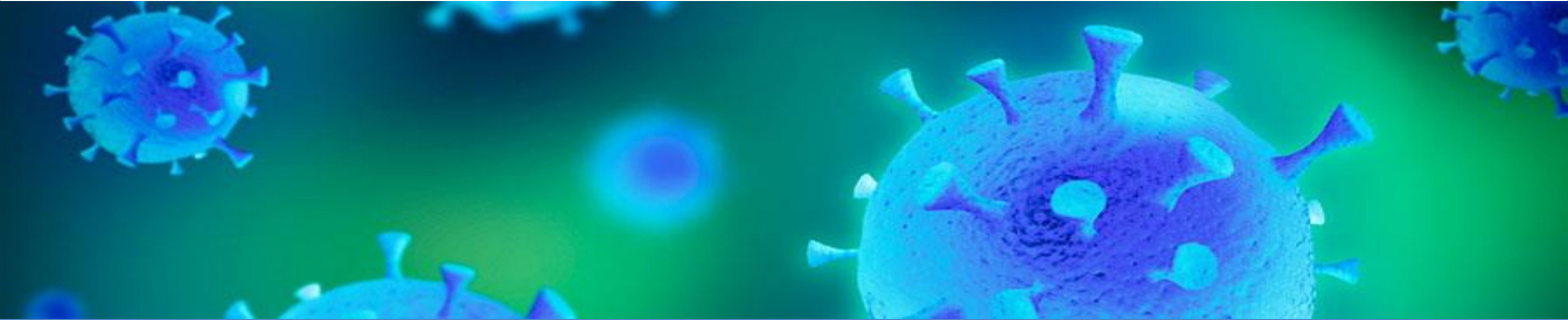


# VCHIP / CHAMP / VDH COVID-19 UPDATES



*Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM*  
*Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH*  
*June 7, 2021*

# Technology Notes

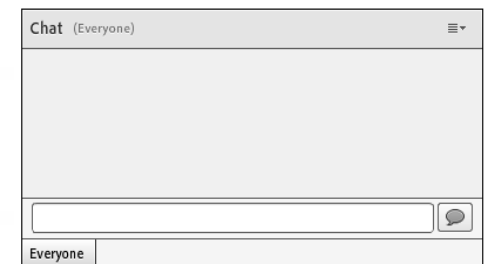
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press \*6 to mute).  
**If you are having audio difficulties and are using your computer speakers, you may wish to dial in:**

**Call in number – 1-866-814-9555**

**Participant Code – 6266787790**

**Presenters:** Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.

- 3) To ask or respond to a question using the **Chat** box, type your question and click the  icon or press Enter to send.



# Overview



- June 4: **National Gun Violence Awareness Day; Wear Orange Weekend** – <https://www.everytown.org/>
- Also: today is WHO **World Food Safety Day**
- Reminder – weekly event schedule:
  - ▣ **VCHIP/CHAMP/VDH calls: M/W/F; Gov. Media Briefings *now on Tuesdays only*; VMS call with VDH Comm. Levine Thursday**
  - ▣ **Summer calendar** for VCHIP-VDH calls to be available this Friday, 6/11.
- Announcements; situation, VDH, CDC, AAP updates
- Practice Issues – ***VDH Updates: VT WIC Program & One More Conversation (Substance Use in Pregnancy Info Campaign)***
- Q & A/Discussion

*[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we're providing today may change quickly]*

# Scheduling Notes

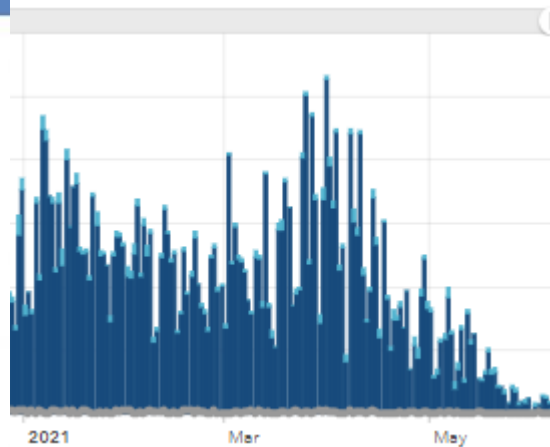
- **We WILL NOT have a call THIS Wednesday, June 9, 2021** (special conversation with 2021 Narkewicz Visiting Professor **Sandeep K. Narang, MD JD**)
  - ▣ **SEE Zoom link next slide**
  - ▣ And please attend **Grand Rounds: “Abusive Head Trauma: Where We’ve Been, Where We Are, and Where We’re Going”**
- **We WILL have calls on Monday/Friday this week: June 7 and 11**
- Please stay tuned for updated summer call schedule later this week: likely 1 – 2 days/week this summer; then continuing with frequency TBD in the fall – perhaps to include new/different topics?

# Annual Richard M. Narkewicz Lecture in Community Pediatrics and Child Advocacy

- **Who: Dr. Sandeep Narang, MD, JD.** (Professor of Pediatrics, Child Advocacy & Protection Services, Medical College of Wisconsin)
- **What:** informal lunch Q&A / discussion of various topics related to his career development & areas of expertise (e.g., testifying for residents/attendings; how to talk to lawyers) **via Zoom.**
- **When: THIS Wed., June 9,** 12:00 noon – 1:00 p.m.
- **Where:** join via Zoom –  
<https://zoom.us/j/2571876492?pwd=SUJ0SGI3ZzNBVGJJMHNocWVM0S3M1QT09>
- **Meeting ID: 257 187 6492**
  - ▣ **Password: peds**
  - ▣ One tap mobile: +19292056099,,2571876492# US (New York)
  - ▣ +Dial by your location: +1 929 205 6099 US (New York)

# Situation update [Note: this slide updated *after* today's call]

New Cases	<b>4</b>
24,282 Total	
Currently Hospitalized	<b>1</b>
Hospitalized In ICU	<b>0</b>
Hospitalized Under Investigation	<b>0</b>
Percent Positive 7-day Avg.	<b>0.8%</b>
People Tested	<b>395,724</b>
Total Tests	<b>1,704,227</b>
Recovered	<b>23,423</b>
96.5% of Cases	
Deaths	<b>256</b>
1.1% of Cases	
Last Updated: 6/7/2021, 2:54:26 PM	



VT New Cases, Probables, Deaths

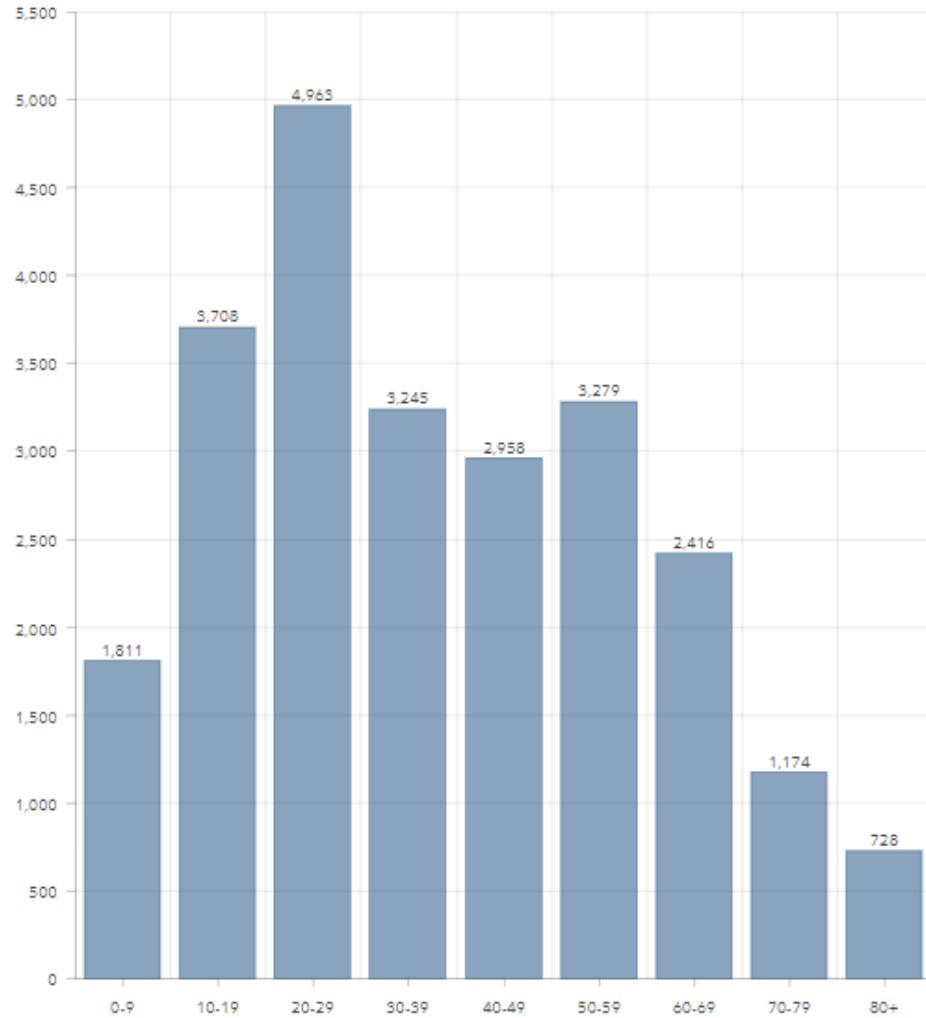
**NOTE: VDH Dashboard now be updated Mon-Fri only (excl. holidays).** Case info reflects counts as of end of the previous weekday. Data from Sat/Sun posted w/Monday's update. All data are compiled by the VDH; are preliminary & subject to change. Dashboard is updated by 12:00 p.m.

