geographies</b>	County, Town	
<b>Data Years</b>	Approx. 1993-Present	
<b>Strengths</b>	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.	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	Blood lead levels, child’s age at test, type of test, confirmation and re-testing rates, town of residence, county level testing rates	
<b>Health Equity Indicators</b>	Age: Exact Sex: Sex assigned at birth, current sex Race: Select only one Ethnicity: Collected with race Health Insurance: Coverage type Homeowner Status: During home inspections	
<b>Reports / Online Resources</b>	<a href="#">Annual Legislative Reports</a> <a href="#">Environmental Public Health Tracking: Childhood Lead Poisoning</a> <a href="#">CDC quarterly reports</a> Internal Dashboards Data are imported into SPHINX; Individual and health care practice lead reports are available in the Patient Profile	
<b>Who Manages Data</b>	Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), Division of Environmental Health	
<b>Funding Sponsor</b>	Centers for Disease Control and Prevention	
<b>Contacts</b>	Hari Luitel Public Health Analyst I <a href="mailto:Hari.Luitel@vermont.gov">Hari.Luitel@vermont.gov</a> 802-652-2061	Kelly LaMonda Public Health Program Director II <a href="mailto:Kelly.Lamonda@vermont.gov">Kelly.Lamonda@vermont.gov</a> 802-735-6581

Vermont Immunization Registry (IMR)		RSS
<b>Purpose</b>	The Vermont Immunization Registry (IMR) is a secure health information system that contains immunization records for persons living in Vermont.	
<b>Public Use Dataset</b>	Not Available. Individuals may request their own records, or the records of their children, with photo identification.	
<b>Design</b>	Collected as a registry from 3 sources: About 90% of the data is sent via a secure process directly from an electronic medical record, 5% is loaded via monthly third-party import, and about 5% is manually entered. Follows national guidance regarding weighting.	
<b>Frequency</b>	New information is added virtually every minute. A number of 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.	
<b>Population (Units)</b>	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 Registry records. Since July 2019, New York's Immunization Information System also reports to the Registry any immunizations administered in New York to persons with a Vermont address.	
<b>Geographies</b>	State, County, Health District, Hospital Service Area	
<b>Data Years</b>	1909-Present. Data from 1996 to present is more comprehensive than prior years.	
<b>Strengths</b>	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 and evaluation, and for outreach to underserved areas	
<b>Limitations</b>	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 Registry, a few do not. Gaps include the VA hospital as well as some independent pharmacies and employee wellness clinics	
<b>Indicators for Analysis</b>	Vaccination date and type, <a href="#">vaccine master list</a> , lot numbers, primary practice, demographics (age, gender, race/ethnicity)	
<b>Health Equity Indicators</b>	Age: Exact Sex: Current sex Race: Multiple responses Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic	Language: Primary language Marital Status: Multiple levels or questions Incarceration Information: Yes
<b>Reports / Online Resources</b>	<a href="#">-Healthy Vermonters 2030</a> -Immunization Information System Annual Report (provided annually to Centers for Disease Control) <a href="#">-Annual Immunization Coverage Report</a> <a href="#">-Vaccine Coverage Reports</a> , practice and comparable state rates to practices each quarter -Data briefs on a variety of immunization topics	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	Centers for Disease Control and Prevention (via Immunization Program at VDH)	
<b>Contacts</b>	Robert Mathes IIS Manager <a href="mailto:Robert.Mathis@vermont.gov">Robert.Mathis@vermont.gov</a>	Vermont Immunization Registry <a href="mailto:imr@vermont.gov">imr@vermont.gov</a>

Impaired Driving Rehabilitation Program Database (IDRP)		RSS
<b>Purpose</b>	To ensure that people have completed required all program components detailed in 23 V.S.A. § 1209a before notification license reinstatement allowability is sent to the Vermont DMV.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	Data on individuals who enroll in the IDRP. Data arranged by licensee and impaired driving offense. Includes IDRP evaluation completion, 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.	
<b>Frequency</b>	Data transfer and entry is daily and the lag between services and receipt of paperwork can be two days to several months.	
<b>Population (Units)</b>	People who received an impaired driving conviction resulting in license suspension who have initiated enrollment into the IDRP in order to restore their driving privileges.	
<b>Geographies</b>	Vermont (statewide), also includes information for people with out-of-state licenses and VT license holders who receive a conviction outside the state	
<b>Data Years</b>	1989-Present	
<b>Strengths</b>	Data provides information about programmatic functioning and areas for technical assistance. Type of offense, school enrollment and completion dates are included in one data system. The overall trends regarding program completion may be compared with other states or nationally.	
<b>Limitations</b>	Data captures only the IDRP initiation and completion following license suspension for an impaired driving conviction and cannot be used a proxy for the number of impaired driving offenses received in Vermont. Individuals may invoke legal representation following an impaired driving offense and the offense may not result in an impaired driving conviction. Criminal justice system trends impact disposition of offenses. Legislation impacts details of license reinstatement following an impaired driving conviction. Data does not capture socioeconomic information to analyze SES as it relates to re-offense rate. IDRP is a voluntary program. Legacy data set has gaps and errors related to data entry and migration. Base data set, some data points have fluctuated—accuracy concerns	
<b>Indicators for Analysis</b>	Substance use screening results (i.e. AUDIT, CAGE, DAST), substance use disorder diagnosis codes, offense dates, length of treatment, impairment, driving under influence, treatment, offense, DMV, completion reports, enrollment rosters, multiple offender data, demographics	
<b>Health Equity Indicators</b>	Age: Exact Education: Highest educational attainment	
<b>Reports / Online Resources</b>	- <a href="#">Impaired Driver Rehabilitation Program (IDRP): Offense, Treatment and Re-offense Data Brief</a> - 2018-current <a href="#">Vermont Social Autopsy Reports</a>	
<b>Who Manages Data</b>	Agency of Digital Services warehouses the data. Vermont Department of Health IDRP enters and manages the data.	
<b>Funding Sponsor</b>	IDRP is primarily funded by program fees and general funds.	
<b>Contacts</b>	Mariah Ogden Public Health Program Manager II <a href="mailto:Mariah.Ogden@Vermont.gov">Mariah.Ogden@Vermont.gov</a> 802-489-7327	Impaired Driver Rehabilitation Program Central Office <a href="mailto:ahs.vdhidrp@vermont.gov">ahs.vdhidrp@vermont.gov</a> 802-489-7327

Maternal Early Childhood Sustained Home-Visiting Program Database (MESCH)		RSS
<b>Purpose</b>	To 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.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	Information collected about home visiting services provided using the MECSH (branded as Strong Families Vermont Nurse Home Visiting in Vermont) evidence-based model. Includes demographic data on participants, home visits, health screenings and referrals provided, and selective outcome data.	
<b>Frequency</b>	Data are added to the database continuously in real-time	
<b>Population (Units)</b>	Program serves low income families resident in Vermont with pregnant people up to two years postpartum.	
<b>Geographies</b>	Statewide	
<b>Data Years</b>	2015–2025	
<b>Strengths</b>	Database designed to meet model developers' fidelity reporting (quarterly) as well as federal grant reporting requirement (quarterly and annually). Data are also used for program management and oversight, and for continues quality improvement. The data collected for federal reporting is compared to other states with MIECHV funding.	
<b>Limitations</b>	Limited data set designed to fulfill program requirements, relies on a standard set of reports to pull data.	
<b>Indicators for Analysis</b>	Maternal and child demographics; frequency and duration of home visiting services; screening data (ASQ-3, ASQ-SE, EPNDS Maternal Depression, smoking, alcohol use, drug use, 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	
<b>Health Equity Indicators</b>	Age: Exact Race: Multiple responses Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic Language: Primary language Marital Status: Multiple levels or questions Health Insurance: Provider Housing Security: Multiple levels or questions	Disability: Any disability or no disability (self-reported) Veteran Status: Veteran or active-duty service member Socioeconomic Status: Income Education: Highest educational attainment Employment Status: Employed or unemployed
<b>Reports / Online Resources</b>	Quarterly model fidelity report, quarterly and annual reports to HRSA	
<b>Who Manages Data</b>	Vermont Department of Health, Family and Child Health Division	
<b>Funding Sponsor</b>	HRSA under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program	
<b>Contacts</b>	Morgan Paine Health Data Administrator <a href="mailto:morgan.paine@vermont.gov">morgan.paine@vermont.gov</a> 802- 859-5940	

Vermont Medication Assistance Program (VMAP) CAREWare		RSS
<b>Purpose</b>	Collect and Report HIV Care (including VMAP) data to HRSA	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	Eligibility applications, Medicaid pharmacy data.	
<b>Frequency</b>	Data is updated daily, monthly, quarterly and annually. The data is available immediately.	
<b>Population (Units)</b>	Vermont Residents diagnosed with HIV and with an FPL of 500% or less	
<b>Geographies</b>	State, County, Health District, Hospital Service Area	
<b>Data Years</b>	2000–Present	
<b>Strengths</b>	HIV service (outpatient ambulatory, medical nutrition therapy, mental health, case management, dental, medication, housing) information in Vermont.	
<b>Limitations</b>	Some of the data is not real-time and is only updated monthly, quarterly and annually.	
<b>Indicators for Analysis</b>	Demographic factors (age, sex, race/ethnicity, residence) for people receiving a HIV care service listed above; Medication adherence information for Treatment Cascade; service information related to outpatient ambulatory, medical nutrition therapy, mental health, medical case management, dental, and medication adherence.	
<b>Health Equity Indicators</b>	Age: Exact Sex: Sex assigned at birth, current sex Gender: Multiple levels or questions including trans Race: Multiple responses Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic Health Insurance: Insurance assessment Housing Security: Multiple levels or questions Socioeconomic Status: Poverty level	
<b>Reports / Online Resources</b>	<a href="#">Integrated Epidemiologic Profiles for HIV/AIDS Prevention and Care Planning</a> <a href="#">HIV Annual Reports</a> 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).	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Laboratory Sciences and Infectious Disease, HIV/STD/Hepatitis Program	
<b>Funding Sponsor</b>	Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Ryan White Care Act	
<b>Contacts</b>	Erin LaRose Public Health Program Manager II <a href="mailto:Erin.larose@vermont.gov">Erin.larose@vermont.gov</a> 802- 863-7244	

Naloxone Database		RSS
<b>Purpose</b>	This database collects information on VDH provided naloxone distributed by community-based partners to individuals at risk of overdose, family members, and anyone who may be able to help in the event of an overdose.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	Community partners enter information into an Alchemer survey.	
<b>Frequency</b>	Data collection is ongoing and available on a quarterly basis.	
<b>Population (Units)</b>	Anyone in the state who has received naloxone from a VDH community partner.	
<b>Geographies</b>	County, Town (but limited)	
<b>Data Years</b>	2022-2024 in Alchemer Similar information was previously collected via EpiInfo.	
<b>Strengths</b>	This data provides insight into the circumstance around naloxone need, interest in treatment, and overdoses witnessed by clients.	
<b>Limitations</b>	Responses to the client answered questions are all optional (in order to avoid it becoming a barrier to access naloxone). Only a subset of clients answer these questions. Additionally, as overdoses are reported by those who witnessed or experienced them, the same overdose may be reported more than one time and would not be able to be deduplicated. Data results cannot be assumed to be a representative sample so caution should be used when interpreting results.	
<b>Indicators for Analysis</b>	Site name, doses distributed, first time or new naloxone recipient, where previous naloxone was obtained, what happened to previous naloxone, interest in treatment, client demographics (gender, age, race), overdose information (if 911 was called, if naloxone was administered, doses, outcome)	
<b>Health Equity Indicators</b>	Age: Exact Race: Multiple responses Ethnicity: Select only one	
<b>Reports / Online Resources</b>	<a href="#">Naloxone Distribution and Administration Data Brief</a> (published quarterly) <a href="#">Naloxone Distribution Locations</a> (not inclusive of all distribution sites)	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics (data management) and Department of Emergency Preparedness, Response, and Injury Prevention (data collection)	
<b>Funding Sponsor</b>	Vermont Department of Health	
<b>Contacts</b>	Katie Pascoe Public Health Analyst/ CARA Evaluator <a href="mailto:Katie.Pascoe@vermont.gov">Katie.Pascoe@vermont.gov</a>	Emily Scott Public Health Analyst III <a href="mailto:Emily.Scott@vermont.gov">Emily.Scott@vermont.gov</a>

