



# 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 health providers 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

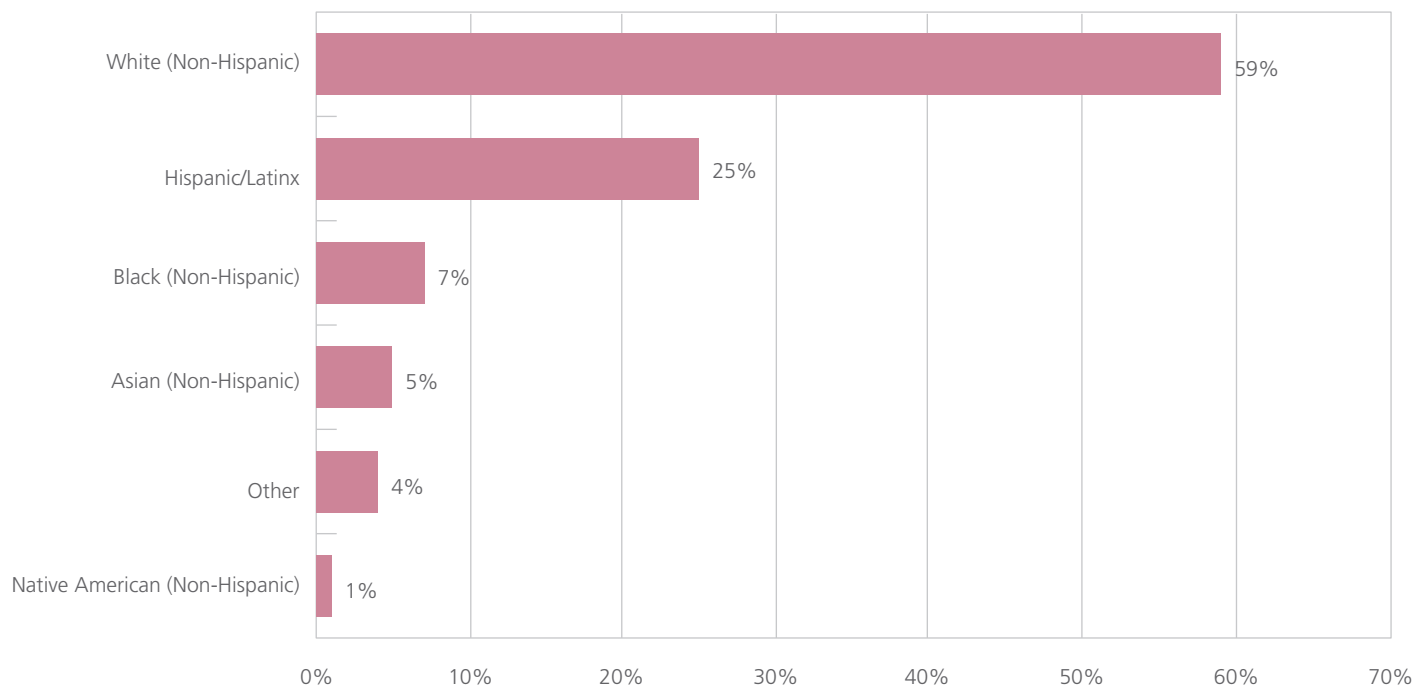
Throughout this brief, data are presented as they were originally collected and reported for age, race, and ethnicity. RIDOH recognizes that these categories may not reflect how people and communities define themselves. We acknowledge these limits and strive to use language that is welcoming and inclusive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



<b>Demographics</b>	Rhode Island Population   1,059,639	Total Children (age 5-14)   114,981
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This section provides data on Rhode Island children during 2017. The age range for each category appears in parentheses. (For example, race/ethnicity data are available for Rhode Island children age 5-14.)

Figure 1  
Race/Ethnicity of Children in Rhode Island (age 5-14)



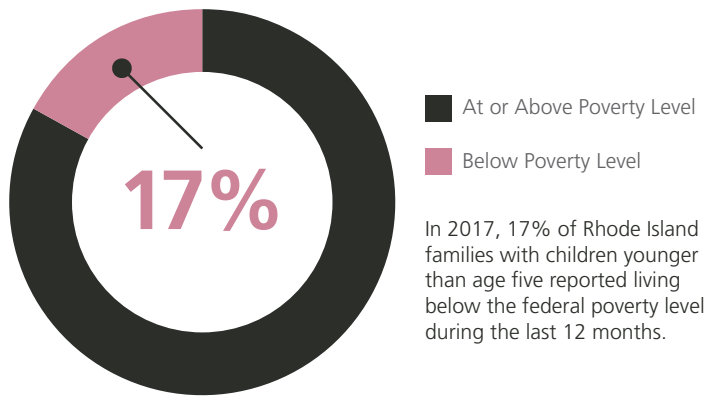
Source: CDC Wonder, 2017

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 2017, 59% of Rhode Island children age 5-14 were White (Non-Hispanic), and one quarter (25%) were Hispanic.

