

## Child & Family Health • Family Planning

### • A Healthy Start in Life

The health and wellness of children and families is a foundation for the health of all Vermonters. But there are inequities from the start: in Vermont, 21% of children from birth to age 6 are living in poverty (at or below 100% of the Federal Poverty Level). Poverty can have severe and lifelong effects on health and development, starting from the prenatal period and lasting throughout life.

### • Planning for Healthy Families

Family planning contributes to better outcomes for everyone—babies, children, parents and whole communities. Planning helps families be more intentional about timing, birth spacing and family size. Parents who intentionally prepare for child-bearing are more likely to have opportunities to be healthy themselves, and their babies are then more likely to be born healthy.

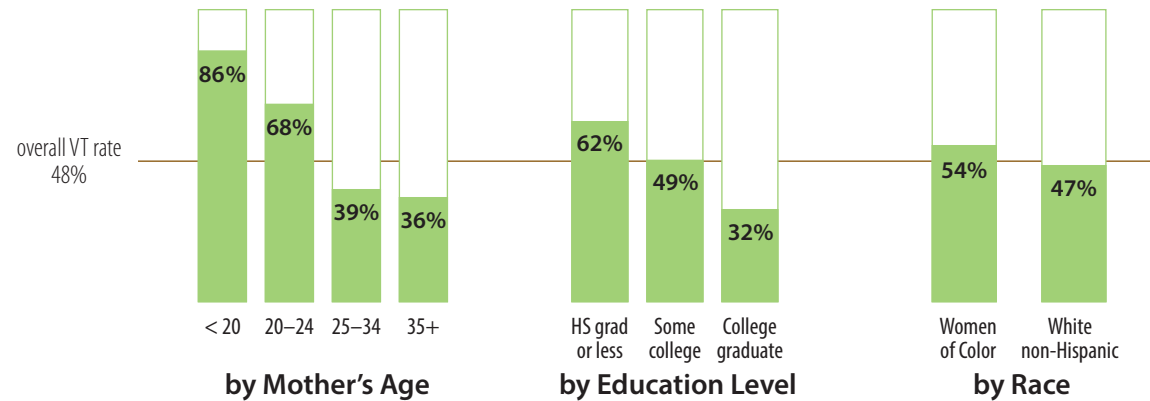
### • Unintended vs. Planned Pregnancy

Unintended pregnancies happen more often among younger and less educated mothers, and these families may be stressed due to poverty. As a result, prenatal care may be delayed, and there is a greater risk of depression, distress and violence in the family. Babies born of unintended pregnancies are at risk for birth defects and low birth weight, and may not have the benefit of breastfeeding. As they grow into their teens, these children are more likely to experience trauma, be in poor mental and physical health, and have more behavioral problems and lower academic achievement.

## Unintended Pregnancy

Vermont Vital Statistics • 2015

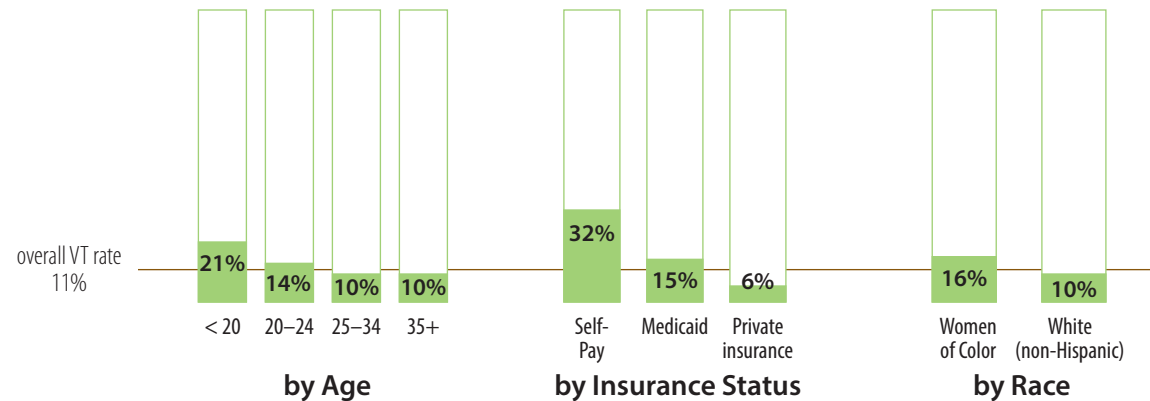
% of pregnancies that were unintended in 2014



