

Rhode Island KIDS COUNT Data Presentation

Presented by Elizabeth Burke Bryant

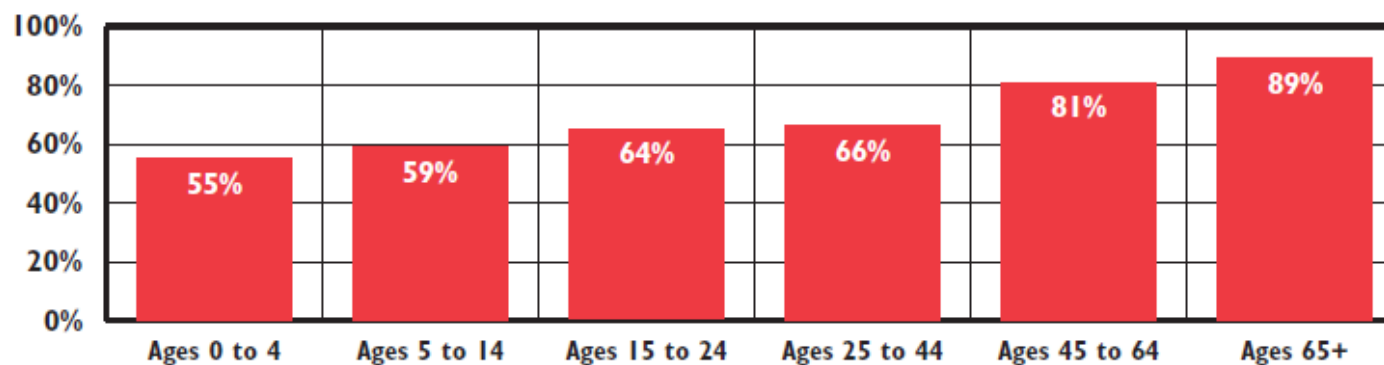
Rhode Island KIDS COUNT

July 24, 2019



Child Population

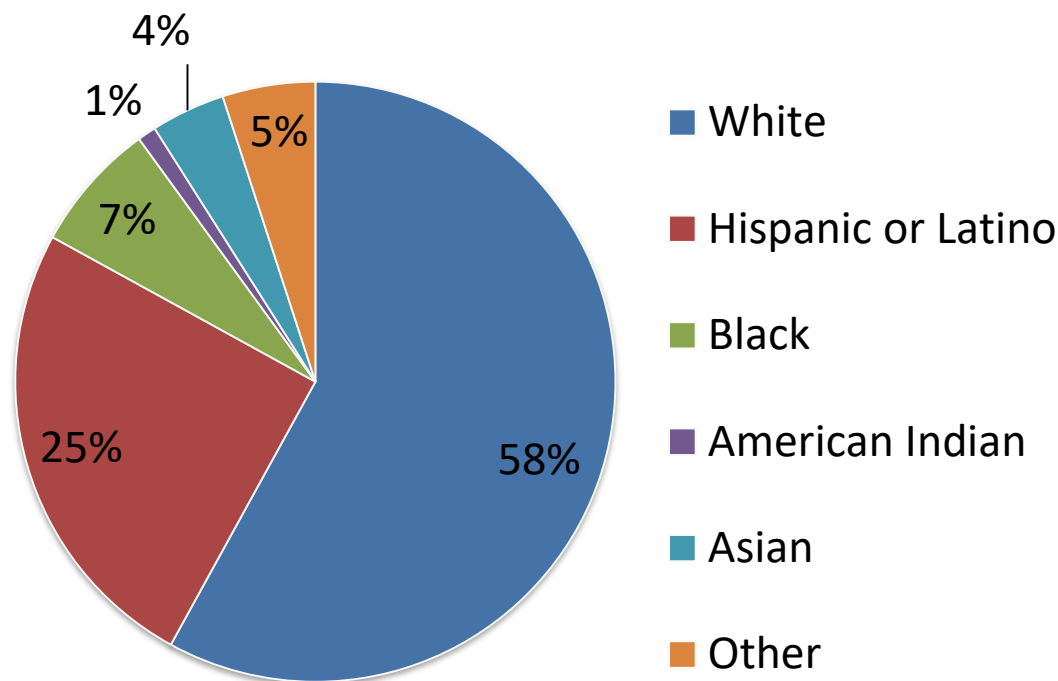
**Percent of Population Identified as Non-Hispanic White,
by Age, Rhode Island, 2017**



Source: U.S. Census Bureau, Population Estimates, 2017.

- According to Census projections, in 2017, there were 207,332 children under age 18 in Rhode Island, representing 20% of the state's population.

