



Middle Childhood (5-12 years)

Maternal and Child Health Facts

The Rhode Island Department of Health

Access and Utilization



Children and Health Insurance

- Between 2006 and 2008, 7.0% of Rhode Island's children under age 18 were uninsured, compared to 10.8% of children in the U.S. Rhode Island ranks 14th in the nation with 93.0% of children with health insurance, down from 2nd in 2002 and 2003. The majority of children in Rhode Island are covered by private health insurance, most of which is obtained through their parents' employers.
- Recent increases in the rate of uninsured children in Rhode Island can be partly attributed to the decline in employer-sponsored insurance. Between 2006 and 2008, 67.2% of children were covered by employer-sponsored health insurance (ESI), down from 73.3% between 1999 and 2001 (an 8% decline).

(Source: Rhode Island KIDS COUNT analysis of Current Population Survey data, 2009.)

Immunizations

The 2007-2008 Rhode Island School Children Immunization Assessment (comprised of data collected directly from student health records) included an analysis of 2,917 randomly-selected records from students in kindergarten and 7th grade across 125 randomly selected schools. Immunization completion rates averaged 97% for kindergarteners and 89% for children in 7th grade. The rates reflect children's immunization status as of the date they entered kindergarten or 7th grade.

(Source: 2009 Rhode Island KIDS COUNT Factbook / Indicator: Childhood Immunizations)

Dental Care

Dental caries (tooth decay) is the most common disease among children five to 17 years old. Children with untreated dental problems are more likely to have problems chewing and swallowing, speech problems, and poor school performance due to difficulty concentrating and absenteeism.

- Minority children also have higher rates of tooth decay and untreated dental problems than White children. Hispanic children (19%) in the U.S. are more likely not to have had a dental visit in more than two years than non-Hispanic Black (15%) or non-Hispanic White children (14%).
- As of December 31, 2008, there were 38,428 Rhode Island children receiving Medical Assistance born on or after May 1, 2000 who were receiving dental benefits through the RIte Smiles program. There were 215 dental providers participating in the RIte Smiles program at the end of 2008, up from 90 when it began in September 2006. All children receiving Medical Assistance born before May 1, 2000 continue to receive dental benefits under the fee-for-service system.



(Source: 2009 Rhode Island KIDS COUNT Factbook / Indicator: Access to Dental Care)

Mental Health Treatment and Prevention

Mental health in childhood and adolescence is defined as the achievement of expected developmental, cognitive, social and emotional milestones and by secure attachments, satisfying social relationships and effective coping skills.

- One in five children ages nine to 17 in the U.S. has a diagnosable mental or addictive disorder; one in ten has a significant functional impairment. An estimated one-third of children who need mental health treatment do not get it.
- Children and adolescents receive a range of behavioral health treatment services at hospitals in Rhode Island, ranging from inpatient treatment at a psychiatric hospital or a general acute care hospital to outpatient treatment services. For example, Hasbro Children's Hospital, a division of Rhode Island Hospital, provided 7,555 outpatient psychiatry visits to 1,773 children and youth under age 19 in 2008.
- In 2007, there were 1,570 hospitalizations of children with a primary diagnosis of a mental disorder at the following hospitals: Bradley, Butler, Kent, Landmark, Newport, Memorial, Miriam, Rhode Island (including Hasbro Children's Hospital), Roger Williams, Saint Joseph, South County, and Westerly Hospitals.
- When a bed at a psychiatric hospital is not available, children and youth are "boarded" in the emergency department or on medical floors at acute care hospitals. These children and youth must wait for appropriate treatment and may require constant monitoring by staff so that they do not injure themselves or others. In 2008, 219 children between the ages of four and 17 years with a psychiatric diagnosis were "boarded" at Hasbro Children's Hospital due to the unavailability of an inpatient psychiatric bed in the state, up from 137 in 2007. The average period for which these young people were boarded in 2008 was two days.



(Source: 2009 Rhode Island KIDS COUNT Factbook / Indicator: Children's Mental Health)

In a recent 2009 policy and practice brief published by the National Middle School Association, *Putting Middle Grade Students on the Graduation Path*, one of the major findings is that in high-poverty environments a student's middle grades experience strongly impacts the odds of graduating from high school.

According to the 2007 Rhode Island Youth Behavior Risk Assessment, data show that 7% of RI public middle school students report receiving mostly D & F grades. This represents about 2300 students statewide. Another 19% received mostly C's. Students in 8th grade vs. students in 6th grade, those who speak primarily non-English at home, and those with emotional or learning disabilities were more likely to report mostly Ds & Fs. Compared with students receiving high grades (mostly As & Bs) students receiving low grades (mostly Ds & Fs) were at greater risk for 25 of the 28 behaviors measured in the areas of seatbelt use, substance use, alcohol use, physical fighting, tobacco use, and violence. Prevalence rates among "C" students were generally between those with higher and lower academic achievement.



