Voices
for Vermont's Children

Seeing the Whole Child

A KIDS COUNT® in Vermont State Data Book

2017

Voices for Vermont's Children

Promoting public policy that enhances the lives of children and youth in Vermont

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Voices for Vermont's Children

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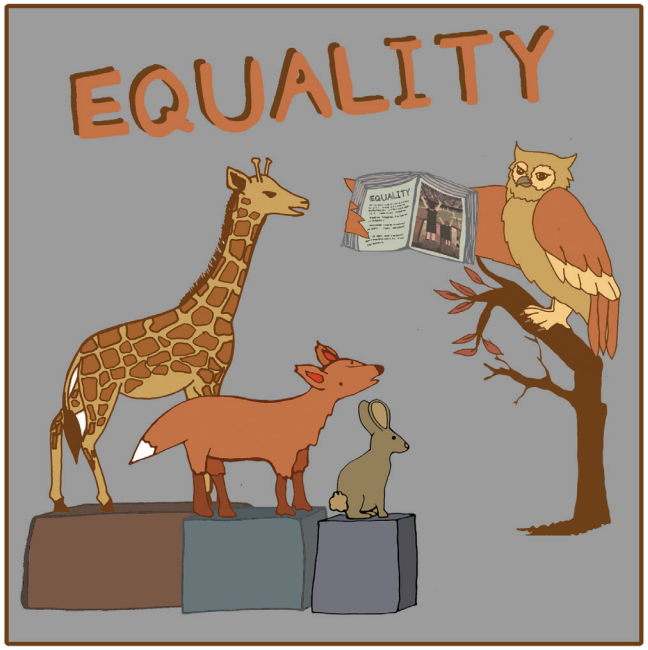
Seeing the Whole Child

KC = Included in the Annie E. Casey Foundation's annual *KIDS COUNT Data Book: State Trends in Child Well-being* index



Voices for Vermont's Children

Seeing the Whole Child: A KIDS COUNT® in Vermont State Data Book

The following pages contain a series of indicators that help us understand how Vermont's children are doing. By many counts, our kids are thriving: the Annie E Casey foundation ranks Vermont 6th nationally in overall child wellbeing.[1] Child poverty is low by national standards, the vast majority of our kids have access to health insurance, and our students consistently score above national averages on standardized tests. At the same time, we know that the national bar is set too low, and many across our state are struggling with high costs of living, stagnating wages, and a strained social safety net with too many barriers to access. Vermont's growing economic and social inequality mirrors national trends, and this stratification is impacting our kids.

This data book is divided into four sections: **Economic Security, Education, Health, and Family & Community.** In each section, we show where state policies and investments support different aspects of child wellbeing, and we also illuminate where these practices leave some of our kids behind. Nationwide, research shows that these factors are interconnected, and combine to either mitigate or worsen children's wellbeing. For example, the pediatric health community recognizes the protective impact of safe and stable housing for children's health.[2] Researchers have tracked the negative impacts of parental incarceration on the long-term health and educational prospects of children.[3] The impact of even low-level exposure to lead paint on reading scores has been well documented,[4] as has the disproportionate rate of low-income kids living in housing and neighborhoods contaminated by environmental toxins.[5]

Successful interventions must recognize the interconnectedness of child and community wellbeing.

Successful interventions must recognize the interconnectedness of child and community wellbeing. For example, our schools are not immune from the struggles of the communities they are part of; individual health is linked to community-level inequities; and economic wellbeing cannot be separated from the network of housing, educational, and community supports that exist across our state. In a time when the most vulnerable among us are not simply being left behind, but are under active attack, good data helps us understand the impacts of our collective decisions and priorities. If we look clearly at the racial and economic disparities in this state, we are in a better place to dismantle them.

We must build on the strength of our existing commitments, while working to weave a tighter safety net and stronger social contract—a powerful antidote to the increasing stratification, racism, and xenophobia that we face.

Data Notes

Every year, the Annie E. Casey Foundation's KIDS COUNT project produces an index of child wellbeing across the same four domains we have used here (Economic Security, Education, Health, and Family & Community). ***Seeing the Whole Child*** contains the sixteen indicators that comprise this national Data Book, plus sixteen additional indicators meant to add to our understanding of how kids in Vermont are doing.

Each indicator is presented alongside additional data and research that provides context and connections to trends and systemic realities that shape these outcomes.

These domains are not meant to be mutually exclusive. On the contrary, all aspects of a child's life are connected. Each child and each family is also unique, and the indicators chosen here are by no means exhaustive of the many lenses through which to view child wellbeing.

Rankings are included for individual indicators whenever possible and appropriate. In cases where the rank presented here differs from that in the 2016 KIDS COUNT National Data Book, the data and rank here is more recent, and will reflect Vermont's rank for that indicator in the 2017 National Data Book, which will be released in June of 2017. Data for most indicators, and rankings for many, as well as much of the county-level data presented here, is available on the **KIDS COUNT Data Center**.

Notes:

[1] Spear, Laura and Florencia Gutierrez. "Kids Count data book: State trends in child well-being." The Annie E. Casey Foundation (2016): 41.
[2] Ettinger de Cuba, Stephanie, Megan Sandel, John Cook, and Diana Cutts. "Housing, Child Health, and Healthy Communities: Why a Stable, Decent, Affordable Home is Like a Vaccine." Presentation to Home Matters for Health on Long Island for Children's Health Watch (2015). Accessed 10/19/2016 at www.cdcli.org/userfiles/file/HealthyHomes/Housing%20%20Vaccine%20Community%20Health.pdf
[3] The Annie E. Casey Foundation. "A SHARED SENTENCE the Devastating Toll of Parental Incarceration on Kids, Families and Communities" Baltimore: The Annie E. Casey Foundation (2016): 3.
[4] Aizer, Anna, Janet Currie, Peter Simon, and Patrick Vivier. "Lead Exposure and Racial Disparities in Test Scores." *Brown Univ. Work. Pap* (2015).
[5] For a good article tracing the impacts of lead poisoning on one low-income black community, see: McCoy, Terrence. "Freddie Gray's life a study on the effects of lead paint on poor blacks." *Washington Post. April* 29 (2015).

Economic Security

Vermont consistently ranks among the states with the lowest child poverty rates, above-average median family income, and higher than average accessibility of safety net supports for low-income families. Recent census numbers show promising gains in median family income, employment, and poverty rates. From 2014 to 2015, the child poverty rate dropped 2.6 percentage points, with 3,350 fewer children living in poverty.[1] But inflation-adjusted incomes have still not recovered from pre-recession levels for the bottom 60 percent of households in the state,[2] and the child poverty rate and percentage of kids living in low-income families remain higher than in 2007, before the start of the Great Recession.[3]

Income inequality has been growing for decades, and cannot be reversed without sustained commitment to dismantling the policies that have led to a massive upward redistribution of wealth.

Low-income households were hit the hardest by the recession, while the highest earners came out ahead. The bottom 20 percent (lowest quintile) of households saw their real incomes drop $817 between 2007 and 2015, and the second quintile lost $1,547 in the same period. At the same time, the highest quintile of earners saw their real incomes increase by over $8,000. The top 5 percent of earners have seen their inflation-adjusted incomes go up by more than three times that amount.[4]

Recent census data offers hope that these trends are reversing. Between 2014 and 2015, the bottom 20 percent of earners saw their incomes increase by 8.4 percent, a larger increase than any other quintile. But these gains must be sustained to make a real difference to low-income families: if the average household in the bottom quintile saw the same income gain every year, it would take until at least the year 2020 for them to move past the poverty threshold for a family of three.[5] The same family would need an additional decade to see the same $25,237 increase in earnings that the top 5 percent gained since the beginning of the Great Recession.

Tight budgets create difficult choices for Vermont's low-income families, and an increasing number of low-income families are operating on small margins, despite having one or two full-time wage earners in a household. Mirroring national trends, Vermonters have seen housing, healthcare, and heating costs grow significantly faster than wages. Half of all renter households and a third of all owner-occupied households pay more than a third of their incomes—a common threshold for measuring affordability—toward housing costs.[6] Families struggling with unaffordable housing costs often face impossible choices between essential expenses. In Vermont, harsh winters make heating costs a crucial budget item, but we are consistently the least affordable state in the country when energy costs are measured as a percent of household budgets.[7]

Throughout this data book, we will be examining the multi-faceted impacts of inequality in our state. Income inequality has been growing for decades, and cannot be reversed without sustained commitment to dismantling the policies that have led to a massive upward redistribution of wealth.[8] As the state becomes less white, striking racial disparities become more visible. Poverty rates for African American and Native American households are twice that of their white counterparts.[9] Disparate outcomes by race and income show up in our educational, criminal justice, housing, and health care systems.

In the coming years, we anticipate an increase in policies that will exacerbate these trends on a national scale, but state-level policies can help act as an antidote. We can stand against efforts to redirect resources away from the most vulnerable.

In the coming years, we anticipate an increase in policies that will exacerbate these trends on a national scale, but state-level policies can help act as an antidote. We can stand against efforts to redirect resources away from the most vulnerable. We can push for more progressive tax codes, reaffirm our commitment to quality public education and a robust social safety net, and support policies like the Earned Income Tax Credit, livable wages and paid family and medical leave to help working families make ends meet.

Notes:

[1] U.S. Census Bureau. "Table B17024: AGE BY RATIO OF INCOME TO POVERTY LEVEL IN THE PAST 12 MONTHS." American Community Survey 1 year estimates (2007-2015).
[2] U.S. Census Bureau. "Table B19081: MEAN HOUSEHOLD INCOME OF QUINTILES." American Community Survey 1 year estimates (2007-2015). Inflation-adjusted to 2015 rates based on the Bureau of Labor Statistics CPI Inflation Calculator, available at http://www.bls.gov/data/inflation_calculator.htm.
[3] U.S. Census Bureau. "Table B17024: AGE BY RATIO OF INCOME TO POVERTY LEVEL IN THE PAST 12 MONTHS." American Community Survey 1 year estimates (2007-2015).
[4] U.S. Census Bureau. "Table B19081: MEAN HOUSEHOLD INCOME OF QUINTILES." American Community Survey 1 year estimates (2007-2015).
[5] Author's analysis of ACS Table B19081: MEAN HOUSEHOLD INCOME OF QUINTILES, assuming no increase in the poverty guidelines and no inflation. At a 3 percent annual increase in the FPL, the average household in the bottom quintile would take until 2025 to reach this threshold.
[6] U.S. Census Bureau. "Table DP04: SELECTED HOUSING CHARACTERISTICS." 2015 American Community Survey 1-Year Estimates (2015).
[7] Fisher, P., M. Sheehan, and R. Colton. "Home Energy Affordability Gap Ranking: Dollar Gap per Household by State." Belmont, MA: Fisher, Sheehan, & Colton (2012).
[8] Powell, John A. "Six policies to reduce economic inequality." Haas Institute for a Fair and Inclusive Society at UC Berkeley: 2014. Accessed December 21, 2016.
[9] U.S. Census Bureau. "Table S1703: SELECTED CHARACTERISTICS OF PEOPLE AT SPECIFIED LEVELS OF POVERTY IN THE PAST 12 MONTHS." American Community Survey 5-Year Estimates (2010-2014).

Seeing the Whole Child

ECONOMIC SECURITY

8 **Children in poverty**

13% in Vermont = **15,000** kids

21% in the U.S.
VT's rank for this indicator: **3rd**

10 **Children whose parents lack secure employment**

26% in Vermont = **31,000** kids

29% in the U.S.
VT's rank for this indicator: **16th**

12 **Children living in households with a high housing cost burden**

30% in Vermont = **36,000** kids

33% in the U.S.
VT's rank for this indicator: **23rd**

14 **Children experiencing homelessness**

1,051 in grades K-12
estimated **2,145** under 18 = **1.8%**
estimated **1,094** under 6

16 **Infants and young children participating in WIC**

36% in Vermont = **10,843** kids

18 **Children participating in school meals**

44% in Vermont = **38,100** kids

20 **Children participating in 3SquaresVT (SNAP)**

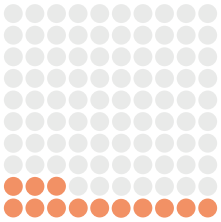
24.8% in Vermont = **30,100** kids

27% in the U.S.

22 **Children participating in Reach Up (TANF)**

8% in Vermont = **9,700** kids

Children in poverty



13% in Vermont = **15,000** kids[1]

21% in the U.S.

VT's rank for this indicator: **3rd**

What the data show

Children in poverty is the percentage of children under 18 who live in families with incomes below 100 percent of the U.S. poverty threshold, as issued each year by the U.S. Census Bureau. In 2015 a family of two adults and two children fell into the "poverty" category if their annual income was below $24,036.[3]

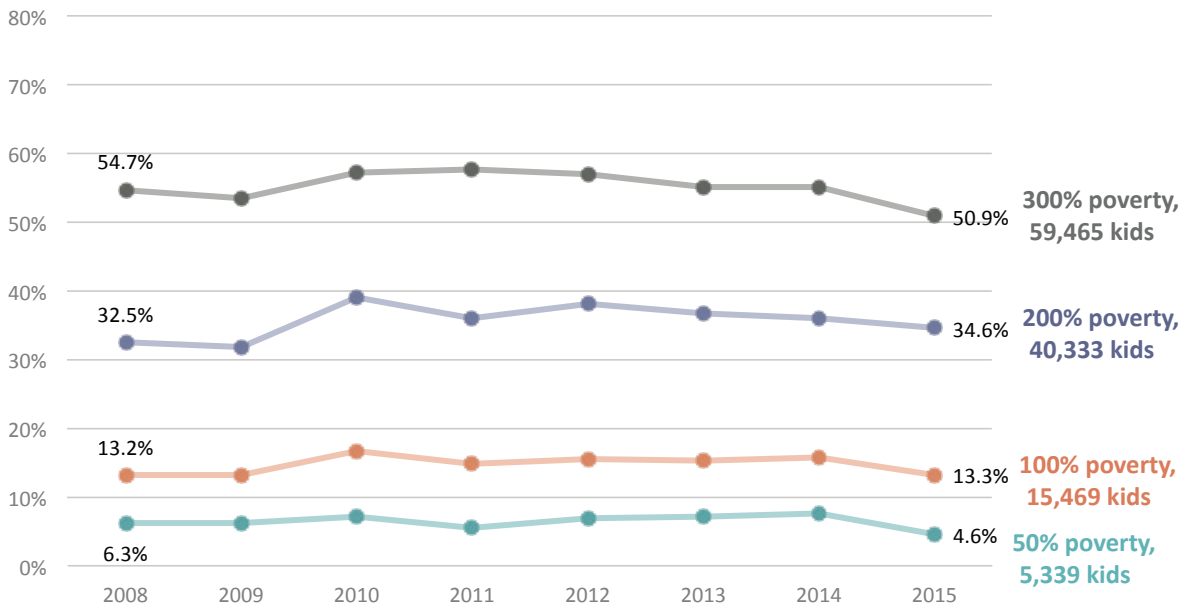
The official poverty rate is a long-standing and commonly used indicator of how many do not have the income they need. This measure has shortfalls—in reality, unmet need extends to those with incomes far above the official poverty line as well, and this is certainly the case in Vermont. The 2017 Basic Needs Budget for a two adult, two child household in rural Vermont places the annual income necessary to meet basic needs at nearly $85,000.[4]

The poverty line can be used to begin to examine the problem. We can be sure that those below the official poverty line are facing significant hardship. But we also know that families at various income levels above this line often struggle to make ends meet.

What would it take...

...to get to #1 for this indicator? We would need to reduce this rate to 11%. This means lifting about 2,600 kids above the poverty line.[2] As a measure of income from employment, effecting change to this indicator is hard—it tends to track with the overall state of the national economy. But, Vermont has one of the lowest poverty rates in the country. We can work to mitigate the effects of poverty and help change this number by maintaining a strong social safety net and progressive tax policies, while supporting secure employment with adequate wages, two-generation approaches that address the needs of whole families together, and continuing to invest in the education of children and youth of all ages.

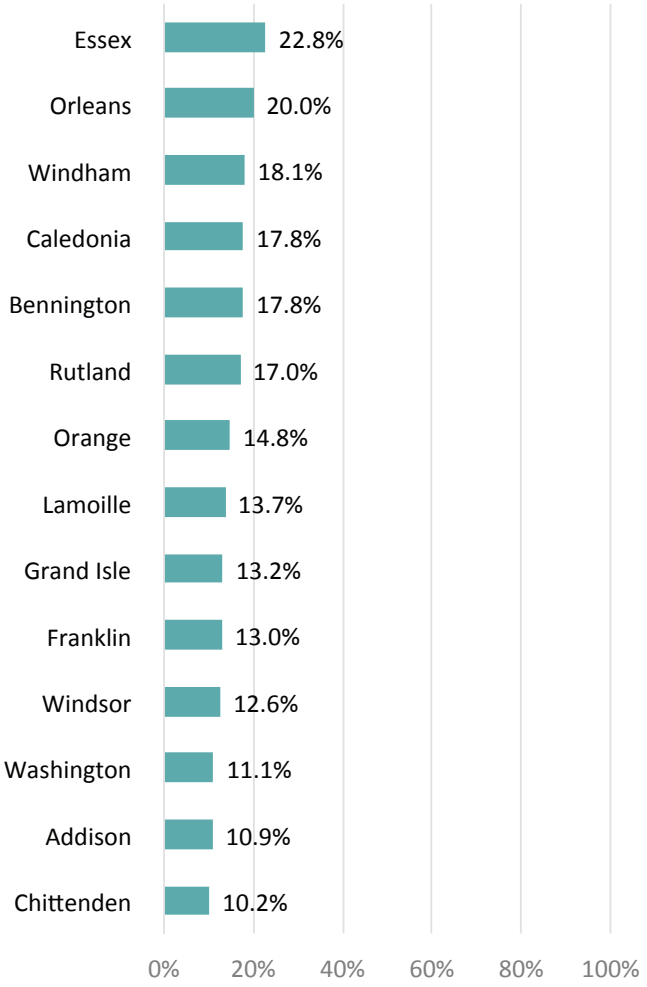
Percent of kids with household incomes at various ratios to the poverty line, over time, in Vermont[5]



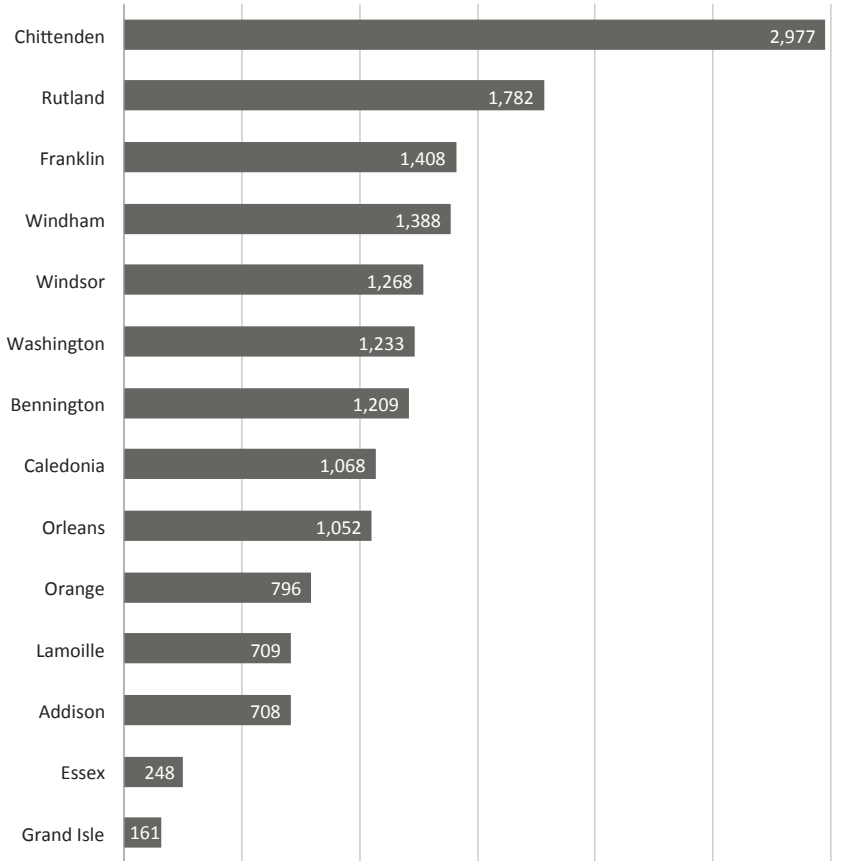
Notes & Resources

1. Rates and rank are based on U.S. Census, 2015 ACS 1-year estimates, rounded to nearest 1,000, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. Analysis by Voices for Vermont's Children of 2015 U.S. Census, American Community Survey 1-year estimates, derived from American FactFinder table B17001: Poverty status in the past 12 months by sex by age.
3. Poverty Thresholds for 2015 by Size of Family and Number of Related Children, U.S. Census Bureau, http://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html.
4. 2017 Basic Needs Budgets and Livable Wage Report, Vermont Legislative Joint Fiscal Office, http://www.leg.state.vt.us/jfo/reports/2017%20BNB%20Report%20Revision_Feb_1.pdf.
5. U.S. Census, American Community Survey 1-year estimates, 2008-2015 data, derived from American FactFinder table C17024: Age by ratio of income to poverty level in the past 12 months.

Percent of children in poverty in Vermont, by county[6]



Number of children in poverty in Vermont, by county[6]



What the data hide

Disaggregated, these data also reveal that **Poverty in young children is the highest.** Between 2011-2015, **18.2% of Vermont children under 5** were below poverty, compared to **15.1% of kids overall.**[7] Large Racial/Ethnic disparities are also a consistent trend throughout the United States. **Nationally, poverty rates for Black, Hispanic/Latino and American Indian children are three times as high as for white kids.** This holds true in every state with large enough populations to measure this disparity with relative accuracy—in many cases the gap is even larger.[8]

Notes & Resources

6. U.S. Census, Small Area Income and Poverty Estimates (SAIPE) Program, 2015 data, release date December 2016.
7. U.S. Census, 2011-2015 American Community Survey 5-year estimates, derived from American FactFinder table B17001: Poverty status in the past 12 months by sex by age.
8. U.S. Census, 2015 American Community Survey 1-year estimates, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.

Children whose parents lack secure employment

26% in Vermont = **31,000** kids[1]

29% in the U.S.

VT's rank for this indicator: **16th**

What would it take...

...to get to #1 for this indicator? We would need to reduce this rate to 20%.[2] Currently, more than 1 in 4 kids lack the stability of having at least one parent with a full-time job. In addition to encouraging the creation of quality jobs that offer full-employment and good wages, we can support access to childcare, out-of-school time and summer programs, and flexible workplace policies so that families with kids can more easily manage full-time employment.

What the data show

Children whose parents lack secure employment is the share of all children under age 18 living in families where no parent has regular, full-time, year round employment, defined as at least 35 hours per week for at least 50 weeks in the 12 months prior to the survey.

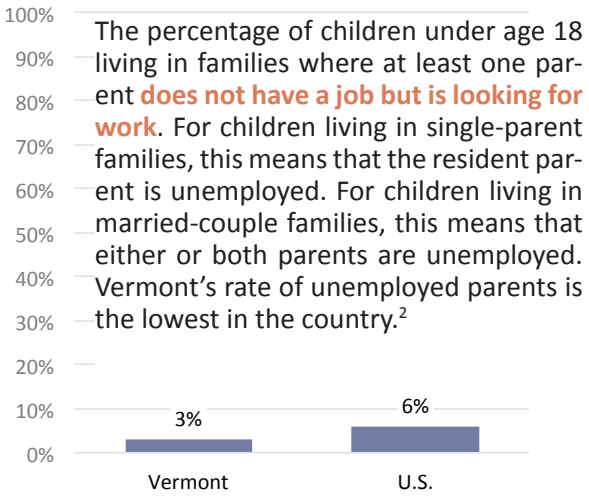
More than a quarter of children in Vermont have parents who lack secure employment, defined as above.

Lack of secure employment puts families at risk for poverty. At low wages, it is possible for families to remain below the poverty line even with full time work.

Parents—and kids—are impacted by the availability of quality jobs with flexible, family-friendly workplace policies. Part-time jobs are often the ones that do not offer the benefits working families need. Access to flexible scheduling, livable wages, and paid sick time and family and medical leave can mean all the difference between employment that can help to support a family, and employment that falls short.

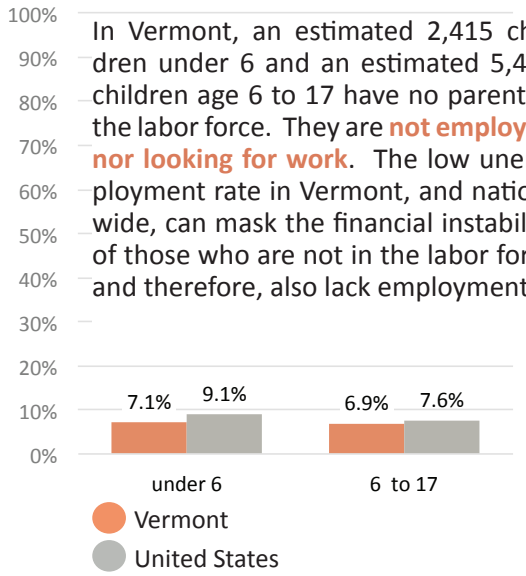
Three percent of children have at least one unemployed parent[2]

The percentage of children under age 18 living in families where at least one parent **does not have a job but is looking for work**. For children living in single-parent families, this means that the resident parent is unemployed. For children living in married-couple families, this means that either or both parents are unemployed. Vermont's rate of unemployed parents is the lowest in the country.[2]



Seven percent of children have no parent in the labor force[3]

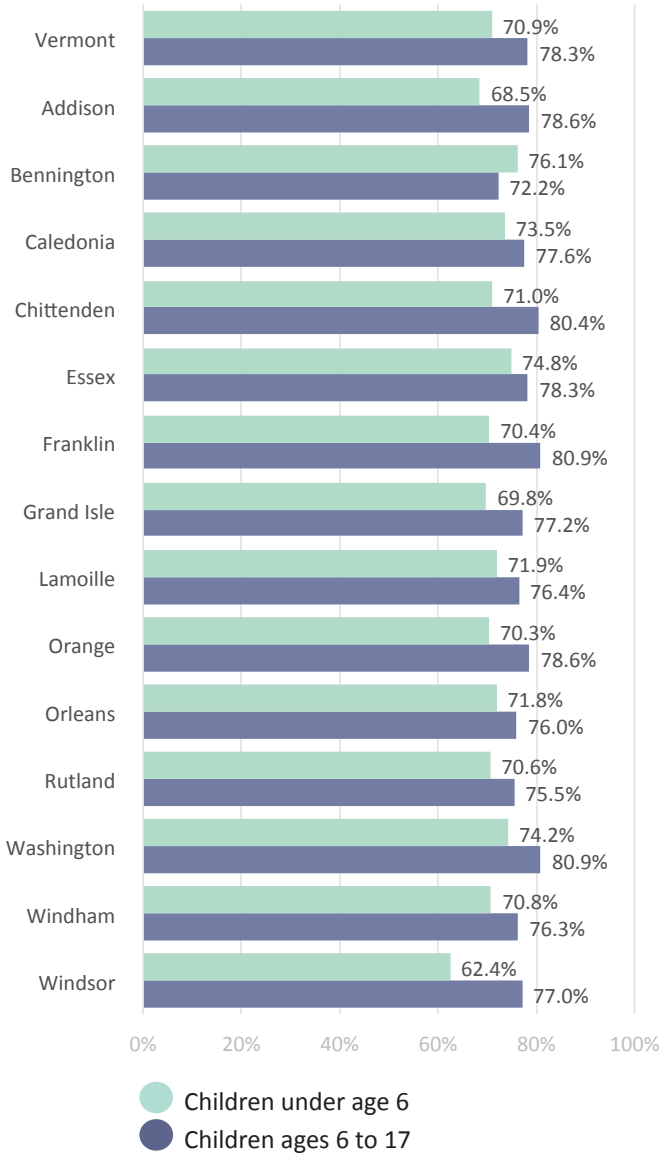
In Vermont, an estimated 2,415 children under 6 and an estimated 5,463 children age 6 to 17 have no parent in the labor force. They are **not employed nor looking for work**. The low unemployment rate in Vermont, and nationwide, can mask the financial instability of those who are not in the labor force and therefore, also lack employment.



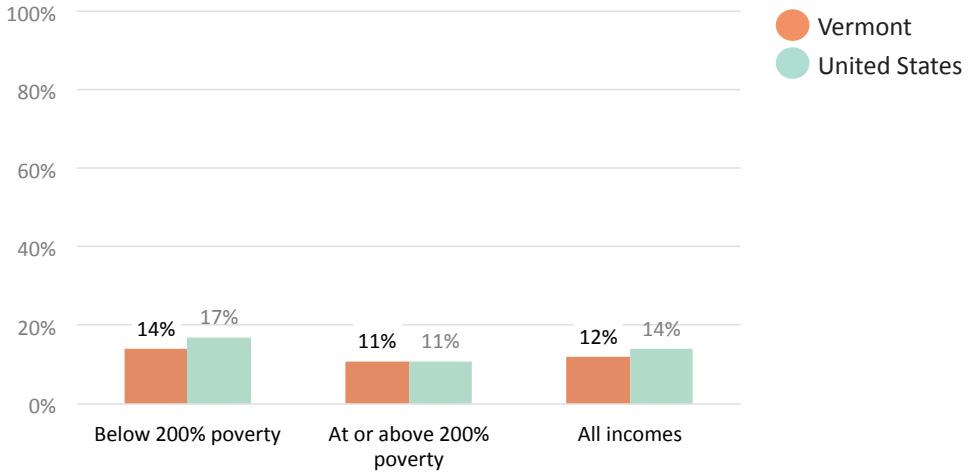
Notes & Resources

1. Rates and rank are based on U.S. Census, 2015 ACS 1-year estimates, rounded to nearest 1,000, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. U.S. Census, Current Population Survey, rounded to nearest 1,000, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
3. U.S. Census, 2015 ACS 1-year estimates, derived from American FactFinder table B23008: Age of own children under 18 years in families and subfamilies by living arrangements by employment status of parents.

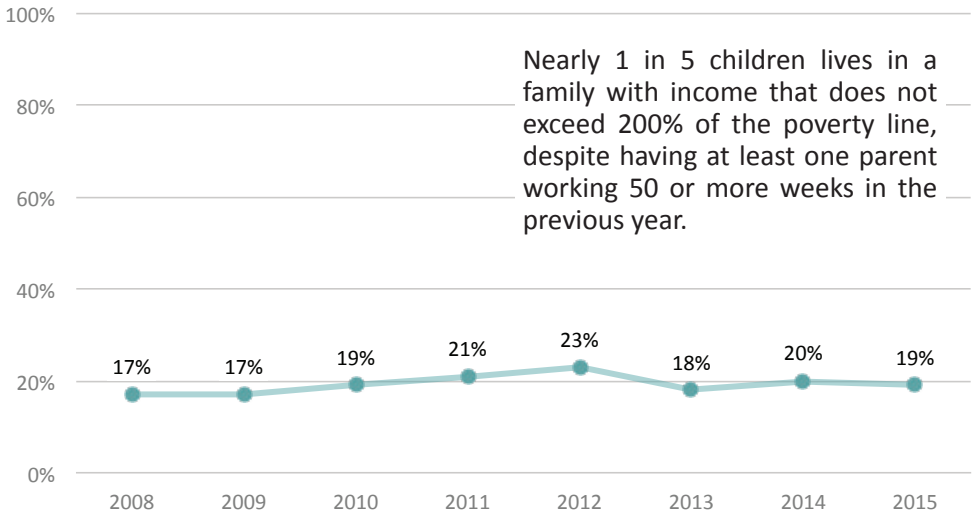
Most children have all available parents in the labor force, especially school-age children[4]



Low-income parents are slightly more likely to report that childcare issues affect their employment[5]



The percentage of children in low-income working families increased during the recession[6]



Notes & Resources

4. U.S. Census, 2015 ACS 5-year estimates, derived from American FactFinder table DP03: Selected economic characteristics.
5. Child Trends analysis of the National Survey of Children's Health, 2011/2012, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
6. U.S. Census, 2015 ACS 1-year estimates, rounded to nearest 1,000, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.

Children living in households with a high housing cost burden

30% in Vermont = **36,000** kids[1]

33% in the U.S.

VT's rank for this indicator: **23rd**

What would it take...

...to get to #1 for this indicator? We would need to reduce this rate to 17%.[1] We can strive to improve our rank relative to other states, but even at that prevalence, safe and stable housing is out of reach for thousands of families. Housing security has been shown to be such a strong protective factor for the health and wellbeing of children—and the lack of it so detrimental—that investments in affordable housing will return benefits many times over.

What the data show

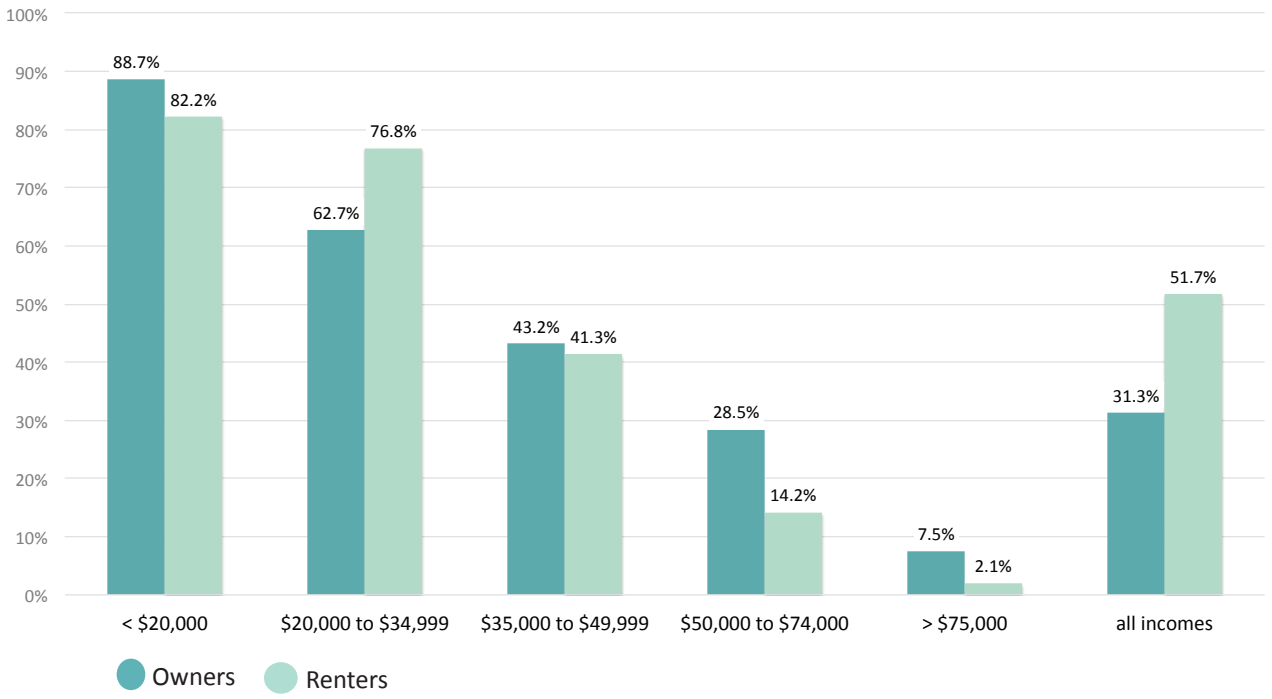
Children living in households with a high housing cost burden is the percentage of children under age 18 who live in households where more than 30 percent of monthly household pretax income is spent on housing-related expenses, including rent, mortgage payments, taxes and insurance.

Housing is usually a family's biggest expense. A family spending more than 30 percent of its income on housing is more likely to struggle to meet other basic needs.

Next to the national average of 33 percent, Vermont has a slightly lower rate of children whose households are burdened by high housing costs. But with 36,000 children in Vermont in such households, and a rank of 23rd compared to other states, Vermont families are clearly burdened more than many others.

Predictably, low-income households are even more likely to be housing cost burdened; in Vermont, 70 percent of low-income children live in housing-cost-burdened households.[2]

Housing costs above 30 percent of income for owners and renters in Vermont[3]



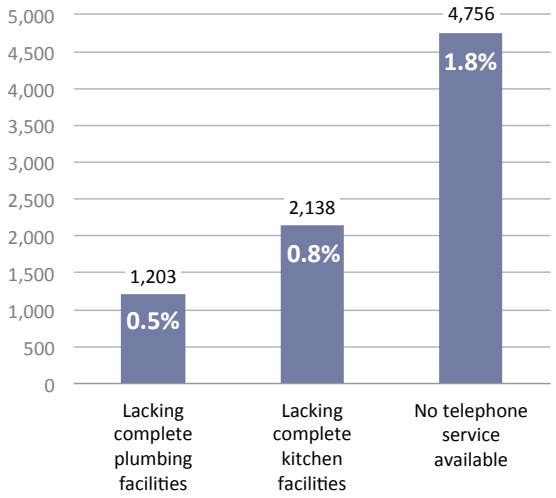
Notes & Resources

1. Rates and rank are based on U.S. Census, 2015 ACS 1-year estimates, rounded to nearest 1,000, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. U.S. Census, ACS 1-year estimates, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
3. U.S. Census, ACS 5-year estimates, derived from American FactFinder table B25106: Tenure by housing costs as a percentage of household income in the past 12 months.

Affordability is out of reach

Home ownership is out of reach for many: the median price for a single-family home in Vermont was $205,000[4] between September 2015 and August 2016, $11,500 more than the average household in the state can afford.[5] Vermonters also face some of the most unaffordable rental housing in the country. The 2016 statewide average for a market-rate two-bedroom apartment was $1,099. In Chittenden County, the area of the state with the largest concentration of renters, it was $1,356. In order to afford these rents without having to cut other basic necessities, a full-time worker would need to make between $21 and $26 an hour. In other words, a household relying on minimum wage would need to work 109 hours per week— or nearly three full time jobs—to afford market-rate rent in Burlington.[6]

Occupied housing units with housing problems in Vermont[7]



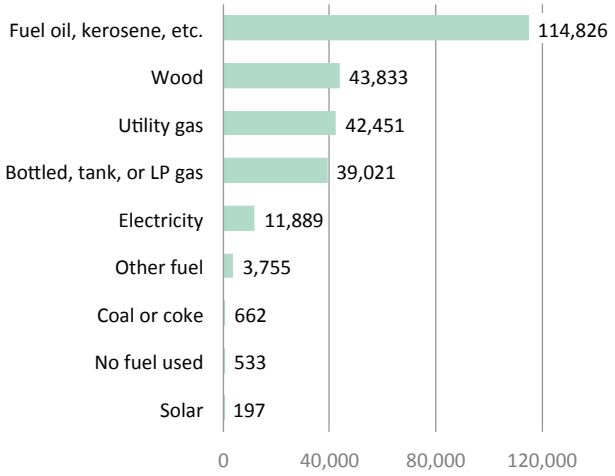
Safe and secure housing is a strong protective factor for children's physical health and overall wellbeing.[8] Housing insecurity exists on a continuum of financially-induced stressors including cost-burdens of various degrees, "fuel poverty," overcrowding, frequent moves, unhealthy or unsafe housing, and homelessness. These circumstances threaten family stability, detract from education, and are detrimental to kids' health in numerous ways.[9] Young children are especially vulnerable, and the protective benefits of secure housing are most significant for them as well. We need to ensure this most basic, beneficial right: a safe and healthy place to live.

Fuel Poverty

A household that spends more than 10% of its income on fuel is considered to be "Fuel Poor." The average household struggling to make ends meet below the poverty line spent nearly a quarter of their income on fuel in 2015. Households in extreme poverty would need to spend nearly 45 percent of their income on fuel to meet basic habitability standards. Energy Assistance funding levels for 2015 met just 12 percent of the need for households experiencing this affordability gap.[10]

Fuel poverty can have serious negative impacts on the health and wellbeing of children, elderly people, and those with chronic health conditions. Cold and damp houses lead to increased occurrences of respiratory and circulatory illness, including bronchitis, asthma, and strokes, are associated with increased severity of seasonal colds and flu and arthritic symptoms, and children living in these homes are twice as likely to have asthma, bronchitis, and to miss school because of illness.[11] Infants in low-income households without access to fuel subsidies are more likely to be low weight and require emergency medical care. Many poor families reduce food intake to pay for fuel, even though children require a higher caloric intake to maintain health in cold housing.[12]

Number of housing units by type of heating fuel, Vermont[7]



Notes & Resources

4. Vermont Realtors. "Monthly Market Indicators: August 2016." (2016): 8.
5. Based on the Vermont Housing Finance Agency's Home Mortgage Calculator, available at housingdata.org/calculator/methodology.php.
6. Diane Yentel, et al. "Out of Reach 2016." National Low Income Housing Coalition, Washington, DC. (2016): 226-8.
7. U.S. Census, ACS 5-year estimates, derived from American FactFinder table DP04: Selected housing characteristics.
8. Sandel, M. and Frank, D. (2011), The Housing Vaccine: Why Housing Matters to Young Children, Children's HealthWatch. http://spotlightonpoverty.org/spotlight-exclusives/the-housing-vaccine-why-housing-matters-to-young-children/.
9. Voices for Vermont's Children, (2015), Difficult Choices: Housing for Vermont Families. http://www.voicesforvtkids.org/wp-content/uploads/DIFFICULT-CHOICES-Housing-for-Vermont-Families.pdf.
10. Fisher, P., M. Sheehan, and R. Colton. "The Home Energy Affordability Gap (Vermont: Second Series)." Belmont, MA: Fisher, Sheehan, & Colton (2016).
11. Marmot, Michael, I. Geddes, E. Bloomer, J. Allen, and P. Goldblatt. "The health impacts of cold homes and fuel poverty." Friends of the Earth (2011).
12. Liddell, Christine, and Chris Morris. "Fuel poverty and human health: a review of recent evidence." Energy policy 38, no. 6 (2010): 2991-2992.

Children experiencing homelessness

1,051 in grades K-12[1]
estimated **2,145** under 18[2] = **1.8%**
estimated **1,094** under 6[2]

What would it take...

...to eliminate child homelessness in Vermont? Vermont has set a goal of ending family homelessness by 2020.[3] An increase in subsidized and affordable housing should be paired with supportive housing, a Housing First approach, and maintaining emergency shelter options in all areas of the state. Facilitating safe and stable housing is a critical and cost-effective intervention that supports a range of improved outcomes for children.

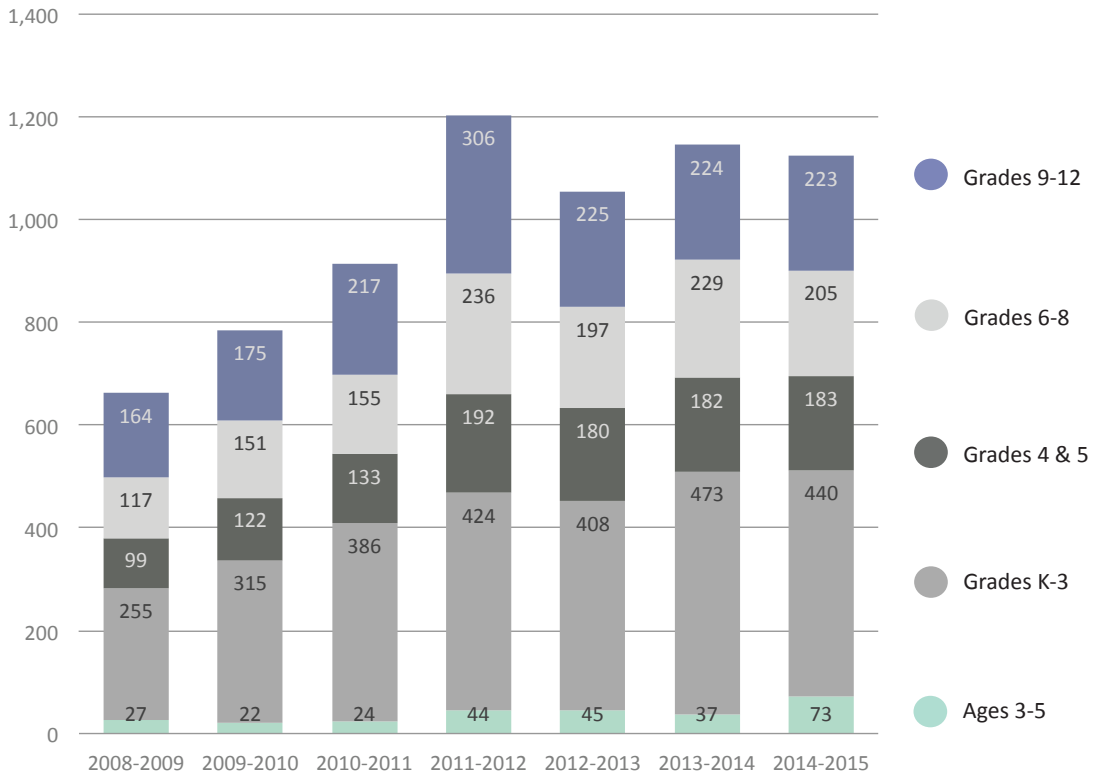
What the data show

This is the number of children who lack a fixed, regular, and adequate nighttime residence.

There are a variety of ways that individuals and families experience homelessness. Homeless families are often less visible than the traditional image of a person sleeping on the street. Many stay doubled-up with friends or relatives, in campgrounds, motels, or in the limited spots available in family shelters.

Under the McKinney-Vento Act, special rights to school enrollment are given to families and unaccompanied students who lack a fixed, regular, and adequate nighttime residence because of economic hardship, disasters, domestic violence, or being on their own. During the 2014-2015 school year, 1,124 homeless youth were enrolled in Vermont public schools. While the majority of these students, 62.6 percent, were "doubled up," staying with friends or relatives, 22.2 percent were staying in hotels or motels and 10.3 percent were in shelters or transitional housing. 4.8 percent were unsheltered, which includes living in cars, parks, or campgrounds.[4] This number peaked in 2012 at 1,202 total homeless students, following displacement due to Tropical Storm Irene. This number has since decreased, but maintains a general upward trend across all age groups.

