

Division of Maternal & Child Health

BRIEF: Tobacco Use

The vision of the Division of Maternal and Child Health is that the health and wellness of Vermont's women, children, and families is a foundation for the health of all Vermonters. We work to achieve this vision through strategies that are family centered, evidence-based, and data driven.

Priority Area	Reduce the risk of chronic disease across the lifespan
Performance Measure	% of women who smoke during pregnancy % of children who live in households where someone smokes

Introduction. Women who smoke during pregnancy are more likely to experience a fetal death or deliver a low birth weight baby. Further, adverse effects of parental smoking on children have been a clinical and public health concern for decades, first documented in the 1986 U.S. Surgeon General Report. Unfortunately, millions (more than 60%) of children are exposed to secondhand smoke in their homes. These children have an increased frequency of ear infections; acute respiratory illnesses and related hospital admissions during infancy; severe asthma and asthma-related problems; lower respiratory tract infections leading to 7,500 to 15,000 hospitalizations annually in children under 18 months; and sudden unexpected infant death. Higher intensity medical services are also required by children of parents who smoke including an increased need for intensive care unit services when admitted for flu, longer hospital stays; and more frequent use of breathing tubes during admissions.

Results.

% of women who smoke during pregnancy, 2009-2014



Source: 2008-2014 National Vital Statistics System (NVSS)

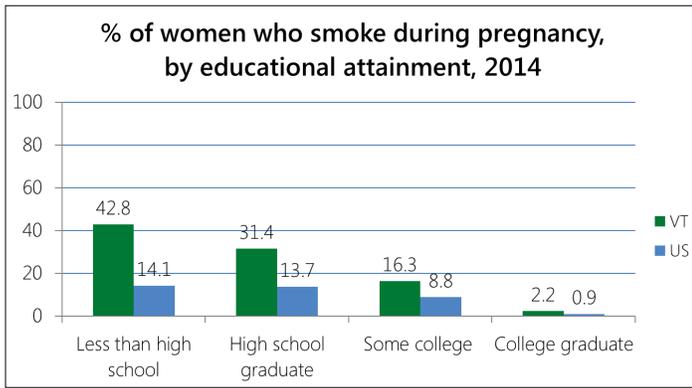
Vermont's rate of smoking during pregnancy is consistently about twice the national rate. While there is no significant linear trend in Vermont's smoking rate, there is a statistically significant decrease between 2013 (18.3%) and 2014 (16.8%).

For children living in a household where someone smokes, the pattern is somewhat different. Vermont's rates are not significantly different from the US rates in any of the three survey years. The US rate is declining significantly between all years, and Vermont's rate in 2011/12 (21.6%) is significantly lower than the 2003 rate (28.5%).

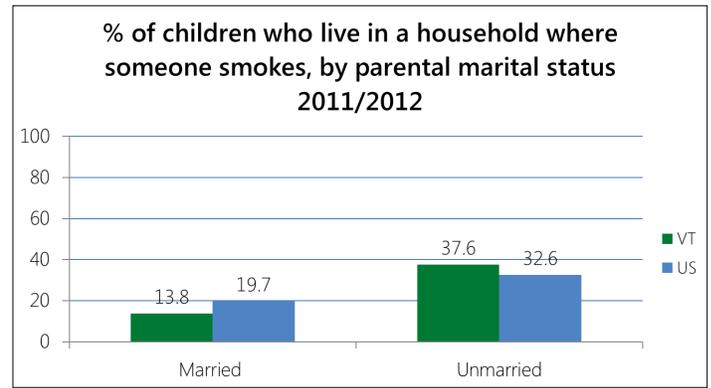
% of children who live in a household where someone smokes, 2003-2012