National Electronic Disease Surveillance System (NEDSS) Base System (NBS)		RSS														
<b>Purpose</b>	NBS is the surveillance system/database for all patient level case investigation and lab data for Vermont reportable diseases collected by the health department's epidemiology program.															
<b>Public Use Dataset</b>	Not currently available															
<b>Design</b>	NBS data is primarily person-based, with additional records attached to the person record that generally include disease case and lab report information. Information comes in either electronically or case/lab information is collected and entered manually. Nationally notifiable case information is electronically transmitted to the CDC.															
<b>Frequency</b>	Daily disease reports and lab tests are received from health care providers and laboratories, and case investigations are completed by VDH staff. Data are updated and available through the NBS production interface in real-time. The back-end data tables for the production data are refreshed daily and updated to include the previous day's data.															
<b>Population (Units)</b>	People with a Vermont reportable condition case identified in Vermont by officials. Occurrences in Vermont are represented in this data set as either Vermont residents or out-of-state residents diagnosed in Vermont. We also receive data on Vermont residents diagnosed with Vermont reportable conditions in other states.															
<b>Geographies</b>	State, County, Town, Health District															
<b>Data Years</b>	Generally, 2006 to current date. Data years available varies by condition.															
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• It is a complete surveillance database of all Vermont reportable conditions.</li> <li>• Allows for analysis of trends over time.</li> <li>• Analysis can be performed by individual, disease occurrence, or lab report type.</li> <li>• NBS is used by many other jurisdictions in the US, ensuring on-going support from CDC and allowing for collaboration with other states on workflow ideas and improvements.</li> </ul>															
<b>Limitations</b>	<ul style="list-style-type: none"> <li>• Some Vermont residents who are diagnosed out of state may not be reported to VDH.</li> <li>• Data quality issues can arise from incomplete or incorrectly entered data.</li> <li>• Not all lab data can be sent/received electronically, requiring some manual entry.</li> <li>• Possible unknown gaps in reporting from certain providers/facilities.</li> <li>• NBS still has many legacy data entry formats that need updating and condition related information may not have a place for data entry, requiring epidemiology staff to rely on tracking information in other formats (like excel).</li> </ul>															
<b>Indicators for Analysis</b>	Core person demographics (dob, sex, race/ethnicity), geographic location, and each condition also includes condition specific information, including event date for trends.															
<b>Health Equity Indicators</b>	<table border="0"> <tr> <td>Age: Exact</td> <td>Race: Multiple responses</td> </tr> <tr> <td>Sex: Sex assigned at birth, current sex</td> <td>Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic</td> </tr> <tr> <td>Gender: Multiple levels or questions including trans</td> <td>Marital Status: Multiple levels or questions</td> </tr> <tr> <td>Sexual Orientation: Sexual partners</td> <td>Disability: Neuro/intellectual disability</td> </tr> <tr> <td>Immigration: Experience-based</td> <td>Employment Status: Situational</td> </tr> <tr> <td>Language: Primary language</td> <td>Industry and Occupation: Situational</td> </tr> <tr> <td></td> <td>Incarceration Information: Yes</td> </tr> </table>		Age: Exact	Race: Multiple responses	Sex: Sex assigned at birth, current sex	Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic	Gender: Multiple levels or questions including trans	Marital Status: Multiple levels or questions	Sexual Orientation: Sexual partners	Disability: Neuro/intellectual disability	Immigration: Experience-based	Employment Status: Situational	Language: Primary language	Industry and Occupation: Situational		Incarceration Information: Yes
Age: Exact	Race: Multiple responses															
Sex: Sex assigned at birth, current sex	Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic															
Gender: Multiple levels or questions including trans	Marital Status: Multiple levels or questions															
Sexual Orientation: Sexual partners	Disability: Neuro/intellectual disability															
Immigration: Experience-based	Employment Status: Situational															
Language: Primary language	Industry and Occupation: Situational															
	Incarceration Information: Yes															
<b>Reports / Online Resources</b>	Various infectious disease programs at VDH use NBS data for their own reports online. These programs can be found on the <a href="#">Immunization and Infectious Disease page</a> . Nationally notifiable condition cases are reported to the CDC and presented to the public. <a href="#">Vermont Reportable Disease rule page</a> includes a summary or reported cases															
<b>Who Manages Data</b>	Infectious Disease Data Systems (IDDS) team at VDH and the Agency of Digital Services.															
<b>Funding Sponsor</b>	Data collection is based on the <a href="#">Vermont Reportable Disease rule</a> . Various aspects of NBS upkeep for data collections are funded by the ELC Grant.															
<b>Contacts</b>	Katherine Jones - IDDS Manager <a href="mailto:Katherine.Jones@vermont.gov">Katherine.Jones@vermont.gov</a>															

Childhood Hearing Health System (CHHS) (Previously Newborn Hearing Screening Database)		RSS
<b>Purpose</b>	Tracking and surveillance for newborn hearing screening, diagnosis of hearing loss and entrance into early intervention services.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	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 VDH SPHINX database.	
<b>Frequency</b>	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.	
<b>Population (Units)</b>	Birth to age 3 years and 364 days. Deaf, Hard of Hearing or Deaf Blind infants.	
<b>Geographies</b>	State level data only for public review. This is a low incidence population and if broken down to the county level infants would be easily identifiable.	
<b>Data Years</b>	2009-2023	
<b>Strengths</b>	Comparable to other states 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.	
<b>Limitations</b>	Small population of Deaf, Hard of Hearing or Deaf Blind infants therefore data cannot be broken down by county for diagnostic evaluations and entrance into early intervention services. Some newborn screening records are destroyed once the client reaches 21 years of age, but electronic results and documentation maintained by contracted lab are held indefinitely. Contractor working to delete data per retention schedule. Since queries are built on individual records some information may not be available after destruction per records retention schedule.	
<b>Indicators for Analysis</b>	Entrance into early intervention by 6 months of age.	
<b>Health Equity Indicators</b>	Age: Exact Sex: Sex assigned at birth	
<b>Reports / Online Resources</b>	CDC Annual Report (CDC Website), Hospital, Midwife, Audiology and Early Intervention Report Cards.	
<b>Who Manages Data</b>	Vermont Department of Health Family and Child Health Children with Special Health Care Needs Vermont Early Hearing Detection and Intervention Program	
<b>Funding Sponsor</b>	Centers for Disease Control and Prevention HRSA	
<b>Contacts</b>	Dr. Linda Hazard Program Director <a href="mailto:Linda.Hazard@partner.vermont.gov">Linda.Hazard@partner.vermont.gov</a> 802-272-1588	Janet Fortune Health Data Manager - VTEHDI <a href="mailto:Janet.Fortune@vermont.gov">Janet.Fortune@vermont.gov</a>

Newborn Screening		RSS
<b>Purpose</b>	Data is used to maintain and improve key newborn screening quality indicators, and to identify the number of babies diagnosed with tested conditions.	
<b>Public Use Dataset</b>	The 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 <a href="#">NewSTEPS</a> .	
<b>Design</b>	Registry/database with ability to run specific reports. All newborn screening specimens are entered into the database	
<b>Frequency</b>	Continuously. Reports can be generated upon request. Hospitals receive monthly quality assurance (QA) reports. The program generates an annual report for internal QA.	
<b>Population (Units)</b>	Babies screened in Vermont. Some babies screened in Vermont may have been born out of state.	
<b>Geographies</b>	State, Birth hospital.	
<b>Data Years</b>	The Vermont Department of Health assumed responsibility for this program in 2002, although the screening program started in 1963. Newborn screening records are destroyed once the client reaches 21 years of age. Since queries are built on individual records some information may not be available after destruction per records retention schedule.	
<b>Strengths</b>	Provides some insight into the epidemiology of rare conditions in Vermont. Data is used to ensure 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.	
<b>Limitations</b>	It is difficult to compare information with birth records because some babies born in VT may have been transferred out and VT also screens for babies born in other states. Each state determines its own screening panel and requirements.	
<b>Indicators for Analysis</b>	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.	
<b>Health Equity Indicators</b>	Age: Exact Sex: Sex assigned at birth, current sex	
<b>Reports / Online Resources</b>	<a href="https://www.healthvermont.gov/family/health-care-children-youth/vermont-newborn-screening-program">https://www.healthvermont.gov/family/health-care-children-youth/vermont-newborn-screening-program</a> NewSTEPS QI indicators and case data: <a href="https://www.newsteps.org/">https://www.newsteps.org/</a> Title V reporting	
<b>Who Manages Data</b>	The Vermont Newborn Screening Program at VDH 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.	
<b>Funding Sponsor</b>	The Vermont Newborn Screening Program	
<b>Contacts</b>	Sydney Williamson-White Nurse Program Coordinator <a href="mailto:Sydney.Williamson-White@vermont.gov">Sydney.Williamson-White@vermont.gov</a> 802-951-5180	

Vermont Parents as Teachers Home Visiting Program Database (PAT+)		RSS
<b>Purpose</b>	To select and store data for the Parents as Teachers (PAT) program to complete annual fidelity report for PAT model developers.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	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	
<b>Frequency</b>	Database is currently out of use and not updated regularly while a new system is being developed	
<b>Population (Units)</b>	Program serves low-income families resident in Vermont, with children up to the age of 5-6 years old.	
<b>Geographies</b>	Statewide	
<b>Data Years</b>	2013–2022	
<b>Strengths</b>	Database designed to meet model developers’ annual fidelity reporting requirements. Data is also used for program management and oversight, and for continuous quality improvement.	
<b>Limitations</b>	Limited data set, small numbers, relies on a standard set of reports to pull data, funding for program. No data has been entered into this system since 2022 and other options for data collection for this program are being explored.	
<b>Indicators for Analysis</b>	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	
<b>Health Equity Indicators</b>	Age: Exact Gender: Multiple levels or questions excluding trans Race: Multiple responses Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic Immigration: Refugee status; experience-based Language: Primary language; preferred language	Marital Status: Multiple levels or questions Household Size: Multiple levels or questions Health Insurance: Provider Housing Security: Housed or unhoused Disability: Any disability or no disability Veteran Status: Deployed family member Socioeconomic Status: Income relative to poverty level Education: Highest educational attainment Employment Status: Employed or unemployed
<b>Reports / Online Resources</b>	N/A	
<b>Who Manages Data</b>	Vermont Department of Health, Family and Child Health Division	
<b>Funding Sponsor</b>	Medicaid	
<b>Contacts</b>	Morgan Paine Health Data Administrator <a href="mailto:morgan.paine@vermont.gov">morgan.paine@vermont.gov</a> 802- 373-6869	Heather Wilson Family Support Home Visiting Program Manager <a href="mailto:heather.el.wilson@vermont.gov">heather.el.wilson@vermont.gov</a> 802- 585-8152

# Vermont Population Estimates

RSS

<b>Purpose</b>	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.
<b>Public Use Dataset</b>	A number of <a href="#">public use data files</a> are made available
<b>Design</b>	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.
<b>Frequency</b>	Updated annually. For a given calendar year, estimates are typically available in the fall of the following year.
<b>Population (Units)</b>	Resident population
<b>Geographies</b>	State, County, Hospital Service Area, District Office, Town
<b>Data Years</b>	1970-2024
<b>Strengths</b>	The data is updated regularly. Level of detail is sufficient for most analyses undertaken at the Vermont Department of Health.
<b>Limitations</b>	No age or gender data for towns except in the decennial Census years. Limited race and ethnicity data.
<b>Indicators for Analysis</b>	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.
<b>Health Equity Indicators</b>	Age: Exact Sex: Current sex Race: Select only one Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic
<b>Reports / Online Resources</b>	<a href="#">Annual population reports</a>
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics
<b>Funding Sponsor</b>	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.
<b>Contacts</b>	Michael Nyland-Funke Public Health Analyst <a href="mailto:michael.nyland-funke@vermont.gov">michael.nyland-funke@vermont.gov</a>