Homeless children enrolled in school, by grade/age[1]



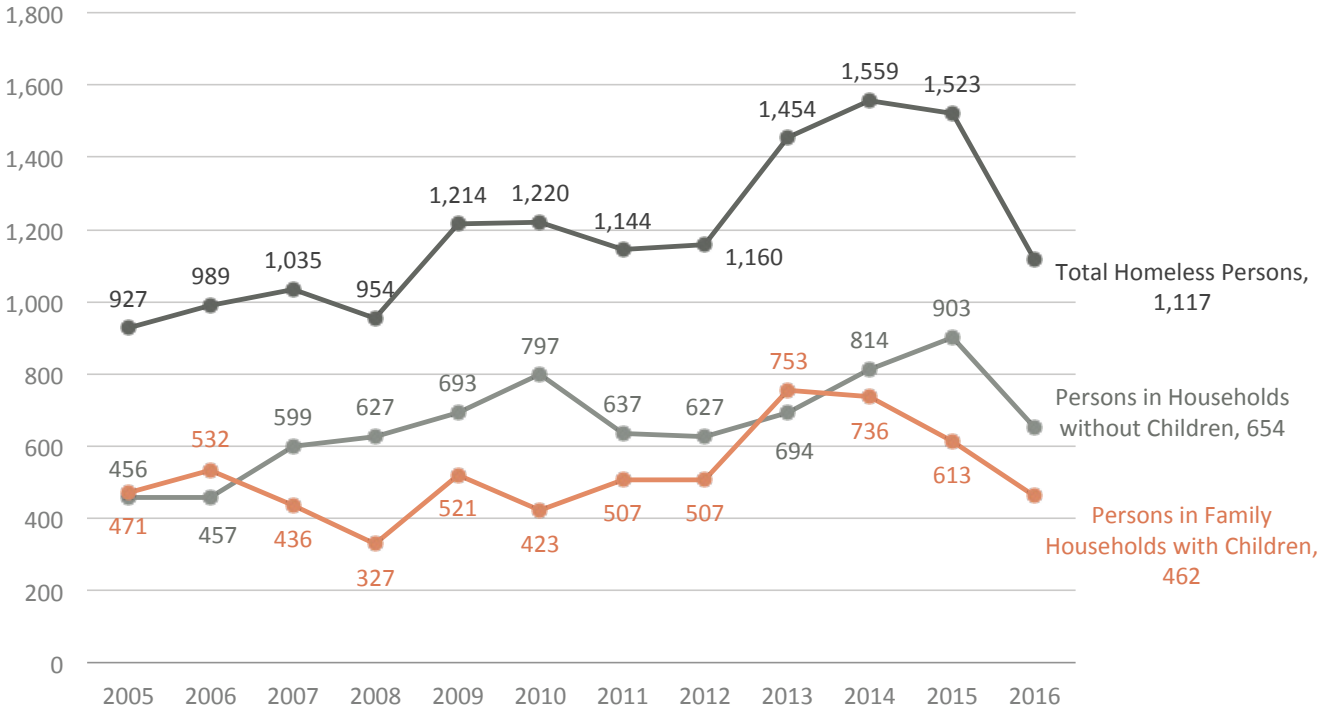
Notes & Resources

1. 2014-2015 McKinney-Vento program data, accessed via Ed Data Express, https://eddataexpress.ed.gov/data-elements.cfm.
2. Analysis by Voices for Vermont's Children, using methodology used by National Center on Family Homelessness, America's Youngest Outcasts, 2014, http://www.air.org/resource/americas-youngest-outcasts-report-card-child-homelessness, replicated with 2015 data.
3. Vermont Agency of Human Services, Framework for Ending Family Homelessness by 2020, http://humanservices.vermont.gov/end-family-homelessness.
4. National Center for Homeless Education, State Profiles, Vermont, https://nche.ed.gov/states/state_resources.php#map.

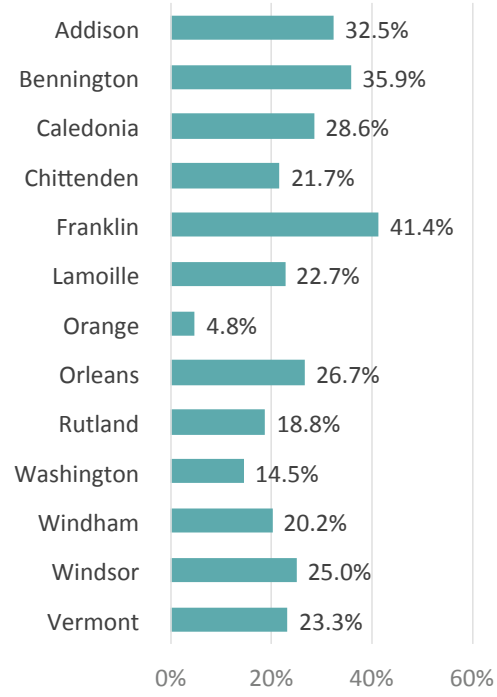
On January 26, 2016, a coalition of statewide groups counted 793 homeless households in Vermont. Twenty percent of households counted included children.[5] A December 2016 one-night count of individuals housed in publicly funded shelters and transitional housing in Vermont found that out of 805 people housed, 265—or 33%—were children.[6] There was an 11 percent increase in total individuals housed, but a 39 percent increase in the number of children, since the previous year's count.

Safe and secure housing is a strong protective factor for children's physical health and overall wellbeing. Homelessness threatens family stability,[7,8] detracts from education, and is detrimental to kids' health.[9] Young children are especially vulnerable, but the protective benefits of secure housing are most significant for them as well.[10] Research suggests that in any state, it is likely that about half of all homeless children are under the age of six.[11]

Point-in-time, one night counts of homeless individuals in family and non-family households, Vermont[12]



Percent of homeless individuals counted on January 26, 2016 who were children under 18, by county[5]



Notes & Resources

5. Vermont Coalition to End Homelessness and Chittenden County Continuum of Care, Vermont 2016 Point-in-Time Annual Statewide Count of Homelessness, http://helpingtohousevt.org/point-in-time-counts/.
6. State of Vermont Agency of Human Services, Office of Economic Opportunity One-Night Shelter Count 2016, Department for Children and Families, http://dcf.vermont.gov/sites/dcf/files/OEO/Docs/ESG-1Night-Count.pdf.
7. Dworsky, Amy, Families at the Nexus of Housing and Child Welfare, State Policy and Advocacy Reform Center, 2014.
8. National Center on Family Homelessness, The Characteristics and Needs of Families Experiencing Homelessness, 2011.
9. 9. Voices for Vermont's Children, Difficult Choices: Housing for Vermont Families, 2015, http://www.voicesforvtkids.org/wp-content/uploads/DIFFICULT-CHOICES-Housing-for-Vermont-Families.pdf.
10. Sandel, M. and Frank, D. (2011), The Housing Vaccine: Why Housing Matters to Young Children, Children's HealthWatch. http://spotlightonpoverty.org/spotlight-exclusives/the-housing-vaccine-why-housing-matters-to-young-children/.
11. Samuels, J., Shinn, M., & Buckner, J. C. (2010). Homeless children: Update on research, policy, programs, and opportunities. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, https://aspe.hhs.gov/pdf-report/homeless-children-update-research-policy-programs-and-opportunities.
12. Department of Housing and Urban Development, CoC Homeless Populations and Subpopulations Reports for Vermont, 2005-2016, https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/.

Infants and young children participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Voices for Vermont's Children

36% in Vermont = **10,843** kids[1]

What would it take...

...to ensure that WIC participation and federal grant funding remains robust? Utilization rates for women and infants are relatively high in Vermont, but lower for young children, although still slightly above national and regional averages. WIC in Vermont has been successful in promoting breastfeeding and reaching women and children at critical times for development. We can support increased awareness and accessibility of this beneficial program.

What the data show

This is the percentage and number of infants and children age 1 to 4 who benefit from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which helps provide food, breastfeeding support, nutrition counseling, and access to health services for low income families.

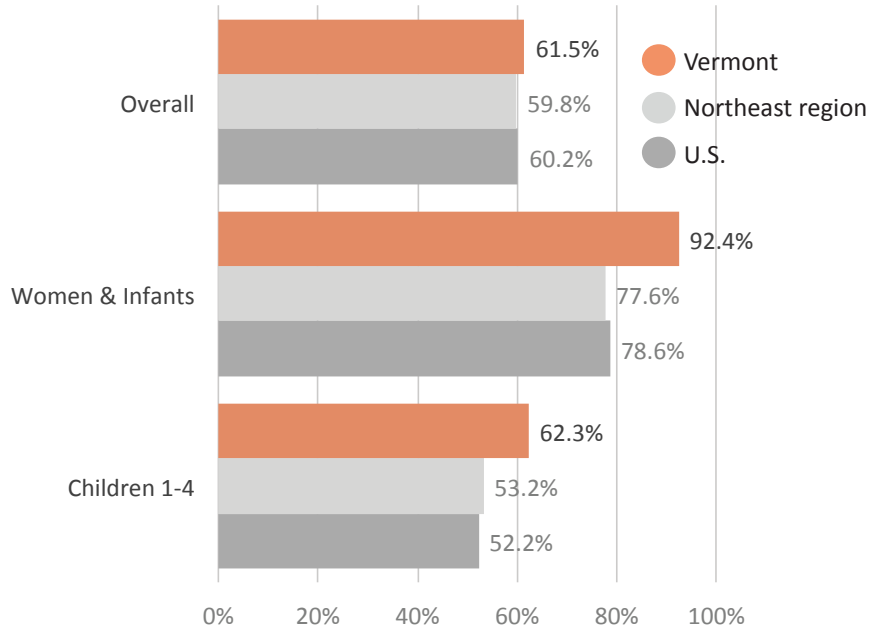
Eligibility for WIC is set at 185 percent of the federal poverty guidelines. Individuals are also income-eligible if they receive Medicaid/Dr. Dynasaur, 3SquaresVT, or Reach-Up.[2] Over half of all infants born in the United States benefit from WIC. In Vermont, about 43 percent of infants and 34 percent of children ages 1 to 4 participate.

Enrollment has declined in recent years, a trend that is consistent across most states and WIC agencies in the country. Some of this decline in caseload has been attributed to an improved economy as well as to a decrease in the national birth rate, but it is also true that there are many eligible pregnant women and children who enroll late (not until after their infant is born) or families who leave early, while their young children are still eligible.[3]

In Vermont, it is estimated that 92.4 percent of the women and infants who are eligible for WIC actually participate, a rate that is much higher than the national rate of 78.6 percent and the 77.6 percent rate for the USDA's Northeast region.[4] Participation of eligible individuals, or "coverage" rates, are lower for children age 1 to 4, although Vermont still has a higher rate than both the regional and the national average.

WIC participation has been associated with a greater likelihood of full-term birth and healthy birth weight and improved child nutrition. Some research suggests reduced likelihood of obesity and increased household food security among WIC participants.[5]

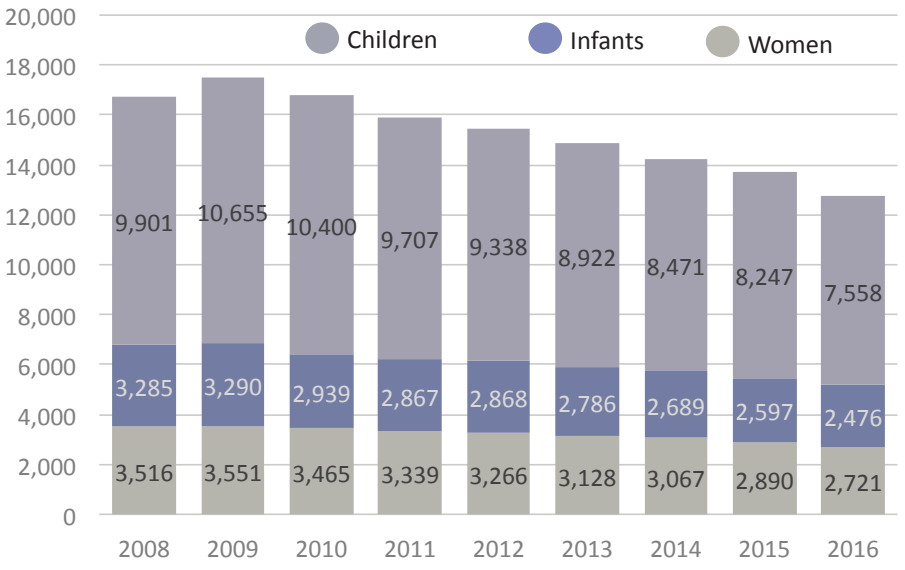
WIC "coverage" rates: estimated percentage of eligible individuals who participate[4]



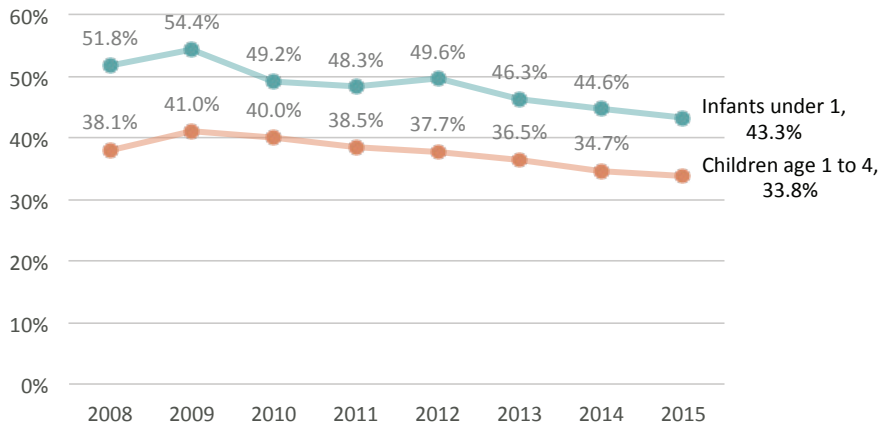
Notes & Resources

1. USDA, Food and Nutrition Service, WIC Program, Monthly data - State-level participation by category and program costs, https://www.fns.usda.gov/pd/wic-program.
2. Vermont Department of Health, Apply to WIC, http://healthvermont.gov/children-youth-families/wic/apply.
3. National WIC Association, WIC Research to Practice Hot Topic: Caseload Decrease, 2015, https://www.nwica.org/blog/wic-research-to-practice-hot-topic-caseload-decrease#.WNHW6Y5Jm8q.
4. USDA, Food and Nutrition Service, Office of Policy Support, National and State-level Estimates of WIC Eligibles and Program Reach 2013; 2015, https://www.fns.usda.gov/wic/women-infants-and-children-wic/reports-all.
5. USDA, Office of Research and Analysis, Effects of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): A Review of Recent Research, 2012, https://www.fns.usda.gov/effects-special-supplemental-nutrition-program-women-infants-and-children-wic-review-recent-research.

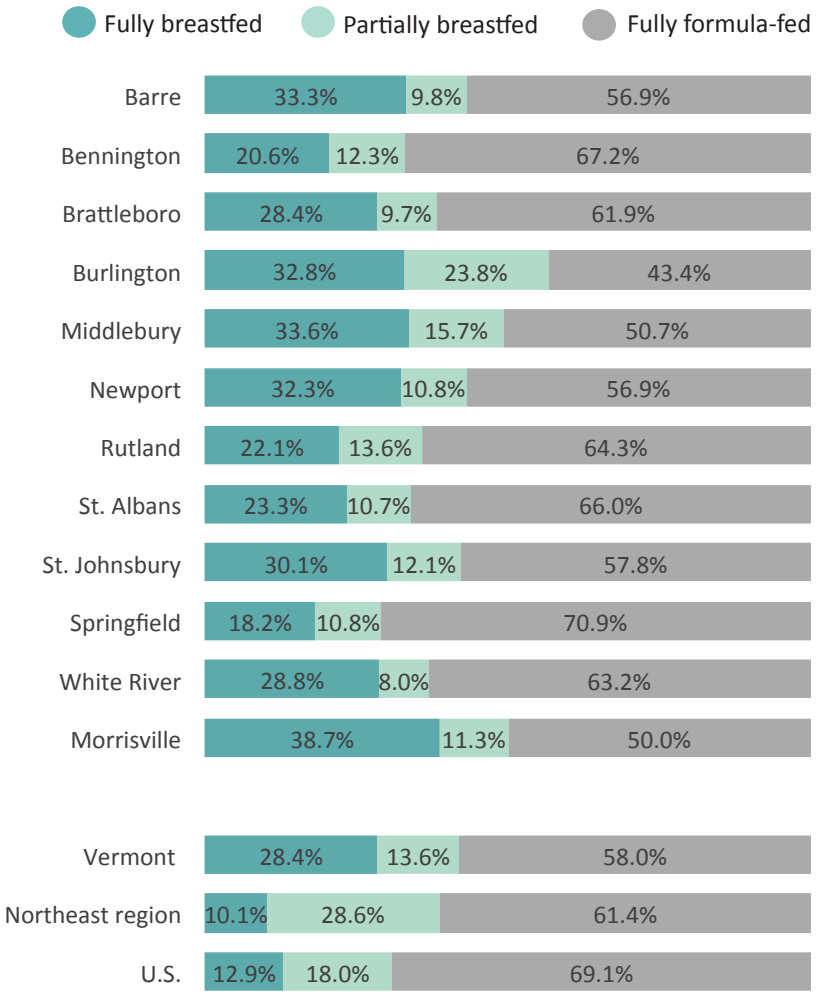
Number of WIC participants by category[6]



Percentage of total age group participating in WIC[7]



WIC-participating infants who are breastfed, by district and compared to the state, region, and the U.S.[8]

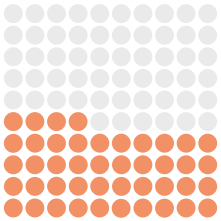


Recognizing the health, developmental, and economic benefits of breastfeeding, breastfeeding promotion and support is an integral and mandatory part of WIC programs. Vermont's rate of infants who benefit from WIC who are fully breastfed is well above both the regional and national averages, and all districts in Vermont surpass these rates as well.[8]

Notes & Resources

6. USDA, Food and Nutrition Service, WIC Program, Monthly data - State-level participation by category and program costs, https://www.fns.usda.gov/pd/wic-program.
7. Derived from USDA, Food and Nutrition Service, WIC Program, Monthly data - State-level participation by category and program costs, https://www.fns.usda.gov/pd/wic-program and Vermont Department of Health population estimates.
8. USDA, Food and Nutrition Service, Supplemental Food Programs Division, WIC Breastfeeding Data Local Agency Report, 2015, https://www.fns.usda.gov/wic/breastfeeding-priority-wic-program.

Children participating in the free & reduced price school meals program



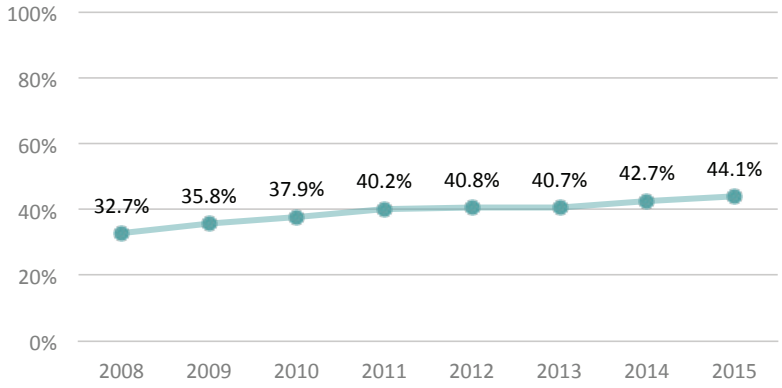
44% in Vermont
38,100 kids[1]

What the data show

This is the percentage of children enrolled in school who participate in Vermont's free and reduced price school meals program. Data are snapshots of October enrollment.

No cost meals at school support the health and learning of tens of thousands of children in Vermont. Increases are due to need, but also to successful initiatives to expand access. High participation rates, especially in some counties, indicate a likelihood that kids' nutrition may be suffering when not able to access school meals: on the weekends, after school hours, and during the summer.

School meals participation rates have increased in Vermont[3]



What would it take...

...to ensure kids are never hungry when they're trying to learn? In addition to school lunch, key pieces to ensuring access to adequate nutrition include: meals offered after school, in summer, at breakfast time, and in childcare settings. These all support access to this necessary foundation for learning—and health. Without this basic investment, other educational investments are compromised.

Existing federal reimbursement programs support all of these important initiatives, and Vermont can continue to support their expansion, implementation, and increased accessibility. For example, we can make it just as easy for kids in need to access school breakfast as lunch (as is the goal with Hunger Free Vermont's "Breakfast After the Bell" initiative) and can support the out-of school time programs and mobile meals that provide critical nutrition when school isn't in session.[2]

Community Eligibility, which streamlines the ability to offer no cost meals universally, is available to schools in areas of higher need.[4]

Meals in both the "free" category and the "reduced" category are served at no cost to students and families, as Vermont has committed resources to reimburse school meals programs for reduced price meals served.

Vermont's free and reduced price school meals program also confers "categorical eligibility" to kids who fall into certain categories, like children in foster care and homeless, runaway, or migrant children and youth.[6]

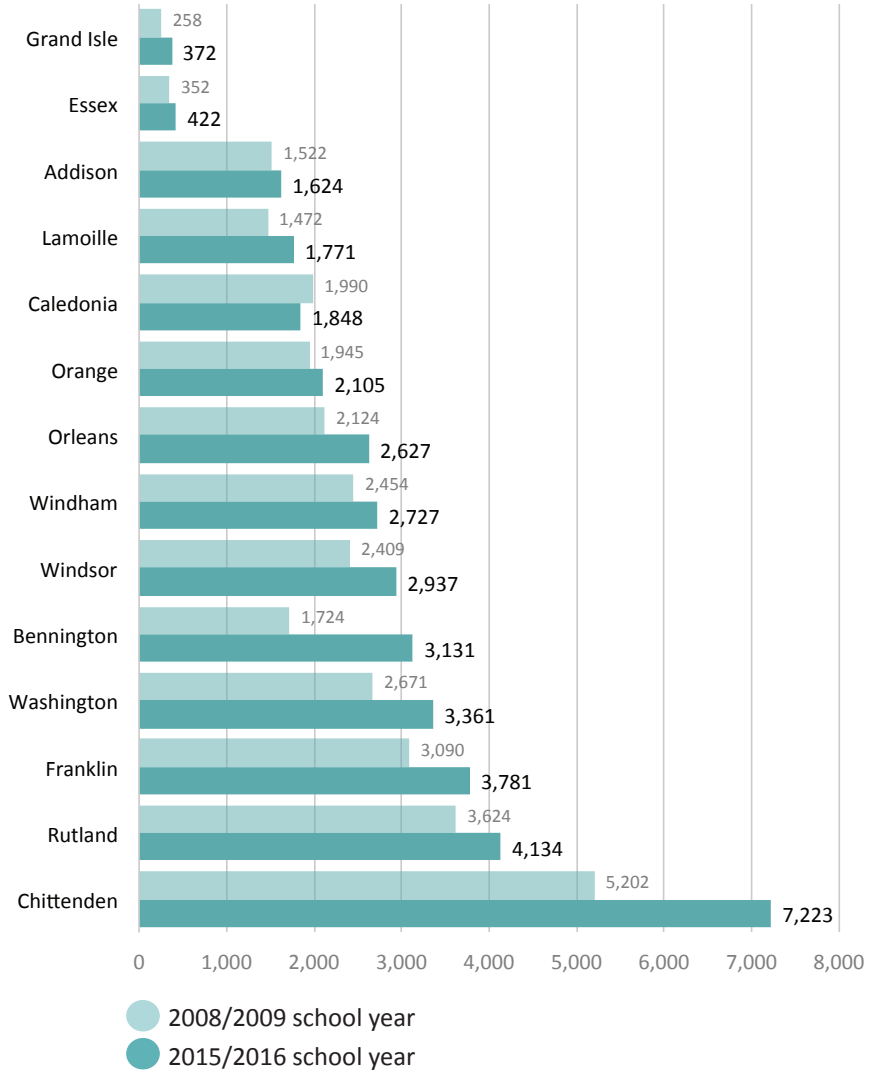
Income eligibility guidelines for the 2016-2017 school year, annual income[5]

Household size	"free"	"reduced"
1	$15,444	$21,978
2	$20,826	$29,637
3	$26,208	$37,296
4	$31,590	$44,955
5	$36,972	$52,614
6	$42,354	$60,273
7	$47,749	$67,951
8	$53,157	$75,647

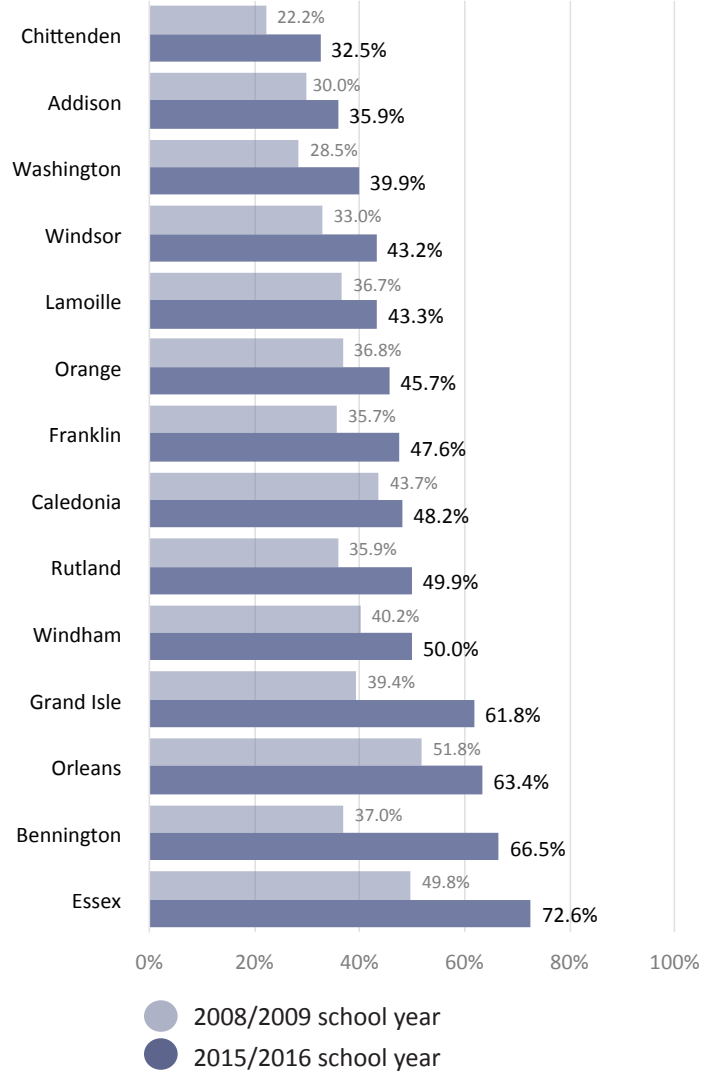
Notes & Resources

1. Hunger Free Vermont. Rounded to the nearest 100.
2. No Kid Hungry Center for Best Practices, School Breakfast Program Policy, https://bestpractices.nokidhungry.org/school-breakfast/school-breakfast-policy-0.
3. Hunger Free Vermont, 2008-2009 through 2015-2016 data.
4. Vermont Agency of Education, Child Nutrition Programs, Community Eligibility Provision, http://education.vermont.gov/student-support/nutrition/school-programs/community-eligibility-program.
5. Excerpted from Vermont Agency of Education, Child Nutrition Programs, Income Eligibility Guidelines, http://education.vermont.gov/documents/nutrition-income-eligibility-guidelines.
6. Vermont Agency of Education, Child Nutrition Programs, Free and Reduced Meals, http://education.vermont.gov/student-support/nutrition/school-programs/free-and-reduced-meals.

38,063 Vermont kids participated in school meals in the 2015-2016 school year, an increase of 7,226 kids since 2008-2009[5]



The percent of children benefiting from school meals has increased in every county[5]



Notes & Resources

6. Hunger Free Vermont, 2008-2009 through 2015-2016 data.

Children participating in 3SquaresVT (SNAP)

Voices for Vermont's Children

24.8% in Vermont = **30,100** kids[1]

27% in the U.S.[2]

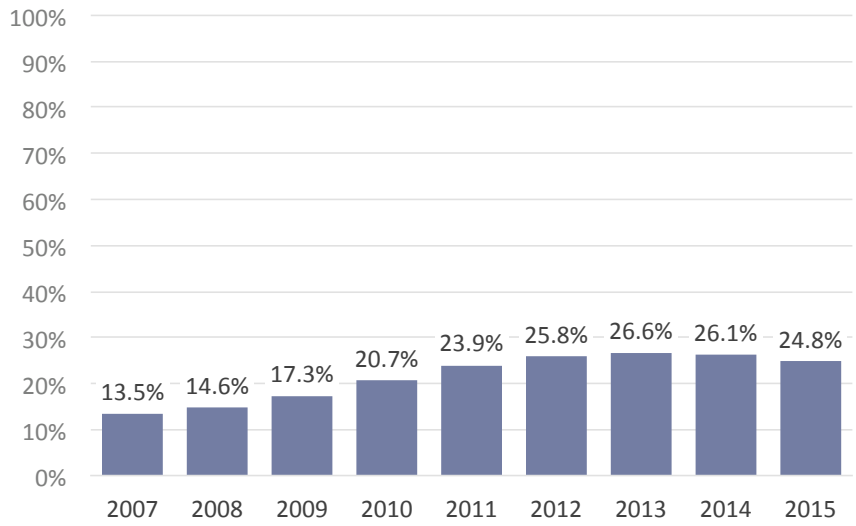
What would it take...

...to ensure that kids have access to adequate nutrition? 3SquaresVT is an example of a successful program that helps safeguard children's nutrition and family food security. In Vermont, SNAP reaches almost everyone who is eligible.[3] The federal government pays 100% of benefits and states share the cost of administering the program.[4]

What the data show

This is the percentage and number of children in Vermont who benefit from 3SquaresVT, the federal Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps. Numbers are based on three-year averages of snapshots of participation in April of each year.

Percentage of VT children participating in 3SquaresVT (SNAP)[1]



In Vermont, nearly 1 in 4 kids are protected by this program. Eligibility is based on household size and income. Households with incomes at or below 185 percent of the Federal Poverty Guidelines,[5] or with someone over 60 or with a disability and families with children who receive the Earned Income Tax Credit can apply.[6]

The Vermont Legislative Joint Fiscal Office estimates food costs for a single person living anywhere in the state to be $321.00 a month and costs for a family of four to be $997.00.[7] The average monthly SNAP benefit in Vermont is $121.98 per person and $230.64 per household.[8] SNAP supplements family food budgets and adds federal funds to the state's economy. In addition, every dollar in new benefits results in $1.80 of economic activity.[9]

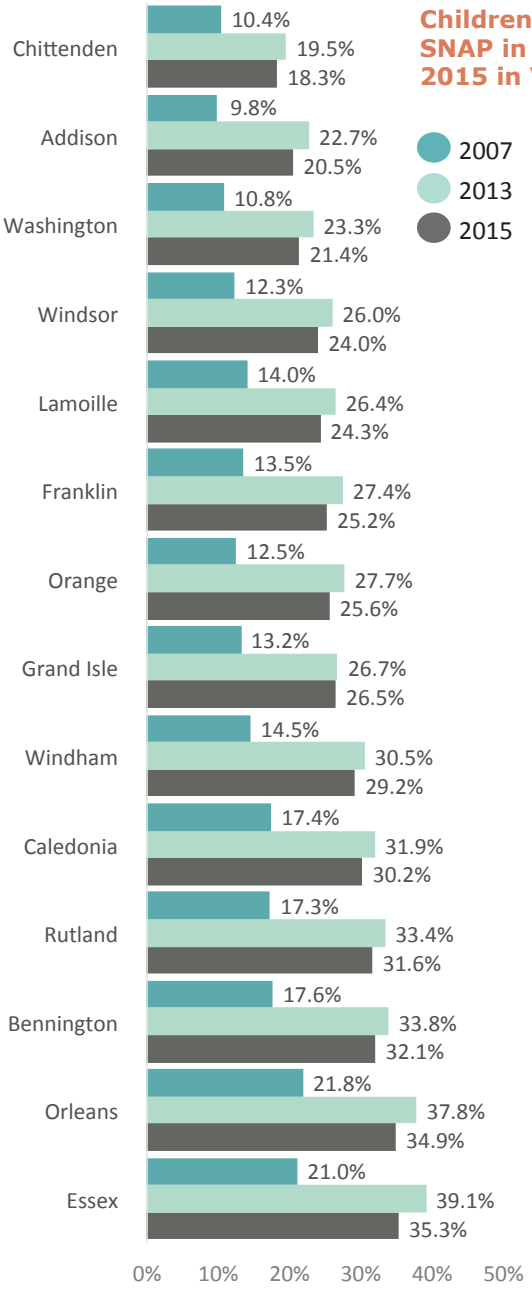
About 45,000 households with 84,000 individuals benefit from SNAP in Vermont. A third of these households include children, 30 percent include elderly individuals, and 30 percent include adults with disabilities. 35 percent of all individual SNAP recipients in Vermont are children. An estimated 8,000 are of preschool age and 22,000 are school age.[2]

The rate of children benefiting from 3SquaresVT increased in every Vermont county during the recent recession, peaking in 2013. Participation has begun to fall slightly as the economy improves, but remains well above pre-recession levels.

Notes & Resources

1. Three-year average of 2013-2015 data provided by the Vermont Agency of Human Services, Department for Children and Families, Economic Services Division. Snapshots of April enrollment. Rounded to the nearest 100.
2. USDA, Characteristics of Supplemental Nutrition Assistance Program Households: FY 2015, 2016, https://www.fns.usda.gov/snap/characteristics-supplemental-nutrition-assistance-households-fiscal-year-2015; and U.S. Census, Population Estimates Program, 2015.
3. USDA, Food and Nutrition Service, Reaching Those in Need: Estimates of State SNAP Participation Rates in 2014, 2017, https://fns-prod.azureedge.net/sites/default/files/ops/Reaching2014.pdf.
4. Food Research and Action Center, Supplemental Nutrition Assistance Program (SNAP), http://frac.org/federal-foodnutrition-programs/snapfood-stamps/.
5. US Health and Human Services, Annual Update of the HHS Federal Poverty Guidelines, 2017, https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines.
6. Vermont Agency of Human Services, Department for Children and Families, 3SquaresVT, http://dcf.vermont.gov/benefits/3SquaresVT.
7. Basic Needs Budget and Livable Wage Report, Vermont Legislative Joint Fiscal Office, 2017, http://www.leg.state.vt.us/jfo/reports/2017%20BNB%20Report%20Revision_Feb_1.pdf.
8. USDA, Food and Nutrition Service, Supplemental Nutrition Assistance Program, State Activity Report FY 2015, 2016, http://www.fns.usda.gov/sites/default/files/snap/2015-State-Activity-Report.pdf.
9. USDA, Profile of SNAP Households, Vermont Fact Sheet, 2017, https://fns-prod.azureedge.net/sites/default/files/ops/Vermont.pdf.

Children benefiting from SNAP in 2007, 2013, and 2015 in Vermont counties[10]

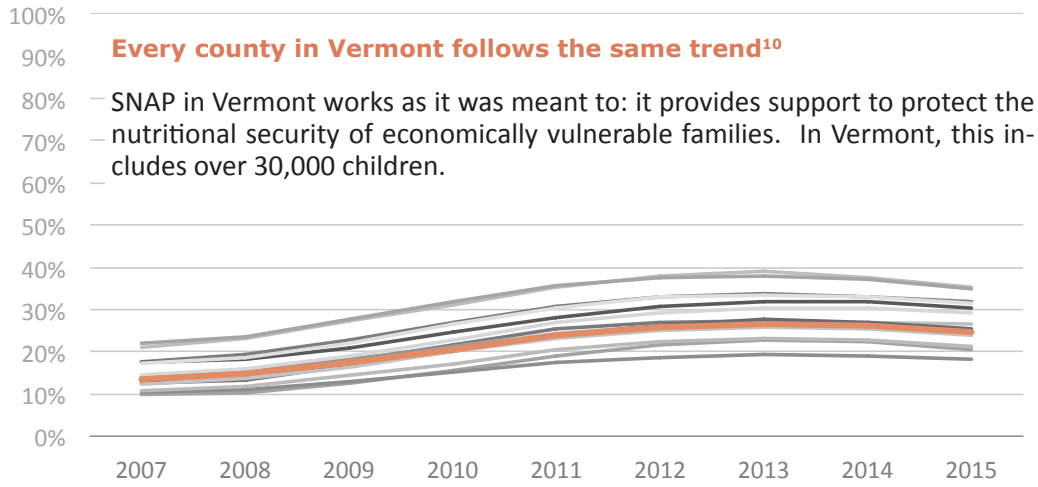


Children benefiting from SNAP in Vermont counties, 2007-2015[10]

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Addison	9.8%	10.4%	12.4%	15.5%	19.0%	21.5%	22.7%	22.3%	20.5%
Bennington	17.6%	19.2%	22.6%	26.9%	30.8%	32.9%	33.8%	33.2%	32.1%
Caledonia	17.4%	18.3%	21.0%	24.7%	28.1%	30.6%	31.9%	32.1%	30.2%
Chittenden	10.4%	11.2%	13.0%	15.2%	17.5%	18.8%	19.5%	19.1%	18.3%
Essex	21.0%	23.3%	27.1%	31.0%	35.2%	37.8%	39.1%	37.4%	35.3%
Franklin	13.5%	14.8%	17.9%	21.7%	25.3%	27.1%	27.4%	26.6%	25.2%
Grand Isle	13.2%	14.1%	17.3%	21.1%	24.3%	26.0%	26.7%	27.1%	26.5%
Lamoille	14.0%	15.6%	18.4%	21.3%	23.9%	25.5%	26.4%	25.9%	24.3%
Orange	12.5%	13.5%	16.6%	20.1%	24.0%	26.3%	27.7%	27.0%	25.6%
Orleans	21.8%	23.6%	27.5%	31.8%	35.8%	37.6%	37.8%	37.0%	34.9%
Rutland	17.3%	18.7%	21.9%	26.5%	30.5%	33.0%	33.4%	33.1%	31.6%
Washington	10.8%	12.0%	14.4%	17.3%	20.6%	22.4%	23.3%	22.8%	21.4%
Windham	14.5%	16.0%	19.0%	22.9%	26.8%	29.4%	30.5%	30.2%	29.2%
Windsor	12.3%	13.5%	16.5%	19.9%	23.3%	25.2%	26.0%	25.6%	24.0%

Every county in Vermont follows the same trend[10]

SNAP in Vermont works as it was meant to: it provides support to protect the nutritional security of economically vulnerable families. In Vermont, this includes over 30,000 children.



Notes & Resources

10. Three-year average of 2013-2015 data provided by the Vermont Agency of Human Services, Department for Children and Families, Economic Services Division. Snapshots of April enrollment.

Children participating in Reach Up (TANF)

8% in Vermont = **9,700** kids[1]

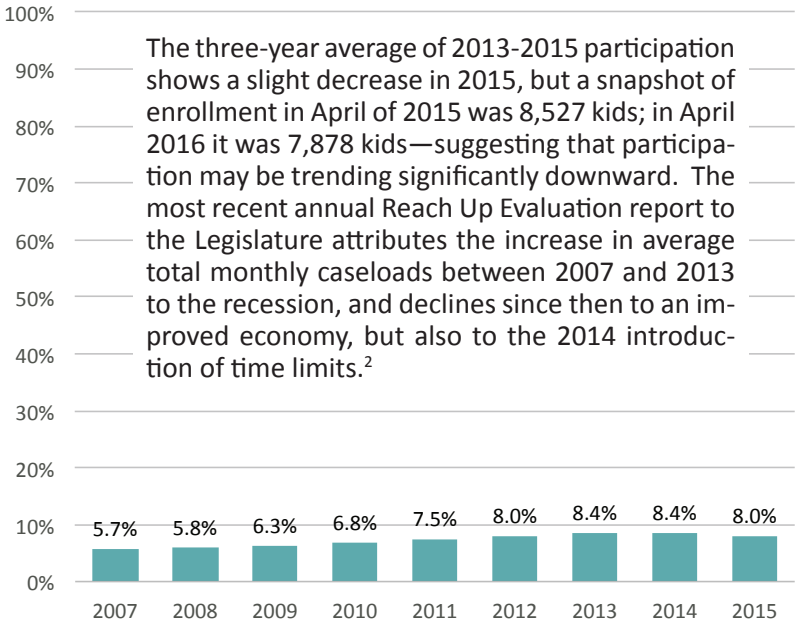
What would it take...

...to increase the effectiveness of this critical part of Vermont's safety net? We should adjust grants to reflect the cost of living, protect TANF's identity as a cash assistance program, and restore or seek to achieve benefit levels that meet families' needs and so truly help protect children from deprivation.

What the data show

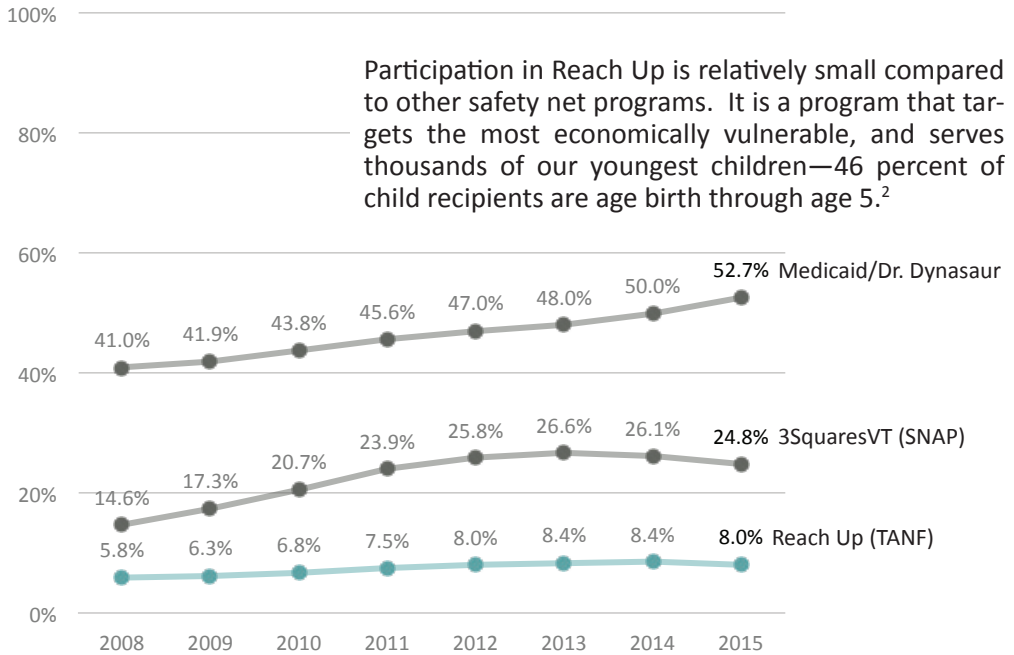
Vermont's TANF program, called Reach Up, provides cash assistance to families experiencing extreme financial hardship.

Percent of children in Vermont participating in Reach Up[1]



The three-year average of 2013-2015 participation shows a slight decrease in 2015, but a snapshot of enrollment in April of 2015 was 8,527 kids; in April 2016 it was 7,878 kids—suggesting that participation may be trending significantly downward. The most recent annual Reach Up Evaluation report to the Legislature attributes the increase in average total monthly caseloads between 2007 and 2013 to the recession, and declines since then to an improved economy, but also to the 2014 introduction of time limits.[2]

Children's participation in Reach Up is small compared to 3SquaresVT (SNAP) and Medicaid/Dr. Dynasaur[3]

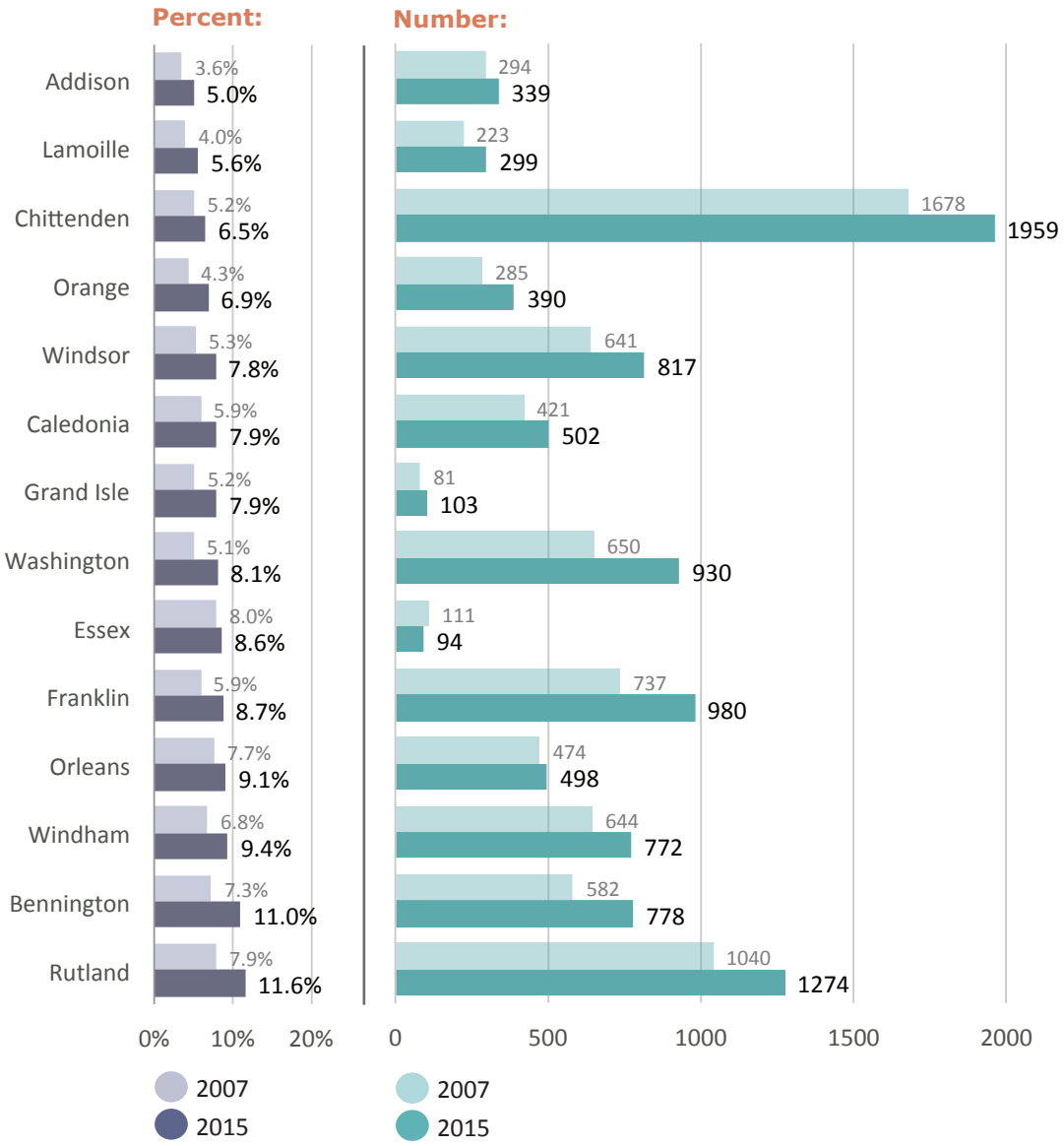


Participation in Reach Up is relatively small compared to other safety net programs. It is a program that targets the most economically vulnerable, and serves thousands of our youngest children—46 percent of child recipients are age birth through age 5.[2]

Notes & Resources

1. Three-year average of 2013-2015 data provided by the Vermont Agency of Human Services, Department for Children and Families, Economic Services Division. Snapshots of April enrollment. Rounded to the nearest 100.
2. Department for Children and Families, Annual Reach Up Evaluation, Report to the Vermont Legislature, January 2017, http://legislature.vermont.gov/assets/Legislative-Reports/Reach-Up-Annual-Report-2017.01.09.pdf.
3. Three-year average of 2013-2015 data provided by the Vermont Agency of Human Services, Department for Children and Families, Economic Services Division and Department of Vermont Health Access. Snapshots of April enrollment.