- U.S. **33.3 million+** cases; **597,220 deaths**
  - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 6/7/21)
  - 6/6/21: **6,067 new cases; 253 deaths**
  - Past week: av. 13,927 cases/day (14d. change -45%)
  - **3.7 million+ deaths worldwide; 173.3 million+ cases** (-16% & -22% 14-day change respectively)
- **VDH Weekly Data Summary(6/4/21)**
  - **No Weekly Spotlight Topic**
  - Children (0-19) = 23% of VT COVID-19 cases; of those, 24% are 18-19 y.o. [Total 5,505 posted 6/4/21]
  - Now includes data on **vaccine breakthrough cases**
  - Find previous summaries at: <https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

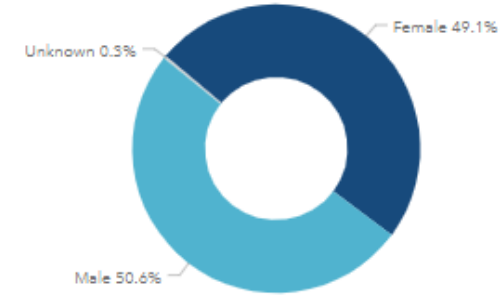


# Situation update [Note: this slide updated *after* today's call]

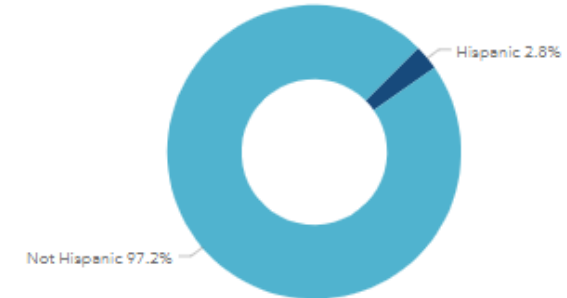
Vermont COVID-19 Cases by Age Group



Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known



Vermont COVID-19 Cases by Race if Known



<https://www.healthvermont.gov/covid-19/current-activity/vermont-dashboard>

# Vermont Forward Plan



## Phased Reopening Plan

On April 6, 2021, Governor Phil Scott released a reopening guide to help Vermonters and local businesses see the path for a phased return to unrestricted travel, business operations, and event gatherings. The plan was developed by the Department of Health, the Department of Public Safety, and the Agency of Commerce and Community Development and uses vaccination milestones to ensure a safe easing of personal restrictions and continued reopening of the state's economy.

- LEARN ABOUT THE PLAN STEPS
- TRACK PROGRESS
- FIND GUIDANCE

<https://www.vermont.gov/vermont-forward#gsc.tab=0>

### STEP 1

**VACCINATION PROGRESS (FIRST DOSE):**  
Vulnerable population substantially complete; 35–45% of all Vermonters; 45–55% of Vermonters 18+

**BUSINESS OPERATIONS**  
4/9 **Group A Sectors:**  
Move to required universal guidance

**CROSS STATE TRAVEL**  
4/9 No quarantine is required for unvaccinated visitors with a negative test within 3 days prior to arrival. Unvaccinated Vermonters must be tested within 3 days upon return to the state.

**MASKS AND PHYSICAL DISTANCING**  
Required when in the presence of those outside your household.

### STEP 2

**VACCINATION PROGRESS (FIRST DOSE):**  
50–60% of all Vermonters; 60–70% of Vermonters 18+

**BUSINESS OPERATIONS**  
5/1 **Group B Sectors:**  
Move to required universal guidance

**GATHERINGS AND EVENTS**  
5/1 **Indoor:** 1 unvaccinated person per 100 sq ft up to 150, plus any number of vaccinated people  
**Outdoor:** 300, plus any number of vaccinated people

**MASKS AND PHYSICAL DISTANCING**  
Required when in the presence of those outside your household.

### STEP 3

**VACCINATION PROGRESS (FIRST DOSE):**  
60–70% of all Vermonters; 70–85% of Vermonters 18+

**CROSS STATE TRAVEL**  
**REVISED: Effective 5/14**  
No quarantine or testing requirements

**GATHERINGS AND EVENTS**  
**REVISED: Effective 5/14**  
**Indoor:** 1 unvaccinated person per 50 sq ft up to 300, plus any number of vaccinated people  
**Outdoor:** 900, plus any number of vaccinated people

**MASKS AND PHYSICAL DISTANCING**  
**REVISED** Not required if vaccinated. Required if unvaccinated.

### STEP 4

**BUSINESS OPERATIONS**  
Universal guidance encouraged for all sectors

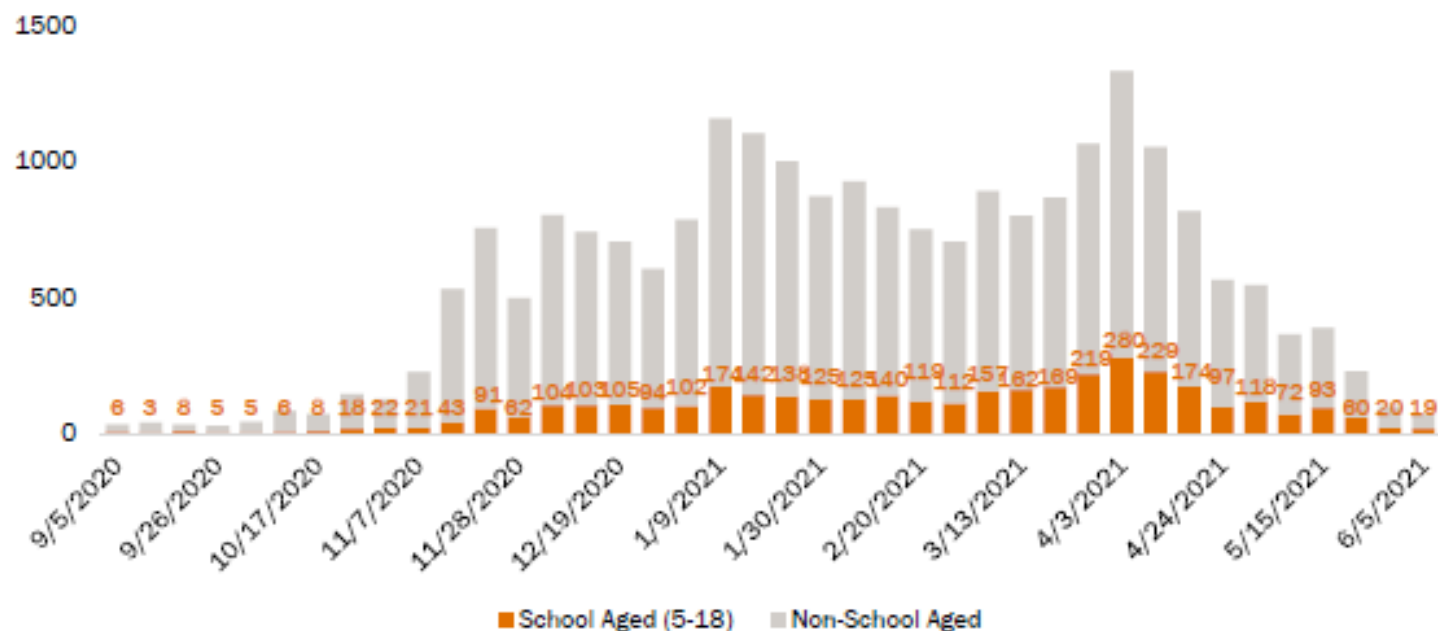
**GATHERINGS AND EVENTS**  
No capacity restrictions

