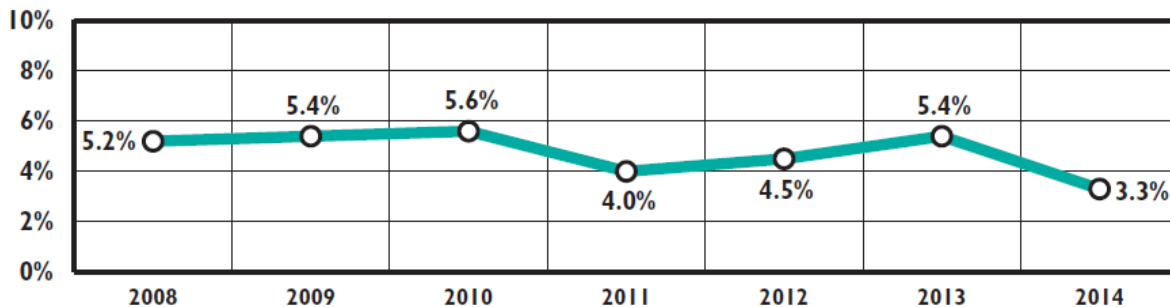


## Health Indicators

### Children's Health Insurance

- In 2014, 3.3% of Rhode Island's children under age 18 were uninsured. Rhode Island ranks 7th best in the U.S., with 96.7% of children having health insurance.

**Children Without Health Insurance, Rhode Island, 2008-2014**



Source: U.S. Census Bureau, American Community Survey, 2012 & 2014. Table CP03. Data are for children under 18 years of age and are not comparable to Factbooks prior to 2015.

- Of the estimated 9,590 uninsured children under age 18 in Rhode Island between 2010 and 2014, approximately 72% (6,925) were eligible for RItte Care coverage based on their family incomes, but were not enrolled.

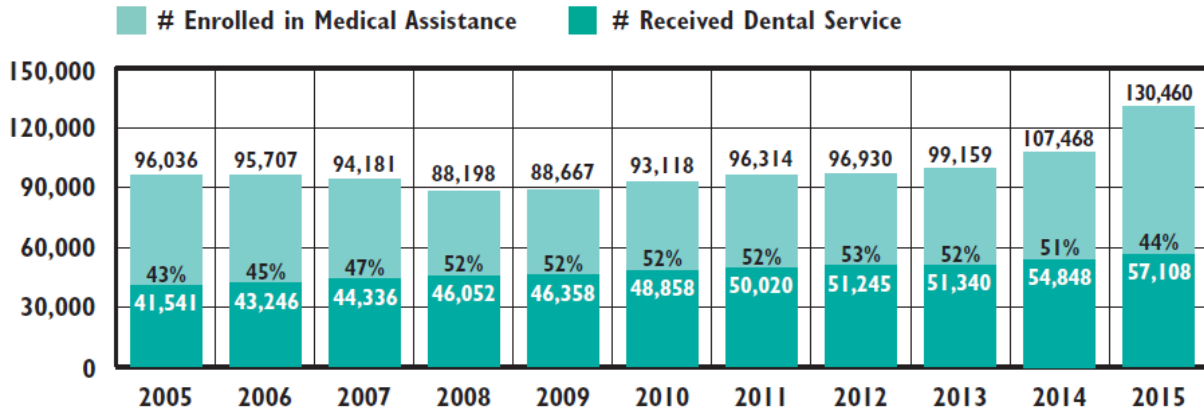
### Childhood Immunizations

- In 2014, Rhode Island's rate of children ages 19 months to 35 months that were fully immunized (76%) was above the national average of 72% and 11th best in U.S. In the 2014-2015 school year, 1% (127) of kindergarten students and 0.8% (95) of 7th grade students received exemptions from vaccination requirements.

