

Vermont

VERMONT KIDS COUNT

2009

total population	621,428
children under 18	128,853
median income	\$51,555
children living in poverty ²	16,880
% children living in poverty ²	13.3%

Economic Security

	2000		2009 ¹		% change in state rates 2000-most recent
	State total	State rate	State total	State rate	
Food Stamps	18,525	12.6	23,549	18.3	45.1%
Dr. Dynasaur/Medicaid ³	52,449	35.7	56,514	43.9	23.0%
TANF (Reach-up) ⁴	11,239	7.6	8,444	6.6	-14.2%
School Meals ⁵	25,772	25.9	33,725	38.0	38.3%
New Families at Risk ⁶	224	8.4	170	6.1	-27.6%

ECONOMIC SECURITY

In the 2009-2010 school year, 38% of Vermont public school students were approved for School Meals, an increase of 46.7% since 2000.

18.3% of children relied on 3SquaresVT benefits, a 45% increase since 2000.

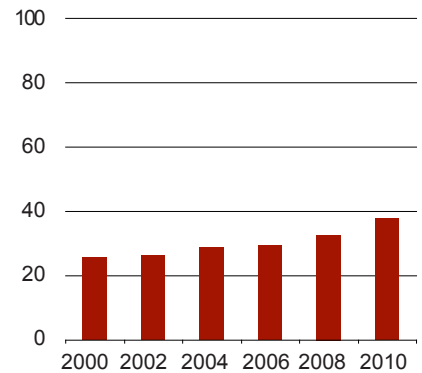
Rates of 3SquaresVT enrollments and students approved for School Meals have both increased significantly since 2000—which may be related to increased child poverty as well as improved outreach.

43.9% of children were enrolled in Dr. Dynasaur/Medicaid statewide—56,514 in 2009. The Dr. Dynasaur health insurance program includes both “traditional” Medicaid—which covers children and pregnant women who meet strict income, health, and household guidelines—and expanded public health insurance that provides coverage to children whose family incomes are up to three times the poverty level.

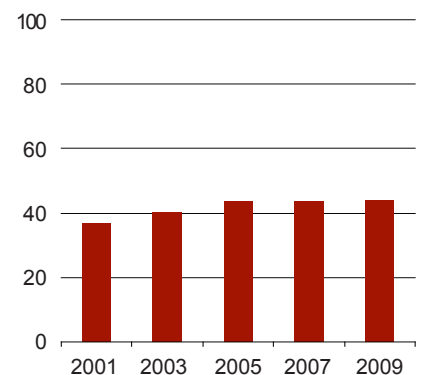
With the exception of poverty, median income estimates, and school meals, all rates and counts are based on three-year averages. For example, the year 2009 represents the average of 2007-2009.

- 1 2009 data except School Meals (2010) and New Families at Risk (2008).
- 2 Since the estimates are not based on direct counts, county data should not be compared. Smaller population areas have wider confidence intervals and should be used with caution. For more details and cautions, see: <http://www.census.gov/cgi-bin/saige/saige.cgi>. The 2009 Federal Poverty Threshold was \$21,756 for a family with two adults and two children.
- 3 Dr. Dynasaur, Vermont’s public health insurance program for children and pregnant women.
- 4 The Reach-Up Program is Vermont’s version of TANF, the federal Temporary Aid to Needy Families Program.
- 5 Public school students approved for free and reduced-price Federal School Meals.
- 6 Percentage of first births to unmarried women under 20 with less than 12 years of education.

Percent of Students Approved for Federal School Meals



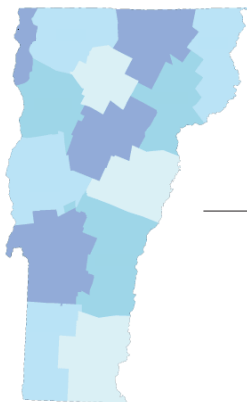
Percent of Children Enrolled in Dr. Dynasaur/Medicaid