**MASKS AND PHYSICAL DISTANCING**  
**REVISED** Encouraged if unvaccinated



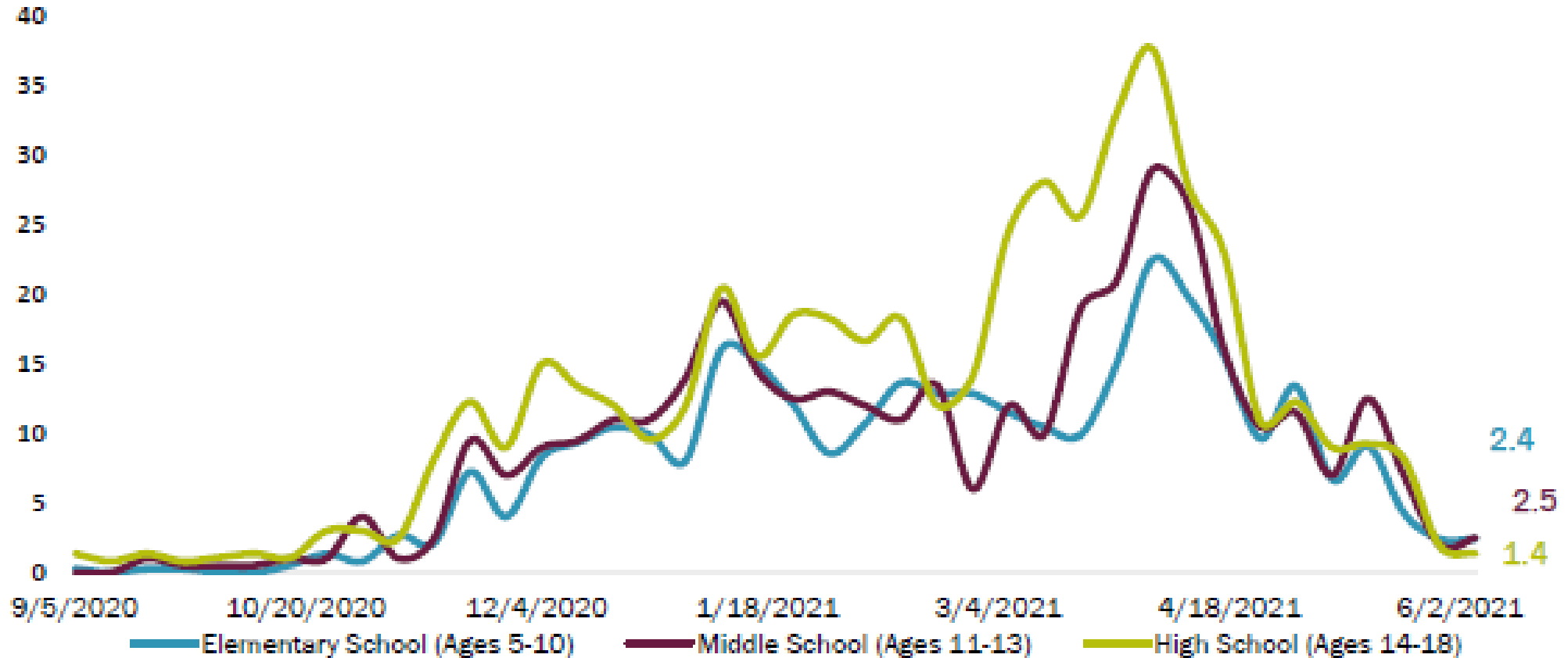
This brief reflects data as of June 5, 2021 at 7 pm (the last complete MMWR week). All rates are calculated per 10,000 people. The 14-18 year old age group does not include college students. Data is preliminary and subject to change.

Number of Cases by Week



# COVID-19 Cases Among Vermont's School-Aged Children

## Rates by Week by School Category



[Compare to data from previous week: rates were 1.9/10K (HS), 2.0 (MS), and 2.5 (Elem. School) respectively]

# COVID-19 Cases in VT K-12 Learning Communities (While Infectious)

- COVID-19 Cases in Vermont K-12 Learning Communities While Infectious
  - ▣ <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf>
  - ▣ Table updated **Tuesday & Friday** w/data through previous Sunday & Wednesday.

June 2, 2021

## Cases in Vermont K-12 Learning Communities While Infectious

Learning Community	Cases Reported In the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.		
<b>TOTAL FOR ALL SCHOOLS</b>	<b>6</b>	<b>1391</b>

May 30, 2021

## Cases in Vermont K-12 Learning Communities While Infectious

Learning Community	Cases Reported In the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.		
<b>TOTAL FOR ALL SCHOOLS</b>	<b>9</b>	<b>1388</b>

- VT College & University dashboards:
  - ▣ **UVM update** (week of 5/17): 0 new cases off campus; 0 on campus; 0 faculty; 0 staff – **graduation 5/20-21/21**
  - ▣ **Bennington College** (May 19, 2021): 0 new/active cases – **graduation 5/28-29/21**
  - ▣ **Middlebury College results** (updated 5/24/21): 0 new cases & 0 active cases – **grad. 5/29/21**

# Latest Vermont AOE Guidance Documents

- Joint memo from AOE Secretary French & VDH Commissioner Levine: how to manage remainder of school year if/when State of Emergency ends
  - ▣ When the emergency order rescinded, COVID guidance for schools also rescinded.
  - ▣ Strongly recommend schools follow **current** guidance for remainder of school year.
  - ▣ Majority of students will still not be vaccinated; schools w/o time to time to plan/ implement new procedures.
- Guidance for schools this fall:
  - ▣ Unlikely specific mitigation measures will be necessary in the fall. We are confident that distancing will not be necessary. Issue of masks will be reviewed over the summer. Schools should plan on normal operations in the fall, 5 days in person. There will not be current flexibility in in-person attendance in the fall. Snow days will need to be made up as they were previously.

# VDH COVID-19 Vaccine Registration & Sites

<https://www.healthvermont.gov/covid-19/vaccine/getting-covid-19-vaccine>

## ELIGIBILITY

Anyone age 12 and older is eligible to be vaccinated, regardless of residency. Learn about vaccines for people 12-15 years old.

## GET YOUR VACCINE WITHOUT AN APPOINTMENT!

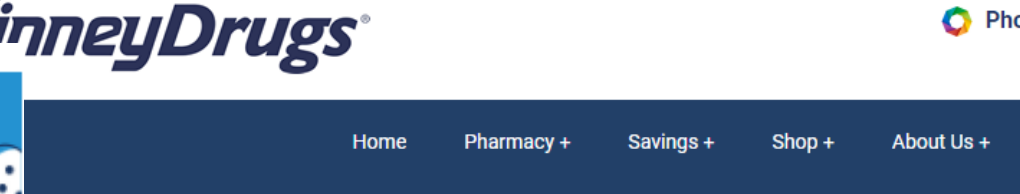
[Find a walk-in clinic here](#)

More ways to get your vaccine!

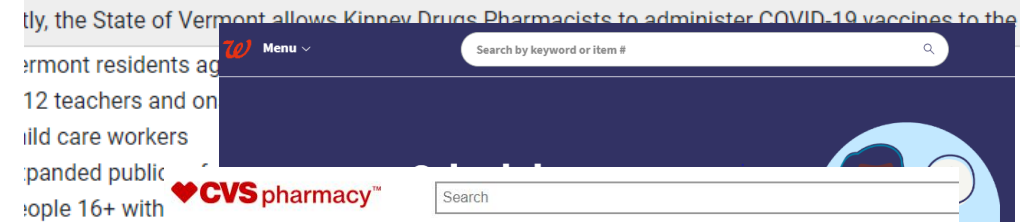
- Vaccine clinics for restaurant, hospitality, and tourism workers
- Vaccine clinics for school and community, open to 12 -15-year-olds

## MAKE AN APPOINTMENT

## ONLINE



## COVID-19 Vaccination Scheduling at Kinney Drugs in



Now offering the  
**FREE\* COVID-19  
vaccine in select stores**

We're administering the vaccine by appointment only based on local eligibility guidelines.

No cost with insurance or through federal program for the uninsured.



# VDH COVID-19 Vaccine Dashboard (Summary Page: 6/5/21)

- Daily updates Tuesday thru Saturday
- Data = counts reported by end previous day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- **Notes:** See our progress toward the **Vermont Forward** target of 80%... percentages draw on state-level data from **CDC**; incl. some data not reported to VDH (CDC data more inclusive/less detailed than VDH & may differ from VDH dashboard).

## Vermont Vaccination Data

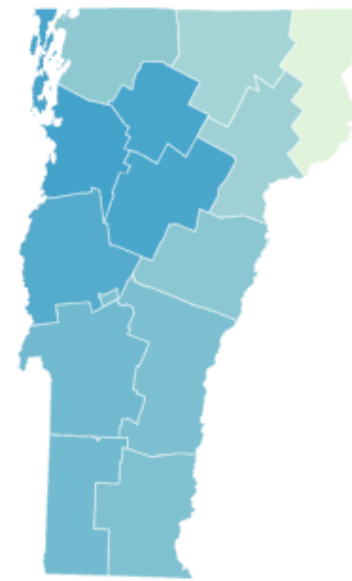
Blue headers indicate CDC data  
Gray headers indicate Vermont data

### Vaccination by County Age 12+

The percent of the county population age 12+ that has received at least one dose of the vaccine

Show Rates By:

County	Overall progress
Addison	78.7%
Bennington	74.2%
Caledonia	66.8%
Chittenden	81.6%
Essex	56.3%
Franklin	69.5%
Grand Isle	80.7%
Lamoille	80.8%
Orange	70.0%
Orleans	65.9%
Rutland	74.3%
Washington	80.4%
Windham	71.8%
Windsor	72.4%



56.3% 81.6%

Summary

### Vermont Forward

Looking for info on the Vermont Forward plan?  
Visit <https://www.vermont.gov/vermont-forward>

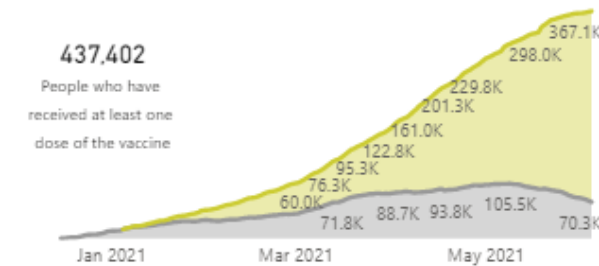
### Vaccine Distribution

Doses Received **902.2K**      Doses Administered **771.4K**

### Total People Vaccinated

Total People Started **70.3K**      Total People Completed **367.1K**

Started Completed



Updated 6/5/2021 8:33:58 AM



# VDH COVID-19 Vaccine Dashboard (Age/Sex/Race/Ethnicity)

- Daily updates Tuesday thru Saturday
- Data = counts reported by end prev. day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- By Age – Statewide ( $\geq 1$  dose):
  - 12-15 = 50.5 % (47.8% on 6/2)
  - 16-17 = 65.9% (64.9% on 6/2)
  - 18-29 = 52.7% (52.0% on 6/2)
  - VT Age 12+ = 75.6% (74/9% on 6/2)

## Vermont Vaccination Data

### By Age - Statewide

The percent of the statewide population of each age group that has received at least one dose of the vaccine

Age	%*
12 - 15	50.5%
16 - 17	65.9%
18 - 29	52.7%
30 - 39	73.8%
40 - 49	75.3%
50 - 59	79.7%
60 - 64	86.5%
65 - 69	93.3%
70 - 74	99.5%
75+	93.8%
<b>VT Age 12+</b>	<b>75.6%</b>

Statewide numbers and percentages are capped at 100%. County numbers and percentages are capped at 95%. Values above 95% are suppressed to protect personal health information. See notes below for more information.

