

## ISSUES AFFECTING THE WELL-BEING OF RHODE ISLAND'S YOUNGEST CHILDREN

This *Issue Brief* summarizes the latest available data on ten issues of great importance to the well-being of Rhode Island's 78,000 young children who are under the age of six. Because all areas of child-well being are interrelated, information is provided on a range of issues, including health, safety, and economic security. Early childhood education issues, critical to child well-being, are addressed in other *Issue Briefs* (available from Rhode Island KIDS COUNT). Conditions for large numbers of children will change when all sectors join together to improve child outcomes by using our extensive knowledge of effective intervention strategies. Tracking changes in selected indicators enables state policy makers and community leaders to set priorities, apply knowledge of "what works" to reverse negative trends, and monitor progress. Improving outcomes for children of all ages requires investments in young children and their families. Many of the difficult and costly problems faced by adolescents can be prevented with a better start in life.

### DELAYED PRENATAL CARE

Timely and comprehensive prenatal care, focused on the whole family and the living environment, increases the likelihood of delivering a healthy infant of normal birthweight. Women receiving late or no prenatal care are at increased risk of having infants who are low birthweight, who are stillborn, or who die within the first year of life. Women who receive adequate prenatal care are more likely to get preventive care for their infants.<sup>1</sup> Delaying the start of prenatal care to the second trimester increases health risks for both mother and baby.<sup>2</sup> Over the past decade, access to prenatal care has improved. The percentage of Rhode Island women who did not receive prenatal care in the first trimester decreased from 14.1% to 10.3%. While more women of all ethnic groups are entering prenatal care during the first trimester of pregnancy, African-American, Asian, and Hispanic women continue to be considerably less likely to receive prenatal care in the first trimester. In Woonsocket and Central Falls, more than 20% of women receive late or no prenatal care, twice the state rate for delayed care.<sup>3</sup> Adolescents are less likely to receive early prenatal care than older mothers. In Rhode Island between 1991 and 1995, nearly 30% of young women ages 12 to 17 years old did not receive prenatal care until after the first trimester.<sup>4</sup>



## LOW BIRTHWEIGHT INFANTS

A baby's birthweight is a key indicator of newborn health and is directly related to infant survival, health and development. A baby is small at birth either because it was born too soon, because it grew too slowly, or some combination of the two. Babies born weighing less than 5.5 pounds are at greater risk for physical and developmental problems.<sup>5</sup> The incidence of low birthweight is strongly associated with poverty.<sup>6</sup> Prevention of low birthweight focuses on early and comprehensive prenatal care, adequate nutrition and weight gain, and smoking cessation. For the period 1991-1995, 6.3% of babies born in Rhode Island were low birthweight.



## INFANT MORTALITY

The infant mortality rate is an important measure of the well-being of infants, children, and pregnant women. Infant mortality is associated with a variety of factors, including women's health status, quality and access to medical care, socioeconomic conditions, and public health practices.<sup>7,8</sup> Over the past decade, Rhode Island's infant mortality rate has improved from 8.6 infant deaths per 1,000 births to 7.0 infant deaths per 1,000 births. Provisional data for 1996 show that the infant mortality rate for Rhode Island dropped to 5.5 infant deaths, a record low for Rhode Island and the lowest rate in the nation.<sup>9,10</sup> Over the past ten years, infant mortality rates for all racial groups in Rhode Island have declined, yet the black infant mortality rate continues to be twice that for white infants.



## CHILDREN WITH LEAD POISONING

Childhood lead poisoning is one of the most common pediatric health problems and is entirely preventable. Infants and young children are most susceptible to the toxic effects of lead. Lead's effects on the developing central nervous system may be irreversible. While the overall rate of lead poisoning is declining, the rate of lead poisoning for children living in homes with substantial lead contamination remains high. Young low-income children and minority children are particularly likely to be affected.<sup>11</sup> In the fall of 1997, 28% of children entering kindergarten had a blood lead level over 10 ug/dL compared to 20% of children eligible to enter kindergarten in the fall of 1999.<sup>12</sup>



## CHILDREN'S HEALTH INSURANCE

RItE Care is Rhode Island's Medicaid managed care program. Families with incomes up to 250% of poverty can receive health insurance coverage for their children up to age 18. RItE Care insurance coverage is also available to pregnant women up to 350% of poverty, families enrolled in the Family Independence Program, and eligible center and home child care providers who serve low-income children. Approximately 17,000 Rhode Island children under 18 are without health insurance. Three-quarters of the uninsured children in Rhode Island live in families who have incomes under 250% of the federal poverty line and are therefore eligible to enroll in RItE Care.



## CHILDREN WITH ASTHMA

Asthma is one of the most common chronic health problem among children.<sup>13</sup> Many asthma attacks occur when children get respiratory infections, including those caused by common cold viruses. Asthma can be triggered by exposure to cigarette smoke, dust in the home, stress, strenuous exercise, allergies, roach infestation, indoor and outdoor air pollutants, and weather conditions.<sup>14</sup> Asthma is more common in families living in poverty or in crowded housing.<sup>15</sup> Children with asthma that is not managed well are more likely to miss school and to be hospitalized for symptoms that could have been prevented. In 1996 in RI, more than twenty-percent (2,085) of all child hospitalizations were for respiratory-related reasons. Of these, almost one-third (657) were for asthma.<sup>16</sup>



