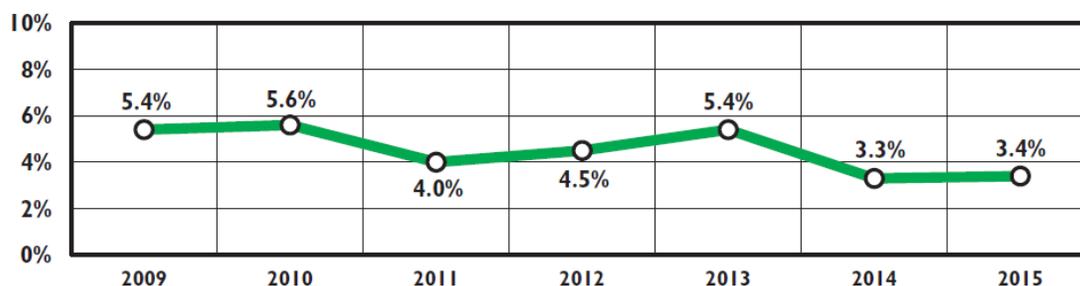


Health Indicators

Children's Health Insurance

- In 2015, 3.4% of Rhode Island's children under age 18 were uninsured. Rhode Island ranks fifteenth best in the U.S., with 96.6% of children having health insurance.

Children Without Health Insurance, Rhode Island, 2009-2015



Source: U.S. Census Bureau, American Community Survey, 2013 & 2015. Table CP03. Data are for children under 18 years of age and are not comparable to Factbooks prior to 2015.

- Of the estimated 8,809 uninsured children under age 18 in Rhode Island between 2011 and 2015, approximately 74% (6,532) were eligible for RItE Care coverage based on their family incomes, but were not enrolled.
- As of October 2016, 1,877 children were enrolled in commercial coverage in the individual market of HealthSource RI, which is a 14% increase from 2015 (1,651).

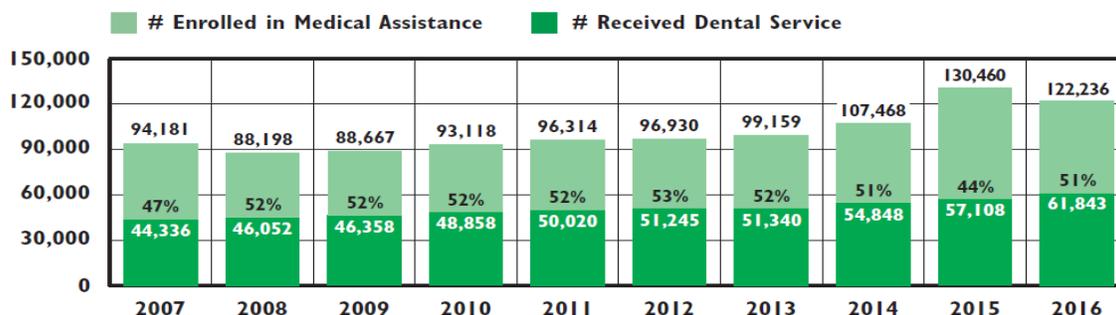
Childhood Immunizations

- In 2015, Rhode Island's rate of children ages 19 months to 35 months that were fully immunized (77%) was above the national average of 72% and 6th best in U.S. In the 2015-2016 school year, 1.13% (126) of kindergarten students and 4.48% (562) of 7th grade students received exemptions from vaccination requirements. Religious exemptions for 7th graders increased mainly due to the addition of HPV vaccine requirements. Despite this increase in 7th grade exemptions, the Rhode Island HPV vaccination rate for young adolescents is the best among 50 states and DC.

Access to Dental Care

- Fifty-one percent of the children who were enrolled in RItE Care, RItE Share, or Medicaid fee-for-service on June 30, 2016 received a dental service during State Fiscal Year (SFY) 2016, up from 43% in SFY 2006, when RItE Smiles launched. Rhode Island ranked 32nd in the U.S. for children enrolled in Medicaid with a dental visit in 2015.
- There are too few dentists trained to treat very young children or those who have public insurance. As of Federal Fiscal Year (FFY) 2015, 35% of Rhode Island children under age five with Medicaid coverage received any dental service.