Select County

All



Summary

By Age, Sex, Race, Ethnicity

### By Race - Statewide

The percent of the statewide population age 12+ of each race that has received at least one dose of the vaccine

Race	%*
Asian	67.2%
Black or African American	58.7%
Native American, Indigenous, or First Nation	26.5%
Pacific Islander	13.3%
Two or more races	56.1%
White	72.7%
<b>VT Age 12+</b>	<b>71.9%</b>

Race information is missing for 5% of people vaccinated.

### By Ethnicity - Statewide

The percent of the statewide population age 12+ of each ethnicity that has received at least one dose of the vaccine

Ethnicity	%*
Hispanic	81.0%
Not Hispanic	69.2%
<b>VT Age 12+</b>	<b>69.4%</b>

Ethnicity information is missing for 8% of people vaccinated.

### By Race/Ethnicity and Age - Statewide

The percent of the statewide population age 12+ of each race/ethnicity that has received at least one dose of the vaccine

Race*	12-30	31-64	65+	Age 12+
BIPOC	53.9%	70.3%	82.5%	64.3%
Non-Hispanic White	48.7%	70.7%	89.6%	69.4%
<b>Vermont</b>	<b>49.3%</b>	<b>70.7%</b>	<b>89.3%</b>	<b>69.0%</b>

Race/ethnicity information is missing for 9% of people vaccinated.

BIPOC refers to Black, Indigenous, and people of color.

### By Sex - Statewide

The percent of the statewide population age 12+ of each sex that has received at least one dose of the vaccine

Sex	%*
Female	78.1%
Male	72.8%
<b>VT Age 12+</b>	<b>75.5%</b>

Sex information is missing for 0% of people vaccinated.

Updated 6/5/2021 8:33:58 AM

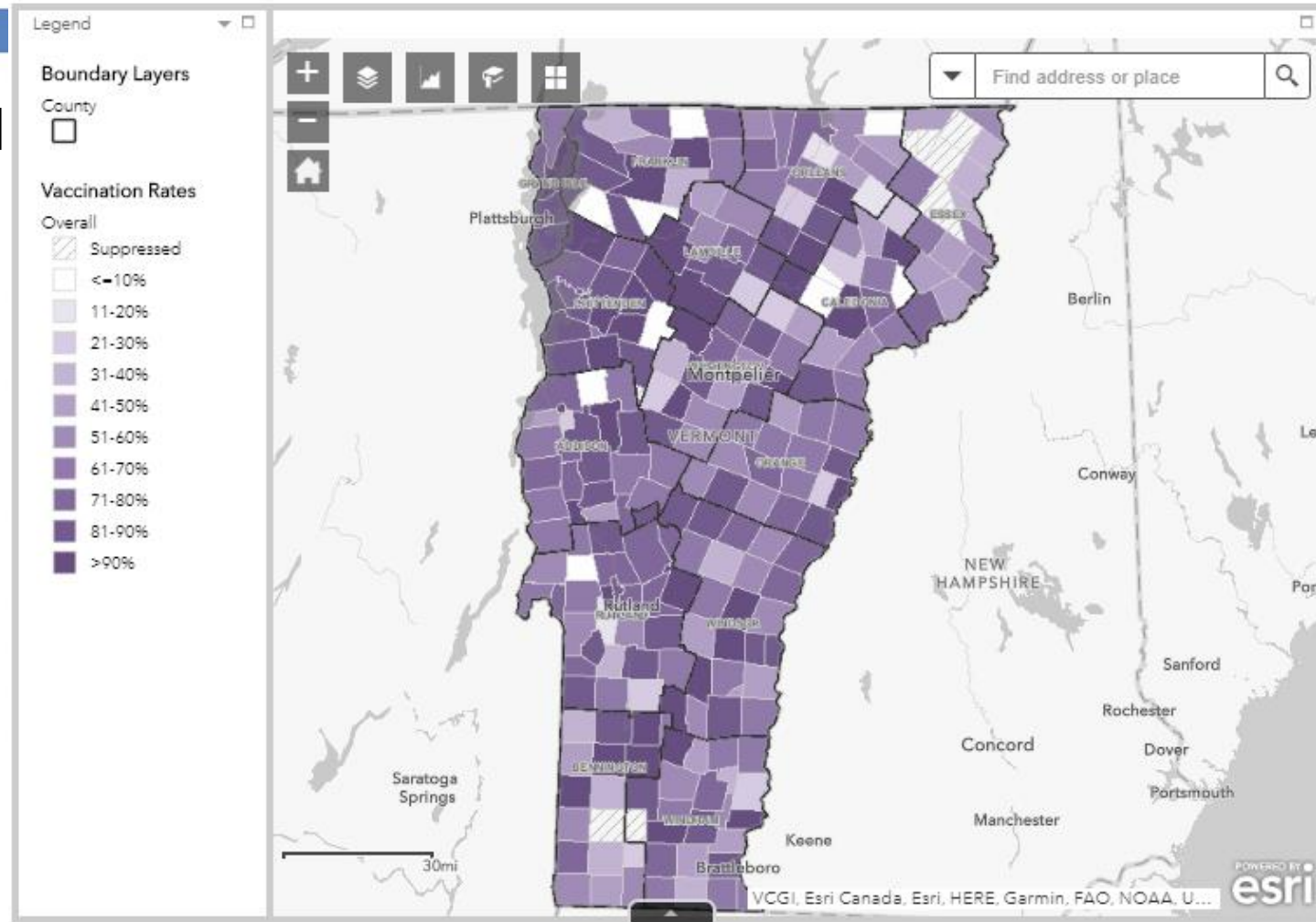
# Vermont COVID-19 Vaccine Coverage: Exactly Where *ARE* We?

- Follow @GovPhilScott
- Latest numbers:
  - ▣ 6/6/21: **79.2%** eligible population
  - ▣ Need **4,197** more to reach goal of **80%** – then
  - ▣ Drop remaining COVID-19 restrictions



# Now Available: Map of Vaccine Rates by (VT) Town

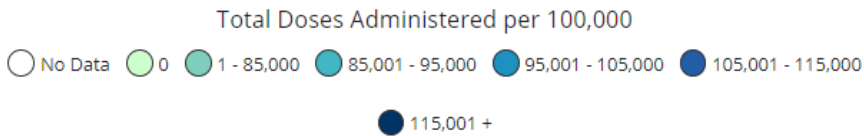
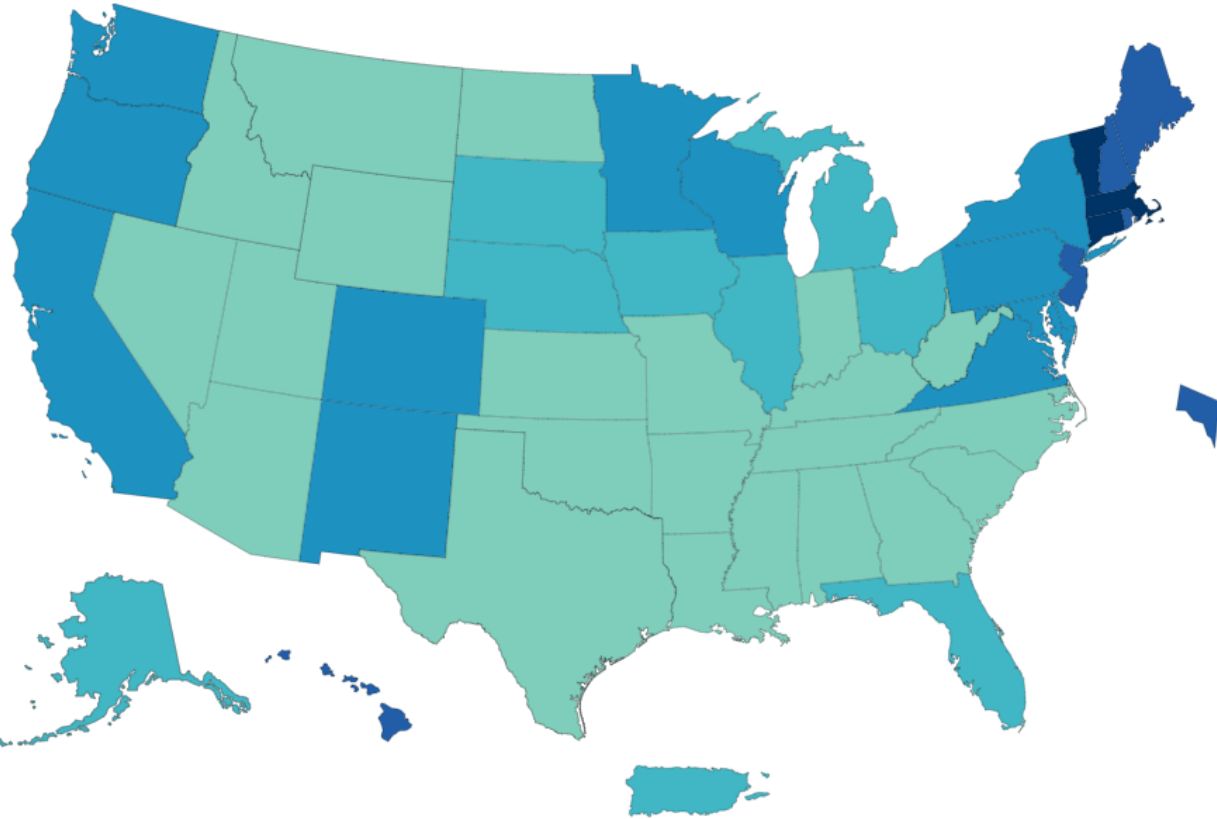
- Map shows overall % of VTers aged 12+ vaccinated with  $\geq$  one dose of COVID-19 vaccine.
- Map updated weekly (Thurs.) & includes data reported to VT Immunization Registry thru Wed.
- Please use caution when interpreting town data – several scenarios where vaccinations are not attributed to the correct town. [See notes on web site for more details.]