Children participating in Reach Up by county[4]

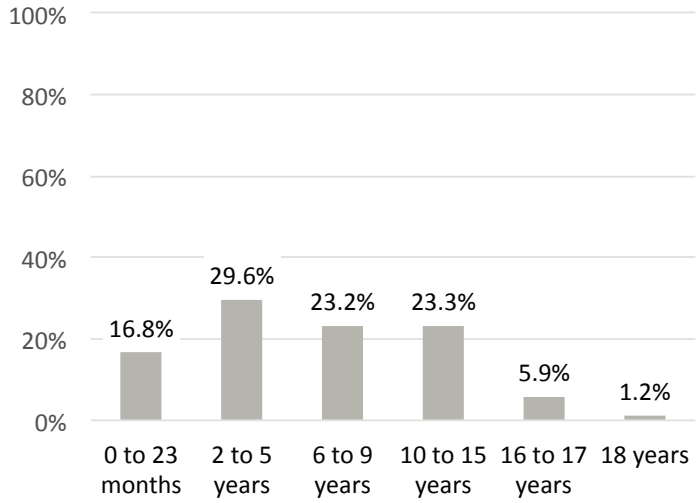


Maximum monthly Reach Up grants by family size, versus determined need[5]

	Outside Chittenden County	Chittenden County	"Basic needs" (2004)	"Basic needs" with cost-of-living increase (2016)
1	$434	$458	$475	$648
2	$535	$560	$680	$930
3	$640	$665	$891	$1,220
4	$726	$750	$1,064	$1,458

Grant amounts are based on budgeted funds available, not need. Current grant amounts are less than the 2004 basic needs calculation, and much less than the 2016 cost of living increase calculation. DCF currently pays 49.6 percent of need as determined in 2004.[5]

Children in households receiving Reach Up, by age group, Vermont 2015-2016[5]



Notes & Resources

4. Three-year average of 2013-2015 data provided by the Vermont Agency of Human Services, Department for Children and Families, Economic Services Division. Snapshots of April enrollment.
5. Department for Children and Families, Annual Reach Up Evaluation, Report to the Vermont Legislature, January 2017, http://legislature.vermont.gov/assets/Legislative-Reports/Reach-Up-Annual-Report-2017.01.09.pdf.

"Because inequity is characterized by disparities in the distribution of access and opportunity, there is no path to educational equity that does not involve a redistribution of access and opportunity. Understanding this, we must have the will to create policy and practice that aids in this redistribution even in the face of criticism and complaint from people who are accustomed to having an unfair share of access and opportunity. The will to persist toward equity in the face of this criticism and complaint is, in the end, the heart of equity work."

-Paul Gorski

Education

Vermonters have many reasons to be proud of our education system. Our students score among the highest on national tests in math and reading. Our school-funding system is more progressive than most in the country, and we are increasing access to pre-kindergarten and healthcare for all children so that kids have the foundations they need to start school on strong footing. But strikingly unequal outcomes across race, class, and (dis)ability in our schools mirror the growing disparities that our children see in their larger communities.

We ask our schools, more than any other institution, to be an equalizer of opportunity. We do this because we know that education is linked to greater social mobility, higher incomes, lower unemployment rates,[1] and higher overall health indicators.[2] But kids with economic stability and racial privilege tend to do better in school, and they always have. Children from low-income families, disabled students, and students of color score worse on standardized tests, are more likely to be suspended or expelled, are less likely to graduate on time, and are less likely to reach college or career-readiness, go to college, and graduate from college.

We see our schools asked to do more and more…but schools cannot address the problems of racism, poverty, and inequitable educational outcomes alone.

Our schools are not isolated from, nor can they be asked to compensate for, increasing inequality in our communities. Rather, schools are unique sites to witness the impacts of our eroding social contract. In the midst of debates about testing, teacher evaluations, and the cost of education, we see our schools asked to do more and more. Standardized evaluations do not track the myriad out-of-school factors that directly influence academic achievement, and our underfunded schools cannot address the problems of racism, poverty, and inequitable educational outcomes alone.

As enrollment declines, and the state debates the rising per-pupil cost of education, we are asked to consider our collective commitments and priorities. In the past 30 years, Vermont corrections spending has grown significantly faster than education spending. Per-pupil spending in the state has risen, but spending on corrections has gone up more than twice as fast. We now spend over 50 percent more on corrections than higher education, a near reversal of our allocations in 1990.[3] Such funding trends suggest spending is out of alignment with our values, and point to a larger re-direction of resources toward corrective rather than preventative measures.

Realigning funding priorities is one piece of a broader vision for building more equitable schools. A policy lens that encourages connection, inclusion, and access to all the benefits of our educational system for all students is another. We know that being suspended—even once—doubles the risk that a student will drop out of high school,[4] and kids of color, low income kids, and students with disabilities are much more likely to face exclusionary discipline than their peers. The data show that strong relationships between students and teachers are essential to student engagement and academic achievement,[5] that parent and community involvement in schools increases equity,[6] and that positive behavioral and restorative justice programs in schools work. Moreover, out-of-school time strongly impacts equity and child wellbeing, and increasing access to afterschool and summer programing for all kids can decrease systemic barriers to achievement.

Realigning funding priorities is one piece of a broader vision for building more equitable schools. A policy lens that encourages connection, inclusion, and access to all the benefits of our educational system for all students is another.

The following indicators help us to better understand who our educational system is working for, and who it leaves behind. We look at a variety of sources, from standardized achievement tests to student-reported risk behavior surveys and suspension and expulsion data released by the Agency of Education. Each data point helps to consider how we can build on the strengths and successes of Vermont's public education system to improve outcomes for all our kids.

Notes:

[1] Bureau of Labor Statistics. "Earning and unemployment rates by educational attainment." Data from 2014 last accessed February 16, 2016 at www.bls.gov/emp/ep_chart_001.htm.
[2] David M. Cutler and Adriana Lleras-Muney. "Education and Health." National Poverty Center Policy Brief #9. (2007)
[3] Stullich, Stephanie, Ivy Morgan, and Oliver Schak. "State and Local Expenditures on Corrections and Education." A Brief from the U.S. Department of Education, Policy and Program Studies Service (2016): 8-26.
[4] Losen, Daniel J. and Tia Elena Martinez. "Out of School & Off Track: The Overuse of Suspensions in American Middle and High Schools." The UCLA Center for Civil Rights Remedies at the Civil Rights Project. (2013).
[5] Klem, Adam M. and James P. Connell. "Relationships Matter: Linking Teacher Support to Student Engagement and Achievement." *Journal of School Health* (2004). (http://www.irre.org/sites/default/files/publication_pdfs/Klem_and_Connell_2004_JOSH_article_0.pdf)
[6] Weiss, Heather B., Suzanne M. Bouffard, Beatrice L. Bridglall, Edmund W. Gordon. "Reframing Family Involvement in Education: Supporting Families to Support Educational Equity." *Campaign for Educational Equity* at Teachers College, Columbia University (2009).

Seeing the Whole Child

EDUCATION

28 **Teens ages 16 to 19 not attending school and not working**

4% in Vermont = **1,000** kids

7% in the U.S.
VT's rank for this indicator: **1st**

30 **Young children not in school**

51% in Vermont = **6,000** kids

53% in the U.S.
VT's rank for this indicator: **13th**

32 **Fourth grade reading achievement levels**

55% below proficient
76% at/above basic

65% below proficient in the U.S.
VT's rank for this indicator: **3rd**

34 **Eighth grade math achievement levels**

58% below proficient
79% at/above basic

68% below proficient in the U.S.
VT's rank for this indicator: **5th**

36 **High school students not graduating on time**

12% in Vermont

17% in the U.S.
VT's rank for this indicator: **6th**

38 **Children participating in afterschool programs**

24% in Vermont = **21,690** kids

18% in the U.S.[1]

40 **Students subject to exclusionary discipline actions**

46.9 per 1,000 = **3,616** kids

42 **Students experiencing bullying/harassment**

18% (9-12 grade)
24% (6-8 grade)

Teens ages 16 to 19 not attending school and not working

4% in Vermont = **1,000** kids[1]

7% in the U.S.

VT's rank for this indicator: **1st**

What would it take...

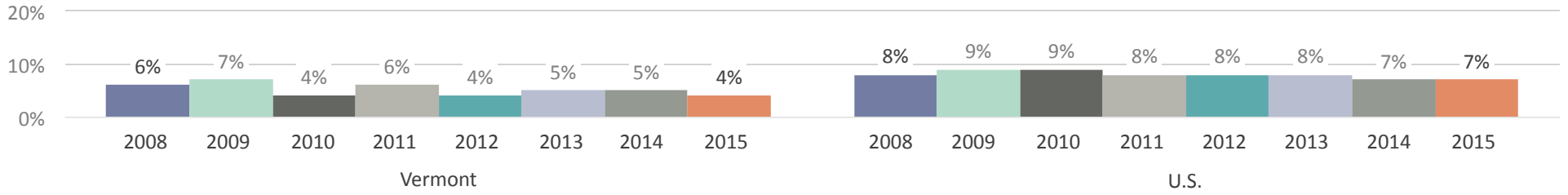
Vermont is tied for the lowest rate of "disconnected youth" in the country, but connecting 1,000 more teens of this age to education and employment would reduce the rate to 0%. Youth often face significant barriers to re-engagement with school once they have left, but engaging the youth themselves in developing solutions, intervening early and also recognizing that it is not too late for older youth, and creating multiple, comprehensive pathways to success can give youth more opportunities to reconnect with educational and work opportunities.[2]

What the data show

Teens not in school and not working is the percentage of teenagers between ages 16 and 19 who are not enrolled in school (full or part time) and not employed (full or part time).

Teens age 16 to 19 who are neither working nor in school are part of a group of young people sometimes referred to as "disconnected youth." In this age range, this can also include those who have finished school but have not entered the workforce, in addition to those who have left school without graduating. Teens who are transitioning into adulthood without completing high school and without employment are at higher risk of negative outcomes. Vermont's rate is relatively low: 4% vs. the national rate of 7%. Rates in different states range from 4% in Vermont, Minnesota, Massachusetts and New Hampshire to 11% in Louisiana.[1]

Teens ages 16 to 19 not attending school and not working in Vermont and the U.S.[1]



The stories of youth who experience disconnection from opportunity are the most critical pieces of information, but they are not contained in this data. A 2013 report examining 50 years of dropout data described three categories of causes contributing to dropouts: push, pull, and fall out factors. A student may be **pushed out** through aspects of the school environment, such as discipline policies or testing. Students are **pulled out** of school through outside factors, such as family trauma, illness, or financial strains, whereas **fall out** is understood to occur when students become alienated from the school environment because of slow academic progress.[2] It has also been found that students who ultimately leave high school are often facing complex combinations of overwhelming life circumstances, and that in the face of these factors, many find easier "off ramps and exits" from school, while re-engaging with education is hindered by too few "on ramps" that are too hard to access.[3]

Notes & Resources

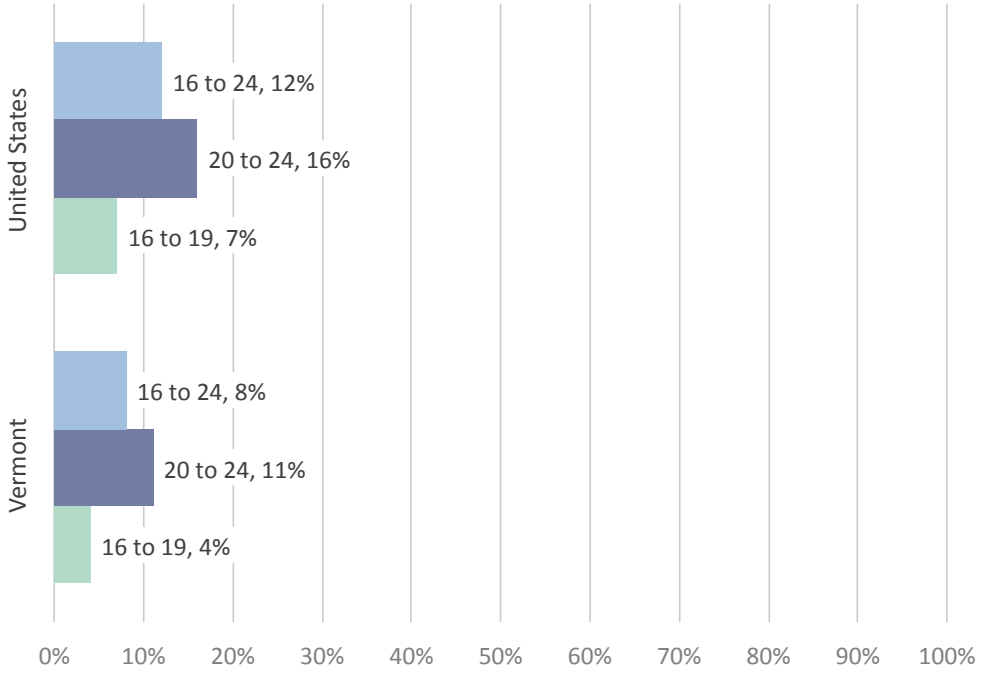
1. Rates and rank are based on U.S. Census, 2015 ACS 1-year estimates, rounded to nearest 1,000, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. National League of Cities, Reengaging Disconnected Youth, 2016, http://www.nlc.org/resource/reengaging-disconnected-youth-action-kit.
2. J.J. Doll, Z. Eslami, & L. Walters, Understanding Why Students Drop Out of High School, According to Their Own Reports, 2013, SAGE Open Vol 3.
3. America's Promise Alliance, Don't Call Them Dropouts, 2014, http://gradnation.americaspromise.org/report/dont-call-them-dropouts.

Nationally, the top student-reported factor for dropping out is missing too many days of school. Over a quarter of students surveyed reported suspensions or expulsions as the primary reason for dropping out, and **a fifth of students reported that they didn't feel they belonged in school.** These and other push and fall out factors account for 63 percent of dropouts.[4]

While Vermont's high school dropout rate has trended downward in recent years, it is still the second highest in New England at 8.6 percent. And for low-income students, the dropout rate is 15.5 percent, compared to 31.1 percent for students who were not economically disadvantaged.[5] Vermont has one of the highest on-time graduation rates in the country: 86.6 percent of students graduate in four years. But our low-income students do not fare as well. Over 1-in-5 does not complete high school on time, compared to 1-in-25 middle or higher-income students.[6]

Young people who have dropped out of high school are more than twice as likely as their college-educated peers to be living in poverty and are nearly three times more likely to be unemployed.[7] Even those who complete high school see that their degrees earn them less and less: high school graduates aged 25-32 earn 11 percent less in today's dollars than the same group in 1965.[8] Leaving high school early and/or not entering the workforce makes further attainment even harder.

Young people not in school and not working, by age group in Vermont and the U.S.[9]



Data for young people who are slightly older shows an even higher rate of disconnection among 20 to 24 year olds. In Vermont, 11 percent of young people of this age are not in school nor working. In the U.S. this rate is 16 percent. Among 18 to 24 year olds in Vermont, 8 percent, or about 5,000 young people, are not in school, not working, and have no degree beyond high school. In the United States this rate is 14 percent.[9]

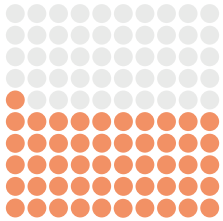
Young people with lower family incomes are much more likely to be disconnected: 21 percent of youth 16 to 19 with family incomes below 20,000 are disconnected; among 20 to 24 year olds, the rate of disconnection is 30 percent. Education is correlated with future career attainment, but so is early work experience. Youth who lack early work experience are more likely to be unemployed later and less likely to go on to have a successful career.[10]

A diversity of connections, to school, community, family and peers, can help support re-engagement with school or work. Research suggests that important components of successful programs to reconnect youth include opportunities for paid work and the use of financial incentives, linkages between education, training, and the job market, the use of youth development approaches, comprehensive support services, and continued support after programs end.[11]

Notes & Resources

4. J.J. Doll, Z. Eslami, & L. Walters, Understanding Why Students Drop Out of High School, According to Their Own Reports, 2013, SAGE Open Vol 3.
5. Research in Action, Common Data Project 2016 Annual Report School Year 2014-2015, New England Secondary School Consortium, 201, page 15. http://newenglandssc.org/wp-content/uploads/2015/10/Common-Data-Project-2016-Annual-Data-Report-25OCT16.pdf.
6. Vermont Agency of Education, Vermont Public School Dropout and High School Completion Report, Data Analysis and Reporting Team, 2014, Table 8, page 15.
7. Bureau of Labor Statistics, Earnings and unemployment rates by educational attainment, 2015, http://www.bls.gov/emp/ep_chart_001.htm.
8. VSAC, Gaps in postsecondary education aspiration: A report on disparities among Vermont's high school graduates, Vermont Student Assistance Corporation Special Report, page 1, 2014.
9. U.S. Census, 2015 ACS 1-year estimates, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
10. Annie E. Casey Foundation, Youth and Work, 2012.
11. Treskon, L., What Works for Disconnected Young People: A Scan of the Evidence, MDRC Working Paper, 2016, http://www.mdrc.org/publication/what-works-disconnected-young-people.

Young children not in school



51% in Vermont = **6,000** kids[1]

53% in the U.S.

VT's rank for this indicator: **13th**

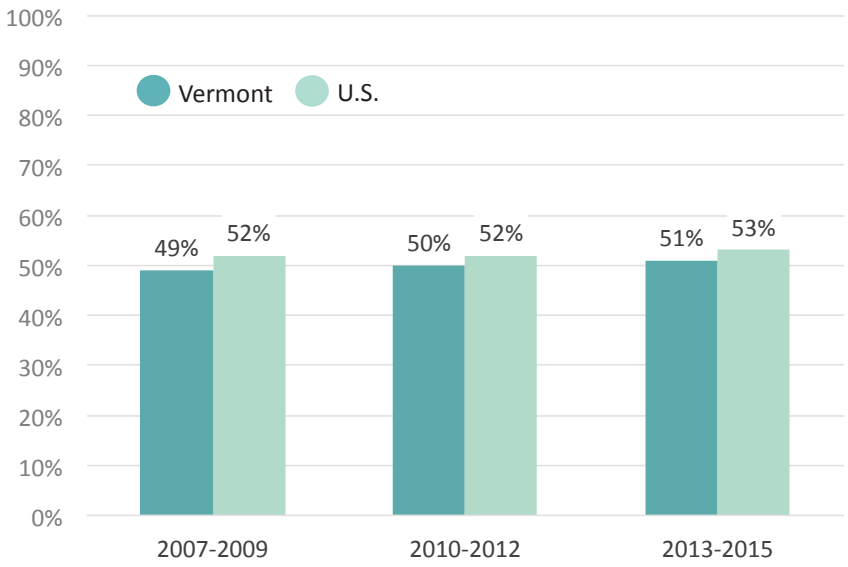
What would it take...

...to get to #1 for this indicator? We would need to reduce this rate to 36%. This would mean helping about 2,000 3 and 4 year olds access early education programs. Vermont may be well on the way already; we have committed to providing 10 hours a week of preschool universally to all pre-school age children.

What the data show

Young children not in school is the share of children ages 3 to 4 not enrolled in school, including nursery school, preschool school or kindergarten, during the previous three months. Children enrolled in programs sponsored by federal, state or local agencies to provide preschool education to young children—including Head Start programs—are considered as enrolled in nursery school or preschool.

Children ages 3 and 4 not in school in Vermont and the U.S.[1]



Almost half of all 3 and 4 year old children in Vermont were attending preschool in 2013-2015, and just over half were not. High-quality early care and education can have long-lasting positive impacts for children including educational, interpersonal, and health benefits lasting into adulthood.[2] The benefits for families are also significant: parents who are confident in the quality and availability of early care and education are better able to pursue and maintain education, training, and employment, increasing the economic stability of the whole household.[3]

In 2014 Vermont committed to making ten hours a week of preschool, for 35 weeks of the year, universally available to all 3,4, and 5 year olds who are not yet in kindergarten through Act 166.[4] Preschool, like other care arrangements for young children, is a big expense for families: in most states it costs more than in-state college tuition and this is true for Vermont as well.[5]

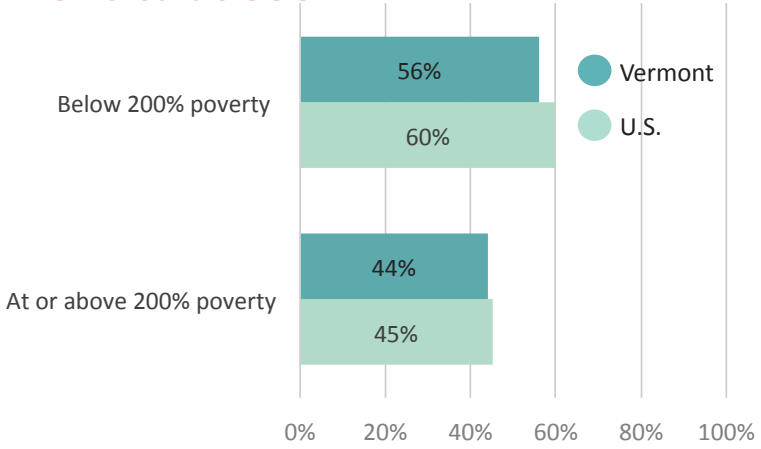
The benefits of preschool are greatest for low-income children. Young children are more likely to live in poverty than older children. While the poverty rate for children under 18 in Vermont over the last 5 years was 15.1 percent, it was 18.2 percent for children under age 5.[6]

Developmentally-appropriate, quality, accessible, and affordable early care and education is a critical piece of making Vermont work for families and children.

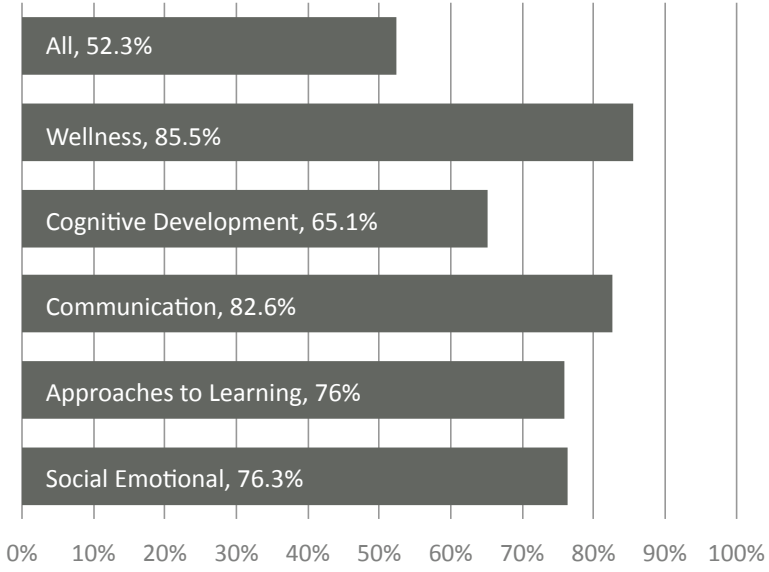
Notes & Resources

1. Rates and rank are based on U.S. Census, 2015 ACS estimates pooled in 3 year increments and rounded to nearest 1,000, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. Yoshikawa, H., et al., Investing in Our Future: The Evidence Base on Preschool Education, 2013, http://www.srcd.org/sites/default/files/documents/washington/mb_2013_10_16_investing_in_children.pdf.
3. Smith, T. and Coffey, R., Two-generation strategies for expanding the middle class, http://www.umdcipe.org/conferences/DecliningMiddleClassesSpain/Papers/Smith.pdf.
4. Vermont Act. No. 166, An act relating to providing access to publicly funded prekindergarten education, 2014, http://legislature.vermont.gov/assets/Documents/2014/Docs/ACTS/ACT166/ACT166%20As%20Enacted.pdf.
5. Let's Grow Kids, Stalled at the Start: Vermont's Child Care Challenge, 2016, http://www.letsgrowkids.org/stalled-start.
6. U.S. Census, 2011-2015 American Community Survey 5-year estimates, derived from American FactFinder table B17001: Poverty status in the past 12 months by sex by age.

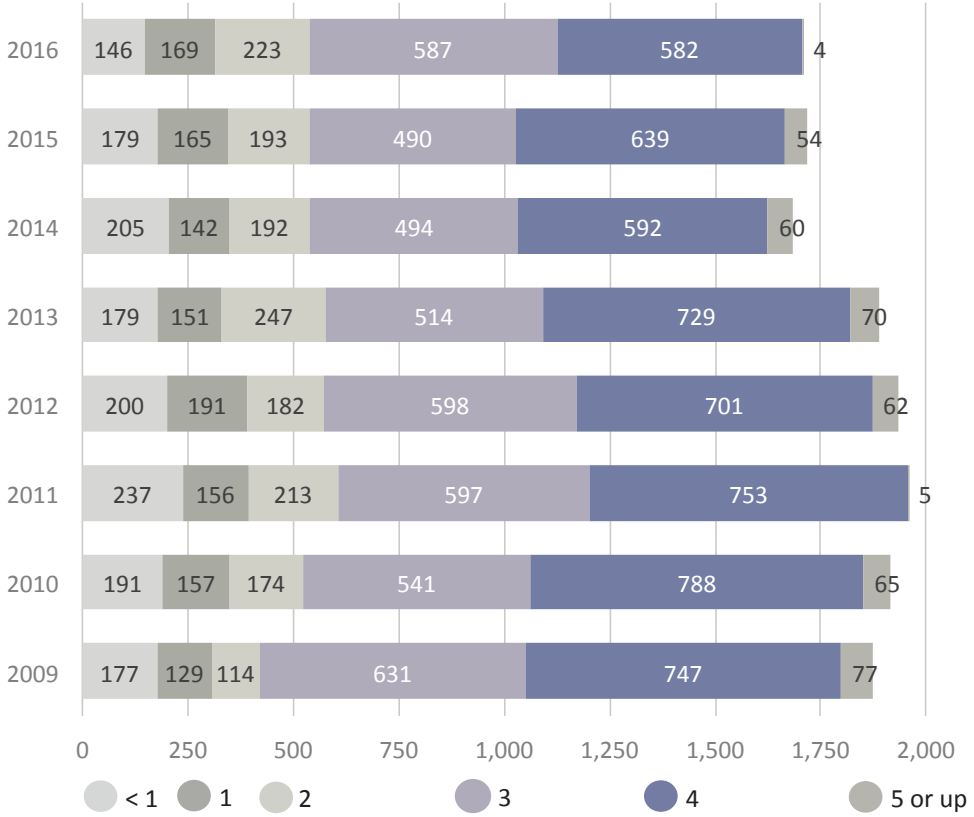
Children ages 3 and 4 not in school by income level, in Vermont and the U.S.[8]



Kindergarten readiness, by domain,[9]



Children enrolled in Head Start and Early Head Start by age, Vermont[10]



Twelve percent of families with children ages 0 to 5 in Vermont report that childcare affects their employment. Among low income families, the rate is slightly higher—14 percent—but 11 percent for families who are not low-income. Vermont fares slightly better than the country as a whole in this regard: in the U.S., childcare affected employment for 11 percent of non-low-income families but 17 percent of low-income families.[11]

As of February 2017, there were 1,370 regulated care providers in Vermont, with reported capacities of 3,300 infants, 3,568 toddlers, and 11,966 preschool age children.[12] This is much less than the numbers of children "likely to need care."[13] Smaller still is the number of providers eligible to receive Vermont childcare assistance payments or state universal pre-k funds, making finding affordable quality childcare an even bigger challenge for families.

Notes & Resources

8. U.S. Census, 2011-2015 American Community Survey 5-year estimates.
9. Vermont Agency of Education, Kindergarten Readiness Survey, as reported by Vermont Insights, http://www.vermontinsights.org/kindergarten-readiness-survey.
10. Data from the 2009-2016 annual Program Information Report (PIR), administered by the Office of Head Start (OHS), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS).
11. Child Trends analysis of National Survey of Children's Health, 2011-2012 data, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
12. Department for Children and Families, Child Development Division, Children in Regulated Care dataset, updated February 2017, https://data.vermont.gov/Education/Vermont-Child-Care-Provider-Data/ctdw-tmfz.
13. Let's Grow Kids, Stalled at the Start: Vermont's Child Care Challenge, 2016, http://www.letsgrowkids.org/stalled-start.

Fourth grade reading achievement levels

55% below proficient[1]
76% at/above basic

65% below proficient in the U.S.
VT's rank for this indicator: **3rd**

What would it take...

...to get to #1 for this indicator? We would need to reduce this percentage to 50%. Vermont students rank among the highest in the nation on the National Assessment of Educational Progress (NAEP). Our low-income students do well by national standards, but a significant gap still exists between these scores and those of higher income students. This gap has grown over time. For students with disabilities, we do worse than the U.S. overall. We must ensure that all children are provided with the support they need, both in and out of school.

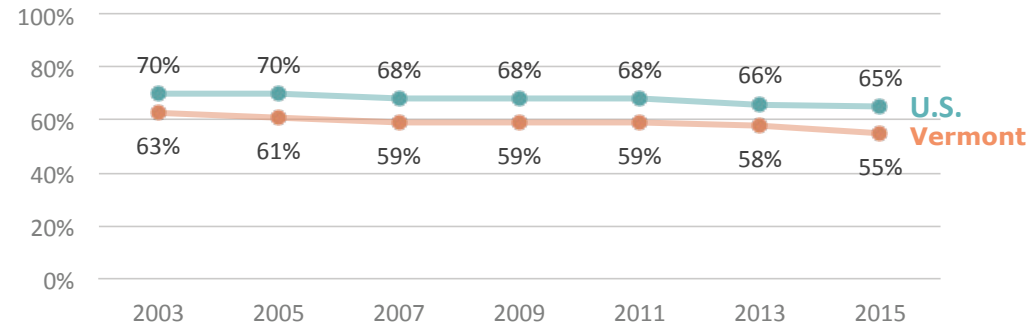
What the data show

Fourth graders not proficient in reading is the percentage of fourth-grade public school students who did not reach the proficient level in reading as measured by the National Assessment of Educational Progress (NAEP).

The National Assessment of Educational Progress (NAEP) tests are meant to provide a standardized way to measure trends over time across all states. These tests are administered every two years to a sample of 4th and 8th graders in each school. Data is not available for individual schools, but is aggregated at the state level.

Scores are categorized into three levels: Basic, Proficient, and Advanced. "Basic" designates **partial mastery**; "Proficient" means **solid academic performance**; and "Advanced" designates **superior performance**.[2]

Percent below Proficient, 4th grade reading NAEP, Vermont and the U.S.[3]



What do the 4th grade reading achievement levels mean?[4]

- **Basic, 208**

  Fourth-grade students performing at the Basic level should be able to locate relevant information, make simple inferences, and use their understanding of the text to identify details that support a given interpretation or conclusion. Students should be able to interpret the meaning of a word as it is used in the text.

- **Proficient, 238**

  Fourth-grade students performing at the Proficient level should be able to integrate and interpret texts and apply their understanding of the text to draw conclusions and make evaluations.

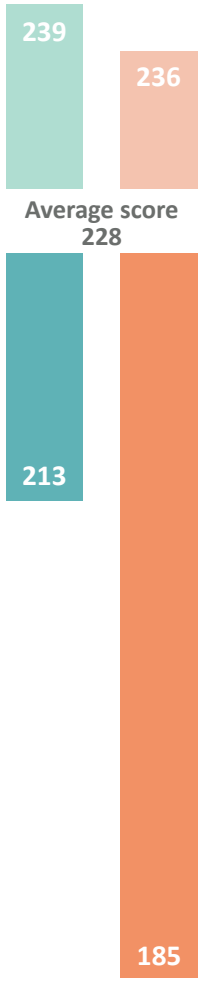
- **Advanced, 268**

  Fourth-grade students performing at the Advanced level should be able to make complex inferences and construct and support their inferential understanding of the text. Students should be able to apply their understanding of a text to make and support a judgment.

Notes & Resources

1. Rates and rank are based on 2015 data from the U.S. Department of Education, National Assessment of Educational Progress (NAEP), as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. National Center for Education Statistics, NAEP Achievement Levels, https://nces.ed.gov/nationsreportcard/achievement.aspx.
3. U.S. Department of Education, National Assessment of Educational Progress (NAEP) 2003-2015, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
4. Description of NAEP achievement levels, Reading, 4th grade, https://nces.ed.gov/nationsreportcard/reading/achieve.aspx#2009_grade4.

Size of achievement gaps by sub-group, with average scores, 4th grade Reading NAEP[5]



- Higher income (not free or reduced school meals)
- Low income (free or reduced school meals)
- Students without a reported disability
- Disabled students

Every testing year since 2000, Vermont students have scored above national averages on NAEP reading assessments. While Vermont is among the top scoring states, more than half of our students read below the NAEP-defined proficiency level: only 45 percent of fourth graders and 44 percent of eighth graders read above a basic level.

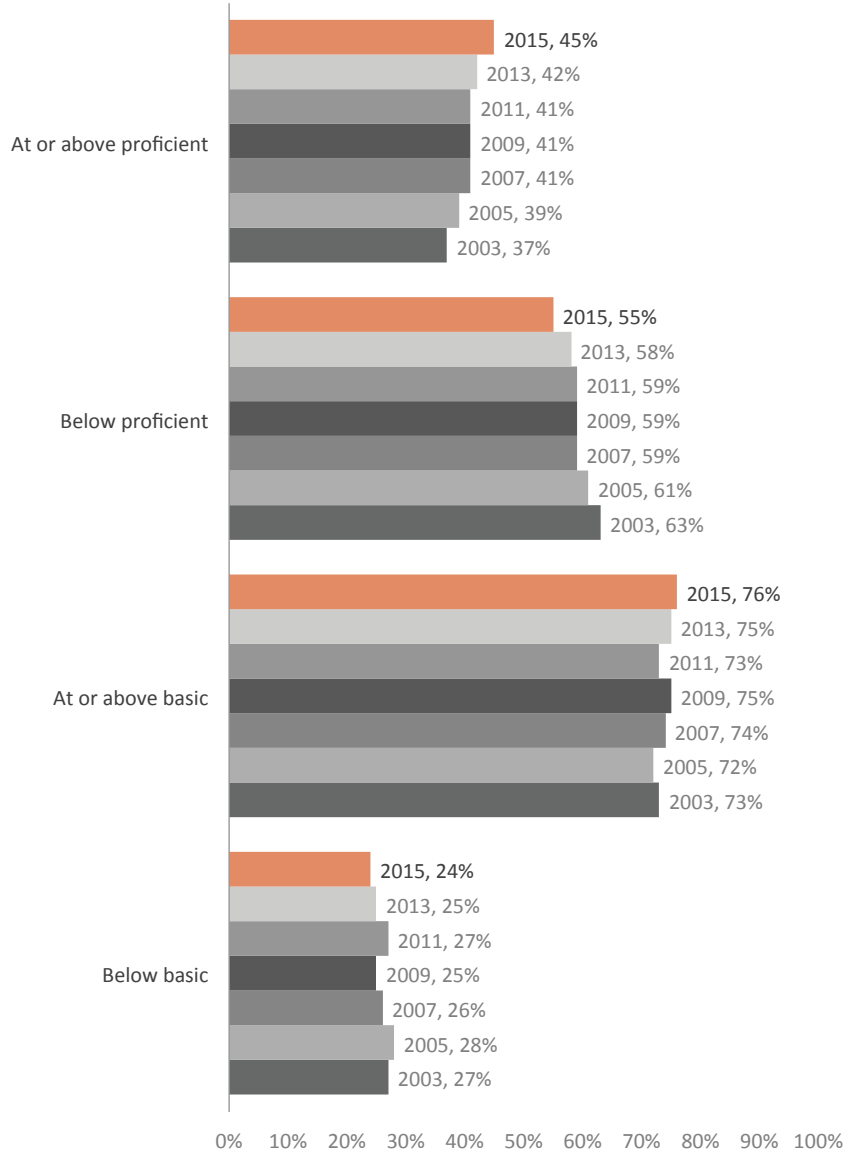
Overall, scores have improved over time, and achievement for both higher income students and lower income students has increased. But gaps between low-income students and their peers persist. Thirty percent of low-income fourth graders scored at proficiency levels, compared to 55 percent of their higher-income peers.[5]

Not only has this gap persisted, it has actually widened: between 2003 and 2013 the gap between higher income students and low income students grew by 33 percent.[6]

Nonetheless, Vermont ranks first among states for the percentage of low-income students who are proficient in 4th grade reading, while for higher income students we rank 8th.[7]

Vermont ranks 32nd for the percentage of students with disabilities scoring at proficiency levels: 91 percent score below proficiency compared to 88 percent nationally.[7]

4th grade Reading NAEP achievement levels, Vermont[5]



Notes & Resources

5. U.S. Department of Education, National Assessment of Educational Progress (NAEP), Reading Assessments.
6. Analysis by the Annie E. Casey Foundation of 2003-2013 NAEP data. See also: Data Snapshot: Early Reading Proficiency in the United States, 2014, http://www.aecf.org/resources/early-reading-proficiency-in-the-united-states/.
7. U.S. Department of Education, National Assessment of Educational Progress (NAEP), as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.

Eighth grade math achievement levels

58% below proficient[1]
79% at/above basic

68% below proficient in the U.S.
VT's rank for this indicator: **5th**

What would it take...

...to get to #1 for this indicator? We would need to reduce this percentage to 49%. Vermont students rank among the highest in the nation on the National Assessment of Educational Progress (NAEP). Still, gaps by income, disability, and race mirror national trends. Testing can be a tool to make visible the larger societal inequities that our schools seek to address. We must ensure that all children are provided with the support they need, both in and out of school.

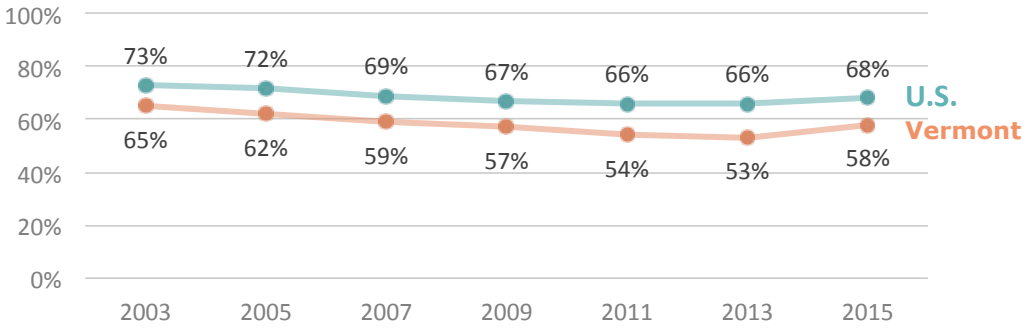
What the data show

Eighth graders not proficient in math is the percentage of eighth-grade public school students who did not reach the proficient level in math as measured by the National Assessment of Educational Progress (NAEP).

The National Assessment of Educational Progress (NAEP) tests are meant to provide a standardized way to measure trends over time across all states. These tests are administered every two years to a sample of 4th and 8th graders in each school. Data is not available for individual schools, but is aggregated at the state level.

Scores are categorized into three levels: Basic, Proficient, and Advanced. "Basic" designates **partial mastery**; "Proficient" means **solid academic performance**; and "Advanced" designates **superior performance**.[2]

Percent below Proficient, 8th grade math NAEP, Vermont and the U.S.[3]



What do the 8th grade math achievement levels mean?[4]

- **Basic, 262**

  Eighth-grade students performing at the Basic level should exhibit evidence of conceptual and procedural understanding in the five NAEP content areas. This level of performance signifies an understanding of arithmetic operations—including estimation—on whole numbers, decimals, fractions, and percents.

- **Proficient, 299**

  Eighth-grade students performing at the Proficient level should apply mathematical concepts and procedures consistently to complex problems in the five NAEP content areas.[5]

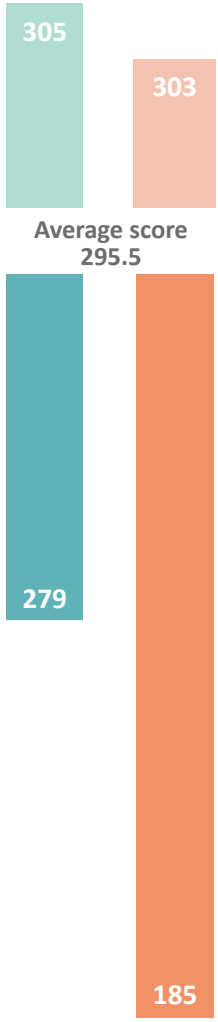
- **Advanced, 333**

  Eighth-grade students performing at the Advanced level should be able to reach beyond the recognition, identification, and application of mathematical rules in order to generalize and synthesize concepts and principles in the five NAEP content areas.[5]

Notes & Resources

1. Rates and rank are based on 2015 data from the U.S. Department of Education, National Assessment of Educational Progress (NAEP), as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. National Center for Education Statistics, NAEP Achievement Levels, https://nces.ed.gov/nationsreportcard/achievement.aspx.
3. U.S. Department of Education, National Assessment of Educational Progress (NAEP) 2003-2015, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
4. Description of NAEP achievement levels, Mathematics, 8th grade, https://nces.ed.gov/nationsreportcard/mathematics/achieveall.aspx.
5. The five NAEP content areas in mathematics are: number properties and operations; measurement; geometry; data analysis and probability; and algebra. Descriptions available at https://nces.ed.gov/nationsreportcard/mathematics/contentareas2005.aspx.

Size of achievement gaps by sub-group, with average scores, 8th grade Math NAEP[6]

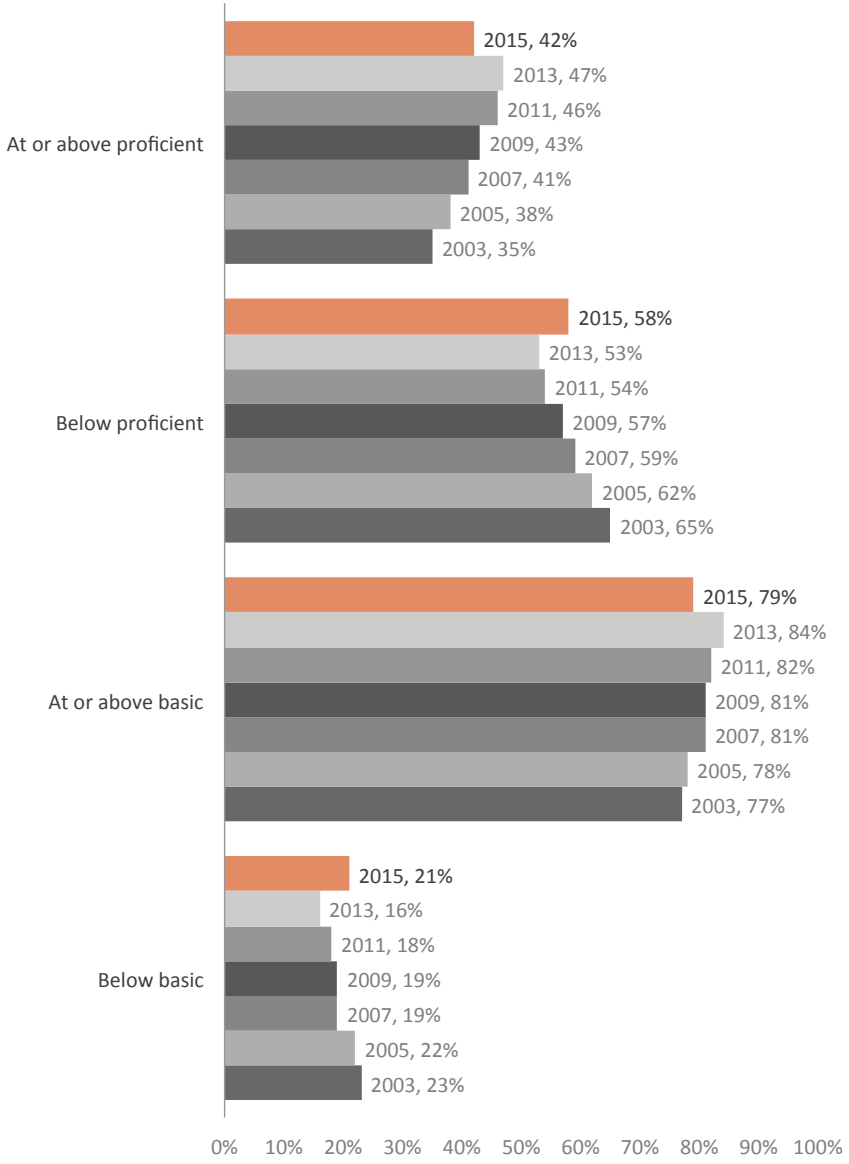


- Higher income (not free or reduced school meals)
- Low income (free or reduced school meals)
- Students without a reported disability
- Disabled students

Every testing year since 2000, Vermont students have scored above national averages on NAEP math assessments. But gaps between low-income students and their peers persist. Only 27 percent of fourth graders who were eligible for free/reduced-price school meals scored at proficiency levels on the math assessment, while 55 percent of their peers scored at this level.[6] By eighth grade, the gap shrunk by just 3 percent. The average score for low-income students was 26 points lower than the average score for higher income students.

In the U.S., Black or African American students, Hispanic or Latino students, and American Indian students all scored below proficient at rates above 80 percent, while only 58% of White students scored below proficient. In Vermont the disparity appears to be similar: in 2013, 82 percent of Black students scored below proficient, compared to 52% of White students.[7]

8th grade Math NAEP achievement levels, Vermont[6]



Notes & Resources

6. U.S. Department of Education, National Assessment of Educational Progress (NAEP), 2015 Math Assessments.
7. U.S. Department of Education, National Assessment of Educational Progress (NAEP), as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.

High school students not graduating on time

12% in Vermont[1]

17% in the U.S.

VT's rank for this indicator: **6th**

What would it take...