# Vermont Prescription Monitoring System (VPMS)

RSS

<b>Purpose</b>	VPMS is a clinical tool to promote appropriate prescribing, while deterring the misuse, abuse, and diversion of controlled substances; it is also a surveillance tool that is used to monitor statewide trends in the dispensing of controlled substances.
<b>Public Use Dataset</b>	Not Available
<b>Design</b>	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.
<b>Frequency</b>	Data enters the warehouse database as it is collected from pharmacies at least once each business day. The quarterly measures are usually available on the VDH Substance Use Dashboard one month after the end of the quarter. The annual measures are usually available 8 months after the end of the calendar year.
<b>Population (Units)</b>	All prescriptions for controlled substances (Schedule II-IV) dispensed by Vermont licensed pharmacies.
<b>Geographies</b>	State, County
<b>Data Years</b>	Data are available on a six-year rolling basis with 2019-2025 currently available.
<b>Strengths</b>	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
<b>Limitations</b>	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.
<b>Indicators for Analysis</b>	Prescription drug monitoring, prescriber registration and use monitoring, pharmacy compliance monitoring, opioids, benzodiazepines, stimulants, recipient demographics
<b>Health Equity Indicators</b>	Age: Exact Sex: Current Health Insurance: Primary payer
<b>Reports / Online Resources</b>	VPMS Quarterly Reports VPMS Annual Legislative Report <a href="#">Alcohol &amp; Drug Abuse Programs Data and Reports</a>
<b>Who Manages Data</b>	Locally managed by the VPMS Program (VDH, Health Informatics and Statistics)
<b>Funding Sponsor</b>	State funded and federal grant supported
<b>Contacts</b>	Hannah Hauser VPMS Manager <a href="mailto:hannah.hauser@vermont.gov">hannah.hauser@vermont.gov</a>

Refugee Domestic Health Assessment (DHA) Data		RSS
<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	<p>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.</p> <p>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 completed forms to the Refugee Health Program.</p>	
<b>Frequency</b>	System is updated as Refugee Domestic Health Assessment forms are completed and submitted by health care providers.	
<b>Population (Units)</b>	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	
<b>Geographies</b>	State, County, Health District	
<b>Data Years</b>	2012–Present	
<b>Strengths</b>	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.	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	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	
<b>Health Equity Indicators</b>	Age: Exact Sex: Assigned at birth Gender: Multiple levels or questions including trans Race: Country of origin Immigration: Visa status Primary Language: Multiple levels or questions	
<b>Reports / Online Resources</b>	Used for annual reports to Office of Refugee Resettlement.	
<b>Who Manages Data</b>	Refugee Health Program	
<b>Funding Sponsor</b>	Office of Refugee Resettlement	
<b>Contacts</b>	Allie Perline Refugee Health Coordinator <a href="mailto:Allison.perline@vermont.gov">Allison.perline@vermont.gov</a> 802- 585-5652	

Situation Management and Response Tool (SMART)		RSS
<b>Purpose</b>	All-in-one tool for managing situations and outbreaks related to infectious disease including line list collection, facility details, and progress notes about response work.	
<b>Public Use Dataset</b>	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.	
<b>Design</b>	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. Initially designed for COVID response, the system now includes features to manage and record outbreaks caused by any infectious disease. This system is used by Public Health Nurses and epi staff in District Offices, as well as Central Office epi staff. The data are not weighted.	
<b>Frequency</b>	SMART is connected to NBS (case and lab surveillance system for infectious disease) to import updated NBS case data on individuals linked to situations in SMART. Those updates happen 3 times per day. Additionally, outbreaks are added as they occur by VDH staff or via outbreak reports from external facilities using the online reporting tool. Manual updates are made by users as they conduct investigations; these updates are made as additional information is learned through response work, not on a regular, predefined frequency.	
<b>Population (Units)</b>	Facilities and known infectious disease cases associated those facilities are recorded in this data system.	
<b>Geographies</b>	State, County, Health District, Town	
<b>Data Years</b>	<b>Covid:</b> 2021–2024 (YTD); <b>Other Conditions:</b> 2023-2024 (YTD)	
<b>Strengths</b>	Allows for trends across time and across conditions. Allows for more in-depth analysis by facility type and location than previous 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, includes fields desired for VDH response work for commonly reported outbreaks (COVID, norovirus-like illness, Influenza and other non-COVID respiratory diseases) as well as features for general outbreak response management for other outbreak types.	
<b>Limitations</b>	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 all NBS case data can import into SMART. SMART outbreak data does not import into NBS.	
<b>Indicators for Analysis</b>	Facility details (category, sub type, census), case demographic factors (age, sex, race, ethnicity), infectious disease-specific data, geographic location	
<b>Health Equity Indicators</b>	Age: Exact Sex: Current sex Race: Multiple responses	Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic Incarceration Information: Yes
<b>Reports / Online Resources</b>	Data from SMART are used for sections related to outbreak reporting in some public facing reports for COVID, Influenza and Norovirus surveillance. Other SMART reports are used internally for epi response and leadership reporting. Additionally, SMART data can be queried to fulfill public records requests.	
<b>Who Manages Data</b>	Agency of Digital Services and Vermont Department of Health, Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	N/A: Data collection is based on public health rule	
<b>Contacts</b>	Infectious Disease Data Systems (IDDS) Team <a href="mailto:AHS.VDHIDDS@vermont.gov">AHS.VDHIDDS@vermont.gov</a>	Makayla Swaciak Public Health Analyst <a href="mailto:Makayla.Swaciak@vermont.gov">Makayla.Swaciak@vermont.gov</a>

# State Unintentional Drug Overdose Reporting System (SUDORS)

RSS

<b>Purpose</b>	Understanding circumstances around accidental or undetermined overdose deaths	
<b>Public Use Dataset</b>	Not at this time	
<b>Design</b>	Data abstraction of death certificates, medical examiner reports, law enforcement reports, Statewide Incidence Reporting Network (SIREN), Vermont Prescription Monitoring System (VPMS)	
<b>Frequency</b>	Annually. Prior year data is available around August of the following year. For example, 2024 data will be available ~August 2025.	
<b>Population (Units)</b>	All Vermont occurrent accidental or undetermined overdose deaths	
<b>Geographies</b>	State, County, Town of occurrence and residence to be used for aggregating to larger geographies	
<b>Data Years</b>	2015-2024	
<b>Strengths</b>	Understanding circumstances around accidental or undetermined overdose deaths	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	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	
<b>Health Equity Indicators</b>	Age: Exact Sex: Male, Female or Unknown Gender: Multiple levels including trans Sexual Orientation: Straight/heterosexual, Gay, Lesbian, Bisexual, Unspecified sexual minority, Unknown Race: Multiple responses Education: Highest educational attainment Industry and Occupation: From death certificate	
<b>Reports / Online Resources</b>	Data included in Social Autopsy Reports. This report and other briefs including this data can be found here: <a href="https://www.healthvermont.gov/alcohol-drugs/reports/data-and-reports">https://www.healthvermont.gov/alcohol-drugs/reports/data-and-reports</a>	
<b>Who Manages Data</b>	Vermont Department of Health – Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	CDC	
<b>Contacts</b>	Emily Scott Public Health Analyst III <a href="mailto:emily.scott@vermont.gov">emily.scott@vermont.gov</a>	Rachel Keller Abstractor and Analyst <a href="mailto:rachel.keller@vermont.gov">rachel.keller@vermont.gov</a>

Statewide Incident Reporting Network (SIREN)		RSS
<b>Purpose</b>	SIREN is Vermont's prehospital electronic patient care reporting (ePCR) system that collects, stores, and transmits Emergency Medical Services (EMS) data.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	Data are directly entered into SIREN or imported into SIREN through another ePCR software vendor.	
<b>Frequency</b>	Data collected in real-time and available immediately.	
<b>Population (Units)</b>	Any individual that receives prehospital, emergency medical care by a Vermont licensed EMS agency.	
<b>Geographies</b>	GPS location coordinates, latitude and longitude (for most records after 2023). Street address, city, county, zip code, EMS district (region), and state.	
<b>Data Years</b>	<b>Partial Data Set:</b> 2009-2014 2015-Present	
<b>Strengths</b>	The SIREN data system is used for several purposes within the EMS community and Health Department, including agency-level, regional, and statewide EMS quality assurance and quality improvement projects, injury surveillance and prevention initiatives, and the assessment of populations in Vermont that may be more vulnerable than others. Data are also used for education, preparedness, research, and prevention purposes.	
<b>Limitations</b>	Dependent on EMS provider data reporting. Subjectivities in data reporting may exist. SIREN only captures incidents that result in EMS activation. Single patients may be represented in more than one EMS record. As a result of each SIREN upgrade to match the current NEMESIS-compliant dataset, values that were previously collected may not match the current format or definitions of the updated data dictionary. EMS data may not be generalizable to Vermont residents since data collected in SIREN includes any incident that occurred in Vermont or was responded to by a Vermont-licensed EMS agency, regardless of residency status. Partial reporting from 2009 to 2014 - all ambulance services began reporting electronically in January of 2015.	
<b>Indicators for Analysis</b>	Emergency medical events, trauma and injury data, prehospital assessments and interventions (medications administered and procedures performed), EMS protocols used, EMS response information (location, crew, times), patient demographic data.	
<b>Health Equity Indicators</b>	Age: Exact Gender: Man or Woman Race: Select only one Housing Security: Housed or unhoused Disability: Recorded in medical record Incarceration Information: Yes	
<b>Reports / Online Resources</b>	<a href="#">-Suicide data linkage project</a> <a href="#">-Social autopsy report</a> <a href="#">-Injury data briefs</a> <a href="#">-Naloxone data briefs</a>	
<b>Who Manages Data</b>	The EMS Data Manager in the Vermont EMS Office (DEPRIP)	
<b>Funding Sponsor</b>	National Highway Traffic Safety Administration (NHTSA)	
<b>Contacts</b>	Connor Dunn EMS Data Manager <a href="mailto:SIREN@vermont.gov">SIREN@vermont.gov</a>	Chelsea Dubie EMS Data Team Supervisor <a href="mailto:SIREN@vermont.gov">SIREN@vermont.gov</a>

# Substance Abuse Treatment Information System (SATIS)

RSS

<b>Purpose</b>	SATIS is Vermont's mechanism for collecting and submitting the Substance Abuse and Mental Health Services (SAMHSA)-required admissions and discharge data that must be submitted as a requirement of the SAMSA Substance Use Prevention, Treatment and Recovery Block Grant (SUPTRS). Internally it is used to monitor substance use disorder treatment trends, assess provider performance, and support grant funding to providers.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	Three linked tables representing episodes of care provided by Division of Substance Use (DSU) Preferred Providers. <b>Admission:</b> 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. <b>Service(s):</b> Dates and types of service – units of service which vary by level of care. Payment responsibility. <b>Discharge:</b> Discharge date & reason, education at time of discharge, employment, primary/secondary/tertiary substances, route of administration, frequency of use, social connectedness, living arrangement, arrests	
<b>Frequency</b>	Providers submit data monthly for the prior month's admissions, services, and discharges.	
<b>Population (Units)</b>	Client level service data for people served through the DSU funded preferred provider treatment system.	
<b>Geographies</b>	Includes zip code as a geographic marker	
<b>Data Years</b>	State Fiscal Year 2000 and higher. Possible one-year lag for some providers.	
<b>Strengths</b>	Includes demographic information; collects information that allows evaluation of change between treatment admission and discharge.	
<b>Limitations</b>	There are significant data lags when providers are unable to submit as required. Person level data cannot be linked to other data sources because it does not include full identifying information. Data entry methods differ by from providers 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 substance use treatment services funded by DSU - excludes services provided by medical practitioners: spokes, hospitals, private practitioners. Unit of service data is unreliable due to changes in unit measures over time. Data are stored in Microsoft Access but the system is currently being moved to a SQL database.	
<b>Indicators for Analysis</b>	Description of the data collected is <a href="#">here</a> (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)	
<b>Health Equity Indicators</b>	Age: Exact Sex: Assigned at birth Race: Select only one Ethnicity: Select only one Household Size: Number of minor children	Health Insurance: Payer Housing Security: Current living situation Socioeconomic Status: Gross annual income Education: Highest educational attainment Employment Status: Select only one
<b>Reports / Online Resources</b>	<a href="#">DSU data and reports page</a> includes reports that use SATIS. Admission and discharge data are available from <a href="#">SAMHSA</a> for research and statistical purposes and SAMHSA also compiles reports based on the data.	
<b>Who Manages Data</b>	Vermont Department of Health Division of Substance Use Programs	
<b>Funding Sponsor</b>	SAMHSA, though the Substance Use Prevention, Treatment and Recovery Services Block grant managed in Vermont by DSU.	
<b>Contacts</b>	Anne VanDonsel Director of Performance and Evaluation <a href="mailto:Anne.VanDonsel@vermont.gov">Anne.VanDonsel@vermont.gov</a> 802-652-4142	Colleen Gorun SATIS Manager <a href="mailto:Colleen.Gorun@vermont.gov">Colleen.Gorun@vermont.gov</a> 802-651-1554

