



CHILD HEALTH Rhode Island Issue Brief

What is Child Health?

Children’s health is the well-being of children from birth through adolescence, usually ages 1-11. Child healthcare professionals focus on the healthy growth and development of children to help ensure every child reaches their full potential. To support children’s health, it is important to prevent and treat illnesses and injuries that can affect a child’s development. It is also important to promote optimal oral health (teeth and gums) and healthy social and emotional development. The Rhode Island Department of Health (RIDOH) supports children to access healthy foods, be physically active, receive recommended immunizations, and receive timely, high-quality, culturally sensitive healthcare to help them stay healthy. RIDOH also works to foster strong family and community relationships and ensure children grow up in safe environments.

About the Data

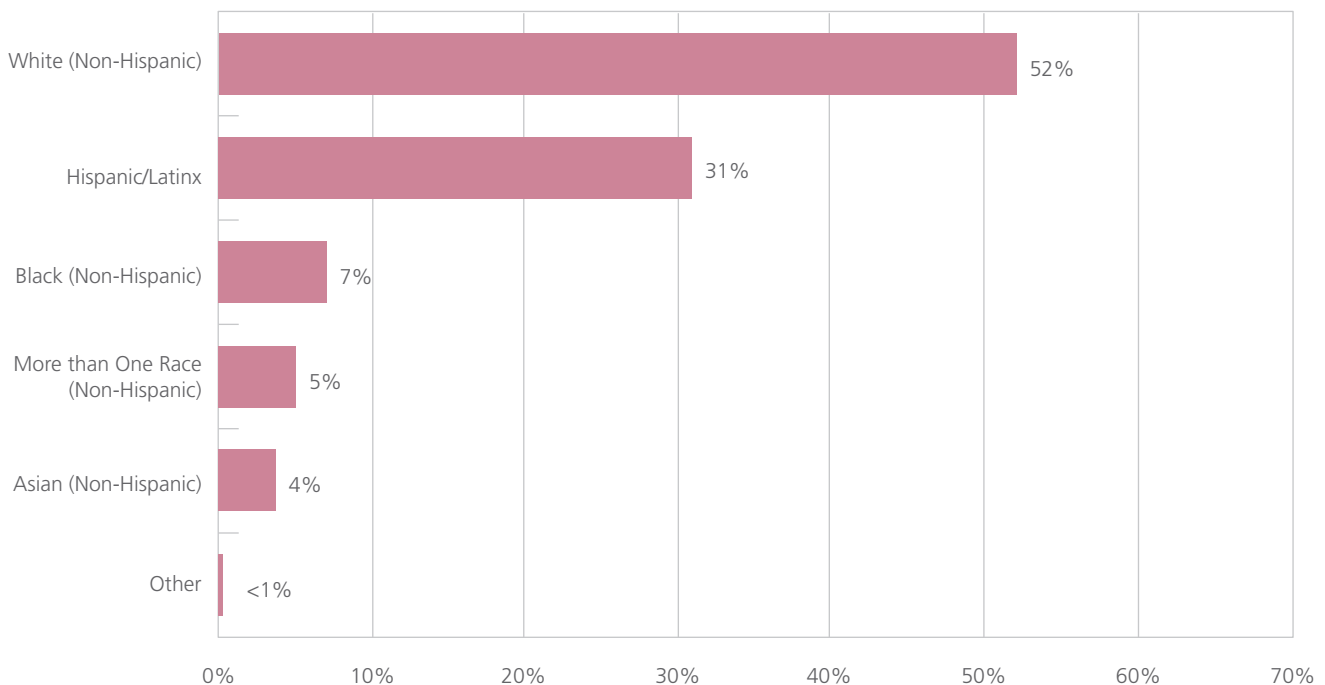
Throughout this brief, data are presented as they were originally collected and reported for age, race, and ethnicity. RIDOH recognizes that these categories may not reflect how people and communities define themselves. We acknowledge these limits and strive to use language that is welcoming and inclusive of every Rhode Islander whenever possible.



