IMMUNIZATIONS

LEAD POISONING

A REPORT ON THE STUDENTS IN PUBLIC SCHOOLS IN THE TOWN OF LITTLE COMPTON

RHODE ISLAND DEPARTMENT OF HEALTH

STATEWIDE SUMMARY OF IMMUNIZATION RATES & LEAD EXPOSURE RATES FOR SCHOOL DISTRICTS AND PRIVATE SCHOOLS

Immunization

The Rhode Island Department of Health (RIDOH) administered a web-based immunization reporting survey to all school nurses to assess immunization compliance for students enrolled in Kindergarten and Grade 7. The Survey allows the Rhode Island Immunization Program to more accurately depict not only statewide childhood immunization rates, but to also develop more specific data about our communities, our neighborhoods, and our varied populations.

All students entering kindergarten and seventh grade must have documentation of certain immunizations. Schools with kindergarteners and seventh grade students were required to report their immunization coverage rates to RIDOH. This statewide summary includes information on how many schools in each district reported to RIDOH, and information on the immunization coverage rates of students in each school and district

Immunization data source: Rhode Island Department of Health School Immunization Survey, 2014-2015

Contact Person: Kathy Marceau | Kathy.Marceau@health.ri.gov

Lead

Rhode Island healthcare providers must screen their patients betweeen nine and 12 months of age, and they should get their second screening by 36 months of age. There must be at least 12 months between the first and second test.

RIDOH recommends that after compliance is met with the first 2 screens that a child is screened annually until the age of 6 if a risk for lead poisoning is indicated on the Risk Assessment Questionnaire.

All children entering Kindergarten should be compliant with lead testing requirements. The measure of elevated lead levels is five micrograms of lead per deciliter of blood (ug/dL) or higher.

Lead Screening Data Source: The Rhode Island Childhood Lead Poisoning Prevention Program's Lead Elimination Surveillance System (LESS) and KIDSNET, Rhode Island's web-based, integrated child health information system.

Lead Contact Person: Michelle Kollett Almeida | Michelle.Kollett@health.ri.gov

Education Data Source: Rhode Island Department of Education Enrollment Data, SY2014-2015 linked by DataSpark: An Initiative of the Providence Plan

RHODE ISLAND DEPARTMENT OF HEALTH

IMMUNIZATION SURVEY RESULTS

Little Compton

Kindergarten

All students entering kindergarten must have documentation of the following immunizations: five doses of Diphtheria, Tetanus, and Pertussis vaccine; three doses of Hepatitis B vaccine; two doses of Measles, Mumps, and Rubella vaccine; four doses of Polio vaccine; and two doses of Varicella (chickenpox) vaccine.*

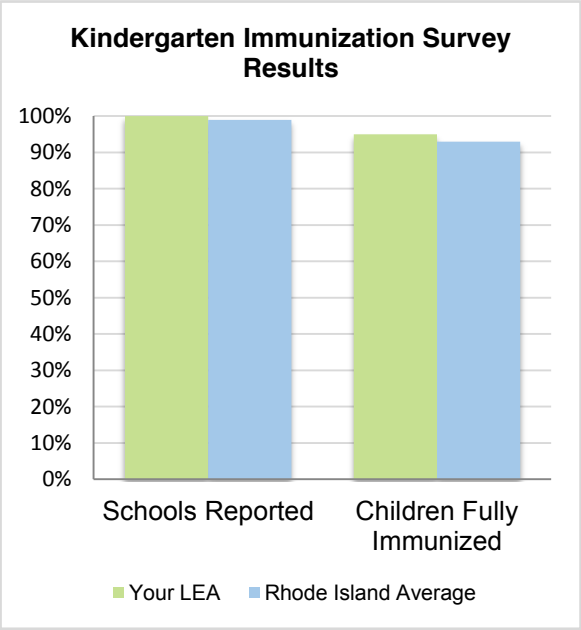
Immunization Reporting

Local Education Agency (LEA)	Total # Schools with Grade K	# Reported	% Reported
Your LEA	1	1	100%
Rhode Island	245	238	98%

Immunization Coverage **

Local Education Agency (LEA)	Total # Students Assessed	# Fully Immunized	% Fully Immunized
Your LEA	22	21	95%
Rhode Island	10,998	10,271	93%

Number of students with no immunization record: 0
Number of students with an exemption (religious or medical): 0



Seventh Grade

All students entering seventh grade should have the following documentation of immunizations: three doses of Hepatitis B vaccine; one dose of Meningococcal conjugate (Meningitis) vaccine; two doses of Measles, Mumps, and Rubella vaccine; four doses of Polio vaccine; one dose of Tetanus, Diphtheria, and Pertussis vaccine; and two doses of Varicella (chickenpox) vaccine.*