## Prenatal Care

Vermont Vital Statistics • 2015

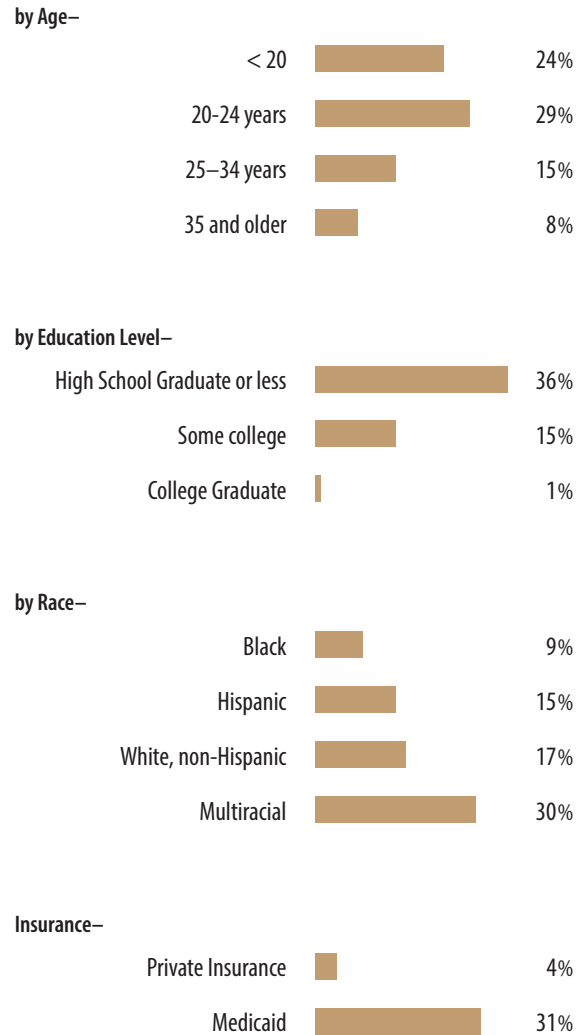
% of mothers whose prenatal care was not adequate in terms of timing and number of visits



## Smoking During Pregnancy

Vermont Vital Statistics • 2015

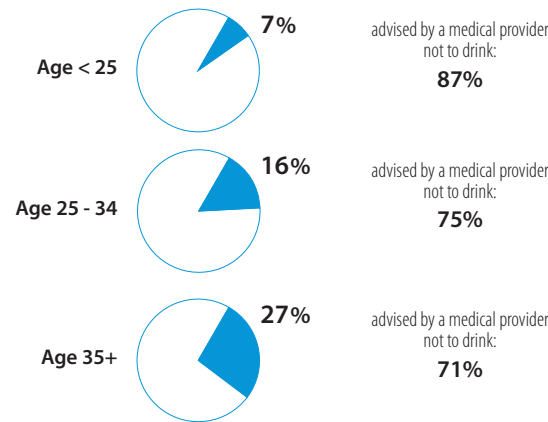
% of women who smoked during pregnancy



## Drinking During Pregnancy

Vermont Pregnancy Risk Assessment Monitoring System • 2015

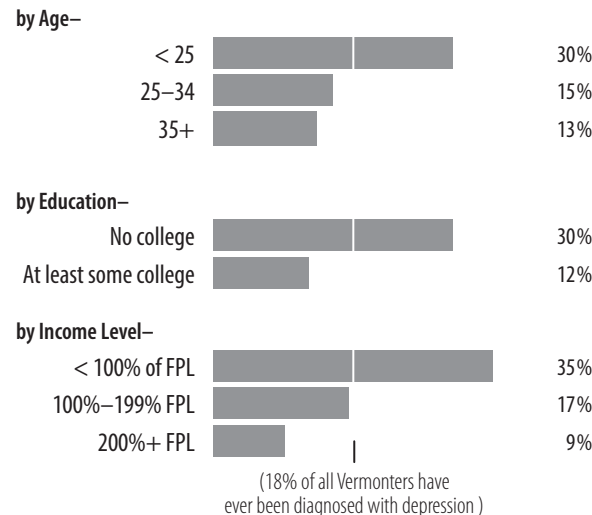
% of women who drank alcohol during pregnancy