Demographics	Rhode Island Population 1,097,379	Total Children (ages 1-9) 128,771
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This section provides data on Rhode Island children during 2022. The age range for each category appears in parentheses.

Figure 1
Race/Ethnicity of Children in Rhode Island (ages 1-9)



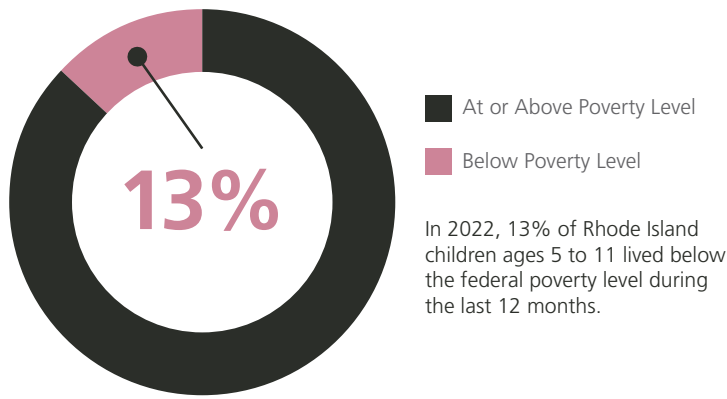
Source: CDC Wonder, 2022

NOTES: While these data were originally collected using the terms Hispanic and Non-Hispanic, this report uses the term Hispanic/Latinx as a more inclusive alternative to Hispanic, Latino, or Latina.

In 2022, 52% of Rhode Island children ages 1-9 were White (Non-Hispanic), and more than one quarter (31%) were Hispanic.

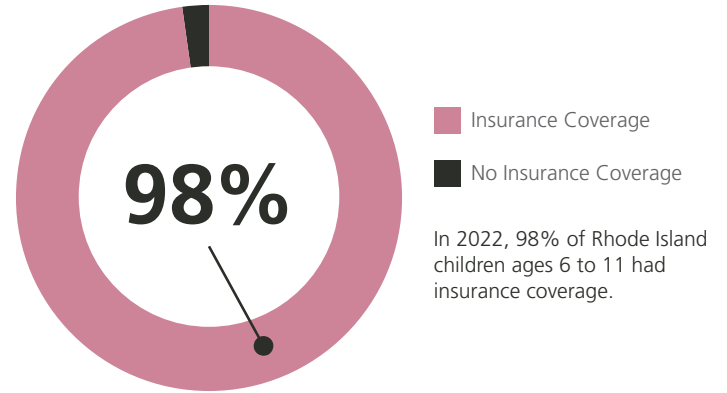


Figure 2
Poverty Status of Children in Rhode Island (ages 5 to 11)



Source: American Community Survey, 2022

Figure 3
Insurance Status of Children in Rhode Island (younger than age six)



Source: American Community Survey, 2022

NATIONAL MEASURES Rhode Island Children

National Measure	How Does Rhode Island Compare to Others?		
	US	RI	New England
Developmental screening among children (ages 9-35 months) ¹	34.8%	45.7%	42.6%
Percent of children ages 6-11 who are physically active at least 60 minutes per day ¹	26.3%	24.7%	27.4%
Rate of injury-related hospitalizations among children up to age nine (per 100,000 children) ³	116	84.6	99.5
Percent of children up to age 17 in excellent or very good health ¹	90.2%	92.6%	91.8%
Percent of children up to age 17 without health insurance ¹	5.1%	1.9%	1.9%
Percent of children up to age 17 who were continuously and adequately insured ¹	68.2%	74%	70.85
Percent of children ages 1-17 who had decayed teeth or cavities in the past 12 months ¹	12.2%	8.4%	9.4%
Percent of children ages 1-17 who had a preventive dental visit in the past year ¹	75.1%	77.8%	80.7%

● Rhode Island better than comparison
 ● Rhode Island same as comparison
 ● Rhode Island worse than comparison



KEY FACTS

Based on the Most Recent Data Available for Rhode Island

The percentage who received **required completed vaccinations** by age 24 months is higher among RI children than US children^{4,5}



