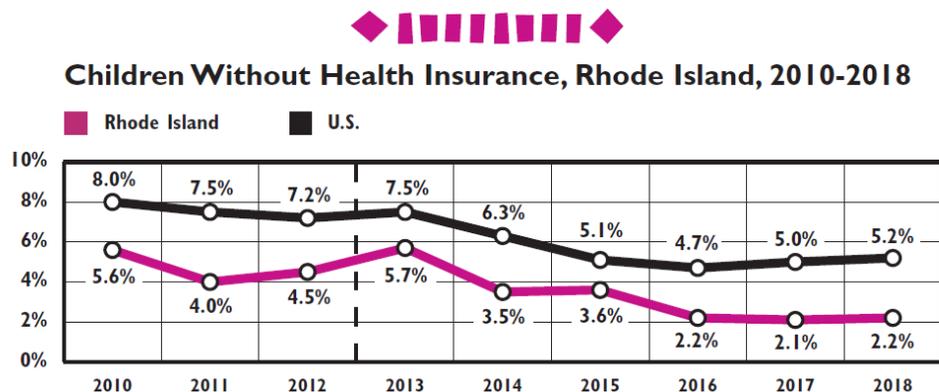


Health Indicators

Children's Health Insurance

- In 2018, 2.2% of Rhode Island's children under age 19 were uninsured. Rhode Island ranks third best state in the U.S., with 97.8% of children having health insurance.



Source: U.S. Census Bureau, American Community Survey, 2012 & 2018. Table CP03. Data from 2010 to 2012 are for children under 18 years of age and data from 2013 to 2018 are for children under 19 years of age due to a change in the 2017 American Community Survey. Prior Factbooks are not comparable.

- Approximately 68% (2,945) of the estimated 5,028 uninsured children under age 18 in Rhode Island between 2014 and 2018 were eligible for RItE Care coverage based on their family incomes but were not enrolled.
- As of October 2019, 1,838 children were enrolled in private health coverage through HealthSource RI, 55% of whom received financial assistance through a premium tax credit or a cost sharing reduction.

Childhood Immunizations

- In 2018, 71% of Rhode Island's children ages 19 months to 35 months were fully immunized, above the national average of 69%.
- In the 2018-2019 school year, 1.3% (139) of kindergarten students received exemptions from vaccination requirements. Of these exemptions, 88% were for religious reasons and 12% were for medical reasons. In the 2018-2019 school year, 4.9% (599) of seventh grade students received exemptions from vaccination requirements. Of these exemptions, 97% were for religious reasons and 3% were for medical reasons.

Access to Dental Care

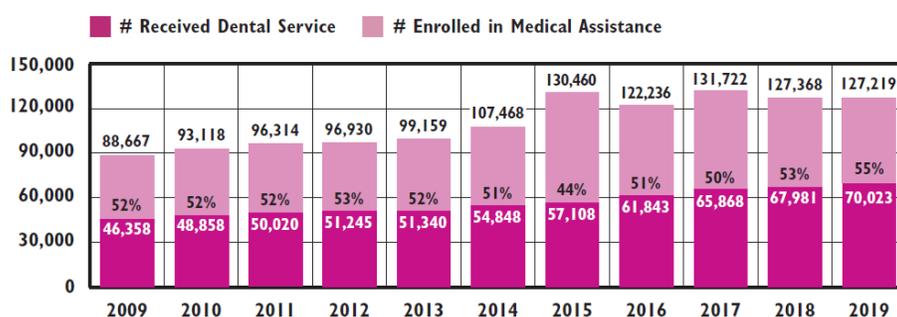
- Fifty-five percent (70,023) of the children who were enrolled in RItE Care, RItE Share, or Medicaid fee-for-service on June 30, 2019 received a dental service during State Fiscal Year (SFY) 2019. The number of children receiving dental services has increased by 62% since 2006 when RItE Smiles launched.
- Although oral health care can be safely provided during pregnancy, only slightly more than half (56%) of Rhode Island women report having a dental visit during their pregnancy.