## Depression History of Birth Mothers

Vermont Pregnancy Risk Assessment Monitoring System • 2015

% of mothers giving birth in 2015 who had ever been previously diagnosed with depression



## • The Importance of Preconception Care

A preconception visit with a health care provider is an important time for women of reproductive age to get screenings, counseling and immunizations before and between pregnancies. These services can help prevent or treat conditions such as high blood pressure, asthma or depression, and improve reproductive health. Approximately two-thirds of Vermont women age 18 to 44 had a visit with their health care provider in the past year.

## • Prenatal Care

Early and timely health care during pregnancy is essential for assuring a healthy pregnancy and the best health for both parent and child. Babies of mothers who do not have adequate prenatal care are more likely to have a low birth weight or die. Approximately one in 10 Vermont women do not have adequate prenatal care.

## • Smoking During Pregnancy

Smoking is the most preventable cause of low birth weight in babies, and low birth weight is linked to infant death. Smoking around children can also cause frequent ear infections, asthma, respiratory illnesses, hospitalizations and sudden unexpected infant death. In Vermont, smoking during pregnancy is twice the national rate, with little change over time.

## • Drinking During Pregnancy

Prenatal exposure to alcohol can cause birth defects, intellectual disabilities and developmental disorders in newborns. Vermont has consistently high rates of alcohol use during pregnancy. Older mothers are most likely to drink during pregnancy, yet least likely to be advised not to drink.

## Child & Family Health • Infants to Age 6

### • Pre-Term Births

Pre-term birth is when a baby is born too early, before 37 weeks of pregnancy. Babies born too early are at greater risk of having both immediate and lifelong health problems, and may need to stay in the hospital longer than full-term babies. Lower income mothers—those with Medicaid for insurance—are more likely to have a pre-term birth.

### • Developmental Screening

Early identification of children who are at risk for developmental delays and disabilities is critical for their well-being and that of their families. When children are identified, they will often need early intervention or further assessment. In Vermont, the percentage of children with a developmental or behavioral disorder has been increasing, yet screening is not universal.

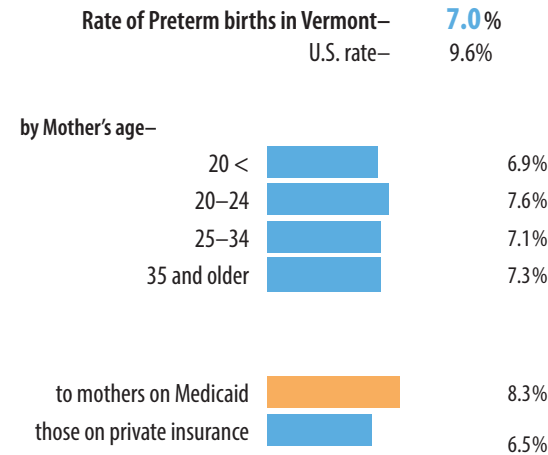
### • Breastfeeding is Best

Exclusive breastfeeding for the first six months of life is the healthiest way to feed infants. There are many immediate benefits, including reduced risk of infant mortality and fewer illnesses. Breastfeeding helps prevent obesity and diabetes in children, and breastfeeding mothers are at lower risk of breast and ovarian cancer, diabetes, hypertension and cardiovascular disease.

In Vermont, breastfeeding rates are improving, but disparities persist. Lower income parents who participate in WIC, the federal Women, Infants & Children nutrition program, have lower rates of breastfeeding than those not participating in WIC.