The Diversity of Rhode Island's Children



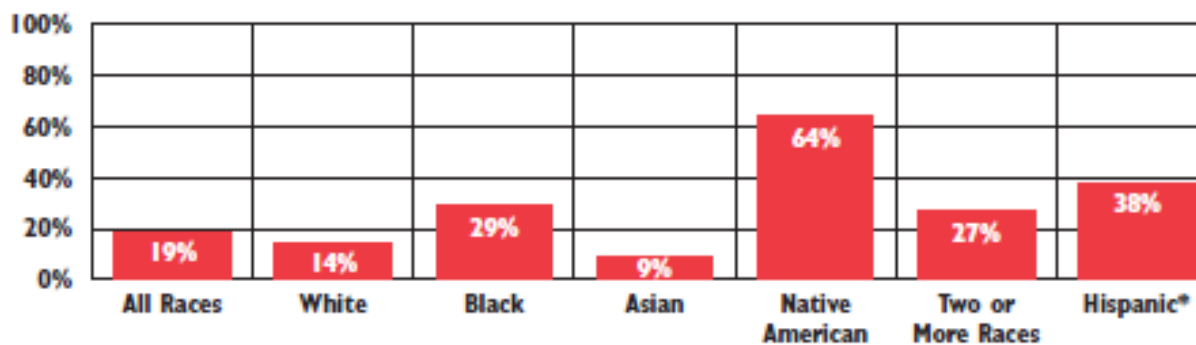
- According to 2017 Census projections, 58% of RI children are White, 25% are Hispanic or Latino, 7% are Black, 5% are two or more races, 4% are Asian, and 1% are American Indian.

The Diversity of Rhode Island's Children

- Between 2013 and 2017, there were 8,981 foreign-born children.
- 27% of children in Rhode Island live in immigrant families (living in a family with at least one parent who is foreign born).
- Between 2013 and 2017, 23% of Rhode Island children between the ages of five and 17 spoke a language other than English at home.

Poverty by Race/Ethnicity

Children in Poverty, by Race and Ethnicity, Rhode Island, 2013-2017



Source: U.S. Census Bureau, American Community Survey, 2013-2017. Tables S1701, B17020A, B17020B, B17020C, B17020D, B17020G and B17020I. *Hispanic children may be included in any race category.

- Between 2013 and 2017, 19% (39,229) of Rhode Island's children under age 18 with known income status lived below the federal poverty threshold.
- In 2018, the federal poverty threshold was \$20,231 for a family of three with two children.

Racial/Ethnic Disparities in Health

Health Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children Without Health Insurance	2.0%	3.9%	2.0%	4.4%	NA	2.1%
Women With Delayed or No Prenatal Care	12.2%	17.1%	21.8%	15.5%	15.3%	14.7%
Preterm Births	8.0%	9.3%	11.3%	7.7%	13.2%	8.7%
Low Birthweight Infants	6.4%	8.0%	11.2%	7.3%	12.3	7.4%
Infant Mortality (per 1,000 live births)	3.5	5.5	12.2	4.9 [^]	*	5.5
Births to Teens Ages 15-19 (per 1,000 teens)	7.9	35.2	16.4	4.0	27.1	14.4

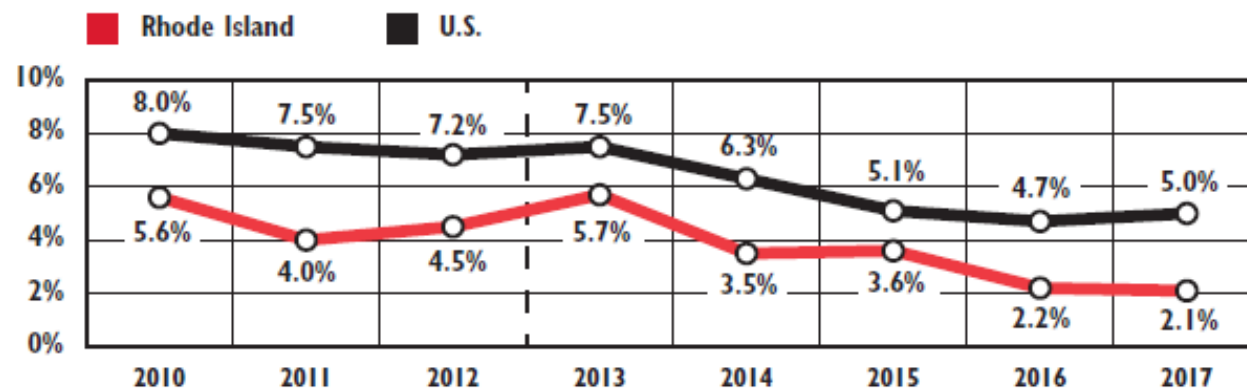
Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2013-2017 unless otherwise specified. Race data is non-Hispanic. Information is based on self-reported race and ethnicity. *Children without Health Insurance* data are from the U.S. Census Bureau, American Community Survey, 2017, 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. For U.S. Census Bureau data, Hispanic also may be included in any of the race categories.

*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.