Return to [Table of Contents](#)

# Development Screening Registry (DSR)

RSS

<b>Purpose</b>	To provide a cross-sector developmental screening data collection and communication system to align early intervention efforts and provide a measure of children's developmental well-being in Vermont.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	CSV file import of Ages and Stages Questionnaires (ASQ) Online developmental screening reports together with manual entry of developmental screening results by multiple, cross-sector users.	
<b>Frequency</b>	Data is collected ongoing and available immediately	
<b>Population (Units)</b>	Children up to age six who have received developmental and/or autism screening in Vermont	
<b>Geographies</b>	State and primary care practice level	
<b>Data Years</b>	2017-Present	
<b>Strengths</b>	Comprehensive and accurate statewide source for developmental screening results	
<b>Limitations</b>	ASQ Online screening reports are imported every few days.	
<b>Indicators for Analysis</b>	Developmental screening, behavioral screening, and autism screening data	
<b>Health Equity Indicators</b>	Age: Exact Sex: Assigned at birth Race: Select only one Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic Language: Primary language, preferred language	
<b>Reports / Online Resources</b>	<a href="#">Healthy Vermonters 2030</a> Developmental Screening scorecard will use DSR data in future.	
<b>Who Manages Data</b>	Vermont Department of Health, Family and Child Health Division and Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	Vermont Department of Health, Maternal and Child Health Division	
<b>Contacts</b>	Janet Kilburn Early Childhood Director <a href="mailto:Janet.kilburn@vermont.gov">Janet.kilburn@vermont.gov</a> 802-540-5723	Teri Hata Public Health Analyst <a href="mailto:teri.hata@vermont.gov">teri.hata@vermont.gov</a> 802-863-7264

# Vermont Violent Death Reporting System (VTVDRS)

RSS

<b>Purpose</b>	Understanding circumstances around violent deaths: suicides, homicides, legal intervention deaths, unintentional firearm deaths, and deaths of undetermined intent with underlying violent cause.	
<b>Public Use Dataset</b>	Not at this time	
<b>Design</b>	Data are abstracted from several sources. Required data sources include death certificates, medical examiner reports (includes toxicology and autopsy), and law enforcement reports. Supplemental data sources include prescription data (VPMS), EMS records (SIREN), electronic health records (VITLAccess), and official press releases (e.g., from law enforcement agency or court).	
<b>Frequency</b>	Annually. There is a two-year delay with new data available around August each year. For example, 2023 data will be available approximately August 2025.	
<b>Population (Units)</b>	All Vermont occurrent violent deaths (as identified in the purpose).	
<b>Geographies</b>	State, County, Town of occurrence and residence to be used for aggregating to larger geographies	
<b>Data Years</b>	2015–2023	
<b>Strengths</b>	Understanding circumstances around violent deaths	
<b>Limitations</b>	All data reported comes from third party documents. Quality of data is dependent on the data collection and documentation by these sources.	
<b>Indicators for Analysis</b>	Decedent's circumstances leading up to and surrounding death (e.g., mental health or substance use history/treatment, relationship or life stressors, criminal activity, etc.), injury events, fatal weapon(s) involved, and toxicology findings.	
<b>Health Equity Indicators</b>	Age: Exact Sex: Male, Female, Unknown Sexual Orientation: Multiple terms Race: Multiple responses Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic Marital Status: Multiple levels or questions Caregiver Status: Caregiver burden	Housing Security: Multiple levels or questions Veteran Status: Veteran or active-duty service member Socioeconomic Status: Highest educational attainment Industry and Occupation: Multiple levels or questions Education: Highest educational attainment
<b>Reports / Online Resources</b>	No comprehensive reports yet produced. Publications including this data can be found here: <a href="https://www.healthvermont.gov/stats/surveillance-reporting-topic/injury-data">https://www.healthvermont.gov/stats/surveillance-reporting-topic/injury-data</a>	
<b>Who Manages Data</b>	Vermont Department of Health, Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	CDC	
<b>Contacts</b>	Emily Scott Public Health Analyst <a href="mailto:AHS.VDHInjuryData@vermont.gov">AHS.VDHInjuryData@vermont.gov</a>	Grace Yu Public Health Analyst <a href="mailto:Grace.Yu@vermont.gov">Grace.Yu@vermont.gov</a>

Vital Statistics - Births		RSS
<b>Purpose</b>	To meet requirements of CDC's Vital Statistics Cooperative Program contract and provide data to help guide public health programs.	
<b>Public Use Dataset</b>	Not Available; Data available upon request	
<b>Design</b>	Births are reported via the Electronic Birth Registration System.	
<b>Frequency</b>	Data is updated daily. Final analytical data sets are available within a year following completion of the calendar year.	
<b>Population (Units)</b>	All births that occur in Vermont and to Vermont residents. Births to Vermont residents which occur in other states are sent to the Vital Records Office for use in resident statistics.	
<b>Geographies</b>	State, County, Health District, Hospital Service Area, Town (for limited items)	
<b>Data Years</b>	<ul style="list-style-type: none"> <li>• July 1, 2005-Present</li> <li>• Final data through 2024</li> <li>• Preliminary data for 2025.</li> <li>• Limited information from 1980-June 20, 2004</li> </ul>	
<b>Strengths</b>	Births are a census of all births for Vermonters. Information collected on birth certificates can be used for a variety of analyses and national standards for data collection enables comparisons to other states.	
<b>Limitations</b>	Birth data may not be considered final for almost a year after the end of the calendar year. Resident data from other states may not be as complete as data collected for Vermont occurrences.	
<b>Indicators for Analysis</b>	Birth weight, prenatal care, smoking during pregnancy, gestational age, pregnancy risk factors.	
<b>Health Equity Indicators</b>	Age: Exact Sex: Assigned at birth Race: Parental – Multiple responses Ethnicity: Parental - Hispanic, Latino, or Spanish Origin or non-Hispanic Marital Status: Mother's Health Insurance Status: Principal Source of payment for delivery	Socioeconomic Status: Mother's WIC participation Education: Mother's and 2 <sup>nd</sup> Parent's – Highest educational attainment
<b>Reports / Online Resources</b>	<a href="#">Vital Statistics Annual Reports</a> ; <a href="#">Healthy Vermonters 2030</a>	
<b>Who Manages Data</b>	Vermont Department of Health – Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	CDC's National Center for Health Statistics	
<b>Contacts</b>	Cindy Hooley - Vital Statistics Information Manager <a href="mailto:Cynthia.Hooley@vermont.gov">Cynthia.Hooley@vermont.gov</a> 802-651-1636	

# Vital Statistics - Deaths

RSS

<b>Purpose</b>	To meet requirements of CDC's Vital Statistics Cooperative Program contract and provide data to help guide public health programs.	
<b>Public Use Dataset</b>	Not Available; data available upon request	
<b>Design</b>	Deaths are reported via the Electronic Death Registration System.	
<b>Frequency</b>	Data is updated daily. Final analytical data sets are available within a year following completion of the calendar year.	
<b>Population (Units)</b>	All deaths that occur in Vermont and Vermont resident deaths that occur in other states. Information from deaths to Vermont residents in other states is sent to the Vital Records Office for use in resident statistics.	
<b>Geographies</b>	State, County, Health District, Hospital Service Area, Town (for limited items)	
<b>Data Years</b>	<ul style="list-style-type: none"> <li>• July 2008-Present</li> <li>• Final data through 2024</li> <li>• Preliminary data for 2025</li> <li>• Limited information from 1985 to June 2008</li> </ul>	
<b>Strengths</b>	A census of all deaths for Vermonters. Information collected on death certificates can be used for a variety of analyses and national standards for data collection enables comparisons to other states.	
<b>Limitations</b>	Death data may not be considered final for almost a year after the end of the calendar year. Resident data from other states is not as complete as data collected for Vermont occurrences.	
<b>Indicators for Analysis</b>	Underlying cause of death, injury statistics, suicides, drug related deaths, deaths to veterans, infant deaths, maternal deaths, demographics (age, sex, race/ethnicity, education).	
<b>Health Equity Indicators</b>	Age: Exact Sex: Male, Female or X Race: Multiple responses Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic Marital Status: Multiple levels or questions	Veteran Status: Multiple levels or questions Education: Highest educational attainment Industry and Occupation: Usual occupation and industry
<b>Reports / Online Resources</b>	<a href="#">Vital Statistics Annual Reports</a> ; <a href="#">Healthy Vermonters 2030</a>	
<b>Who Manages Data</b>	Vermont Department of Health – Division of Health Statistics and Informatics	
<b>Funding Sponsor</b>	CDC's National Center for Health Statistics	
<b>Contacts</b>	Cindy Hooley - Vital Statistics Information Manager <a href="mailto:Cynthia.Hooley@vermont.gov">Cynthia.Hooley@vermont.gov</a> 802-651-1636	

# Vital Statistics – Fetal Deaths and Abortions

RSS

<b>Purpose</b>	To meet requirements of CDC’s Vital Statistics Cooperative Program contract.
<b>Public Use Dataset</b>	Not Available
<b>Design</b>	Fetal deaths and induced terminations of pregnancies (abortions) are reported to Vital Records on paper and staff data enter information from the reports into designated databases.
<b>Frequency</b>	Data is updated weekly for abortions and as reported for fetal deaths. Final analytical data sets are available within a year following completion of the calendar year.
<b>Population (Units)</b>	All reportable fetal deaths and abortions that occur in Vermont.
<b>Geographies</b>	State, County, Health District, Hospital Service Area, Town (for limited items)
<b>Data Years</b>	<ul style="list-style-type: none"> <li>• 1989-Present</li> <li>• Final data through 2024</li> <li>• Preliminary data for 2025.</li> </ul>
<b>Strengths</b>	N/A
<b>Limitations</b>	Data may not be considered final for a year or more after the end of the calendar year. Resident events that occur in other states are not captured.
<b>Indicators for Analysis</b>	Gestational age, maternal conditions, prenatal care, pregnancy risk factors.
<b>Health Equity Indicators</b>	<p>Age: Mother - exact</p> <p>Sex: Male or Female for fetal, n/a for abortion</p> <p>Race: Mother’s – Multiple responses</p> <p>Ethnicity: Mother’s - Hispanic, Latino, or Spanish Origin or non-Hispanic</p> <p>Marital Status: Mother’s</p> <p>Education: Mother’s – Highest educational attainment</p>
<b>Reports / Online Resources</b>	<a href="#">Vital Statistics Annual Reports</a> ; <a href="#">Healthy Vermonters 2030</a>
<b>Who Manages Data</b>	Vermont Department of Health – Division of Health Statistics and Informatics
<b>Funding Sponsor</b>	CDC’s National Center for Health Statistics
<b>Contacts</b>	<p>Cindy Hooley - Vital Statistics Information Manager</p> <p><a href="mailto:Cynthia.Hooley@vermont.gov">Cynthia.Hooley@vermont.gov</a></p> <p>802-651-1636</p>

# Vital Statistics – Marriage and Divorce

RSS

<b>Purpose</b>	Reported in annual vital statistics report and monthly counts reported to CDC’s National Center for Health Statistics.
<b>Public Use Dataset</b>	Not Available
<b>Design</b>	<b>Marriage</b> certificates are registered in the issuing town and towns send copies to the Vital Records Office where information is data entered into VDH database. <b>Divorce</b> reports are mailed from the family courts to the Vital Records Office where information is data entered into VDH database.
<b>Frequency</b>	Data is updated at least weekly. Final analytical data sets are available within a year following completion of the calendar year.
<b>Population (Units)</b>	All events that occur in Vermont.
<b>Geographies</b>	State, County, Town (for limited items)
<b>Data Years</b>	<b>Marriages:</b> 1989-Present; <b>Divorces:</b> 1989-Present; <b>Civil Unions:</b> July 1, 2000 – August 30, 2009; <b>Civil Union Dissolutions:</b> 2000-Present.
<b>Strengths</b>	N/A
<b>Limitations</b>	Divorce data is sometimes incomplete and may have errors.
<b>Indicators for Analysis</b>	Marriage data: age at marriage, month of marriage Divorce data: age at divorce, length of marriage
<b>Health Equity Indicators</b>	Age: Exact Sex: Male or Female (approximately 2009-2024 only) Household Size: Number of children under 18
<b>Reports / Online Resources</b>	<a href="#">Vital Statistics Annual Reports</a> ; <a href="#">Healthy Vermonters 2030</a>
<b>Who Manages Data</b>	Vermont Department of Health – Division of Health Statistics and Informatics
<b>Funding Sponsor</b>	N/A
<b>Contacts</b>	Cindy Hooley - Vital Statistics Information Manager <a href="mailto:Cynthia.Hooley@vermont.gov">Cynthia.Hooley@vermont.gov</a> 802-651-1636

