



Vermont County Pages and Vermont KIDS COUNT Introduction to the Data

Using KIDS COUNT Data

Local and state analysis is critical to identifying the well-being of Vermont children and families. Vermont KIDS COUNT data bring attention to the needs of the state's young people and their families, through data reported at state, county, school and school district/supervisory union levels.

Who Uses KIDS COUNT Data?

KIDS COUNT data helps others make a difference for young people—serving as useful tools for local citizens, government and nonprofit groups, and other service agencies.

Policy makers and state advocates use the data to increase public awareness and to inform their work on specific child and youth issues; citizens and community groups use it for grassroots organizing; service providers use the information in program planning and grant writing; and educators use the data to inform youth and get them involved in their own futures.

We urge you to incorporate the research from Vermont KIDS COUNT into your own activities on behalf of young people. Together, we can help advance state, community and individual efforts to enhance the lives of Vermont children and youth.

Examples of how you can use Vermont KIDS COUNT data:

- Create a fact sheet to bring attention to an issue in your community. If you've heard that more children are showing up at the local emergency food shelf and you want to research the economic status of children in your county, look at the trends in students approved for school meals programs and children living in poverty.
- Service providers who want to apply for funds to address a particular need can back up their grant proposals with data. Local stories can provide a human face to an issue, while statistics document the level of need.
- Citizens can inform themselves and their area legislators through Vermont KIDS COUNT data. Ask candidates for public office if they know about the status of children and youth in their area, and what their efforts have been towards improving children's well-being.

IMPORTANT TERMS AND CONCEPTS

A Caution about Drawing Conclusions

The key in the evaluation of statistics is to examine everything in context. The data push us to look beneath the surface for the possible reasons for the numbers and prompt further questions and discussions. The numbers can be a way for us to begin to understand or tell a story; they are not the whole story themselves.

Indicator

The term “indicator” describes data that are related to outcomes. Our County Pages report on indicators related to the well-being of children, youth and families. An indicator can be measured in terms of number, rate, or change over time.

Sources

Voices for Vermont's Children, Vermont's KIDS COUNT organization, does not conduct surveys or gather direct data. We obtain data from a number of sources, including the U.S Census Bureau and Vermont State agencies. For each indicator we include on the County Pages, we include a footnote describing the source and sometimes methodology that we have used. Please see the entries below for further descriptions of the sources and/or methodology for each indicator.

Rate

A rate is the relationship between the number of events (such as early prenatal care) to the total related population (new mothers). The result provides a standard form with which to compare populations across different geographic areas (such as counties), of different sizes (county compared to state), or over periods of time. A rate is often a percentage, but not always. Some indicators are reported as a number of individuals per 1,000 or even 100,000 population.

Percent

A percentage is a rate that is based on 100 of the related population, or “per 100.”

Percent Change Over Time

This calculation is used to examine the percent difference in a rate between two points in time. For our county pages, we do not calculate percent change over time for rates based on counts of fewer than five (see Small Numbers and Rates, below).

The percentage change is calculated by finding the absolute difference between the old value and the new value, and then dividing that difference by the old value. For example, the difference between 25.3 percent of students in a given county eligible for School Meals and, four years later, 35.9 percent of students in the same county eligible for School Meals is an increase of 10.6. 10.6 is then divided by the original value of 25.3 and multiplied by 100 to find an increase of 41.9 percent. The increase from 25.6 to

35.9, then, represents a 41.9 increase over the given time span from the original rate of 25.3 percent. It is important to remember that percent changes rely on determining which value is the “original” value. For changes over time, the older value is used as the original value. However, other types of percent comparisons necessitate choosing which value will be the reference point (see Percent Comparison, below).

Percent Comparisons

These reflect differences between rates of the same indicator at the same point in time, as with county to state comparisons. For these, we use the state rate as the reference point or original value (see Percent Change, above). If we are concerned with looking at how a given county compares with the state overall, we first determine the difference between the two, and then divide that difference by the state rate, to see how much higher or lower the county rate is than the state rate.

Averaging Numbers

For many indicators presented in the County Pages, numbers and rates represent the average of three years of data. This called a three-year rolling average and provides more reliable figures for data that may fluctuate greatly from year to year. The only indicators we calculate with single-year data are median income and poverty. To calculate a three-year average of a given number, we use the three most recent years of available data. For example, to calculate the three-year average for 2011, we use the average of the numbers for 2009, 2010, and 2011. The 2012 average would be calculated using numbers for 2010, 2011, and 2012.