### Pre-term Births

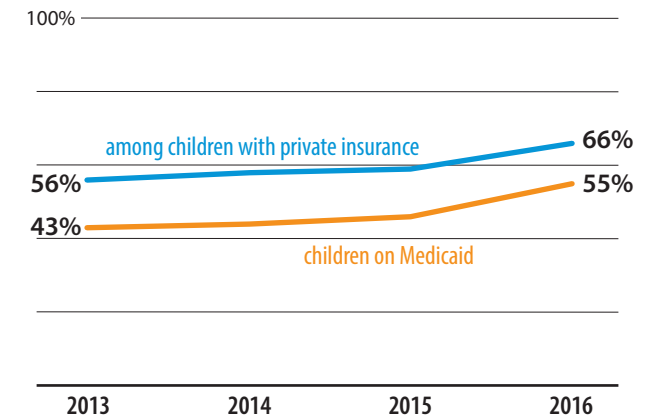
Vermont Vital Statistics • 2015



### Developmental Screening & Insurance

Vermont Blueprint for Health Clinical Registry • 2013–2016

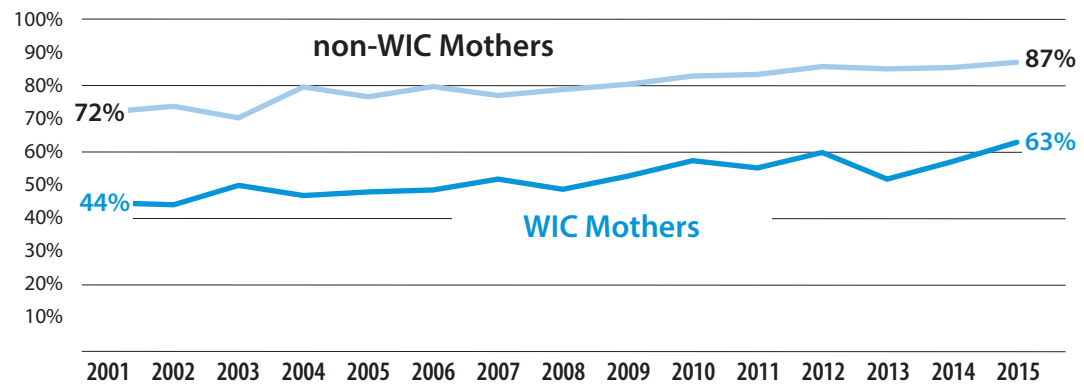
% of children who receive developmental screening in the first three years of life



### Breastfeeding

Vermont Pregnancy Risk Assessment Monitoring System • 2001–2015

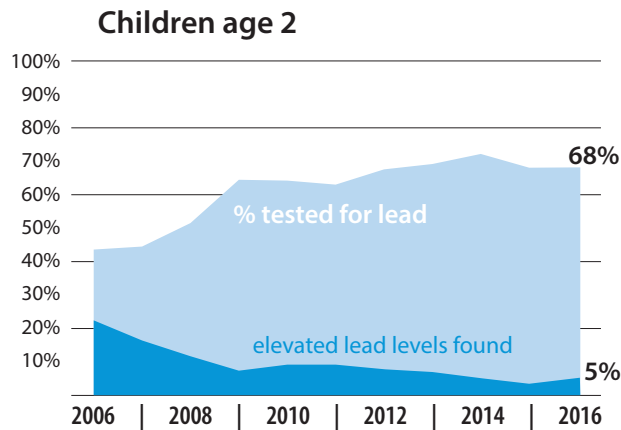
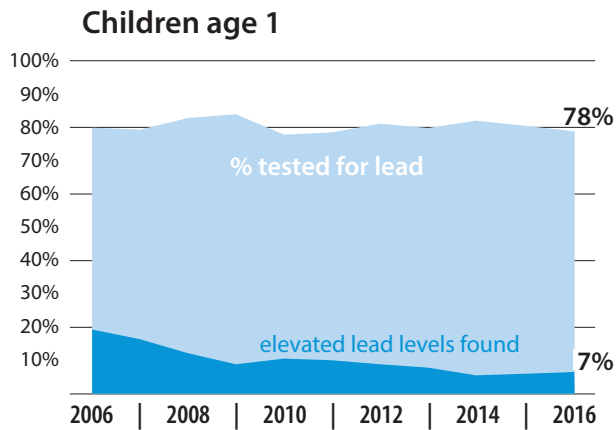
% of mothers who are breastfeeding at 8 weeks, of those who do and do not participate in Women, Infants & Children nutrition program