Women Infants and Children (WIC) Database		RSS
<b>Purpose</b>	The WIC Management Information System (Ceres) generates administrative data related to participation in WIC, infant feeding, use of benefits, and nutrition and health assessment. Ceres generates Pregnancy Nutrition Surveillance System (PNSS) and Pediatric Nutrition Surveillance System (PedNSS) data extracts. PNSS and PedNSS data describe the nutritional status of low-income pregnant, postpartum and breastfeeding/chestfeeding people (PNSS) and infants and children (PedNSS) enrolled in Vermont WIC.	
<b>Public Use Dataset</b>	Some data dashboards are available for public use, contact the program for analysis files.	
<b>Design</b>	Various data briefs and reports are analyzed on a regular basis using PNSS and PedNSS data files and other WIC administrative data. Ongoing monitoring of program trends are visualized and maintained in a series of data dashboards, both external and internal. Some dashboards include additional data sources, such as Vital Statistics and Medicaid data.	
<b>Frequency</b>	Data dashboards are updated monthly, quarterly, or annually depending on the dataset. Reports and briefs focused on different topic areas, such as participation trends and participant demographics, are developed ad hoc.	
<b>Population (Units)</b>	Pregnant, postpartum, and breastfeeding or chestfeeding adults, infants, and children who participate in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).	
<b>Geographies</b>	State and Health District	
<b>Data Years</b>	2002–Present	
<b>Strengths</b>	Many years of data, Consistent analysis and comparison with national data through 2011, Based on all participating individuals (not a sample).	
<b>Limitations</b>	Not representative of the entire population; systematized analysis is a work in progress. Data suppression due to small numbers in Vermont.	
<b>Indicators for Analysis</b>	Participation/caseload, food benefit redemption, breastfeeding rates, appointment show rates, reach into the WIC-eligible population, various health indicators related to growth and development, and anemia.	
<b>Health Equity Indicators</b>	Age: Exact Sex: Male or female Race: Multiple responses Ethnicity: Hispanic/Latino Language: Preferred Household Size: Exact number	Health Insurance: Medicaid participation Housing Security: Housed or unhoused Disability: Self-reported Socioeconomic Status: Income and pay frequency Education: Highest educational attainment, mother’s education level
<b>Reports / Online Resources</b>	<a href="#">WIC Plans and Reports</a>	
<b>Who Manages Data</b>	Vermont Department of Health, Family and Child Health Division, Women Infants and Children Program	
<b>Funding Sponsor</b>	US Department of Agriculture – Food and Nutrition Service	
<b>Contacts</b>	Samuel Smith Public Health Analyst <a href="mailto:Samuel.Smith@vermont.gov">Samuel.Smith@vermont.gov</a> 802- 241-0545	Amy Malinowski Asst. Director of WIC Evaluation and Quality Improvement <a href="mailto:amy.malinowski@vermont.gov">amy.malinowski@vermont.gov</a> 802- 652-4186

# You First Data Management System (Med-IT)

RSS

<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	Not Available – all data subject to HIPAA regulations	
<b>Design</b>	Med-IT is designed to meet the various data collection and reporting requirements (such as the Minimum Data Elements (MDE)) for multiple grant-funded programs. Demographic and clinical data is collected on You First application, provider report, and screening forms and the Medicaid Management Information System (MMIS). Clinical data is also collected from clinics, hospitals, urgent care centers, and independent laboratories via fax or VITLAccess.	
<b>Frequency</b>	Data is collected on an ongoing basis.	
<b>Population (Units)</b>	Individuals who submitted an application to You First, regardless of eligibility determination. Eligible applicants meet the following criteria: have or have had breasts or a cervix, resides in Vermont, is age 21 or older, and has household income ≤ 250% FPL.	
<b>Geographies</b>	State, County, Town of Residence, Zip Code	
<b>Data Years</b>	<b>Breast and Cervical Cancer Screening Results:</b> 1995–Present <b>Heart Health Screening Results:</b> 2014–Present	
<b>Strengths</b>	Primarily used for program administration, monitoring, evaluation, and for grant reporting.	
<b>Limitations</b>	May not include screening results for services paid for by Medicaid, Medicare, or a private insurer.	
<b>Indicators for Analysis</b>	Low-income Vermonters, breast cancer screening, cervical cancer screening, heart health screening, demographics	
<b>Health Equity Indicators</b>	Age: Exact Race: Select only one Ethnicity: Hispanic, Latino, or Spanish Origin or non-Hispanic Language: Preferred language Household Size: Number of people living on noted income	Health Insurance: Currently insured Housing Security: Current housing situation Disability: Any Disability or No Disability (self-reported) Socioeconomic Status: Household income Education: Highest educational attainment
<b>Reports / Online Resources</b>	Minimum Data Elements (MDE) are reported to the CDC, on a bi-annual basis. <a href="https://www.cdc.gov/breast-cervical-cancer-screening/about/index.html">https://www.cdc.gov/breast-cervical-cancer-screening/about/index.html</a> <a href="https://www.cdc.gov/wisewoman/php/about/index.html">https://www.cdc.gov/wisewoman/php/about/index.html</a>	
<b>Who Manages Data</b>	Vermont Department of Health, Health Promotion and Disease Prevention, You First Program	
<b>Funding Sponsor</b>	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)	
<b>Contacts</b>	Gwen Delgadillo Data and Reporting Coordinator <a href="mailto:Gwen.Delgadillo@vermont.gov">Gwen.Delgadillo@vermont.gov</a> 802- 856-7758	Justin Pentenrieder Program Manager <a href="mailto:Justin.Pentenrieder@vermont.gov">Justin.Pentenrieder@vermont.gov</a>

# Regulatory and Licensing Data



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

**RLD**

<b>Purpose</b>	This system tracks open asbestos and lead regulation noncompliance cases and maintains a history of closed cases.
<b>Public Use Dataset</b>	Not Available
<b>Design</b>	Access database built by the Asbestos and Lead Regulatory Program.
<b>Frequency</b>	Program staff update database daily with case information.
<b>Population (Units)</b>	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.
<b>Geographies</b>	Addresses of buildings where noncompliance has occurred.
<b>Data Years</b>	2014–Present
<b>Strengths</b>	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.
<b>Limitations</b>	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.
<b>Indicators for Analysis</b>	Property owner noncompliance, contractor noncompliance
<b>Health Equity Indicators</b>	N/A
<b>Reports / Online Resources</b>	N/A
<b>Who Manages Data</b>	Vermont Department of Health, <a href="#">Asbestos</a> and <a href="#">Lead</a> Regulatory Program
<b>Funding Sponsor</b>	N/A
<b>Contacts</b>	Amy Danielson Asbestos and Lead Regulatory Program Manager <a href="mailto:Amy.danielson@vermont.gov">Amy.danielson@vermont.gov</a> 802- 865-7784

Asbestos and Lead Licensing Database (ALRP)		RLD
<b>Purpose</b>	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 buildings and superstructures like bridges, water tanks.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	Database built by EPA in 2000, upgraded to Access 2003 (called CERT 2000)	
<b>Frequency</b>	Program staff update the database daily with data for licensed trainers, contractors, entities, and individuals.	
<b>Population (Units)</b>	Asbestos and lead discipline workers and contractor companies. Asbestos and lead discipline training providers.	
<b>Geographies</b>	Addresses available for contractors and trainers	
<b>Data Years</b>	1996–Present	
<b>Strengths</b>	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.	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	Contractor licensing history, expiration reports generated	
<b>Health Equity Indicators</b>	NA	
<b>Reports / Online Resources</b>	<a href="#">Lead Contractor List</a> <a href="#">Asbestos Contractor List</a> <a href="#">VDH Asbestos and Lead Regulatory Program Website</a> EPA required Asbestos & Lead reports	
<b>Who Manages Data</b>	Vermont Department of Health, <a href="#">Asbestos</a> and <a href="#">Lead</a> Regulatory Program	
<b>Funding Sponsor</b>	N/A	
<b>Contacts</b>	Amy Danielson Asbestos and Lead Regulatory Program Manager <a href="mailto:Amy.danielson@vermont.gov">Amy.danielson@vermont.gov</a> 802- 865-7784	

## Asbestos Regulatory Program – Permitting Database (Asbestos Abatement Permits)

RLD

<b>Purpose</b>	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.
<b>Public Use Dataset</b>	Not Available
<b>Design</b>	Used to keep track of all licensed companies wanting to abate asbestos from any type of structure that contained Asbestos.
<b>Frequency</b>	Program staff update the database daily with data from licensed contractor companies applying for permits or providing information and documentation to update open permits.
<b>Population (Units)</b>	Contractor companies filing for a permit to abate asbestos from structures within Vermont.
<b>Geographies</b>	Abatement worksite address
<b>Data Years</b>	1985–Present
<b>Strengths</b>	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.
<b>Limitations</b>	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.
<b>Indicators for Analysis</b>	Permit projects history and address specific abatement history
<b>Health Equity Indicators</b>	N/A
<b>Reports / Online Resources</b>	EPA required Asbestos & Lead reports
<b>Who Manages Data</b>	Vermont Department of Health, <a href="#">Asbestos</a> and <a href="#">Lead</a> Regulatory Program
<b>Funding Sponsor</b>	N/A
<b>Contacts</b>	Amy Danielson Asbestos and Lead Regulatory Program Manager <a href="mailto:Amy.danielson@vermont.gov">Amy.danielson@vermont.gov</a> 802- 865-7784

eLicense (known as the CAVU System)		RLD
<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	Portions of the licensing data is available for public use, as identified in <a href="#">statute</a> . Investigative data is confidential per statute.	
<b>Design</b>	<p><b>Licensing:</b> This is an on-line application system for licensees and applicants to apply for a medical license or certificate or make changes to existing accounts.</p> <p><b>Investigations:</b> this is a case management system that is manually updated when a complaint is received.</p>	
<b>Frequency</b>	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.	
<b>Population (Units)</b>	Vermont physicians, physician assistants, podiatrists, anesthesiologist assistants, and radiologist assistants	
<b>Geographies</b>	Applicants and licensees provide a public address, which may be a work or home address.	
<b>Data Years</b>	Data collection started with the first license issued in the early 1900s in paper form. The Board of Medical Practice (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.	
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Tracking medical specialties</li> <li>• Tracking # of medical professionals</li> <li>Tracking # of complaints and alleged issues</li> </ul>	
<b>Limitations</b>	<ul style="list-style-type: none"> <li>• Data is self-reported and we do not currently utilize programs to verify address information to ensure data is entered correctly.</li> <li>• 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.</li> <li>• The system is SQL based, so generating reports is not fluid or easy.</li> </ul>	
<b>Indicators for Analysis</b>	Professional medical licensure; physicians, doctors, physician assistants, podiatrists, anesthesiologist assistants, radiologist assistants; complaints; investigations	
<b>Health Equity Indicators</b>	Age: Exact Gender: Man or Woman Race: Select only one	
<b>Reports / Online Resources</b>	Upon request for legislature Upon request for other programs/departments as deemed relevant for use of data.	
<b>Who Manages Data</b>	Agency of Digital Services; Vermont Health Department, Board of Medical Practice	
<b>Funding Sponsor</b>	Board of Medical Practice	
<b>Contacts</b>	Ron Hunt Administrator <a href="mailto:ronald.hunt@vermont.gov">ronald.hunt@vermont.gov</a> 802-923-9730	Tracy Hayes Licensing Specialist <a href="mailto:tracy.hayes@vermont.gov">tracy.hayes@vermont.gov</a> 802-657-4223