Homeless Youth and Families

Lack of affordable housing, unemployment, low-paying jobs, extreme poverty, and decreasing government supports all contribute to the problem of family homelessness. Other causes of family homelessness include domestic violence, the changing demographics of the family, the fraying of social support networks, mental illness, and substance abuse. Compared to their peers, homeless children are more likely to become ill, develop mental health issues (such as anxiety, depression, and withdrawal), experience significant educational disruption, and exhibit delinquent or aggressive behaviors. Homeless children go hungry at twice the rate of other children and are more likely to experience illnesses such as stomach problems, ear infections and asthma.

- In Rhode Island, 953 Rhode Island families received emergency shelter between July 1, 2007 and June 30, 2008, a 21% increase from the previous year. More than one in six (18%) of the children in these families had experienced homelessness before.
- In Rhode Island, it is likely that several forces contributed to increases in the number of homeless families. Between December 2007 and December 2008, Rhode Island's unemployment rate increased from 5.2% to 9.4%. At the same time, the average rent for a two bedroom apartment in Rhode Island increased by 8% and many families (both renters and owners) lost their homes to foreclosure. In 2008, 6,583 properties in Rhode Island were filed for foreclosure, up from 1,838 in 2007.
- In Rhode Island, 1,506 children under age 13 received emergency housing at homeless shelters and domestic violence shelters in 2008. Of these children, 895 (59%) were under the age of six.

(Source: 2009 Rhode Island KIDS COUNT Factbook / Indicator: Homeless Youth)

Health Status

Chronic Disease Asthma

In Rhode Island, more than one in 10 (11%) children under age 18 reported having asthma between 2001 and 2005. Only four states report higher current asthma prevalence rates. Children ages five through 12 and adolescents ages 13-17 accounted for 28% of hospitalizations.

Asthma prevention and management are best handled in a primary care setting. Research shows that asthma care that is delivered in outpatient and emergency department settings is of lesser quality than that delivered through primary care. Rhode Island children with asthma who are racial and ethnic minorities, economically disadvantaged, uninsured or have other barriers to services must be able to access comprehensive and affordable primary medical care. This access will allow them to prevent and manage their chronic illness and avoid more costly and less effective treatment in other settings.

Nationally, asthma is the most common chronic condition in children, the third-ranked cause of hospitalization for children under age 15 and one of the leading causes of school absences.

(Source: 2009 Rhode Island KIDS COUNT Factbook / Indicator: Children with Asthma)

Obesity

Obesity is associated with type II diabetes, hypertension, heart disease, and other acute and chronic health problems. Overweight children are susceptible to depression, negative self-image and low self-esteem that can lead to social isolation and high-risk behaviors.

During 2008-2009, nearly one in six (16.3%) of Rhode Island children entering kindergarten during the 2008-2009 school year were obese, with a BMI at or greater than the 95th percentile.

Hispanic children entering kindergarten in Rhode Island during the 2008-2009 school year were twice as likely to be obese (28.5%) than their non-Hispanic peers (14.2%).

During the 2008-2009 school year, nearly one in five (19%) 7th graders in Rhode Island were obese.

(Source: Rhode Island Department of Health Program Data)



Diabetes

Type 1 diabetes, where the body produces no insulin, is one of the most common chronic diseases in children. Nearly one child out of every 600 develops it. Children with type 1 need daily insulin shots to help their bodies use food. This type of diabetes usually peaks around puberty (10 to 12-year-old girls, and 12 to 14-year-old boys). Type 1 diabetes tends to run in families, and whites have a higher incidence of Type 1 diabetes than other racial groups.

Type 2 diabetes occurs when the body cannot make enough -- or can't properly use -- insulin. In the United States, Type 2 diabetes occurs in at least 90% of the population with diabetes. **Detecting type 2 diabetes in children** is hard because it can go undiagnosed for a long time since children can have mild or no symptoms, and blood tests are needed for diagnosis.

An increasing number of Americans are putting themselves at-risk for type 2 of diabetes because of the growing problem of obesity. Although this was once referred to as "adult onset", type 2 diabetes now affects both children/teens and adults. Reasons for this include a number of lifestyle changes such as drinking more sodas, skipping meals, eating larger portions, eating out more, and less physical activity (i.e. being driven to school than walking, exercising less).



(Source: Rhode Island Department of Health Diabetes Program)

Additional Resources

For additional information about the materials presented in this, or any other data brief, please visit the Rhode Island Department of Health Website at:

www.health.ri.gov/

Or, to view the most recent publications from the Rhode Island Department of Health:

<http://www.health.ri.gov/publications/>

For additional information on any of the indicators presented in this, or any other data brief, as well as additional indicators, please visit Rhode Island KIDS COUNT at:

<http://www.rikidscount.org/matriarch/default.asp>