## Blood Lead Levels in Children

Vermont Department of Health/ Healthy Homes Program • 2006–2016

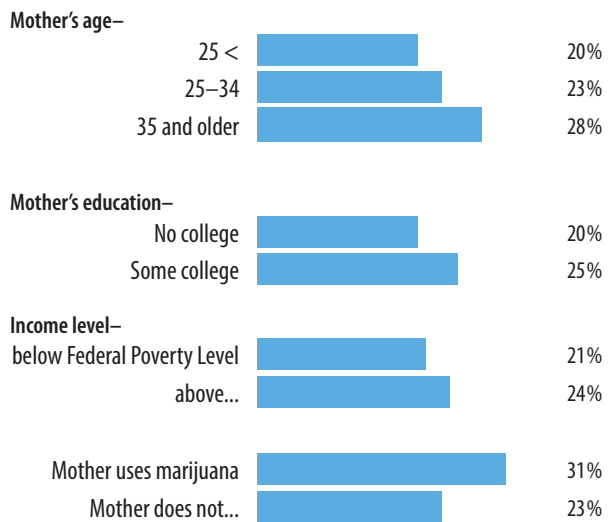
% of children tested for lead in their blood/ % of children found to have elevated blood lead levels



## Bed-Sharing Risks

Vermont Pregnancy Risk Assessment Monitoring System • 2012–2015

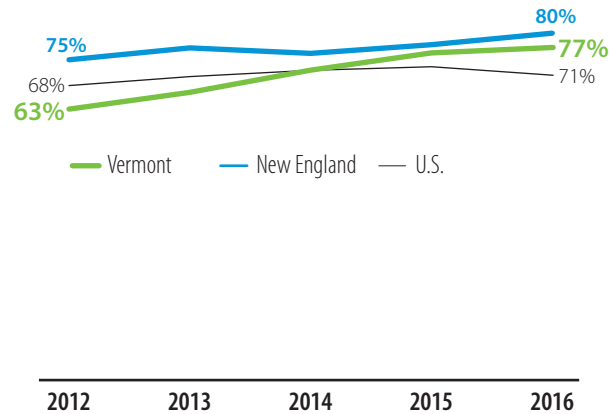
% of infants who always or often sleep in bed with a parent/adult



## Childhood Immunizations

National Immunization Survey/ Vermont • 2012–2016

children age 19–35 months who are up to date with the combined 7-vaccine series: hepatitis B, diphtheria/tetanus/pertussis, haemophilus influenzae B, poliovirus, pneumococcal, measles/mumps/rubella, varicella



## • Lead Testing at Age 1 and 2

There is no safe level of lead in the body. In children, exposure to lead may result in learning disabilities, behavioral problems, decreased intelligence and developmental delays.

Dust from lead paint in older homes is the main source of exposure. A child's exposure to lead can easily be identified with testing, and early interventions can prevent further exposure to this harmful toxin. Although lead testing for 1-year-olds in Vermont is comparatively high, too many 1- and 2-year-olds are still not tested at their Well Child visits.

## • Infant Safe Sleep Environments

To prevent injuries and deaths from unintentional suffocation, newborns and infants need a safe sleep environment. This means putting babies to sleep on their back, on a firm sleep surface, and sharing a room but not a bed. Older, higher income, more educated mothers are more likely to have an infant sleeping in a shared bed. The same is true of mothers who use marijuana.

## • Immunizations for Young Children

Vaccines have prevented countless cases of disease over the years, and saved millions of lives. Children who are fully immunized are protected against vaccine-preventable diseases or severe illness, and they help protect the community from disease outbreaks.

At 77%, the immunization rate for Vermont toddlers age 19 to 35 months against 11 diseases are below the New England states overall (80%), and below state and national targets.

## Child & Family Health • School Age 7-17

### • Oral Health Care for All

Oral health care is integral to overall health. Tooth decay is one of the most common chronic diseases in children, and infections in the mouth have been linked to development of diabetes, heart disease and stroke. In Vermont, young children from lower income families (eligible for the National School Lunch Program at 185% of the Federal Poverty Level) are more likely to have untreated tooth decay compared to higher income children. This suggests that they do not have the benefit of early oral health care, and are less likely to go to a dentist for treatment.