Children's Health Insurance

Children Without Health Insurance, Rhode Island and U.S. , 2010-2017

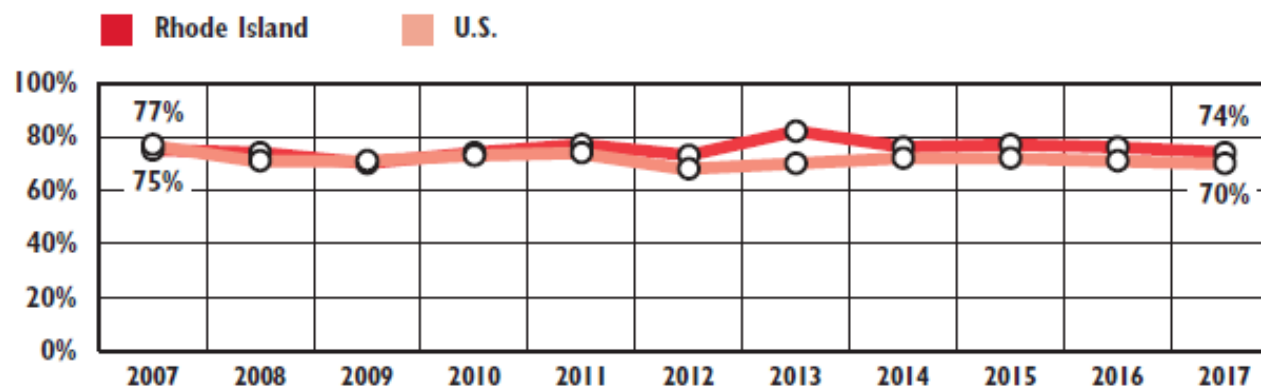


Source: U.S. Census Bureau, American Community Survey, 2012 & 2017. Table CP03. Data from 2010 to 2012 are for children under 18 years of age and data from 2013 to 2017 are for children under 19 years of age due to a change in the 2017 American Community Survey. Prior Factbooks are not comparable.

- In 2017, 2.1% of Rhode Island's children under age 19 were uninsured. Rhode Island ranks 3rd best in the U.S. with 97.9% of children having health insurance. Over half (59%) of children in Rhode Island are covered by private health insurance, most of which is obtained through their parents' employers.
- Approximately 70% of the estimated 6,725 uninsured children under age 18 in Rhode Island between 2013 and 2017 were eligible for Rite Care coverage based on family income but were not enrolled.

Childhood Immunizations

Fully Immunized Children*, Ages 19 Months to 35 Months,
Rhode Island and United States, 2007-2017



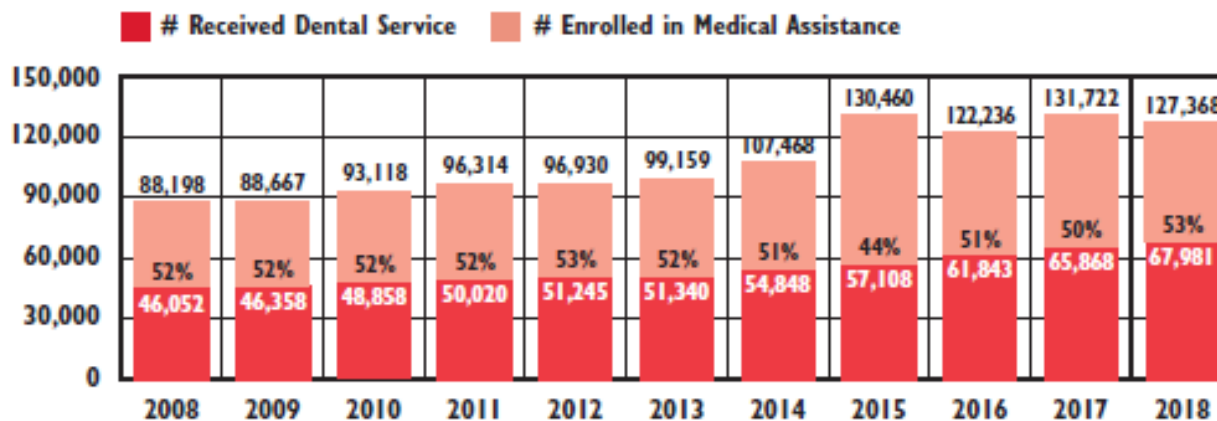
*Fully immunized children received the 4:3:1:0:3:1:4 series in 2008 to 2010; and the 4:3:1:3:3:1:4 series from 2011-2017.

Source: Centers for Disease Control and Prevention, National Immunization Survey, 2007-2017.

- In 2017, 74% of Rhode Island's children ages 19 months to 35 months were fully immunized, above the national average of 70%.
- Rhode Island ranked 14th best in the U.S. in 2017.

Children's Dental Care

Children Under 21 Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2008-2018

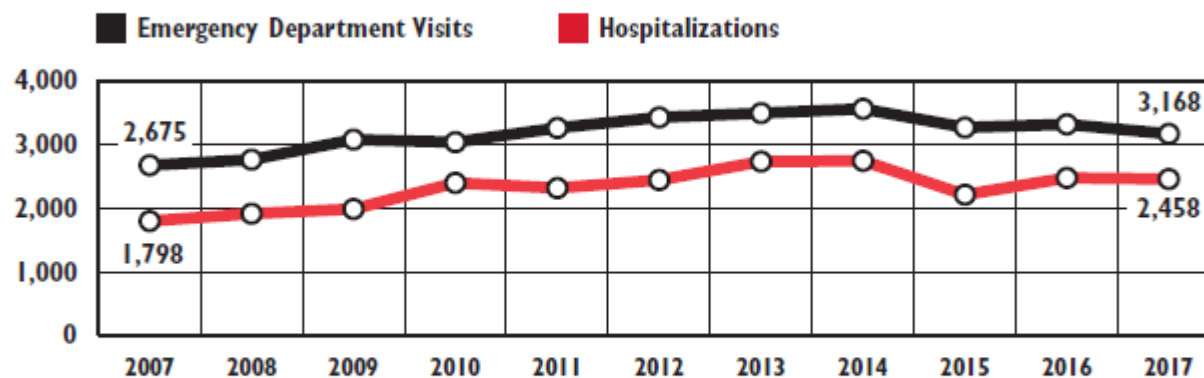


Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2008-2018. *Medical Assistance includes Rite Care, Rite Share, and Medicaid fee-for-service.