Vermont KIDS COUNT and national KIDS COUNT data

The national KIDS COUNT Data Book and online data provide state-to-state data on 16 key indicators. These are released independently from Vermont KIDS COUNT Data products such as these County Pages and Voices for Vermont's Children online data.

The two report on many of the same indicators but the data sometimes vary. Therefore, it is best to view findings for each separately. Differences in numbers may be due to slightly different reporting methods, use of different years, or different sources. For example, the Vermont Health Department provides our child population estimates, which are slightly different from those reported in the National KIDS COUNT Data Book. Although both estimates use the same Census source, the Health Department also uses additional methods to increase the accuracy of its numbers.

Small Numbers and Rates

Use caution when comparing rates over time and between counties for small populations and for indicators with small numbers. Rates based on small numbers may show huge changes from one year to the next—even if the actual number of events only rose from 2 to 3. In cases like these, we suggest using numbers over time, rather than rates. We do not calculate percent change over time for rates based on counts of fewer than five. Where county-level data are presented, readers can see whether rates are “high” or “low,” relative to the state rate. However, while regional rates do provide a useful

“snapshot” of conditions for a particular time-period, their reliability for inferring stable differences between one county and another is uncertain. For this report, the significance of any such differences was not subjected to statistical testing.

SPECIFIC INDICATORS (IN ALPHABETICAL ORDER)

Child Deaths

Data on child deaths are provided by the Vermont Department of Health. Child population data used in the calculation of rates were from the Vermont Department of Health population estimates for intercensal years (years in between the decennial Census surveys). Child deaths include deaths from all causes to children ages 1 to 14. The number of child deaths is shown as a three-year average. The total number of child deaths in a three-year period is divided by the sum of the child populations for the corresponding years. The calculated proportion is multiplied by 100,000 to show the child death rate per 100,000.

Children Living in Poverty

Percent of children in poverty is the share of children under age 18 who live in families with incomes below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. The federal poverty definition consists of a series of thresholds based on family size and composition. Poverty status is not determined for people in military barracks or institutional quarters, or for unrelated individuals under age 15 (such as foster children). The poverty threshold in 2011 was \$22,811 for a family of four (two adults and two children). We report this indicator as both a number and as a rate.

The child poverty estimates for all but two Vermont counties and the state of Vermont are from the U.S. Census American Community Survey (ACS), Three-Year Estimates. The ACS provides more timely estimates and is considered the most reliable source for poverty and income estimates. For more information see, <http://www.census.gov/acs/www/index.html>. This represents a change from previous years, where Vermont KIDS COUNT used SAIPE estimates for child poverty rates in all Vermont counties. For that reason, the 2008 county-level child poverty rates should not be compared to those from previous years.

The child poverty estimates for Essex and Grand Isle counties are from the U.S. Census Small Area Income and Poverty Estimates (SAIPE) Series, which provides statistical model-based estimates of poverty and income at the state, county and school district levels. SAIPE is the only source of annual child poverty estimates for areas with a population under 20,000. Since the estimates are not based on direct counts, county estimates should not be compared. Each estimated number and rate has a 90 percent confidence interval. For more information, see <http://www.census.gov/hhes/www/saipe/>

Children under 18

Data on child population are provided by the Vermont Department of Health. Data used are the population estimates for intercensal years (years in between the decennial Census surveys). The number of children is defined as the total resident population under 18.

Dr. Dynasaur/Medicaid

Dr. Dynasaur is the name for Vermont's public health insurance program for children and pregnant women. It is a collection of different federal and state-funded programs that cover children with a wide range of income levels—from below poverty to up to three times the Federal Poverty threshold. "Traditional Medicaid," for example, covers children who fit certain categories of eligibility, which include income level, medical need, and financial asset criteria. Children who do not qualify for traditional Medicaid and those living in more moderate-income families may have to pay a premium, depending on their income. Regardless of their income, all children covered by Dr. Dynasaur can receive the same services.

Data are snapshots of April enrollment for children under age 18. Rates were calculated using the number of enrolled children as provided by the Vermont Department for Children and Families, Economic Services Division, divided by the total child population as provided by the Vermont Department of Health, and multiplied by 100. Rates are calculated by Vermont KIDS COUNT using three-year averages.

Early Prenatal Care

Data on early prenatal care are obtained from Vermont Department of Health. Early prenatal care is defined as prenatal care received within the first trimester (three months) of pregnancy. Data are reported by the mother's residence. The number of mothers receiving early prenatal care is shown as a three-year average. The number of mothers who received early prenatal care is added for three-year periods and divided by the total number of live births for which prenatal care information is available over the same periods. The resulting proportion is multiplied by 100 to indicate the percent of all mothers who received early prenatal care.