...to get to #1 for this indicator? We would need to reduce this rate to 9%.[2] Vermont has one of the highest on-time graduation rates in the country, but disparities by income, disability, and race exist. Equity in accessing advanced high school coursework, such as higher level math, more rigorous classes, and dual enrollment programs, are critical steps on the path to developing college and career-readiness, so that when students do graduate, they are prepared to pursue their goals.

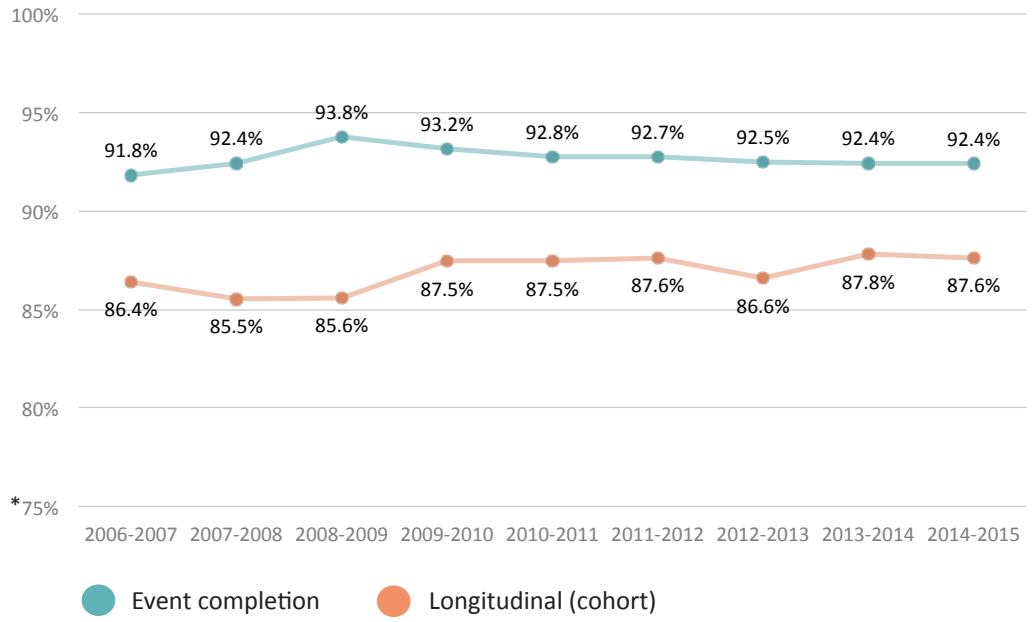
What the data show

High school students not graduating on time is the percentage of an entering freshman class not graduating in four years. This measure is derived from the adjusted cohort graduation rate (ACGR) and represents the number of students who graduate in four years divided by the number of students in the cohort for the graduating class, adjusted for transfers into and out of the cohort.

The Vermont Agency of Education reports two measures of high school completion. The event completion rate represents the percentage of 12th grade students who graduate at the end of the year, regardless of how many years the student took to finish. The cohort graduation rate is the percentage of students who graduate "on time," or within four years of entering ninth grade. Students earning the GED are not considered graduates for the purpose of this definition.[3]

Vermont has one of the highest on-time graduation rates in the country. However, only 78.1 percent of economically-disadvantaged students graduate on time, compared to 95.3 percent of students who are not economically disadvantaged. English learners graduate on time at a rate of 68.6 percent, and students with disabilities, at a rate of 72.1 percent. After six years, 82.3 percent of economically disadvantaged students graduate, with the same rate for English learners. The six-year graduation rate for students with disabilities is 79.3 percent.[4]

Percent of students who complete high school in Vermont[6]

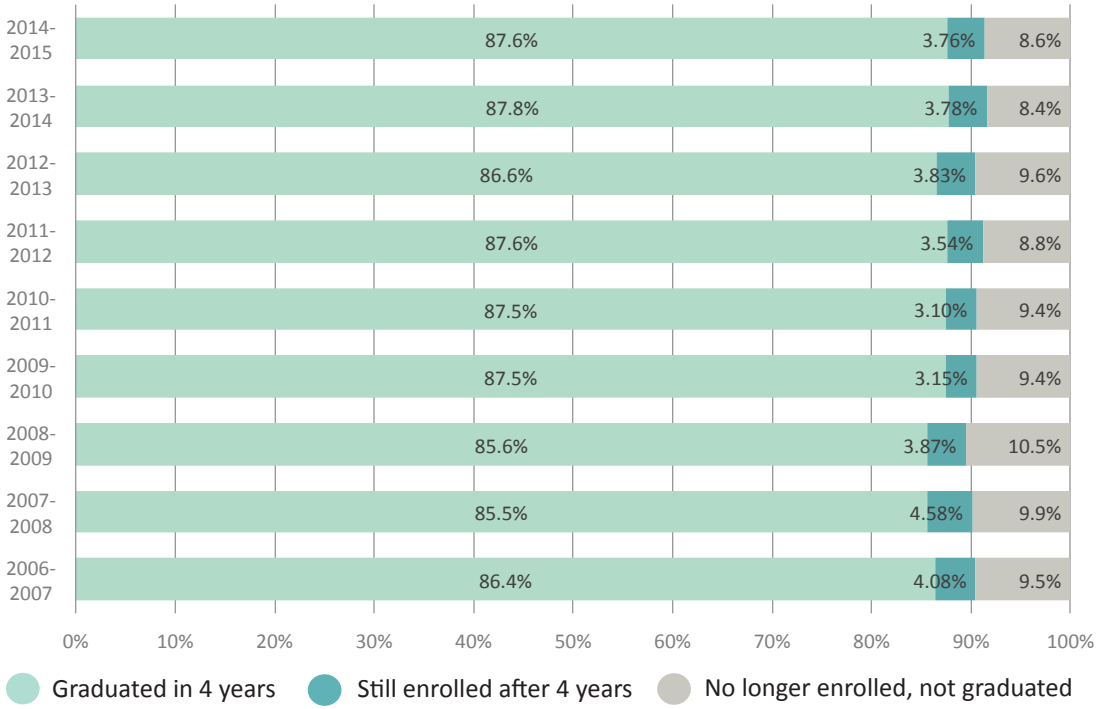


*Please note: For purposes of the visibility of data points, Y-axis does not begin at 0.

Notes & Resources

1. Rates and rank are based on U.S. Department of Education, National Center for Education Statistics, Common Core of Data, 2014-2015, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. Analysis by Annie E. Casey Foundation, based on U.S. Department of Education, National Center for Education Statistics, Common Core of Data, 2014-2015.
3. Vermont Agency of Education, Vermont Public School Dropout and High School Completion Summary, 2016.
4. New England Secondary School Consortium, Common Data Project, 2016 Annual Report School Year 2014-2015, 2016, http://newenglandssc.org/resources/common-data-project/.
5. U.S. Department of Education, National Center for Education Statistics, Common Core of Data, 2012-2013, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
6. Vermont Agency of Education, High school completion and dropout data, 2006/2007-2014/2015, http://education.vermont.gov/documents/data-dropout-completion-tables.

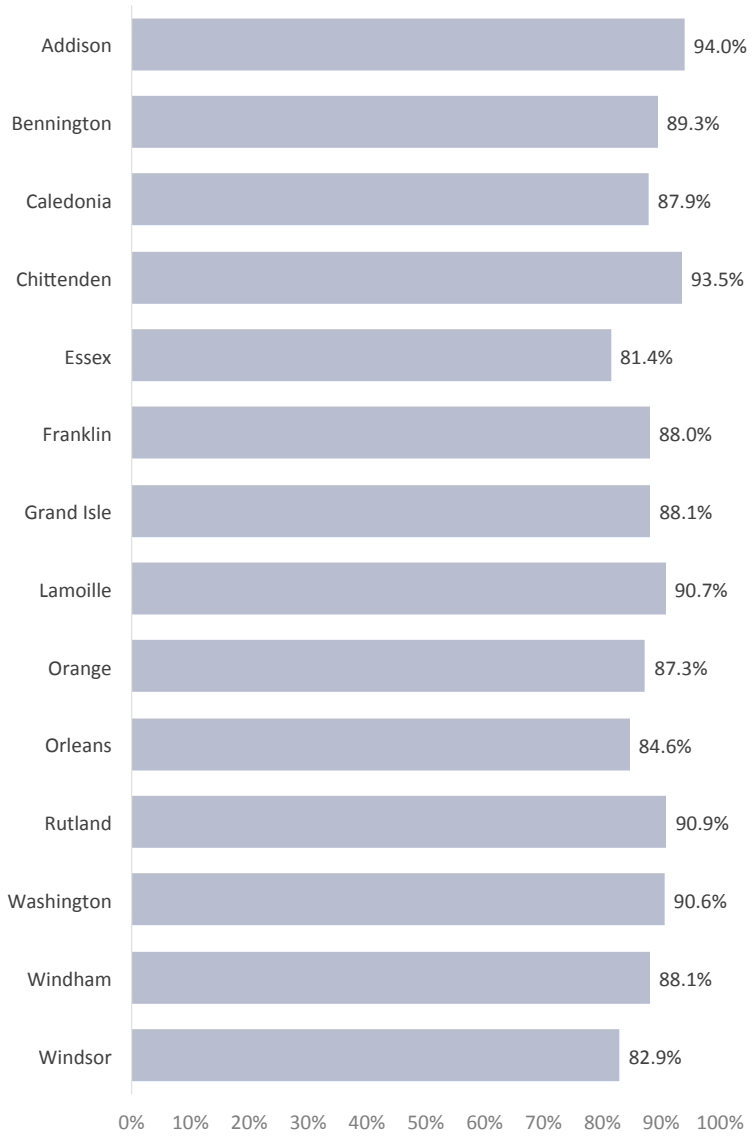
Longitudinal (cohort) status after 4 years[7]



In 2009, Vermont set a goal of 100 percent graduation by 2020.[8] Towards that end, the state passed Act 77, The Flexible Pathways Initiative in 2013. The law requires that all students in grades 7 through 12 will have Personalized Learning Plans (PLPs) by the 2018-19 school year. The act also allows for more work-based learning and dual-enrollment in post-secondary classes. As the state moves away from rigid grade-level cohorts towards proficiency-based graduation requirements, it will be increasingly important to examine high school completion, dropout rates, and postsecondary attainment for these students.

Vermont's high graduation rate should not mask the disparities in graduates' college and career-readiness skills and post-secondary opportunities. Equity in accessing advanced high school coursework, such as higher level math, more rigorous classes, and dual enrollment programs, are critical steps on the path to developing college and career-readiness.

Young adults ages 18 to 24 who have graduated high school or higher, including high school equivalency[9]



Notes & Resources

7. Vermont Agency of Education, High school completion and dropout data, 2006/2007-2014/2015, http://education.vermont.gov/documents/data-dropout-completion-tables.
8. Act 44 (2009), Section 39.
9. U.S. Census, 2015 5-year estimates, derived from American FactFinder table B15001: Sex by age by educational attainment for the population 18 years and over.

Children participating in afterschool programs

24% in Vermont = 21,690 kids[1]

18% in the U.S.[1]

What would it take...

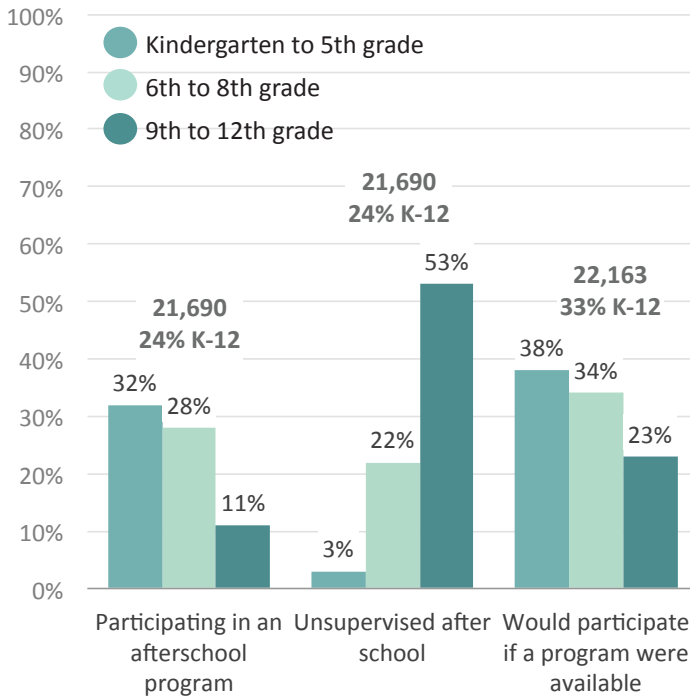
...to get to #1 for this indicator? We would need to increase this rate to 25%. We should do much more. In Vermont, the unmet demand for out-of-school-time programs represents over 22,000 children. Afterschool and summer programs are an opportunity to meet the needs of working parents, improve the safety of youth, provide nutritional stability, and connect the resources of schools, communities, families, and students in new ways. Expanding access to out-of-school-time programs will support Vermont's goals for personalized learning and address achievement gaps while promoting opportunity and equity for all kids.

What the data show

Children participating in afterschool programs is the percent and number of children who participate in afterschool programs, based on the nationwide America After 3 PM Survey.

Children spend, on average, 1,000 hours a year in school but 5,000 in their communities and with their families.[2] Growing income inequality impacts dramatically the out-of-school options that are available to children. Higher income families have always spent more on enrichment activities like private tutors, music lessons, camps, and educational materials, but now spend nearly $9,000 per child per year, or almost seven times more than their lower-income counterparts.[3] Many children and youth don't have access to activities during out of school time. Children born in 2001 are now facing an achievement gap 30-40 percent larger than existed in their parents' generation.[4] Many experts point to the impact of after-school and summer programs as having the potential to successfully address this gap.

Participation and demand for afterschool programs[1]



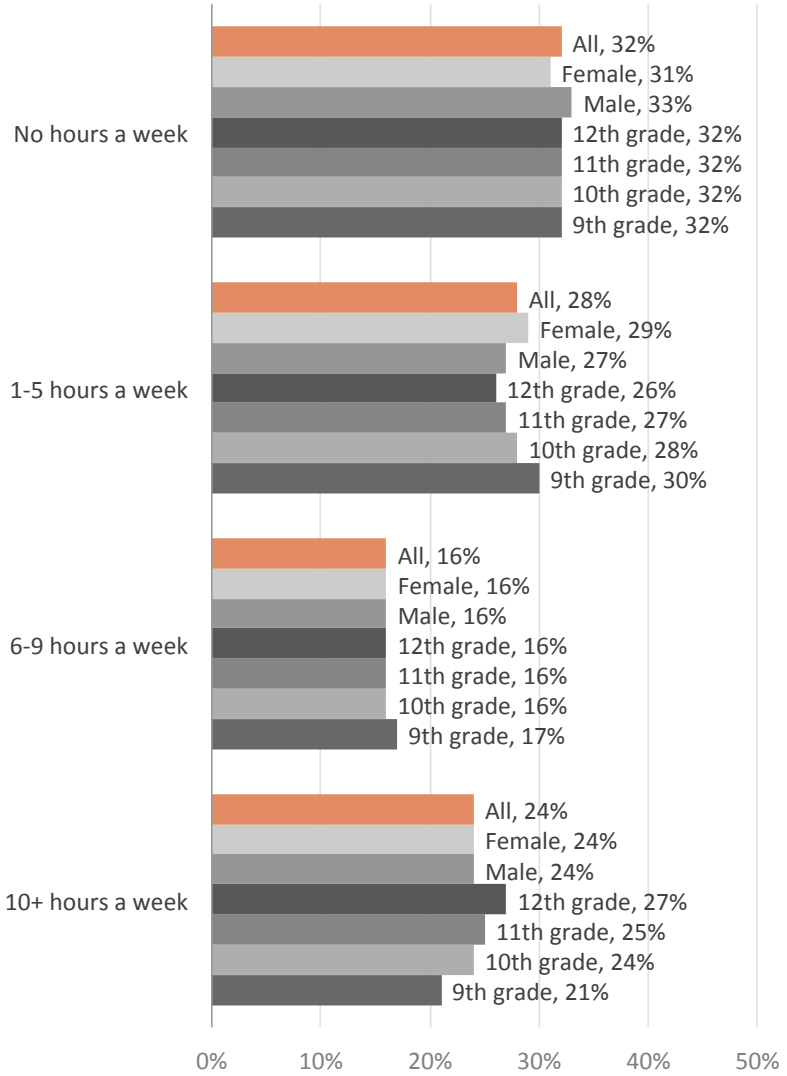
Studies show that participation in summer and after-school programs can dramatically reduce achievement gaps: consistent participation in afterschool activities in elementary school can help close the gap in math achievement between low-income and high-income children by grade 5, reduce absences, and improve overall academic performance.[5] Over the summer, low-income students lose more than two months of grade-level proficiency in reading achievement on average, while their middle-income peers make slight gains in reading over the summer.[6] Two-thirds of the ninth grade achievement gap in reading can be attributed to summer learning-loss.[7]

Access to quality out-of-school programming for low-income students is also particularly important because of the role these programs play in providing healthy snacks and meals in the afternoons and during the summer. While over 40 percent of Vermont students rely on free or reduced-price (FRL) meals

Notes & Resources

1. Afterschool Alliance, America After 3 PM Survey, 2014 data, http://afterschoolalliance.org/aa3pm/detail.html#s/VT/demand/p_of_children_in_programs_2014.
2. David Berliner, Our Impoverished View of Educational Research, Teachers College Record 108, no.6: 949-95, 2006.
3. Greenstone, Looney, Patashnik, and Yu, Thirteen Economic Facts about Social Mobility and the Role of Education. The Hamilton Project Policy Memo, page 9, 2013.
4. S.F. Reardon, The widening academic achievement gap between the rich and the poor: New evidence and possible explanations, 2011. In R. Murnane & G. Duncan (Eds.), Whither Opportunity? Rising Inequality and the Uncertain Life Chances of Low-Income Children.
5. Deborah L. Vandell, The Achievement Gap is Real, Expanded Learning & Afterschool Project, http://expandinglearning.org/research/vandell/resources/VANDELL_K4.pdf.
6. National Summer Learning Association, Know the Facts, www.summerlearning.org/?page=know_the_facts.
7. Karl L. Alexander, Doris R. Entwisle, and Linda Steffel Olson, Lasting Consequences of the Summer Learning Gap, American Sociological Review, 2007.

Time spent doing extracurricular/afterschool activities, grades 9-12 in Vermont[8]

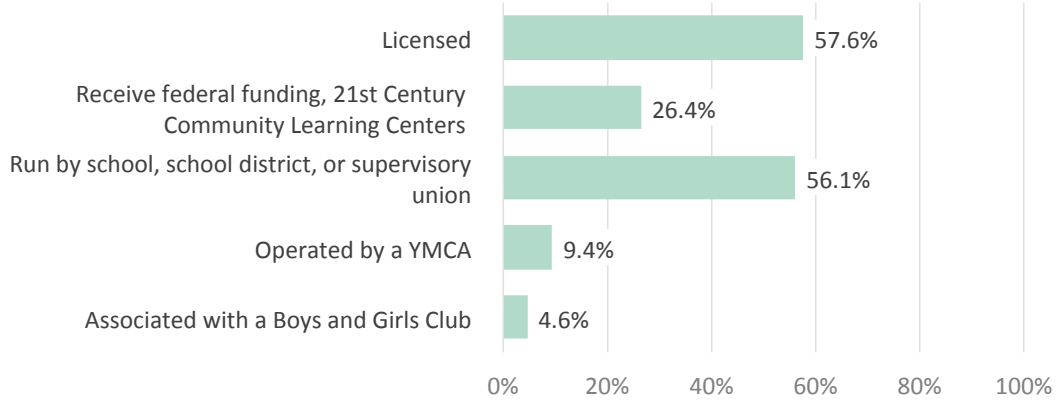


during the school day, only 14 percent of afterschool participants are FRL eligible. National participation rates for low-income students are much higher: 45 percent in 2014.[9]

Nearly 80 percent of Vermont children ages 6-17 have all available parents in the workforce. For many families, there is a gap of 15-25 hours per week when parents are still at work but children need supervision.[10] Vermont currently has 458 out-of-school time programs. While these programs serve almost a quarter of children and youth across the state, over 22,000 more would likely participate if a program were available in their community.[1] Instead, 24 percent of Vermont's K-12 children are responsible for taking care of themselves after school.[1] 32 percent of high school students in Vermont do not participate in any extracurricular afterschool activities,[8] and 53 percent are unsupervised after school.[1] Most high-risk behaviors in adolescence take place between the hours of 3 and 6 pm.[11] Programs during these hours, when many youth would otherwise be unsupervised, present a key opportunity for intervention and prevention, and for supporting the protective factors that create resilience.[12]

While out-of-school-time programs can help provide safe, healthy settings for kids when school is not in session, many families report cost as a significant barrier. Vermont families who pay for their child's afterschool program spend on average nearly $350 per month, and only 9 percent of families report receiving assistance with this cost.[11] 88 percent of Vermont parents support public funding for afterschool time.[13] Along with the strong of evidence that out-of-school-time programs reduce negative outcomes and support success, it has been estimated that every dollar invested in expanding access would return more than twice that in savings.[14]

Characteristics of afterschool programs in Vermont[13]



Notes & Resources

8. Vermont Department of Health, 2015 Youth Risk Behavior Survey (YRBS).
9. Afterschool Alliance (2014). America After 3PM: Afterschool Programs in Demand, page 14, http://afterschoolalliance.org/documents/AA3PM-2014/AA3PM_National_Report.pdf.
10. Holly Morehouse, Afterschool & Summer Learning in Vermont, Vermont Afterschool, Presented to the Vermont Child Poverty Council, 2016, http://legislature.vermont.gov/assets/Documents/2016/WorkGroups/Vermont%20Child%20Poverty%20Council/Expanded%20Learning%20Opportunities/W~Holly%20Morehouse~Afterschool%20and%20Summer%20Learning%20in%20Vermont~12-10-2015.pdf.
11. Afterschool Alliance, Keeping Kids Safe and Supported in the Hours Afterschool, 2014, http://www.afterschoolalliance.org/issue_briefs/issue_keepingkidssafe_65.pdf.
12. Focus on Afterschool Time for Violence Prevention, ERIC Digest, 2001, http://www.ericdigests.org/2002-2/focus.htm.
13. Afterschool Alliance, Fact Sheet-Vermont, http://www.afterschoolalliance.org/documents/VT-afterschool-facts.pdf.
14. Vermont Afterschool, Return on Investment Study, 2014, http://bit.ly/1zqTHp0.

Students subject to exclusionary discipline actions

46.9 per 1,000 = **3,616** kids[1]

What would it take...

...to reduce the number of exclusionary discipline actions? Restorative Justice practices and Positive Behavior Interventions and Supports (PBiS) have shown to be effective alternatives to suspensions and expulsions.[3] PBiS is a school-wide and proactive approach aimed at supporting and rewarding positive behaviors and social culture. Today, nearly half (48%) of all Vermont schools have some kind of PBIS system in place. These schools are shown to have lower rates of out-of-school suspensions than schools without PBiS.[4]

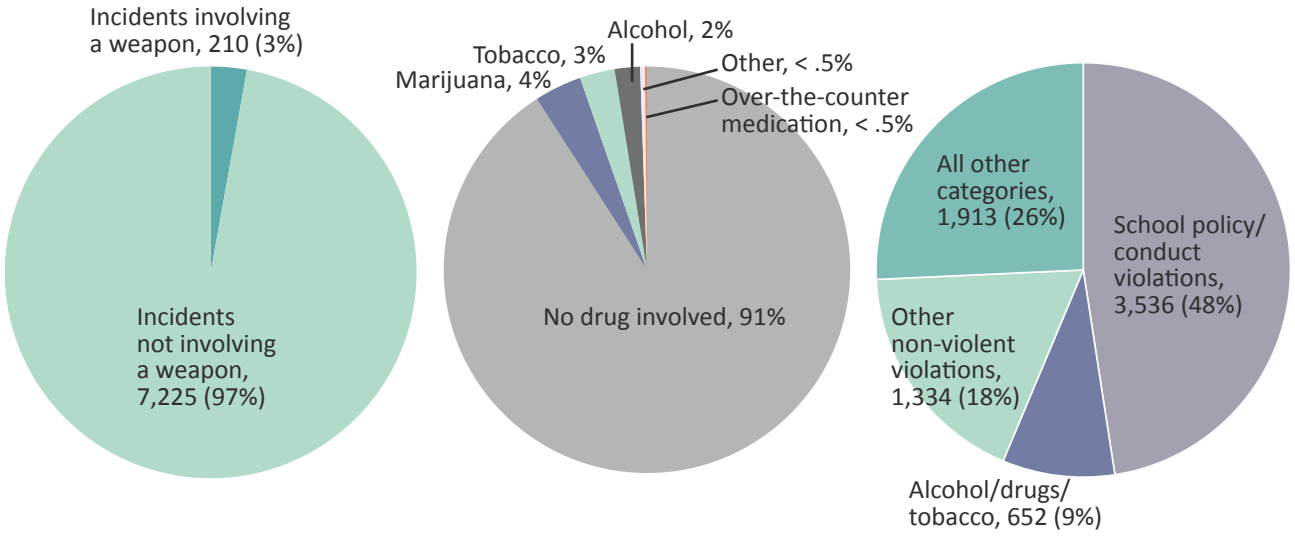
What the data show

This is the rate per 1,000 students experiencing exclusionary discipline actions, including In-School Suspension, Out of School Suspension, Expulsion, and Alternative school placement.

Nationwide, suspensions and expulsions are on the rise, often for relatively minor disciplinary issues. The rates of expulsion for students of color, students with disabilities, and English-language learners are well above those of their peers. Vermont is no exception to this trend.

According to a January 2017 Vermont Agency of Education report, over 3,800 students a year, or 5 percent of the statewide public school enrollment, were excluded during the 2014-16 school years. Students lost over 42,000 days of school to out-of-school suspensions and more than 17,000 days of class time to in-school suspensions during this time period.

Incidents resulting in Exclusion, 2015-2016 School Year[1]



Nearly one fifth of exclusions happen before students have reached the 5th grade: 177 students were suspended or expelled from kindergarten in 2016. A majority of suspensions were for non-violent offenses. Between 2014-2016, nearly half (48 percent) of all incidents leading to exclusionary action were for school policy or conduct violations, while less than one quarter were for violent violations related to assault, fighting, weapons possession, or threats to the school.

Notes & Resources

1. Vermont Agency of Eduction, Exclusionary Discipline Response, 2017.
2. Daniel J. Losen and Tia Elena Martinez, Out of School & Off Track: The Overuse of Suspensions in American Middle and High Schools, The UCLA Center for Civil Rights Remedies at the Civil Rights Project, 2013.
3. McNeill, Kevin F., and Camila Chavez. Keep them so you can teach them: Alternatives to exclusionary discipline. International Public Health Journal 8, no. 2, 2016.
4. VTPBiS State Team. VTPBiS Annual Report: Vermont Positive Behavioral Interventions and Supports (VTPBiS) Nine Years of Development, Implementation, and Capacity Building. University of Vermont Center on Disability and Inclusion & the Vermont Agency of Education, 2016.

12,665

Days of instruction lost to suspensions during the 2015-16 school year

26.7%

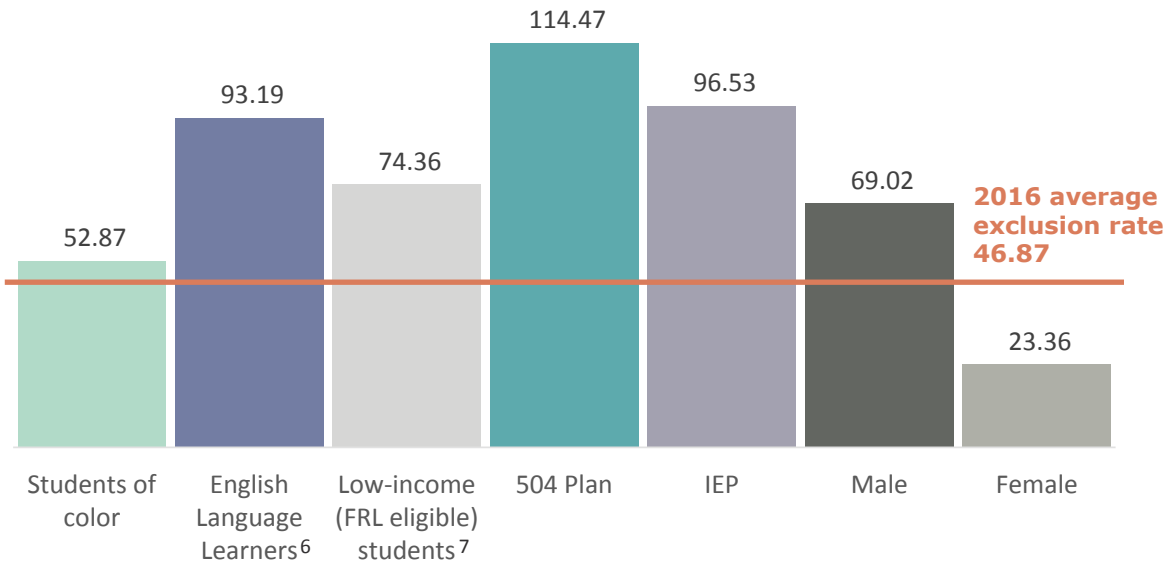
Percent of suspensions and expulsions given to elementary school students*

*grades K-5

2.6x

Times a student with a disability is more likely to be suspended or expelled[5]

Rates of Exclusion per 1,000 Students 2015-2016 School Year[1]



Exclusionary discipline practices marginalize our children, teaching low-income students, students of color, and students with disabilities in particular that school is not for them. Research shows that being suspended—even once—doubles the risk that a student will drop out of high school.[2] Students lose instruction time, falling further behind in classes and often suffering socially. Low-income students may lose access to free and reduced-priced meals and other essential supports. Homeless students may not have anywhere to go during the school day, when many shelters are closed.

Nonetheless, between the 2014 and 2016 school years, students of color were 1.3 times more likely to experience exclusionary discipline than their white peers, low income students were 2.7 times more likely than their higher-income peers, and students with IEPs were 2.5 times more likely.

Notes & Resources

5. We have two ways to count students with disabilities in our schools: whether the student has an active Individualized Education Program (IEP) or qualifies for a 504 plan. An IEP is available to students who need special education services because of a disability. A 504 plan is for students with disabilities who may need specific accommodations to fully access the learning environment. Students with disabilities who do not require accommodations to fully access school may not be counted in either of these measures.
6. In 2016, the Vermont Agency of Education changed the reporting standards for English Learners (EL). In 2014 and 2015, EL students included all students who were currently EL who had been EL students within the past 2 years. In 2016, only current EL students were included. The exclusion rate for EL students nearly doubled with this narrowing of the reporting standards.
7. Low-income students are defined as those who are eligible for the Free and Reduced Lunch program. Children are eligible for free school lunches if their household income does not exceed 130% of the federal poverty threshold, and are eligible for reduced-price lunch if their family income falls between 130%-185% of the federal poverty threshold.

Students experiencing bullying

18% (9-12 grade)[1]
24% (6-8 grade)[1]

What would it take...

...to eliminate bullying and harassment of youth? This is the work of whole communities—not just individuals. At school, school-wide solutions, especially those that include parents, are most effective. Data show varying rates of experiencing bullying by age, race, and sexual orientation. Vermont has clear definitions and guidance in place about both bullying and harassment, and schools have protocols for responding appropriately. In addition to creating a culture of respect for everyone, those who work with youth, as well as parents and the youth themselves, should be aware of this framework should bullying or harassment occur.

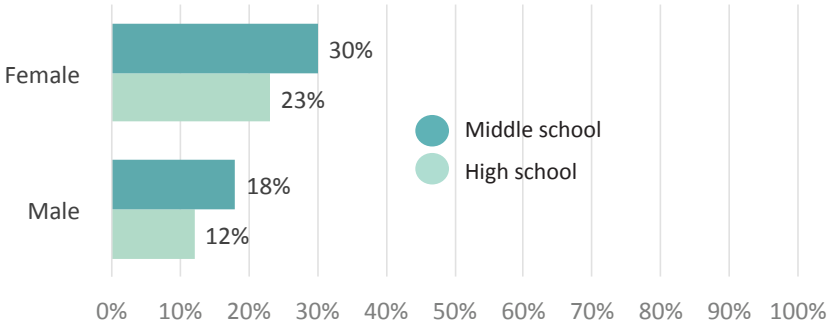
What the data show

This is the percent of students experiencing bullying in middle school (grades 6 to 8) and high school (grades 9 to 12). Vermont also defines some bullying as harassment if it is based on race, gender, sexual orientation, or another protected category.[2]

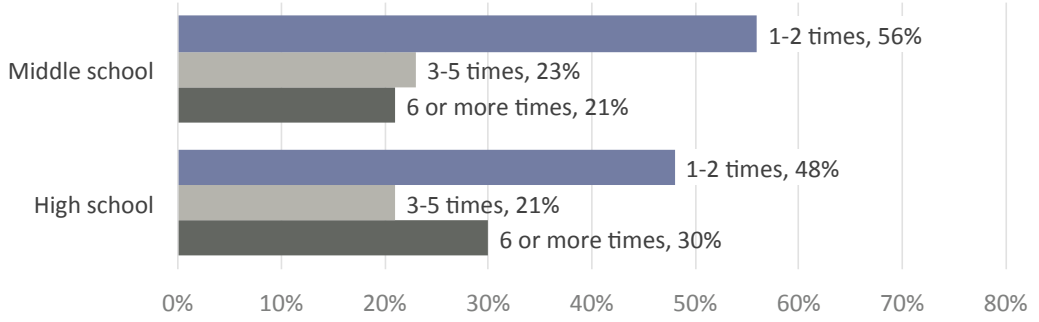
Vermont has adopted clear definitions of bullying and harassment as well as policies and procedures that guide the response when incidents take place.[3] While schools are the most common site of bullying, opportunities for bullying and harassment extend beyond school grounds and school hours, especially cyberbullying, with increased electronic communication. Designated individuals at all schools coordinate the response to cases of potential bullying and harassment. Data comes from the Youth Risk Behavior Survey, which uses the term bullying, but disparities indicate that some incidents may also be instances of harassment.

Overall, bullying decreases by grade, from 24 percent of students in 6th grade to 14 percent of students in 12th grade. Overall, rates of bullying in middle school are higher than those in high school; likewise, in high school, rates of bullying decrease with each increase in grade level. The rate of electronic bullying in high school is 16 percent; in middle school it is 26 percent.[4]

Females are more likely to be bullied, in both middle and high school[4]



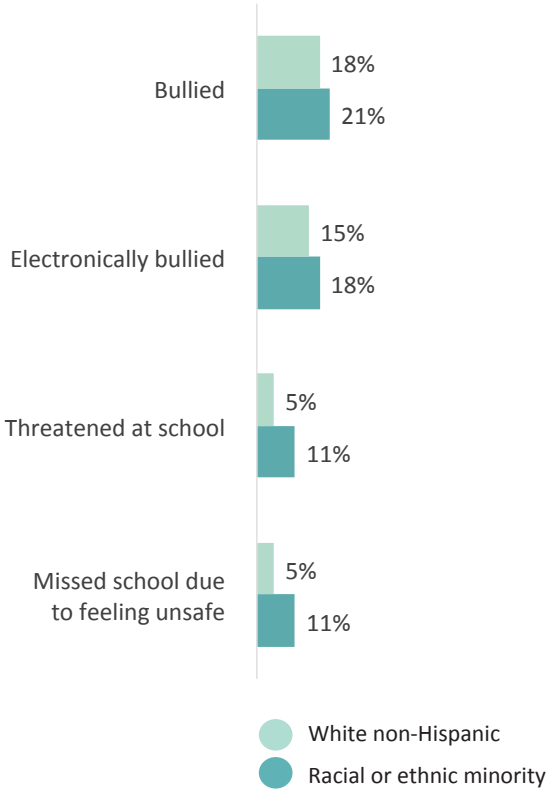
Frequency of bullying, for students who were bullied in the previous month[4]



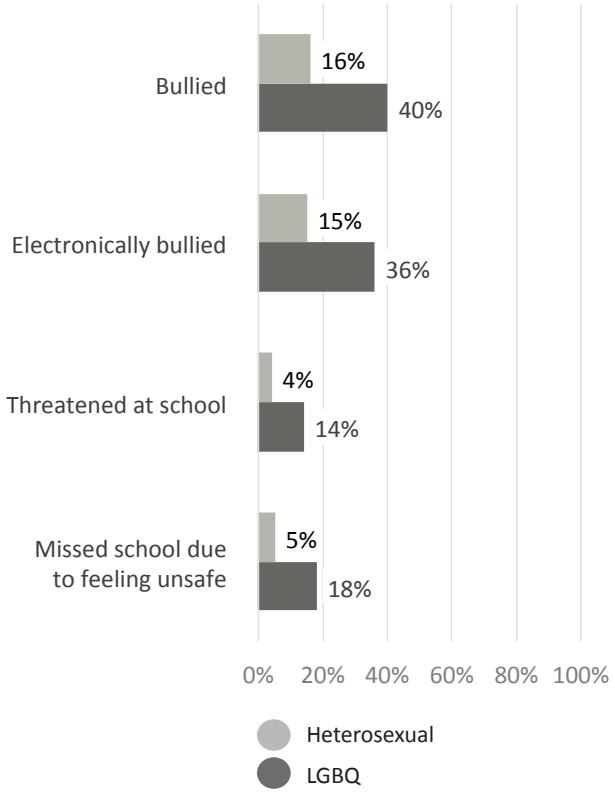
Notes & Resources

1. Vermont Department of Health, 2015 Youth Risk Behavior Survey (YRBS), http://healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs
2. Vermont Law Help, Bullying, Harassment, and Discrimination, http://www.vtlawhelp.org/bullying-harassment-and-discrimination.
3. 16 V.S.A. § 570.
4. Vermont Department of Health, Bullying Among Middle and High School Youth data brief, 2015 YRBS data, http://healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs

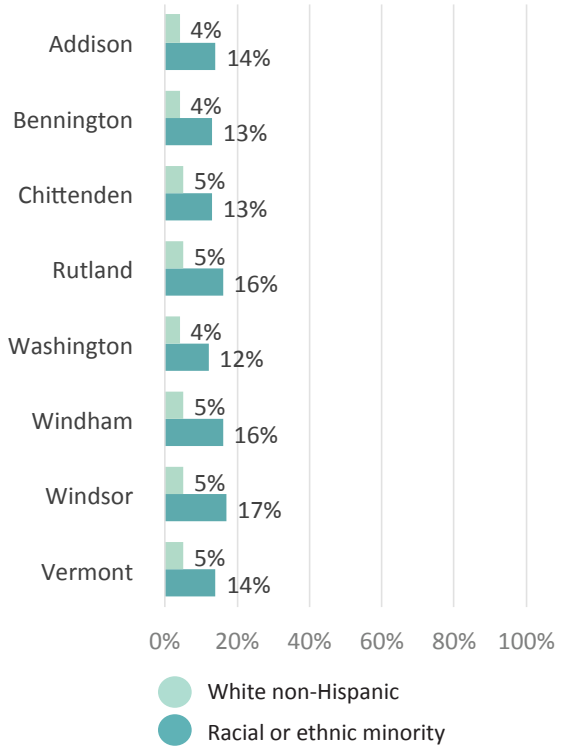
Bullying and safety of youth, for Racial/ethnic minority students and White non-Hispanic students, 2013[5]



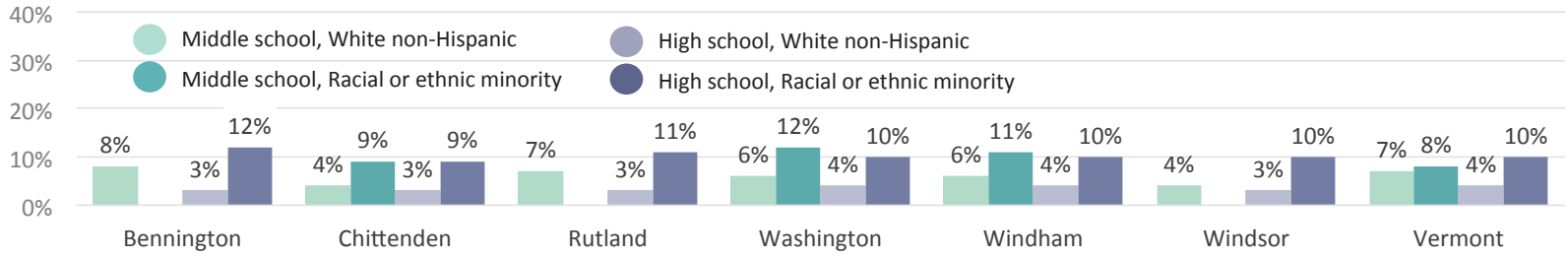
Bullying and safety of LGBQ youth, grades 9 to 12, 2015[6]



Students who were threatened or injured with a weapon at school in the past year, for Racial/ethnic minorities and White non-Hispanic students, grades 9 to 12, 2011[7]



Students who missed school due to feeling unsafe either on route to or at school in the previous month, grades 9 to 12, 2011[7]



Notes & Resources

5. Vermont Department of Health, Racial and Ethnic Minority Students and Selected Behaviors data brief, 2013 YRBS data, 2015.
6. Vermont Department of Health, Lesbian, Gay, Bisexual and Questioning Students and Selected Risk Behaviors data brief, 2015 YRBS data, 2016.
7. Vermont Department of Health, Racial and Ethnic Minorities by County data briefs, 2011 YRBS data.

"If we are to succeed in our efforts to eliminate disparities in the health and well-being of children and ensure that all children reach their full potential, the root causes of health disparities must be addressed. The principles of child health equity—children's rights, social justice, human capital investment, and health equity ethics—provide insight into these root causes and reveal the tools, skills, and strategies required to eliminate health disparities through equity-based clinical care, child advocacy, and policy formulation."

-American Academy of Pediatrics

Health

Vermonters are consistently ranked among the healthiest people in the United States. The state boasts low infant mortality, violent crime, and uninsured rates, and has strong environmental and community indicators compared to national standards, such as low child poverty rates and high air quality. But there are high levels of disparity across income, education level, and age that tell a different story about our state.

Higher income Vermonters are more than 3 times more likely to report being in good health, while low-income Vermonters are more than twice as likely to have a heart condition, depression, diabetes, or have two or more chronic health conditions. Higher levels of education are correlated with lower infant mortality and a reduced risk of pre-term birth and low-birthweight babies. Black mothers are 38 percent less likely to receive adequate prenatal care in Vermont, leading to a higher incidence of low-birthweight babies and pre-term births.[1]

Most of the indicators we track in this section tell us about individual health outcomes. Many public health experts emphasize the importance of considering social determinants of health (SDOH), or nonmedical factors that influence health, including knowledge, behaviors, and upstream environmental contexts such as social disadvantage and inequity.

Many public health experts emphasize the importance of considering social determinants of health (SDOH), or nonmedical factors that influence health, including knowledge, behaviors, and upstream environmental contexts such as social disadvantage and inequity.

Excellent research has shown strong links between neighborhood conditions, housing, and health. We know that high-poverty neighborhoods are linked to worse health outcomes for the kids who live in them.[2] We know that evictions take a strong physical and emotional toll on parents and children,[3] and that households with children are more likely to face eviction.[4] We know that where foreclosure rates go up, visits to the emergency room do as well.[5] We know that housing instability can lead to behavioral problems, educational delays, depression, low birth weights, and other health conditions in children,[6] leading to advocates like pediatric physician Megan Sandel to declare that safe, stable, and affordable housing acts as a vaccine against these poor outcomes.[7]

Persistent racial disparities in health outcomes[8] can be explained in part by residential segregation and access to resources like adequate health care.[9] Racial disparities in birth outcomes[10] have also been linked to the unique stresses that women of color are

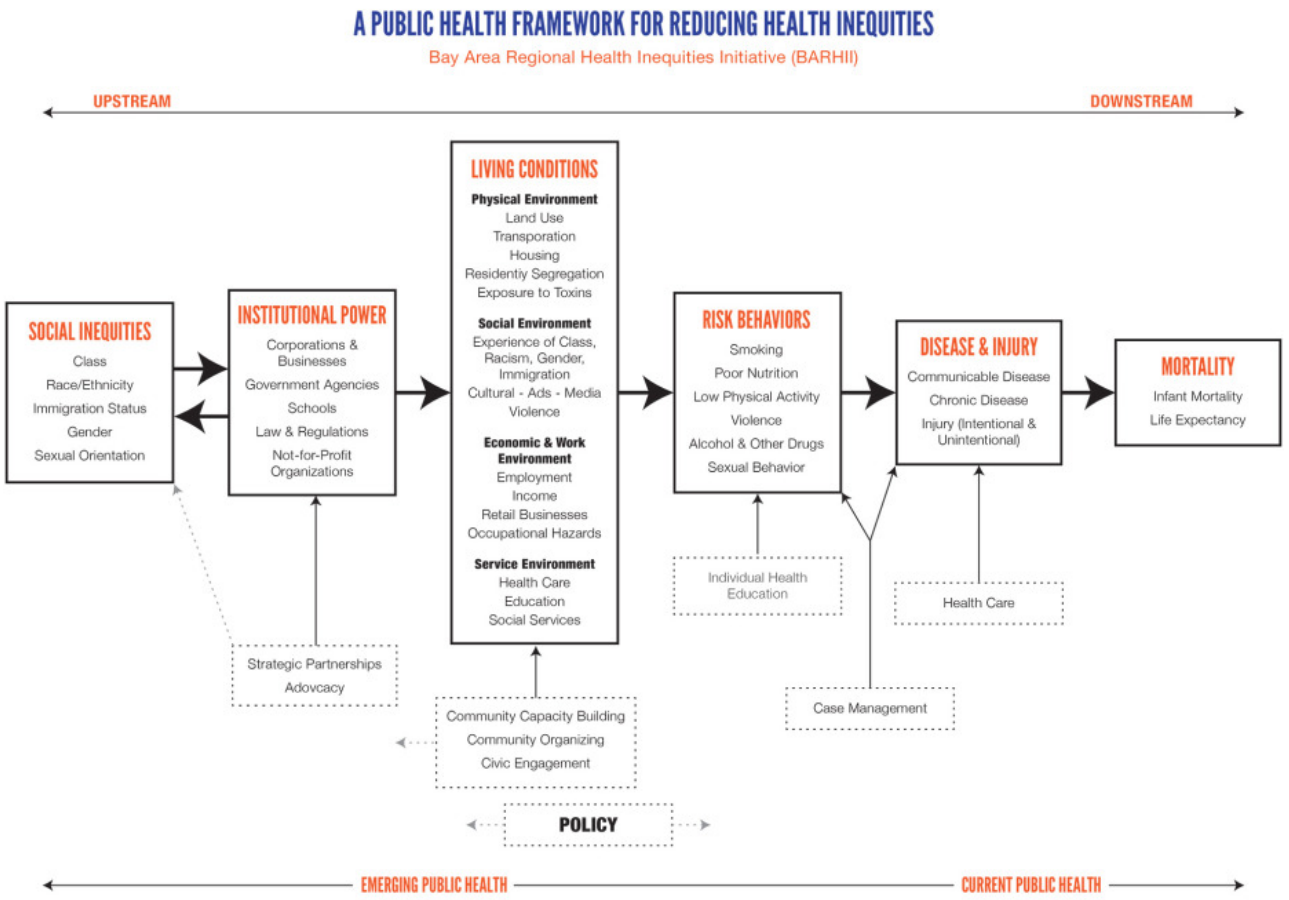
subject to as a result of individual and structural-level racism.[11] The impacts of this discrimination can be measured across an individual's lifetime and into future generations.[12]

Research also shows that working conditions and wages impact health. Higher minimum wages are associated with a significant reduction in premature deaths,[13] infant mortality, and the incidence of low-weight births.[14] This is in part due to the trade-offs that many low-income working families have to make when there isn't enough money to cover basic necessities: over 40 percent of low-income Vermonters reported not going to a doctor when they needed to because of cost.[15] But income inequality in particular is linked to worse health outcomes,[16] and extensive research shows that times of economic expansion are actually correlated with increased mortality where that growth is not used to expand public services and mitigate the effects of poverty.[17]

In order to efficiently and successfully intervene in adverse health outcomes, we must put our energy and resources into community-level, systemic efforts to address the upstream factors that lead to poor health.