- 53% of children who were enrolled in Rite Care, Rite Share, or Medicaid fee-for-service on June 30, 2018 received a dental service during State Fiscal Year 2018.
- The number of children receiving dental services has increased by 57% since 2006, when Rite Smiles launched.

Children's Mental Health

**Emergency Care for Primary Diagnosis of Mental Disorder,
Children Under Age 18, Rhode Island, 2007-2017***

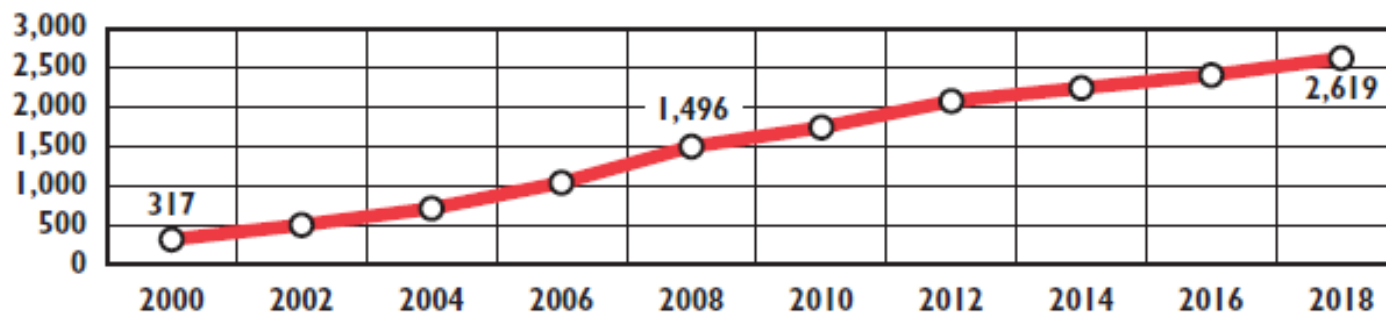


Source: Rhode Island Department of Health, Hospital Discharge Database, 2007-2017. *Data are for emergency department visits and hospitalizations, not children. Children may visit emergency department or be hospitalized more than once. Trend line is comparable to Factbooks since 2012. Note: Effective 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.

- In 2017, there were 3,168 emergency department visits and 2,458 hospitalizations of Rhode Island children with a primary diagnosis of a mental health disorder. Between 2007 and 2017, emergency department visits increased 18% and hospitalizations increased 37%.

Children with Special Needs

**Children Ages Three to 21 With Autism Spectrum Disorder (ASD),
Rhode Island, June 2000 – June 2018**

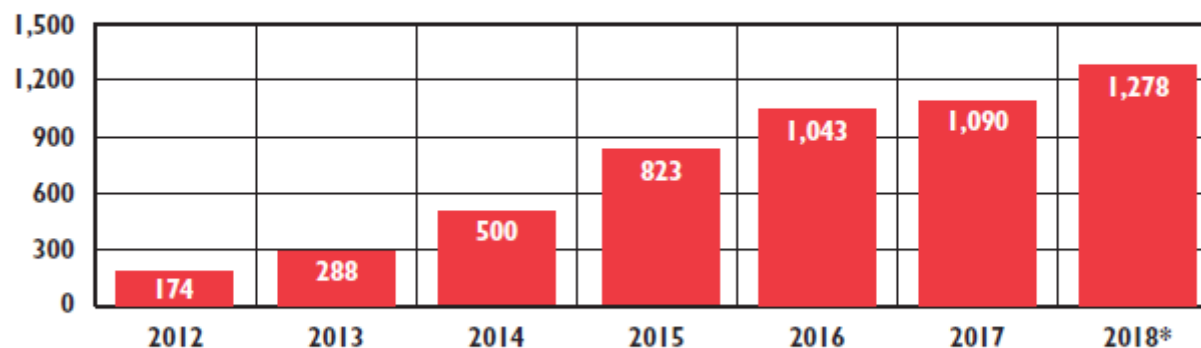


Source: Rhode Island Department of Education, June 2000 – June 2018. Numbers include parentally placed students.

- An estimated 19% of children in the U.S. and 21% of children in Rhode Island have at least one special health care need. Children with special health care needs can have impairments of varying degrees in physical, developmental, emotional, and/or behavioral functioning.
- In June 2018, there were 2,619 Rhode Island children ages three to 21 with Autism Spectrum Disorder who received special education services.

Evidence-Based Family Home Visiting

Families Enrolled in Evidence-Based Family Home Visiting Coordinated by the Rhode Island Department of Health, Rhode Island, 2012-2018