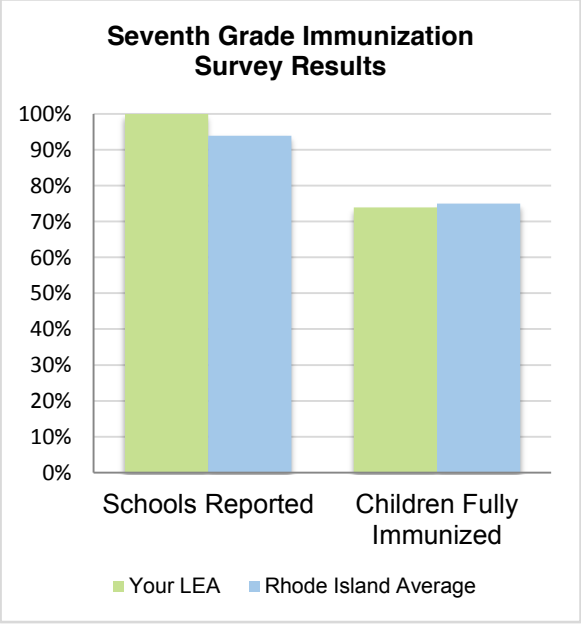
Immunization Reporting

Local Education Agency (LEA)	Total # Schools with Grade 7	# Reported	% Reported
Your LEA	1	1	100%
Rhode Island	146	141	96%

Immunization Coverage **

Local Education Agency (LEA)	Total # Students Assessed	# Fully Immunized	% Fully Immunized
Your LEA	39	29	74%
Rhode Island	12,345	9,406	76%

Number of students with no immunization record: 0
Number of students with an exemption (religious or medical): 1



* Rhode Island Department of Health Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases (R23-1-IMM)
** Data include students enrolled in the 2014-2015 school year as of September 1, 2014. Coverage data apply only to schools that reported.

Source: Rhode Island Department of Health School Nurse Teacher Immunization Survey, 2014-2015

IMMUNIZATION SURVEY RESULTS BY SCHOOL

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Kindergarten and Seventh Grade

Immunization Coverage

School Name	Grade	Total # Students Assessed	Students Fully Immunized		# Students with No Record	# Students with an Exemption
			#	%		
Wilbur & McMahon Schools	K	22	21	95%	0	0
Wilbur & McMahon Schools	7	39	29	74%	0	1

Schools with No Reported Data	Grade

LEAD EXPOSURE

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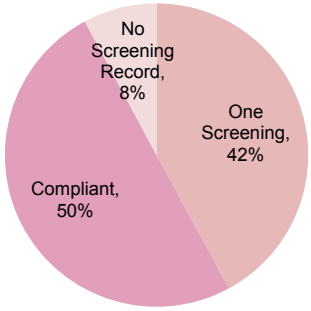
Kindergarten Lead Screening Status*

Lead exposure can lead to cognitive and developmental delays, which can affect a child's performance in the classroom. All Rhode Island healthcare providers are required by law to screen their patients for lead poisoning twice by 36 months of age. Before entering Kindergarten, all students should be in compliance with the state lead screening requirements for children.

Screening Status*

Local Education Agency (LEA)	Total # Students	Once By 18 Months		Compliant	
		#	% of students	#	% of students
Your LEA	21	13	61.9%	11	52.4%
Rhode Island	9,605	6,712	69.9%	4,835	50.3%

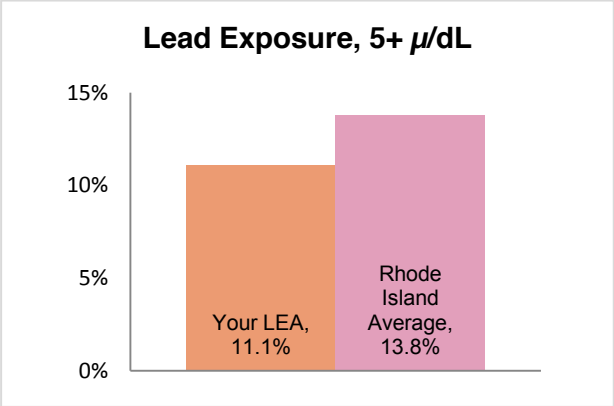
Kindergarteners in RI



Kindergarten Lead Exposure**

The current measure of elevated lead levels is five micrograms of lead per deciliter of blood (µg/dL) or higher. For more information on lead exposure and educational outcomes, visit ridatahub.org/datastories/educational-costs-of-unhealthy-housing

Local Education Agency (LEA)	Total # Students Screened	0-4 µ/dL***		5-9 µ/dL (elevated blood lead level)		10+ µ/dL (elevated blood lead level)	
		#	% of students	#	% of students	#	% of students
Your LEA	18	8	44.4%	2	11.1%	0	0.0%
Rhode Island	8,827	3,460	39.2%	1,044	11.8%	177	2.0%



Lead hazards in the home are the most common sources of lead poisoning. Children in low-income families in Rhode Island are more likely than other children to live in older housing, where these hazards are more prevalent.