In order to efficiently and successfully intervene in adverse health outcomes, we must put our energy and resources into community-level, systemic efforts to address the upstream factors that lead to poor health. From housing quality to adverse childhood experiences to intergenerational transfers of advantage or disadvantage, we must take into consideration the cumulative impacts of inequity on the health.[18] The Bay Area Regional Health Inequities Initiative (BARHII) has created a useful framework, reproduced below, for understanding the relationship between social inequity and health,[19] which could help to guide our work. This framework has been adopted by numerous public health departments, including the State of California.

Health equity requires a community focus



Credit: Bay Area Regional Health Inequities Initiative

Notes:

[1] Vermont Department of Health. "The Health Disparities of Vermonters." (2010).
[2] Kruckenberg, Kami and Phil Tegeler. "Prescription for a New Neighborhood? Housing Vouchers as a Public Health Intervention." *Poverty & Race Research*
[2] Kruckenberg, Kami and Phil Tegeler. "Prescription for a New Neighborhood? Housing Vouchers as a Public Health Intervention." *Poverty & Race Research Action Council Policy Brief* (2010).
[3] Desmond, Matthew, and Rachel Tolbert Kimbro. "Eviction's fallout: housing, hardship, and health." *Social forces* (2015).
[4] Desmond, Matthew, Weihua An, Richelle Winkler, and Thomas Ferriss. "Evicting children." *Social Forces* (2013).
[5] Currie, Janet, and Erdal Tekin. "Is There a Link between Foreclosure and Health?" *NBER Working Paper No. 17310. National Bureau of Economics, Cambridge, MA (*2011).
[6] Bay Area Regional Health Inequities Initiative. "Displacement Brief." (2016).
[7] Sandel, Megan. "The Housing Vaccine for Healthier Communities." Children's Health Watch, presentation for Neighborworks (2015).
[8] Williams, David R., and Selina A. Mohammed. "Racism and health I: Pathways and scientific evidence." *American Behavioral Scientist* (2013): 0002764213487340.
[9] Culhane, Jennifer F., and Robert L. Goldenberg. "Racial disparities in preterm birth." In *Seminars in perinatology*, vol. 35, no. 4, pp. 234-239. WB Saunders, 2011.
[10] Bryant, Allison S., Ayaba Worjoloh, Aaron B. Caughey, and A. Eugene Washington. "Racial/ethnic disparities in obstetric outcomes and care: prevalence and determinants." *American journal of obstetrics and gynecology* 202, no. 4 (2010): 335-343.
[11] Rosenthal, Lisa, and Marci Lobel. "Explaining racial disparities in adverse birth outcomes: Unique sources of stress for Black American women." *Social Science & Medicine* 72, no. 6 (2011): 977-983.
[12] Gee, Gilbert C., Katrina M. Walsemann, and Elizabeth Brondolo. "A life course perspective on how racism may be related to health inequities." *American Journal of Public Health* 102, no. 5 (2012): 967-974.
[13] Tsao, Tsu-Yu, Kevin J. Konty, Gretchen Van Wye, Oxiris Barbot, James L. Hadler, Natalia Linos, and Mary T. Bassett. "Estimating potential reductions in premature mortality in New York City from raising the minimum wage to $15." *American journal of public health* 106, no. 6 (2016): 1036-1041.
[14] Komro, Kelli A., Melvin D. Livingston, Sara Markowitz, and Alexander C. Wagenaar. "The effect of an increased minimum wage on infant mortality and birth weight." *American Journal of Public Health* 106, no. 8 (2016): 1514-1516.
[15] Vermont Department of Health. "The Health Disparities of Vermonters." (2010): 11.
[16] Bezruchka, Stephen. "The effect of economic recession on population health." *Canadian Medical Association Journal* 181, no. 5 (2009): 281-285.
[17] Bezruchka, Stephen. "The effect of economic recession on population health." *Canadian Medical Association Journal* 181, no. 5 (2009): 281-285.
[18] Bharmal, Nazleen, Kathryn Pitkin Derose, Melissa Felician, and Margaret M. Weden. "Understanding the Upstream Social Determinants of Health." Prepared for the RAND Social Determinants of Health Interest Group (2015).
[19] Galvez, Sandi. "A Public Health Framework for Reducing Health Inequities." *Bay Area Regional Health Inequities Initiative, (Power-Point presentation, 2014). www.phi.org/resources*.
and: "A Public Health Framework for Reducing Health Inequities." *Bay Area Regional Health Inequities Initiative.*
See also: Frieden, Thomas R. "A framework for public health action: the health impact pyramid." Figure 1. *American journal of public health* 100, no. 4 (2010): 590-595.

Seeing the Whole Child

HEALTH

50 **Births where the mother received early prenatal care**

83.5% in Vermont = about 5,000 out of 6,000 births

52 **Low-birthweight babies**

6.6% in Vermont = **390** babies

8.1% in the U.S.
VT's rank for this indicator: **7th**

54 **Children without health insurance**

1% in Vermont = **1,000** kids

5% in the U.S.
VT's rank for this indicator: **1st**

56 **Children ages 19 to 35 months who are fully immunized with the recommended 4:3:1:4:3:1:4 series**

75.6% in Vermont

58 **Children who have one or more emotional, behavioral, or developmental condition**

20% in Vermont = **23,000** kids

17% in the U.S.
VT's rank for this indicator: **37th**

60 **Child and teen deaths per 100,000**

16 per 100,000 in Vermont = **22** deaths

25 per 100,000 in the U.S.
VT's rank for this indicator: **2nd**

62 **Teens ages 12 to 17 who abused alcohol or drugs in the past year**

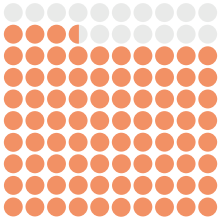
6% in Vermont = **3,000** kids

5% in the U.S.
VT's rank for this indicator: **35th**

64 **Children ages 1-2 screened for elevated blood lead levels**

74% in Vermont = **9,056** kids age 1 & 2

Births where the mother received early prenatal care



83.5% in Vermont = about 5,000 out of 6,000 births[1]

What would it take...

...to Increase the rate of access to early prenatal care in Vermont? This will mean eliminating disparities related to age, race, income, and education level, as well as supporting comprehensive access to family planning and information. These goals also rest on maintaining a robust health care delivery system including in rural communities, as well as protecting health insurance coverage for all income levels.

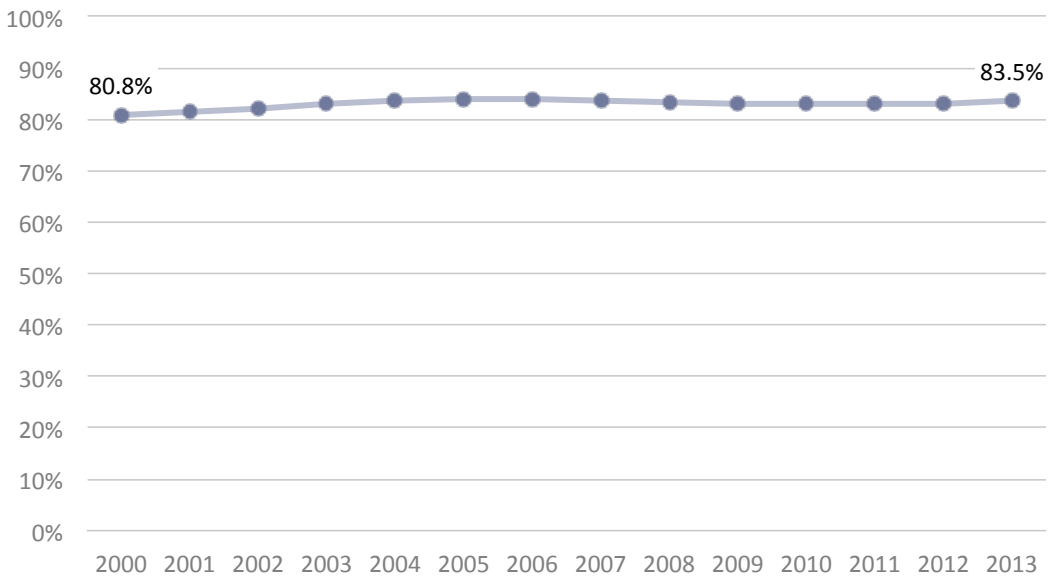
What the data show

Early prenatal care is prenatal care that begins within the first trimester (three months) of pregnancy.

Health care providers are able to collect data about prenatal care for 99 percent of births in Vermont. Of these, 83.5 percent were supported by prenatal care that began within the first trimester.[1] Early prenatal care reduces the chance of complications for both mother and baby, by helping support or improve maternal health, and by screening for and addressing potential risk factors.[2]

Pregnant women in Vermont access early prenatal care more often than in the United States overall. In 2014, 76.7 percent of pregnant women in the U.S. received care in the first trimester. For women with public insurance, the rate was 68.1 percent, while 87.2 percent of women with private insurance had early prenatal care. In Vermont, 83 percent of women with public insurance received prenatal care in the first trimester; 93.3 percent of women with private insurance did.[3] In any given month in Vermont, about 1,000 women are enrolled in W.I.C. (the Special Supplemental Nutrition Assistance Program for Women, Infants, and Children), which facilitates care during pregnancy as well as nutritional and breastfeeding support and access to other services for low-income women, infants and young children.[4] In Vermont, younger women are less likely to begin prenatal care in the first trimester.[5]

Early prenatal care in Vermont, 2000-2013[1]

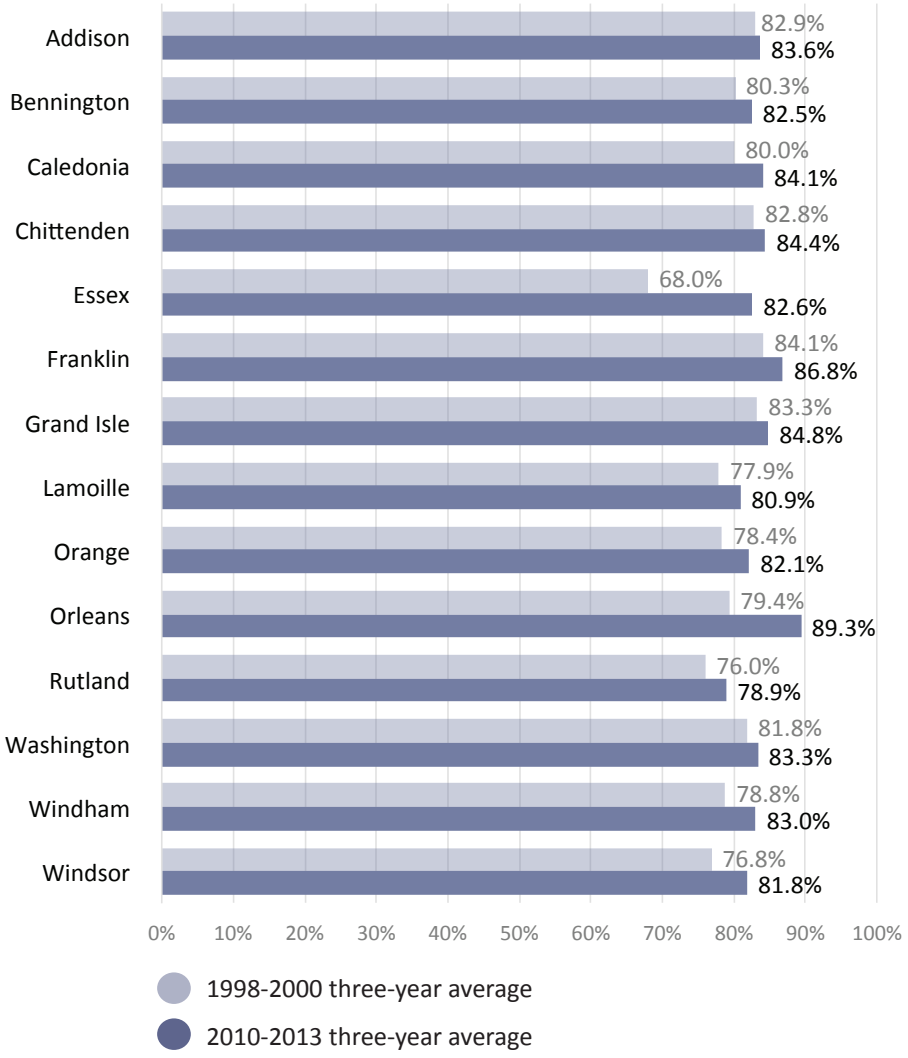


In the most recent *Healthy Vermonters* state health assessment plan, the Vermont Department of Health emphasizes increasing the percentage of planned pregnancies and increasing the rate of women receiving preconception health care.[6] These goals will also support early prenatal care access.

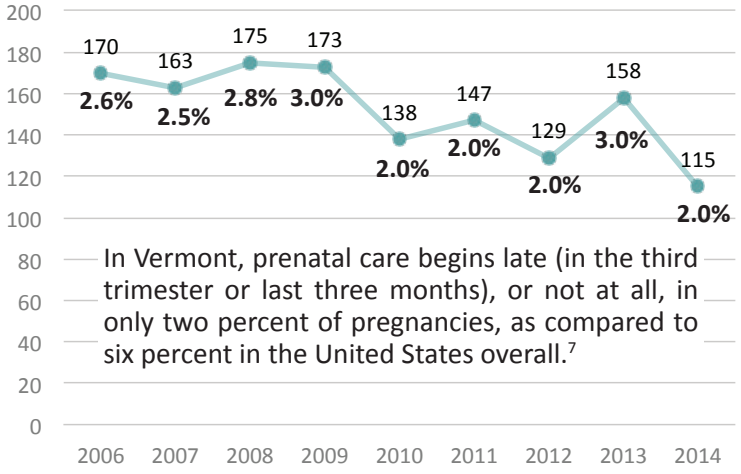
Notes & Resources

1. Vermont Agency of Human Services, Department of Health, Vital Statistics. Three-year average of 2011-2013 data.
2. National Institute of Child Health and Human Development. What is prenatal care and why is it important? https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/pages/prenatal-care.aspx.
3. CDC, National Center for Health Statistics, National Vital Statistic System, 2014 data via the Vermont Department of Health.
4. USDA, Food and Nutrition Service, State-level participation data, 2016 (preliminary), available at https://www.fns.usda.gov/pd/wic-program.
5. CDC, National Center for Health Statistics, Vital Statistics, 2014 Natality public-use data via CDC WONDER online database, https://wonder.cdc.gov/.
6. Vermont Department of Health, Healthy Vermonters 2020, (2012). http://healthvermont.gov/about/reports/healthy-vermonters-plans-reports.

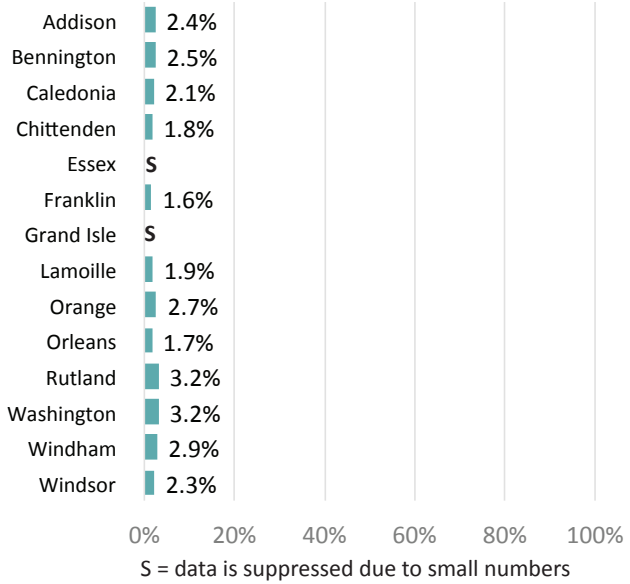
Early prenatal care rates have increased in every county[7]



Women who had a birth but received only late or no prenatal care, in Vermont[8] and Vermont counties[9]



In Vermont, prenatal care begins late (in the third trimester or last three months), or not at all, in only two percent of pregnancies, as compared to six percent in the United States overall.[7]



S = data is suppressed due to small numbers

Notes & Resources

7. Vermont Agency of Human Services, Department of Health, Vital Statistics. Three-year average of 2011-2013 data.
8. CDC, National Center for Health Statistics, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
9. CDC, National Center for Health Statistics, as reported by March of Dimes, Peristats, https://www.marchofdimes.org/peristats/Peristats.aspx.

Low-birthweight babies

6.6% in Vermont
= **390** babies[1]

8.1% in the U.S.

VT's rank for this indicator: **7th**

What would it take...

...to get to #1 for this indicator? We would need to reduce this rate to 5.9%. In 2014, preventing 71 additional low-birthweight births would have given Vermont the lowest rate in the U.S.[2] We should ensure access to health care and insurance for pregnant women, strengthen Vermont's economic safety net, and expand the use of home visiting, which has proven successful at improving birth and long-term outcomes for those at higher risk.

What the data show

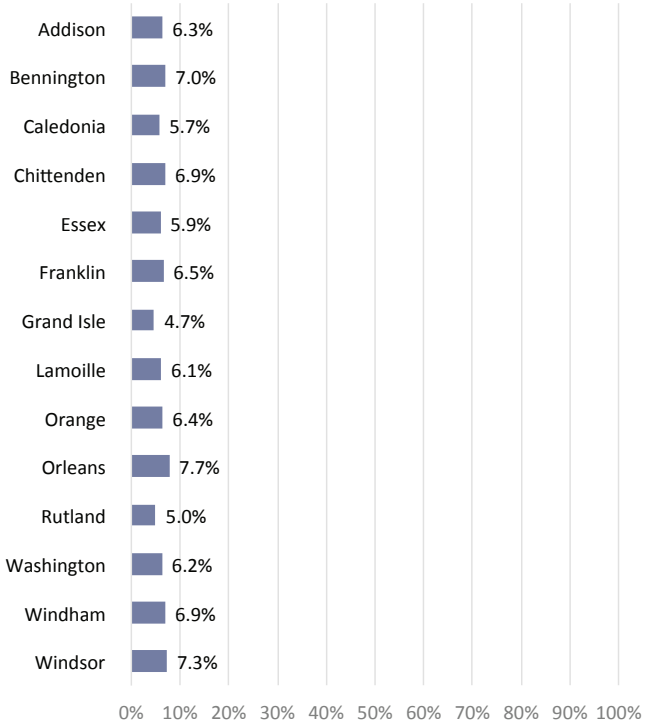
Low-birthweight babies is the percentage of live births weighing less than 2,500 grams (5.5 pounds).

Weight gain of the fetus is rapid at the end of gestation. Babies who are born early are often born at a low birth weight. Plural births - twins, triplets, etc. - will often mean that babies are born at a lower birth weight. Other factors that can contribute to low birth weights include inadequate nutrition, stress, infection, violence, smoking or other substance use, or poor maternal health.[3]

Most babies born in Vermont are born within a healthy weight range. Rates in most counties are close to the state rate. About 400 babies a year in Vermont are born at a low birth weight.

As with many indicators, aggregate data hides persistent disparities across racial and ethnic groups. Nationwide, rates of low birth weight in infants born to non-Hispanic black women are twice as high as for other races/ethnicities.[4]

Percent of babies born at low birth weight, by county, 2013



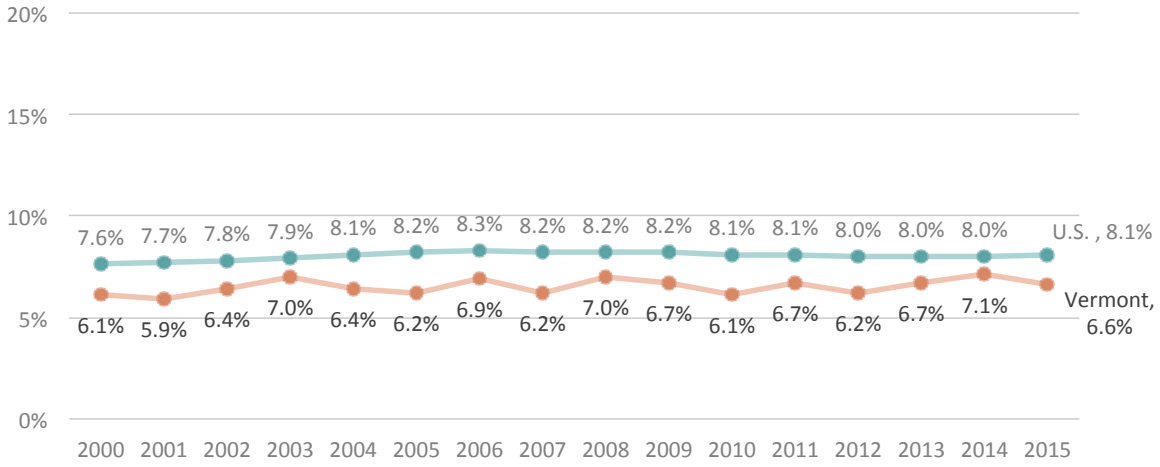
Studies have shown that economic factors and health and behavioral factors do not fully explain this disparity. Researchers are increasingly looking toward systemic factors such as psychological stress, racism, and neighborhood environments to explain these outcomes.[6] High levels of maternal stress can increase the chances of babies being born too early or too small. This includes long-term stress caused by depression or other health issues, discrimination, or economic insecurity.[7]

When babies are born with low birth weights, there is an increased likelihood of both short-term and long-term complications. The development that happens near the end of pregnancy is important, and babies who miss this opportunity often require additional medical interventions after birth. Babies born weighing less than 5.5 pounds are at increased risk for respiratory conditions, infections, cognitive and developmental delays, and long-term health complications. Low birth weight also increases the risk of infant mortality.[8-9]

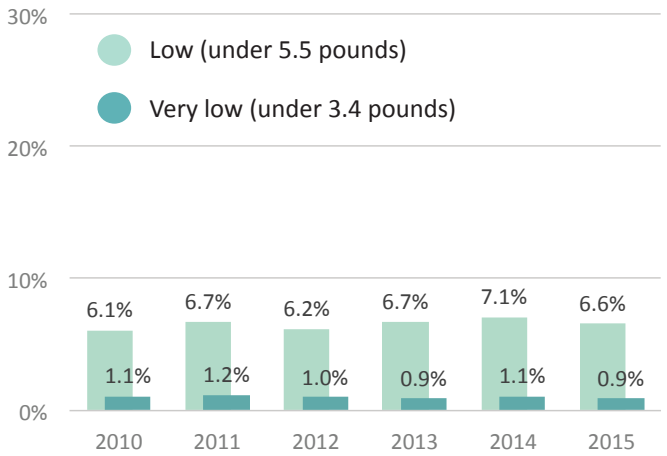
Notes & Resources

1. Rates and rank are based on 2015 data from the CDC, NCHS, Vital Statistics as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. Analysis by the Annie E. Casey Foundation of 2015 CDC, NCHS data.
3. Boston Children's Hospital, Low birthweight in Newborns Symptoms and Causes, http://www.childrenshospital.org/conditions-and-treatments/conditions/low-birthweight-in-newborns/symptoms-and-causes.
4. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2013, https://mchb.hrsa.gov/chusa13/perinatal-health-status-indicators/p/low-birth-weight.html#source5b
5. Vermont Department of Health, Vital Statistics, 2013, the most recent year final data is available at the county level in Vermont.
6. American Public Health Association, Reducing Racial/Ethnic and Socioeconomic Disparities in Preterm and Low Birthweight Births, 2006, https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/18/10/01/reducing-racial-ethnic-and-socioeconomic-disparities-in-preterm-and-low-birthweight-births.
7. March of Dimes, Stress and Pregnancy, http://www.marchofdimes.org/pregnancy/stress-and-pregnancy.aspx.
8. Child Trends, Low and Very Low Birthweight Infants
9. March of Dimes, Low Birth Weight, http://www.marchofdimes.org/complications/low-birthweight.aspx.

Low-birthweight births, Vermont and the U.S.[10]



Low- birthweight and very low-birthweight births, Vermont[10]



Some fluctuation in these rates in inevitable and normal, especially in geographic areas with small population numbers. Vermont's goal is to reduce the rate of babies born at low birth weight to 5 percent.[11] An important supporting goal is access to prenatal care that begins as early as possible. Since pre-term birth and low birthweight are often correlated, factors that increase the likelihood of full-term pregnancy can also support healthy birth weights. The Vermont Child Health Improvement Program (VCHIP), a project of the University of Vermont in partnership with the Vermont Department of Health, includes a range of initiatives in pre-natal and perinatal care that support improved outcomes through targeted programs, resources for practitioners, and opportunities for collaboration.[12]

Vermont has also integrated the Nurse Family Partnership model of home vising into the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. This program supports first-time, low-income mothers with in-home visits from a registered nurse before and after the birth of their child, up until the child's second birthday. The Nurse Family Partnership is an evidence-based program with far reaching positive effects for both mothers and children. Evidence indicates that this model improves pregnancy outcomes to a significant degree in an otherwise high-risk population. 92 percent of the clients served by this program in Vermont have given birth to babies at full term (37 weeks or after) and 88 percent have initiated breastfeeding.[13] Beneficial child outcomes—including improved mental and emotional health, greater school readiness and school achievement, and decreased substance use—last through the teenage years. The Nurse Family Partnership model has also been shown to decrease the rate of state-verified reports of child abuse and neglect by age 15 by 48 percent. For mothers, it also decreases use of public assistance and increases labor force participation.[14]

Policies that support Vermont's continued goal of ensuring healthy babies must support pregnant women individually but also attend to the structural and environmental factors that affect the health of mothers and children. This includes ensuring health insurance and health access statewide for pregnant women, family and maternity friendly workplace policies, programs like SNAP and WIC that contribute to stability in family food budgets and access to necessary nutrition and health resources, and initiatives like home visiting that provide needed support to pregnant and parenting people.

Notes & Resources

10. CDC, NCHS, Vital Statistics as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
11. Vermont Department of Health, Healthy Vermonters 2020, 2012, http://healthvermont.gov/about/reports/healthy-vermonters-plans-reports.
12. Vermont Child Health Improvement Program (VCHIP), Perinatal Care Project List, http://www.med.uvm.edu/vchip/projects/perinatalcare.
13. Nurse Family Partnership, State profiles-Vermont, 2016, http://www.nursefamilypartnership.org/communities/state-profiles/VT_State_Profile.aspx.
14. Nurse Family Partnership, Evidentiary Foundations, https://www.nursefamilypartnership.org/assets/PDF/Policy/NFP_Evidentiary_Foundations.aspx.

Children without health insurance

1% in Vermont = **1,000** kids[1]

5% in the U.S.

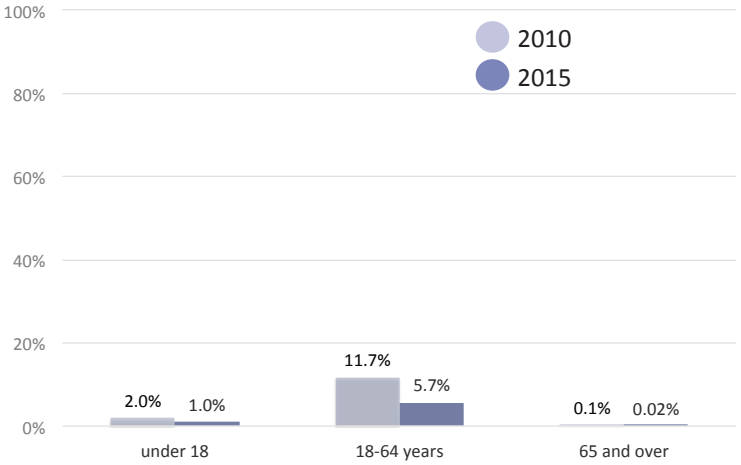
VT's rank for this indicator: **1st**

What the data show

Children without health insurance is the percentage of children under age 18 not covered by any health insurance. The data are based on health insurance coverage at the time of the survey; interviews are conducted throughout the calendar year.

Children are more likely to be covered than adults, in large part because of Vermont's Dr. Dynasaur program, which covers kids up to 317 percent of the federal poverty guidelines, and covers pregnant women up to 208 percent.[2]

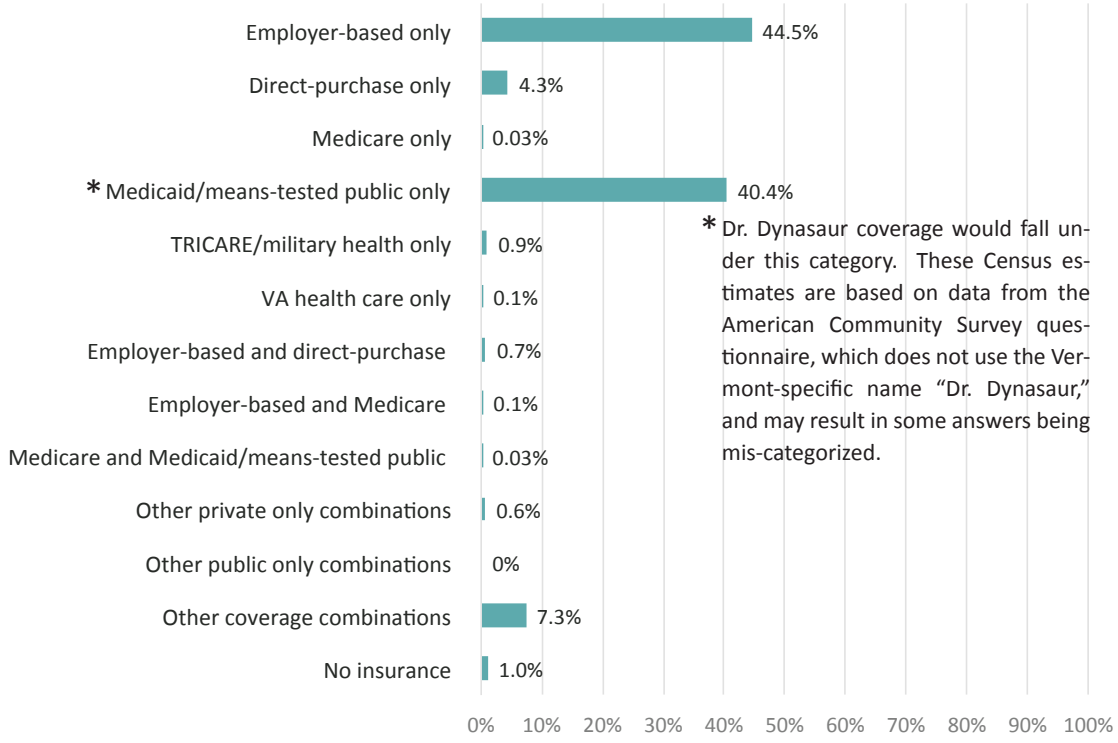
Lack of insurance coverage by age group[3]



What would it take...

...to insure every child? We need to reduce this rate to 0%—a completely achievable goal in Vermont. The simplest way to ensure full coverage is to provide it—as the federal government has done with Medicare. The combination of Dr. Dynasaur's expanded eligibility, employer-provided coverage, and subsidies for direct purchase comes close to meeting the need for kids in Vermont. We can protect what exists and eliminate the remaining gaps. No child should lack access to health care.

Census estimates of the percentage of children under 18 with different types of health insurance or combinations of types[4]

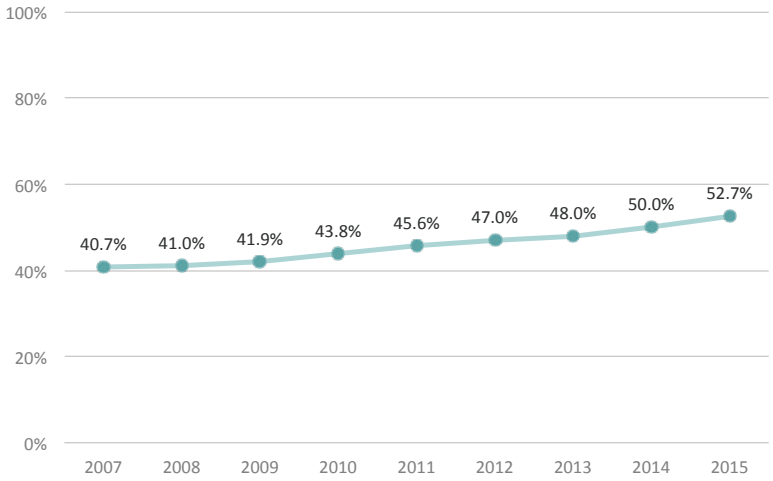


* Dr. Dynasaur coverage would fall under this category. These Census estimates are based on data from the American Community Survey questionnaire, which does not use the Vermont-specific name "Dr. Dynasaur," and may result in some answers being mis-categorized.

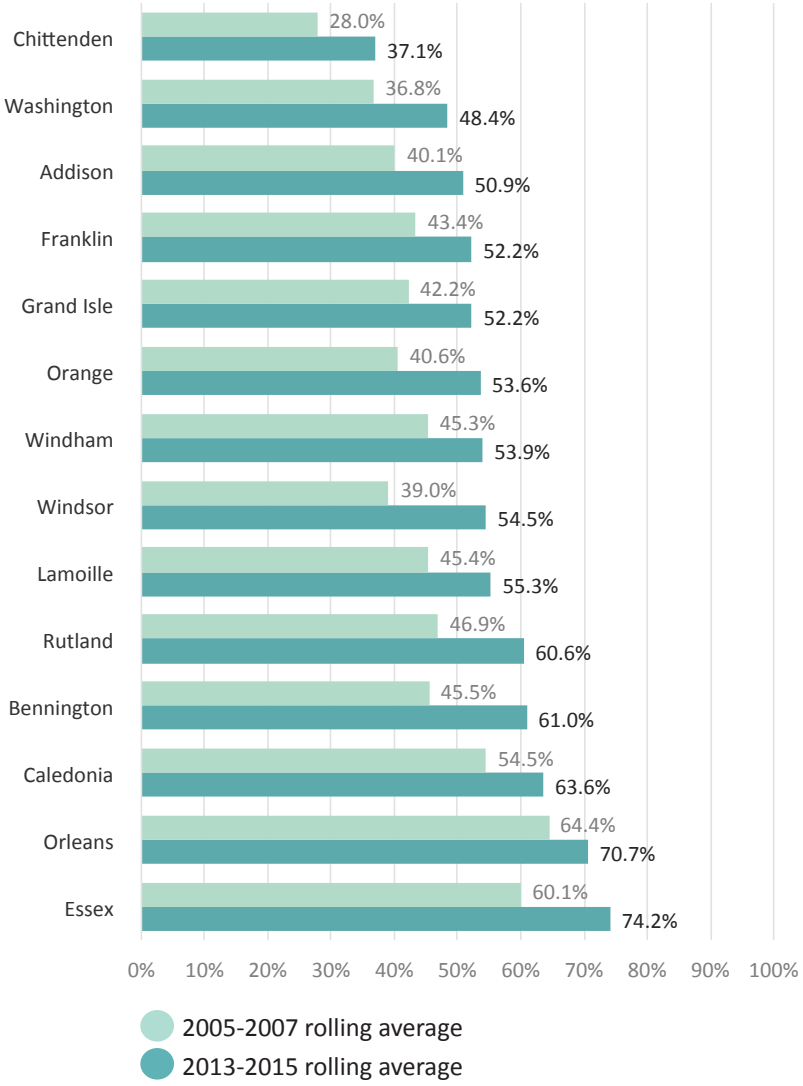
Notes & Resources

1. Rates and rank are based on U.S. Census, 2015 ACS 1-year estimates, rounded to nearest 1,000, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. Vermont Health Connect, Eligibility Thresholds 2016, http://info.healthconnect.vermont.gov/thresholds2016.
3. U.S. Census, 2010 and 2015 ACS 1-year estimates, derived from American FactFinder table C27001: Health insurance coverage status by sex by age.
4. U.S. Census, 2015 ACS 1-year estimates, derived from American FactFinder table B27010: Types of health insurance coverage by age.

More than half of Vermont children are covered by Dr. Dynasaur[5]



Coverage through Dr. Dynasaur has increased in every county[5]



Children without insurance miss needed care, and families face added financial stress.

Children's health insurance protects family economic stability and it protects access to preventative care. A study conducted in 2014 found that 61.2 percent of families with uninsured children had difficulty paying medical bills during the past year.

Children without insurance were more likely to have not received medical care they needed: 56.9 percent needed dental care but didn't get it; 12.8 percent needed mental health care but did not get it, and 5.2 percent needed care from a doctor or a prescription and did not get it. 58.8 percent of uninsured kids were uninsured for more than a year.

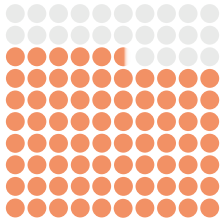
77.9 percent of uninsured children in Vermont lived in families with at least one employed parent, with 80.3 percent of those working parents working full time.[6]

Notes & Resources

5. Three-year average of 2013-2015 data provided by the Vermont Agency of Human Services, Department for Children and Families, Economic Services Division, and the Department of Vermont Health Access. Snapshots of April enrollment.
6. Robertson, B. and Noyes, M. 2014 Vermont Household Health Insurance Survey. Market Decisions. http://hcr.vermont.gov/sites/hcr/files/pdfs/survey/2014-VHHIS-Comprehensive-Report.pdf

Children ages 19 to 35 months who are fully immunized with the recommended 4:3:1:4:3:1:4 series[1]

Voices for Vermont's Children



75.6% in Vermont[1]

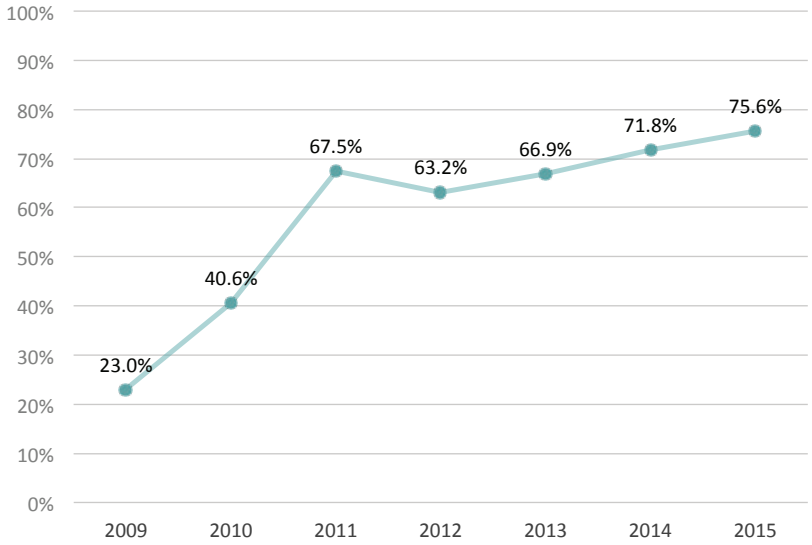
What would it take...

...to achieve adequate vaccination coverage? Immunization provides critical protection against multiple disabling and life threatening diseases. Some children cannot receive immunizations. High rates of vaccination, both local and statewide, are necessary to protect individuals, both vaccinated and not, and to lower the risk of outbreaks.[2] Some vaccines require coverage rates of 95 percent in a community; we should strive to achieve the highest rates possible.

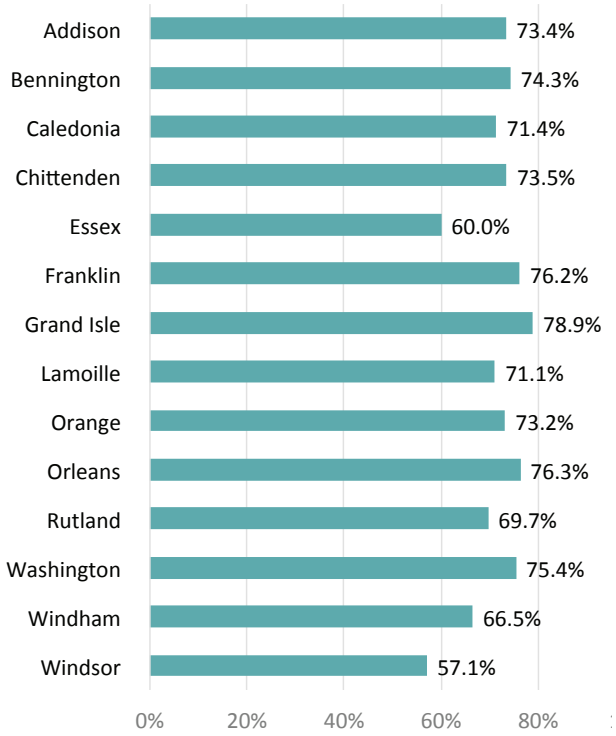
What the data show

This is the percentage of young children between the ages of 19 and 35 months who are immunized with a specific, recommended series of vaccines.[2]

Children in Vermont ages 19-35 months who were immunized with the 4:3:1:4:3:1:4 series, 2009-2015[1]



Vaccination rates of children ages 19-35 months, by county[3]



The majority of vaccine providers in the state enter records into the Vermont Immunization Registry. The registry has recently increased capacity for the exchange of records across state lines for patients who receive care elsewhere and for timeliness of entry.[4]

Data is also collected by regulated child care providers and schools. This data is available online from the Vermont Immunization Program.[5]

Data is available for specific vaccines. Not every vaccine is required, but both required and recommended vaccines are available under Vermont's universal immunization initiative, the Vermont Vaccine Purchasing Program.[6]

Notes & Resources

1. National Immunization Survey, via the Vermont Department of Health, Division of Health Surveillance.
2. The 4:3:1:4:3:1:4 series is described in the 2016 Vermont Immunization Program Annual Report, available at http://healthvermont.gov/immunizations-infectious-disease/immunization/immunization-rates.
3. Vermont Department of Health, Division of Health Surveillance, 2015 data from the Vermont Immunization Registry (VIMR).
4. Vermont Department of Health, Vermont Immunization Registry Data Brief, 2016, http://healthvermont.gov/sites/default/files/documents/2016/12/IMR_databrief_201604_imr.pdf.
5. Vermont Department of Health, Vermont Immunization Program, Immunization Rates, http://healthvermont.gov/immunizations-infectious-disease/immunization/immunization-rates.
6. Vermont Vaccine Purchasing Program, http://www.vtvaccine.org/vtvaccine.nsf/pages/home.html.

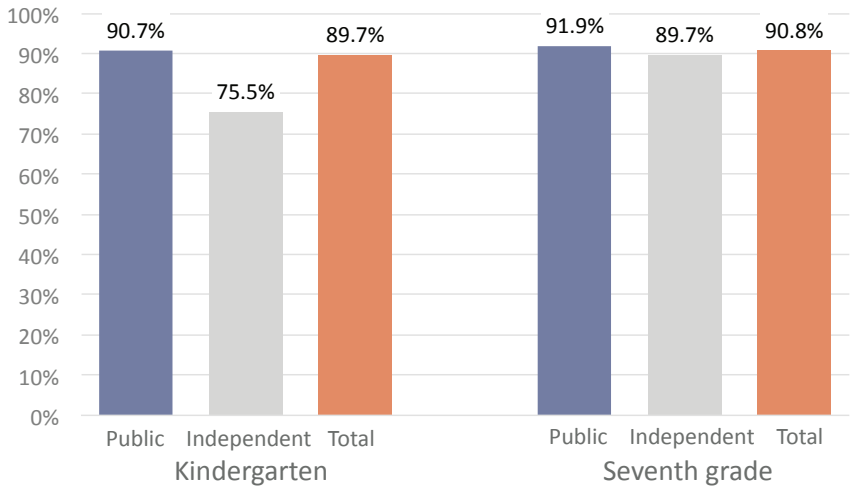
Community Immunity

Also called "herd immunity" or "indirect protection," this is the level of immunization coverage that should be present in a population in order to best protect those who are not vaccinated and to prevent outbreaks.

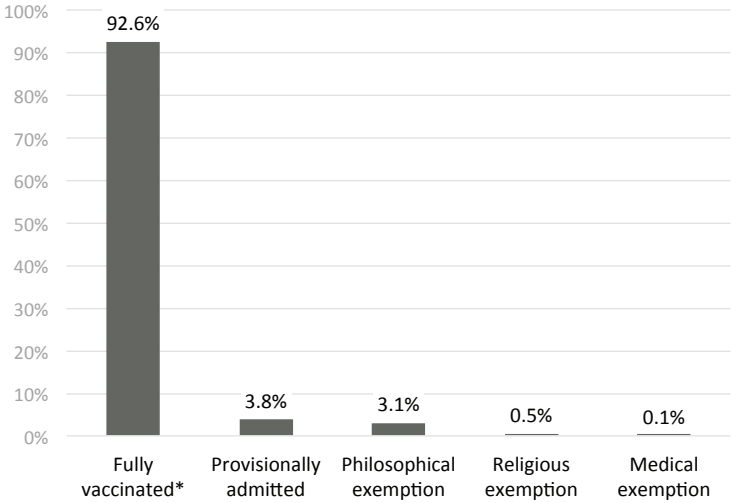
Connected clusters of unvaccinated individuals, such as around a school community or social network, are vulnerable even when the broader community has relatively higher vaccination rates.[7] The threshold is not exact and varies for different diseases, but generally these are very high: for measles, for example, rates approaching 95 percent are necessary.[8]

More children are fully vaccinated by the time they enter kindergarten than are younger children, and rates for older children are slightly higher still.