### Access to Dental Care

- Forty-four percent of the children who were enrolled in RItte Care, RItte Share, or Medicaid fee-for-service on June 30, 2015 received a dental service during State Fiscal Year (SFY) 2015, up from 43% in SFY 2005 and down from 51% in SFY 2014. This is down from 51% in SFY 2014, but the number of children receiving dental services has increased by 37% since 2005 (from 41,541 to 57,108).
- Rhode Island ranked 32nd in the U.S. for children enrolled in Medicaid with a dental visit in 2014.

### Children Enrolled in Medical Assistance\* Programs Who Received Any Dental Service, Rhode Island, SFY 2005-2015

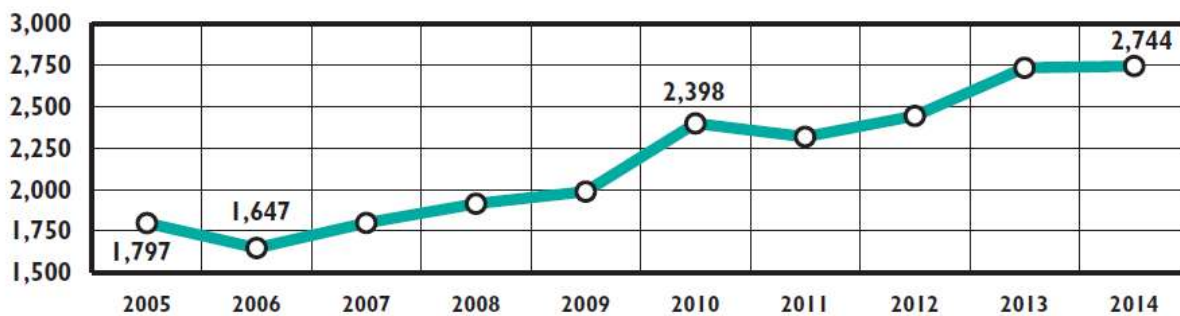


Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2005-2015. \*Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service and include children under age 21.

### Children's Mental Health

- In 2014, there were 2,744 hospitalizations of children with a primary diagnosis of mental disorder at Bradley, Butler, Hasbro Children's Hospital, Newport, and Memorial hospitals, a 53% increase from 2005.

### Hospitalizations with Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2005-2014\*



Source: RI Hospital Discharge Database (HDD), RI Department of Health, 2005-2014. \*Data are for hospitalizations, not number of children. Children may be hospitalized more than once. Mental disorders include ICD-9-CM codes 290-319, including alcohol/drug dependence, psychoses, and anxiety, depressive, mood, and personality disorders. Trend line is based on a new method of analyzing the HDD and is comparable to Factbooks since 2012.

## Health Indicators

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### **Children with Special Needs**

- As of June 30, 2015 in Rhode Island, there were 2,195 children under age three enrolled in Early Intervention (6% of all children under age three). In addition, 2,927 children ages three to five and 20,800 children ages six to 21 (15% of students in public schools) received special education services during that time.

### **Infants Born at Highest Risk**

- In 2015 in Rhode Island, 240 babies (2% of all babies) were born to unmarried teen mothers without high school diplomas. The number of infants born at highest risk (babies born to unmarried teen mothers without a high school diploma) has fallen 63% in Rhode Island between 2007 and 2015.
- Babies born with exposure to opioids (pain medication) face immediate and long-term negative outcomes. Neonatal Abstinence Syndrome (NAS) refers to the withdrawal and negative effects experienced by newborns born to mothers who use opioids and/or other drugs during pregnancy. In Rhode Island in 2014, 97 babies were diagnosed with NAS, a rate of 92 per 10,000 births, up from 76 babies (for a rate of 72 per 10,000 births) in 2013 and more than double the rate of 37.2 in 2006. Eighty-eight percent of babies born with NAS between 2010 and 2014 in Rhode Island were born to White mothers, 85% had Medicaid coverage, and 34% lived in the four core cities and 66% lived in the remainder of the state.

### **Evidence-Based Home Visiting**

- As of October 2015, there were 823 families enrolled in one of the three Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funded evidence-based home visiting programs in Rhode Island. Seventy-nine percent of the families lived in one of the four core cities and 21% lived in the remainder of the state.

