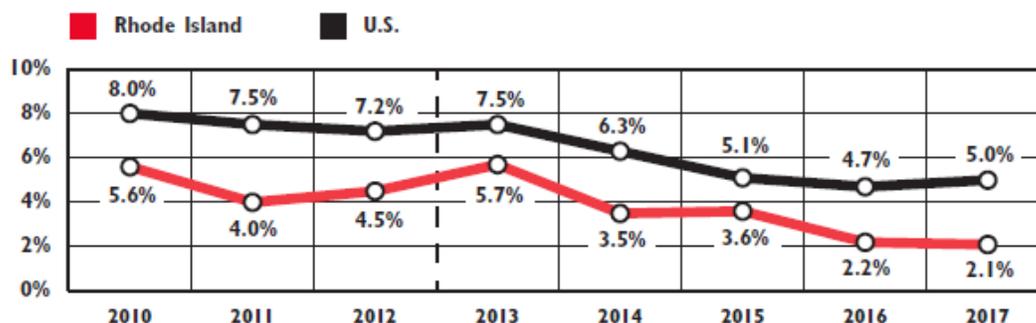


## Health Indicators

### Children's Health Insurance

- In 2017, 2.1% of Rhode Island's children under age 19 were uninsured. Rhode Island ranks third best state in the U.S., with 97.9% of children having health insurance.

### Children Without Health Insurance, Rhode Island and U.S., 2010-2017



Source: U.S. Census Bureau, American Community Survey, 2012 & 2017. Table CP03. Data from 2010 to 2012 are for children under 18 years of age and data from 2013 to 2017 are for children under 19 years of age due to a change in the 2017 American Community Survey. Prior Factbooks are not comparable.

- Approximately 70% (4,713) of the estimated 6,725 uninsured children under age 18 in Rhode Island between 2013 and 2017 were eligible for RItE Care coverage based on their family incomes but were not enrolled.
- As of October 2018, 1,749 children were enrolled in private health coverage through HealthSource RI, 52% of whom received financial assistance through a premium tax credit or a cost sharing reduction.

### Childhood Immunizations

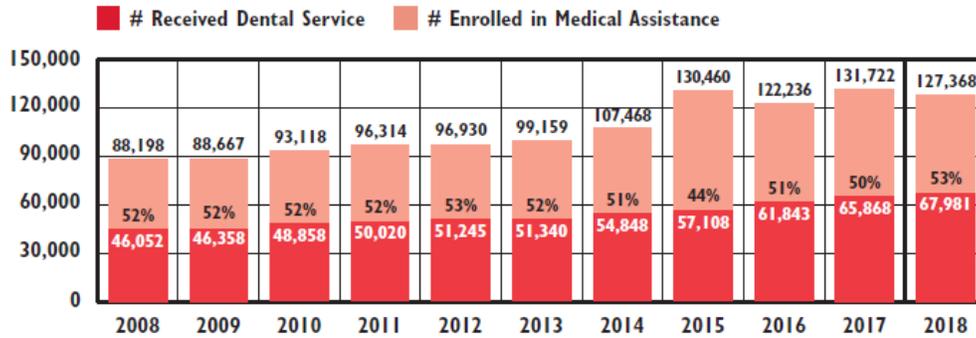
- In 2017, 74% of Rhode Island's children ages 19 months to 35 months were fully immunized, above the national average of 70% and 14th best in U.S.
- In the 2017-2018 school year, 1.1% (120) of kindergarten students and 4.4% (533) of seventh grade students received exemptions from vaccination requirements. Of these exemptions, 92% were for religious reasons and 8% were for medical reasons.

### Access to Dental Care

- Fifty-three percent (67,981) of the children who were enrolled in RItE Care, RItE Share, or Medicaid fee-for-service on June 30, 2018 received a dental service during State Fiscal Year (SFY) 2018. The number of children receiving dental services has increased by 57% since 2006 when RItE Smiles launched.
- There are too few dentists trained to treat very young children and too few who accept Rite Smiles. In 2017, 39% of Rhode Island children under age five with Medicaid coverage received any dental service.

