

**RHODE ISLAND KIDS COUNT**

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**Testimony Re: Department of Health Budget**  
**House Finance Subcommittee on Human Services**  
**April 6, 2017**  
**Jim Beasley, Policy Analyst**

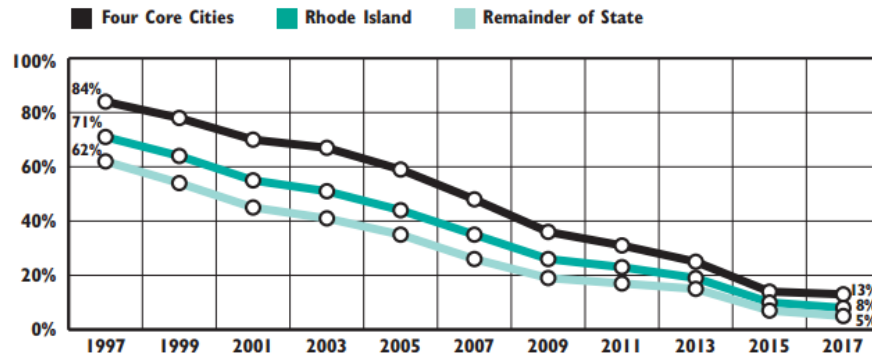
Madam Chair and members of the House Finance Subcommittee on Human Services, thank you for the opportunity to provide informational testimony today regarding the Department of Health's budget.

Rhode Island KIDS COUNT tracks and works on a wide range of issues relating to child well-being, including childhood immunizations, lead poisoning, asthma, healthy housing, obesity, and evidence-based family home visiting. We regularly collaborate with the Department of Health to provide community and government stakeholders with the best-available data and information on these and numerous other topics of child well-being. Our testimony highlights relevant domains of public health improvement and makes suggestions for areas for continued investment within the Department's budget.

### **Childhood Lead Poisoning Marked Progress and Continued Effort Needed**

Rhode Island KIDS COUNT has been tracking the tremendous progress that Rhode Island has made with reducing the number of children who are lead poisoned for more than two decades. It is one of the key health indicators on which Rhode Island had made the most progress, as a result of good data, targeted interventions, stable funding, and long-term commitment. The percentage of children entering kindergarten with a history of elevated blood lead levels decreased from 71% in 1997 to 8% in 2017, and in the core cities, a decrease of 84% to 13%.<sup>1</sup>

**Children Entering Kindergarten with History of Elevated\*  
Blood Lead Level Screening ( $\geq 5 \mu\text{g/dL}$ ), Rhode Island,  
Four Core Cities, and Remainder of State, 1997-2017**



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 1997 and 2017. \*Elevated blood lead level of  $\geq 5 \mu\text{g/dL}$ .

Despite a trend line (seen above) that shows the kind of progress policymakers hope for when investing in prevention and screening programs, Rhode Island's work is not yet done. There are still almost 1,300 children under age six with confirmed elevated blood lead levels and there are 70 children who were significantly lead poisoned. While childhood lead poisoning occurs in every community, there is a concentration in four urban core cities.<sup>2</sup> We support the proposed centralization of responsibilities for lead poisoning prevention and remediation in the Department of Health. We believe more urgent action needs to be taken with known properties who fail to mitigate known lead hazards in which young children and pregnant women reside.

Enhanced enforcement actions at the local and state level need to be taken to address this small group of known property owners. We also urge the General Assembly to ensure that resource and staff levels at the Department of Health remain sufficient so that continued progress on lead poisoning elimination can be made in Rhode Island.

Funding for both affordable housing and lead remediation is critical. Rhode Island's older housing stock poses health risks for children because lead paint was commonly used in the interior and exterior of homes before 1978. Rhode Island has the highest percentage of low-income children living in older housing, which is defined as being built before 1980.<sup>3</sup> Yet, state resources allocated for remediation of lead hazards and for affordable housing are not sufficient to meet the vast need, especially in the four core cities. Low-income families who are forced to spend more than 30% of their income on housing face difficult choices about housing quality and safety, as well how to best to spend their remaining income on critical expenses such as food, health insurance, health care, and transportation.

### **Adolescent Cigarette Use Declines and Need for More Tobacco Prevention and Cessation**

Tobacco use is another public health domain that Rhode Island has made tremendous progress. Current cigarette use among Rhode Island middle school students has declined from 4% in 2007 to 1% in 2015, while current cigarette use among Rhode Island high school students has declined from 35% to 5% from 1997 to 2015. Rhode Island has the lowest current cigarette use rate for both middle (1%) and high school (5%) students in the nation among ranked states in 2015.<sup>4</sup>

However, more progress needs to be made to reduce the use of new tobacco products and to help those students and family members trying to quit tobacco. In Rhode Island in 2015, 8% of middle school students and 19% of high school students reported current use of an electronic vapor product. In addition, 46% of Rhode Island high school student who are current cigarette smoker reported they are trying to quit. High rates of tobacco use are also seen among Rhode Island adult family members. In 2015, 34% of middle school students and 32% of high school students reported living with someone who smoked cigarettes.<sup>5</sup> In addition, 7% (4,007) of all Rhode Island births from 2011 to 2015 were to women who smoked during their pregnancy, which is associated with many adverse birth outcomes.<sup>6</sup>

We urge the General Assembly to continue to allocate funding for tobacco prevention and cessation to keep our progress going. We recommend the General Assembly allocate increased funding in a restricted receipt account for tobacco prevention and cessation programming. This will help ensure these critical funds are allocated annually.

### **Importance of Public Health Data Collection and Reporting**

Rhode Island KIDS COUNT also strongly supports the Department of Health's public health data collection and reporting activities. We work closely with the Department of Health to spotlight data on health disparities by race and ethnicity. Twenty-four indicators in our annual Factbook publication, along with numerous Issue Briefs on a variety of topics, are able to be created and shared with community and government stakeholders because of data collection efforts and instruments that are overseen and organized by the Department of Health. We urge the General Assembly to support modernization efforts with the Department's vital records system and to continue to ensure sufficient funding and staff is allocated to support critical public health data collection and reporting activities.

### **Closing**

Rhode Island KIDS COUNT thanks you for the opportunity to provide testimony and for your continued leadership on children's health and support of the Department of Health's many efforts to improve the health and well-being of all Rhode Island children and families.

### **References**

- 1,2 Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, 2016.
- 3 Population Reference Bureau analysis of 2010-2014 American Community Survey PUMS data.
- 4,5 Rhode Island Department of Health, *Youth Risk Behavior Survey*, 1997-2015.
- 6 Rhode Island Department of Health, Center for Health Data Analysis, 2011-2015.