* Screened by 18 months indicates that students received at least one test between 4 months and 21 months of age. Compliant indicates that students had at least two tests that were at least 9 months apart before the age of 39 months.

** Results show the highest ever lead test result for last year's public school kindergarten students (school year 2014-2015) who had at least one valid blood lead test as of December 31, 2014.

*** Students were only counted in the 0-4 µ/dL category when they were also compliant with screening requirements because HEALTH estimates that 5% of children who screen between 0-4 µ/dL at their first screening have elevated blood lead levels at the second screening.

Data Sources: The Rhode Island Childhood Lead Poisoning Prevention Program's Lead Elimination Surveillance System (LESS) and KIDSNET, Rhode Island's web-based, integrated child health information system were linked with Rhode Island Department of Education (RIDE) Enrollment Data, SY2014-2015, by The Providence Plan.10% of RIDE Kindergarten students did not match to KIDSNET data and were excluded from the total # of students.

LEAD EXPOSURE AND SCREENING BY SCHOOL

Little Compton

Kindergarten

Screening Status and Blood Lead Levels

School Name	Total # Students	Screening		Blood Lead Levels					
		Compliant		0-4 μ/dL		5-9 μ/dL		10+ μ/dL	
		#	%	#	%	#	%	#	%
Wilbur & McMahon Schools	21	11	52%	8	38%	2	10%	0	0%

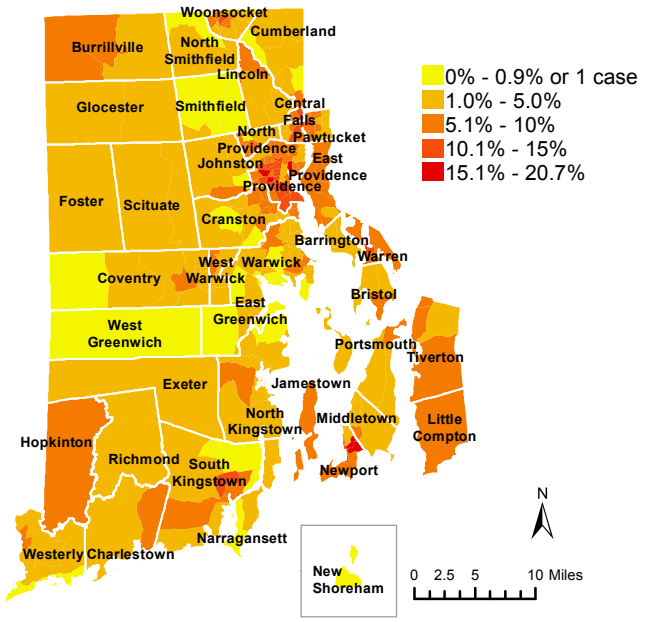
Note: Results are suppressed for schools with less than 10 kindergarten students. Percent compliant uses all students who matched to KIDSNET data (90% of students on average) as the denominator. Blood lead level percentages use the number of students with at least one test result as the denominator. Students were only counted in the 0-4 category when they were also compliant with screening requirements, so blood lead level category percentages may not add up to 100.

HEALTHY HOUSING INDICATORS

The statewide maps below show, at the census tract level, factors associated with risk for lead exposure and poor asthma control.

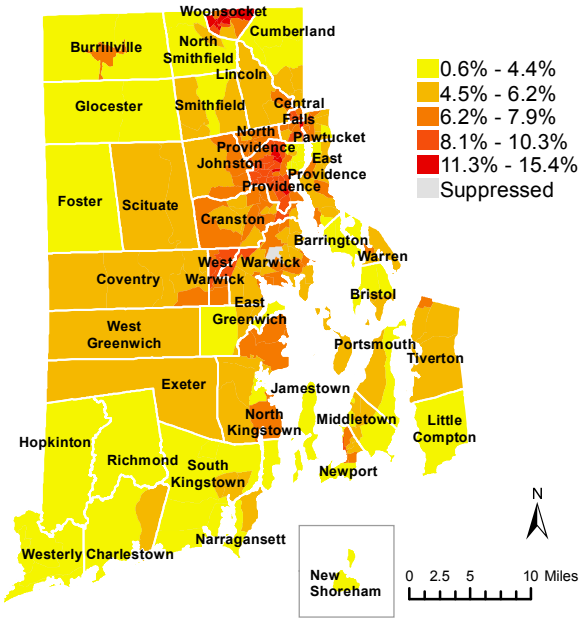
CHILDREN YOUNGER THAN SIX WITH FIRST-TIME ELEVATED BLOOD LEAD LEVELS, 2011-2013

Prepared by The Providence Plan, 2014
Sources: Lead Elimination Surveillance System, Rhode Island Department of Health, Rhode Island Geographic Information System
Note: Data represent the percent of children tested who had blood lead levels of 5 µg/dL or greater for the first time. Children who had elevated levels before 2011 were excluded.



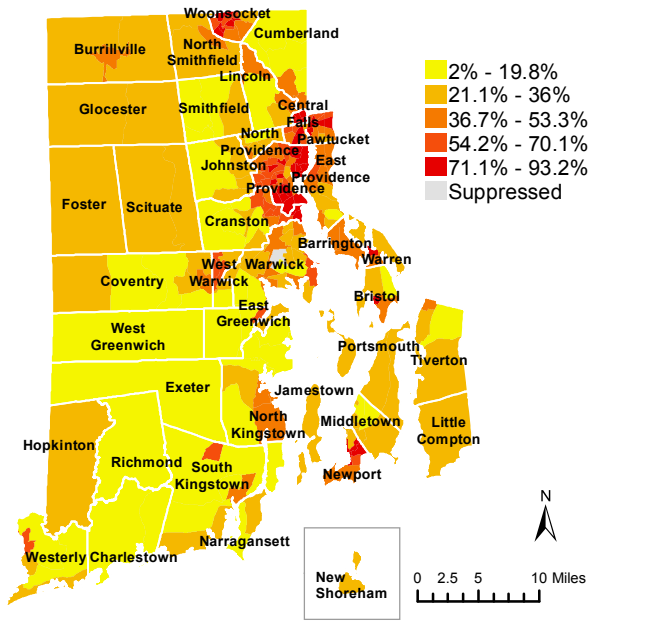
CHILDREN 2 TO 17 WITH ASTHMA, 2010-2012

Prepared by The Providence Plan, 2014
Sources: Blue Cross Blue Shield of Rhode Island; Census 2010, Neighborhood Health Plan of Rhode Island, Rhode Island Department of Health, Rhode Island GIS, United Healthcare of New England
Note: Data only include children who had a doctor's office, emergency department, or inpatient hospital visit for asthma from 2010-2012. Years are not the same as for lead.



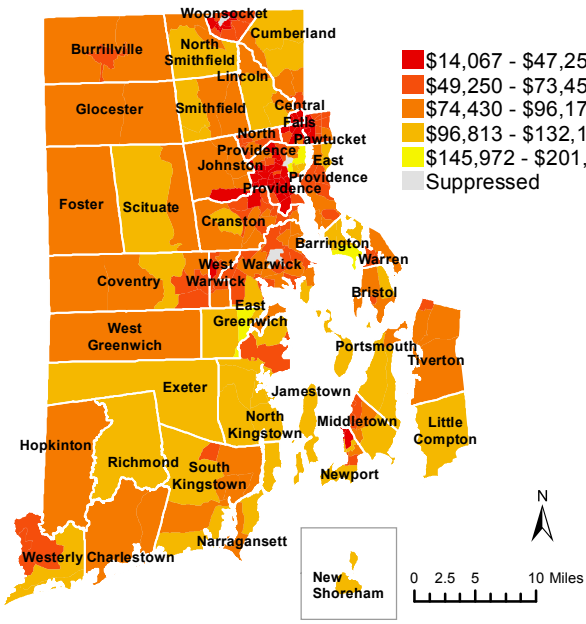
HOUSING BUILT BEFORE 1950

Prepared by The Providence Plan, 2014
Sources: US Census Bureau, 2008-2012 5-Year American Community Survey; Rhode Island Geographic Information System
Note: Data represent the percent of total housing units that was built in 1949 or earlier.

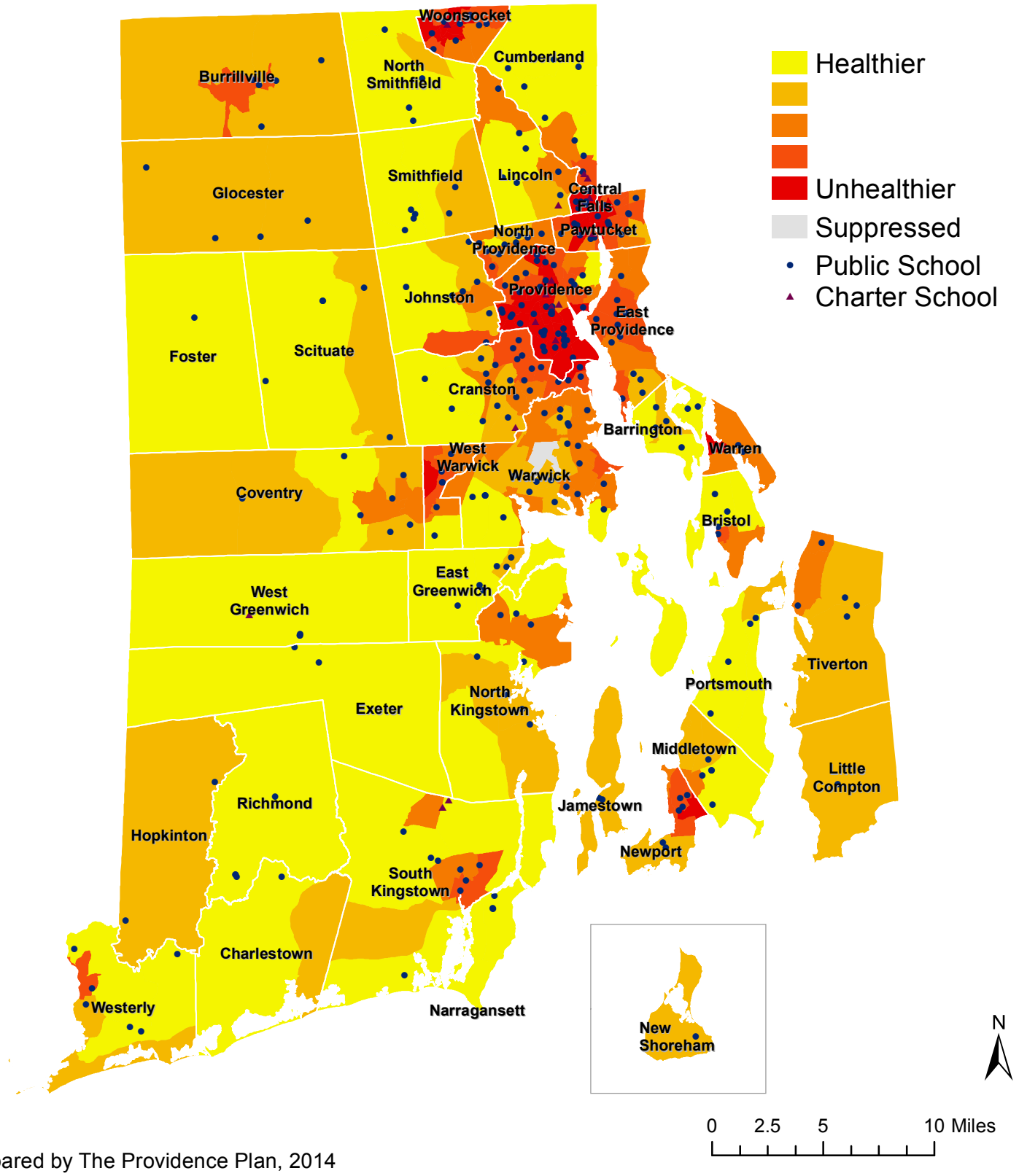


MEDIAN FAMILY INCOME, 2008-2012

Prepared by The Providence Plan, 2014
Sources: US Census Bureau, 2008-2012 5-Year American Community Survey; Rhode Island Geographic Information System
Note: Data represent the median family income in the past 12 months in 2012 inflation-adjusted dollars. Areas shown in gray are suppressed due to margins of error larger than the estimated values.



COMPOSITE MAP OF CHILDHOOD LEAD EXPOSURE, ASTHMA, MEDIAN FAMILY INCOME, AND OLDER HOUSING
With Public Schools



Prepared by The Providence Plan, 2014

Sources: Blue Cross & Blue Shield of Rhode Island; Lead Elimination Surveillance System; Neighborhood Health Plan of Rhode Island; Rhode Island Department of Education; Rhode Island Department of Health; Rhode Island Geographic Information System; United Healthcare of New England; US Census Bureau, 2008-2012 5-Year American Community Survey and 2010 Census

Method: The results of the four healthy housing indicators were standardized (using z-scores) for each census tract, averaged, and ranked into quintiles. Unreliable estimates were excluded from the ranking calculation.