### • Youth Who Feel That They Matter

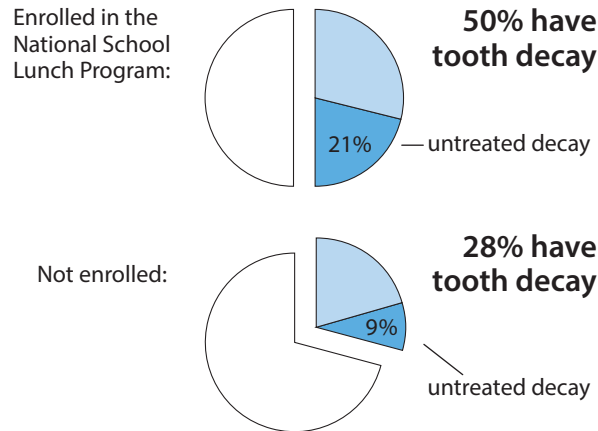
Youth who feel empowered, and who believe they matter to people in their community, are more likely to be engaged in their own health and well-being. The belief that they are valued by others in the community encourages healthy behaviors, and discourages risk behaviors—which then favors positive outcomes in life: better mental health, fewer teen pregnancies and sexually transmitted diseases, fewer suicides, fewer motor vehicle crashes, and lower prevalence of obesity and other chronic health conditions.

In Vermont, boys are more likely than girls to feel that they matter. Asian and white, non-Hispanic students are more likely than students of color to feel that they matter. And students who identify as heterosexual are more likely than those who identify as lesbian, gay or bisexual to feel that they matter.

### Tooth Decay in Children

Vermont Oral Health Survey • 2016–2017

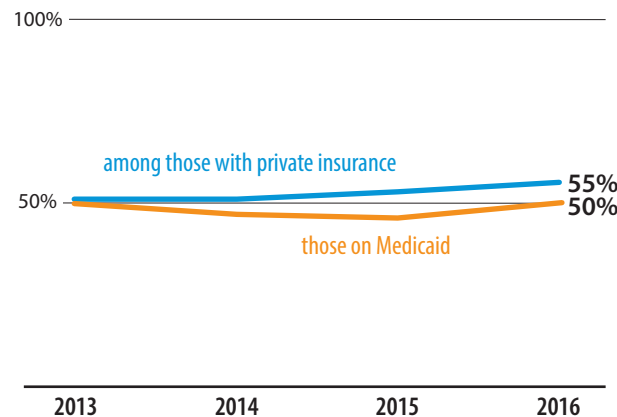
% of third graders surveyed who have had any tooth decay, by eligibility for the National School Lunch Program



### Well-Care Visits and Insurance

Vermont Blueprint for Health Clinical Registry • 2013–2016

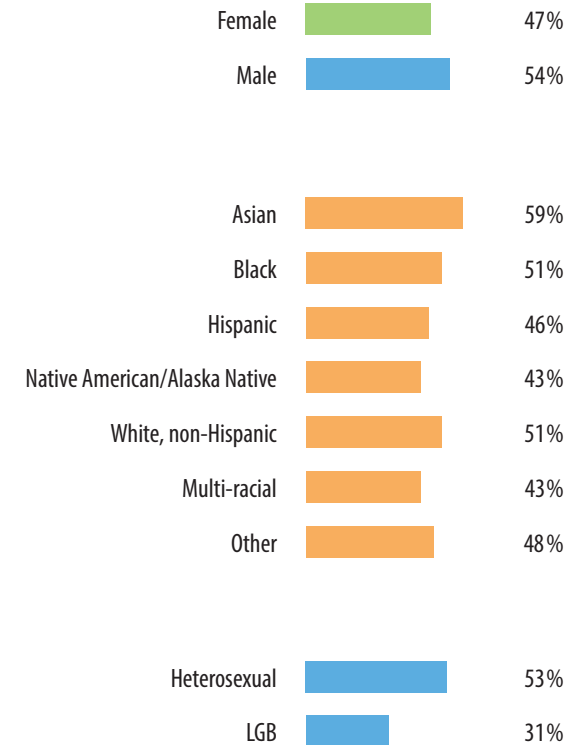
% of adolescents who have had a well-care visit with a primary care physician or ob/gyn in the past year