Health Indicators

Among those who received dental care, 43% had RItE Care and 67% had private insurance. Sixty percent of pregnant women reported receiving education from a provider about the importance of dental visits during pregnancy.

- There are too few dentists trained to treat very young children and too few who accept RItE Smiles. In 2018, 40% of Rhode Island children under age five with Medicaid coverage received any dental service.

Children Under 21 Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2009-2019

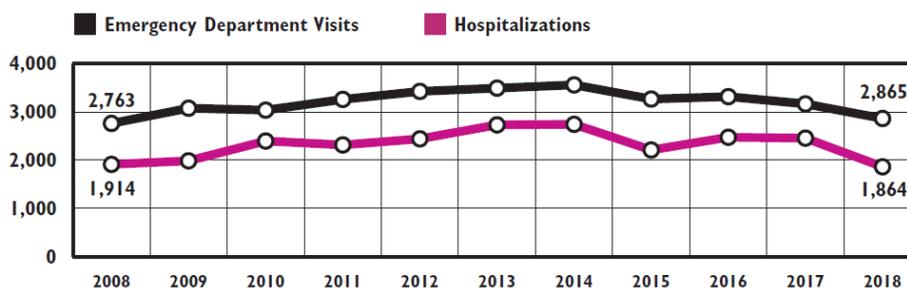


Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2009-2019. *Medical Assistance includes RItE Care, RItE Share, and Medicaid fee-for-service.

Children's Mental Health

- In Federal Fiscal Year (FFY) 2019, there were 437 Rhode Island children and youth awaiting psychiatric inpatient admission, similar to FFY 2018 when there were 465 boarders. The average wait time for FFY 2019 was 3.3 days, up from 1.4 days in FFY 2018. In FFY 2019, an average of five children per day were ready to leave the psychiatric hospital (down from the FFY 2018 average of seven 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, 2008-2018*



Source: Rhode Island Department of Health, Hospital Discharge Database, 2008-2018. *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. As of 2018, data only includes Rhode Island resident children.

Health Indicators

- In 2018, there were 2,865 emergency department visits and 1,864 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder.

Children with Special Needs

- As of June 30, 2019, nine certified Early Intervention provider agencies served 2,358 children under age three in Rhode Island. In addition, 3,156 children ages three to five and 21,868 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 2019, there were 6,174 newborns (64%) who "screened positive," indicating the presence of one or more risk factors associated with poor developmental outcomes.
- Seven percent (639) of babies born in 2018 had a mother with a documented history of substance abuse problems, and 2% (216) had a mother with documented involvement in the child welfare system (either as an adult or as a child). Between 2009 and 2019 in Rhode Island, the proportion of births to mothers without a high school diploma fell from 16% to 11%.

Women with Delayed Prenatal Care

- In Rhode Island between 2014 and 2018, 15.9% of women who gave birth did not receive prenatal care until the second or third trimester. In Rhode Island, Black women (22.3%), Hispanic women (18.2%), American Indian and Alaskan Native (21.2%), and Asian women (16.4%) were more likely to receive delayed prenatal care than White women (13.4%) during that time.
- Severe maternal morbidity is defined as unintended outcomes of labor and delivery that result in significant consequences to a woman's health. In 2014-2018, the Rhode Island severe maternal morbidity rate was 223 per 10,000 delivery hospitalizations. Black (345 per 10,000), Hispanic (254 per 10,000) and Asian (262 per 10,000) women all had higher rates of maternal morbidity than White women (189 per 10,000).
- Pervasive racial bias and unequal treatment of Black women in the health care system often result in inadequate treatment for pain. This coupled with stress from racism and racial discrimination contribute to unacceptable health outcomes among Black women and their infants.