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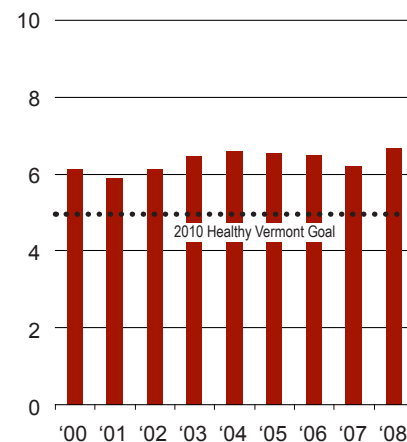
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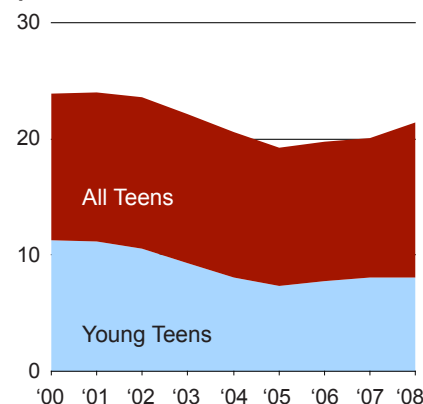
Health Indicators

	2000		2008	
	State total	State rate	State total	State rate
Population <18 ¹	147,107	24.3	128,853	20.7
Early Prenatal care ²	4,657	80.8	5,274	83.2
Low Birthweight ³	400	6.1	431	6.7
Infant Mortality ⁴	41	6.2	33	5.1
Child Deaths ⁵	19	16.4	15	14.3
Teen Deaths ⁶	33	71.9	22	47.4
Young Teen Births ⁷	146	11.3	104	8.1
All Teen Births ⁷	527	23.9	478	21.4

Percent Low Birthweight Babies



Births to Teens and Young Teens per 1,000 Births



HEALTH

Young people used to make up about one-quarter of Vermonters; they now represent slightly more than one-fifth. Vermont's child and youth population declined by 12.8% between 2000 and 2009.

Babies with low birth weight—under 5.5 pounds—are at risk of respiratory conditions, cognitive and developmental delays, and long-term conditions. Our *Healthy Vermonters 2010* goal is to reduce the percentage of low birth weight babies to 5.0%. The Vermont average is not headed in the right direction—6.7% in 2008, up from 6.1% from 2000.

Statewide, the teen birth rate was 21.4 per 1,000 teen girls aged 15-19, 10% lower than in 2000.

The percent of pregnant women receiving early prenatal care—care within the first trimester—fell short of the *Healthy Vermonters 2010* goal of 90%. In 2008, just 83.2% of pregnant women in Vermont received early prenatal care—a nearly 3% increase since 2000.

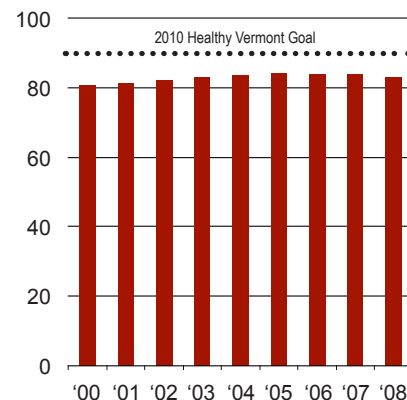
2008 data except population (2009); 2008 data are from the Vermont Department of Health. All health rates and counts are based on three-year averages. For example, the year 2008 represents the average of 2006-2008. Rates based on small counts should be used with caution. Such rates may change significantly from one period to the next—even if the actual count only increased from 1 to 2.

- 1 Children ages 0-17 as percent of total population.
- 2 Pregnant women who seek early prenatal care (within first trimester), per 100 live births.
- 3 Infants weighing less than 5.5 pounds at birth per 100 live births.
- 4 Infant deaths less than one year of age per 1,000 live births.
- 5 Child deaths per 100,000 children ages 1-14.
- 6 Teen deaths per 100,000 youths ages 15-19.
- 7 Young Teen Births refer to mothers ages 15-17; All Teen Births refers to mothers ages 15-19. Rates are per 1,000 females of the same age.