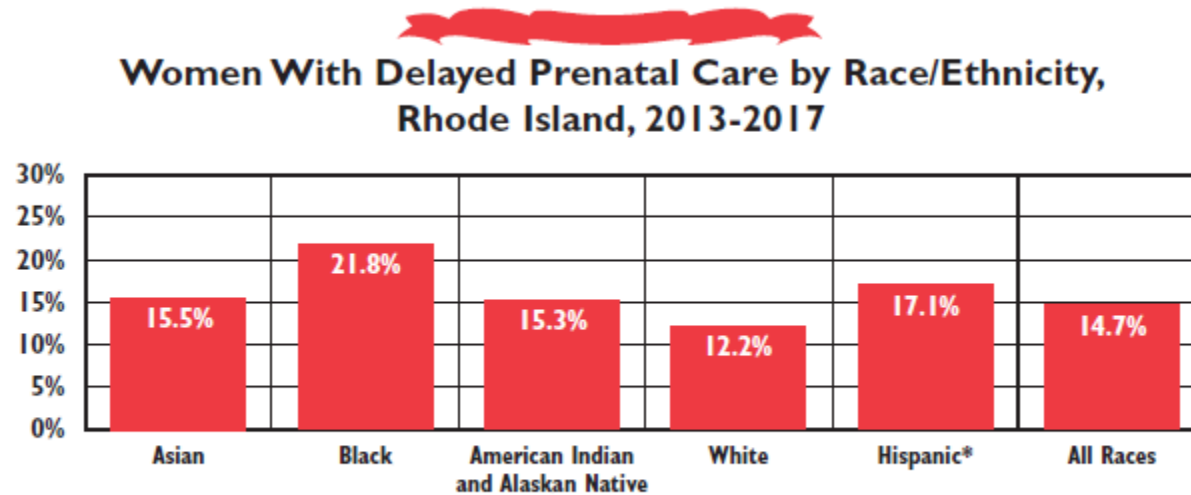
Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database, October 2012-2018. *Beginning in 2018, enrolled families includes all families participating in Parents as Teachers programs, including those without MIECHV funding.

- Family home visiting programs are designed to reach young children and their families at home, providing parenting education to foster healthy, safe, and stimulating environments for young children.
- As of October 2018, 62% of the 1,278 families enrolled in evidence-based home visiting in Rhode Island lived in one of the four core cities.
- Early Head Start is also recognized as an evidence-based family home visiting program serving 656 pregnant women and children in Rhode Island.

Early Intervention

- As of June 2018, there were 2,219 infants and toddlers receiving Early Intervention (EI) services, 7% of the population under age 3.
- 52% were eligible due to a measured significant developmental delay, 25% due to significant circumstances impacting child or family functioning, and 22% due to a single established condition category.
- In 2018, 1,224 children were discharged from EI upon reaching age 3. Of these, 62% were found eligible for preschool special education.

Women with Delayed Prenatal Care

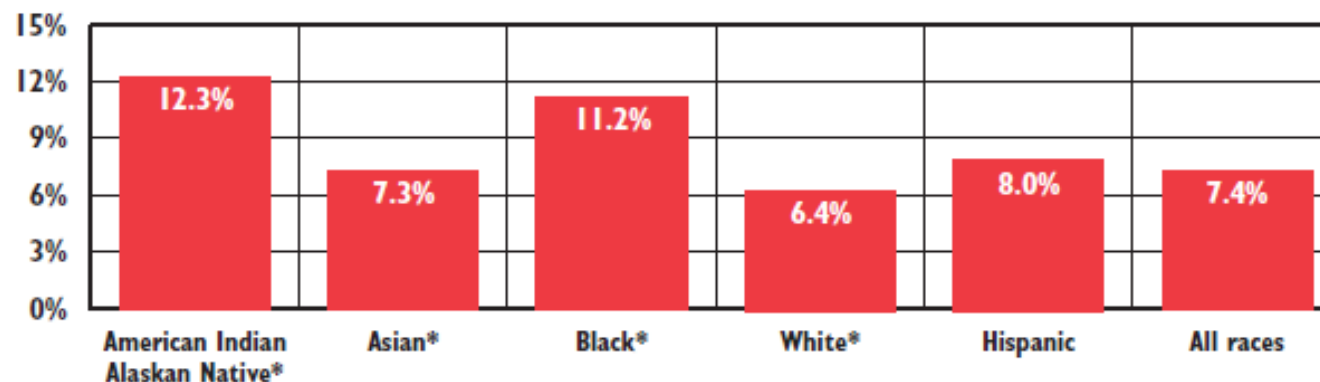


Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Database, 2013-2017. * Race categories are non-Hispanic.

- Between 2013 and 2017 in Rhode Island, Black, Hispanic, American Indian and Alaskan Native, and Asian women were more likely to receive delayed prenatal care than White women.
- Women in the four core cities (18.5%) were also more likely than women in the remainder of the state (12.1%) to receive late prenatal care.

Low Birthweight Infants

Low Birthweight Infants by Race/Ethnicity, Rhode Island, 2013-2017



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2013-2017. * Race categories are non-Hispanic. Data for births in 2017 are provisional.

- Children born at low birthweight are at a greater risk of physical and developmental problems and death than those born at a normal birthweight.
- There are racial and ethnic disparities in rates of low birthweight. In Rhode Island between 2013 and 2017, 12.3% of American Indian Alaskan Native infants, 11.2% of Black infants, 7.3% of Asian infants, and 8.0% of Hispanic infants were born at low birthweight, compared to 6.4% of White infants.