### **Women with Delayed Prenatal Care**

- In Rhode Island between 2010 and 2014, 12.4% of women who gave birth either received no prenatal care or did not begin care until the second or third trimester. Between 2010 and 2014 in Rhode Island, Black women (18.5%), Hispanic women (15.5%), and Asian women (14.9%) were more likely to receive delayed prenatal care than White women (10.3%).

### **Preterm Births**

- The single-year preterm birth rate in Rhode Island remained the same from 2013 to 2014 (8.7%). Rhode Island ranks 12<sup>th</sup> best nationally and fourth in New England in 2014. Among women with private health insurance coverage in Rhode Island between 2010 and 2014, 8.7% of births were preterm, compared with 9.4% of those with public insurance coverage and 17.2% of births to women with no health insurance.

## Health Indicators

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### **Low Birthweight Infants**

- Rhode Island's low birthweight rate increased from 6.2% in 1990 to 7.1% in 2014, a 15% increase. Rhode Island ranks 15<sup>th</sup> best nationally and 2<sup>nd</sup> best in New England on this measure in 2014. Between 2010 and 2014 in Rhode Island, 9.1% of births among women under age 20 were low birthweight compared to 7.4% of those over age 20.

### **Infant Mortality**

- Between 2010 and 2014, 338 infants died in Rhode Island before their first birthday, a rate of 6.2 per 1,000 live births. Mothers with a high school degree or less had a higher infant mortality rate (6.1 per 1,000 births) than mothers with more advanced educational degrees (4.8 per 1,000 births) during that time.
- In 2014, Rhode Island's infant mortality rate of 4.4 per 1,000 births ranked 3<sup>rd</sup> nationally and 2<sup>nd</sup> among New England states.

### **Breastfeeding**

- Between 2010 and 2014, 66% of new mothers in Rhode Island indicated that they intended to exclusively breastfeed when discharged from the hospital, 23% intended to exclusively formula feed, and 10% intended to use a combination of both.

### **Children with Lead Poisoning**

- In 2015, 1,342 (5.3%) of the 25,399 Rhode Island children under age six who were screened had confirmed elevated blood lead levels of  $\geq 5$   $\mu\text{g}/\text{dL}$ . Children living in the four core cities (7.7%) were more than twice as likely as children in the remainder of the states (3.3%) to have confirmed EBLs  $\geq 5$   $\mu\text{g}/\text{dL}$ . The number of children with elevated blood lead levels has been steadily declining in all areas of Rhode Island over the past two decades.

### **Children with Asthma**

- In Rhode Island between 2010 and 2014, boys under age 18 had higher asthma emergency department (10.8 per 1,000 boys) and hospitalization (2.0 per 1,000 boys) rates than girls under age 18 (6.9 and 1.3 per 1,000 girls respectively). Between the 2009-10 and 2012-13 school years in Rhode Island, 37% (6,744) of children with asthma were chronically absent in at least one of the school years. Chronic absenteeism is defined as missing 10% or more days of school.

### **Housing and Health**

- Rhode Island continues to have the highest percentage of low-income children living in older housing of any state, with 82% of low-income children living in older housing between 2010 and 2014. Rhode Island's older housing stock poses health risk for children because lead paint was commonly used in homes build before 1978. Lack of adequate and affordable housing also puts safe, healthy, well maintained homes out of reach for many families.

## Health Indicators

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### **Adolescent Obesity**

- In Rhode Island in 2015, 12% of high school students self-reported as obese and 15% self-reported being overweight. Twenty percent of Rhode Island children ages three to five enrolled in a Head Start program were obese and 25% were overweight during the 2014-2015 school year. In 2015, 17% of Rhode Island children ages two to four enrolled in WIC were obese and 43% were overweight.

### **Births to Teens**

- In 2014 in Rhode Island, 579 babies were born to mothers under age 20, accounting for 6% of all babies born. Rhode Island's record low teen birth rate of 15.8 births per 1,000 for teen girls ages 15 to 19 ranks 7<sup>th</sup> best nationally and 5<sup>th</sup> among New England states in 2014.

