

Testimony for the House Human Services Committee
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Donna Bailey
Director, Addison County Parent/Child Center

Thank you for having me here today. My name is Donna Bailey and I am the Director of the Addison County Parent/Child Center. We, at ACPCC and within the Parent Child Center Network, work with young families to help them get off to the right start and connect them with a myriad of services, starting with prevention.

In Addison, we work on primary pregnancy prevention with individuals and in groups through our local high schools, in community programs and in homes. We use research-based curriculum and trained staff – an RN and home visitors – to help young women and men get the information they need and to get to their medical provider in order to stay healthy. The prevention of STD/STI and pregnancy, as well as promoting healthy relationships is the core of our work in prevention.

The work of the Parent Child Centers is most known for intervention work with young families in need. We work with teen parents to help them complete school and move into adulthood with the skills and support necessary to be successful. We work with families living in poverty, families with substance issues and families living in a cycle of violence and neglect. We advocate for and help young parents build a network of support and build a healthy family. Many of our families that we work with intensively have DCF involvement or fear the arrival of DCF Family Services in their lives.

All Parent Child Centers have a holistic approach to working with youth and young families allows us to meet people where they are and to have a relationship in which support - without judgment - can occur. We can help people find a medical home and treatment, housing, a dentist, get a high school diploma, childcare, transportation and financial support.

At Addison County PCC, we provide an alternative high school program in which young parents and prevention students (those without a child) are together and are influencing each other in positive ways, which include preventing either first or second pregnancies.

The work of prevention is critical and yet it is the least funded. All PCCs do prevention work every day.

Having the option of SAFE AND LEGAL abortion is an important piece of woman's health. We cannot erode the work we have done on promoting health and self-care of a woman in the area of reproduction. While abortion rates are low and dropping, we need to ensure that women are able to make the best choice possible for themselves and that they know when they are ready to have a baby.

Vermont's highest abortion rates are for mothers in their 20s, as is the case across the U.S. On the other hand, abortions among adolescents aged 15-19 are relatively low both in Vermont (10.2 percent) and nationwide (9.8 percent).

A [new report](#) from the Centers for Disease Control and Prevention says there were 1,265 abortions performed in Vermont in 2015, the latest year for which the agency compiled such data.

The CDC report says that, between 2006 and 2015, the adolescent abortion rate decreased by 54 percent nationally. “This decrease in abortion rate was greater than the decreases for women in any older age group,” the report says.

That gave Vermont a rate of 10.9 abortions per 1,000 women between the ages of 15 and 44, down from 13 in 2006. The national rate in 2015 was 11.8.

Federal documents also show that the number of abortions in Vermont fell 21 percent in the decade from 2006 to 2015. Nationally, the number dropped by 24 percent.

There were 1,781 abortions performed in Vermont in 2000 and 3,184 in 1990, a year in which there were [1.43 million abortions nationwide](#).

Vermont matches up fairly well with national data on weeks of gestation at the time when an abortion is performed. Federal statistics say nearly 72% of Vermont abortions happen at eight weeks or earlier, and another 24% happen between nine and 13 weeks.

Nationally, there has been a shift toward earlier abortions, and the CDC says the number of abortions performed at more than 13 weeks has “remained consistently low.”

--Mike Fahar, Vt. Digger

The efforts to lower teen pregnancy are working in this state and, in fact, throughout the nation. Pregnancy prevention has been aided by the promotion and use of LARCs- Long Acting Reversible Contraceptives. Thank you for your work in this committee on that issue. It is making a real difference.

The option of abortion for unwanted pregnancies is critical for the life trajectory of a young woman and for the importance of having a wanted child. As women, we carry our future. It is essential that we be empowered to move forward with the freedom of choice. A large proportion of induced abortions worldwide are due to unwanted or mistimed pregnancy. Unintended pregnancies result in about 42 million induced abortions per year worldwide. In the United States, over 92% of abortions are the result of unintended pregnancy.

Unintended pregnancies cost American taxpayers \$21 billion each year, according to [a new analysis](#) released by the **Guttmacher Institute**.

IT IS COSTLY TO HAVE BABIES.

KEY POINTS

- Nationally, 51% of all U.S. births in 2010 were paid for by public insurance through Medicaid, the Children's Health Insurance Program and the Indian Health Service.
- Public insurance programs paid for 68% of the 1.5 million unplanned births that year, compared with 38% of planned births.
- Two million births were publicly funded in 2010; of those, about half—one million—were unplanned. A publicly funded birth in 2010 cost an average of \$12,770 in prenatal care, labor and delivery, postpartum care and 12 months of infant care; when 60 months of care are included, the cost per birth increases to \$20,716.
- Government expenditures on the births, abortions and miscarriages resulting from unintended pregnancies nationwide totaled \$21.0 billion in 2010; that amounts to 51% of the \$40.8 billion spent for all publicly funded pregnancies that year.
- To put these figures in perspective, in 2010, the federal and state governments together spent an average of \$336 on unintended pregnancies for every woman aged 15–44 in the country.
- In the absence of the current U.S. publicly funded family planning effort; the public costs of unintended pregnancies in 2010 might have been 75% higher.

