

http://humanservices.vermont.gov/ahs community-profiles

AHS Community Profiles of Health and Well-being

AHS believes that in order to effect systematic change and improve population health for all Vermonters, access to data which measures such well-being is essential for communities, organizations, service providers, business, government, and policy-makers. Data is necessary to understand how Vermonters are doing and provide information on how we can better support our communities.

History of the AHS Community Profiles

In 1995, then Secretary of AHS Con Hogan established the AHS Community Profiles initiative, developed and produced annually by the Agency Planning Division. The Profiles were published annually in a bound paper book and in PDF form online, distributed in communities, to service providers, and at the Legislature. The profiles were last published in 2008.

The profiles were used to support data-driven planning at AHS, in communities, and in the state house, stimulate community-wide discussions about how to "turn the curve," and to support data-driven grant applications. Comprised of about 60 indicators, the profiles sought to quantify outcomes of well-being later established in statue in 1999. The data provided reflected a partnership between AHS and the then Department of Education, encompassing key indicators for success in school, as well as foundational family, individual, and community conditions of health and well-being, by supervisory union.

About the AHS Community Profiles

The new Community Profiles project consists of three profiles highlighting important areas of community well-being which the Agency of Human Services is trying to improve. Each profile contains different population-level indicators showing how Vermonters overall, and members of smaller populations within specific geographic areas, are doing regarding economic opportunity, equitable access, and resilient communities. Each profile is available for viewing at 3 different levels of sub-geography: County, AHS District Office (DO), and Hospital Service Area (HSA). You can compare trends over time, by geography, and in relation to state averages.

<u>Fconomic Opportunity</u> - The population-level indicators displayed here <u>quantify</u> <u>progress toward improving economic opportunity</u>. Economic opportunity will exist when all Vermonters are supported in pursuing economic prosperity and free from poverty.

<u>Fquitable Access</u> - The population-level indicators displayed here <u>quantify</u> <u>progress toward achieving equitable access</u>. Equitable access will exist when all Vermonters have access to program services and supports for healthcare, childcare, nutrition, and transportation. Equitable access is not equal access. Equity exists when all people have fair and just opportunities, especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation, and disability.

Resilient Communities - The population-level indicators displayed here <u>quantify</u> progress toward community resilience. A resilient community will exist when all Vermonters live in safe communities with the capacity to respond to disease, disability, and times of vulnerability.