Emergency Medical Services Licensing		RLD
<b>Purpose</b>	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.	
<b>Public Use Dataset</b>	The public portal allows the public to look up license information for people, agencies and vehicles without creating a user account.	
<b>Design</b>	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.	
<b>Frequency</b>	Data are updated daily from applications for agency licenses, personnel licenses, course approval, ambulance licenses, ambulance inspections, investigations, and course enrollment.	
<b>Population (Units)</b>	Personnel enrolled in an EMS course, EMS providers, EMS agency leaders, EMS district officials, ambulance inspectors	
<b>Geographies</b>	Vermont, with providers' mailing addresses across US and Canada	
<b>Data Years</b>	2006–Present Some incomplete data (1989–2005) was migrated from the previous database.	
<b>Strengths</b>	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.	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	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)	
<b>Health Equity Indicators</b>	Age: Exact Gender: Multiple levels or questions Language: Primary language Education: Highest educational attainment	
<b>Reports / Online Resources</b>	The data in this licensing database are only sporadically used in any reports, but there is one quarterly accounting of licensed EMS personnel	
<b>Who Manages Data</b>	Vermont Department of Health, EMS Office/DEPRIP	
<b>Funding Sponsor</b>	VDH General Fund	
<b>Contacts</b>	Ray Walker EMS Programs Administrator <a href="mailto:Ray.walker@vermont.gov">Ray.walker@vermont.gov</a> 802- 863-7274	Olivia Coe Administrative Staff <a href="mailto:vtems@vermont.gov">vtems@vermont.gov</a> 802-923-9749

Inspection, Repair and Cleaning Practices Online Compliance Statement Registry (previously Essential Maintenance Practices Online Compliance Statement Registry (EMP Registry))		RLD
<b>Purpose</b>	The compliance statement registry 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.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	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.	
<b>Frequency</b>	Property owners, property managers or childcare facility owners/operators file a compliance statement every 365 days.	
<b>Population (Units)</b>	Properties, property owners, property managers, childcare facility owners/operators, EMP trainees	
<b>Geographies</b>	Rental property or childcare address where EMPs were performed	
<b>Data Years</b>	2013–Present	
<b>Strengths</b>	Public facing online lookup of EMP compliance statements that have been submitted in the past 365 days.	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	Rental property and childcare facility EMP compliance filing history. EMP certificate holders.	
<b>Health Equity Indicators</b>	Age: Exact	
<b>Reports / Online Resources</b>	<a href="#">VDH Asbestos and Lead Regulatory Program Website</a> VT Office of the Attorney General – Lead in Housing <a href="#">Property search on compliance status</a>	
<b>Who Manages Data</b>	Vermont Department of Health, <a href="#">Asbestos</a> and <a href="#">Lead</a> Regulatory Program	
<b>Funding Sponsor</b>	N/A	
<b>Contacts</b>	<a href="mailto:empcompliance@vermont.gov">empcompliance@vermont.gov</a> 802- 865-7786	

Lead Regulatory Program- Permitting Database (Lead Abatement Permits)		RLD
<b>Purpose</b>	The system is used to track the permit application process for lead abatement licensed contractor companies seeking permits to perform abatement jobs.	
<b>Public Use Dataset</b>	Not Available	
<b>Design</b>	The system tracks information and documents collected during a permitted project. The system tracks permits to closure and retains closed permit information.	
<b>Frequency</b>	Program staff update the database daily with data from licensed contractor companies applying for permits or providing information and documentation to update open permits.	
<b>Population (Units)</b>	Contractor companies filing for a permit to abate lead from structures within Vermont	
<b>Geographies</b>	Abatement worksite address	
<b>Data Years</b>	2005–Present	
<b>Strengths</b>	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.	
<b>Limitations</b>	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.	
<b>Indicators for Analysis</b>	Permit projects history and address specific abatement history	
<b>Health Equity Indicators</b>	N/A	
<b>Reports / Online Resources</b>	EPA required Asbestos & Lead reports	
<b>Who Manages Data</b>	Vermont Department of Health, <a href="#">Asbestos</a> and <a href="#">Lead</a> Regulatory Program	
<b>Funding Sponsor</b>	N/A	
<b>Contacts</b>	Amy Danielson Asbestos and Lead Regulatory Program Manager <a href="mailto:Amy.danielson@vermont.gov">Amy.danielson@vermont.gov</a> 802- 865-7784	

USAFoodSafety Database		RLD
<b>Purpose</b>	Licensing and inspection data for administering the Food & Lodging Program.	
<b>Public Use Dataset</b>	<a href="#">Public Portal</a> <a href="#">Online License Renewal</a>	
<b>Design</b>	Regulatory program licensing data for businesses 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.	
<b>Frequency</b>	Data is collected daily and available to the program and public following real-time or nightly sync processes.	
<b>Population (Units)</b>	Business license holders with the Department of Health.	
<b>Geographies</b>	State, County	
<b>Data Years</b>	May 2016-Present	
<b>Strengths</b>	Useful for program analysis, trends in violations, tracking compliance of a licensee.	
<b>Limitations</b>	Data is very specific to the VDH Food and Lodging program regulatory responsibilities. Complaint data is self-reported from the public.	
<b>Indicators for Analysis</b>	Licensing Information, GIS and address data, payment data for fees processed, inspection data (regulatory code violations), foodborne illness complaints, sanitation complaints	
<b>Health Equity Indicators</b>	Language: Preferred language	
<b>Reports / Online Resources</b>	Data is used for grant reports, program evaluation, public portal for inspection report access, and legislative requests.	
<b>Who Manages Data</b>	VDH Food and Lodging Program USAFoodSafety (USAFS) Database Software hosted by Computer Aid, Inc. (CAI)	
<b>Funding Sponsor</b>	Program fees and federal grant funding was used to implement the database.	
<b>Contacts</b>	Elisabeth Wirsing Sr. Environmental Health Program Manager <a href="mailto:Elisabeth.wirsing@Vermont.gov">Elisabeth.wirsing@Vermont.gov</a> 802-951-0109	

# Additional Data Sources

The following tables contain additional data sources, both Vermont-specific and national, that are not maintained by VDH but provide useful data.

<b>Consumer Assessment of Healthcare Providers and Systems Medicaid Adult and Children Surveys</b>	
<b>Contact</b>	Erin Carmichael – Department of Vermont Health Access, Director of Risk & Quality Management
<b>Email</b>	<a href="mailto:Erin.Carmichael@vermont.gov">Erin.Carmichael@vermont.gov</a>
<b>Description of Data Source</b>	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.
<b>Uses of Data Source</b>	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. <a href="#">DVHA’s most recent Adult and Child Experience of Care survey results</a>

<b>Medical Examiner/Coroner Alert Program (MECAP)</b>	
<b>Contact</b>	Grace Yu – Vermont Department of Health, Public Health Analyst
<b>Email</b>	<a href="mailto:Grace.Yu@vermont.gov">Grace.Yu@vermont.gov</a>
<b>Description of Data Source</b>	MECAP is a database maintained by the Consumer Product Safety Commission (CPSC) to monitor unintentional consumer product-related deaths.
<b>Uses of Data Source</b>	Used to gather timely information on deaths that involve consumer products. The intent is to identify potentially hazardous or dangerous products or unsafe usage of products. Data collected by the Office of the Chief Medical Examiner is used for this purpose. Potential MECAP cases are individually reviewed by the analyst before they are reported to CPSC, where they undergo an additional round of review to determine whether the report meets inclusion criteria.

<b>Medicaid Management Information System</b>	
<b>Contact</b>	Bekah Kutt – MMIS Compliance Manager
<b>Phone</b>	802- 585-5507
<b>Email</b>	<a href="mailto:Bekah.Kutt@vermont.gov">Bekah.Kutt@vermont.gov</a>
<b>Description of Data Source</b>	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. VDH also maintains monthly extracts of Medicaid Claims data for internal use.
<b>Uses of Data Source</b>	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.

<b>National Survey of Children’s Health</b>	
<b>Contact</b>	Michael Kenny – Vermont Department of Health, Public Health Analyst III
<b>Phone</b>	802-863-7383
<b>Email</b>	<a href="mailto:Michael.Kenny@vermont.gov">Michael.Kenny@vermont.gov</a>
<b>Description of Data Source</b>	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).
<b>Uses of Data Source</b>	An <a href="#">interactive data query</a> 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 people interested in maternal and child health including parents, researchers, community health providers. Includes Data for the US 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.

<b>National Survey on Drug Use and Health (NSDUH)</b>	
<b>Contact</b>	Chelsea Carman – Vermont Department of Health, Substance Abuse Research & Policy Analyst
<b>Phone</b>	802-657-4264
<b>Email</b>	<a href="mailto:chelsea.carman@vermont.gov">chelsea.carman@vermont.gov</a>
<b>Description of Data Source</b>	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.
<b>Uses of Data Source</b>	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 <a href="#">Stimulant Use in Vermont</a> and <a href="#">Marijuana Use in Vermont</a> . The Department of Health also uses NSDUH data for federal grant reporting and evaluation.

<b>Real I.D. Database/Electronic Verification of Vital Events (EVVE)</b>	
<b>Contact</b>	Cindy Hooley – Vermont Department of Health, Vital Statistics Information Manager
<b>Email</b>	<a href="mailto:Cynthia.hooley@vermont.gov">Cynthia.hooley@vermont.gov</a>
<b>Description of Data Source</b>	Used for the verification or certification of Vermont birth and death certificates when presented as identification to federal and state agencies.
<b>Uses of Data Source</b>	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.

<b>VHCURES</b>	
<b>Contact</b>	Lindsay Kill – Deputy Director of Data Analysis & Research for the Green Mountain Care Board
<b>Phone</b>	802-636-7669
<b>Email</b>	<a href="mailto:Lindsay.Kill@vermont.gov">Lindsay.Kill@vermont.gov</a> ; <a href="mailto:gmcb.data@vermont.gov">gmcb.data@vermont.gov</a>
<b>Description of Data Source</b>	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.
<b>Uses of Data Source</b>	VHCURES provides information on health care utilization and expenditures.

<b>Vermont Uniform Hospital Discharge Data Set (VUHDDS)</b>	
<b>Contact</b>	Lindsay Kill – Deputy Director of Data Analysis & Research for the Green Mountain Care Board
<b>Phone</b>	802-636-7669
<b>Email</b>	<a href="mailto:Lindsay.Kill@vermont.gov">Lindsay.Kill@vermont.gov</a> ; <a href="mailto:gmcb.data@vermont.gov">gmcb.data@vermont.gov</a>
<b>Description of Data Source</b>	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 Green Mountain Care Board.
<b>Uses of Data Source</b>	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.

# Retired Data Sources

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

<b>Data Source</b>	<b>Removal Reason</b>	<b>Year of Removal</b>
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
Infectious Disease Outbreak Database	System retired	2024
Sexually Transmitted Disease Management Information System (STDMIS)	No longer in use	2024

# 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.

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

Performance Scorecards		R
<b>Overview</b>	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 <i>Story Behind the Curve</i> , 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.	
<b>Access</b>	<a href="#">Performance Scorecards Webpage</a>	
<b>Reporting Structure</b>	Scorecards are built according to Results Based Accountability™ and contain two sections: population-level <i>Indicators</i> tied to overall Objectives; and <i>Performance Measures</i> 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 have primary responsibility for scorecard maintenance and performance measure reporting. Data owners (analytic staff) are responsible for sharing annual surveillance data for indicator reporting.	
<b>Data Years</b>	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.	
<b>Geographies</b>	Varies by measure	
<b>Population Restrictions</b>	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.	
<b>Strengths</b>	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.	
<b>Limitations</b>	The Scorecards and HV2030 Data Dashboard utilize most of the same data but have different methods for updating and update frequency.	
<b>Updates</b>	Performance measures are updated on a quarterly basis. Indicators are updated once a year or as new data becomes available.	
<b>Referenced Data Sources</b>	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	
<b>Index of Topics</b>	<a href="#">Healthy Vermonters 2030</a> , 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	
<b>Controller</b>	Vermont Department of Health, Planning Unit	
<b>Contacts</b>	Patrick Kinner Performance Improvement Manager <a href="mailto:Patrick.Kinner@vermont.gov">Patrick.Kinner@vermont.gov</a>	