### Student Connectedness

Vermont Youth Risk Behavior Survey • 2015

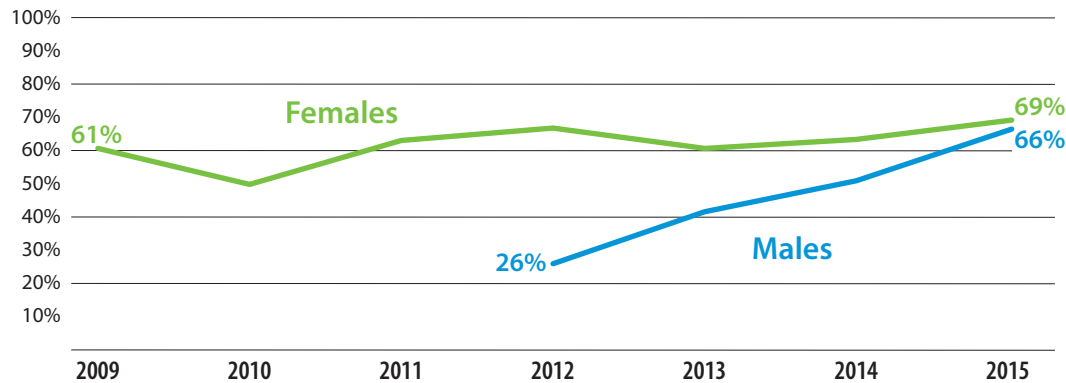
% of students in grades 9–12 who feel they matter to their community



## HPV Vaccination

National Immunization Survey/Vermont • 2009–2015

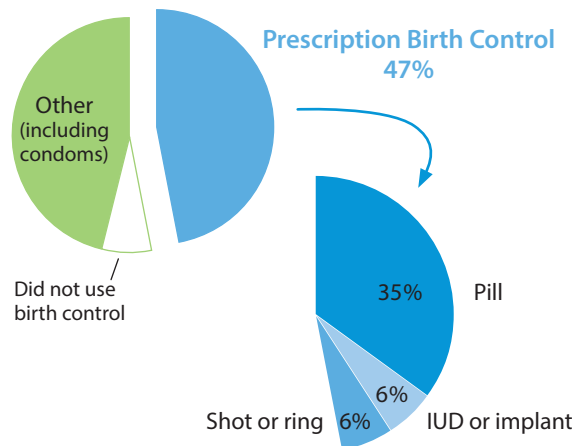
% of adolescents who have been vaccinated for the human papillomavirus



## Birth Control Practices of Adolescents

Vermont Youth Risk Behavior Survey • 2015

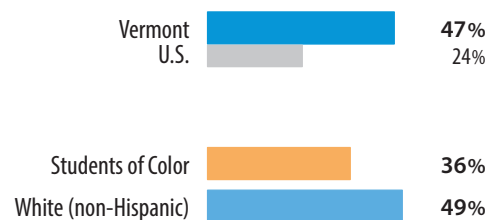
methods of birth control used by sexually active Vermont high school students in grades 9–12



## Prescription Birth Control Use

Vermont Youth Risk Behavior Survey • 2015

% of sexually active high school students in Vermont who use most or moderately effective contraceptives (IUD/implant, pill, shot/ring):



## • Adolescent Well Care Visits

Among adolescents, most diseases and deaths caused by risky sexual activity, alcohol or drug use, motor vehicle crashes, self-harm or violence against others are preventable. The annual Well Care visit can be a time to detect and correct problems early. This is an opportunity to build a trusting relationship between an adolescent or teen and their health care provider, and a time for the provider to support their strengths and healthy development. This relationship can reinforce the understanding that they matter.

In Vermont, adolescents and teens with special health care needs receive services to help smooth the transition to adult health care at about the same rate (22%) as those without special health care needs (23%).

## • Immunize Against Cancer

HPV vaccine prevents six types of cancer caused by infection with carcinogenic strains of the human papillomavirus. In Vermont, the rate of HPV immunization continues to increase among both males and females age 11 to 26. A majority had their first HPV vaccine before age 15. Vaccinating early results in higher immunity and lower health care costs.

## • Preventing Pregnancy & STIs

Approximately half of sexually active high school students in Vermont use a contraceptive that is the most or moderately effective method for birth control: IUD/implant, pill, or shot/vaginal ring. Many fewer use one of these plus a condom, putting themselves at risk for sexually transmitted infections such as chlamydia and HIV as well.