## CHILDHOOD IMMUNIZATIONS

Children need to be immunized on schedule to guard against a variety of preventable illnesses. It is estimated that every dollar spent on immunization saves ten dollars in later medical costs.<sup>17</sup> Routine childhood vaccines are provided free of charge in RI and exist to protect children from ten infectious diseases. According to the National Immunization Survey conducted in 1996 by the Centers for Disease Control, RI's immunization rate for 19 to 35 months-olds is 85%. This exceeds the United States average of 78%, yet is fifth among New England states.<sup>18</sup>



## CHILD ABUSE AND NEGLECT

Child abuse includes physical, sexual, and emotional abuse. Child neglect includes physical, emotional, and medical neglect. Preventing child abuse and neglect is critical to helping children grow into strong, healthy, productive adults and good parents. Children are at increased risk for maltreatment if their parents or caregivers are overwhelmed by multiple problems such as inadequate income, lack of a job or a decent place to live, emotional stress, isolation from extended family or friends, drug and/or alcohol abuse, mental illness, or domestic violence.<sup>19</sup> Recent studies confirm that child abuse is linked to increases in dropout rates, juvenile delinquency, running away, substance abuse, suicide, criminal behavior, emotional disturbances, promiscuity, and teenage pregnancy.<sup>20</sup> In Rhode Island in 1996, there were 2,541 indicated cases of child abuse and neglect, a rate of 9.1 per 1,000 children. For each of the past three years, seven communities have consistently had child abuse and neglect rates that exceeded the state average: Woonsocket, Central Falls, Providence, West Warwick, Newport, Pawtucket, and Westerly. In Rhode Island in 1996, 55% of all victims of child abuse and neglect were children under the age of six, 895 victims were children under age 3; of these 187 were infants under age one.



## BIRTHS TO TEENS

Teen pregnancy and parenting threatens the development of teen parents as well as their children. Teen mothers are less likely to obtain adequate prenatal care and are less likely to have financial resources and social supports needed for healthy child development.<sup>21</sup> Children born to teen parents are more likely to suffer poor health, experience learning and behavior problems, live in poverty, go to prison, and become teen parents themselves.<sup>22</sup> Between 1991 and 1995, there were 7,025 births to Rhode Island teens age 12 to 19. Of these, 148 babies were born to girls age 12 to 14 and 2,619 babies were born to girls age 15 to 17. Two out of three births to teens age 15 to 17 were to girls in the cities of Providence, Pawtucket, Woonsocket, Newport and Central Falls.<sup>23</sup> The teen birth rate for Rhode Island girls ages 15 to 17 increased from 22.3 births per 1,000 teens in the early 1980s to 30.3 births per 1,000 teens in the early 1990s. Provisional data for 1996 and 1997 show a slight drop in the teen birth rate.



## CHILDREN IN SINGLE PARENT FAMILIES

Children in single parent families are at increased risk of living in poverty when compared to children in two-parent families.<sup>24</sup> In 1995, just under half of Rhode Island's single parent families with children were living below the poverty line.<sup>25</sup> The average household income in Rhode Island for two-parent families with children is \$54,280 compared to \$31,560 for single-parent families headed by a man and \$21,743 for single-parent families headed by a woman.<sup>26</sup> Although most Rhode Island children live with two parents, more than one in four lived in a single parent family in 1995.<sup>27</sup> In 1996 in Rhode Island, 36.5 percent of all births were to unmarried women.<sup>28</sup>

## YOUNG CHILDREN IN POVERTY

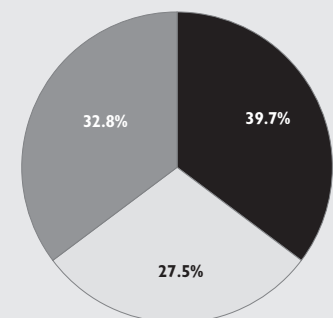
In 1995 there were 15,478 poor children under age 6 in Rhode Island. 40% of all poor children were under age 6. One in five Rhode Island children under the age of six was living in poverty.<sup>29</sup> Of all children in the Family Independence Program, 42% are under age 6.<sup>30</sup> Research shows that the quality of a child's environment and social interactions in the early years affect brain development, producing lifelong impacts on learning, social skills, and mental health.<sup>31</sup> The experience of poverty has particularly damaging effects in early childhood. Young children in poverty are more likely to experience delays in their physical, cognitive, language, and emotional development, which in turn affects their readiness for school.<sup>32</sup>

Young children born into poverty are more likely to...<sup>33</sup>

- be born low birthweight;
- die in infancy or early childhood;
- be hospitalized during childhood;
- receive lower quality medical care;
- experience hunger and malnutrition;
- be victims of or witnesses to violence;
- be exposed to environmental toxins.

## RI'S POOR CHILDREN, BY AGE, 1995

39.7% ■ Ages 5 and younger  
27.5% □ Ages 6 to 11  
32.8% ■ Ages 12 to 17



Source: U.S. Bureau of the Census, Current Population Survey, 1993-1997 average. n=38,971



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## STARTING POINTS

*Starting Points* is a national initiative, sponsored by the Carnegie Corporation of New York, that is working with policy makers and the public to develop model practices to meet the needs of the nation's youngest children. Rhode Island is one of eleven *Starting Points* sites across the country. The Rhode Island *Starting Points* partners are the Rhode Island Departments of Health, Elementary and Secondary Education, and Human Services, the United Way of Southeastern New England, The Rhode Island Foundation, and Rhode Island KIDS COUNT. Funding for this *Issue Brief* was provided by Carnegie Corporation through the *Starting Points Initiative*.

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