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Testimony Re: Health Department Budget and Articles 8 & 22
Senate Committee on Finance
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Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today regarding the Department of Health's Budget and related Budget Articles 8 (cigarette tax) and 22 (lead poisoning). We propose an important amendment regarding the need to retain the requirement of lead inspection for foster home licensure regarding Budget Article 22 (lead poisoning).

Support for 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, including health disparities by race and ethnicity. Given this, we strongly support the Department of Health's public health data collection and reporting activities. 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.

Article 8 - Adolescent Cigarette Use Declines and Need for More Tobacco Prevention and Cessation

Rhode Island KIDS COUNT has been tracking the tremendous progress that Rhode Island has made with reducing the number of youth who report using tobacco products.

- **Declines with Adolescent Cigarette use:** The percentage of Rhode Island middle school students who report ever trying cigarette declined from 16% in 2007 to 7% in 2015. Current cigarette use also declined from 4% to 1% during that time period. Similar declines were reported among Rhode Island high school students. Between 1997 and 2015, reports of ever trying a cigarette declined from 69% to 22% and current cigarette use declined from 35% to 5%. 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 2015.¹
- **Concerns with Adolescent Electronic Vapor and Other Tobacco Product Use:** Despite these marked declines in cigarette use, Rhode Island adolescents still report using a wide variety of other tobacco products, includes cigars, hookah, and smokeless tobacco. Electronic vapor products are one of the most popular emerging products being used. In Rhode Island in 2015, 19% of high school students and 8% of middle school students reported current use of an electronic vapor product in the past 30 days.²

- Family Risk Factors for Tobacco:** Family tobacco use poses risks for infant and teens alike. Mother’s smoking during pregnancy is associated with adverse birth outcomes. In Rhode Island between 2011 and 2015, 7% (4,007) of all births were to women who smoked during their pregnancy. During that time, Rhode Island mothers who smoked had higher percentages of low birthweight (12.9%) and preterm births (12.1%) compared to mothers who did not smoke (6.8% and 8.5% respectively).³ Parent tobacco use is also associated with teen tobacco use. In Rhode Island in 2015, 34% of middle school students and 32% of high school students reported living with someone who smoked cigarettes.⁴

More Tobacco Prevention and Cessation Programming and Funding is Needed

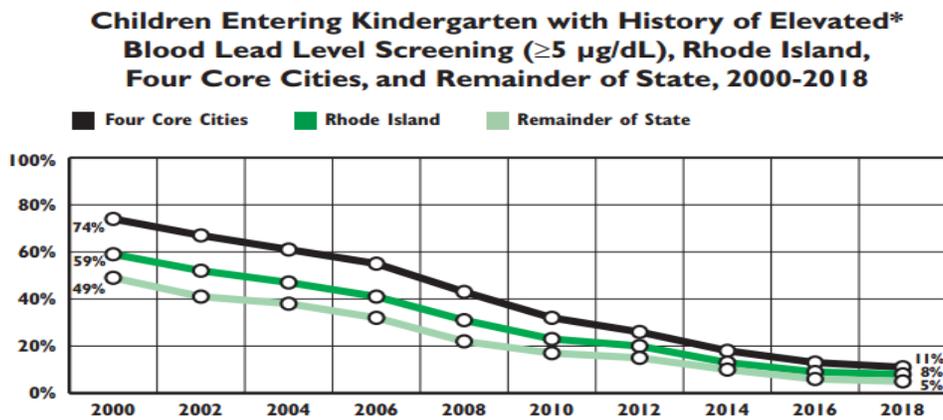
Despite state laws prohibiting purchases of tobacco products, a number of Rhode Island youth report buying such products. One in five (22%) Rhode Island high school students under age 18 who use an electronic vapor during the past 30 days reported buying it in a store and 21% reported buying cigarettes in a store as well. In addition, among Rhode Island high school students who reported current cigarette use, 46% reported trying to quit. More prevention and cessation programming for children and families is needed to continue to reduce overall tobacco use.⁵

Tobacco Cessation and Prevention Restricted Receipt Recommendation

Rhode Island KIDS COUNT recommends that the General Assembly enact legislation that creates a Tobacco cessation and prevention restricted receipt account. This will help ensure that funds derived from this cigarette tax are annually allocated for important public health tobacco programming.