Infant Mortality Rate

**Infant Mortality Rate per 1,000 Live Births by Race/Ethnicity,
Rhode Island, 2013-2017**

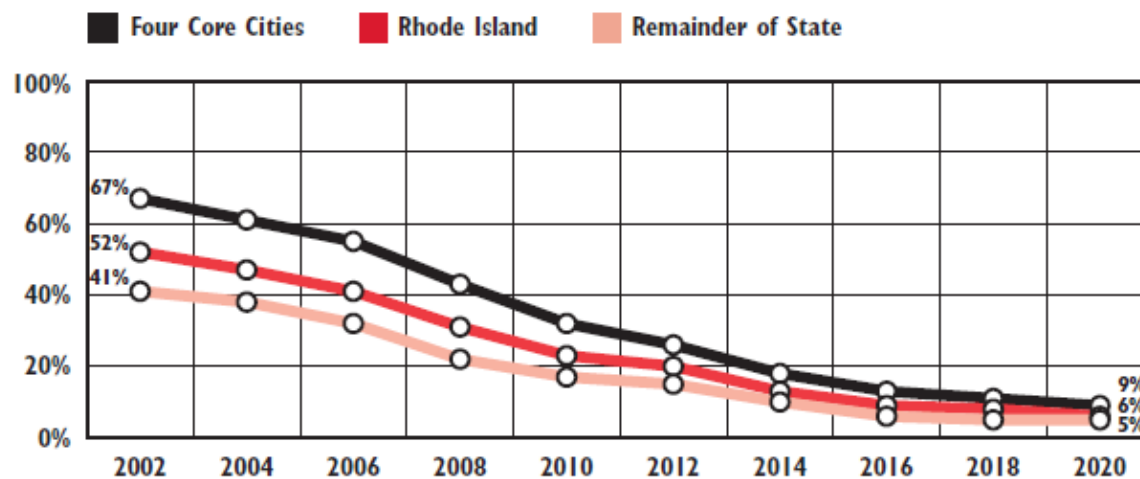


Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2013-2017. *Hispanic infants can be of any race.

- Between 2013 and 2017, the Rhode Island infant mortality rate was 5.5 per 1,000 births (297 infant deaths before the first birthday).
- The Black infant mortality rate was 11.5 deaths per 1,000 live births compared to 3.8 per 1,000 live births for White infants.

Children with Lead Poisoning

**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, 2002-2020**

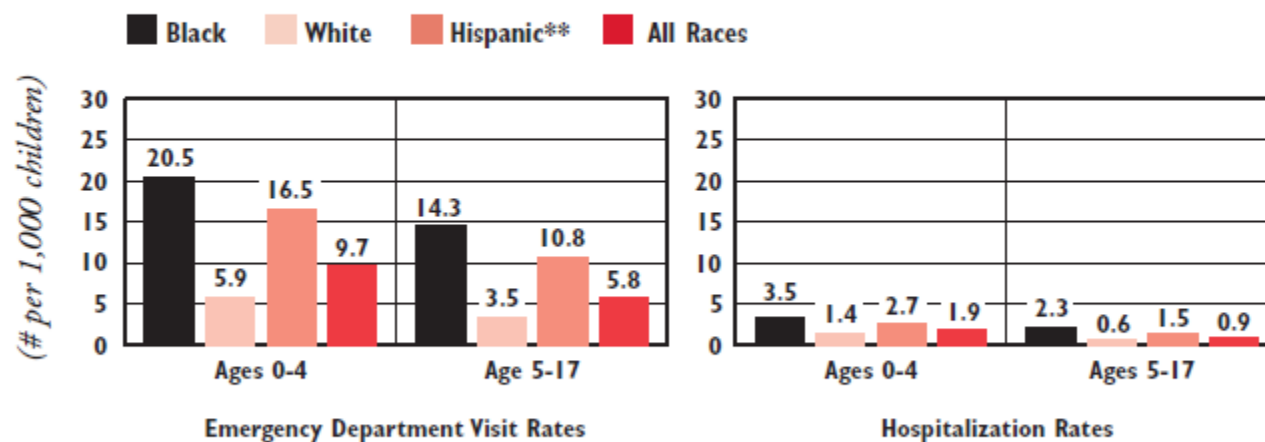


Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 2002 and 2020. *Elevated blood lead level of $\geq 5 \mu\text{g/dL}$.

- The number of children with elevated blood lead levels has been steadily declining in all areas of Rhode Island. Compared to the remainder of the state, the four core cities have nearly twice the rate of children with elevated blood levels.
- 6.1% (662) of Rhode Island children entering kindergarten in the Fall of 2020 who were screened had confirmed elevated blood lead levels of $\geq 5 \mu\text{g/dL}$.

Children with Asthma

Asthma* Emergency Department and Hospitalization Rates, by Age and Race/Ethnicity, Rhode Island Children, 2013-2017

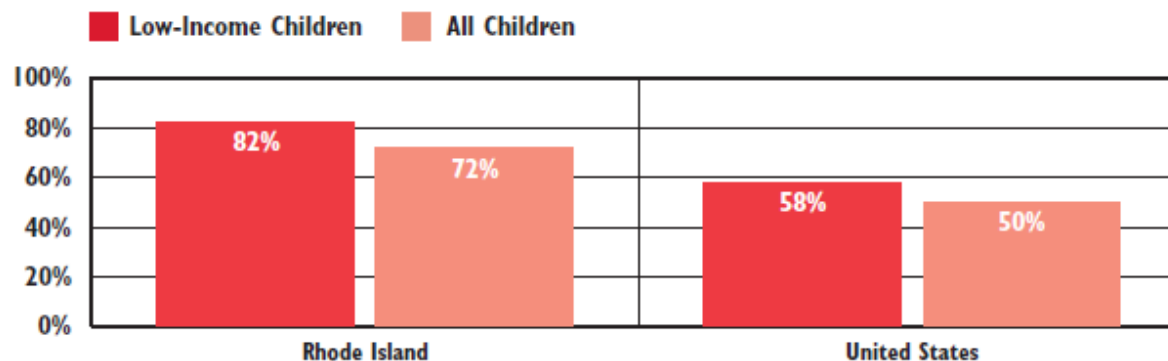


Source: Rhode Island Department of Health, Hospital Discharge Database, 2013-2017; U.S. Census Bureau, Census 2010.
*Rates are for primary diagnosis of asthma. **Hispanic children can be of any race.