Health Indicators

**Children Under 21 Enrolled in Medical Assistance\* Programs Who Received Any Dental Service, Rhode Island, SFY 2008-2018**

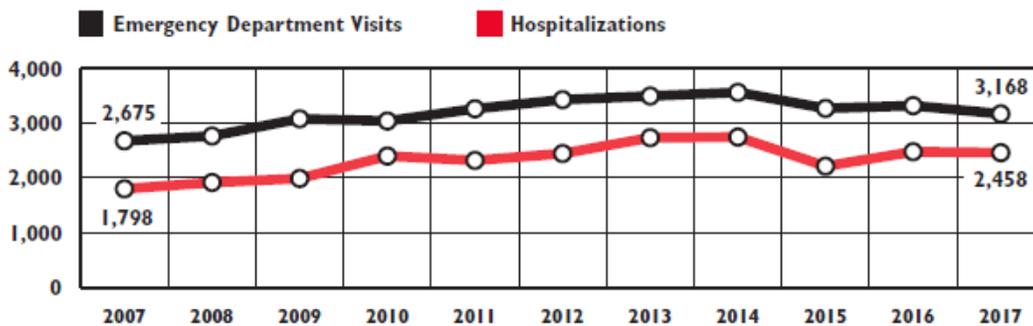


Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2008-2018. \*Medical Assistance includes Rite Care, Rite Share, and Medicaid fee-for-service.

**Children’s Mental Health**

- In Federal Fiscal Year (FFY) 2018, there were 465 Rhode Island children and youth awaiting psychiatric inpatient admission, similar to FFY 2017 when there were 462 boarders. The average wait time for FFY 2018 was 1.4 days, down from 3.6 days in FFY 2017. In FFY 2018, an average of seven children per day were ready to leave the psychiatric hospital (down from the FFY 2017 average of eight kids per day) but were unable due to a lack of step-down availability or there being no other safe placement (including at home).

**Emergency Care for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2007-2017\***



Source: Rhode Island Department of Health, Hospital Discharge Database, 2007-2017. \*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. Note: Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th classification to the 10th classification, which may impact comparability across the years.

## Health Indicators

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- In 2017, there were 3,168 emergency department visits and 2,458 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder. Between 2007 and 2017, emergency department visits increased 18% and hospitalizations increased 37%.

### **Children with Special Needs**

- As of June 30, 2018, nine certified Early Intervention provider agencies served 2,219 children under age three in Rhode Island. In addition, 3,121 children ages three to five and 21,488 children ages six to 21 received special education services during that time.

### **Infants Born at Risk**

- All babies born in Rhode Island are screened through the Rhode Island Department of Health's Newborn Risk Assessment Program. In 2018, there were 6,333 newborns (64%) who "screened positive," indicating the presence of one or more risk factors associated with poor developmental outcomes.
- Six percent (627) of babies born in 2018 had a mother with a documented history of substance abuse problems, and 2% (225) had a mother with documented involvement in the child welfare system (either as an adult or as a child). Between 2008 and 2018 in Rhode Island, the proportion of births to mothers without a high school diploma fell from 17% to 11%.

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

- In Rhode Island between 2013 and 2017, 14.7% of women who gave birth did not receive prenatal care until the second or third trimester. In Rhode Island, Black women (21.8%), Hispanic women (17.1%), American Indian and Alaskan Native (15.3%), and Asian women (15.5%) were more likely to receive delayed prenatal care than White women (12.2%) during that time.

### **Preterm Births**

- The single-year preterm birth rate in Rhode was 8.3% in 2017. Rhode Island ranked second best nationally and second best in New England in 2017.
- Among women with private health insurance coverage in Rhode Island between 2013 and 2017, 8.0% of births were preterm, compared with 9.5% of those with public insurance coverage and 15.1% of births to women with no health insurance.