Article 22 - 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 59% in 2000 to 8% in 2018, and in the core cities, a decrease of 74% to 11%.⁶



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 2000 and 2018. *Elevated blood lead level of ≥5 µg/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.⁷

Continue to Enact and Expand What Works

Budget Article 22 would continue to enact and expand many aspects of lead poisoning prevention and mitigation services that are working well in Rhode Island. We urge the support of these new and existing policies outlined below.

- **Mandatory lead screening and insurance coverage:** Identification and treatment of lead poisoning in children under age six is critically important. In recognition of this, Rhode Island laws require all children must have at least two blood lead screening tests by age three and annual screenings through age six. To help enact this legislation, lead screening is a mandated covered health insurance benefit. In 2016, 76% of Rhode Island three-year old children received a blood lead test and 56% received two blood tests.⁸
- **Required reporting of lead poisoning cases:** Statewide monitoring, reporting, and analysis of new lead poisoning cases of children is critical to identify and mitigate known lead hazards and geographic areas of focus. In Rhode Island, a medical provider who makes the diagnosis of childhood lead poisoning is required to report that diagnosis to the Department of Health within 10 business days of the diagnosis. This alert system has helped the Department of Health formulate reports and allocate resources to communities with disproportionate risk.
- **Elimination of exemptions:** Rhode Island KIDS COUNT supports the removal of the exemption for pre-1978 rental dwelling units that are owner occupied to meet and maintain lead hazard mitigation standards. By reducing the exempted households and making more households compliant, including rental properties that are owner occupied, the risk for lead exposure will be reduced for pregnant women and children under age six. Allowing continued presumptive compliance of owner occupied rental properties does not increase the supply of housing stock in Rhode Island which is at a minimum lead safe.
- **Identification of non-compliant properties:** Rhode Island KIDS COUNT 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. Current Rhode Island laws require the establishment and maintenance of a registry of property units for which lead violations, certificates, and comprehensive environment lead inspection have been performed. We support efforts to centralize this registry within the Department of Health so that prospective property renters or owners have streamlined access to known lead risks and mitigations. Rhode Island KIDS COUNT believes the continued listing of properties that are not lead safe and have history of lead poisoned children should continue to be publicly listed and subject to priority corrective action by the Department of Health and the Attorney General.
- **Injunctive Relief:** Empowering at risk renters such as pregnant women or families with children under age six with the right to seek accelerated judicial relief from a property owner of a rental dwelling who fails to comply with standards for lead hazard reduction or abatement is an important consumer protection. Rhode Island KIDS COUNT is pleased to see this protection continued to be preserved in this proposed budget article.
- **State agency specialization:** Rhode Island KIDS COUNT supports efforts to centralize lead prevention and mitigation efforts within the Department of Health. The transference of responsibilities from the Housing Resources Commission will help simply and streamline state efforts. We urge the General Assemble to ensure that allocated Department of Health staff are sufficient so that continued progress on lead poisoning elimination can be made.

Areas of Concern and Opportunities for Improvement

Rhode Island KIDS COUNT offers the following concerns regarding the proposed Budget Article 22 as well as some additional policy suggestions for improved lead poisoning prevention and mitigation.