- In Rhode Island between 2013 and 2017, Black children, Hispanic children, and children ages five to 12 were more likely to visit the emergency department or be hospitalized as a result of asthma.
- In Rhode Island between 2013 and 2017, boys under age 18 had higher asthma emergency department (8.7 per 1,000 boys) and hospitalization (1.4 per 1,000 boys) rates than girls under age 18 (5.8 and 1.0 per 1,000 girls respectively).

Housing and Health

Children Living in Older Housing*, 2013-2017, Rhode Island and the United States

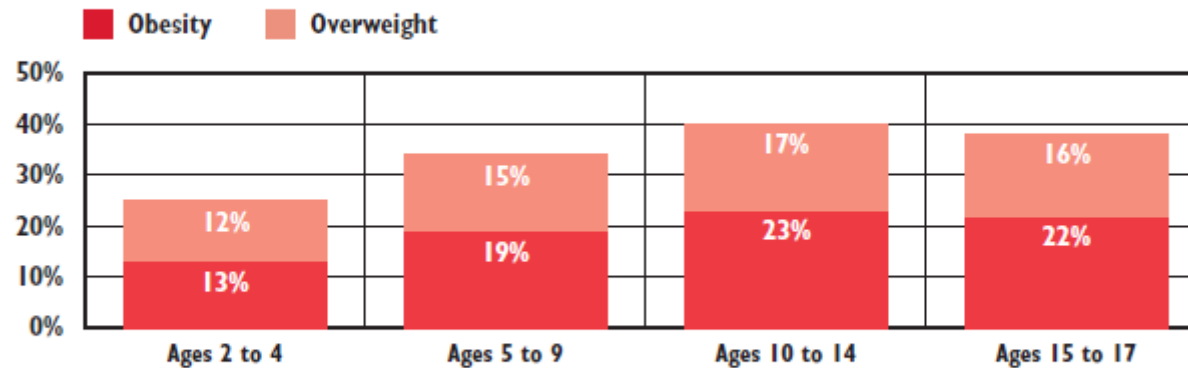


Source: Population Reference Bureau analysis of 2013-2017 American Community Survey (ACS) Public Use Microsample (PUMS) data. *Older housing is defined as built before 1980. The ACS reports housing year built by decade, so this is the best available approximation for housing built before 1978 when interior lead paint was banned. Factbooks prior to 2016 are not comparable due to the discontinuation of 3 year ACS data.

- Older housing, defined as housing built before 1980, can pose significant health risks for children. Unhealthy housing conditions are connected to respiratory illnesses, asthma, unintentional injuries, lead poisoning, and cancer.
- Between 2013 and 2017, Rhode Island had the highest percentage of low-income children (82%) and the second highest percentage of children of all incomes (72%) living in older housing in the U.S., after New York.

Overweight and Obesity

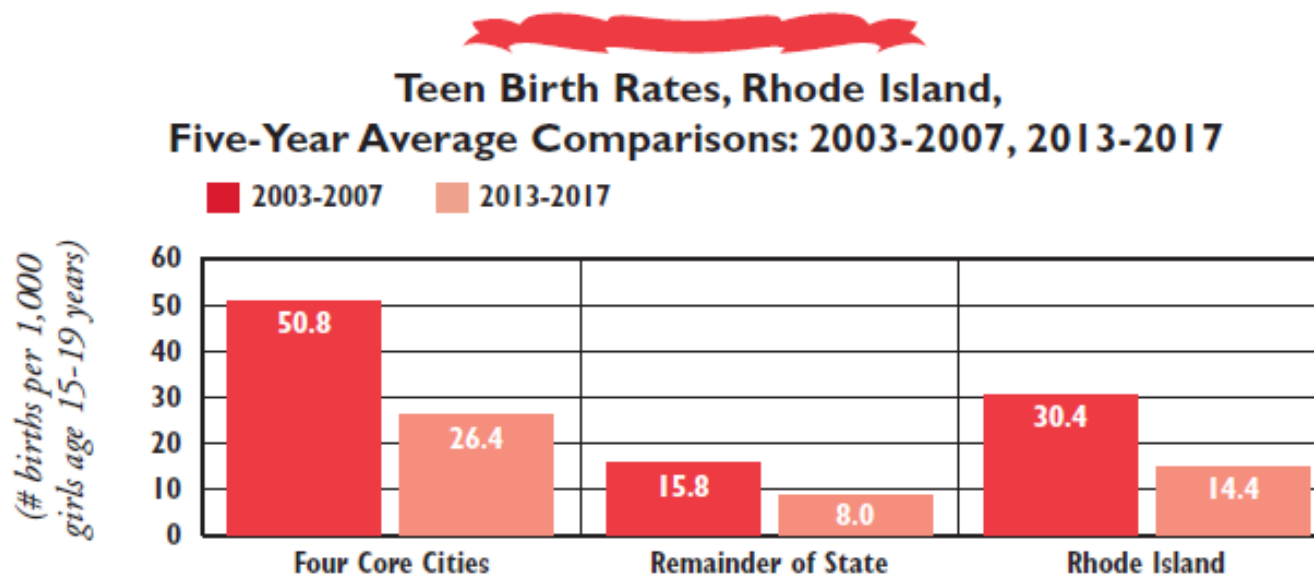
Rhode Island Childhood Overweight and Obesity by Age, 2016



Source: Hassenfeld Child Health Innovation Institute analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, and United Healthcare collected by the Department of Health, 2016.