For definitions and sources: <http://www.voicesforvtrkids.org/wp-content/uploads/kidscount/sources.pdf>

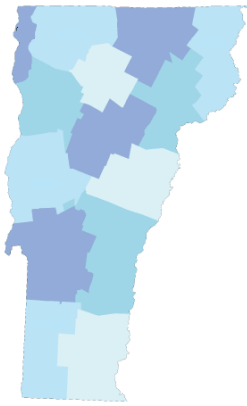
Vermont KIDS COUNT research is funded by the Annie E. Casey Foundation. We thank them for their support but acknowledge that the findings presented in these county pages are those of Voices for Vermont's Children alone, and do not necessarily reflect the opinions of the Foundation.

Percent Pregnant Women Receiving Early Prenatal Care



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Youth Risk Behaviors and Assets

Cigarettes

Percent of all students, grades 8-12, who had smoked cigarettes during the past 30 days

2003	2005	2007	2009
20	16	16	16

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Alcohol

Percent of all students, grades 8-12, who had used alcohol during the past 30 days

2003	2005	2007	2009
39	37	39	36

Marijuana

Percent of all students, grades 8-12, who had used marijuana during the past 30 days

2003	2005	2007	2009
25	22	21	22

Inhalants

Percent of all students, grades 8-12, who had ever used inhalants

2003	2005	2007	2009
13	12	12	10

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Depression

Percent of students who felt so sad or hopeless almost every day for at least 2 weeks that they stopped doing some normal activities

2003	2005	2007	2009
23	22	20	21

Sex (ever)

Percent of all students, grades 8-12, who have ever had sexual intercourse.

2003	2005	2007	2009
35	36	37	40

Bullying

Percent of students who were bullied during the past 30 days

2003	2005	2007	2009
NA	18	17	17

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Bullying

Percent of students who bullied someone during the past 30 days

2003	2005	2007	2009
NA	21	21	20

Physical Activity

Percent of students, grades 8-12, who vigorously exercised 3 or more times per week

2003	2005	2007*	2009
67	67	49	45

Parents Talk

Percent of all students, grades 8-12, whose parents talk with them about school weekly or more often

2003	2005	2007	2009
75	78	79	77

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Students Decide

Percent of all students, grades 8-12, who report that students help decide what goes on in their school

2003	2005	2007	2009
46	46	51	50

Volunteer

Percent of all students, grades 8-12, who spend 1 or more hours per week volunteering in their community

2003	2005	2007	2009
45	46	45	42

Youths Valued

Percent of all students, grades 8-12, who report they feel valued by their community

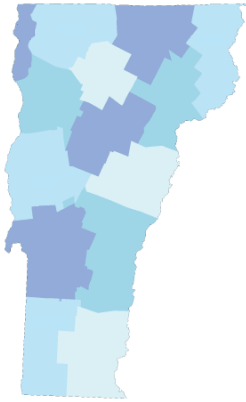
2003	2005	2007	2009
42	45	47	47

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Clubs

Percent of all students, grades 8-12, who spend 1 or more hours per week in clubs/organizations outside of school

2003	2005	2007	2009
28	31	30	27



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Youth Risk Behaviors and Assets

* Survey question changed to 5 or more times for 60 minutes in 2007

ABOUT THE VERMONT YOUTH RISK BEHAVIOR SURVEY:

The Vermont Youth Risk Behavior Survey is a voluntary survey of 8th-12th graders attending Vermont middle- and high-schools (and elementary schools that include 8th grade) that seeks to monitor trends in student health and risk behaviors. Administered every two years since 1993, in 2009 nearly 30,000 8th-12th grade students representing 143 schools and 55 supervisory unions were surveyed. The resulting data in the report is based on a representative sample to accurately reflect state demographic distribution, with a +/-5% error rate. Although the report offers data down to the supervisory union level, comparing the numbers of one supervisory union to another or to the state should be done with caution, because while the statewide percentages are “weighted,” individual supervisory union percentages are not. It is possible that apparent differences, especially small differences, are due to demographic characteristics, rather than true differences in prevalence.

Survey information and indicator significance: <http://www.voicesforvkids.org/wp-content/uploads/2009/03/whyimportant.pdf>

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