Children Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2007-2016

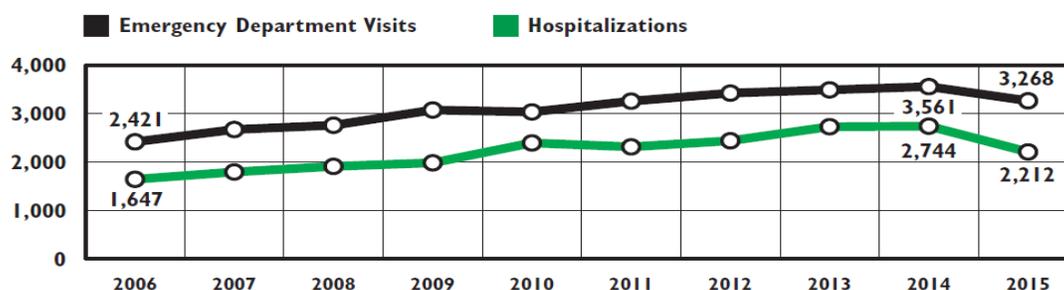


Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2007-2016. *Medical Assistance includes RTe Care, RTe Share, and Medicaid fee-for-service. See Methodology Note for data limitations.

Children's Mental Health

- In 2015, there were 3,268 emergency department visits and 2,212 hospitalizations of Rhode Island children under age 18 with a primary diagnosis of mental disorder at Bradley, Butler, Hasbro Children's Hospital, Memorial, and Newport Hospitals. While there were declines between 2014 and 2015, emergency department visits have increased 35% and hospitalizations have increased 34% since 2006.

Emergency Visits and Hospitalizations, for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2006-2015*



Source: Rhode Island Department of Health, Hospital Discharge Database (HDD), 2006-2015. *Data are for emergency department visits and hospitalizations, not children. Children may visit emergency department or be hospitalized more than once. Trend line is comparable to Factbooks since 2012.

Children with Special Needs

- As of June 30, 2016 in Rhode Island, there were 2,022 children under age three enrolled in Early Intervention (6% of all children under age three). In addition, 3,050 children ages three to five and 19,953 children ages six to 21 (14% of all students) received special education services during that time.

Health Indicators

Infants Born at Risk

- The U.S. birth rate has been declining since 2007. Rhode Island had the fifth lowest birth rate in the U.S. in 2015, with 10.4 births per 1,000 women ages 15 to 44.
- Between 2007 and 2016 in Rhode Island, the proportion of births to mothers without a high school diploma fell from 18% to 11% and births to teen mothers fell from 10% to 4% of all births. The proportion of births to single mothers decreased from 47% to 46% of all births during that time.

Women with Delayed Prenatal Care

- In Rhode Island between 2011 and 2015, 13.5% of women who gave birth did not begin care until the second or third trimester. In Rhode Island, Black women (20.2%), Hispanic women (16.3%), and Asian women (16.1%) were more likely to receive delayed prenatal care than White women (11.4%) during that time.

Preterm Births

- The single-year preterm birth rate in Rhode Island decreased from 2014 to 2015 (8.7% to 8.5%). Rhode Island ranks 13th best nationally and fifth in New England in 2015. Among women with private health insurance coverage in Rhode Island between 2011 and 2015, 8.3% of births were preterm, compared with 9.4% of those with public insurance coverage and 16.7% of births to women with no health insurance.

Low Birthweight Infants

- Rhode Island's low birthweight rate increased from 6.2% in 1990 to 7.6% in 2015, a 23% increase. Rhode Island ranks 20th best nationally and 5th best in New England on this measure in 2015. Between 2011 and 2015 in Rhode Island, 8.6% of infants born to women living in the four core cities were low birthweight, compared to 6.6% of those born to women living in the remainder of the state.

Infant Mortality

- Between 2011 and 2015, 316 infants died in Rhode Island before their first birthday, a rate of 5.9 per 1,000 live births. Mothers with a high school degree or less had a higher infant mortality rate (5.8 per 1,000 births) than mothers with more advanced educational degrees (4.8 per 1,000 births) during that time.
- In 2015, Rhode Island's infant mortality rate of 5.6 per 1,000 births ranked 18th lowest nationally and 4th among New England states.