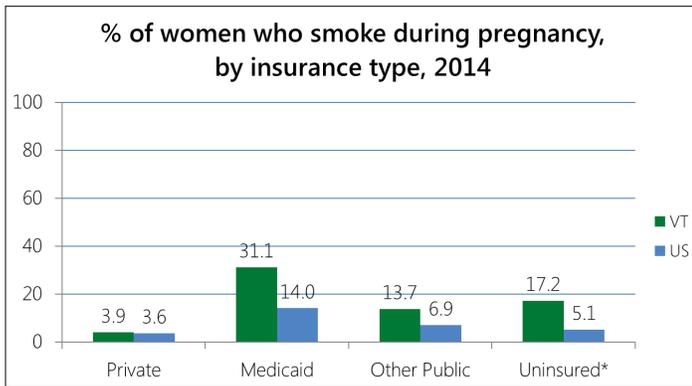
Source: National Survey of Children's Health (NSCH), 2011-2012



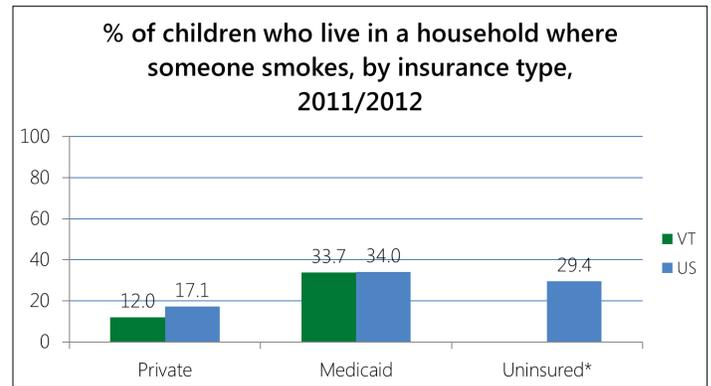
The smoking rate declines significantly with maternal education in both the Vermont and US data. The Vermont rate among those with the lowest educational attainment are particularly high, but Vermont's rate significantly exceeds the US rate in all categories.



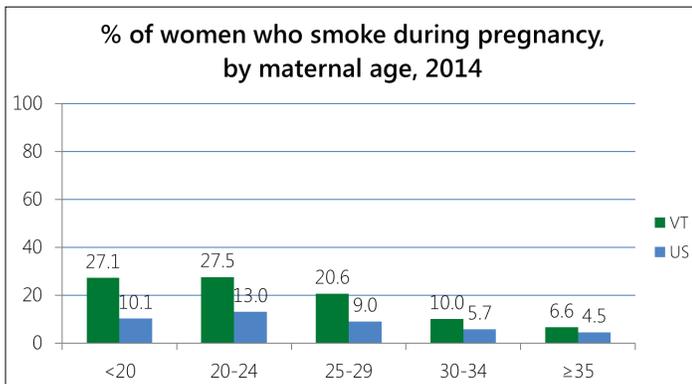
Children whose parents are married are less likely to live in a household where someone smokes. The magnitude of this difference is larger in Vermont than in the rest of the country.



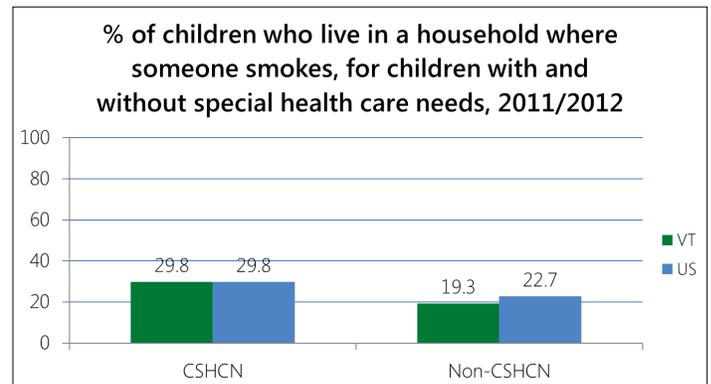
Vermonters with private health insurance during pregnancy have comparable smoking rates to the same population in the US. Vermont does significantly worse in its Medicaid and other publicly insured populations and in the relatively small uninsured population.