### **Alcohol, Drug, and Tobacco Use by Teens**

- Among Rhode Island high school students in 2015, 26% reported current (i.e., in the past 30 days) alcohol consumption, 25% reported current tobacco use, 24% reported current marijuana use, 13% reported current binge drinking, 6% reported current prescription drug misuse, and 5% reported using over-the-counter drugs to get high. In 2015, 5% of Rhode Island high school students reported smoking cigarettes in the past 30 days, which is a statistically significant decrease from 2013, when 8% reported current cigarette smoking.

### **Child Deaths**

- In 2014, Rhode Island's single-year child death rate for children ages one to 14 was 12 per 100,000 children.
- Between 2010 and 2014, 26 Rhode Island children ages one to 14 died as a result of injury. Suffocation, motor vehicle crashes, and drowning were the leading causes of child deaths due to injury in Rhode Island during this time period.

### **Teen Deaths**

- Between 2010 and 2014, there were 100 deaths of teens ages 15 to 19 in Rhode Island, a rate of 26.0 per 100,000 teens. Of these deaths, 32 were due to unintentional injuries, 27 were due to intentional injuries (15 were suicides and 12 were homicides), 27 were due to disease, eight were due to overdose, and six were of other or unknown causes.
- In 2014, Rhode Island's single-year teen death rate of 22 per 100,000 youth ages 15-19 was 1<sup>st</sup> best in the nation and 1<sup>st</sup> best among New England states.



Health Indicators

**Racial and Ethnic Disparities in Health**

- Although progress has been made on many health indicators across racial and ethnic populations, disparities still exist for a number of health outcomes in Rhode Island.

**Health Outcomes, by Race and Ethnicity, Rhode Island**

|                                                     | WHITE | HISPANIC | BLACK | ASIAN | NATIVE AMERICAN | ALL RACES |
|-----------------------------------------------------|-------|----------|-------|-------|-----------------|-----------|
| <b>Children Without Health Insurance</b>            | 2.6%  | 4.7%     | 6.2%  | 7.6%  | NA              | 3.3%      |
| <b>Women With Delayed Prenatal Care</b>             | 10.3% | 15.5%    | 18.5% | 14.9% | 13.7%           | 12.4%     |
| <b>Preterm Births</b>                               | 8.5%  | 9.6%     | 11.4% | 9.1%  | 10.1%           | 9.1%      |
| <b>Low Birthweight Infants</b>                      | 6.6%  | 7.8%     | 11.2% | 9.0%  | 10.8%           | 7.5%      |
| <b>Infant Mortality (per 1,000 live births)</b>     | 4.8   | 6.1      | 10.8  | 6.4   | NA              | 6.2       |
| <b>Asthma Hospitalizations (per 1,000 children)</b> | 1.2   | 2.2      | 4.3   | 1.0   | NA              | 1.6       |
| <b>Births to Teens Ages 15-19 (per 1,000 teens)</b> | 11.6  | 45.9     | 33.2  | 11.5  | 53.6            | 18.6      |

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2010-2014 unless otherwise specified. Information is based on self-reported race and ethnicity. *Children without Health Insurance* data are from the U.S. Census Bureau, American Community Survey, 2010-2014, Tables B27001A, B27001B, B27001D, B27001I, & CP03. *Asthma Hospitalizations* data are from the Rhode Island Department of Health, Hospital Discharge Database, 2010-2014 and refer only to hospitalizations due to primary diagnoses of asthma. Data on Preterm Births are not comparable to prior years. For *Asthma Hospitalizations* the denominators are the child population under age 18 by race from the U.S. Census Bureau, Census 2010, SF1. For *Births to Teens* the denominators are the female populations ages 15-19 by race from the U.S. Census Bureau, Census 2010, P12, P14. For all indicators other than *Asthma Hospitalizations*, Hispanics also may be included in any of the race categories. NA indicates that the rate was not calculated because the number was too small to calculate a reliable rate.