



# County Pages

SOURCES AND METHODOLOGY

## **Births to Teens**

### **Births to Young Teens**

Data on births to teens were obtained from the Vermont Department of Health. Births to all teens are defined as live births that occur to women aged 15 to 19. Data are reported by the mother's residence. The number of births to teens represents a three-year average. The teen birth rate was 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.

## **Child Deaths**

Data on child deaths were 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 one 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 was divided by the sum of the child populations for the corresponding years. The calculated proportion was multiplied by 100,000 to show the child death rate per 100,000 children ages, one through 14.

## **Child Population**

Data on child population are from Vt. Health Department 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.

## **Child 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 Federal poverty threshold in 2007 was \$20,650 for a family of four (two adults and two children). (In 2008, it was \$21,200.)

## **Child Poverty on the County Pages:**

The child poverty estimates 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 county-level child poverty estimates. 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/>

### **Child Poverty on the Vermont page:**

Two different U.S. Census estimates are used on the Vermont KIDS COUNT data page. The data are not comparable because they use different methods to estimate rates.

1. For consistency, the child poverty rates and numbers in the chart at the top of the page use the same source as the County KIDS COUNT data pages. The County pages use the Small Area Income and Poverty Estimates (SAIPE – see above).
2. The second estimates, included in the paragraph about Economic Security, are from the 2005 and 2006 American Community Survey (ACS). The ACS provides more timely estimates (only a one-year lag) and is considered the most reliable source for poverty and income estimates. These are the estimates that are used by Voices for Vermont’s Children in its Economic Security data products and materials.

### **Children Receiving Dr. Dynasaur/Medicaid**

Dr. Dynasaur is the name for Vermont’s public health insurance program for children and pregnant women. It is actually 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 level. “Traditional Medicaid,” for example, covers children who fit certain narrow 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.

The data presented in these tables represent the total number of children enrolled in Dr. Dynasaur, including those receiving traditional Medicaid. In recent years, the enrollment levels have declined for children in many of the income levels receiving the benefit, except those enrolled in traditional Medicaid. For more information about Dr. Dynasaur, see our publication, “Dr. Dynasaur, Medicaid, and Vermont’s Children.”

Data are average monthly counts for the year, for children under age 18 enrolled in Dr. Dynasaur, for years 1998-2006. These are duplicated yearly totals; children who have moved to another county may be counted twice. Rates were calculated using the number of enrolled children, divided by the total child population, and multiplied by 100. Rates are calculated by Vermont KIDS COUNT using three-year averages.

### **Children Receiving Food Stamp Benefits**

Data on children ages 0-17 in households receiving Food Stamp benefits were provided by the Vermont Department of Children and Families, Economic Services Division.

Child population data were used in the denominator for rate calculations, and were from Vermont Department of Health estimates for intercensal years. The number of children in households receiving Food Stamp benefits refers to April “snapshots” of the years shown. The percent of children in households receiving Food Stamp 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.

### **Children Receiving Reach-Up (TANF)**

TANF, or Temporary Aid to Needy Families, is the federal name for the welfare program. Vermont's TANF program is called Reach-Up. The Vermont Department of Families, Economic Services Division provided data for children ages 0-17, in households receiving Reach-Up benefits. The methodology for calculating rates was the same as above, but substitute Reach-Up for Food Stamp Benefits.

### **Early Prenatal Care**

Data on early prenatal care were 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 was added for three-year periods and divided by the total number of live births, for which prenatal care information was available. The resulting proportions were multiplied by 100 to indicate the percent of all mothers who received early prenatal care.

### **Infant Mortality**

Data for infant mortality were 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 were 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 was multiplied by 1,000 to show the number of infant deaths per 1,000 live births.

### **Low-Birthweight Babies**

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

### **Median Income**

Median incomes are from the Small Area Income and Poverty Estimates (SAIPE – see above).

### **New Families at Risk**

Data for this indicator were obtained from the Vermont Department of Health. First births to unmarried women under the age of 20, with less 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 was summed for the three-year periods and used in the numerator for rate calculations. The total number of all first birth, for which complete data on mother's age, education, and marital status were available, was used in the denominator. The calculated proportion was multiplied by 100, to show the percent of all new families formed at high socioeconomic risk.

### **Students Approved for School Meals**

Data on students approved for school meals programs were provided by the Vermont Department of Education, and represent the number and percent of public school students approved for free and reduced school meals in three-year averages. Percentages were 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.

### **Teen Deaths**

Data on teen deaths were 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). 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 was divided by the sum of the teen population for the corresponding years. The calculated proportion was multiplied by 100,000 to show the teen death rate per 100,000 teens ages 15 through 19.

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