Vaccination rates in school-age children, 2015-2016[9]

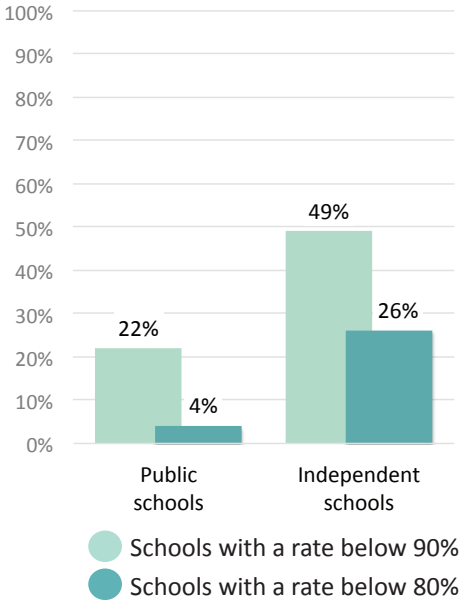


Percent of children ages 0 to 5 in childcare who were fully vaccinated, provisionally admitted, or exempt, 2015-2016[10]



*As of July 1st, 2016 the "philosophical exemption" is no longer available.[12]

Percent of schools, public and independent, with vaccination rates below 90% and 80%, 2015-2016[11]



22 percent of public schools and 49 percent of independent schools in Vermont have vaccination rates of less than 90 percent. Four percent of public schools have rates below 80 percent, while 26 percent of independent schools have rates of less than 80 percent. Many students are meeting some vaccine requirements and not others; rates for individual vaccines are generally higher than the overall rate of students who meet all the requirements.

Notes & Resources

7. Fine P, Eames K, Heymann D. Herd Immunity: A Rough Guide. Clinical Infectious Diseases. (2011) 52 (7): 911-916. http://cid.oxfordjournals.org/content/52/7/911.full
8. Vermont Department of Health, Vermont Immunization Program, 2015 Annual Report.
9. Vermont Department of Health, 2015-2016 Statewide Immunization Data, http://healthvermont.gov/immunizations-infectious-disease/immunization/immunization-rates.
10. Vermont Department of Health, 2016 Child Care Annual Immunization Survey, http://healthvermont.gov/immunizations-infectious-disease/immunization/immunization-rates.
11. Vermont Department of Health, 2015-2016 Aggregate Immunization Rates by School, http://healthvermont.gov/immunizations-infectious-disease/immunization/immunization-rates.
12. Act No. 37 (H.98) An act relating to reportable disease registries and data, Act Summary, http://legislature.vermont.gov/assets/Documents/2016/Docs/ACTS/ACT037/ACT037%20Act%20Summary.pdf

Children who have one or more emotional, behavioral, or developmental condition

20% in Vermont = **23,000** kids[1]

17% in the U.S.

VT's rank for this indicator: **37th**

What would it take...

...to ensure care and support for the range of kids' emotional, behavioral, and developmental needs? Early and integrated screening and services, such as those built into home visiting programs, should be available, adequate, and covered by insurance. A recognition of the true needs of children and ability to provide for those needs will help minimize the burden on other systems—for example education and juvenile justice—and will support mental and emotional wellness.

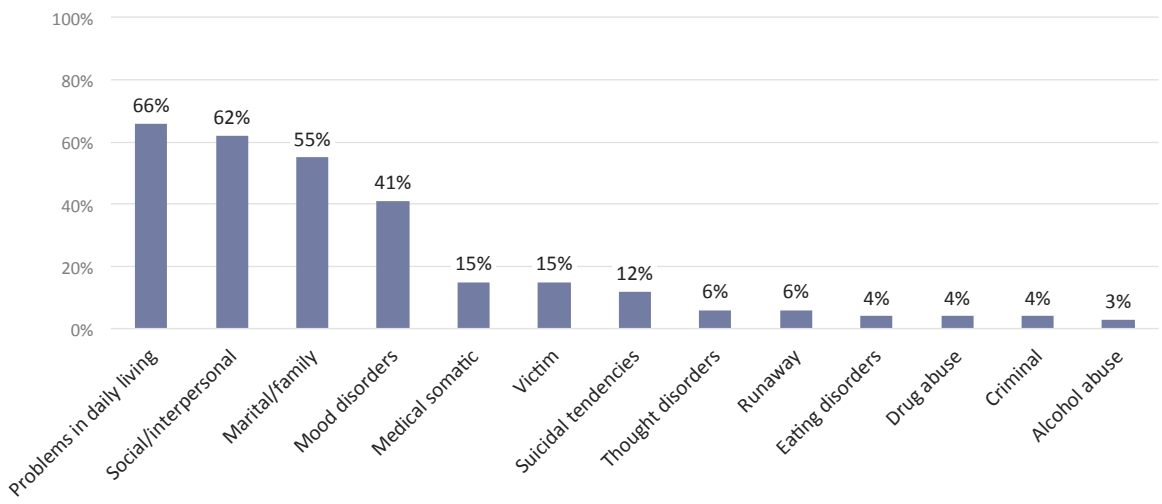
What the data show

This indicator represents children ages 2 to 17 with a parent who reports that a doctor has told them their child has autism, developmental delays, depression or anxiety, ADD/ADHD, or behavioral/conduct problems.

Vermont's rate of 20 percent is among the highest in the country; states range from 12 percent to 24 percent.[1] Among this same age group of 2-17 year olds, an estimated 9.6 percent (almost 11,000 children) take medication for ADHD, emotions, concentration or behavior.[2]

This category comprises a broad category of children with individualized needs; they should not generally be grouped together, except for the purpose of understanding that mental and emotional wellness is a significant facet of overall health. Despite the small, rural nature of our state, we need to find ways to ensure access for all children to adequate supports for a wide range of mental and emotional health needs.

Problems of clients served, Vermont Department of Mental Health, Children's Services Programs[4]

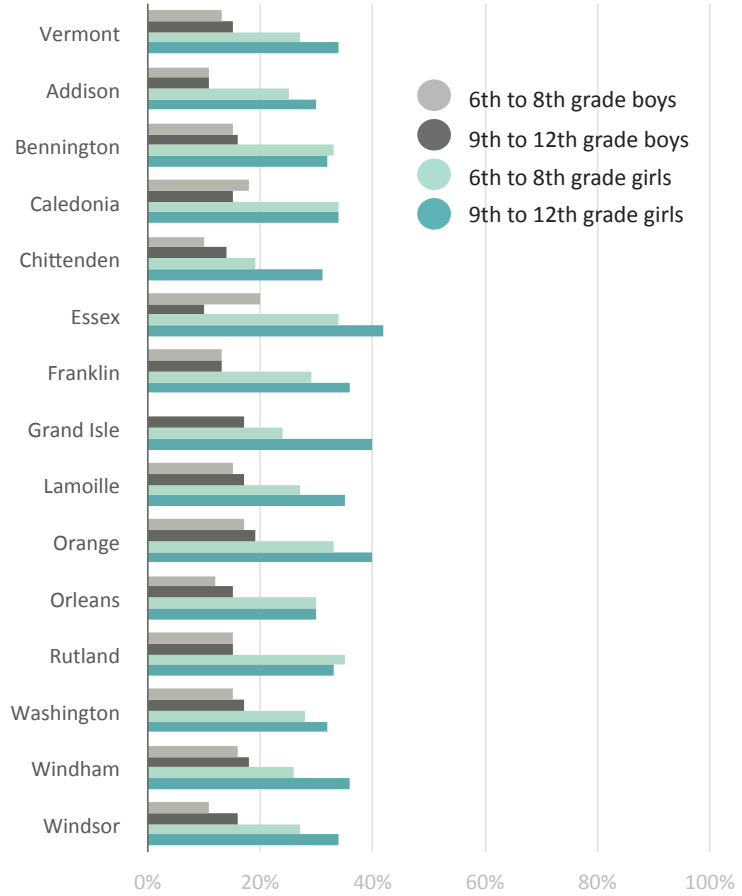


Mental Health America ranks Vermont 4th in the nation in their youth mental health index. This ranking is based on both the prevalence of mental health issues and access to care.[3] The Vermont Department of Mental Health Children's Services Programs made up the largest share of all services delivered by the Department in 2015, serving 10,585 children ages 0-17—a rate of 87.1 per 1,000 population.[4]

Notes & Resources

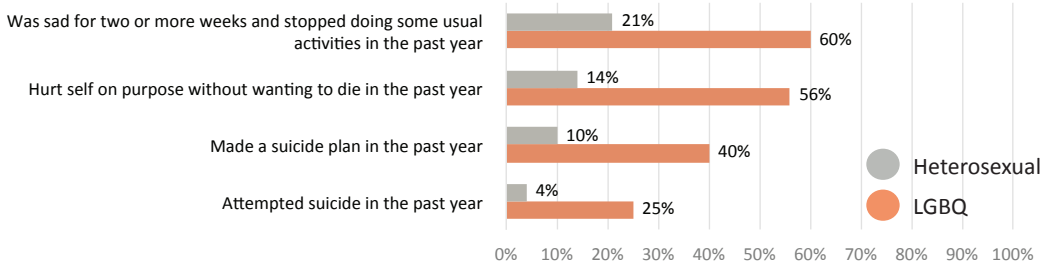
1. Rates and rank are based on Child Trends analysis of the National Survey of Children's Health, 2011/2012, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website, www.childhealthdata.org.
3. Mental Health America, Mental Health in America 2017, Ranking the States, http://www.mentalhealthamerica.net/issues/state-mental-health-america.
4. Vermont Department of Mental Health, FY 2015 Statistical Report, http://mentalhealth.vermont.gov/sites/dmh/files/documents/oversight/DMH-2015_Statistical_Report.pdf

Depression* is a significant mental health issue for youth, and for girls more than boys, across Vermont[5]

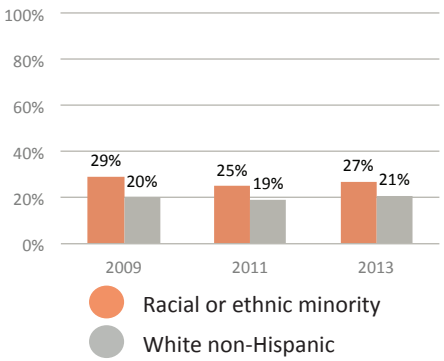


*Depression refers to the percent of youth who indicated on the Youth Risk Behavior Survey that they felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities.

LGBQ youth in grades 9 to 12 experience much higher rates of depression and suicide risk[6]

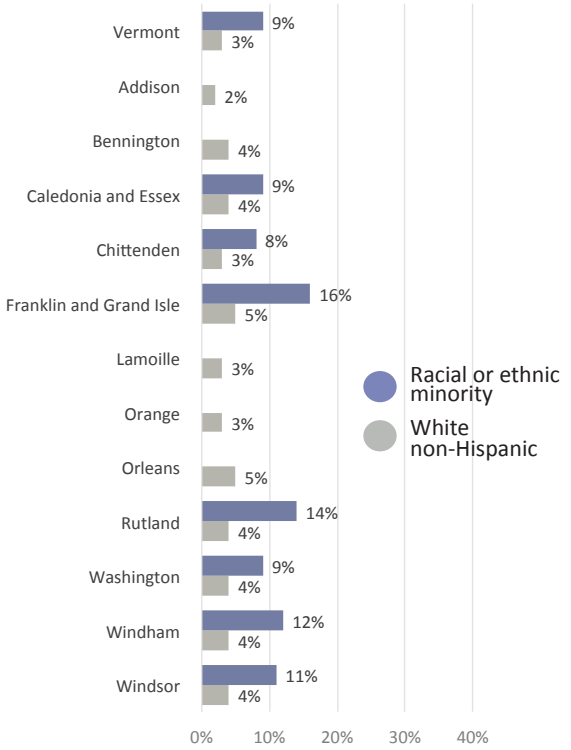


Depression rates among racial/ethnic minorities are higher than for white non-hispanic students[7]



*2009 data is for grades 8 to 12, 2011 and 2013 data is for grades 9 to 12.

Attempted suicide among racial/ethnic minorities in grades 9 to 12 happens at three times the rate of white non-Hispanic high-schoolers[7]



Notes & Resources

5. Vermont Department of Health, Youth Risk Behavior Survey, 2015.
6. Vermont Department of Health, Lesbian, Gay, Bisexual and Questioning Students, Selected Risk Behaviors—Data Brief, 2015 YRBS data.
7. Vermont Department of Health, Racial and Ethnic Minorities by County data briefs, 2011 YRBS data.

Child and teen deaths per 100,000

16 per 100,000 in Vermont = **22** deaths[1]

25 per 100,000 in the U.S.

VT's rank for this indicator: **2nd**

What would it take...

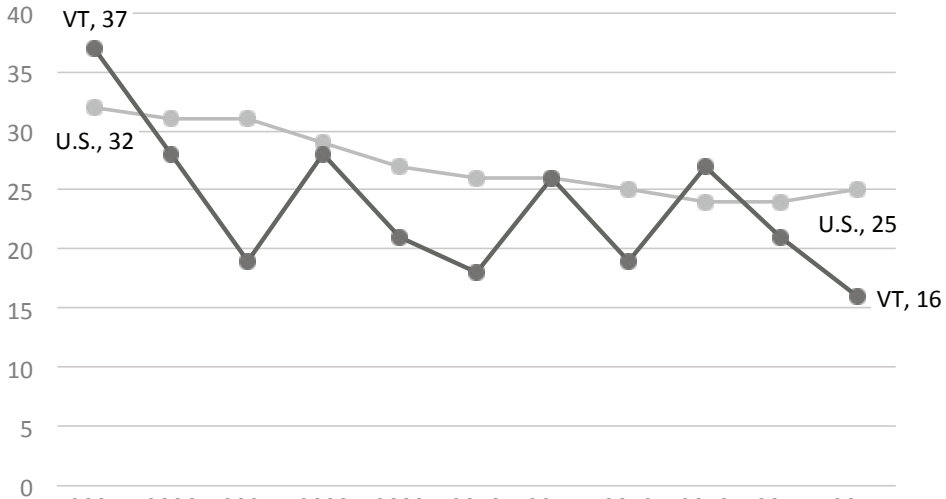
...to get to #1 for this indicator? We would need to reduce this rate to 15 per 100,000. In 2015, this would have meant preventing 2 additional child and teen deaths.[2] Accidents and suicide are the two most common causes of death for youth nationally and in Vermont. Access to mental health care and emergency health services, firearm safety, and policies that increase traffic safety (including increased access to public transportation),[3] can all play a role in reducing this rate, especially the rate of preventable deaths.

What the data show

This is the rate of deaths, from all causes, to children between ages 1 and 19 per 100,000 children in this age range. The data are reported by the place of residence, not the place where the death occurred.

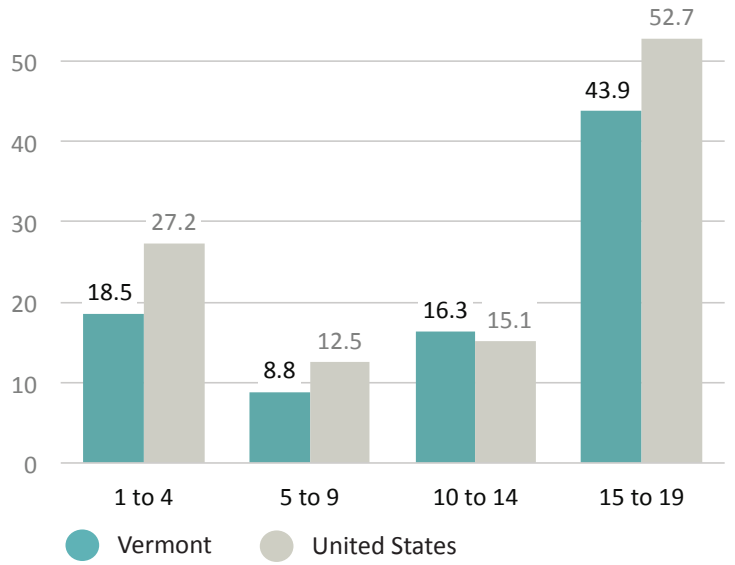
Due to Vermont's small population, all trend and comparative data should be interpreted with caution. Small fluctuations can result in large rate changes.

Rate per 100,000 of child and teen deaths (ages 1 to 19) in Vermont and the U.S.[1]



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
U.S.	32	31	31	29	27	26	26	25	24	24	25
VT	37	28	19	28	21	18	26	19	27	21	16

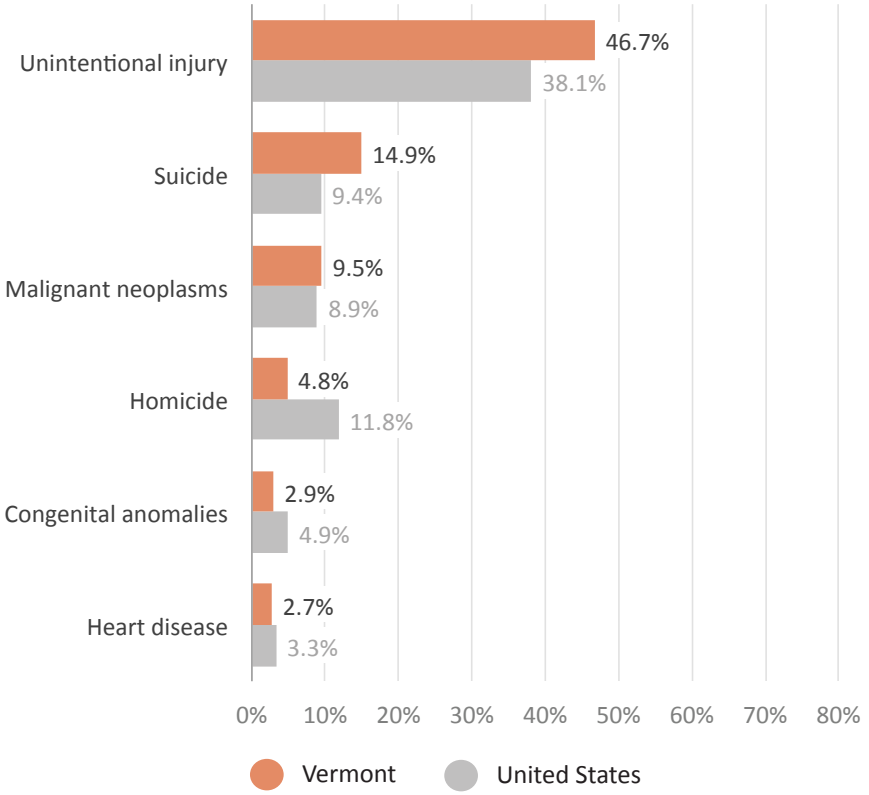
Cumulative rate per 100,000 of child and teen deaths from 2005-2015 in Vermont and the U.S. by age group[4]



Notes & Resources

1. Rates and rank are based on 2015 data from the CDC, National Center for Health Statistics, Vital Statistics as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. Analysis by the Annie E. Casey Foundation of 2015 CDC, NCHS data.
3. American Public Transportation Association, The Hidden Traffic Solution: Public Transportation, 2016, https://www.apta.com/resources/reportsandpublications/Documents/APTA-Hidden-Traffic-Safety-Solution-Public-Transportation.pdf
4. CDC, National Center for Health Statistics, Underlying cause of death data 1999-2015, WONDER online database, https://wonder.cdc.gov/.

Leading causes of death in Vermont and the U.S., over the past 10 years[5]

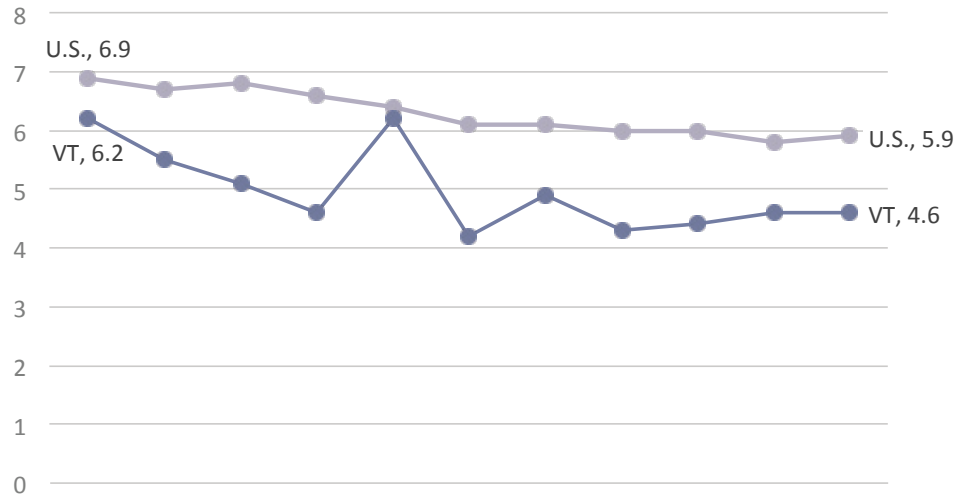


Suicide has recently surpassed homicide as the second leading cause of death to teenagers in the United States. This is due to a rise in the use of more lethal methods rather than an increase in attempts.[6] Nationally, the suicide rate in rural areas is nearly twice as high as in urbanized areas, a trend which has been attributed to social isolation, greater prevalence of firearms, economic hardship, and more limited access to mental health and emergency health services.[6] In Vermont over the past 10 years, 14.9 percent of child and teen deaths have been caused by suicide, compared to 9.4 percent in the United States over the same time period.[7]

Motor vehicle accidents are the number one cause, within the "unintentional injury" category, of deaths in this age range in both the U.S. and Vermont. Between 2005 and 2015 there were 105 motor vehicle traffic fatalities of children and youth between the ages of 1 and 19 in Vermont, at a rate of 6.62 per 100,000. The U.S. rate over the same time period was 5.9 per 100,000.[7] The highest death rate among children and youth is in the 15 to 19 year old age range, followed by young children ages 1 to 4. Unintentional injury/accidents have caused the most child and teen deaths in both of these age ranges. This is true for 5 to 9 year olds and 10 to 14 year olds as well.[5]

Deaths to children under one year of age are generally tracked in the category of Infant Mortality, rather than Child Deaths. Rates are reported here as a number per 1,000 population, rather than per 100,000 as with child and teen deaths. Deaths to infants under one year of age happen much more frequently than child or even teen deaths. As a rate per 100,000, for example, the 2015 infant mortality rate in Vermont is 450.5 per 100,000. The teen death rate is less than one-tenth of that.

Infant Mortality in Vermont and the U.S., rate per 1,000 population[8]



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
U.S.	6.9	6.7	6.8	6.6	6.4	6.1	6.1	6.0	6.0	5.8	5.9
VT	6.2	5.5	5.1	4.6	6.2	4.2	4.9	4.3	4.4	4.6	4.6

Notes & Resources

5. CDC, Web-based Injury Statistics Query and Reporting System (WISQARS), Leading cause of death data, https://www.cdc.gov/injury/wisqars/leading_causes_death.html
6. VanOrman, A and Jarosz B. Suicide Replaces Homicide as Second Leading Cause of Death Among U.S. Teenagers, Population Reference Bureau, 2016, http://www.prb.org/Publications/Articles/2016/suicide-replaces-homicide-second-leading-cause-death-among-us-teens.aspx
7. CDC, WISQARS, Fatal Injury Reports, https://www.cdc.gov/injury/wisqars/
8. CDC, National Center for Health Statistics, Vital Statistics as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.

Teens ages 12 to 17 who abused alcohol or drugs in the past year

6% in Vermont = **3,000** kids[1]

5% in the U.S.

VT's rank for this indicator: **35th**

What would it take...

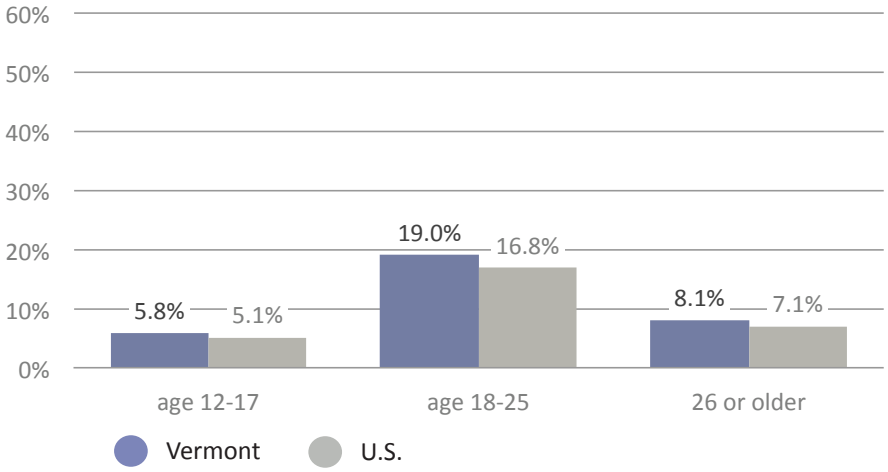
...to get to #1 for this indicator? We would need to reduce this rate to about 4%. Estimates for all states range between four and six percent.[1] In addition to making sure treatment is always readily available to youth, we should support a comprehensive mix of evidence-based and effective prevention interventions and education that supports youth in avoiding or delaying the use of substances.[10]

What the data show

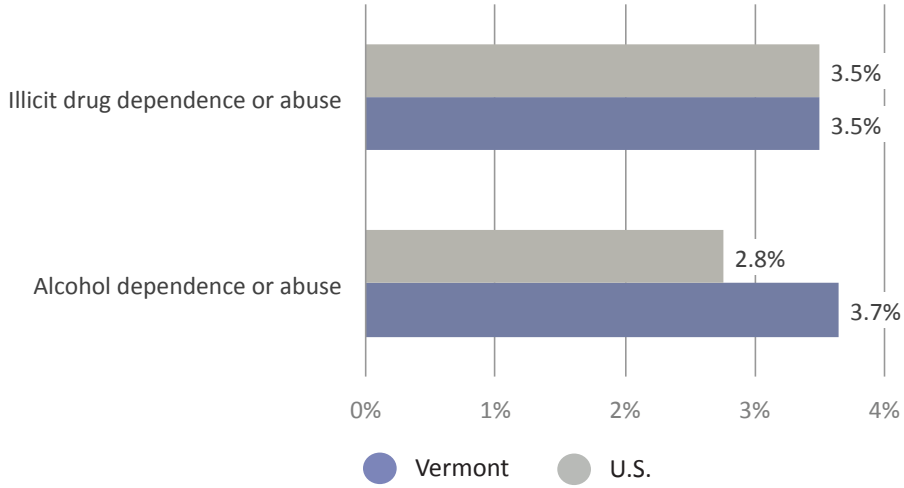
Teens who abuse alcohol or drugs is the percentage of teens ages 12 to 17 reporting dependence on or abuse of either illicit drugs or alcohol in the past year. Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants or prescription drugs used nonmedically. These data are based on a two-year average of survey responses.

Estimates for all states range between four and six percent. Alcohol dependence or abuse is more common among youth ages 12 to 17 in Vermont than it is for youth of the same age in the United States overall. The rate for dependence or abuse of illicit drugs as described above is about the same in Vermont as in the U.S.[2]

Alcohol or illicit substances abuse or dependence in the past year, by age group, in Vermont and the U.S.[3]



Alcohol dependence or abuse vs. illicit drug dependence or abuse, ages 12 to 17, in Vermont and the U.S.[2]

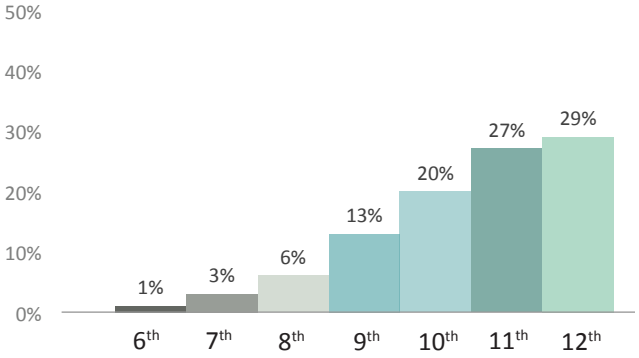


Notes & Resources

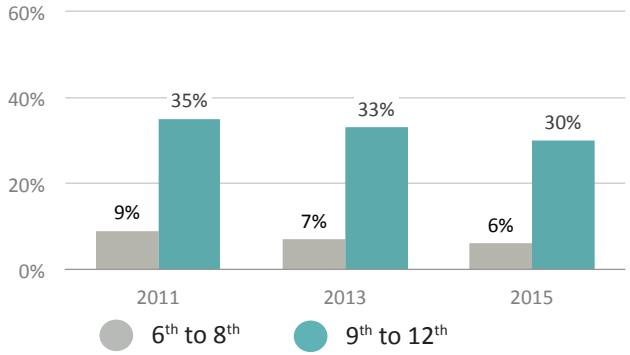
1. Rates and rank are based on 2013/2014 data from the Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health, rounded to nearest 1,000, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. 2013/2014 data from SAMHSA, National Survey on Drug Use and Health Tables 16 & 18, https://www.samhsa.gov/data/population-data-nsduh/reports.
3. 2013/2014 data from SAMHSA, National Survey on Drug Use and Health, Table 20, https://www.samhsa.gov/data/population-data-nsduh/reports.

Data for specific substances and for use without reported dependence or abuse shows that use of some substances happens at much higher rates, depending on age. Alcohol remains the most widely used and abused. Teens ages 12 to 17 in Vermont have used alcohol in the past month at a rate of 13.2 percent—higher than the U.S. overall rate of 10.6 percent.[4] One percent of youth in that age group were dependent on alcohol in the past year.[5] Vermont has the second highest rate of marijuana use in the past month for 12 to 17 year olds, at 10.9 percent, compared to 11.1 percent in Colorado and 7.1 percent in the U.S.[6] Vermont has the highest rate of marijuana use in the past month for 18 to 25 year olds (35%), and the 4th highest rate for adults over the age of 26 (11.6%).[6] In the past year, 0.8 percent of 12 to 17 year olds in Vermont used cocaine (0.6 percent did in the U.S. overall) and 0.2 percent used heroin (compared to 0.1 percent in the U.S.)[7]

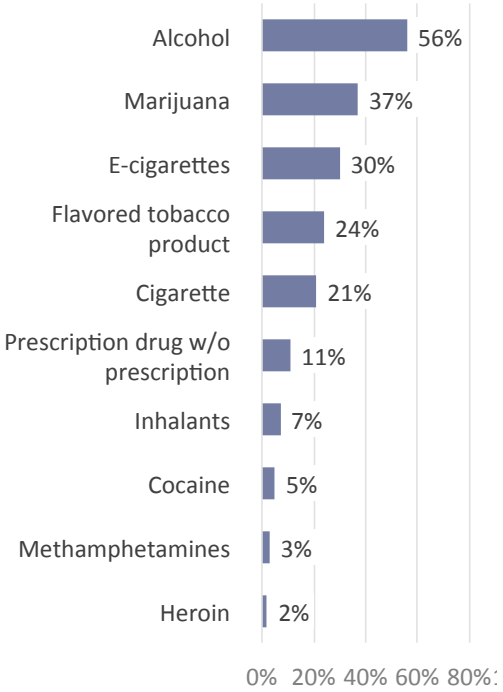
Marijuana use in the past 30 days, by grade[8]



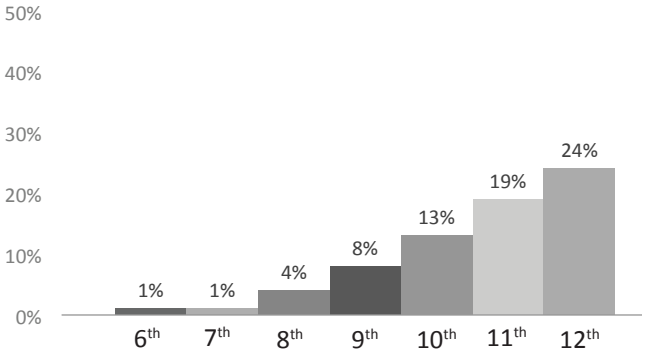
Alcohol use in the past 30 days, by grade[8]



Percent of 9th to 12th graders who have ever used:[8]



Binge drinking in the past 30 days, by grade[8]

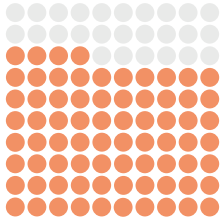


There is a large body of research exploring the effects of substances on the developing brains of adolescents. Evidence shows that early substance use and/or abuse can have serious detrimental effects on cognitive and behavioral functioning linked to physical changes in brain structure. Early substance use is also strongly connected to a much higher likelihood of future addiction.[9] Research suggests that there is no substance that is harmless in adolescence. In addition to making sure treatment is always readily available to youth, we should support a comprehensive mix of evidence-based and effective prevention interventions and education that supports youth in avoiding or delaying the use of substances.[10]

Notes & Resources

4. 2014/2015 data from SAMHSA, National Survey on Drug Use and Health, Table 6, https://www.samhsa.gov/data/population-data-nsduh/reports.
5. 2014/2015 data from SAMHSA, National Survey on Drug Use and Health, Table 11, https://www.samhsa.gov/data/population-data-nsduh/reports.
6. 2014/2015 data from SAMHSA, National Survey on Drug Use and Health, Table 2, https://www.samhsa.gov/data/population-data-nsduh/reports.
7. 2014/2015 data from SAMHSA, National Survey on Drug Use and Health, Tables 4 & 5 , https://www.samhsa.gov/data/population-data-nsduh/reports.
8. Vermont Department of Health, Youth Risk Behavior Survey, 2015, http://healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs.
9. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide, Introduction, https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction.
10. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, Preventing Drug Use Among Children and Adolescents, https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/introduction.

Children ages 1-2 screened for elevated blood lead levels



74% in Vermont =
9,056 kids age 1 & 2[1]

What would it take...

...to achieve universal screening of all 1 and 2 year olds in Vermont? In 2015, this would have meant screening an additional 3,149 one- and two-year-old children. The Vermont Department of Health reports barriers to universal screening that include reimbursement and insurance issues, misinformation, and the objection of parents.[1] The effects of lead exposure can be severe and long-term, but prevention and screening efforts have succeeded in greatly reducing this risk for Vermont's children.

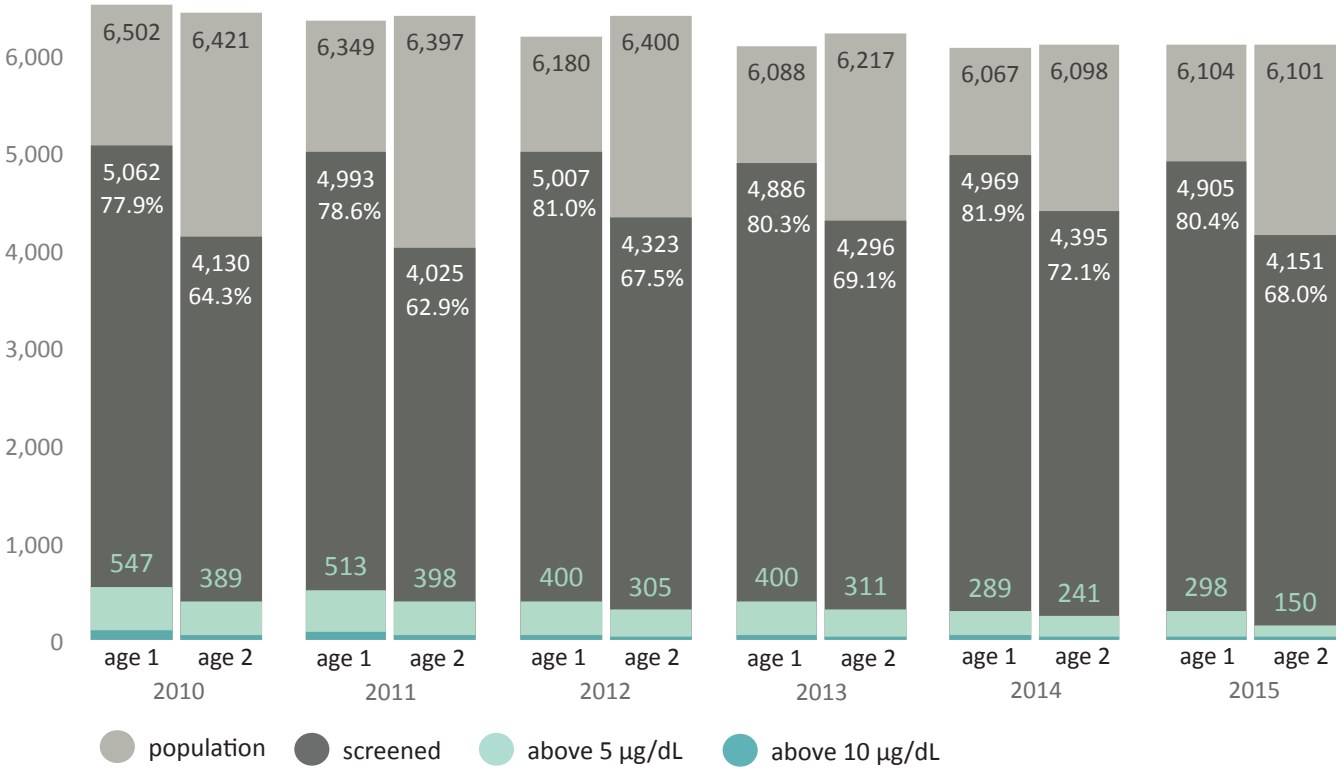
What the data show

This is the number and percent of children ages 1 and 2 who are screened for elevated blood lead levels.

The Vermont Department of Health's Healthy Homes Lead Poisoning Prevention Program (HHLPPP) maintains a goal of universal screening of blood lead levels for 1 and 2 year old children.[1] In recent years, the blood lead level deemed concerning has been revised downward. There is now understood to be no safe level. The *Healthy Vermonters 2020* goal is to reduce the rate of children with levels above 10 µg/dL to 0 percent.[2]

Lead exposure poses serious health risks, particularly from the prenatal period through age six. The greatest harm occurs during early pregnancy to age three. According to the Agency for Toxic Substances & Disease Registry, adults will absorb only a few percent of the lead that they may swallow, while children absorb about 50 percent of ingested lead. Developing organs are permeable to lead in the bloodstream and the immature body does not yet have the ability to metabolize, detoxify and excrete toxins.[3]

Number and percent of children ages 1 and 2 screened for elevated blood lead levels and number with results above 5 µg/dL[4]



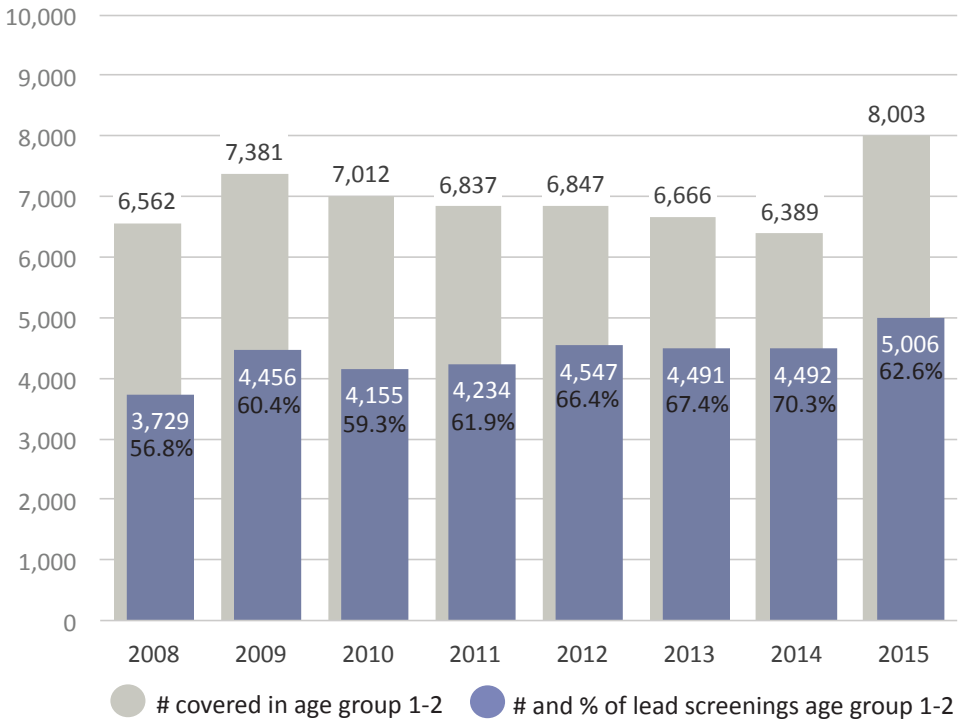
Notes & Resources

1. Vermont Department of Health, Division of Environmental Health, Lead Poisoning Prevention Program, report to the Legislature on Lead Poisoning Prevention: Report on 2015 Program Outcomes and Activities, 2016, http://legislature.vermont.gov/assets/Legislative-Reports/Lead-Poisoning-Prevention-4.15.16.pdf.
2. Vermont Department of Health, Healthy Vermonters 2020,
3. Landrigan, P.J., & Garg, A. Chronic effects of toxic environmental exposures on children's health. Clinical Toxicology, 40(4): 450, 2002.
4. Vermont Department of Health, Division of Environmental Health, Lead Poisoning Prevention Program, 2011-2016 annual reports to the Legislature on Lead Poisoning Prevention.

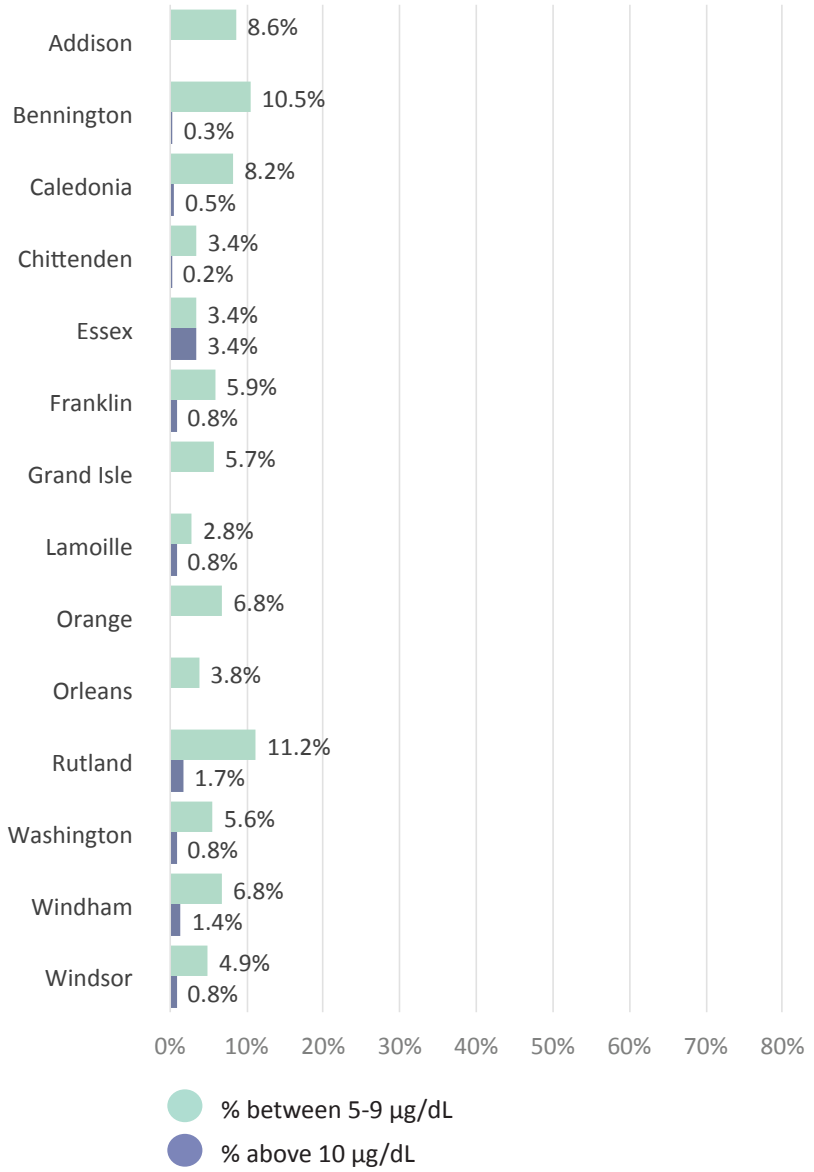
Vermont childhood lead poisoning prevention policy targets testing of children at ages one and two, or by age six if not previously tested. Lead Screening is free for children enrolled in Medicaid and Dr. Dynasaur. Age two is considered the peak developmental period for lead exposure, because children are involved in crawling and walking, and putting their fingers, toys and other objects in their mouths. Considerable progress has been made in reducing childhood exposure to lead since last decade, when in 2000, over 45 percent of Vermont children ages 1-5 had blood lead levels above 5µg/dL.[5]

Lead paint is the primary source of childhood lead exposure. 70 percent of Vermont's housing units were built prior to the 1978 lead paint ban.[6] In addition, lead bans do not exist in many of the nations that manufacture the bulk of U.S. consumer products. Toys containing lead pose a particular risk to children.

Children ages 1-2 covered by Medicaid who were screened for lead[7]



Of children tested in Vermont, percent with elevated blood lead levels, by county, 2015[8]



Notes & Resources

5. Vermont Department of Health, Personal communication with the Healthy Homes Program, 2013.
6. Get the lead out of Vermont, Report to Vermont Attorney General William H. Sorrell and Acting Commissioner of Health Sharon Moffatt, 2007.
7. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Annual EPSDT Participation Report, Form CMS-416 (State) Fiscal Years 2008-2015.
8. Derived from 2015 CDC county-level lead data, https://www.cdc.gov/nceh/lead/data/state/vtdata.htm.

"Children do not come in pieces but in families and communities and are profoundly affected by the norms, priorities, policies and values of our nation and culture... Our siloed organizational, governmental, policy and funding streams must comprehensively address the whole child from birth through the transition to adulthood in the real context of their lives responding to all of the major forces that help shape them. False either-ors between personal, family, community and societal responsibility for children need to stop. All of these child shaping forces must collaborate and put the child's healthy development at the center of our decision making."

- Children's Defense Fund

Family & Community

Child wellbeing is intricately connected to the wellbeing of the communities that children live in. Lack of livable wages, economically segregated neighborhoods and schools, and growing incarceration rates can take a toll on children. But where robust safety nets, broad networks of support, and educational and employment options exist in a community, children are much more likely to thrive.[1]

Recent research has highlighted the link between family composition and child wellbeing. While children growing up in single-parent families often do not have access to the same economic or human resources as those in two-parent families, we don't always have a complete picture of the makeup of supposedly single-parent households. One third of kids in "single parent families" live in households with a cohabitating (non-married) partner.[2] Many live in households that also include grandparents and other relatives. More and more young adults are living with their families into their thirties.[3]

Women are much more likely to be parenting alone than men. Households headed by women are nearly twice as likely to be truly single parent families, without the presence of another adult, and these households are more likely to be struggling to get by on poverty-level incomes. While nationally women make 78 cents to every dollar earned by men, single mothers make only 58 cents on the dollar.[4]

In countries where childcare subsidies, paid family leave, and a livable minimum wage are broadly available, the gap in outcomes for children is greatly reduced.