Breastfeeding

- Between 2011 and 2015, 69% of new mothers in Rhode Island indicated that they intended to exclusively breastfeed when discharged from the hospital, 22% intended to exclusively formula feed, and 8% intended to use a combination of both.

Children with Lead Poisoning

- In 2016, 1,201 (4.9%) of the 24,738 Rhode Island children under age six who were screened had confirmed elevated blood lead levels (EBLL) of ≥ 5 $\mu\text{g/dL}$. Children living in the four core cities (7.0%) were more than twice as likely as children in the remainder of the states (3.2%) to have confirmed EBLLs of ≥ 5 $\mu\text{g/dL}$. 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 2011 and 2015, boys under age 18 had higher asthma emergency department (8.9 per 1,000 boys) and hospitalization (1.7 per 1,000 boys) rates than girls under age 18 (5.9 and 1.1 per 1,000 girls respectively).

Housing and Health

- Rhode Island continues to have the highest percentage of low-income children living in older housing built before 1980 of any state, with 83% of low-income children living in older housing between 2011 and 2015. Rhode Island's older housing stock poses health risk for children because lead paint was commonly used in homes built before 1978. Lack of adequate and affordable housing also puts safe, healthy, well maintained homes out of reach for many families.

Adolescent Obesity

- In Rhode Island in 2015, 12% of high school students self-reported as obese and 15% self-reported being overweight. Nineteen percent of Rhode Island children ages three to five enrolled in a Head Start program were obese and 26% were overweight during the 2015-2016 school year. In 2016, 18% of Rhode Island children ages two to four enrolled in WIC were obese and 15% were overweight.

Births to Teens

- In 2015 in Rhode Island, 539 babies were born to mothers under age 20, accounting for 5% of all babies born. Rhode Island's record low teen birth rate of 14.3 births per 1,000 for teen girls ages 15 to 19 ranks 7th best nationally and 5th among New England states in 2015.

Alcohol, Drug, and Tobacco Use

- Cigarette use has reached record low levels among U.S. middle and high school students. Rhode Island has the lowest current cigarette use rate for both middle (1%) and high school students (5%) in the nation among ranked states in 2015. However, 8% of Rhode Island middle school students and 19% of Rhode Island high school students reported current use of electronic vapor products.

Health Indicators

- Neonatal Abstinence Syndrome (NAS) refers to the withdrawal and negative effects experienced by newborns born to mothers who use opioids and other drugs during pregnancy. In Rhode Island in 2015, 114 babies were diagnosed with NAS, a rate of 103.8 per 10,000 births; up from 97 babies (92.0 per 10,000 births) in 2014 and nearly triple the rate of 37.2 in 2006.

Child Deaths

- In 2015, Rhode Island's single-year child death rate for children ages one to 14 was 12 per 100,000 children. Rhode Island child death rate was 4th lowest in the U.S. and New England in 2015.
- Between 2011 and 2015, 27 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 2011 and 2015, there were 97 deaths of teens ages 15 to 19 in Rhode Island, a rate of 26.0 per 100,000 teens. Of these deaths, 35 were due to unintentional injuries, 27 were due to intentional injuries (18 were suicides and nine were homicides), 26 were due to disease, seven were due to overdose, and two were of other or unknown causes.
- In 2015, Rhode Island's single-year teen death rate of 31 per 100,000 youth ages 15-19 was 4th lowest in the nation and 3rd lowest among New England states.

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	ALL RACES
Children Without Health Insurance	2.1%	7.0%	7.7%	1.1%	3.4%
Women with Delayed Prenatal Care	11.4%	16.3%	20.2%	16.1%	13.5%
Preterm Births	8.4%	9.4%	11.1%	8.4%	8.9%
Low Birthweight Infants	6.6%	7.7%	11.0%	8.2%	7.4%
Infant Mortality (per 1,000 live births)	4.4	5.8	9.5	5.9	5.9
Births to Teens Ages 15–19 (per 1,000 teens)	10.5	42.6	30.2	9.6	16.8

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2011-2015 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, 2011-2015, Tables B27001, B27001A, B27001B, B27001C, B27001D & B27001I. For birth-related indicators, see respective indicators for Methodology information and prior year comparison limitations. 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. Hispanics also may be included in any of the race categories.