Environmental Public Health Tracking (EPHT)		R
<b>Overview</b>	EPHT brings together environmental and public health data to help research possible health threats from environmental exposures. Funded by the Centers for Disease Control and Prevention as part of the <a href="#">National Environmental Public Health Tracking Program</a> , Vermont’s Tracking program links to comparable information from <a href="#">other states</a> and to national data.	
<b>Access</b>	<a href="#">Public Health Data Explorer- Tracking Webpage</a>	
<b>Reporting Structure</b>	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; additional stratification (age, sex, etc.) is available where allowed by data stewards. Tracking historically participated in two CDC data calls per year submitting Vermont data) for display on the National portal as well as on the Vermont portal. As of September 2025, the data calls have been indefinitely paused.	
<b>Data Years</b>	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 2000-2022 with more recent data available for several datasets.	
<b>Geographies</b>	State, County, Sub-County (Town, Towns, Census Tract or Census Tracts)	
<b>Population Restrictions</b>	Nationally consistent measures are calculated per CDC definition using specified population denominators. Some indicators overlap with HV2030, but case definitions and population restrictions vary meaning EPHT crude and age-adjusted rates may differ slightly from HV2030 rates.	
<b>Strengths</b>	Thirty-three state and local health departments provide standardized data to the National Tracking network allowing comparison to Vermont data. Vermont-specific measures include Standardized Incidence Ratios for specific cancers, the Cyanobacteria (Blue-Green Algae) Tracker and a tick bite illness report.	
<b>Limitations</b>	Federal uncertainty has led to a large reduction in staff supporting the Tracking program. This will likely lead to a reduction in the number of reports maintained or timeliness in updating the data reports. In addition, some of the reports rely on federally processed data sets, the future of which is uncertain.	
<b>Updates</b>	The Tracking Portal is updated continuously depending on availability of new data and software tools. Most data sets are updated annually.	
<b>Referenced Data Sources</b>	Behavioral Risk Factor Surveillance System (BRFSS), Vermont Cancer Registry, Vermont Uniform Hospital Discharge Data Set (VUHDDS), Vermont Birth Information Network (BIN), ESSENCE, U.S. Census, Vital Statistics, Vermont Radon Program, Vermont Safe Drinking Water Information System (SDWIS)	
<b>Index of Topics</b>	A <a href="#">full inventory</a> of EPHT topics is included in the <a href="#">A-Z Data Library</a> .	
<b>Controller</b>	Vermont Department of Health, Environmental Health CDC, National Environmental Public Health Tracking	
<b>Contacts</b>	David Grass <a href="mailto:David.Grass@vermont.gov">David.Grass@vermont.gov</a> 802-951-4064	Lauren Prinzing <a href="mailto:Lauren.Prinzing@vermont.gov">Lauren.Prinzing@vermont.gov</a> 802-652-4175

Healthy Vermonters Data Explorer		R
<b>Overview</b>	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.	
<b>Access</b>	<a href="#">Healthy Vermonters 2030 Dashboard</a> <a href="#">Healthy Vermonters Publications</a>	
<b>Reporting Structure</b>	The Data Dashboard visualizes the Healthy Vermonter indicators using maps, tables, and trends of regional and statewide data. Data has expanded to include demographics to their respective indicators when available.	
<b>Data Years</b>	Healthy Vermonters goals trend data begins in 2000 where available, and the dashboard has 2020 through most recent year available by indicator.	
<b>Geographies</b>	State, County, District Office	
<b>Population Restrictions</b>	Surveillance measures are calculated similarly to the corresponding Healthy People measures.	
<b>Strengths</b>	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. In 2025, it was expanded to include demographics.	
<b>Limitations</b>	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.	
<b>Updates</b>	Data is updated multiple times per year. All newly available data is added during each update.	
<b>Referenced Data Sources</b>	Adult Tobacco Survey (ATS), 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), and many others.	
<b>Index of Topics</b>	<a href="#">Healthy Vermonters 2030 Dashboard</a>	
<b>Controller</b>	Vermont Department of Health, Division of Health Statistics and Informatics	
<b>Contacts</b>	Melissa Rhodes-Reese Public Health Analyst <a href="mailto:Melissa.Rhodes-Reese@vermont.gov">Melissa.Rhodes-Reese@vermont.gov</a>	

Social Vulnerability Index (SVI)		R
<b>Overview</b>	Interactive tool that draws together 16 measures of vulnerability in three themes: socioeconomic, demographic and housing/transportation. Town-level data comes from the American Community Survey and can help identify communities with vulnerable populations.	
<b>Data Years and Access Links</b>	<a href="#">Social Vulnerability Index Webpage</a>	
<b>Reporting Structure</b>	This SVI draws together 16 different measures of vulnerability in three different themes: socioeconomic vulnerability, demographic vulnerability, and housing/ transportation vulnerability. For every measure, census tracts above the 90th percentile, or the most vulnerable 10%, are assigned a flag. The overall vulnerability index is created by counting the total number of flags in each census tract. Each SVI measure map is displayed with 6 classes of data. These 6 classes are broken into quantiles, meaning each class has the same number of census tracts. In this way, the three lower classes are below the state median and the three higher classes are above the state median. Census Tracts with a Relative Standard Error of 30% or higher were marked with a caution symbol. Due to high uncertainty, these values should be considered with caution.	
<b>Geographies</b>	Census Tract	
<b>Population Restrictions</b>	2016-2020	
<b>Strengths</b>	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.	
<b>Limitations</b>	It is important to remember that this Social Vulnerability Index is just a first step in screening for populations that may be more or less vulnerable. Depending on the situation, different measures could be more or less important and should be looked at more closely. Lastly, local information might be more accurate than these estimates and should always be considered if it is available.	
<b>Updates</b>	The first Vermont SVI was released for 2009-2013 data. The application currently displays 2016-2020 data.	
<b>Referenced Data Sources</b>	American Community Survey (ACS)	
<b>Index of Topics</b>	<p><b>Socioeconomic:</b> poverty, unemployment, per capita income, education, health insurance.</p> <p><b>Demographic:</b> children, elderly, disability, single parent, minority, limited English.</p> <p><b>Housing/Transportation:</b> large apartment buildings, mobile homes, crowding, no vehicle, group quarters.</p>	
<b>Controller</b>	Vermont Department of Health- Environmental Public Health Data Tracking	
<b>Contacts</b>	Daniel Jarvis, PhD GIS Manager <a href="mailto:Daniel.Jarvis@vermont.gov">Daniel.Jarvis@vermont.gov</a> 802-461-6112	

# Health Equity Indicator Reference Table

Many different types of data can be used to measure differences and similarities in outcomes and risks across groups. This is a current summary of Data Encyclopedia sources containing various geographic, demographic, and socioeconomic variables.

## Geographic Indicators

Most data sources do collect geographical information at various levels: state, county, region (grouping of two or more counties), census tract, district office, hospital service area, school district, and zip code.

In the table below, **CR** means this data is collected and reportable, **C** means this data is collected and not reportable, and **X** means this data is not collected.

### Geography by Data Source: State, County, Region (two or more counties), Census Tract, District Office, Hospital Service Area, School District, Zip Code, and Town

Data Source	State	County	Region	Census Tract	District Office	Hospital Service Area	School District	Zip Code	Town
Adult Tobacco Survey (ATS)	CR	X	X	X	X	X	X	C	C
Asbestos and Lead Licensing Database (ALRP)	C	C	C	C	C	C	C	C	C
Asbestos and Lead Regulatory Enforcement and Compliance Case Tracking Database (ALRP)	C	C	C	C	C	C	C	C	C
Asbestos Regulatory Program – Permitting Database (Asbestos Abatement Permits)	C	C	C	C	C	C	C	C	C
Asthma Call Back Survey (ACBS)	CR	CR	C	X	CR	CR	X	C	C
Basic Screening Survey (BSS)	CR	X	X	X	X	X	C	X	X

Return to [Table of Contents](#)

<b>Behavioral Risk Factor Surveillance System (BRFSS)</b>	CR	CR	C	X	CR	CR	X	C	C
<b>Birth Information Network (BIN)</b>	C	CR	X	X	X	X	X	C	C
<b>Child Care Immunization Survey</b>	CR	CR	X	X	X	X	X	X	X
<b>Childhood Hearing Health System (CHHS)</b>	CR	X	X	X	X	CR	X	CR	X
<b>College Immunization Survey</b>	CR	X	X	X	X	X	CR	X	X
<b>Developmental Screening Registry</b>	CR	CR	CR	CR	CR	CR	X	CR	CR
<b>Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)</b>	CR	CR	CR	X	X	CR	X	CR	CR
<b>eLicense (CAVU System)</b>	CR	X	X	X	X	X	X	CR	CR
<b>Emergency Medical Services Licensing</b>	CR	X	X	CR	X	CR	X	CR	CR
<b>Patient Choice at End of Life (Act 39) Tracking System</b>	C	X	X	X	X	X	X	X	X
<b>Enhanced HIV/AIDS Reporting System (eHARS)</b>	CR	CR	X	CR	X	X	X	C	C
<b>EvaluationWeb</b>	CR	CR	X	X	X	X	X	CR	X
<b>Health Care Workforce Census</b>	CR	CR	CR	X	CR	CR	X	CR	CR
<b>Healthy Homes and Lead Poisoning Surveillance System (HHPSS)</b>	CR	CR	CR	CR	CR	CR	X	CR	CR
<b>Impaired Driving Rehabilitation Program Database (IDRP)</b>	CR	X	X	X	X	X	X	X	C
<b>Inspection, Repair and Cleaning Practices Online Compliance Statement Registry</b>	C	X	X	X	X	X	X	C	C
<b>Lead Regulatory Program- Permitting Database (Lead Abatement Permits)</b>	C	C	C	C	C	C	C	C	C

Maternal Early Childhood Sustained Home-Visiting Program Database (MESCH)	C	X	X	X	X	X	X	CR	C
Naloxone Database	CR	C	X	X	X	X	X	X	C
National Electronic Disease Surveillance System (NEDSS) Base System (NBS)	CR	CR	CR	CR	X	X	X	C	C
Newborn Screening	CR	CR	X	X	X	X	X	CR	CR
Pregnancy Risk Assessment Monitoring System (PRAMS)	CR	C	X	X	X	X	X	C	C
Refugee Domestic Health Assessment (DHA)	C	C	X	X	X	C	X	X	X
School Health Profiles	CR	X	X	X	X	X	X	X	X
School Immunization Survey	CR	X	X	X	X	X	CR	X	X
Situation Management and Response Tool (SMART)	C	C	X	X	X	X	C	C	C
State Unintentional Drug Overdose Reporting System (SUDORS)	C	C	X	X	X	X	X	C	C
Statewide Incident Reporting Network (SIREN)	CR	CR	CR	X	X	X	X	C	C
Substance Abuse Treatment Information System (SATIS)	X	X	X	X	X	X	X	C	X
USA Food Safety Database	C	X	X	X	X	X	X	C	C
Vermont Advance Directives Registry (VADR)	CR	C	X	X	X	C	X	X	C
Vermont Cancer Registry	CR	CR	CR	C	CR	CR	X	C	C
Vermont Cyanobacteria Monitoring Data and Tracker	C	X	C	X	X	X	X	X	C

Vermont Household Health Insurance Survey (HHIS)	CR	CR	X	X	X	CR	X	X	X
Vermont Immunization Registry (IMR)	CR	CR	X	X	X	X	X	CR	CR
Vermont Medication Assistance Program Access Database and CAREWare	CR	C	X	X	X	X	X	C	C
Vermont Parents as Teachers Home Visiting Program Database (PAT+)	C	X	X	X	X	X	X	C	C
Vermont Population Estimates	CR	CR	C	X	CR	CR	X	X	CR
Vermont Prescription Monitoring System (VPMS)	CR	CR	X	X	X	X	X	C	C
Vermont School Nurse Report (VT SNR)	CR	CR	X	X	CR	X	CR	X	X
Vermont Violent Death Reporting System (VTVDRS)	C	C	X	X	X	X	X	C	C
Vital Statistics - Births	CR	CR	X	X	CR	CR	X	C	C
Vital Statistics – Deaths	CR	CR	X	X	CR	CR	X	CR	CR
Vital Statistics – Fetal Deaths and Abortions	CR	CR	X	X	CR	CR	X	C	C
Vital Statistics – Marriage and Divorce	CR	CR	X	X	X	X	X	X	C
Women Infants and Children Database	CR	CR	CR	C	CR	C	C	C	CR
You First Data Management System	CR	CR	X	X	X	X	X	CR	CR
Young Adult Survey	CR	CR	X	X	X	X	X	X	X
Youth Risk Behavior Survey (YRBS)	CR	CR	X	X	CR	CR	CR	X	X

## Demographic and Socioeconomic Indicators

Collection of demographic information is more varied across sources – questions are often not mandatory and available choice options are not standardized. Some Data Encyclopedia sources are focused on collecting information on events (for example: environmental, emergency, or outbreak data) rather than people so they may not be included in the tables below.

In the tables below, **Y** means this data is collected and **N** means this data is not collected. Due to small numbers, missing numbers, or other data issues, sources that do collect this data may not report out regularly and it may not be appropriate to perform aggregated analysis. Data owners will be able to provide more context for detailed questions – their contact information is on the specific data source summary pages.