The total gross potential savings from averting all unintended pregnancies in 2010 would have been \$15.5 billion. This is less than the total public cost of all unintended pregnancies, because even if all women had been able to time their pregnancies, as they wanted, some of the resulting births still would have been publicly funded. These potential savings do not account for the public investment in family planning services and other interventions that might be required to achieve them.

Any woman not able to access a safe abortion would find herself in an unhealthy living situation. Either her own health may be at risk or the fetus and then born child, could be at risk. We know that abuse and neglect rates have risen in Vermont due to substances and poverty – the lack of housing, food, adequate health care, transportation, etc. are stressors in families that can lead to abuse and neglect. It is important that children in these situations are wanted children. This makes them safer.

The following is data showing the importance of children being wanted; there is a huge cost to society when children are in neglectful or abusive situations.

VERMONT'S CHILDREN 2017

Vermont's Children at a Glance

State Population: 626,042

Population, Children Under 18: 120,160

State Poverty Rate: 10.2%

Poverty Rate, Children Under 5: 15.5%

Poverty Rate, Children Under 18: 13.3%

Poverty Rate, Children Ages 5–17: 12.5%

CHILD ABUSE AND NEGLECT

- In 2015, Vermont had 18,724 total referrals for child abuse and neglect. Of those, 4,676 reports were referred for investigation.
- In 2015, there were 921 victims of abuse or neglect in Vermont, a rate of 7.7 per 1,000 children, an increase 13.3% from 2014. Of these children, 2.4% were neglected, 47.9% were physically abused, and 51.5% were sexually abused.
- The number of child victims has increased 46.2% in comparison to the number of victims in 2011.
- In 2015, there were 3 child deaths resulting from abuse or neglect reported in Vermont
- 1,332 children in Vermont lived apart from their families in out-of-home care in 2015, compared with 1,010 children in 2011. Of the children living apart from their families in 2014, there were 393 aged 5 or younger, and 253 were 16 or older.
- The number of children living apart from their families in out-of-home care has increased 31.9% in comparison to the number of children in out-of-home care in 2011.
- In 2015, of children in out-of-home care in Vermont, 95% were white, 2% were black, 1% were Hispanic, < .5% were American Indian/Alaskan Native, 1% were Asian or Pacific Islander and 1-2% were of more than one race or ethnicity/undetermined race or ethnicity.

ADOPTION, KINSHIP CARE, AND PERMANENT FAMILIES FOR CHILDREN

- Of the 600 children exiting out-of-home care in 2014 in Vermont, 46% were reunited with their parents or primary caretakers.
- 189 children were legally adopted through a public child welfare agency in Vermont in 2015, an increase of 15.2% from 164 in 2014.
- Of the 1,332 children in out-of-home care in 2015, there were 304 or 22.8% waiting to be adopted.
- In 2015, approximately 3,047 grandparents in Vermont had the primary responsibility of caring for their grandchildren.
- 372 of the children in out-of-home care in 2014 were living with relatives while in care.

CHILD POVERTY AND INCOME SUPPORT

- The monthly average number of individuals receiving Temporary Assistance for Needy Families (TANF) in Vermont decreased from 5,969 in 2015 to 5,622 in 2016, a 6.2% change. There was a 2,662 monthly average of families received TANF in 2016, a decrease of 5.0% from 2015.
- In Vermont in 2015, 40,000 children lived below 200% of poverty.²¹
- \$83,230,963 was spent in 2015 on TANF assistance in Vermont, including 18.2% on basic assistance, 24.0% on Childcare, 0.0% on transportation, and 3.5% on nonassistance.
- 8,745,051 was spent in 2015 on WIC (the Special Supplement Nutrition Program for Women, Infants, and Children) in Vermont, serving 13,733 participants.
- In 2014, Vermont distributed \$45,135,618 in child support funds, an increase of 0.3% from 2013.
- 39,000 children in Vermont lived in households with a high housing burden in 2014, where more than 30% of monthly income is spent on housing costs.
- In December of 2016, the unemployment rate in Vermont was 3.1.
- 12.6% of households in Vermont were food insecure on average from 2012 to 2014, meaning that the family experienced difficulty providing enough food due to lack of resources at some point during the year.

Above data is from: www.cwla.org

Lack of affordable childcare, housing, and fairly paid jobs add to the stress of being a parent.

Legal and safe abortion is a critical option to protect public health. It is critical to the health and well being of families and to lessen the strain on social services.

I am proud to live in Vermont and to work to help promote a healthy place for children and families to grow. A woman's self-determination and reproductive health is at the root of this.

Thank you for legally supporting a woman's right to choose and being a part of a healthy Vermont.