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Testimony Re: Department of Health Budget
House Finance Subcommittee on Human Services
April 11, 2018
Elizabeth Burke Bryant, Executive Director

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. 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 success and makes suggestions for areas for continued investment within the Department's budget.

Highlights of Key Children's Public Health Issues

- *Teen Births*

In 2016, Rhode Island's teen birth rate was the lowest ever recorded at 13 births per 1,000 teen girls and ranked 7th in the nation.[1]

- *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 2017, there were 6,303 newborns (63%) who "screened positive," indicating the presence of one or more risk factors associated with poor developmental outcomes.[2]

- *Evidenced-based family home visiting*

As of October 2017, of the 1,090 families enrolled in one of three evidence-based home visiting Programs. The latest numbers indicate that approximately 1,200 families are enrolled as of today. Family visiting is a key strategy to ensure healthy child development and to reduce caseloads at DCYF. In 2017, 2,900 children received at least one First Connections home visit.[3]

- *Neonatal Abstinence Syndrome (NAS)*

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[4]. In Rhode Island in 2016, 96 babies were diagnosed with NAS, a rate of 89.5 per 10,000 births; down from 114 babies (103.8 per 10,000 births) in 2015 but more than double the rate of 37.2 in 2006.[5]

- *Health Equity Zones*

The Rhode Island KIDS COUNT Factbook highlights racial and ethnic disparities as well as disparities between the Core Cities and the rest of the state in health outcomes. Through our work on the State Innovation Model (SIM) Steering Committee, we are glad to see progress on Health Equity Zones where "place-based" programs indentify opportunities and investments are made to address differences in health outcomes at a local level.[6]

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Health Outcomes by Race and Ethnicity

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

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children Without Health Insurance	1.7%	2.3%	3.2%	0%	NA	1.9%
Women With Delayed or No Prenatal Care	12.4%	17.4%	21.9%	26.5%	15.6%	14.5%
Preterm Births	6.4%	8.1%	9.2%	7.2%	8.9%	7.1%
Low Birthweight Infants	6.7%	8.2%	11.3%	13.1%	10.3	7.7%
Infant Mortality (per 1,000 live births)	4.3	5.7	9.9	9.3	*	5.7
Births to Teens Ages 15–19 (per 1,000 teens)	9.4	37.9	24.9	8.3	40.4	15.0

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016 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, 2016, 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. Hispanic also may be included in any of the race categories.

Long Term Successes and Opportunities for Further Investment

- *Childhood Lead Poisoning*
  The percentage of children entering kindergarten with a history of elevated blood lead levels decreased from 71% in 1997 to 7% in 2018, and in the core cities, a decrease of 84% to 10%.[7]

  Despite a trend that shows immense progress from an investment in prevention and screening programs, Rhode Island's work is not yet done. In 2017, there are still 953 children under age six with confirmed elevated blood lead levels and there are 64 children who were significantly lead poisoned.[8]

  Current 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. *We urge the General Assembly to ensure that resource and staff levels at the Department of Health are sufficient so that continued progress on lead poisoning elimination can be made in Rhode Island.*

- *Adolescent Cigarette Use and Smoking Prevention and Cessation*
  Tobacco use is another public health domain that Rhode Island has made tremendous progress. Current cigarette use among Rhode Island high school students has declined from 15% in 2007 to 6% in 2015.[9] However, more progress needs to be made to reduce the use of new tobacco products. In Rhode Island in 2017, 20% of high school students reported current use of an electronic vapor product.

  In addition, 60% of Rhode Island high school student who are current cigarette smoker reported they are trying to quit. Resources for DOH's Tobacco Control and Smoking Cessation Program have been drastically reduced in the last two decades. *We urge the General Assembly to increase funding for tobacco prevention and cessation programming at the Department of Health. We recommend the General Assembly allocate increased funding in a restricted receipt account from proposed increases in tobacco product tax revenue.*

Current Substance Use of Rhode Island High School Students by Select Subgroups, 2017

	ALCOHOL USE*	E-CIGARETTE USE*	CIGARETTE USE*	MARIJUANA USE*	PRESCRIPTION DRUG MISUSE**
Female	26%	17%	5%	23%	3%
Male	20%	22%	7%	23%	4%
Black, Non-Hispanic	19%	12%	1%	27%	4%
White, Non-Hispanic	25%	23%	7%	22%	3%
All other races, Non-Hispanic	NA	16%	1%	19%	2%
Multiple races, Non-Hispanic	29%	20%	6%	38%	1%
Hispanic	20%	16%	6%	23%	4%
9th Grade	16%	17%	6%	15%	4%
10th Grade	20%	21%	5%	20%	5%
11th Grade	26%	22%	4%	26%	3%
12th Grade	33%	21%	9%	33%	2%
All Students	*23%*	*20%*	*6%*	*23%*	*4%*

Source: *2017 Rhode Island Youth Risk Behavior Survey*, Rhode Island Department of Health, Center for Health Data and Analysis. *Current use is defined as students who answered yes to using respective substances in the 30 days prior to the survey. **Prescription drug misuse is defined as those without a doctor's prescription. NA is not available due to small sample size.

Importance of Public Health Data Collection and Reporting

- Rhode Island KIDS COUNT 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 support the upgrade to the Department's electronic vital records system which will support the data collection activities of the Department. We also urge the General Assembly to ensure sufficient funding and staff is allocated to support critical public health data collection and reporting activities.*

- **Obesity**
  A critical issue we are working on related to health data is in partnership with the Department of Health and the SIM on the collection of clinical child and adolescent Body Mass Index (BMI) data from multiple sources with the end goal of identifying a regular source of this data for informing government and nonprofit programming.

In 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] The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org
[2] Rhode Island Department of Health, KIDSNET Database, 2007-2017.
[3] Rhode Island Department of Health, 2017.
[4] Neonatal abstinence syndrome: How states can help advance the knowledge base for primary prevention and best practices of care. (2014). Arlington, VA: Association of State and Territorial Health Officials.
[5] Rhode Island Department of Health, Center for Health Data Analysis, 2006-2016.
[6] Health equity zones: Building healthy and resilient communities across Rhode Island. (2018) Rhode Island Department of Health.
[7] Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program.
[8] Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children Under Age Six, 2017.
[9] 2017 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis.