Overview

Maternal and Child Health Facts

The Rhode Island Department of Health

Title V Health Disparities, Equity, and the Life Course

Maternal and Child Health Services Title V

Title V has operated as a Federal-State partnership for 75 years. When the Social Security Act was passed in 1935, the Federal Government, through Title V, pledged its support of State efforts to extend and improve health and welfare services for mothers and children.

Rhode Island uses Title V funds to design and implement a wide range of maternal and child health programs that meet national and State needs. Although specific initiatives may vary among the 59 States and jurisdictions utilizing Title V funds, all programs work to do the following:

- Reduce infant mortality and incidence of handicapping conditions among children
- Increase the number of children appropriately immunized against disease and the number of children in low-income households who receive assessments and follow-up diagnostic and treatment services
- Provide and ensure access to comprehensive perinatal care for women; preventative and child care services; comprehensive care, including long-term care services, for children with special health care needs; and rehabilitation services for blind and disabled children under 16 years of age who are eligible for Supplemental Security Income
- Facilitate the development of comprehensive, family-centered, community-based, culturally competent, coordinated systems of care for children with special health care needs

What are health disparities, equity, and the life course?

A fundamental principle of public health is that ALL people have a right to health and the health of America depends on the health of everyone. **Health Disparities** exist if there is a significant difference in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates of health conditions and health status among different groups of people. Most health disparities affect groups that are disadvantaged or marginalized because of their of socioeconomic status, race/ethnicity, gender, sexual orientation, disability status, geographic location, or any combination of these.

People in such groups not only experience worse health but also tend to have less access to healthy food, good housing and safe neighborhoods, quality education, and freedom from discrimination—or the **social determinants** or conditions that support health.

Health equity is when everyone, regardless of the social and economic circumstances present in their life, has the opportunity to achieve their full health potential. For many people, these disadvantaged conditions are pervasive during extended periods of time in one's life, and for some, membership in a particular group lasts a lifetime.

When we talk about individuals from birth through to adulthood, middle age and beyond we are looking at their lives across the **life course**. Fundamentally, our lives are "linked" such that circumstances or events earlier in life have the potential to impact conditions later in life. The social and economic conditions contributing to persistent disparities, which are often clearly evident at mid- and late life, may be anchored to earlier circumstances of the life course. Understanding the disparities that are present in each of our priority populations, across their life course, becomes critically important to understanding the needs and priorities of Title V populations toward the goal of achieving health equity.

Social Determinants

"A person's health and chances of becoming sick and dying early are greatly influenced by powerful social factors such as education, income, nutrition, housing, and neighborhoods."

(Source: Robert Wood Johnson Foundation: ISSUE BRIEF 7: December 2009)

Education

The impact of education can influence health in direct and indirect ways. Education not only influences the types of jobs an individual can obtain and money earned, but also affect opportunities for healthier living and access health care. Educational attainment is associated with health literacy, which impacts an individual's ability to communicate with health care providers, understand and follow instructions, and navigate the health system.

(Source: Kaiser Family Foundation: Putting Women's Health Care Disparities on the Map: June 2009)

- The Rhode Island four-year graduation rate for all students in the class of 2008 was 74%, the dropout rate was 16%, 3% of students completed their GEDs within four years of entering high school and 7% were still in school in the fall of 2008.

- The Rhode Island four-year graduation rate for the class of 2008 was 69% for males and 79% for females. While female students have lower dropout rates than males, national data show that female dropouts are significantly more likely to be unemployed and they earn less on average than male dropouts from the same racial and ethnic group.

(Source: 2009 Rhode Island KIDS COUNT Factbook / Indicator: High School Graduation)

Children in Single Parent Households

- Hispanic single-parent families are more likely than other single-parent families in Rhode Island to live in poverty. Black and Hispanic married-parent families are also more likely than White married-parent families in Rhode Island to live in poverty.

- The number of adults a child lives with is associated with the amount of parental and economic resources available to promote that child's well-being. In 2007, 7% of children in Rhode Island lived in a household where the unmarried head of household lived with a partner.

(Source: 2009 Rhode Island KIDS COUNT Factbook / Indicator: Children in Single Parent Households)

Poverty

The association between income and health is well established. Poor individuals are less likely to have access to health coverage, less likely to have a usual source of care, and less likely to have routine screenings and check-ups. Poor access is associated with a higher risk of delays in care and potentially poorer health outcomes. Poverty also indirectly affects health through factors such as nutrition and stress.

Table 1. Rhode Island: Percent of Population Living Below Poverty by Gender, Age Categories, and Race Ethnicity (2007-2008), U.S. (2008)

% of Population Living Below Poverty	Rhode Island	United States
Gender		
Female	14.5%	18.0%
Male	13.3%	16.0%
Total	13.9%	16.8%
Age		
Children 18 and under	21.5%	25.0%
Adults 19-64	13.9%	16.8%
Elderly 65+	11.0%	12.6%
Total	15.4%	18.3%
Race / Ethnicity		
White	10.7%	12.3%
Black	31.2%	33.2%
Hispanic	36.6%	30.6%
Other	28.2%	20.6%
Total	15.4%	18.3%

Population Demographics

The population of Rhode Island is almost equally split among males and females for much of the life course, although there is a slightly higher percentage of males under 18 years old (11.1% compared to 10.6%). At approximately 25 years of age, the percent of the total population that are females in the categories represented below are higher than that of males for the rest of the life course.

Table 2. Rhode Island: Percent of Population by Gender and Age Categories (July 1, 2008)

Age Categories	% Male	%Female
Under 18 years	11.1	10.6
Under 5 years	3.0	2.8
5 to 13 years	5.4	5.2
14 to 17 years	2.7	2.6
18 to 64 years	31.6	32.6
18 to 24 years	5.5	5.4
25 to 44 years	13.1	13.3
45 to 64 years	13.0	13.8
65 years and over	5.7	8.4
Median age (years)	37.2	40.2

(Source: Population Division, U.S. Census Bureau (Release: May 14, 2009))

Race & Ethnicity

The population of Rhode Island is becoming increasingly diverse. From 1990 to 2000, Rhode Island's minority population increased by 77% while the White (non-Hispanic) population decreased by 3%. Today, nearly 20% of the state population is a racial or ethnic minority (Census Bureau's 2007-2008 American Community Survey). In general, the median age of Rhode Island's minority population (26 years) is lower than the median age for the overall state population (38 years).

Citizenship Status

According to the Census Bureau's March 2008 and 2009 Current Population Survey nearly 69,500 persons living in Rhode Island are non-citizens. This is roughly 7% of the total population for the State. Compared to total U.S. population, the percent of individuals who are citizens (93%) and non-citizens (7%) is similar in Rhode Island.

Table 3. Rhode Island: Percent of Population by Race / Ethnicity (2006-2008)

Rhode Island Population by Race / Ethnicity	Population Estimate	% Population
Total Population	1,054,306	
Not Hispanic or Latino:	935,402	88.7
White alone	829,742	78.7
Black or African American alone	49,994	4.7
American Indian and Alaska Native alone	3,913	0.4
Asian alone	28,495	2.7
Native Hawaiian and Other Pacific Islander alone	143	0.0
Hispanic or Latino	118,904	11.3

(Source: U.S. Census Bureau, 2006-2008 American Community Survey)

Mortality

Chronic diseases

- Heart disease, stroke, cancer, and diabetes are among the most prevalent, costly, and preventable of all health problems. Leading a healthy lifestyle (avoiding tobacco use, being physically active, and eating well) greatly reduces a person's risk for developing chronic disease. Access to quality and affordable prevention measures (including screening and appropriate follow-up) are essential steps in saving lives, reducing disability and lowering costs for medical care.

- The top five causes of death among all females in Rhode Island are heart disease, cancer, chronic respiratory diseases, stroke, and Alzheimer's disease. For racial and ethnic minority populations, diabetes and unintentional injuries were among the top five causes of death.

Table 4. Top 5 Leading Causes of Death for Females (2006)

	All Races (Non-Hispanic)	White	Black	Hispanic
1	Heart Disease	Heart Disease	Heart Disease	Cancer
2	Cancer	Cancer	Cancer	Heart Disease
3	Chronic Respiratory Disease	Chronic Respiratory Disease	Diabetes	Stroke
4	Stroke	Stroke	Unintentional Injury	Diabetes
5	Alzheimer's Disease	Alzheimer's Disease	Chronic Respiratory Disease	Unintentional Injury

(Source: National Center for Health Statistics (NCHS), National Vital Statistics System)

Access & Utilization

Table 5. Health Insurance Coverage of Women Ages 0-64, RI (2007-2008)

	Employer	Individual	Medicaid	Other Public	Uninsured
Rhode Island	64%	5%	18%	2%	11%

(Sources: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2008 and 2009 Current Population Survey (CPS: Annual Social and Economic Supplements))

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.

- An estimated 4,983 uninsured children live in Rhode Island families with incomes above 250% of the federal poverty level ($44,000 for a family of three in 2008), the limit for RIte Care eligibility. Approximately 72% (13,078) of the estimated 18,141 uninsured children in Rhode Island between 2006 and 2008 were eligible for RIte Care based on their family incomes but were not enrolled.

- 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)

Health Status

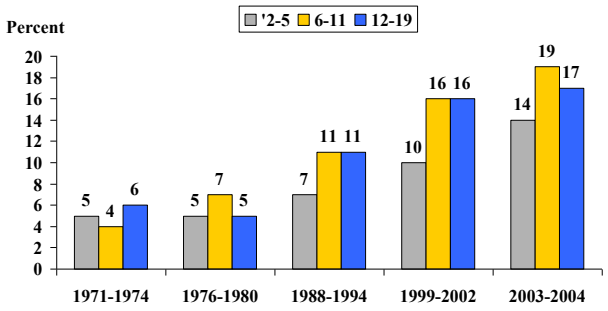
Obesity

Obesity rates have been on the rise over the past three decades in both Rhode Island and the United States. More deaths in the United States are associated with obesity and inactivity than with alcohol and motor vehicles combined. Obesity is associated with heart disease, type II diabetes, hypertension, and other acute and chronic health problems. For women, obesity has also been associated with infertility, arthritis, and post-menopausal breast cancer.

(Source: Kaiser Family Foundation: Putting Women's Health Care Disparities on the Map: June 2009)

- Unhealthy diet and sedentary life styles are concerns for all adults. But identifying demographic and behavioral differences between men and women might stimulate the creation of gender-specific strategies to promote an active lifestyle and healthy diet.

Overweight Children*
United States, 1971-2004



Note: overweight = BMIs ≥ 95th percentile

Source: National Health and Nutrition Examination Survey (NHANES)

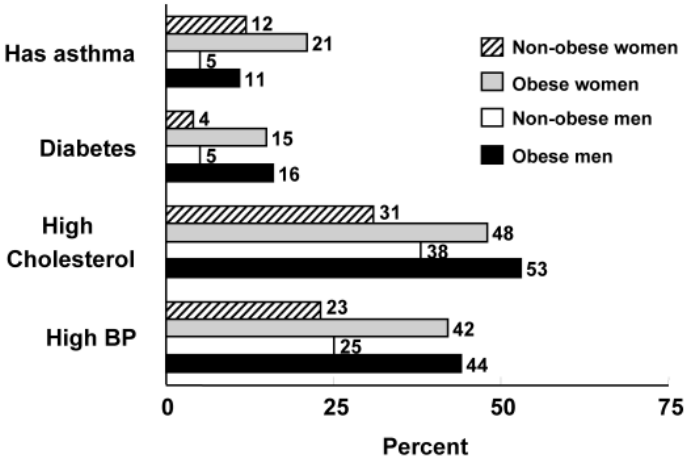
Overweight children are susceptible to depression, negative self-image and low self-esteem that can lead to social isolation and high-risk behaviors. Adolescents who are overweight have a 70% chance of becoming overweight or obese adults, with increased health risks and higher health care costs than those at a healthy weight.

- Over one in six (17.9%) Rhode Island children entering kindergarten during the 2007-2008 school year were obese, with a BMI at or greater than the 95th percentile.

- Thirty percent of Hispanic children entering kindergarten in Rhode Island during the 2007-2008 school year were obese, compared to 16% of their non-Hispanic peers.

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

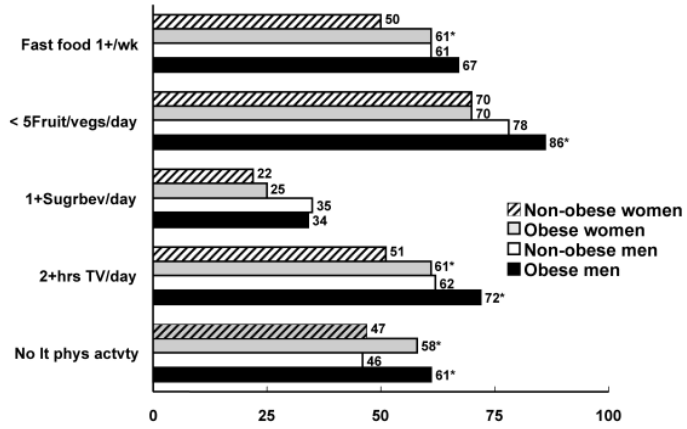
Figure 1. Health conditions among obese and non-obese adult men and women, ages 20+, RI 2007.



Health by Numbers: VOLUME 92 NO. 12 DECEMBER 2009

Health Practices & Behavior

Figure 2. Behavioral risks among obese and non-obese adult men and women, ages 20+, RI 2007.



Health by Numbers: VOLUME 92 NO. 12 DECEMBER 2009

Tobacco

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, an estimated 438,000 people in the U.S. die prematurely from smoking or exposure to second hand smoke, and another 8.6 million have a serious illness caused by smoking. For every person who dies from smoking, more people suffer from at least one serious tobacco-related illness.

- According to the 2007 Rhode Island Youth Risk Behavior Survey, the percentage of Rhode Island high school students who reported smoking cigarettes during at least 1 day during the previous 30 was 15.1%, compared to 20.0% nationally.

Substance Abuse

The use and/or abuse of substances by children and youth poses health and safety risks to them, their families, their schools and their communities. The number of adolescents using alcohol, tobacco and illegal drugs has been declining steadily both in the U.S. and n Rhode Island for the past decade.

- Over the past decade, there has been a decline in reported use of alcohol and illegal drugs among Rhode Island middle school and high school students. After an initial drop, the reported rates of cigarette use have remained steady. In the 2007-2008 school year, as was the case in previous years, students in school districts in the core cities report lower use of alcohol, tobacco and cigarettes than do students in the remainder of the state.
- In 2007, approximately 8% of youth ages 12-17 in the U.S. met standard diagnostic criteria indicating the need for treatment for an alcohol and/or illicit drug use problem. Few of these youth received specialty treatment (6% of those needing treatment received specialty alcohol treatment and 10% received specialty illicit drug use treatment).
- Nationally in 2006 and 2007, 26% of youth ages 12-20 reported obtaining alcohol for free from a non-relative aged 21 or over, 15% from another underage person, 6% from a parent or guardian, 9% from another relative aged 21 or older, and 4% reported taking it from their own home without permission.

(Source: 2009 Rhode Island KIDS COUNT Factbook / Indicator: Alcohol, Cigarette, and Drug Use by Teens)

- A recent 2009 report from the U.S. Substance Abuse and Mental Health Services Administration, or SAMHSA showed Rhode Island had the highest rate of illicit drug use in the nation among people 12 or older. providing state-by-state analyses of substance abuse and mental illness patterns reveals that there are wide variations in the levels of problems like illicit drug use found among the states, but that every state suffers from these problems. For example, among those aged 12 and older, Iowa had less than half the current illicit drug use rate of Rhode Island (5.2 percent vs. 12.5 percent) - yet Iowa's population aged 12 and older also had one of the nation's highest levels of people experiencing alcohol dependence or abuse in the past year (9.2 percent).

Child Abuse and 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, family stressors, isolation from extended family or friends, drug and/or alcohol abuse, or depression. Child maltreatment can lead to low academic achievement, juvenile delinquency, substance abuse, behavioral, emotional and mental health problems, teenage pregnancy, adult criminality and increased likelihood of becoming an adult victim of physical or sexual abuse.

In 2008 in Rhode Island, there were 1,913 indicated investigations of child abuse and neglect involving 2,743 children. The child abuse and neglect rate per 1,000 children under age 18 was more than two times higher in the core cities (17.0 victims per 1,000 children) compared to the remainder of the state (7.0 victims per 1,000 children). Almost half (47%) of the victims of child abuse and neglect in 2008 were young children under age six and more than one-third (35%) were ages three and younger.

(Source: 2009 Rhode Island KIDS COUNT Factbook / Indicator: Child Abuse and Neglect)

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