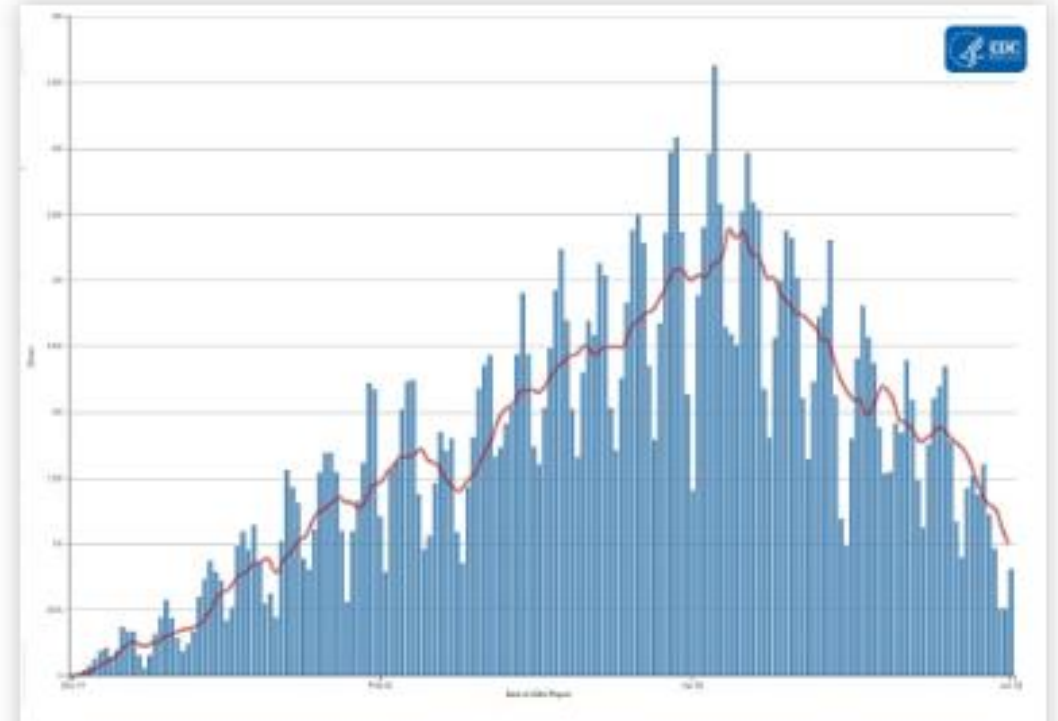
<https://www.healthvermont.gov/covid-19/vaccine/map-vaccine-rates-town>

# From the CDC Vaccine Tracker

Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population



7-Day moving average



<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

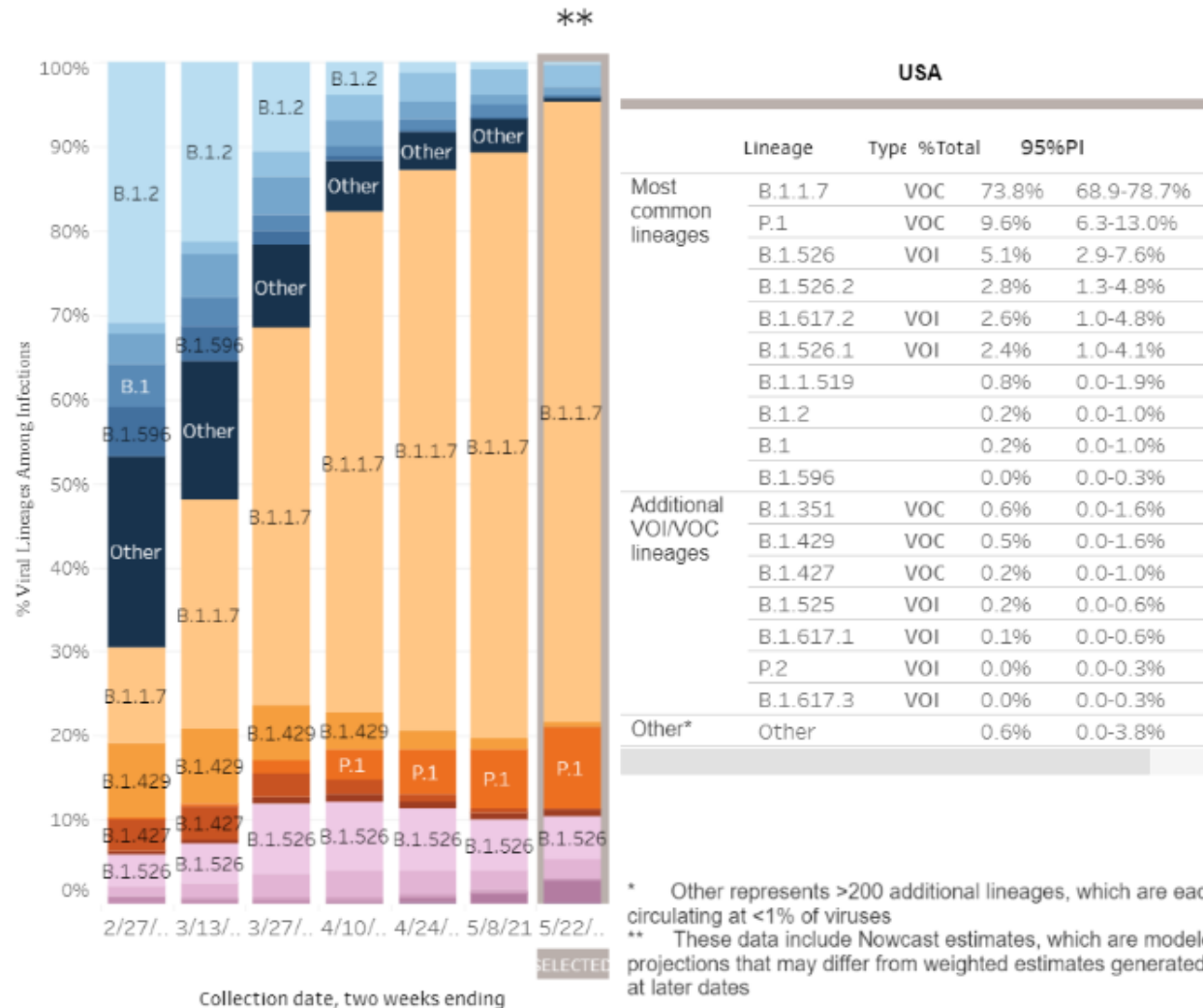
June 7, 2021



# From the CDC: SARS-CoV-2 Variants in the U.S.

United States: 2/14/2021 – 5/22/2021

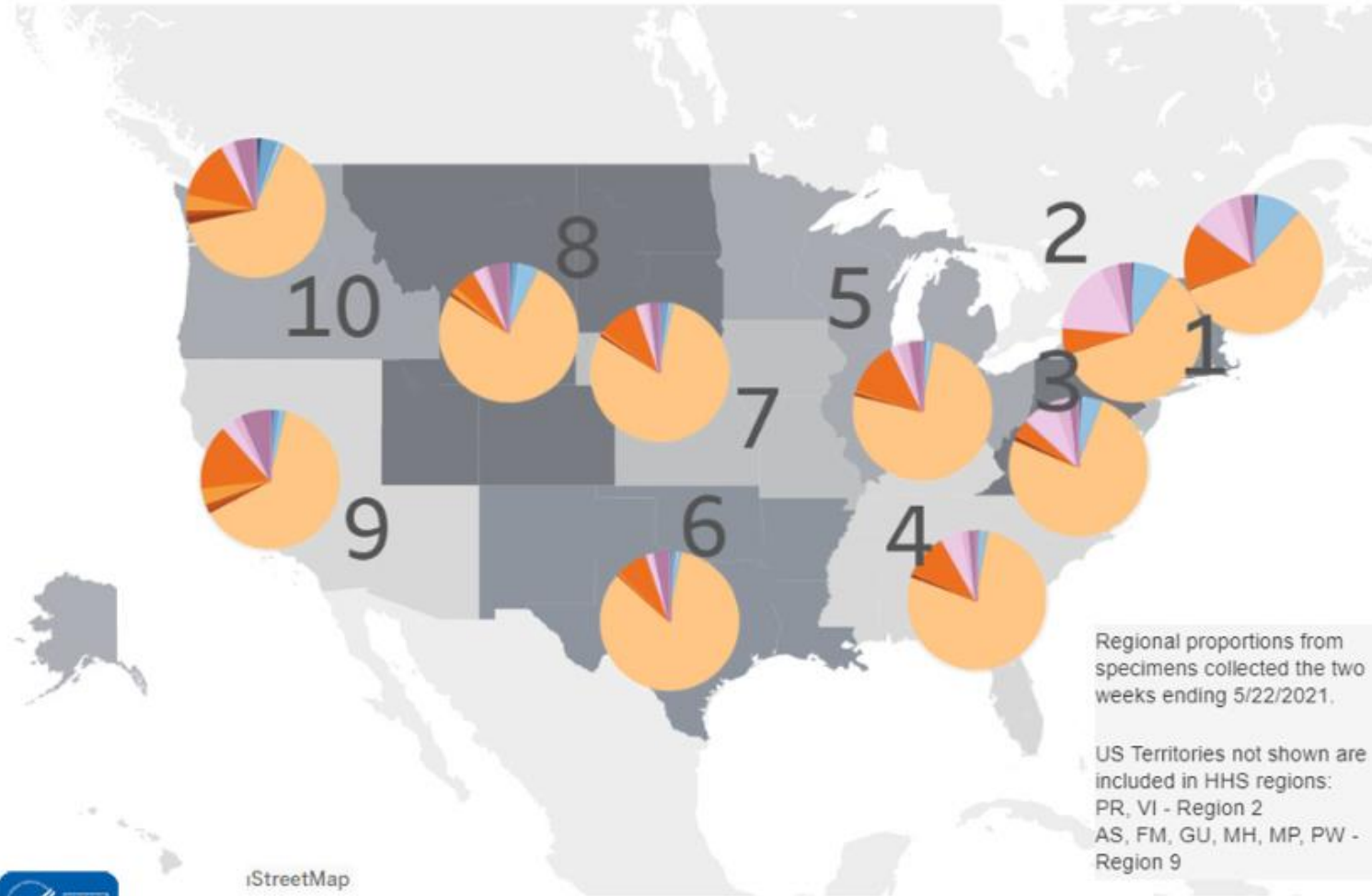
United States: 5/9/2021 – 5/22/2021 NOWCAST