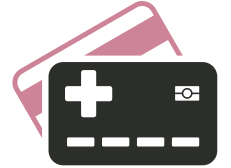
Children ages 1-5 years (57%) are **less likely to have a dental visit** in the past 12 months than 6-11 years (87%).¹



Of the 9,899 children born in 2020, **67% had their first lead screening** by 18 months, and **57% had their second lead screening** by 36 months^{7,9}



37% of children younger than age six have public health insurance (Medicaid).⁶



1 in 10 children live in a household where someone smokes.¹



41% of children who are victims of neglect and abuse are less than 6 years old¹



HEALTH INEQUITIES

Based on the Most Recent Data Available for Rhode Island

This section provides data on health inequities. Health inequities are systemic, avoidable, unfair, and unjust differences in health status across population groups.

RIDOH recognizes that the conditions in which people are born, grow, live, learn, work, and play affect health in powerful ways. Public health research and data show that many adverse health outcomes have resulted from generations-long social, economic, and environmental inequities. These inequities include poverty, discrimination, racism, and their consequences. For example, segregation in housing and education and racist mortgage lending and zoning policies have affected communities differently and have had a greater influence on health outcomes than genetics, individual choices, or access to healthcare.

Removing obstacles to health and improving access to good jobs with fair pay, quality education and housing, safe environments, and healthcare can help reduce health inequities and improve opportunities for every Rhode Islander.

Nearly **2X** as many **children with special healthcare needs (CSHCN) are bullied** compared to children without special healthcare needs¹

More families with private health insurance report that their child **receives at least 10 hours of childcare** a week than families with public health insurance¹

Hispanic children are **4X** more likely than White children to **have asthma**¹

49% of children living in core cities¹¹ **have overweight/obese** compared to 34% of children living in the rest of the state⁸

Hispanic children are **25% less likely to always afford to eat good nutritious meals** than White children¹

Footnotes

- ¹ National Survey of Children's Health (NSCH)
- ² Healthcare Utilization Project, State Inpatient Database (HCUP-SID) <https://hcup-us.ahrq.gov/db/state/siddbdocumentation.jsp>
- ³ The 7-vaccine series consists of ≥ 4 doses of DTaP, ≥ 3 doses of Polio, ≥ 1 dose of measles-containing vaccine, Hib full series, ≥ 3 doses of Hepatitis B, ≥ 1 dose of Varicella, and ≥ 4 doses of pneumococcal vaccine.
- ⁴ National Immunization Survey (NIS)
- ⁵ American Community Survey
- ⁶ Testing for these lead screening rates were not based under the current CDC guidance using a blood lead reference level of $3.5\mu\text{g/dL}$
- ⁷ RIDOH Environmental Lead Program
- ⁸ 2023 Rhode Island KIDS COUNT Factbook
- ⁹ RIDOH Kidsnet
- ¹⁰ Rhode Island Hospital Discharge Data (HDD)
- ¹¹ A core city is a city/town that had 25% or more children living below the poverty threshold

Rhode Island Maternal and Child Health program's mission is to support & promote the health of all birthing parents, children, and their families; identify and reduce inequities among mothers and children; and improve health outcomes among Rhode Island families. In short, **Rhode Island MCH is committed to ensuring equity in the maternal and child health system.**

Rhode Island's Maternal and Child Health Program is designated as Rhode Island's Title V Authority under the Social Security Act of 1975. Title V, as the only federal legislation that focuses solely on improving the health of the nation's mothers and children, is a state - federal partnership for resource development, capacity and systems building, public information and education, and technical assistance to communities for MCH's 5 domains, including Women/Mothers, Infants, Children, Adolescents, Children with Special Healthcare Needs. For more information regarding the initiatives and collaborations of RI's MCH program, please visit the RI Department of Health Maternal Child Health Program web page.



For additional information about the data presented in this issue brief, please contact Will Arias at William.Arias@health.ri.gov.

For additional information about RIDOH's Maternal and Child Health Program, please contact Aidea Downie at Aidea.Downie@health.ri.gov.

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