Infant Mortality

Data for infant mortality are obtained from the Vermont Department of Health. Infant deaths include all deaths of babies less than one year of age. The number of infant deaths is shown as a three-year average. Infant mortality rates are calculated using the total number of infant deaths for three-year periods divided by the total number of live births for the same periods and the calculated proportion is multiplied by 1,000 to show the number of infant deaths per 1,000 live births.

Low Birth Weight

Data for low birth weight babies are obtained from the Vermont Department of Health. Low birth weight is defined as less than 5 1/2 pounds (2500 grams), and data are reported by mother's residence. The number of low birth weight babies represents a three-year average. The total numbers of low birth weight babies born in the three-year periods are summed, and then divided by the total number of live births for which birth weight information is available in the corresponding periods. The calculated proportions are multiplied by 100 to indicate the percent of all babies born with low birth weight.

Median Income

Median incomes for Vermont and all counties except Essex and Grand Isle are from the American Community Survey Three Year Estimates. Median incomes for Essex and Grand Isle counties are from the Small Area Income and Poverty Estimates (SAIPE – see above).

New Families at Risk

Data for this indicator are obtained from the Vermont Department of Health. First births to unmarried women who are under the age of 20 and have completed fewer than 12 years of schooling represent the formation of "high-risk" families. The number of first births with these three risk factors is expressed as a three-year average. The total number of first births with three risk factors is summed for the three-year periods and used in the numerator for rate calculations. The total number of all first births for which complete data on mother's age, education, and marital status are available is used in the denominator. The calculated proportion is multiplied by 100, to show the percent of new families who meet these criteria.

Reach Up (TANF)

TANF, or Temporary Aid to Needy Families, is the federal assistance program that replaced previous federal welfare programs under the 1996 welfare reform legislation. Vermont's TANF program is called Reach Up. Data for children ages 0-17 living in households receiving Reach Up benefits are provided by the Vermont Department of Families, Economic Services Division. Child population data used in the denominator for rate calculations are from Vermont Department of Health estimates for intercensal years. The number of children in households receiving Reach Up benefits refers to April "snapshots" of the years shown. The percent of children in households receiving these benefits is calculated as the number of children in these households, divided by the total child population, and multiplied by 100. Rates are calculated by Vermont KIDS COUNT using three-year averages.

School Meals

Data on students approved for school meals programs are provided by the Vermont Department of Education, and represent the number and percent of public school students approved for free and reduced school meals. Percentages are calculated by

dividing the number of children approved for free and reduced meals by total enrollment of schools participating in the Federal School Lunch Program and multiplying by 100. Data represents October enrollment.

Teen Births

Data on births to teens are obtained from the Vermont Department of Health. Births to teens are defined as live births that occur to women aged 15-19. Data are reported by the mother's residence. The number of births to teens represents a three-year average. The teen birth rate is calculated by summing the births over a three-year period, dividing by the total female teen population aged 15-19 for that same period, and multiplying by 1,000. Data on births to young teens uses the same method, but is based on a three-year average of number of births to teens aged 15-17, divided by the female teen population aged 15-17, and multiplied by 1,000.

Teen Deaths

Data on teen deaths are provided by the Vermont Department of Health. Child population data used in the calculation of rates are from the Vermont Department of Health population estimates for intercensal years (years in between the decennial Census surveys). Teen deaths include deaths from all causes to teens aged 15 through 19. The number of teen deaths is shown as a three-year average. The total number of teen deaths in a three-year period is divided by the sum of the teen population for the corresponding years. The calculated proportion is multiplied by 100,000 to show the teen death rate per 100,000 teens ages 15 through 19.

3 Squares VT (SNAP) Benefits

Data on children ages 0-17 in households receiving 3 Squares VT benefits are provided by the Vermont Department for Children and Families, Economic Services Division. Child population data used in the denominator for rate calculations are from the Vermont Department of Health estimates for intercensal years. The number of children in households receiving 3 Squares VT benefits refers to April "snapshots" of the years shown. The percent of children in households receiving these benefits is calculated as the number of children in these households, divided by the total child population, and multiplied by 100. Rates are calculated by Vermont KIDS COUNT using three-year averages.

Total Population

Population Data are provided by the Vermont Department of Health. The number reported is a three year average (see Averaging Numbers, above).

**For more information, please contact us at vtkids@voicesforvtkids.org
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