<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

# From the CDC: SARS-CoV-2 Variants in the U.S.

United States: 5/9/2021 – 5/22/2021 NOWCAST



iStreetMap

Updated May 25, 2021



# From the CDC/MMWR

- Hospitalization of Adolescents Aged 12–17 Years with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 1, 2020–April 24, 2021
  - ▣ *Early Release / June 4, 2021 / 70*
- **Already known:** most COVID-19–associated hospitalizations occur in adults, but severe disease occurs in all age groups, including adol. 12-17 yo.
- **Added by this report:** COVID-19 adolescent hospitalization rates from COVID-NET peaked at 2.1 per 100,000 in early January 2021, declined to 0.6 in mid-March, and rose to 1.3 in April. Of these, nearly 1/3 required ICU, & 5% required invasive mechanical ventilation; no assoc. deaths occurred.
- **Implications for public health practice:** recent increased hospitalization rates in spring 2021 and potential for severe disease reinforce the importance of continued COVID-19 prevention measures, incl. vax & correct masking among persons not fully vaccinated or when required.

# SARS Co-V-2 Variants in Vermont

- VDH detects variants of concern through genetic sequencing of certain viral specimens (people who already tested pos. in various parts of VT); only a small percentage of samples are sequenced.
- Table: **cumulative #** variants identified & co. of residence (NOT actual # variants circulating).
- Absence of a county in table does NOT mean variant is not present (table updated Tuesdays and Fridays).
- <https://www.healthvermont.gov/covid-19/current-activity/covid-19-communities>

COUNTY	B.1.1.7	B.1.429	B.1.427	P.1	B.1.351
Addison	1	3	0	0	0
Bennington	7	0	0	1	0
Caledonia	15	2	0	0	0
Chittenden	100	6	0	6	1
Essex	4	0	0	0	0
Franklin	18	9	0	1	0
Grand Isle	0	1	0	0	0
Lamoille	13	1	0	1	0
Orange	4	0	0	0	0
Orleans	16	6	0	0	0
Rutland	8	2	0	2	0
Washington	1	3	0	0	0
Windham	10	0	1	3	0
Windsor	1	0	0	0	0

# VDH Immunization Program Update

- VDH Immunization Program transitioning from mass vax clinics to primary care – **goal**: “normalize COVID vaccine”
  - ▣ Note: enrollment separate from VCVP & VAVP
  - ▣ FQHCs: federal HRSA program; individ. programs for hosp.-owned practices
  - ▣ Independent practices: **open to all, regardless of size.**
  - ▣ **Please join us Friday, June 11, for more details!** In the interim: contact IZ Program email box with questions (team of 4 working on the onboarding process): [AHS.VDHImmunizationProgram@vermont.gov](mailto:AHS.VDHImmunizationProgram@vermont.gov)
- Christine Finley, IZ Program Mgr. (11yrs. + leadership of OLH & Deputy Commissioner for Public Health), retiring June 18, 2021.
  - ▣ Please mail cards to: Chris Finley, c/o Merideth Plumpton, Vermont Dept. of Health, 108 Cherry Street, Suite 305, Burlington, VT 05402.

# Practice Issues

## *VDH Updates: New Home Visiting Position; VT WIC Program; One More Conversation: A Substance Use in Pregnancy Information Campaign*

*Breena Holmes, MD FAAP – VCHIP, VDH*

*Shari Levine, MPH – Information Director, MCH/VDH*

**one  
more  
conversation**  
can make the difference

Talk substance use  
at every visit.  
Get tools and tips ▶



# NEW: VDH MCH Home Visiting Position Open!

- **NEW position:** Division of Maternal & Child Health (MCH) – will oversee legislatively appropriated Global Commitment funding in support of the Governor's vision to expand sustained MCH home visiting & implementation of new evidence-based model: **Parents as Teachers** (PAT). Expansion is also a key VDH priority, as outlined in **State Health Improvement Plan**.
  - ▣ Will oversee all aspects of program development/implementation of PAT. [Sustained home visiting is a voluntary program for pregnant individuals/families w/young children to provide services that improve MCH; prevent child injuries/abuse/maltreatment; promote social-emotional health; improve school readiness; reduce crime/domestic violence; improve economic self-sufficiency; and enhances coordination and referrals among community resources and supports, such as food, housing, and transportation.]
- Find posting at: <https://careers.vermont.gov/job/Burlington-Maternal-and-Child-Health-Program-Manager-VT-05401/748726700/>

# Vermont WIC Program Updates

---

- WIC Enrollment increased 8% early in the pandemic and caseload has remained steady at slightly more than 12,000 individuals
- WIC *currently* continues phone-based enrollment & nutrition appointments – however, waivers supporting remote service delivery set to expire in late August
  - Preparing to return staff & families to in person services beginning in **September**
  - Now revising procedures to support a safe experience for families & staff, since children will not be vaccinated (& some pregnant participants will be **unvaccinated**).
  - **Goal:** align WIC service delivery with pediatric and OB approaches (knowing that things may look different by September).
- Breastfeeding Peer Counseling services are expanding and will be available Statewide this summer



**WIC benefit increase for  
Fruits & Vegetables**  
*June through September*

- American Rescue Plan Act – provides for an increase in the Cash Value Benefit (CVB) for fruits and vegetables
- \$35 per month for participants age 1 and over
- Families can purchase organic or conventional - fresh, frozen and canned fruits and vegetables
- Farm to Family coupons will also be issued in July to interested families (can be used July – end of October)



# WIC Formula Change

October 1<sup>st</sup>

---

Required by law to competitively bid infant formula rebate contracts with infant formula manufacturers.

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The State WIC agency must use the **primary contract infant formula as the first choice of issuance**

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Vermont currently contracts with Gerber, and will transition to **Abbott/Similac** on October 1, 2021

# October 1<sup>st</sup> Vermont WIC's Standard formulas will be:

## Milk Based



## Soy Based



**New!** Prescription will no longer be required to issue to any infant:



# Referrals and Measurements

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- Referrals to WIC are welcome – and families can reach us to apply:
  - Online at [www.healthvermont.gov/applytowic](http://www.healthvermont.gov/applytowic)
  - Via Text message **VTWIC** to **855-11**, or
  - Go to **SignupWIC.com**
- Patient Measurements – may hear requests from local WIC staff



WIC SAYS A BIG  
THANK YOU TO ALL  
HEALTH CARE  
PROVIDERS!



**one  
more  
conversation**  
can make the difference

Talk substance use  
at every visit.  
Get tools and tips ▶



 VERMONT  
DEPARTMENT OF HEALTH

# One More Conversation: A Substance Use in Pregnancy Information Campaign

Shari Levine, MPH, Information Director, Maternal  
and Child Health

June 7, 2021

 VERMONT  
DEPARTMENT OF HEALTH



# One More Conversation: How did we get here?

From PRAMS we know that pregnant individuals in Vermont use substances at higher rates than other states.

- Phase 1 - Formative Research with JSI
  - Key informant interviews with 13 providers from around VT
  - Anonymous online survey of people who were pregnant
  - Environmental scan related to clinical guidance for screening
- Phase 2 – Use data to create an education campaign
  - Prioritize health care professionals
  - Ask them what do they need
  - What can the Health Department offer?

# One More Conversation Can Make the Difference

Goal: Increase the number of patient/provider conversations about substance use in pregnancy

Data indicated that most **medical providers** screen patients during first visit, not during the entire pregnancy

- Normalize the conversation – talk to everyone
- Ask at every visit
- Provide materials to keep the conversation going

Data indicated that pregnant **Families** need to feel comfortable that they are not being judged.