- **Foster home licensing concerns: Rhode Island KIDS COUNT does not agree with the Governor's proposal in Article 22 to remove lead inspection requirements from foster home licensing legislation/requirements (Article 22 Section 23-24.6-14 entitled Inspection of child care facilities).** While we are in strong support of initiatives by the Department of Children, Youth, and Families to reduce the number of youth placed in congregate care and to increase placements in family settings/foster homes, we feel that it is critical to ensure that prospective foster homes are safe for children in terms of lead hazards. As an alternative to removing the lead inspection requirement for foster homes, we recommend that one of the additional FTE's that will be provided to the Department of Health via this article be designated as having a priority focus on inspecting foster homes in a timely fashion. This will eliminate the problem of a back-log of foster home lead inspections which can slow the critical licensing of foster homes that are needed for placements for children and youth. Eliminating the lead inspection requirement for foster homes via this budget article would eliminate a long-standing legislative policy to ensure healthy environments for foster children and youth and would put vulnerable children at increased risk for lead poisoning, which can result in long-lasting and severe negative health outcomes.
- **Eliminate the proposed studio exemption and clarify the disability exemption:** Rhode Island KIDS COUNT does not agree with the Governor's proposal to exempt pre-1978 studio rentals from lead hazard mitigation standards. We also have concerns regarding exemptions for those properties reserved for persons with disabilities. We believe actions should be taken to increase all types of housing stock that is minimally lead safe. Given that pregnant women and children under age six can and do reside in studio rentals and properties reserved for those with disabilities, we feel these property rentals should also not be made exempt from lead standards. If the General Assembly does go forward with the disability exemption, we ask that language be added to clarify that this exemption not be made for units in which young children reside.
- **Need for increased lead mitigation resources and funding for affordable housing:** 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 1980.⁹ 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.
- **Enact Homeless Shelter Standards:** In Rhode Island, children make up about one-quarter of the people who use homeless shelters and about 1,000 children reside with their families in emergency homeless shelters annually.¹⁰ However, rules, regulations, and standards for the operation and condition of homeless shelters do not exist. All children need a safe, affordable, stable home, and we must work as a state to end homelessness. Rhode Island must also ensure children who experience homelessness are provided with a safe, supportive environment until such a time that their families find a permanent place to live. We urge the General Assembly to enact homeless shelter standards that include lead mitigation provisions.

- **Improve enforcement of known lead hazard properties:** Rhode Island has made tremendous progress in reducing the number of children who are lead poisoned. However, there still remain a small number of children who mainly reside in the four core cities who have been lead poisoned. We believe more urgent action needs to be taken with known properties who fail to mitigate known lead hazards in which young children reside. Enhanced enforcement actions at the local and state level need to be taken to address this small group of known property owners. Without doing so, we will be unable to fully eliminate lead poisoning in Rhode Island.
- **Expand comprehensive environmental home inspections:** In recognition that no safe blood lead level exists, the Centers for Disease Control and Prevention lowered threshold for which a child is deemed to have an elevated blood lead level from 10 µg/dL to 5 µg/dL. This new lower reference value allows parents and health officials to take corrective actions sooner. Rhode Island KIDS COUNT believes this same preventive approach should be taken with environmental homes inspections offered in the state. Currently, a comprehensive environmental inspection of a child's home is offered when a single venous test result is ≥15 µg/dL. We urge the General Assembly and Department of Health to consider lowering the threshold once more for which an environmental inspection is offered in order to allow corrective action to be taken sooner.

Closing

Childhood lead poisoning and tobacco use are public health issues that Rhode Island can further reduce and ultimately eliminate. Rhode Island KIDS COUNT urges the General Assembly to continue to enact legislation as well as allocate sufficient resources needed to help reduce the number of children who are lead poisoned and/or use/exposed to tobacco products. We are in reach of finishing the job. We thank you for the opportunity to provide testimony and for your continued leadership on children's health.

References

- 1,2,5 Rhode Island Department of Health, Youth Risk Behavior Survey, 1997-2015
- 3 Rhode Island Department of Health, Center for Health Data Analysis, 2011-2015
- 6,7,8 Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning prevention Program, 2016.
- 9 Population Reference Bureau analysis of 2011-2015 American Community Survey Public Use Microsample data.
- 10 Rhode Island Department of Education, Public School Enrollment in grades preschool to 12 on October 1, 2015.