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Women's Health Disparities and Midwifery Care Spotlight on Vermont

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Snapshot

In Vermont, racial and ethnic disparities in low birth weight and preterm birth rates exist alongside racial and ethnic disparities in health insurance coverage and use of preventative care. As of 2005, the percentage of racial and ethnic minorities in Vermont was approximately 3.3%, compared to 25% for the nation as a whole.¹ In 2005, 3.4% of the Vermont population was foreign born.²

Reproductive, Maternal and Infant Health

84% of Vermont women aged 40 and older with health insurance had a mammogram in the past two years, compared to 59% of women without insurance.³ In Vermont, 78% of racial and ethnic minority women 18 years or older have had a Pap test in the past three years, compared to 84% of white women and incidence rates for cervical cancer are higher for Vermont than the US average.⁴

Low Birth Weight, Preterm Birth, and Prenatal Care

In 2005-2007:

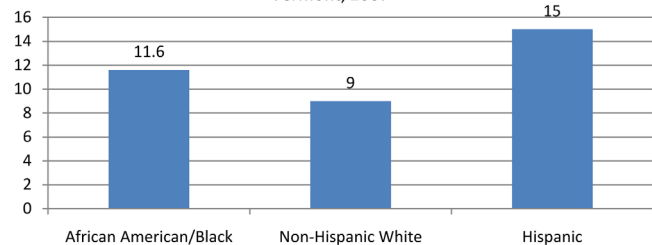
- 6% of white non-Hispanic mothers had low birth weight babies, compared to 11% of black mothers, and 8% of Asian/Pacific Islander mothers.⁵
- 64% of black mothers received adequate prenatal care compared to 88% of white, non-Hispanic mothers.⁶

In 2004-2006, the infant mortality rate in Vermont was 5.6 deaths per 1000 live births.⁷

In 2007, 26.8% of all births in Vermont were cesarean births.⁸

As shown in Figure 1, 15% of all babies born to Hispanic mothers in 2007 were preterm.

Figure 1
Preterm Births as Percentage of All Births, by Race/Ethnicity,
Vermont, 2007



Source: <http://www.statehealthfacts.org/profileind.jsp?ind=40&cat=2&rgn=47>. Retrieved on September 2,

Health Insurance, Access and Providers

In 2008, 82% of racial and ethnic minorities in Vermont had health insurance, compared to 89% of whites.⁹

In 2003, 47.6% of all births in Vermont were financed by Medicaid.¹⁰

Chittenden County, home to the state's largest medical facility, has the highest ratio of full-time equivalent primary care physicians at 98.4 per 100,000 people, compared to Grand Isle, which has the lowest, at 14.9 per 100,000 people.¹¹

In 2008, 7.6%, or about 47,000 Vermonters, were uninsured, a significant decrease from 2005, when 9.8%, or about 61,000, were uninsured.¹²

Midwifery Care

In 2004, Vermont Certified Nurse-Midwives (CNMs) attended 1,231 births, representing 24.6% of all births in Vermont for that year. There are 44 CNMs in the state and nurse-midwifery practice in the state of Vermont is regulated by the Board of Nursing under the Nurse Practice Act and Administrative Rules. CNMs in Vermont are reimbursed 100% through Medicaid and some can also receive payment through third-party reimbursement, although it is not mandated. CNMs in Vermont have had prescription writing privileges since 1983.¹³ Direct-Entry Midwives are regulated by the state as Certified Professional Midwives (CPM) according to requirements of the North American Registry of Midwives. CPMs are eligible for Medicaid reimbursement.¹⁴

Better Understanding Disparities

While there has been increased attention to health disparities over the past decade, there are still alarmingly significant gaps in disparities research specific to women's health. Most data are drawn from national sources and combine both sexes, making it difficult to address region-specific differences among subgroups of women. Also, much of the research to date emphasizes racial/ethnic and economic status. More subtle, and perhaps less documented, disparities based on immigration status, level of education, and rural/urban residence have more recently been brought into the spotlight.

Selected Resources, Programs and Initiatives

Dr. Dynasaur

This program provides low cost or free health coverage for children, teenagers under age 18 and pregnant women. Dr. Dynasaur is publicly funded and serves those who do not qualify for Medicaid.

www.greenmountaincare.org

Ladies First

A health screening program for women, Ladies First removes financial barriers which prevent many women from being screened for breast and cervical cancer and heart disease. Federally funded through a grant to the Health Department, Ladies First pays for: annual mammograms, clinical breast exams, pelvic exams cervical Pap tests, instruction in breast self-exam and cardiovascular disease risk factors.

http://healthvermont.gov/prevent/ladies_first.aspx

Vermont Blueprint for Health

The Vermont Blueprint for Health is a vision, a plan and a statewide partnership to improve health and the health care system for Vermonters. The Blueprint provides the information, tools and support that Vermonters with chronic conditions need to manage their own health – and that doctors need to keep their patients healthy. The Blueprint is working to change health care to a system focused on preventing illness and complications, rather than reacting to health emergencies.

www.healthvermont.gov/blueprint.aspx

This fact sheet was developed for the September 2010 roundtables project “Midwifery Care in New England: Addressing the Needs of Underserved and Diverse Communities of Women” sponsored by the U.S. Department of Health and Human Services (HHS) Office on Women's Health (Region I).

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