- Need information that is easily accessible
- Need answers to their questions



One More Conversation  
**Can** Make the Difference

https://www.healthvermont.gov/use-in-pregnancy

ALCOHOL & DRUGS

HOW TO GET HELP

ALCOHOL & DRUGS

USE IN PREGNANCY

LET'S TALK CANNABIS

PROGRAMS & SERVICES

GRANTEES & CONTRACTORS

HEALTH PROFESSIONALS

PLANS & REPORTS

CONTACT:  
Alcohol & Drug Abuse Programs  
Phone: 802-651-1550  
AHS.VDHADAP@vermont.gov

QUICK LINKS

ALERTS

GET HELP NOW


COVID-19 IN VERMONT

SEARCH

Breastfeeding peer counselors, lactation consultants, and nutritionists help #WIC support breastfeeding to improve #health outcomes of moms and babies. Join us in celebrating this important occasion - World Breastfeeding

HOME /

## SUBSTANCE USE IN PREGNANCY AND BEYOND



**One More Conversation Can Make The Difference**

Vermont has some of the **highest rates** of substance use throughout pregnancy in the country. Alcohol, cannabis, opioids, tobacco--across all substances and across the state, we have work to do.

TO HELP VERMONTERS UNDERSTAND THAT THERE IS NO KNOWN SAFE AMOUNT OF SUBSTANCE USE FOR A HEALTHY PREGNANCY we encourage healthcare professionals to continue the conversation with their patients. A conversation that lasts 9+ months and, hopefully, results in more and more substance-free pregnancies.

To understand how the Department of Health could help, we had some conversations of our own. We spoke with healthcare professionals across the state from different disciplines including: OB/GYNs, pediatricians, nurses, nurse midwives, lactation consultants, and social workers. While approaches varied, one issue kept coming up--the lack of an easy-to-use centralized place for information and tools about substance use during and after pregnancy.

We listened. Here, you'll find the latest information on all substances collected from professional resources and organized for ease-of-use. We've also created materials for you to share with patients, a patient-centric version of this webpage and other tools to encourage them to keep talking.

All because ...


**One More Conversation Can Make the Difference.**

### PROVIDER TOOL KIT RESOURCES


- [Tips for the 9+ Month Conversation](#)
- [Latest Numbers - Vermont PRAMS Report](#)
- [Patient Fact Sheets](#)
- [Promotional Rack Cards for Intake Packets](#)
- [Office Waiting Room Screens](#)
- [Promotional Web Banners for your Website](#)

### FOR YOUR PATIENT

- [1MOREConversation.com website](#)
- [Alcohol during Pregnancy Fact Sheet](#)
- [Cannabis during Pregnancy Fact Sheet](#)
- [Opioids during Pregnancy Fact Sheet](#)
- [Tobacco during Pregnancy Fact Sheet](#)



Download helpful tips and tools to keep the conversation going with your patients.



Access materials on substance use in pregnancy to share with your patients.



# ALCOHOL TOBACCO CANNABIS OPIOIDS IN PREGNANCY

One More Conversation Can Make the Difference



## IT STARTS WITH A CONVERSATION

Talking about substance use during pregnancy can be a difficult conversation. One that brings so many questions. What if I can't quit? Is any amount safe? What will people think? Will they judge me? What happens if I don't stop?

But talking about it is the best, first step to changes that lead to a healthy pregnancy. To help take some of the stress out of that conversation, we've gathered the latest information about alcohol, cannabis, opioids and tobacco use and put them in one easy to use place. So whether you're looking for information, trying to understand what questions to ask, or just looking for help, at least finding the information you need won't be so hard.

Explore the questions on each substance and how it affects your body and your baby throughout your pregnancy and beyond.

Know the risks so that you can make educated choices for the health of you and your baby.

Be empowered, knowing you are in control of making decisions based on real information, not guesses or unsolicited tips from others.

Share information with those closest to you, to help encourage a partner to quit with you and maintain your support system throughout your pregnancy.

Be prepared with the latest information for your next conversation with your healthcare professional and ask them about what is right for you.

**1MORECONVERSATION.COM**



One More Conversation  
Can Make the Difference

## SUBSTANCE USE IN PREGNANCY

If you're here, you've taken a big step. You understand the importance of a healthy pregnancy. You understand the challenges that substance use can mean for that healthy pregnancy, but you may have questions and concerns. The information below will help answer some of those questions and concerns. But more importantly, it will help give you a reason, information and the strength to talk to your healthcare professional about substance use.



One More Conversation **Can** Make The Difference

### ALCOHOL DURING PREGNANCY and beyond

Questions about alcohol use and pregnancy are common, especially for before you knew that you were pregnant. This fact sheet answers your basic questions about alcohol and pregnancy, but your healthcare professional can always explain more and answer any other questions you have.

[DOWNLOAD THE PDF](#)

[GET HELP QUITTING](#)



Download Fact Sheet on Alcohol  
During Pregnancy and Beyond





Tips and tools for

# THE 9+ MONTH CONVERSATION

on substance use in pregnancy



# WHAT'S THIS ALL ABOUT?

Recent research shows the prevalence of substance use in pregnancy is higher in Vermont than other, similar states. To help the healthcare professionals working to reduce those numbers, the Vermont Department of Health has created the One More Conversation Can Make the Difference campaign to encourage open, ongoing dialogue between professionals and their patients.

## TIPS

Suggestion on how and when to talk substance use in pregnancy.

**Make the conversation part of every visit** or, at least, of every mental-health check in.

**Take the stigma out** of the conversation with open-ended, nonjudgmental language:

"We ask this of everyone" "Just checking in on this again ..." "Do you have any questions about substance use?" "Is there anything we can do to work on it?" "How do you feel about substance use?" "Is it okay to discuss the risks?"

**Meet patients where they are** in their relationship to substances to help build trust

**Look for the reason behind the use** before jumping to negative outcomes

**Help them understand addiction is a treatable disease**, not a character flaw

**When information is limited (e.g. marijuana)** use questions or admission as an opportunity to discuss other substances

**Encourage the idea that there is "No Known Safe Amount"** of substance use for a healthy pregnancy

**Empower patients** to learn more with One More Conversation Can Make the Difference patient materials and webpage

**Try to tap into the patient's support system** (especially when language barriers exist)

**Share this information** with other providers to help create one voice across Vermont

## TOOLS

Helping to encourage your patients to continue the conversation

### KEEP THE CONVERSATION GOING OUTSIDE THE OFFICE

with digitally sharable information.

[Download Substance-Specific Fact Sheets](#)



### START THE CONVERSATION EARLY

with printable or email-able intake and discharge packet inserts

[Download Inserts/Rack Cards](#)



### TEXT OR TELL

patients about this easy to remember patient-centric page

[1MORECONVERSATION.COM](http://1MORECONVERSATION.COM)



### ENCOURAGE PATIENTS TO THINK ABOUT DISCUSSING SUBSTANCE USE BEFORE THEIR APPOINTMENT

with in-office digital screens

[Download Digital Screen Ads](#)



# OTHER RESOURCES

Substance use in pregnancy in Vermont

Curated list of the latest information on substance use in pregnancy for easy access.

## General Links & Research



**Evidenced-based Screening Tool**  
Provided link unclear re tool location?  
[blueprintforhealth.vermont.gov/about-blueprint/women's-health-initiative](http://blueprintforhealth.vermont.gov/about-blueprint/women's-health-initiative)



**Vermont Pregnancy Risk and Management System (PRAMS) Report**  
provides data about pregnancy and the first few months after birth to help identify groups of women and infants at high risk for health problems.



**JSI Research Report**  
2019 Report on Vermont Healthcare Provider's and Patient's Knowledge, Perceptions, and Attitudes of Substance Use and Pregnancy

## Alcohol

### NOFAS

Prevention organization focused on raising awareness as well as supporting families with FAS.

### SAMHSA.gov Addressing FASD

Interventions for pregnant women and methods of identification for people living with FASD

### CDC Choices Curriculum

A program for women about choosing healthy behaviors

## Tobacco

### Vermont 802Quits

Incentives for counseling calls, custom quit plans, free test support and nicotine replacement therapies with Rx

### CDC Perinatal Tobacco Risk

Understanding the Health Effects of Smoking and Secondhand Smoke on Pregnancies

ACOG Tobacco Use and Womens Health Epidemiology, Forms of Tobacco, Health Effects, Role of the Obstetrician, and Medications.

## Cannabis

**Maternal cannabis use in pregnancy and child neurodevelopmental outcomes**  
A 2020 study on the connection between maternal cannabis use and autism.

**CDC Marijuana in Pregnancy Factsheet**  
The potential health effects during pregnancy and breastfeeding of using marijuana in pregnancy.

**NIH Marijuana Safety in Pregnancy or Breastfeeding**  
Statistics, the endocannabinoid system, health effects, the role of poly-drug use, perception of safety and recommendations.