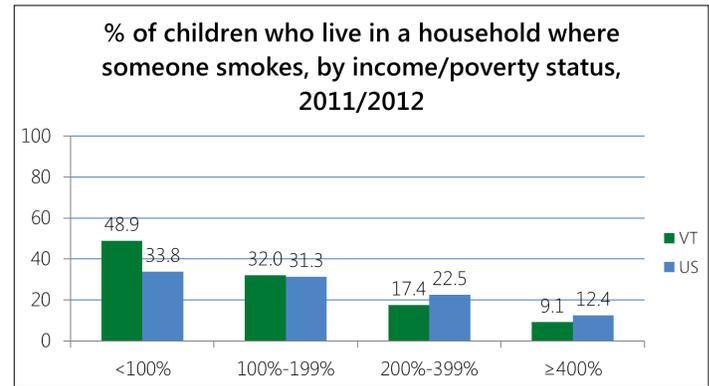
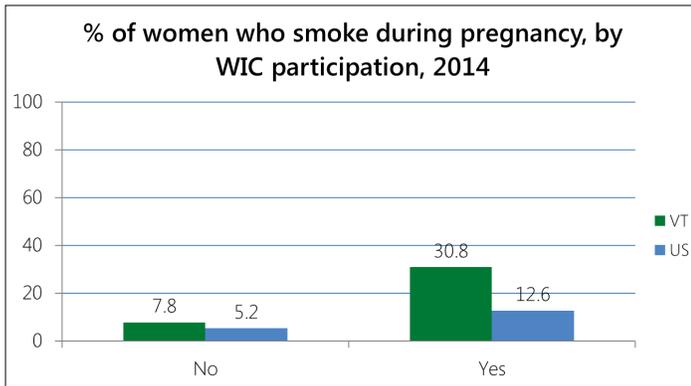
Vermonters with private health insurance have a lower smoking exposure rate than those with Medicaid. This rate is also significantly lower than the rate for privately insured children in the US.



Smoking rates during pregnancy are lower by each progressive age group in Vermont women over the age of 25.



Vermont's smoking exposure rate for children with special health care needs is higher than that for those without such needs. For children without special health care needs, Vermont's rate is lower than the corresponding national rate.



The smoking rate among pregnant women who are receiving WIC assistance is nearly four times as high in Vermont as those who are not receiving assistance, a ratio that is considerably higher than it is in the US.

Smoking exposure rates decline significantly with increasing household income. Vermont has significantly higher exposure rates in the lowest income category, and comparable rates elsewhere.

Vermont Strategies.

- Pilot **evidence-based provider training** and enhanced **cessation incentives** in Rutland community
- Collaborate with Medicaid to promote **billing among pediatricians and Ob/Gyns** for cessation counseling
- Work with local **WIC offices** to ensure all clients have access to **smoking cessation resources/ referrals** (802Quits Network)
 - Educational and promotional materials for all WIC clients
 - Regular chart audits of WIC clients to assure appropriate referral and follow-up
- Support outreach/ promotion of **802Quits Network** with **medical/ social service community**
 - **Regional MCH coalitions** promote messaging around the risks of smoking in pregnancy and cessation resources

- MCH Coordinators in local district offices **partner with local birth hospitals** to identify patients who smoke and provide resource and referral
- MCH Coordinators in local offices share 802Quits Network **outreach materials with partners**
- Explore partnerships to pilot **increased cessation incentive payment** for pregnant women
- **Digital promotion of 802Quits pregnancy protocol** (incentive payments, increased access to nicotine replacement therapy (NRT), uncapped counseling sessions)
- Work collaboratively with the **Vermont chapter of ACOG** to strengthen its membership and provide training and organizational support to ensure key public health messaging/ content is integrated into clinical services

Data Issues.

(i) Vermont's relatively small sample sizes are often associated with suppressed data or wide confidence intervals, hindering interpretation in subgroup analyses. (ii) In 2011-2012, the NSCH changed from a landline-only sample to a dual-frame sample including landlines and cell phones. Therefore, estimates may not be comparable over time.

Data Sources.

2008-2014 National Vital Statistics System (NVSS)
[2003, 2007 & 2011/12 National Survey of Children's Health \(NSCH\)](#)

Contact.

Ilisa Stalberg, MCH Deputy Director, ilisa.stalberg@vermont.gov or 802-951-4026