- 15% of Rhode Island children ages two to 17 are overweight and 20% are obese.
- 26% of children covered by public insurance are obese compared to 14% of children with private health insurance.
- Hispanic children in Rhode Island have the highest rates of overweight and obesity.

Births to Teens

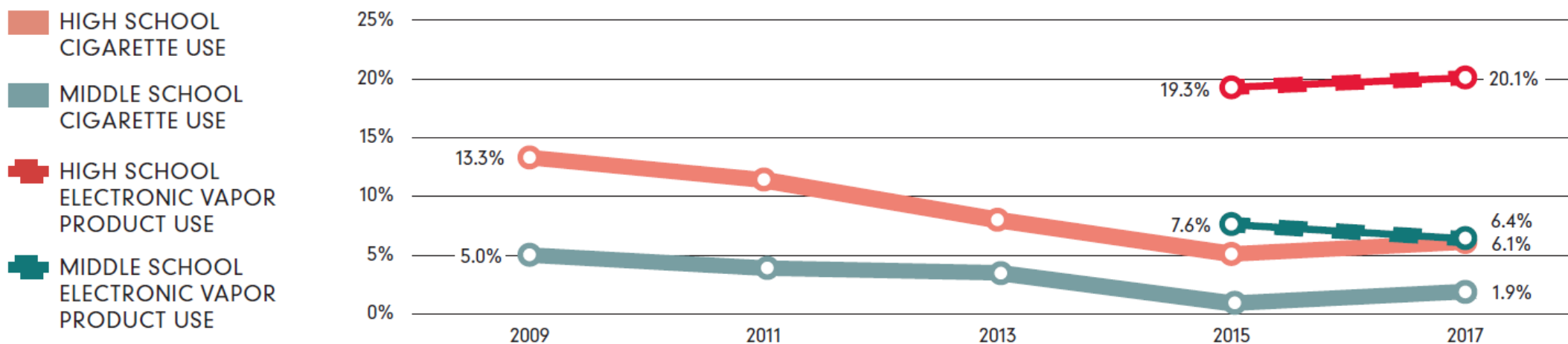


Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2003-2017.

- The statewide five-year average teen birth rate in Rhode Island declined 53% between 2003-2007 and 2013-2017, from 30.4 births per 1,000 teen girls to 14.4 births per 1,000 teen girls. The teen birth rate in the four core cities declined by 54% during that time.
- In 2017, the birth rate for U.S. teens (18.8 births per 1,000 teen girls) and Rhode Island teens (11.4 births per 1,000 teen girls) were the lowest ever recorded.

Youth Tobacco Use

YOUTH CIGARETTE AND ELECTRONIC VAPOR PRODUCT USE*,
MIDDLE AND HIGH SCHOOL STUDENTS, RHODE ISLAND, 2009-2017



Source: Rhode Island Department of Health, Youth Risk Behavior Survey, 2009-2017.

Notes: *Use is defined as currently smoking cigarettes or an electronic vapor product at least one day during the 30 days before the survey. **Electronic Vapor Use was not asked on the YRBS survey before 2015.

Babies Born with Exposure to Substances

- 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 2017, 113 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 more than double the rate of 37.2 in 2006.
- In Rhode Island in 2017, 83% of babies born with NAS were born to White mothers, 94% had Medicaid coverage, and 52% lived in the four core cities.

First 1,000 Days of Rlte Care

The First 1,000 Days of Rlte Care is an initiative to strengthen existing state programs and support cross-sector and public-private collaboration to improve early childhood development and health outcomes among low-income children, improve maternal health outcomes, and support and strengthen families in the first three years of their lives by leveraging Rlte Care to its fullest capacity.



First 1,000 Days of Rlte Care



- 98% of RI children have health insurance.
- 50% of RI births and 58% of infants under age 1 are covered by Rlte Care.
- Rlte Care is a highly rated program with highly rated health plans and positive image.
- Over 90% of RI young children saw healthcare provider in past year and visits are frequent.
- Rlte Care/pediatric visits are the best way to reach children under age 3 and connect services.
- *Great opportunity to emphasize Rlte Care's role in supporting early childhood development.*

First 1,000 Days of Rite Care



- Potential components:
 - Increase full EPSDT schedule completion rates including developmental screening, maternal depression screening, blood lead screenings, and oral health – with diagnosis and treatment.
 - Strengthen infant/early childhood mental health with robust diagnostic tools and follow-up.
 - Continue strong enrollment in Early Intervention.
 - Invest in evidence-based home visiting – Medicaid service.
 - Continue support for successful pediatric care coordination efforts such as PCM-Kids to coordinate care.
 - Coordinate with other state efforts such as 3rd Grade Reading Goal/RI Reads and Think Babies