## Opioids

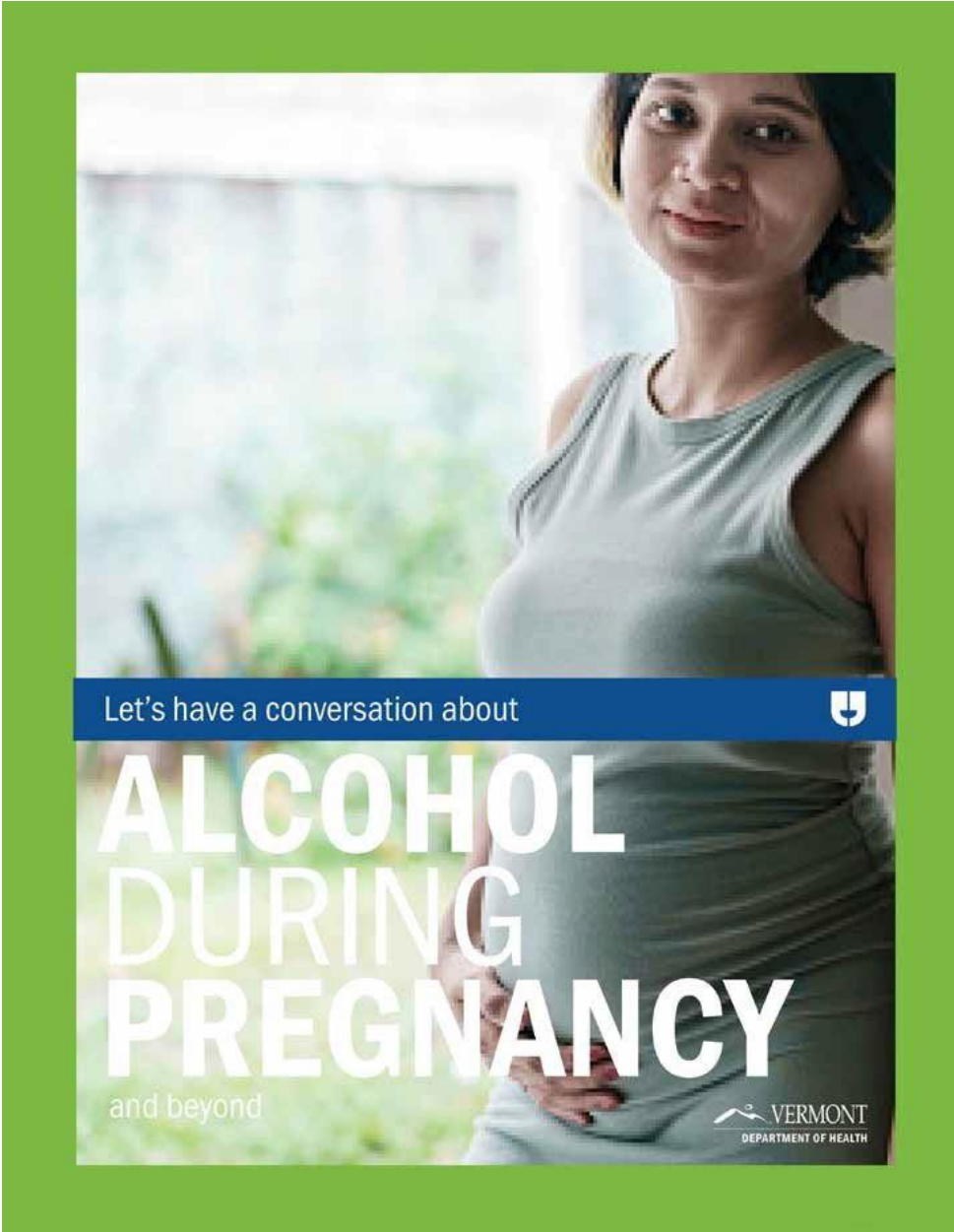
**Alliance for Innovation in Maternal Health**  
Multidisciplinary groups of experts compile best practices around maternal health conditions and strategies.

**SAMHSA.gov**  
Collaborative approach to the treatment of pregnant women with Opioid Abuse disorders

**SAMHSA Factsheet**  
Do's and don'ts, things to know and expect and treatment.



# Fact Sheet



# Fact Sheet



Let's have a conversation about 

# CANNABIS DURING PREGNANCY

and beyond





# Fact Sheet



Let's have a conversation about 

# TOBACCO DURING PREGNANCY

and beyond

 VERMONT  
DEPARTMENT OF HEALTH




# Fact Sheet



Let's have a conversation about 

# OPIOIDS DURING PREGNANCY

and beyond



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# DOES NICOTINE FROM PATCHES AFFECT A BABY'S DEVELOPMENT?

Talk to us today about substance use



One More Conversation Can Make the Difference

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# WE'RE NOT HERE TO JUDGE, WE'RE HERE TO LISTEN.

Concerned about substance use during your pregnancy? Talk to us.



One More Conversation Can Make the Difference



# Thank you!

## Let's stay in touch.

**Email:** [Shari.levine@Vermont.gov](mailto:Shari.levine@Vermont.gov)

**Web:** [www.healthvermont.gov](http://www.healthvermont.gov)

**Social:** @healthvermont

*In case you missed it...(VCHIP-VDH COVID call 6/2/21)*

## Dr. Benjamin Lee: Masks, Myocarditis, Variants

- We need to acclimate to the reality that COVID-19 is here to stay
- The major risk to children remains close contact with infected adults, particularly household members
- However, I think it is reasonable to continue to exercise greater caution until we have all public health tools at our disposal—the one we have yet to complete is vaccination across the entire age spectrum
  - If Vermont can maintain low case counts (<20 cases/day, <1% positivity rate), masking OUTDOORS for unvaccinated people, including children, can safely be dropped
  - I still believe there is strong rationale for unvaccinated/immunocompromised individuals to mask while indoors to reduce personal risk and risk of spread within susceptible populations
  - I have concerns about the long-term messaging that vaccinating children <12 years old is not necessary for optimum disease mitigation



*In case you missed it...(cont'd. – VCHIP-VDH COVID call 6/2/21)*

## B.1.617.2 (Delta)

- Both Pfizer, AZ appear to be effective
- Pfizer slightly > AZ (consistent with previous data)
- Awaiting data on J&J (Francis Collins said it is effective but have not seen any data)

*In case you missed it...(cont'd. – VCHIP-VDH COVID call 6/2/21)*  
It's like déjà vu all over again



- New variants keep cropping up
- Current mRNA vaccines appear to work well against all significant variants of concern
  - In general, I believe Pfizer and Moderna vaccines can be assumed to have more or less equivalent performance
- Ad-vectored vaccines have slightly more variable performance
  - AZ does not protect well against mild-moderate B.1.351 (Beta), although hard to know if it protects against severe disease because none seen in the definitive South Africa clinical trial) but appears reasonably effective against B.1.617.2 (Delta)
  - J&J appears effective against B.1.351, awaiting data on B.1.617.2

*In case you missed it...(cont'd. – VCHIP-VDH COVID call 6/2/21)*

## Caution

- As long as the pandemic is out of control elsewhere, variants of concern will continue to crop up
- There is a large risk in assuming we are now post-pandemic since things are looking rosy in the US
- Ensuring access to vaccination everywhere is a matter of global concern

- Holly Morehouse, Executive Director: initial grant program (fed. \$) = \$1.5m
  - ▣ 188 proposals submitted; seeking >\$7m.
- Sen. Bernie Sanders secured additional \$2.35m. for total of \$3.85m.
  - ▣ Grant awardees: ~100 grants in 13 counties will go out (1<sup>st</sup> 38 this week; ≥ additional next week). Also, additional programs by local schools.
- Increased access through: creating new opportunities, addressing affordability (98% have measures to provide at low/no cost), increasing slots, assure underrepresented youth included, providing for those w/special needs.
- VT Community Foundation adding support to stretch grants even further.
- Expect to add 238 total weeks of programming & 31,650 new slots.
- ***Vermont 2-1-1 is ready/willing to help families find summer programs***
- Visit the web site: resources for families & highlights of the summer health guidance for programs.

# AAP-VT Resources



## *Available for your use!*

- PowerPoint presentation
- Video message from AAP-VT Chapter President Rebecca Bell: *“We are so excited that the COVID Vaccine is available for young people....”*
- Posters for your office

## 5 REASONS TEENS SHOULD GET THE COVID VACCINE

- 1 No need to quarantine after exposures
- 2 Freedom!
- 3 See your friends worry-free
- 4 Able to socialize, travel, and play sports
- 5 Life more like normal

Virginia Chapter  
American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Vermont Chapter

INCORPORATED IN VERMONT

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®





# Scheduling Notes

- ***We WILL NOT have a call THIS Wednesday, June 9, 2021*** (special conversation with 2021 Narkewicz Visiting Professor **Sandeep K. Narang, MD JD**)
  - ▣ **SEE Zoom link slide 4** & in tonight's email
  - ▣ And please attend **Grand Rounds**: *“Abusive Head Trauma: Where We’ve Been, Where We Are, and Where We’re Going”*
- ***We WILL have calls on Monday/Friday this week: June 7 and 11***
- Please stay tuned for updated summer call schedule later this week: likely 1 – 2 days/week this summer; then continuing with frequency TBD in the fall – perhaps to include new/different topics?

# Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- **For additional questions, please e-mail: [vchip.champ@med.uvm.edu](mailto:vchip.champ@med.uvm.edu)**
  - ▣ **What do you need** – how can we be helpful (specific guidance)?
- **VCHIP CHAMP VDH COVID-19 website:**  
[https://www.med.uvm.edu/vchip/projects/vchip\\_champ\\_vdh\\_covid-19\\_updates](https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates)
- Next CHAMP call – ***Friday, June 11, 12:15 – 12:45 pm***
  - ▣ ***NO VCHIP-VDH CALL Wednesday, June 9, 2021!***
- Generally back to **Monday/Wednesday/Friday** schedule
- Please tune in to VMS call with VDH Commissioner Levine:  
***Thursday, June 10, 2021 – 12:30-1:00 p.m. – Zoom platform & call information:***
- **Join Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZlFQZ2R3diSVdqdjJ2ZG4yQT09>
  - ▣ Meeting ID: 867 2625 3105 / Password: 540684
  - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#