Health Indicators

Preterm Births

- The single-year preterm birth rate in Rhode was 9% in 2018. Rhode Island ranked ninth best nationally and fifth best in New England in 2018.
- Among women with private health insurance coverage in Rhode Island between 2014 and 2018, 8.1% of births were preterm, compared with 9.4% of those with public insurance coverage and 14.5% of births to women with no health insurance.

Low Birthweight Infants

- In 2018, 7.6% of Rhode Island's infants were born at low birthweight, which was a slight increase from 7.4% in 1997. Rhode Island ranked 15th nationally and fourth among New England states on this measure in 2018.
- Between 2014 and 2018 in Rhode Island, 8.7% of infants born to women living in the four core cities were low birthweight, compared to 6.7% of those born to women living in the remainder of the state.

Infant Mortality

- Between 2014 and 2018, 279 infants died in Rhode Island before their first birthday, a rate of 5.2 per 1,000 live births. Of the infants who died, 74% were low birthweight.
- In 2017, Rhode Island's infant mortality rate of 6.2 per 1,000 live births ranked 31st lowest nationally and last 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 2019, 579 (2%) of the 23,947 Rhode Island children under age six who were screened had confirmed elevated blood lead levels of ≥ 5 $\mu\text{g}/\text{dL}$. 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 2014 and 2018, Black children, Hispanic children, and children under age five were the most likely to visit the emergency department or be hospitalized as a result of asthma.

Health Indicators

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 84% of low-income children living in older housing between 2014 and 2018. 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

- Thirteen percent of Rhode Island children age two to 17 are overweight and 17% are obese.
- Twenty-two percent of children covered by public insurance are obese compared to 12% of children with private health insurance. Hispanic children (13% overweight and 23% obese) and Non-Hispanic Black children (14% overweight and 23% obese) have the highest rates of overweight and obesity.

Births to Teens

- In 2018 in Rhode Island, 412 babies were born to mothers under age 20, accounting for 4% of all babies born. Rhode Island's teen birth rate of 11.5 births per 1,000 teen girls ages 15 to 19 ranks eighth best nationally and sixth among New England states.
- Between 2014 and 2018, the teen birth rate in the four core cities (23.6 births per 1,000 teen girls ages 15 to 19) was more than three times higher than the remainder of the state (7.5 per 1,000).

Alcohol, Drug, and Tobacco Use

- Thirty percent of Rhode Island high school students reported current use of e-cigarettes in 2019. 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 2018, 108 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.

Health Indicators

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.

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Health Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children Without Health Insurance	2.4%	2.3%	1.4%	4.9%	NA	2.2%
Women With Delayed or No Prenatal Care	13.4%	18.2%	22.3%	16.4%	21.2%	15.9%
Preterm Births	8.1%	9.3%	11.2%	7.5%	13.2%	8.7%
Low Birthweight Infants	6.6%	8.0%	11.1%	7.5%	12.5	7.5%
Infant Mortality (per 1,000 live births)	3.3	5.5	10.6	5.2^	*	5.2
Births to Teens Ages 15-19 (per 1,000 teens)	7.5	31.7	16.6	3.3	26.7	14.0

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018 unless otherwise specified. Race and ethnicity is self-reported. Race data is non-Hispanic, except for *Infant Mortality* where Hispanic can be of any race. *Children Without Health Insurance* data are from the U.S. Census Bureau, American Community Survey, 2018, Tables B27001, B27001A, B27001B, B27001D & B27001I. For U.S. Census Bureau data, Hispanic also may be included in any of the race categories. For *Births to Teens* the denominator is the female population ages 15 to 19 by race and ethnicity from CDC Wonder. Note that the All Races total for *Births to Teens* does not match the Rhode Island total presented by city and town in the *Births to Teens* indicator, which uses American Community Survey data by city and town as the denominator.

*The data are statistically unreliable and rates are not reported and should not be calculated.
 ^The data are statistically unstable and rates or percentages should be interpreted with caution..