The association of single parenthood with poverty is not inevitable. In countries where childcare subsidies, paid family leave, and a livable minimum wage are broadly available, the gap in outcomes for children is greatly reduced.[5] Households with multiple adults can be buffered by multiple incomes or in-home childcare, but for single mothers, the most common exit from poverty is not partnership: it is increased wages.[6] If the 58 cents on the dollar wage gap was eliminated, the average single mother would have enough extra money to cover 2 years of rent, nearly 3 years of childcare, or 3.5 years of food for her family.[7]

Indicators such as parental educational attainment, family structure, and poverty levels must be understood at a community level. We know that children's educational attainment and income later in life is correlated with their parents' education level and family income. While it is clear that higher education increases the likelihood of stable employment at livable wages, it is also true that the benefits of an education do not accrue equally to all members of our communities.[8] A college-educated person born in the poorest fifth of the population is 2.5 times less likely to be rich than a person born in the top fifth who did not go to college,[9] and black

families headed by a college graduate have 33 percent less wealth than white families headed by someone who dropped out of high school.[10]

We know that it is very difficult for kids from low-income families to attain the income, education, and mobility that higher income kids expect. We also know that higher levels of inequality lead to reduced mobility in our communities at large. Income inequality, which has grown exponentially since the 1970s[11], reduces actual and perceived mobility for everyone in a community.

Our young people are more likely to thrive in environments where they can imagine a future for themselves. It is no surprise, then, that inequality has been correlated with higher teen pregnancy rates, [12] [13] and other risk factors for youth wellbeing. When teens from the Northeast Kingdom were surveyed about their future plans, over half said they definitely planned to leave the area. Only one in eight teens in this highly rural area of Vermont with above-average unemployment and the highest poverty rates in the state said they definitely planned to stay, but a third said they'd like to if they could make a living in the area,[14] something they struggled to imagine for themselves.

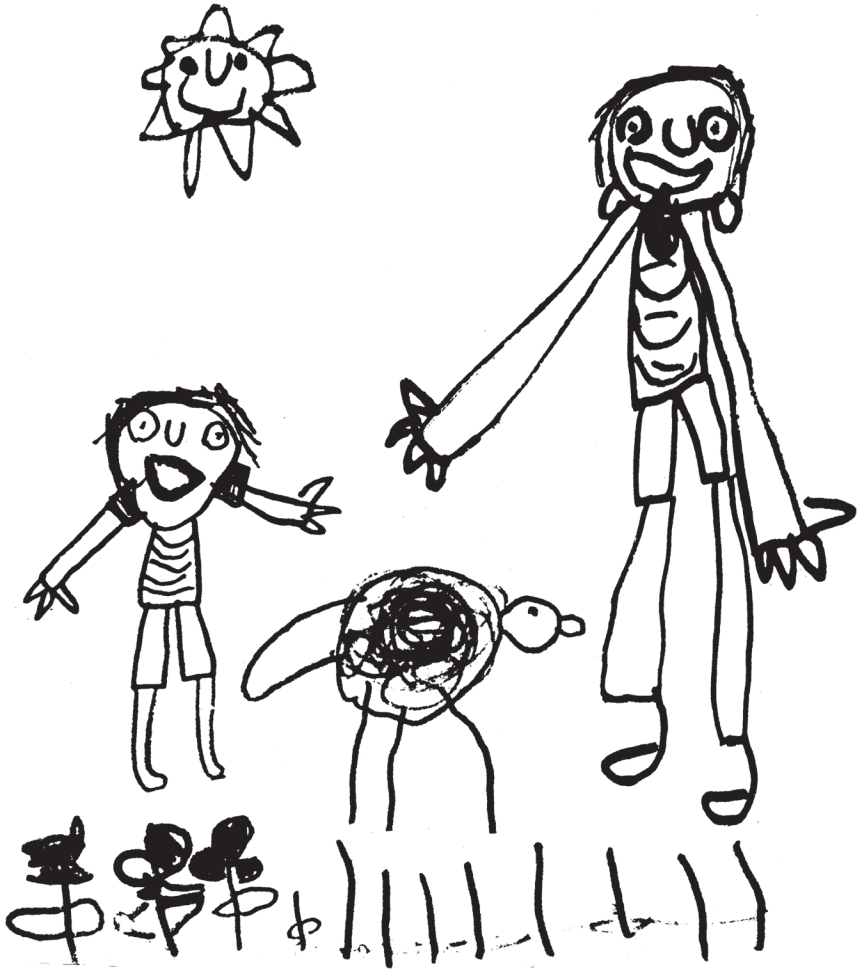
"Between 1979 and 2013, the role of income inequality in increasing poverty was over four times more important than changes in family structure... Incidentally, although these characteristics of the workforce, such as family structure, racial identity, and educational attainment, are often mentioned in policy debates concerning poverty, when taken together their net effect on poverty since 1979 is effectively zero." [11]

- Elise Gould, Alyssa Davis, and Will Kimball: Economic Policy Institute, 2015

The following indicators help us to better understand the context our kids are living in, knowing that healthy communities make healthy kids. Now more than ever, we must actively support our commitments to building communities that welcome and support everyone.

Notes:

[1] Soon to be released report argues that Parental well-being and neighborhood safety play an important role in determining whether children flourish. The Relative Contributions of Adverse Childhood Experiences and Healthy Environments to Child Flourishing, Iman Sharif, MD.
[2] U.S. Census Bureau. "Table B09008: PRESENCE OF UNMARRIED PARTNER OF HOUSEHOLDER BY HOUSEHOLD TYPE FOR CHILDREN UNDER 18 YEARS IN HOUSEHOLDS." *American Community Survey 5 year estimates* (2010-2014).
[3] Fry, Richard. "For First Time in Modern Era, Living With Parents Edges Out Other Living Arrangements for 18- to 34-Year-Olds." *Pew Research Center, Washington DC* (2016).
[4] An Unlevel Playing Field America's Gender - Based Wage Gap, Binds of Discrimination, And A Path Forward" *National Partnership for Women and Families, Washington DC*. (2015).
[5] Coontz, Stephanie, and Nancy Folbre. "Marriage, Poverty, and Public Policy." *Council on Contemporary Families, Austin TX* (2002).
[6] Moore, Quinn, Anu Rangarajan, and Peter Schochet. "Economic Patterns of Single Mothers Following Their Poverty Exits." *Prepared for the U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation Office of Human Services Policy by Mathematica Policy Research, Inc. Princeton, NJ* (2007).
[7] "An Unlevel Playing Field America's Gender - Based Wage Gap, Binds of Discrimination, And A Path Forward" *National Partnership for Women and Families, Washington DC*. (2015).
[8] For example, Higher education has less of an impact on the wealth of black and Latino people than on white people according to Emmons, William R., and Bryan J. Noeth. "Why Didn't Higher Education Protect Hispanic and Black Wealth?" *In the Balance, Federal Reserve Bank of St Louis* Issue 12 (2015): 1-3. Also, "For every $1 in wealth that accrues to Black families associated with a college degree, White families accrue $11.49." In: Sullivan, Meschede, Dietrich, et al (2015). *The Racial Wealth Gap: Why Policy Matters.* Institute for Assets & Social Policy, Brandeis University and DEMOS. Pages 16-23.
[9] Urahn, Susan K., Erin Currier, Dana Elliott, Lauren Wechsler, Denise Wilson, and Daniel Colbert. "Pursuing the American dream: Economic mobility across generations." *The Pew Charitable Trusts* and the *Economic Mobility Project, Philadelphia, PA* (2012): 25.
[10] Hamilton, Darrick, William Darity Jr, Anne E. Price, Vishnu Sridharan, and Rebecca Tippett. "Umbrellas don't make it rain: Why studying and working hard isn't enough for black Americans." *Insight Center for Community Economic Development, Oakland, CA*. (2015): 3
[11] According to the Economic Policy Institute, before the mid-1970s, poverty reduction was closely correlated to overall economic growth. If that was true today, we would be close to zero percent poverty, instead, the poverty rate has grown. If wages had grown along with productivity, we would see a 7 percentage point reduction in the child poverty rate. Gould, Elise, Alyssa Davis, and Will Kimball. "Broad-Based Wage Growth Is a Key Tool in the Fight Against Poverty." Issue brief. #399, *Raising America's Pay. Economic Policy Institute, Washington, DC* (2015).
[12] Kearney, Melissa Schettini, and Phillip B. Levine. "Income Inequality and Early Non-Marital Childbearing: An Economic Exploration of the 'Culture of Despair'". Working Paper No. w17157. *National Bureau of Economic Research, Cambridge, MA* (2011).
[13] Coyne, Claire A., and Brian M. D'Onofrio. "Some (but not much) progress toward understanding teenage childbearing: A review of research from the past decade." *Advances in child development and behavior* 42 (2012): 113-152.
[14] Wilson, Melanie and Jennifer A. Smith. "101 Youth Voices: What Teens and Young Adults in the Southern NEK Think, Want and Hope" and "'Young People Like Me: What Teens and Young Adults in the Northern NEK Think, Want and Hope." New England Network for Child, Youth & Family Services, Charlotte, VT (2010): 16.



Seeing the Whole Child

FAMILY AND COMMUNITY

72 **Child population as a percentage of total population**

19% in Vermont = **120,000** kids

23% in the U.S.

74 **Children living in high poverty areas**

1% in Vermont = **2,000** kids

14% in the U.S.
VT's rank for this indicator: **1st**

76 **Children in single-parent families**

28% in Vermont = **31,000** kids

35% in the U.S.
VT's rank for this indicator: **4th**

78 **Children in families where the household head lacks a high school diploma**

6% in Vermont = **7,000** kids

14% in the U.S.
VT's rank for this indicator: **4th**

80 **Children who are victims of substantiated abuse/neglect**

0.8% in Vermont = **945** kids

82 **Children who have experienced two or more adverse childhood experiences (ACEs)**

22% in Vermont = **28,200** kids

22% in the U.S.
VT's rank for this indicator: **21st**

84 **Births to teenagers age 15 to 19, per 1,000**

12 per 1,000 in Vermont = **245** births

22 per 1,000 in the U.S.
VT's rank for this indicator: **4th**

86 **Students who feel valued by their community**

55% (6th-8th grade)
50% (9th-12th grade)

Child population as a percentage of total population

19% in Vermont = **120,000** kids[1]

23% in the U.S.[2]

What would it take...

...to make sure all kids in Vermont count? A declining birth rate in Vermont is part of a national, and to some degree global, trend. The percentage of Vermont's total population made up of children has decreased, but children are still 100% of the future.

What the data shows

This is the population of children as a percentage of the total population.

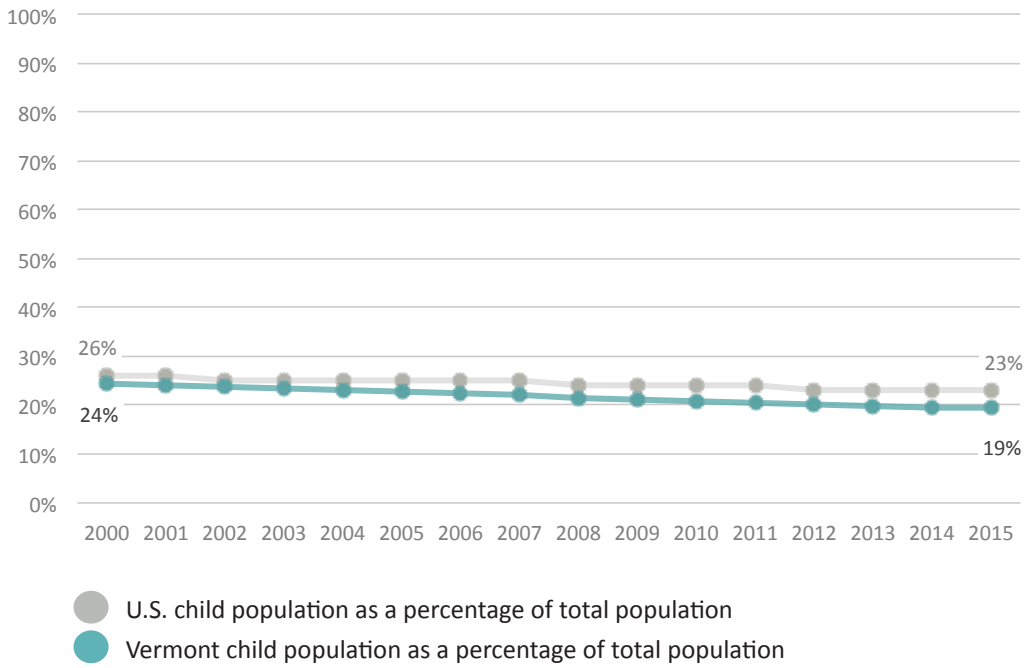
Vermont and Maine have the smallest child populations as a portion of the total, at around 19 percent of the total population.[2]

Since 2000, every state has seen a decline in child population as a percentage, and twenty six states including Vermont have seen a decline in the actual number of children.[2]

All six New England states are among the ten states with the lowest percentage of children, as is New York. These states also have some of the lowest birth rates in the country.[3] The US has historically had a very high teen birth rate and a higher than average overall birth rate compared to other industrialized countries. Both have fallen in recent years.

Some of this has been attributed to the worsening state of the economy during the recent recession.[4] Birth rates have fallen the most for teens, millennials, unmarried women, and for Hispanic and Black women.[5]

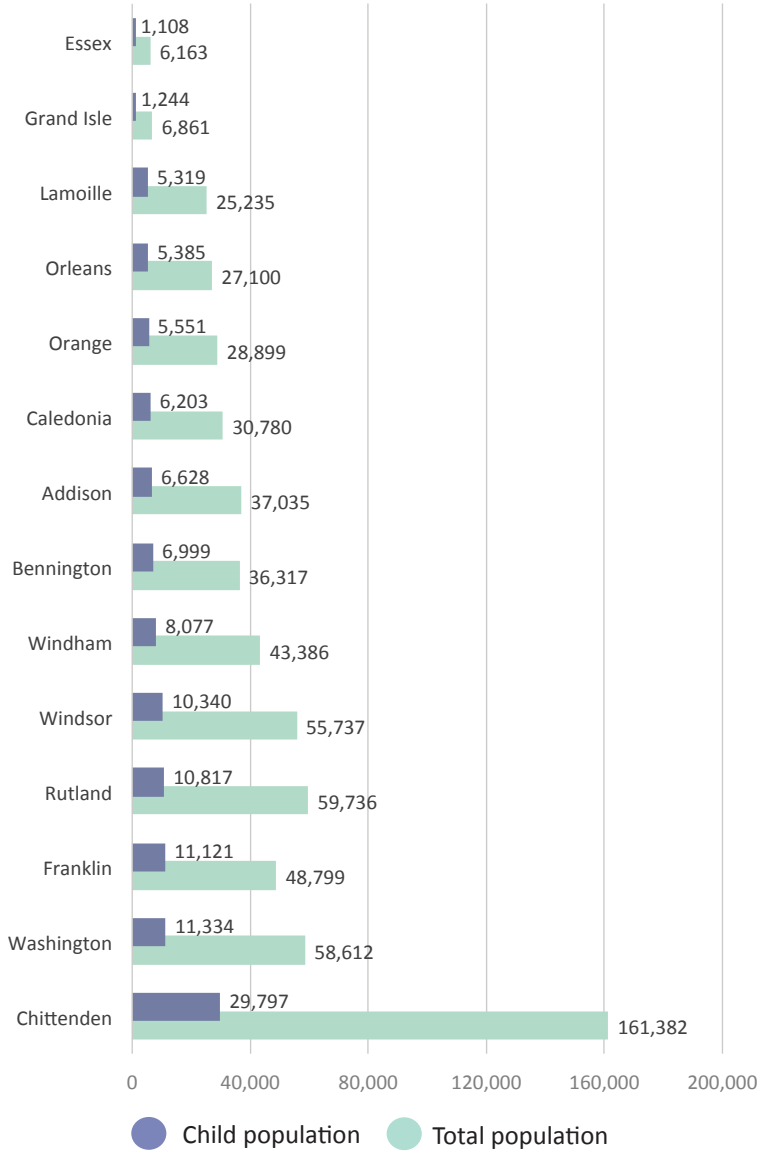
A declining child population is a national trend[6]



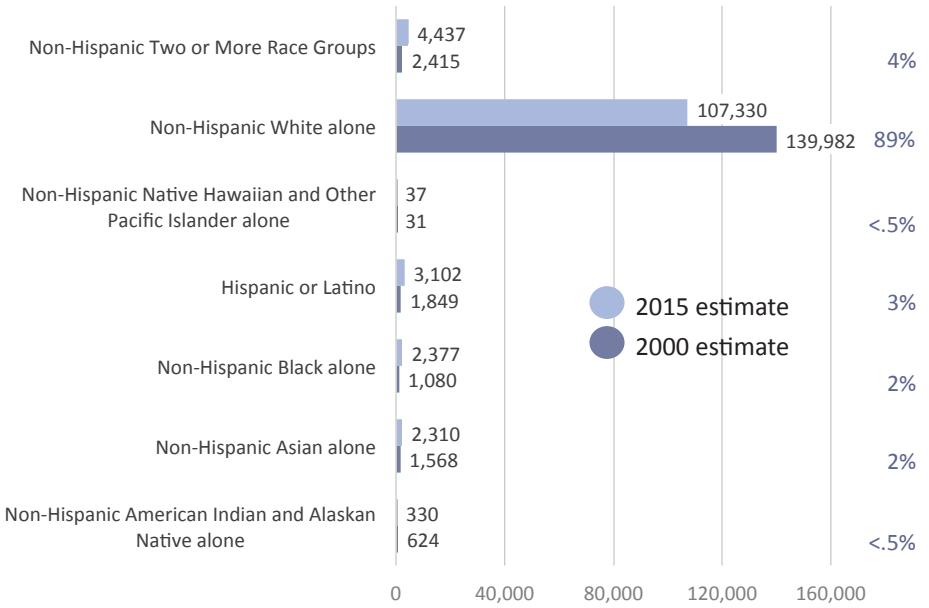
Notes & Resources

1. Vermont Department of Health and U.S. Census 2015 population estimates, rounded to the nearest 1,000.
2. U.S. Census Population Estimates Program, 2015 population Estimates, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
3. Kaiser Family Foundation, State Health Facts, Birth rate per 1,000 women ages 15-44, using 2014 CDC Vital Statistics data. http://kff.org/other/state-indicator/birth-rate-per-1000/?currentTimeframe=0.
4. Mather, M. Fact Sheet: The Decline in U.S. Fertility, Population Reference Bureau, 2012, http://www.prb.org/Publications/Datasheets/2012/world-population-data-sheet/fact-sheet-us-population.aspx.
5. Astone, NM; Martin, S; Peters, HE. Millennial Childbearing and the Recession, Urban Institute, http://www.urban.org/sites/default/files/publication/49796/2000203-Millennial-Childbearing-and-the-Recession.pdf.
6. U.S. Census 2015 population estimates, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.

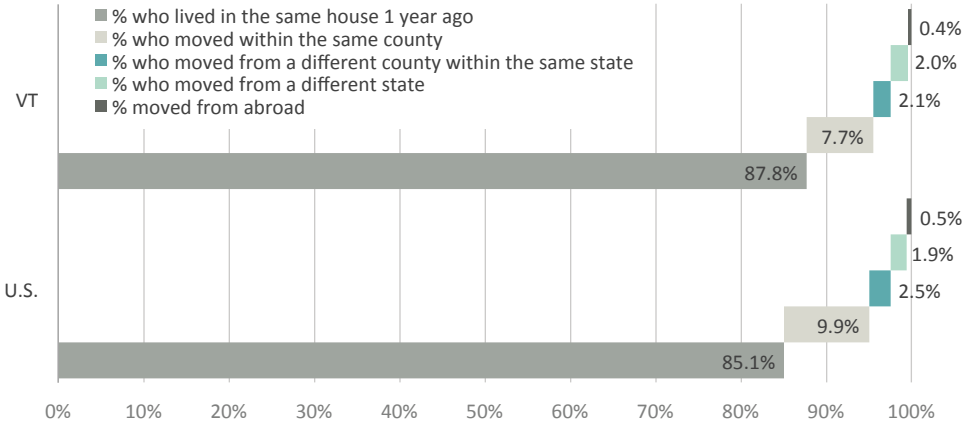
Number of children vs. total population by county[7]



Child population in Vermont by race, in 2000 and 2015[8]



Migration and movement within and to Vermont and the U.S.[9]



Notes & Resources

7. U.S. Census, 2015 population estimates.
8. U.S. Census Population Estimates Program, 2000 and 2015 population estimates, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
9. U.S. Census, 2015 ACS 5-year estimates, derived from American FactFinder table B07001: Geographical mobility in the past year by age for current residence in the United States.

Children living in high poverty areas

1% in Vermont = **2,000** kids[1]

14% in the U.S.

VT's rank for this indicator: **1st**

What would it take...

...Vermont ranks 1st for this indicator, but an estimated 2,000 children in Vermont live in neighborhoods where negative effects associated with concentrated poverty can affect all children, and whole communities, adversely. Significant poverty and inequality exist, both in cities and in rural areas, and some of Vermont's wealthiest counties have the highest inequality, as well as the poorest neighborhoods.[7,8] Our state is not immune from the trend of growing inequality, a trend we need to work to halt and reverse.

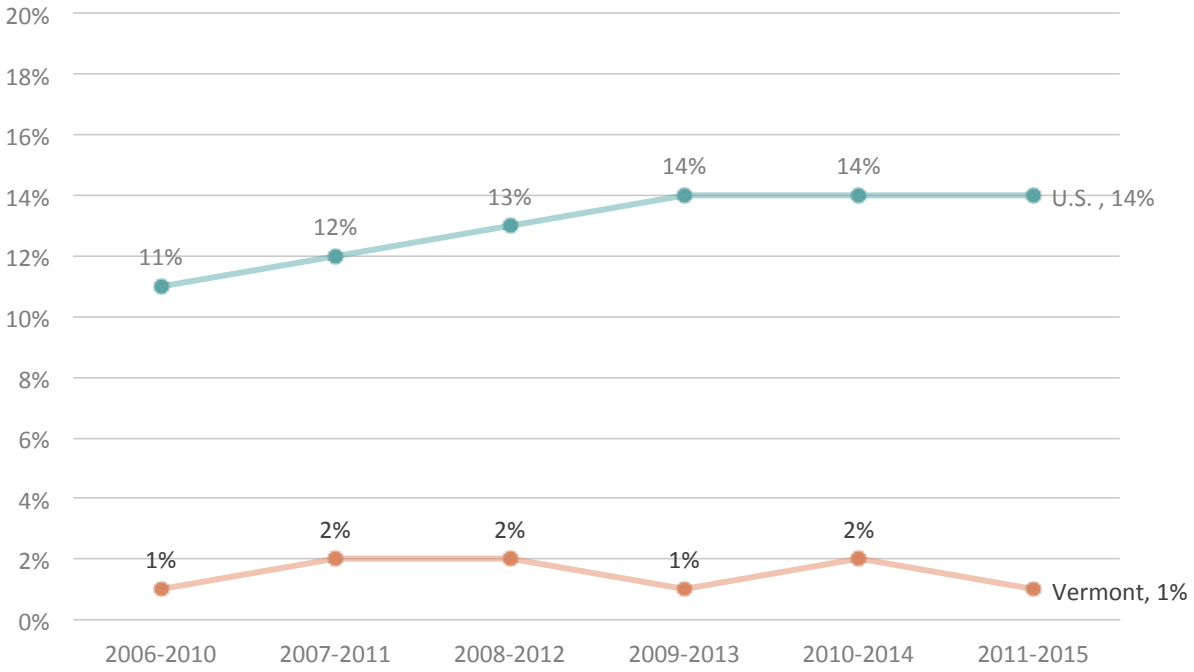
What the data show

Children living in high-poverty areas is the percentage of children under age 18 who live in census tracts where the poverty rates of the total population are 30 percent or more. The 2015 poverty threshold is $24,036 for a family of two adults and two children.

As overall poverty rates in neighborhoods rise, all children can be affected adversely, even those with higher family incomes. These negative effects begin to emerge when poverty rates in a community are about 20 percent and then increase with higher poverty rates, up to about 40 percent. The broad impact of community poverty can mean that the neighborhood as a whole lacks adequate access to quality education, health care, and safe and healthy outdoor spaces. Children in middle- and upper-income families who live in areas of concentrated poverty grow up to earn 52 percent less as adults, on average. They are also more likely to experience harmful levels of stress and have negative educational outcomes, regardless of family income.[2]

Income inequality is also detrimental to whole communities, where by definition, areas of relative poverty exist alongside much greater wealth. Vermont ranks 9th out of 50 states for the least income inequality, but still, the average income of the top 1% of earners is $735,607, more than sixteen times higher than the $45,719 average of the bottom 99%.[4]

Children living in high poverty areas, Vermont and U.S.[3]



Please note: scale of y-axis is 0%-20% for readability of data.

Notes & Resources

1. Rates and rank are based on U.S. Census, 2011-2015 ACS 5-year estimates, rounded to nearest 1,000, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. Annie E. Casey Foundation, Data Snapshot: High Poverty Communities, 2012, http://www.aecf.org/resources/data-snapshot-on-high-poverty-communities/.
3. U.S. Census, 2010 through 2015 ACS 5-year estimates, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
4. Economic Policy Institute, Income Inequality in the U.S. by state, metropolitan area, and county, 2016, http://www.epi.org/publication/income-inequality-in-the-us/.

Not all concentrated poverty is in urban areas. In the United States, 22 percent of children who are living in high-poverty areas are in big cities; 10 percent live in rural areas.[5] Vermont has 183 populated census tracts. There are five census tracts with estimated poverty rates above the 30 percent threshold; four of them are in Chittenden County, one is in Orleans County. Another twelve census tracts have poverty rates between 20 and 30 percent, in Bennington, Caledonia, Chittenden, Lamoille, Rutland, Windham, and Windsor Counties.[6]

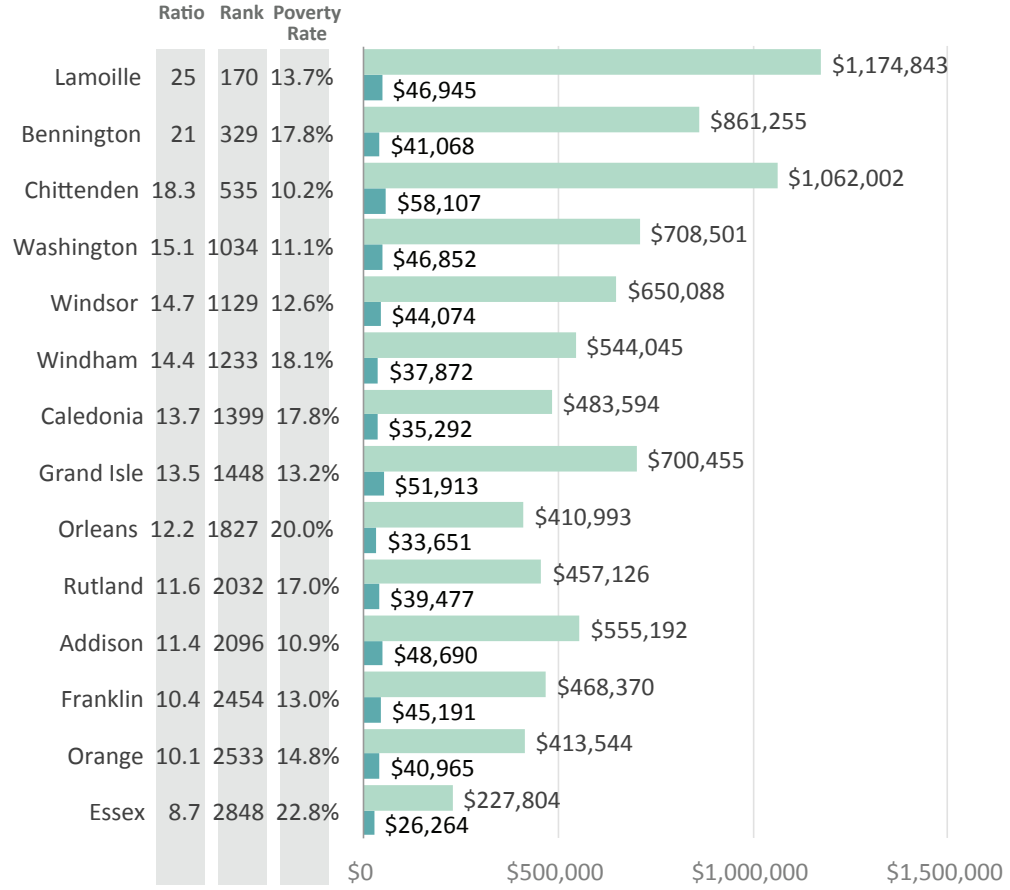
The Vermont Department of Health has assessed all census tracts in the state with a Social Vulnerability Index, based on sixteen different measures of social, demographic, and housing/transportation vulnerability by census tract in Vermont.[7] Primarily a tool for disaster preparation and public health management, this index also highlights areas of the Vermont where multiple factors converge to create some of the same circumstances often found in high-poverty areas, like high unemployment and inadequate access to transportation. These areas are communities with more vulnerable populations. For each of the sixteen measures of vulnerability, tracts are flagged if they are in the 90th percentile for that indicator. There are 50 census tracts in Vermont with 3 or more "flags."[7]

Number of census tracts in Vermont where:[7,8]

Rates of unemployment are 10 percent (or more)[7]	28
15 percent (or more) of households have no vehicle[7]	16
15 percent (or more) of adults lack a high school diploma[7]	16
50 percent (or more) of households with children are single-parent families[7]	18
20 percent (or more) of all people age 5 and up have a disability[7]	20
Per capita income is below $20,000[7]	11
There is low income and low access to food[8]	8

*Includes tracts with a poverty rate of 20% or higher, or tracts with a median family income less than 80% of median family income for the state or metropolitan area and a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.

Income inequality by county, with ratio of average income of top 1% to average income of bottom 99%, rank out of 3,064 U.S. counties,* and child poverty rate[9,10]



*For rank, lower numbers indicate greater inequality

Notes & Resources

5. Annie E. Casey Foundation, Data Snaphot: High Poverty Communities, 2012, http://www.aecf.org/resources/data-snapshot-on-high-poverty-communities/.
6. U.S. Census, 2011-2015 ACS 5 year estimates, derived from American FactFinder, Table S1701: Poverty status in the past 12 months.
7. Vermont Department of Health, Environmental Public Health Tracking Program, Social Vulnerability Index, 2015, https://ahs-vt.maps.arcgis.com/apps/MapSeries/index.html?appid=ffea40ec90e94093b009d0ddb4a8b5c8
8. USDA Economic Research Service, Food Access Research Atlas, https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/.
9. Economic Policy Institute, Income Inequality in the U.S. by state, metropolitan area, and county, 2016, http://www.epi.org/publication/income-inequality-in-the-us/.
10. U.S. Census, Small Area Income and Poverty Estimates (SAIPE) Program, 2015 data, release date December 2016.

Children in single-parent families

28% in Vermont = **31,000** kids[1]

35% in the U.S.

VT's rank for this indicator: **4th**

What the data show

Children in single-parent families is the percentage of children under age 18 who live with their own unmarried parent, either in a family or sub-family. In this definition, single parent families may include cohabiting couples. Children living with married stepparents are not considered to be in a single-parent family.

In many cases, this Census definition does not capture the full picture of family structure or living arrangements. This particular data point does not recognize unmarried cohabiting couples. In Vermont, 30.4 percent of all children living in such "single-parent families," in fact also live with an unmarried partner of the householder.[2]

The Census defines a householder as the individual under whose name the dwelling is owned or leased.[3]

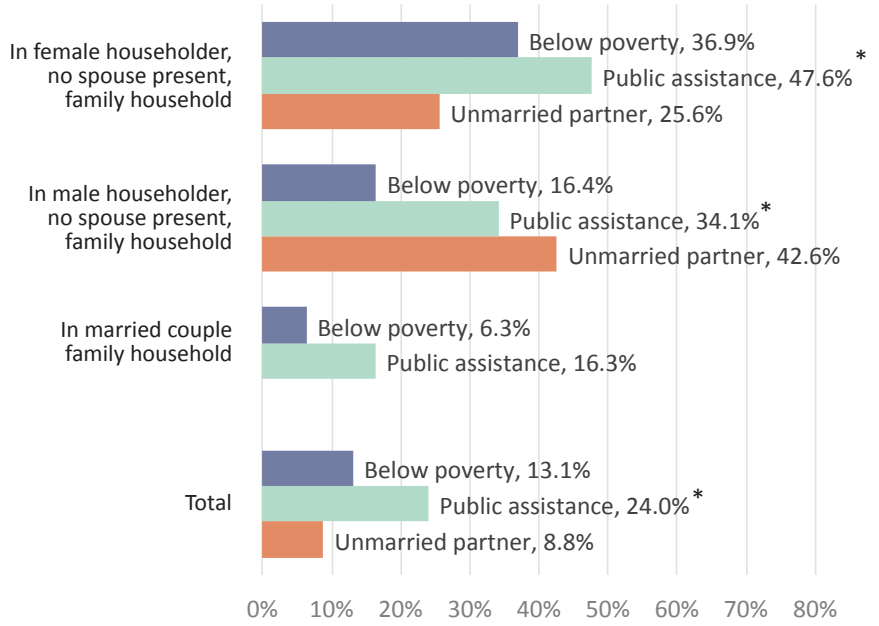
Children in families with a female householder are more likely to be in truly single-parent families: for 74.4 percent of children in female-householder families, there is no unmarried partner present; this is true for 57.4 percent of children in male-householder families.[2]

Children in single-parent families, without the economic and human resources afforded by the presence of a cohabiting domestic partner, spouse, or other adult(s), are more likely to experience financial hardship and to rely on safety net programs like SNAP or TANF.[4] 36.9 percent of children in female householder families are below poverty, versus 16.4 percent of children in male householder families. The poverty rate for children in married couple families in Vermont is 6.3 percent, well below the overall child poverty rate.[2]

What would it take...

...to get to #1 for this indicator? Utah has the lowest percentage of children in single-parent families, at 19 percent, but no other state is below 25 percent. Policies that support working families help single-parent families too: paid leave, adequate wages, and affordable childcare, housing, and healthcare. It is also clear that for many families with children in Vermont, where expenses often out-pace earning potential, our safety net is an indispensable part of making ends meet.

Economic security of families with children by family structure, in Vermont[2]



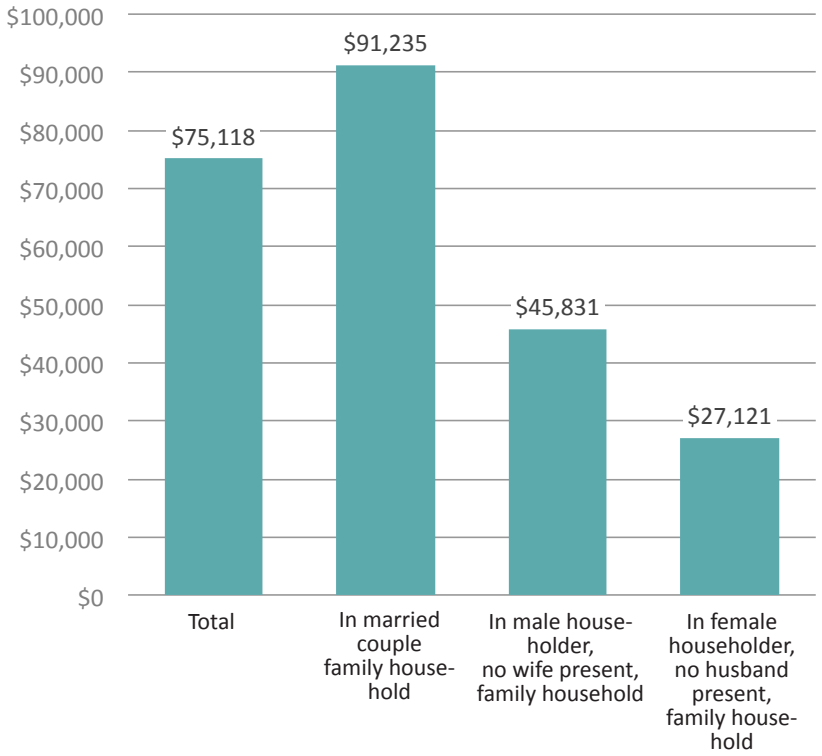
*Public assistance includes Supplemental Security Income (SSI), cash public assistance income, or Food Stamp/SNAP benefits.

Notes & Resources

1. Rates and rank are based on U.S. Census, 2015 ACS 1-year estimates, rounded to nearest 1,000, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http:datacenter.kidscount.org.
2. Derived from U.S. Census, 2015 ACS 1-year estimates, American FactFinder table S0901: Children characteristics.
3. U.S. Census glossary, http://www.census.gov/glossary/#term_Householder
4. Annie E. Casey Foundation, 2016 KIDS COUNT Data Book, p. 34.

The association of single parenthood with poverty is not inevitable. In countries where childcare subsidies, paid family leave, and a livable minimum wage are broadly available, the gap in outcomes for children is greatly reduced.[5] Households with multiple adults can be buffered by multiple incomes or in-home childcare, but for single mothers, the most common exit from poverty is not partnership, it is increased wages.[6] If the 58 cents on the dollar wage gap was eliminated, the average single mother would have enough extra money to cover 2 years of rent, nearly 3 years of childcare, or 3.5 years of food for her family.[7]

Median income by family structure, in Vermont[2]



Top 5 expenses, Vermont Basic Needs Budget/Livable Wage, 2016[8]

	1 adult, 1 child	2 adults, 2 children
Food	$487	$997
Housing	$984	$984
Transportation	$459	$1,089
Health Care	$300	$519
Child Care	$758	$1,255

*Excerpted from the 2017 Basic Needs Budget and Livable Wage Report, prepared by the VT Legislative Joint Fiscal Office. Highlighted budgets assume rural Vermont, no employer sponsored health care, and all available parents working. Budgets for different circumstances can be found in the full report.

In rural Vermont, a single parent with only one child needs an annual income of over $52,000 to meet basic needs. That translates to an hourly income of $25.11. For a two adult, two child household where both adults work, an annual income of nearly $85,000 is needed to cover expenses.[8] Higher incomes are necessary in urban areas. These incomes are out of reach for many Vermonters. In both of these cases, the income needed to make ends meet is more than three times the federal poverty threshold. Nearly 60,000 children in Vermont, in all family structures, live in households with incomes below 300 percent of the poverty threshold.[9]

Poverty thresholds by household size, in $, 2015[10]

$16,337, single parent & one child **$24,036, family of four**

# children	1	2	3	4
Two people				
Householder under 65 years	16,337			
Householder 65 years and over	16,275			
Three people	19,078	19,096		
Four people	24,847	24,036	24,120	
Five people	29,911	28,995	28,286	27,853

Notes & Resources

5. Coontz, Stephanie, and Nancy Folbre. "Marriage, Poverty, and Public Policy." Council on Contemporary Families, Austin TX (2002).
6. Moore, Quinn, Anu Rangarajan, and Peter Schochet. "Economic Patterns of Single Mothers Following Their Poverty Exits." Prepared for the U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation Office of Human Services Policy by Mathematica Policy Research, Inc. Princeton, NJ (2007).
7. "An Unlevel Playing Field America's Gender - Based Wage Gap, Binds of Discrimination, And A Path Forward," National Partnership for Women and Families, Washington DC. (2015).
8. Basic Needs Budget and Livable Wage Report, Vermont Legislative Joint Fiscal Office, 2017, http://www.leg.state.vt.us/jfo/reports/2017%20BNB%20Report%20Revision_Feb_1.pdf.
9. U.S. Census, American Community Survey 1-year estimates, 2008-2015 data, derived from American FactFinder table C17024: Age by ratio of income to poverty level in the past 12 months.
10. Excerpted from the U.S. Census 2015 poverty thresholds, http://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html.

Children in families where the household head lacks a high school diploma

6% in Vermont = **7,000** kids[1]

14% in the U.S.

VT's rank for this indicator: **4th**

What would it take...

...to get to #1 for this indicator? We would need to reduce this rate to 4%, which would mean helping the parents of about 2,200 kids earn a high school diploma, equivalent, or beyond. We should employ two-generation strategies,[2,3] which provide more comprehensive services, recognizing that to take advantage of educational opportunities, degree-earners may also need childcare or additional financial support for their families.

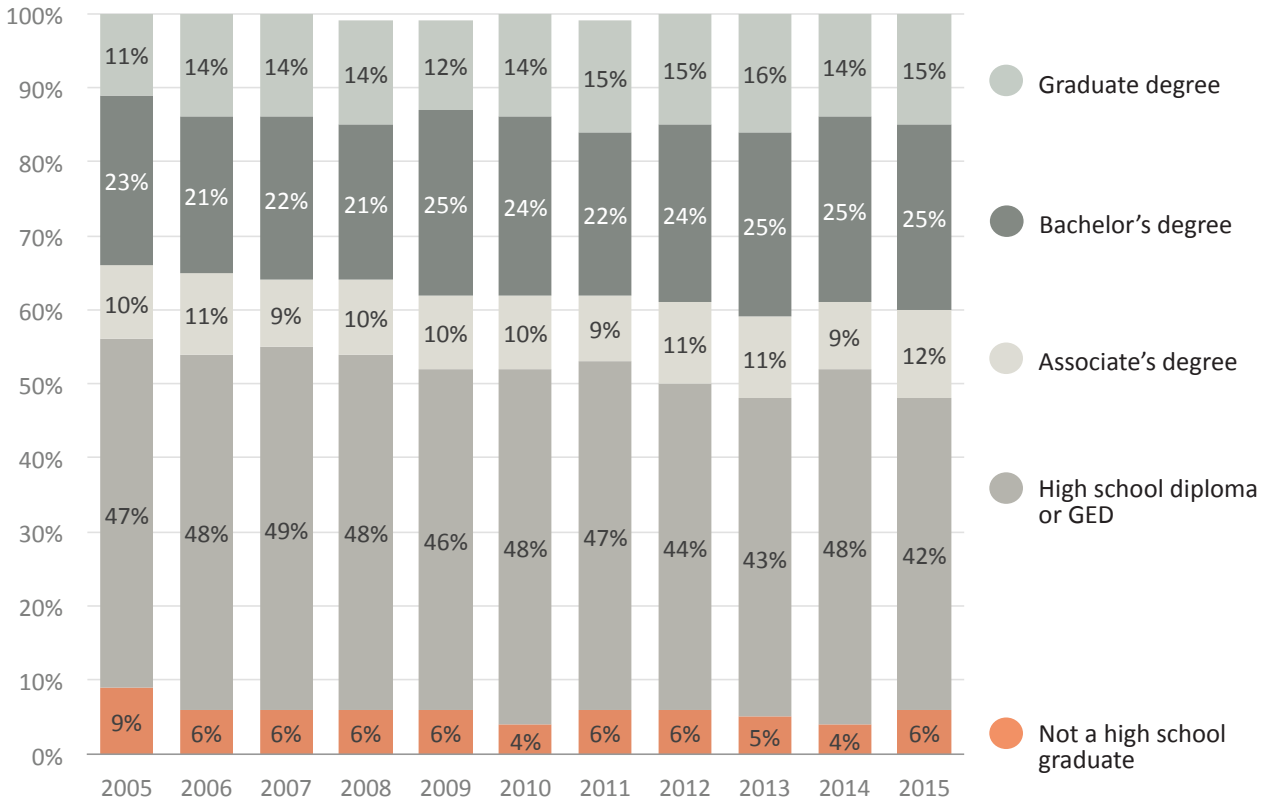
What the data show

Children in families where the household head lacks a high school diploma is the percentage of children under age 18 living in households where the household head does not have a high school diploma or equivalent.

Education affects earning potential and a family's potential for economic stability. Over the past decade, the percent of children in Vermont whose parents have an associate's degree, bachelor's degree, or graduate degree has increased slightly. Six percent of children now live in households headed by someone without a high-school diploma, and 42 percent in live in households headed by someone with a high-school diploma, but not higher.

In Vermont, the poverty rate for individuals who haven't graduated high school is 23.8 percent. For those with a high school diploma but not beyond, the poverty rate drop substantially, to 10.9 percent. For those with an associate's degree or some college it is 9 percent. The percent of all adults 25 and over in Vermont without a high school diploma or GED is 2.9, and this rate ranges across Vermont counties from 1.6 percent to 7.1 percent.[4]

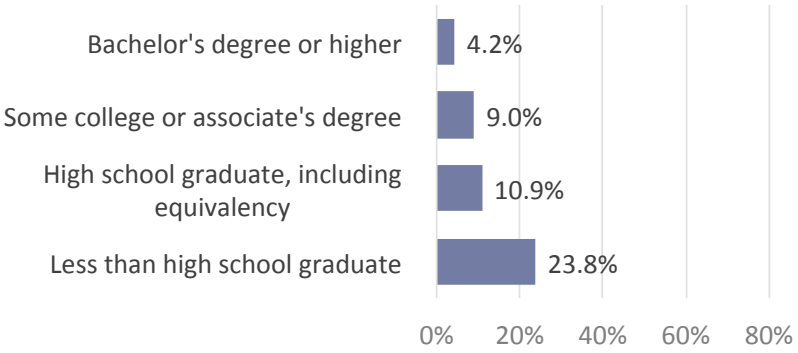
Percent of children in Vermont households grouped by educational attainment of parents[1]



Notes & Resources

1. Rates and rank are based on U.S. Census, 2015 ACS 1-year estimates, rounded to nearest 1,000, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. The Aspen Institute, http://ascend.aspeninstitute.org/pages/the-two-generation-approach.
3. Administration for Children and Families, Two-generation strategies, https://www.acf.hhs.gov/two-generation-approach/two-gen-strategies.
4. U.S. Census, 2015 ACS 5-year estimates, derived from American FactFinder table S1501: Educational attainment.

Poverty rates by educational attainment, Vermont[5]

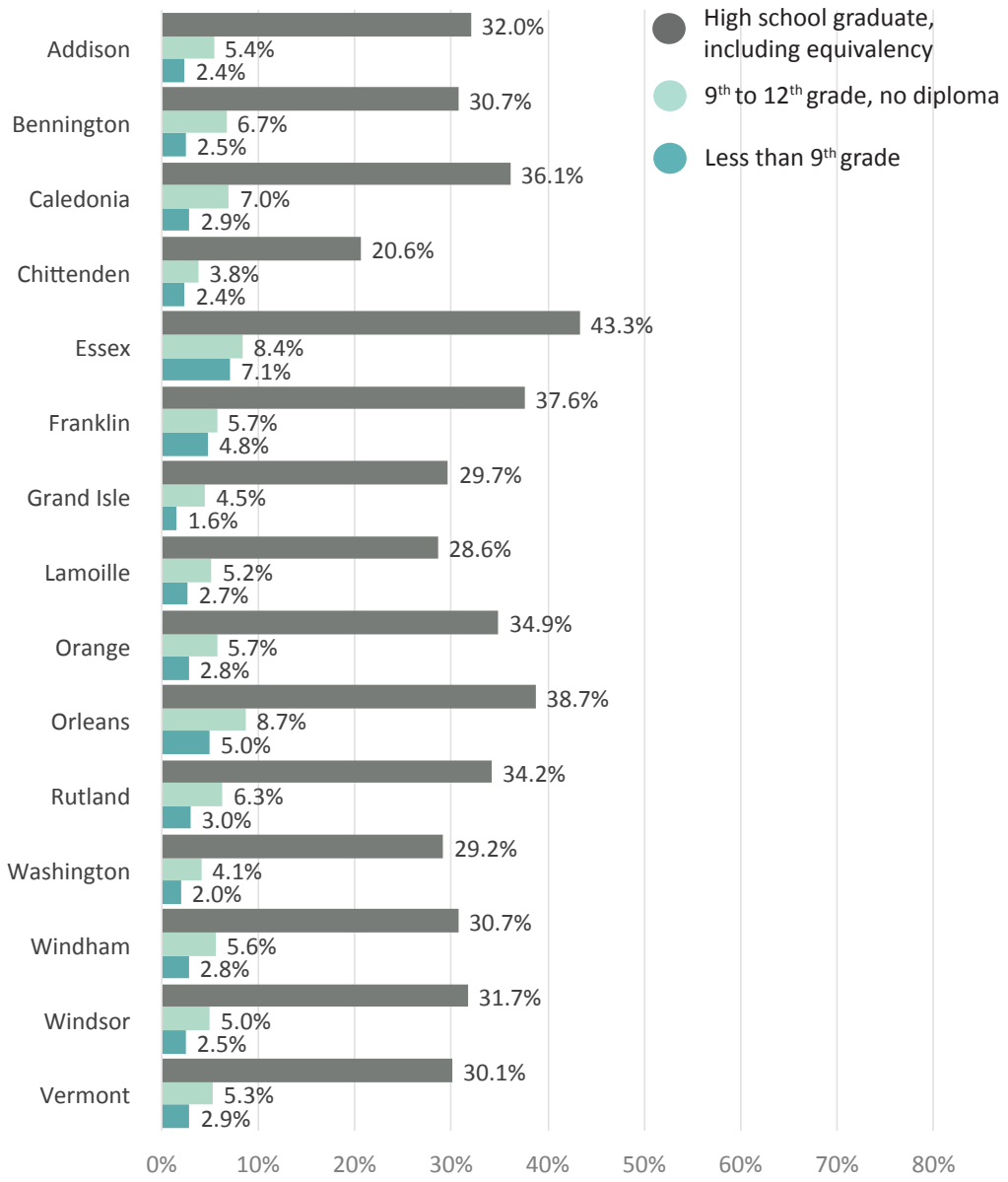


Higher parental education levels are associated with better access to material resources and social capital, as well as positive child outcomes like school readiness, educational achievement and better child health.[6] Given the significant difference in the likelihood of poverty and the association with improved child outcomes, ensuring opportunities for parental educational attainment should have a role to play in improving child well-being.

> *"Wrap-around support services are the benefits that remove barriers to participation and completion and provide important resources for family stability. These benefits include transportation assistance, out of school care, housing, schedule coordination, counseling, case management, financial supports and performance based incentives."*[7]

Two-generation strategies deliver services simultaneously to children and parents and are integrated across service domains and sectors.[8] This approach can address the needs, educational and otherwise, of children and their parents at the same time while intentionally creating the circumstances that make success most likely.

Degrees of high school attainment for the population 25 years and over, Vermont counties[5]



Notes & Resources

5. U.S. Census, 2015 ACS 5-year estimates, derived from American FactFinder table S1501: Educational attainment.
6. Child Trends, Parental Education, https://www.childtrends.org/indicators/parental-education/#_edn6.
7. Smith, T. and Coffey, R., Two-generation strategies for expanding the middle class, http://www.umdcipe.org/conferences/DecliningMiddleClassesSpain/Papers/Smith.pdf.
8. Gruendel, J., Two (or More) Generation Frameworks: A Look Across and Within, 2014, http://b.3cdn.net/ascend/431d0e8c84552115dc_98m6bj31h.pdf.

Children who are victims of substantiated abuse/neglect

Voices for Vermont's Children

0.8% in Vermont = **945** kids[1]

What would it take...

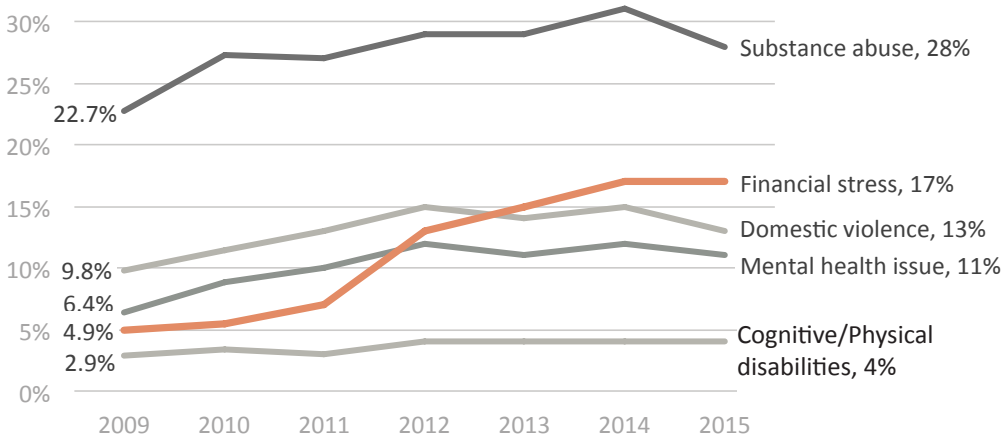
...to ensure a child-centered system of support? Child protection is a complex system that intersects with dynamic and unique situations—situations which are never ideal. It requires flexibility and responsiveness, particularly in resources and staff time to support strong interpersonal connections and trauma-informed protocols. This work also requires well-resourced and available community supports and a robust economic safety net that both contribute to the goal of multiple systems working together to strengthen families and keep kids safe.

What the data show

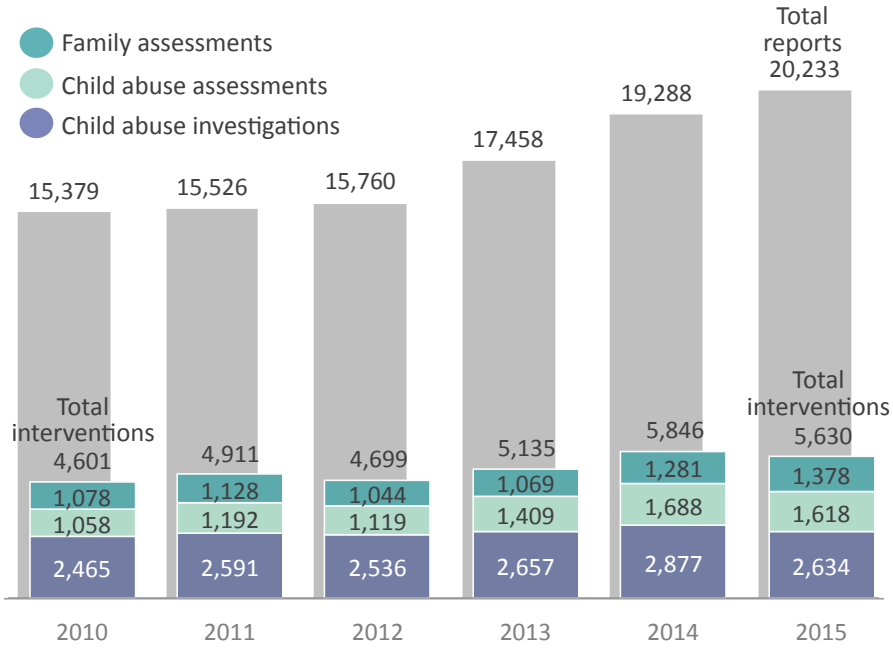
This is the number and percent of children who have been determined by Vermont's child protection agency, the Family Services Division of the Department for Children and Families, to have been victims of abuse or neglect.

Vermont's child protection system strives to keep children safe and strengthen their families.[2] Individuals who make reports of suspected abuse or neglect are asked to indicate the factors they believe are at play in the family's situation. Substance abuse is the most commonly cited reason for reports made, but the greatest increase has been in reports that cite financial stress as a factor: 17 percent in 2015, up from 4.9 percent in 2009.[1]

Reasons for reports made[1]



Number of interventions by type of intervention[1]

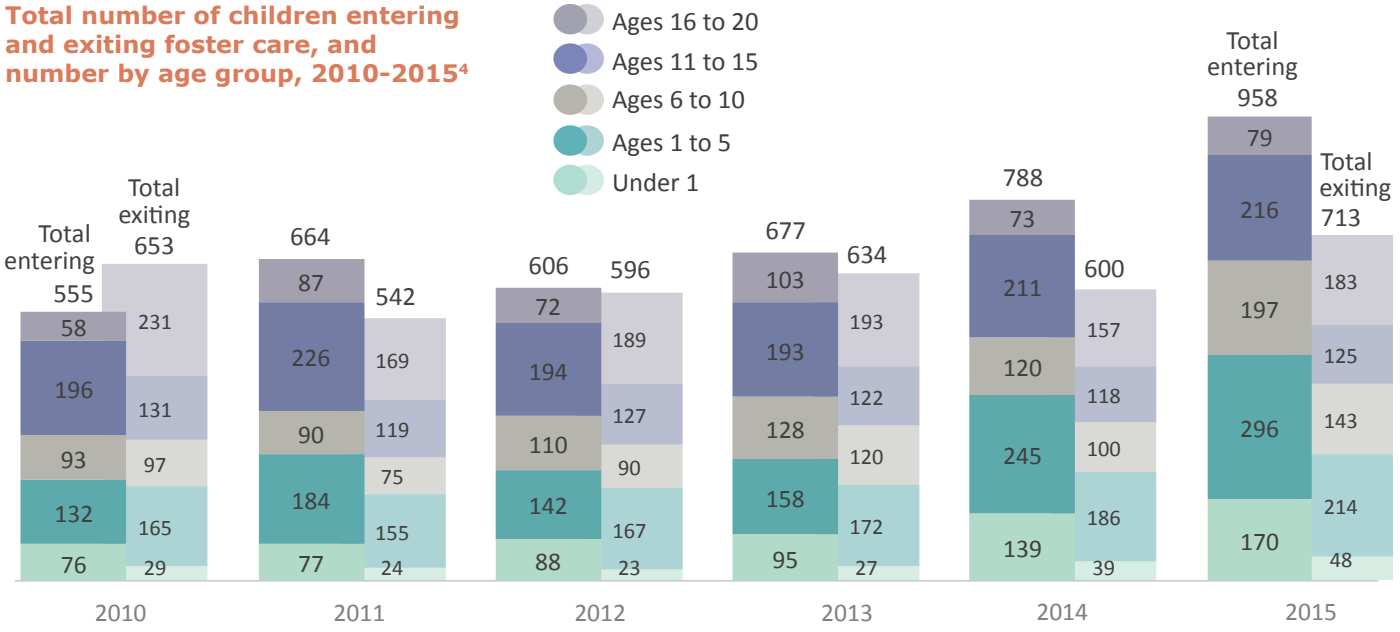


Vermont is among many states who have adopted an approach to child protection called Differential Response. Lower-risk situations can be assessed rather than investigated, and this can include working with families, evaluating strengths and needs and connecting families with needed resources and services.[3]

Notes & Resources

1. Vermont Department for Children and Families, Family Services Division, Child Protection Annual Reports, 2010-2015, http://dcf.vermont.gov/protection/reports.
2. Vermont Agency of Human Services, Department for Children and Families, Child Protection Services in Vermont, http://dcf.vermont.gov/protection/services.
3. Kempe Center at the University of Colorado School of Medicine, Differential Response, http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/DR/Pages/DiffResp.aspx.

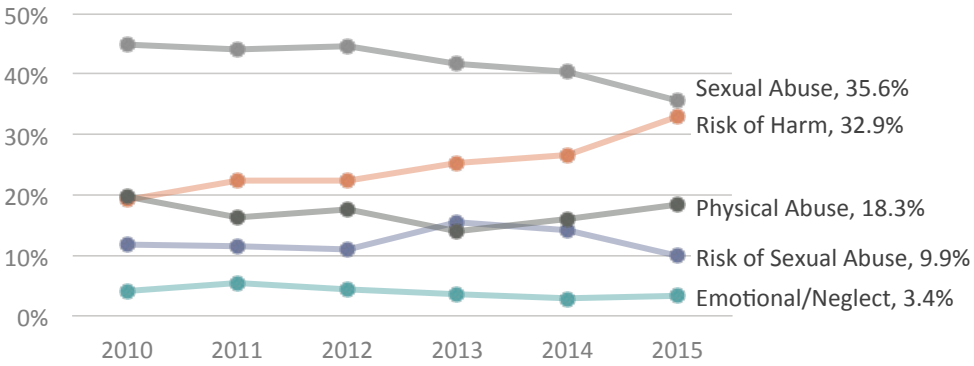
Total number of children entering and exiting foster care, and number by age group, 2010-2015[4]



Percent and number of children waiting for adoption in foster care, by time waiting, 2015[4]

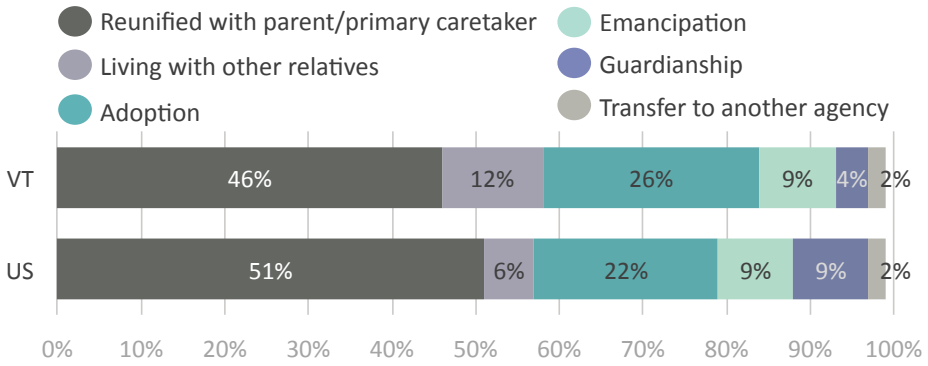
Time waiting	%	#
Under 12 months	15%	46
12-23 months	38%	115
24-35 months	26%	79
3-4 years	13%	38
5 or more years	9%	26

Percentage of substantiated abuse by type of abuse[5]



Definitions of types of abuse vary widely across states. Sexual abuse, as defined in Vermont, is the most common type of substantiated abuse. Vermont's "risk of harm" category captures much of what in other states might be termed neglect. Vermont law stipulates that cases cannot be substantiated when the sole cause is a lack of financial resources of the parent or guardian.[6]

Exits from foster care, 2015[4]



A very small number of exits from the foster care system are due to a "runaway" youth or death of a child—less than 0.5 percent each. The goal for all children in foster care is "permanency"—establishing a safe, permanent home and family as soon as possible, whether with a parent, other relative, or adoptive family.

Notes & Resources

4. Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
5. Vermont Department for Children and Families, Family Services Division, Child Protection Annual Reports, 2010-2015, http://dcf.vermont.gov/protection/reports.
6. 33 V.S.A. § 4915b

Children who have experienced two or more adverse childhood experiences (ACEs)

22% in Vermont = **28,200** kids[1]

22% in the U.S.

VT's rank for this indicator: **21st**

What the data show

Children were included if the respondent answered that the child had ever experienced two or more of the following adverse experiences: frequent socioeconomic hardship, parental divorce or separation, parental death, parental incarceration, family violence, neighborhood violence, living with someone who was mentally ill or suicidal, living with someone who had a substance abuse problem, or racial bias.

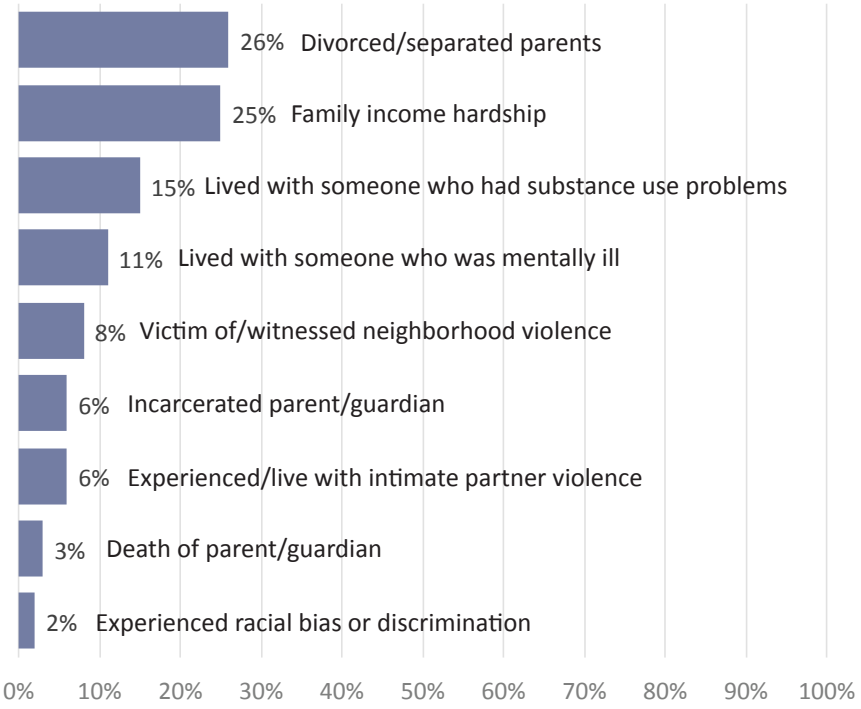
The initial, large scale ACEs study carried out two decades ago showed the link between negative health outcomes in adults and earlier life stressors.[2] Since then, research has expanded and supported these initial findings, as well as begun to suggest ways to prevent and mitigate these negative impacts.[3] More ACEs are associated with higher risk of negative outcomes and complex trauma.[4] At least one in five children in Vermont has experienced two or more ACEs. Nearly 16,000 kids in Vermont have experienced 3 or more, 7,700 have experienced 4 or more, and about 5,600, or 5 percent of kids in our state, have experienced 5 or more.[5]

Not all ACEs are uniformly detrimental to the same degree to every child. Context, duration, and the support a child receives matter. Policies can play a significant role in preventing ACEs and in keeping traumas and adversities from being compounded. Vermont recognizes the value of protective factors and prevention. We can expand home visiting, which has been shown to reduce the incidence of abuse and other ACEs. We can reinforce channels that connect families to resources and supports, and adopt a holistic approach that seeks to support social connections, increase the resilience and skills of both parents and children, and to always provide concrete support in times of need.[6]

What would it take...

...to get to #1 for this indicator? We would need to reduce this rate to 16%. Some ACEs are preventable; some are not. We can focus on preventing adverse experiences when possible and promoting factors that help children's resiliency when not. All child-serving systems should integrate trauma-informed practices into their delivery models. We can provide the concrete support that can lessen the short- and long-term impacts of these circumstances on children.

Percent of children in Vermont who have experienced adverse events by type of event[5]



Notes & Resources

1. Rates and rank are based on Child Trends analysis of the National Survey of Children's Health, 2011/2012, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults, American Journal of Preventative Medicine, 1998, http://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext.
3. CDC, Adverse Childhood Experiences Journal Articles by Topic Area, https://www.cdc.gov/violenceprevention/acestudy/journal.html.
4. National Child Traumatic Stress Network, Complex Trauma, http://www.nctsn.org/trauma-types/complex-trauma.
5. 5. Kasehagin, Laurin; Vermont Department of Health, Characteristics of Vermont Children and Youth <1-17 years Who Have Had 3 or more Adverse Family Experiences, National Survey of Children's Health 2011-2012, Vermont Sample, 2015, http://han.vermont.gov/events/grand_rounds/documents/20150528_kasehagen.pdf.
6. Center for the Study of Social Policy, Protective and Promotive Factors, Strengthening Families, http://www.cssp.org/reform/strengtheningfamilies.

Frequent economic hardship

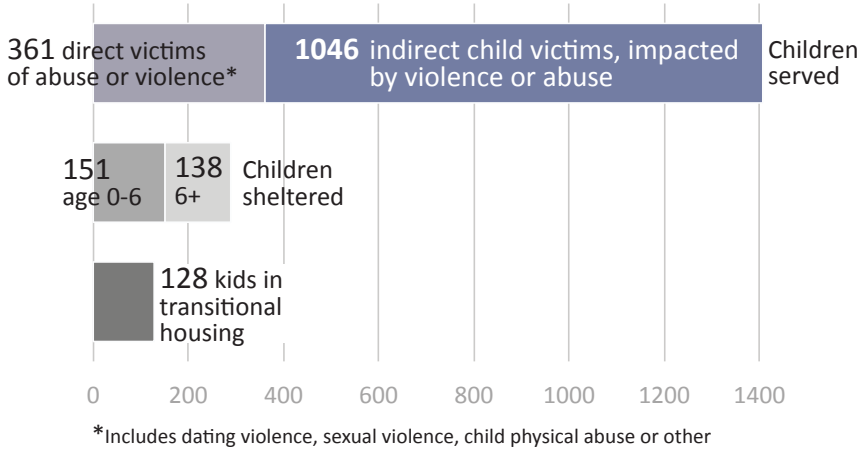
This is the second most commonly reported ACE affecting Vermont children. Many households have incomes that fluctuate across various degrees of economic security, but families in "extreme poverty" with incomes at 50% or less of the Federal Poverty Threshold, are far more likely to remain poor for extended periods of time. Sustained poverty, without adequate mitigating supports, is the most damaging for children, but at this degree of economic hardship, safety net programs at current levels of support aren't enough to prevent deprivation of basic necessities like food and shelter. Poverty can also be a secondary adversity that arises from other ACEs, like losing financial support when a parent is incarcerated or because of a divorce, or losing a home because of violence or abuse. With a commitment to an adequate economic safety net, we can prevent the kind of deprivation and family stress that makes this ACE so destructive.

Intimate Partner Violence

The National Survey of Children's Health indicates that 6 percent of children in Vermont have experienced or are growing up with intimate partner violence (IPV). The impact of IPV on children varies according to the severity of the violence; the child's perception of the violence, the age of the child; the quality of the child's relationships with involved parties; the child's trauma history; and the presence of secondary adversities in the child's life, such as moving, changing schools, or leaving behind support systems.[7]

Protecting the bonds between children and the trusted adults in their lives, especially with their primary caregiver who is usually a survivor of direct violence, is of critical importance and does the most to support recovery and resilience. To do this, concrete support is often needed. In Vermont, the second most common stated cause of homelessness for those applying for General Assistance temporary housing is Domestic Violence/Child Abuse.[9]

Children served by the Vermont Network Against Domestic and Sexual Violence, 2015[8]



*Includes dating violence, sexual violence, child physical abuse or other

Safety should never mean homelessness, but loss of housing and financial security is often a significant consequence of intimate partner violence. In 2015 the Vermont Network Against Domestic and Sexual Violence provided 13,921 kids' bed-nights of shelter. We can improve policies and access to supports so that trauma is not compounded and children can maintain bonds with loved ones. Research has also shown that therapeutic intervention reduces the risk of long-term negative effects; children should be able to access services that meet their own particular needs.

Adverse childhood experiences have been called a public health crisis, and community-based approaches combined with policy changes can decrease children's exposure to ACEs and help create structures for minimizing negative impacts. We must also balance a public health lens with the awareness that these events represent traumatic experiences in the lives of real children and that prevention and healing is necessary and urgent for its own sake.

Notes & Resources

7. National Child Traumatic Stress Network, Domestic Violence and Children, Questions and Answers for Domestic Violence Project Advocates, 2010, http://www.nctsn.org/sites/default/files/assets/pdfs/DomViolenceFactSheet_final.pdf.
8. Vermont Network Against Domestic and Sexual Violence.
9. Vermont Agency of Human Services, General Assistance Emergency Housing Report, July 2016, http://legislature.vermont.gov/assets/Legislative-Reports/2016.07.31-GA-Voucher-Report.pdf.
10. Mathematica Policy Research, Preventing and Mitigating the Effects of ACEs by Building Community Capacity and Resilience: APPI Cross-Site Evaluation Findings (Final Report), 2016, https://www.mathematica-mpr.com/our-publications-and-findings/publications/final-report-preventing-and-mitigating-the-effects-of-aces-by-building-community-capacity.

Births to teenagers age 15 to 19, per 1,000

Voices for Vermont's Children

12 per 1,000 in Vermont = 245 births[1]

22 per 1,000 in the U.S.
VT's rank for this indicator: 4th

What would it take...

...to get to #1 for this indicator? We would need to reduce this rate to 9 per 1,000. In 2015, this would have meant preventing 54 additional teen births.[2] Vermont's small size means that increasing contraceptive access and education both locally and statewide has the potential for a large impact.

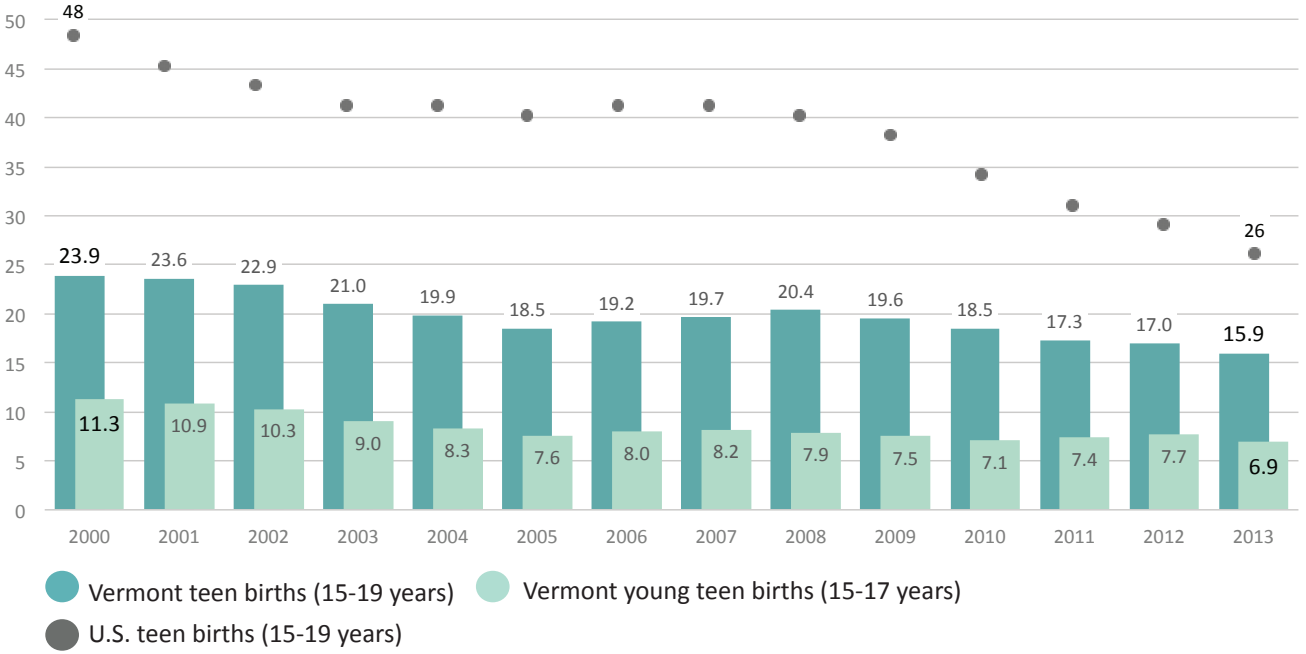
What the data show

Teen births is the number of births to teenagers between ages 15 and 19 per 1,000 females in this age group.

Teen mothers often have fewer resources than older parents to provide for a healthy baby and for themselves. Babies born to teen mothers are more likely than other infants to be born at a low birth weight and to experience health problems or developmental delays.[3]

The teen birth rate in the United States has been declining since the late 1950's[4] and is at a historic low for every race and Hispanic origin group. Although disparities between groups still exist, these gaps have also narrowed.[5] This decline has been attributed to a combination of factors: the use of more effective contraception, less sex, and better information.[6] Recent changes in the rate may also be part of a sharp decline in the overall birth rate—especially among younger women—that aligned with the worsening economy over the course of the Great Recession.[7]

The declining teen birth rate is a national trend



Teen births have declined by 33.5% in Vermont since 2000, and young teen births have declined by 38.9%.[8] Total teen births in the country as a whole have seen an even sharper decline of 45.8% in the same time period.[9]

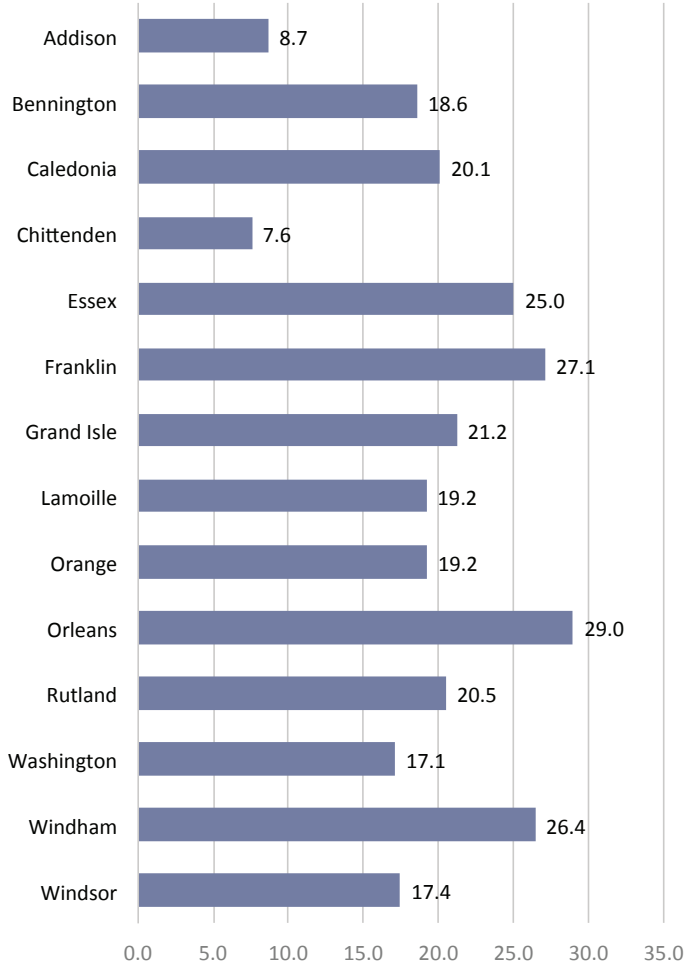
Notes & Resources

1. Rates and rank are based on 2015 data from the CDC, NCHS, Vital Statistics as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
2. Analysis by the Annie E. Casey Foundation of 2015 CDC, NCHS data.
3. Voices for Vermont's Children. KIDS COUNT in Vermont Health Report, 2013. http://www.voicesforvtkids.org/wp-content/uploads/VT-KIDS-Health-Report-pdf.pdf
4. Ventura SJ, Hamilton BE, Mathews TJ. National and State Patterns of Teen Births in the United States, 1940-2013. National Vital Statistics Reports; Vol 63 No 4. Hyattsville, MD: National Center for Health Statistics. 2014.
5. Hamilton BE, Mathews TJ. Continued declines in teen births in the United States, 2015. NCHS data brief, no 259. Hyattsville, MD: National Center for Health Statistics. 2016.
6. Livingston G, Patten E. Why is the teen birth rate falling? Pew Research Center. April 29, 2016. http://www.pewresearch.org/fact-tank/2016/04/29/why-is-the-teen-birth-rate-falling.

The teen birth rate has decreased in every county[8]

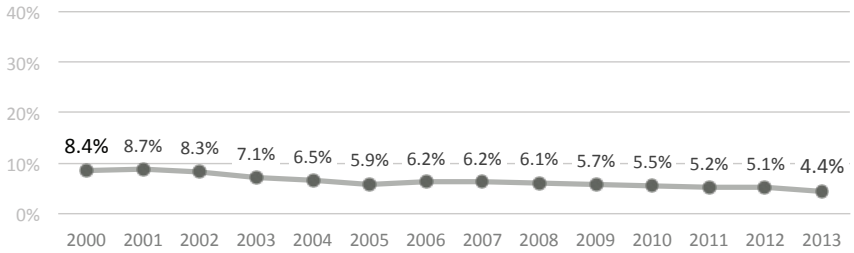
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Addison	13.6	15.1	13.4	11.2	9.9	12.1	14.5	15.4	12.2	10.7	8.4	7.9	8.2	8.7
Bennington	31.9	33.2	30.8	27.8	25.2	25.3	27.1	31.3	32.6	28.0	25.5	21.9	23.4	18.6
Caledonia	24.6	23.0	24.7	24.5	26.2	24.8	26.8	25.0	25.2	24.1	22.0	19.8	21.0	20.1
Chittenden	15.9	16.6	15.4	13.5	12.2	11.3	11.5	11.4	11.4	10.4	10.0	8.3	8.4	7.6
Essex	41.6	29.0	33.2	30.0	25.1	18.7	14.1	19.8	22.4	27.1	25.2	25.1	22.6	25.0
Franklin	36.0	33.9	35.6	32.9	32.5	29.0	32.5	32.2	31.3	28.8	26.6	28.7	27.7	27.1
Grand Isle	28.3	25.1	22.4	24.4	20.9	21.6	21.4	33.5	32.7	32.9	23.0	25.4	22.3	21.2
Lamoille	27.0	24.1	21.2	17.5	15.8	18.0	19.7	24.1	25.9	22.9	20.0	18.4	20.6	19.2
Orange	23.4	24.3	25.1	24.3	22.4	20.4	19.9	22.5	24.8	23.0	18.5	18.5	19.1	19.2
Orleans	35.6	37.8	33.9	35.9	34.5	30.1	31.1	30.1	35.4	37.8	37.2	37.2	30.8	29.0
Rutland	25.4	25.1	26.6	26.1	25.2	20.6	19.2	19.4	22.0	22.4	21.8	22.2	21.8	20.5
Washington	25.9	23.3	20.3	18.4	20.7	19.6	20.3	17.6	18.0	18.2	20.5	20.8	19.9	17.1
Windham	27.9	25.7	25.1	21.5	21.5	21.5	21.6	22.6	22.0	23.9	24.5	23.4	23.8	26.4
Windsor	26.7	28.3	29.1	26.3	22.8	19.1	20.2	21.8	26.0	26.3	25.7	21.4	19.5	17.4

Teen births across Vermont, 2013[8]



"New families at risk"[8]

The Vermont Department of Health also tracks the percentage of first births to women under age 20 who have not completed high school, a combination of factors which can correlate with fewer resources available to the infant as well as impact the future educational prospects of the mother. The rate of such "new families at risk" has fallen from 8.4 percent to 4.4 percent since 2000, a decrease of 47.6 percent.



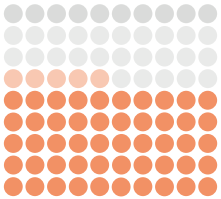
Contraceptive use

The prevalence of contraceptive use among sexually active high-schoolers in Vermont is 87 percent, which remains below Vermont's *Healthy Vermonters 2020* goal of 95 percent. Use of prescription birth control—birth control pills, the patch, ring, shot, implant, or IUD—has increased significantly to 47 percent, and is the most commonly used category of birth control.[10]

Notes & Resources

7. Livingston G. In A Down Economy, Fewer Births. Pew Research Center. October 12, 2011. http://www.pewsocialtrends.org/2011/10/12/in-a-down-economy-fewer-births.
8. 2000-2013 data from the Vermont Department of Health. Rates are 3-year rolling averages.
9. 2000-2013 data from the CDC, NCHS, Vital Statistics as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, http://datacenter.kidscount.org.
10. Vermont Department of Health, 2015 Youth Risk Behavior Survey.

Students who feel valued by their community



55% (6th-8th grade)[1]

50% (9th-12th grade)[1]

What would it take...

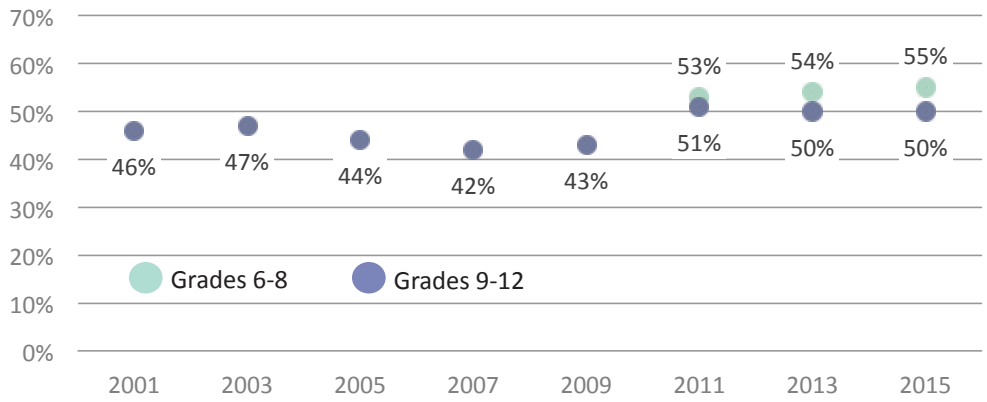
...to help all children and youth feel valued? Many kids and youth in Vermont already have what they need to thrive—they benefit from a world around them that supports their wellbeing in numerous and inter-related ways. We create that world. We all have a role to play in making sure our state supports all of our children.

What the data show

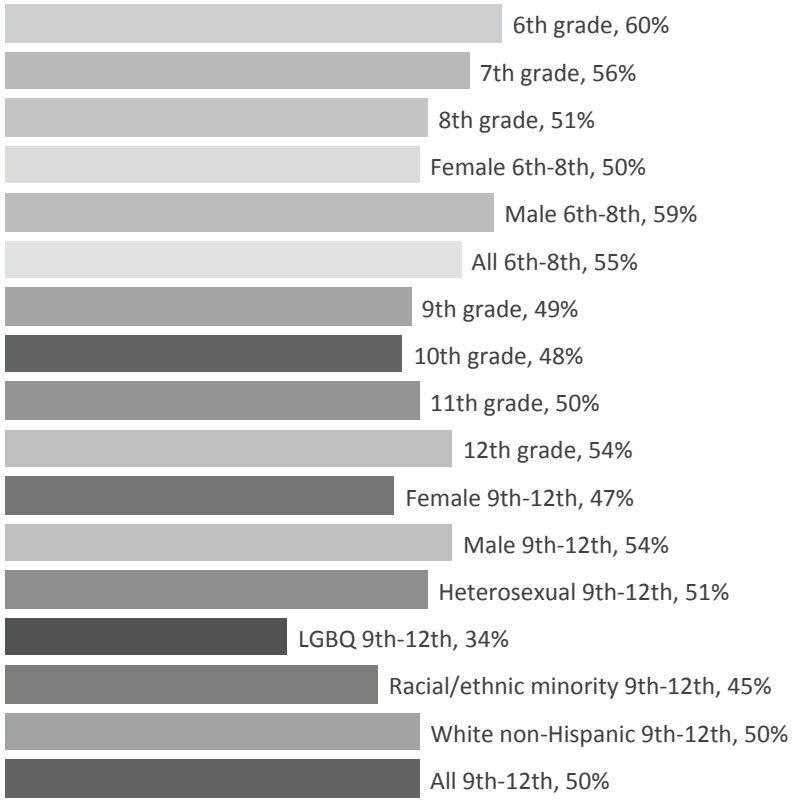
This is the percentage of students in both grades 6 to 8 and grades 9 to 12 who say that they "agree" or "strongly agree" when asked the question "Do you agree or disagree that in your community you feel like you matter to people?"[2]

Overall, about half of all students in Vermont and in all counties feel like they matter to their communities. Males are more likely than females, middle school students are more likely than high school students, and white non-Hispanic students are more lilely than students who identify as a racial/ethnic minority, to feel valued by their community. The largest disparity, though, exists between heterosexual students and LGBQ students: only 34 percent of LBBQ youth in high school feel that they matter to their community.

Youth in middle school and high school who say that they "agree" or "strongly agree" that they matter to their community[1]



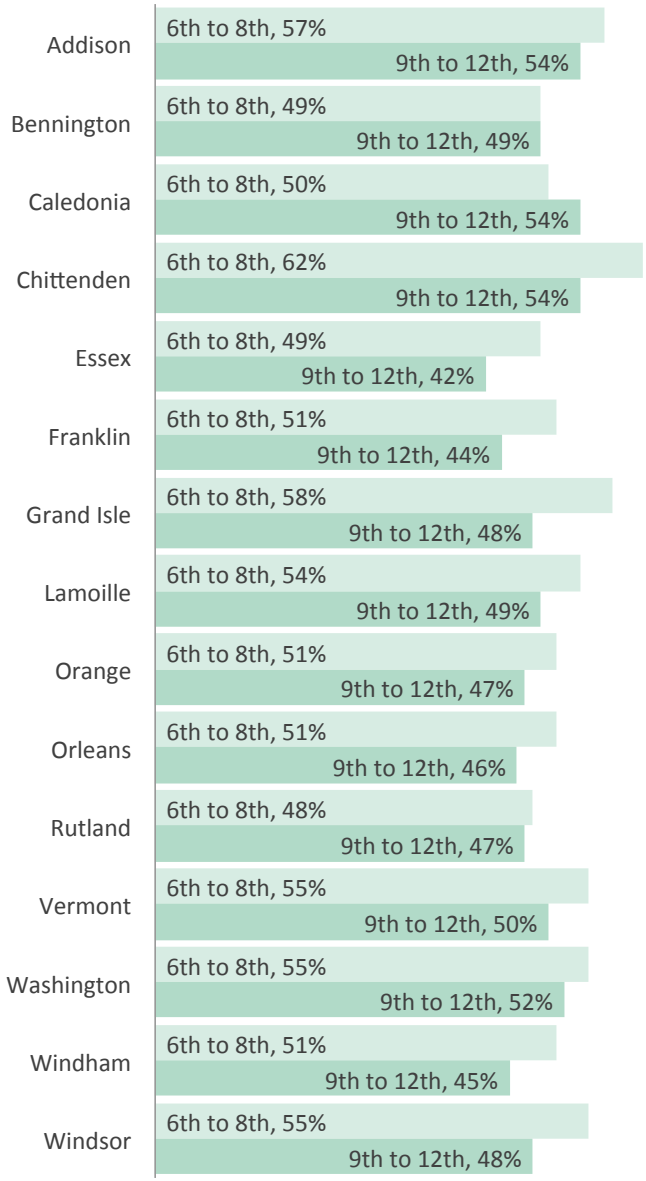
Youth who feel like they matter to their community[1]



Notes & Resources

1. Vermont Department of Health, 2015 Youth Risk Behavior Survey (YRBS) data.

Youth who feel like they matter to their community, by county[2]

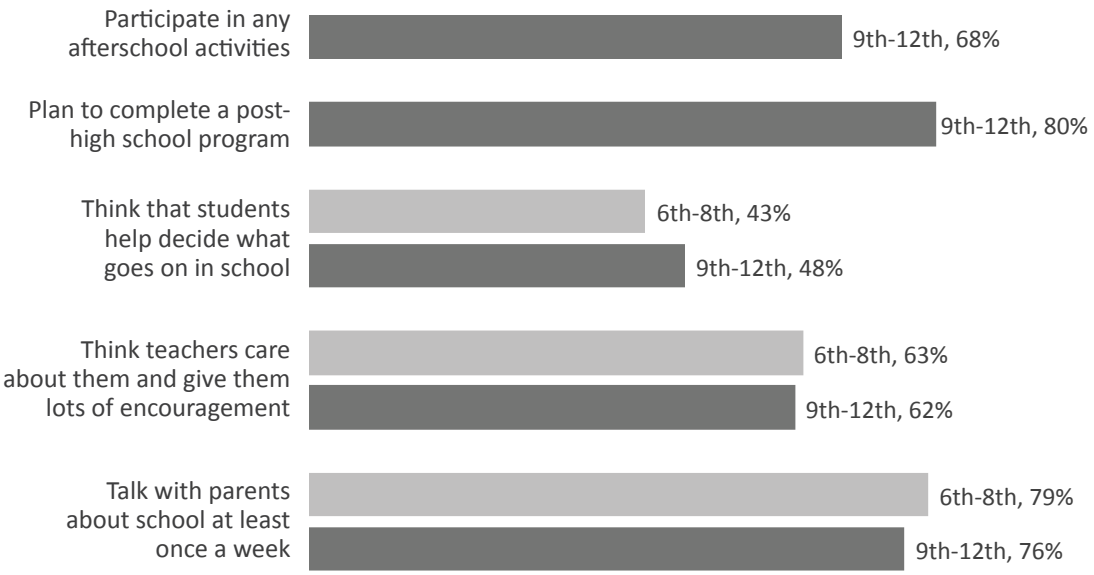


The traits, skills, circumstances, supports and relationships that surround children in a postive way are the building blocks of well-being and the roots of resiliency in the face of challenges. Often known as youth assets, these are the aspects of children's lives that contribute to positive development. They are the things that help children thrive.

All aspects of a child's life are interconnected, and we know what children need: safety, security, opportunities, and positive nurturing relationships—and they need and deserve all of these things throughout their childhood and youth. Many children in our state have what they need to thrive. These circumstances are responsible for the great outcomes that we can say we have in Vermont.

We all have a role to play in attending to the disparities that remain, in supporting equity, and in preventing and reversing deprivation and trauma, so that we can enhance the lives of all of Vermont's children.

Other youth assets measured by the Youth Risk Behavior Survey, in Vermont, by grade[2]



Notes & Resources

2. Vermont Department of Health, 2015 Youth Risk Behavior Survey (YRBS) data.

Voices for Vermont's Children is an independent, statewide, multi- issue children's policy research and advocacy non-profit. Our mission is to promote public policy that enhances the lives of children and youth in Vermont.

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