

# CDC's National Center on Birth Defects and Developmental Disabilities

## VERMONT



### Improving Health Together through direct funding and national efforts



It is important to ensure babies are born healthy, children reach their full potential, and everyone thrives in Vermont. CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) is committed to supporting Vermont in its efforts to achieve this vision and here is how.



### SAVING BABIES through birth defects prevention and research

Birth defects impact nearly 1 in 33 babies born each year. NCBDDD's state-based birth defects tracking and research identify causes of birth defects, opportunities to prevent them, and form the foundation for helping babies thrive. NCBDDD research was instrumental in efforts to implement folic acid fortification—saving babies as well as millions in healthcare costs each year.

NCBDDD leads efforts to understand the impact of the opioid epidemic on babies. NCBDDD supports Vermont to explore more accurate ways of estimating how many babies have neonatal abstinence syndrome and evaluating the health services needed through the first year of life.

### FAST FACTS:

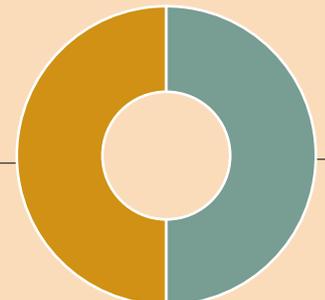
NCBDDD direct funding  
in Vermont for  
fiscal year 2016

# \$300k

### Funding Investment

IMPROVING  
HEALTH  
\$150,000

HELPING  
CHILDREN  
\$150,000





## HELPING CHILDREN

live to the fullest by understanding developmental disabilities

NCBDDD is committed to tracking, researching, and providing useful tools and information on developmental disabilities. NCBDDD's **Learn the Signs. Act Early.** program collaborates with partners throughout Vermont to promote developmental monitoring, identify children with developmental delays, and connect those families with appropriate services.

NCBDDD's **Early Hearing Detection and Intervention** program in Vermont successfully tested 99.0% (5,787) of newborn babies for hearing loss and identified seven babies who were deaf or hard of hearing. These babies and their families will benefit from services that will keep their learning on par with their hearing peers.



## PROTECTING PEOPLE

and preventing complications of blood disorders

NCBDDD's work to protect the people of Vermont from complications of blood disorders is broad-ranging. It includes understanding preventable blood transfusion complications; developing, implementing, and evaluating programs that help consumers and healthcare providers get critical information on preventing complications of blood disorders; and supporting best practices for blood clot prevention.

NCBDDD also supports one hemophilia treatment center in Vermont through a national program. Hemophilia treatment centers are specialized healthcare centers that provide comprehensive care for patients with hemophilia.



## IMPROVING HEALTH

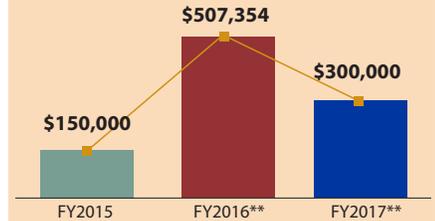
of people with disabilities

More than 1 in 5 (22%) of American adults live with a disability. As reported in CDC's **Disability and Health Data System**, 19.1% of adults in Vermont live with a disability. Healthcare expenditures related to disability cost Vermont \$941 million per year and account for 26% of total healthcare expenditures for Vermont.\*

NCBDDD helps to ensure that individuals with a disability in Vermont have the same opportunity for good health as those without a disability. Programs funded by NCBDDD are being designed and implemented to improve the health of people with disabilities in Vermont.

\* Disability-associated healthcare expenditures are presented in 2006 dollars as reported in Anderson WL, et al. Estimates of state-level health-care expenditures associated with disability. Public Health Rep. 2010 Jan-Feb;125(1);44-51.

## Annual Program Funding\*



### NCBDDD is directly funding

- Vermont Department of Health (\$300,000)

\* More information about NCBDDD and our support in Vermont is available at [www.cdc.gov/ncbddd/aboutus/report/index.html](http://www.cdc.gov/ncbddd/aboutus/report/index.html)

\*\* Zika supplement

**“We have accomplished a lot together, but there is more work to be done.”**

Coleen A. Boyle, PhD, MSHyg