### **Low Birthweight Infants**

- In 2017, 7.5% of Rhode Island's infants were born at low birthweight, which was a slight increase from 7.4% in 1997. Rhode Island ranked 15<sup>th</sup> nationally and fourth among New England states on this measure in 2017.
- Between 2013 and 2017 in Rhode Island, 8.7% 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.

## Health Indicators

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### **Infant Mortality**

- Between 2013 and 2017, 297 infants died in Rhode Island before their first birthday, a rate of 5.5 per 1,000 live births. Of the infants who died, 76% were low birthweight.
- In 2016, Rhode Island's infant mortality rate of 5.7 per 1,000 live births ranked 16<sup>th</sup> lowest nationally and fourth among New England states.

### **Breastfeeding**

- In 2015, Rhode Island reported rates of 81% of infants ever having been breastfed, 50% at six months, and 31% at one year of age; all decreases since 2013 and lower than the national averages.

### **Children with Lead Poisoning**

- In 2018, 635 (3%) of the 23,031 Rhode Island children under age six who were screened had confirmed elevated blood lead levels of  $\geq 5$   $\mu\text{g/dL}$ . Children living in the four core cities (4%) were four times as likely as children in the remainder of the state (1%) to have confirmed elevated blood lead levels. 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 2013 and 2017, Black children, Hispanic children, and children ages five to 12 were the most likely to visit the emergency department or be hospitalized as a result of asthma.

### **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 82% of low-income children living in older housing between 2013 and 2017. Rhode Island's older housing stock poses health risks 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.

### **Childhood Overweight and Obesity**

- Fifteen percent of Rhode Island children age two to 17 are overweight and 20% are obese.
- Twenty-six percent of children covered by public insurance are obese compared to 14% of children with private health insurance. Hispanic children have the highest rates of overweight and obesity at 17% overweight and 28% obese.

## Health Indicators

### Births to Teens

- In 2018 in Rhode Island, 395 babies were born to mothers under age 20, accounting for 4% of all babies born. Rhode Island’s record low teen birth rate of 11.4 births per 1,000 teen girls ages 15 to 19 ranks sixth best nationally and fifth among New England states.
- Between 2013 and 2017, the teen birth rate in the four core cities (26.4 births per 1,000 teen girls ages 15 to 19) was more than three times higher than the remainder of the state (8.0 per 1,000).

### Alcohol, Drug, and Tobacco Use

- Twenty percent of Rhode Island high school students reported current use of e-cigarettes in 2017. E-cigarettes are harmful to youth. They contain, among other chemicals, nicotine which is highly addictive and can harm brain development.
- Neonatal Abstinence Syndrome (NAS) refers to the objective and subjective signs and symptoms attributed to the cessation of prenatal exposure of substances. In Rhode Island in 2017, 113 newborns were diagnosed with NAS, a rate of 106 per 10,000 births; almost as high as the highest rate in 2015 at 114 per 10,000 births and double the rate of 37.2 in 2006.

### 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
Children Without Health Insurance	2.0%	3.9%	2.0%	4.4%	NA	2.1%
Women With Delayed or No Prenatal Care	12.2%	17.1%	21.8%	15.5%	15.3%	14.7%
Preterm Births	8.0%	9.3%	11.3%	7.7%	13.2%	8.7%
Low Birthweight Infants	6.4%	8.0%	11.2%	7.3%	12.3	7.4%
Infant Mortality (per 1,000 live births)	3.5	5.5	12.2	4.9 <sup>^</sup>	*	5.5
Births to Teens Ages 15-19 (per 1,000 teens)	7.9	35.2	16.4	4.0	27.1	14.4

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2013-2017 unless otherwise specified. Race data is non-Hispanic. Information is based on self-reported race and ethnicity. *Children without Health Insurance* data are from the U.S. Census Bureau, American Community Survey, 2017, Tables B27001, B27001A, B27001B, B27001D & B27001I. 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 U.S. Census Bureau data, Hispanic also may be included in any of the race categories.

\*The data are statistically unreliable and rates are not reported and should not be calculated.

<sup>^</sup>The data are statistically unstable and rates or percentages should be interpreted with caution.