For some of these variables marked as not collected, data is not being collected even though the database has the capacity and fields to do so or is being collected but is not available to a particular program due to how data transfer is occurring from outside partners.

For some of these variables marked as collected, data is not being collected directly by the data sources listed below, but is pulled from another source – for example, Pregnancy Risk Assessment Monitoring System (PRAMS) matches some demographic data from birth certificates.

### Demographics by Data Source: Age, Sex, Gender, Sexual Orientation, Race, Ethnicity, Language, Immigration Status, Incarceration Information

Data Source	Age	Sex	Gender	Sexual Orientation	Race	Ethnicity	Language	Immigration	Incarceration Information
Adult Tobacco Survey (ATS)	Y	Y	Y	Y	Y	Y	Y	N	N
Asbestos and Lead Licensing Database (ALRP)	N	N	N	N	N	N	N	N	N
Asbestos and Lead Regulatory Enforcement and Compliance Case Tracking Database (ALRP)	N	N	N	N	N	N	N	N	N
Asbestos Regulatory Program – Permitting Database	N	N	N	N	N	N	N	N	N

Return to [Table of Contents](#)

<b>(Asbestos Abatement Permits)</b>									
<b>Asthma Call Back Survey (ACBS)</b>	Y	Y	Y	Y	Y	N	N	N	N
<b>Basic Screening Survey (BSS)</b>	Y	Y	N	N	Y	Y	N	N	N
<b>Behavioral Risk Factor Surveillance System (BRFSS)</b>	Y	Y	Y	Y	Y	Y	N	N	N
<b>Birth Information Network (BIN)</b>	Y	Y	N	N	Y	Y	N	N	N
<b>Child Care Immunization Survey</b>	Y	N	N	N	N	N	N	N	N
<b>Childhood Hearing Health System (CHHS)</b>	Y	Y	N	N	N	N	N	N	N
<b>College Immunization Survey</b>	N	N	N	N	N	N	N	N	N
<b>Developmental Screening Registry</b>	Y	Y	N	N	Y	Y	Y	N	N
<b>Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)</b>	Y	Y	N	N	Y	Y	N	N	N
<b>eLicense (CAVU System)</b>	Y	N	Y	N	Y	Y	N	Y	N
<b>Emergency Medical Services Licensing</b>	Y	N	Y	N	N	N	Y	N	N
<b>Patient Choice at End of Life (Act 39) Tracking System</b>	Y	N	N	N	N	N	N	N	N
<b>Enhanced HIV/AIDS Reporting System</b>	Y	Y	Y	Y	Y	Y	N	N	N
<b>EvaluationWeb</b>	N	Y	Y	N	Y	Y	N	N	N

<b>Health Care Workforce Census</b>	Y	N	Y	N	Y	Y	Y	N	N
<b>Healthy Homes and Lead Poisoning Surveillance System (HHPSS)</b>	Y	Y	N	N	Y	Y	N	N	N
<b>Impaired Driving Rehabilitation Program Database (IDRP)</b>	Y	N	Y	N	N	N	N	N	N
<b>Inspection, Repair and Cleaning Practices Online Compliance Statement Registry</b>	Y	N	N	N	N	N	N	N	N
<b>Lead Regulatory Program-Permitting Database (Lead Abatement Permits)</b>	N	N	N	N	N	N	N	N	N
<b>Maternal Early Childhood Sustained Home-Visiting Program Database (MESCH)</b>	Y	N	Y	N	Y	Y	Y	N	N
<b>Naloxone Database</b>	Y	N	N	N	Y	Y	N	N	N
<b>National Electronic Disease Surveillance System (NEDSS) Base System (NBS)</b>	Y	Y	Y	Y	Y	Y	Y	Y	Y
<b>Newborn Screening</b>	Y	Y	N	N	N	N	N	N	N
<b>Pregnancy Risk Assessment Monitoring System (PRAMS)</b>	Y	Y	Y	Y	Y	Y	Y	N	N
<b>Refugee Domestic Health Assessment (DHA)</b>	Y	Y	Y	N	Y	N	Y	Y	N
<b>School Health Profiles</b>	N	N	N	N	N	N	N	N	N
<b>School Immunization Survey</b>	N	N	N	N	N	N	N	N	N

Situation Management and Response Tool (SMART)	Y	Y	N	N	Y	Y	N	N	Y
State Unintentional Drug Overdose Reporting System (SUDORS)	Y	Y	N	Y	Y	Y	N	Y	N
Statewide Incident Reporting Network (SIREN)	Y	N	Y	N	Y	N	N	N	Y
Substance Abuse Treatment Information System (SATIS)	Y	Y	N	N	Y	Y	N	N	N
USA Food Safety Database	N	N	N	N	N	N	Y	N	N
Vermont Advance Directives Registry (VADR)	Y	N	N	N	N	N	N	N	N
Vermont Cancer Registry	Y	Y	Y	N	Y	Y	N	N	N
Vermont Cyanobacteria Monitoring Data and Tracker	N	N	N	N	N	N	N	N	N
Vermont Household Health Insurance Survey (HHIS)	Y	Y	Y	Y	Y	Y	N	Y	N
Vermont Immunization Registry (IMR)	Y	Y	N	N	Y	Y	Y	N	Y
Vermont Medication Assistance Program Access Database and CAREWare	Y	Y	Y	N	Y	Y	N	N	N
Vermont Parents as Teachers Home Visiting Program Database (PAT+)	Y	N	Y	N	Y	Y	Y	Y	N
Vermont Population Estimates	Y	Y	N	N	Y	Y	Y	N	N
Vermont Prescription Monitoring System (VPMS)	Y	N	Y	N	N	N	N	N	N

Vermont School Nurse Report (VT SNR)	N	N	N	N	N	N	N	N	N
Vermont Violent Death Reporting System (VTVDRS)	Y	N	Y	Y	Y	Y	N	N	N
Vital Statistics - Births	Y	Y	N	N	Y	Y	N	N	N
Vital Statistics – Deaths	Y	Y	N	N	Y	Y	N	N	N
Vital Statistics – Fetal Deaths and Abortions	Y	Y	N	N	Y	Y	N	N	N
Vital Statistics – Marriage and Divorce	Y	Y	N	N	N	N	N	N	N
Women Infants and Children Database (WIC)	Y	Y	N	N	Y	Y	Y	N	N
You First Data Management System	Y	N	N	N	Y	Y	Y	N	N
Young Adult Survey	Y	Y	Y	Y	Y	Y	Y	N	N
Youth Risk Behavior Survey (YRBS)	Y	Y	Y	Y	Y	Y	Y	N	N

**Demographics by Data Source: Marital Status, Household Size, Education, Health Insurance, Housing Security, Disability, Income, Employment, Veteran or Active Duty**

Data Source	Marital Status	Household Size	Education	Health Insurance	Housing Security	Disability	Income	Employment	Veteran or Active Duty
Adult Tobacco Survey (ATS)	N	Y	Y	Y	Y	Y	Y	N	Y
Asbestos and Lead Licensing Database (ALRP)	N	N	N	N	N	N	N	N	N
Asbestos and Lead Regulatory Enforcement and Compliance Case Tracking Database (ALRP)	N	N	N	N	N	N	N	N	N
Asbestos Regulatory Program – Permitting Database (Asbestos Abatement Permits)	N	N	N	N	N	N	N	N	N
Asthma Call Back Survey (ACBS)	N	N	N	N	N	N	N	N	N
Basic Screening Survey (BSS)	N	N	N	N	N	N	N	N	N
Behavioral Risk Factor Surveillance System (BRFSS)	Y	Y	Y	Y	Y	Y	N	Y	Y
Birth Information Network (BIN)	N	N	Y	Y	N	N	N	N	N
Child Care Immunization Survey	N	N	N	N	N	N	N	N	N
Childhood Hearing Health System (CHHS)	N	N	N	N	N	N	N	N	N

Return to [Table of Contents](#)

<b>College Immunization Survey</b>	N	N	N	N	N	N	N	N	N
<b>Developmental Screening Registry</b>	N	N	N	N	N	N	N	N	N
<b>Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)</b>	N	N	N	Y	N	N	N	N	N
<b>eLicense (CAVU System)</b>	N	N	Y	N	N	N	N	Y	Y
<b>Emergency Medical Services Licensing</b>	N	N	Y	N	N	N	N	N	N
<b>Patient Choice at End of Life (Act 39) Tracking System</b>	N	N	N	N	N	N	N	N	N
<b>Enhanced HIV/AIDS Reporting System (eHARS)</b>	N	N	N	N	N	N	N	N	N
<b>EvaluationWeb</b>	N	N	N	N	N	N	N	N	N
<b>Health Care Workforce Census</b>	N	N	Y	Y	N	N	N	Y	N
<b>Healthy Homes and Lead Poisoning Surveillance System (HHLPSS)</b>	N	N	N	Y	N	N	N	N	N
<b>Impaired Driving Rehabilitation Program Database (IDRP)</b>	N	N	Y	N	N	N	N	N	N
<b>Inspection, Repair and Cleaning Practices Online Compliance Statement Registry</b>	N	N	N	N	N	N	N	N	N

<b>Lead Regulatory Program-Permitting Database (Lead Abatement Permits)</b>	N	N	N	N	N	N	N	N	N
<b>Maternal Early Childhood Sustained Home-Visiting Program Database (MESCH)</b>	Y	N	Y	Y	Y	Y	Y	Y	Y
<b>Naloxone Database</b>	N	N	N	N	N	N	N	N	N
<b>National Electronic Disease Surveillance System (NEDSS) Base System (NBS)</b>	Y	N	N	N	N	N	N	Y	N
<b>Newborn Screening</b>	N	N	N	N	N	N	N	N	N
<b>Pregnancy Risk Assessment Monitoring System (PRAMS)</b>	Y	Y	Y	Y	N	N	Y	Y	N
<b>Refugee Domestic Health Assessment (DHA)</b>	N	N	N	N	N	N	N	N	N
<b>School Health Profiles</b>	N	N	N	N	N	N	N	N	N
<b>School Immunization Survey</b>	N	N	N	N	N	N	N	N	N
<b>Situation Management and Response Tool (SMART)</b>	N	N	N	N	N	N	N	Y	N
<b>State Unintentional Drug Overdose Reporting System (SUDORS)</b>	Y	N	Y	N	Y	N	N	Y	Y
<b>Statewide Incident Reporting Network (SIREN)</b>	N	N	N	N	N	N	N	N	N

Substance Abuse Treatment Information System (SATIS)	N	N	Y	Y	Y	N	Y	Y	N
USA Food Safety Database	N	N	N	N	N	N	N	N	N
Vermont Advance Directives Registry (VADR)	N	N	N	N	N	N	N	N	N
Vermont Cancer Registry	Y	N	N	Y	N	N	N	Y	N
Vermont Cyanobacteria Monitoring Data and Tracker	N	N	N	N	N	N	N	N	N
Vermont Household Health Insurance Survey (HHIS)	Y	Y	Y	Y	N	Y	Y	Y	N
Vermont Immunization Registry (IMR)	Y	N	N	N	N	N	N	N	N
Vermont Medication Assistance Program Access Database and CAREWare	N	N	N	Y	Y	N	Y	N	N
Vermont Parents as Teachers Home Visiting Program Database (PAT+)	Y	Y	Y	Y	Y	Y	Y	Y	Y
Vermont Population Estimates	N	N	N	N	N	N	N	N	N
Vermont Prescription Monitoring System (VPMS)	N	N	N	Y	N	N	N	N	N
Vermont School Nurse Report (VT SNR)	N	N	N	Y	N	N	N	N	N
Vermont Violent Death Reporting System (VTVDRS)	Y	N	Y	N	Y	N	N	Y	Y
Vital Statistics - Births	Y	N	Y	Y	N	N	N	N	N

<b>Vital Statistics – Deaths</b>	Y	N	Y	N	N	N	N	Y	Y
<b>Vital Statistics – Fetal Deaths and Abortions</b>	Y	N	Y	N	N	N	N	Y	N
<b>Vital Statistics – Marriage and Divorce</b>	Y	Y	N	N	N	N	N	N	N
<b>Women Infants and Children Database (WIC)</b>	N	Y	Y	Y	Y	Y	Y	N	N
<b>You First Data Management System</b>	N	Y	Y	Y	Y	Y	N	N	N
<b>Young Adult Survey</b>	N	N	N	N	N	N	Y	N	N
<b>Youth Risk Behavior Survey (YRBS)</b>	N	N	Y	N	Y	Y	N	N	N