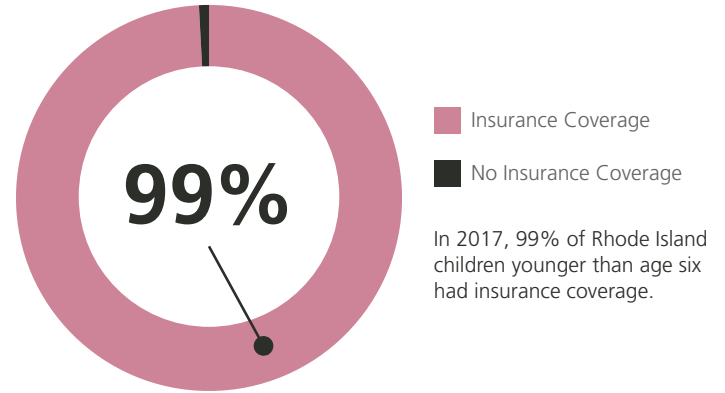


Figure 2  
**Poverty Status of Children in Rhode Island** (younger than age five)



Source: American Community Survey, 2017

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



Source: American Community Survey, 2017

**NATIONAL MEASURES** Rhode Island Children *versus* US Children

National Measure	How Does Rhode Island Compare to the Country as a Whole?			YEAR
	RI	versus	US	
Developmental screening among children (9-35 months) <sup>1</sup>	24.8%	VS	31.7%	2017
Percent of children age 6-11 who are physically active at least 60 minutes per day <sup>1</sup>	29.7%	VS	26.1%	2017
Rate of injury-related hospitalizations among children up to age nine (per 100,000 children) <sup>2,3</sup>	127.7	VS	128.8	2016
Percent of children in excellent or very good health <sup>1</sup>	91.4%	VS	89.8%	2017
Percent of children without health insurance <sup>1</sup>	3.2%	VS	6.2%	2017
Percent of children up to age 17 who were continuously and adequately insured <sup>1</sup>	73.6%	VS	67.5%	2017
Percent of children age 1-17 who had decayed teeth or cavities in the past 12 months <sup>1</sup>	9.4%	VS	11.7%	2017
Percent of children age 1-17 who had a preventive dental visit in the past year <sup>1</sup>	84.6%	VS	80.2%	2017



## KEY FACTS

Based on the Most Recent Data Available for Rhode Island



**1 in 4** children are not up-to-date with recommended **vaccines**.<sup>4,5</sup>

The number of children who tested positive for **lead poisoning**<sup>7</sup> decreased from **349 to 68** in the past 13 years.<sup>8</sup>

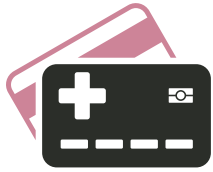
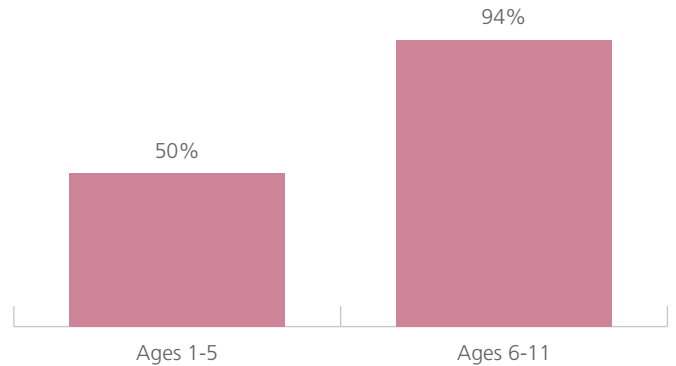


**1 in 10**

children live in a household where someone smokes.<sup>1</sup>



Children ages 1-5 years are less likely to have had a **dental visit** in the past 12 months than children ages 6-11.<sup>1</sup>



**43%** of children younger than age six have public health insurance (Medicaid).<sup>6</sup>

## 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.

**2x**

as many children with special healthcare needs (**CSHCN**) are **bullied** compared to children without special healthcare needs.<sup>1</sup>

Hispanic children are

**4x**

more likely than White (Non-Hispanic) children to have **asthma**.<sup>1</sup>

Woonsocket has the highest rate of **child abuse and neglect**.<sup>9</sup>

**1 in 5**

Hispanic children ages 2-4 enrolled in WIC are **obese**.<sup>10</sup>

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## Footnotes

- <sup>1</sup> National Survey of Children’s Health (NSCH)
- <sup>2</sup> Rhode Island Hospital Discharge Data (HDD)
- <sup>3</sup> Hospital Cost Utilization Project – State Inpatient Database (SID)
- <sup>4</sup> 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.
- <sup>5</sup> National Immunization Survey (NIS)
- <sup>6</sup> American Community Survey
- <sup>7</sup> Significant lead poisoning is having a single venous blood test result of > 15 µg/dL
- <sup>8</sup> RIDOH Environmental Lead Program
- <sup>9</sup> *2019 Rhode Island KIDS COUNT Factbook*
- <sup>10</sup> RIDOH WIC Program

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RIDOH would like to acknowledge the contributions of **SISTA Fire** for providing their time and feedback on the content and development of this publication. SISTA Fire is a small and growing network of women of color from across Rhode Island who are on a journey to create a space where they can build foundations for deep solidarity across differences, strengthen community connections, and create change in their lives and communities.



For additional information about the data presented in this issue brief, please contact Will Arias at [William.Arias@health.ri.gov](mailto:William.Arias@health.ri.gov).

For additional information about RIDOH’s Maternal and Child Health Program, please contact Jaime Comella at [Jaime.Comella@health.ri.gov](mailto:Jaime.Comella@health.ri.gov).

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