# IMMUNIZATIONS

# LEAD POISONING

## A REPORT ON THE STUDENTS IN YOUR LOCAL EDUCATION AGENCY

RHODE ISLAND DEPARTMENT OF HEALTH

# WHAT CAN SCHOOLS AND SCHOOL DISTRICTS DO TO PROMOTE THE HEALTH AND SAFETY OF STUDENTS?

## Immunization

- Ensure that school nurses complete the Rhode Island Department of Health's Annual Report of School Immunization Status for required vaccines for kindergarten and seventh grade students. This report should be completed by November 26.*
- Encourage the parents of high school students to also have their children fully immunized against vaccine-preventable diseases. High school students can either visit their primary care providers or take part in the Vaccinate Before You Graduate program.
- Encourage all students to be vaccinated against the flu every year.
- Provide annual reminders to parents about the required immunizations that children need.

More resources and information: www.health.ri.gov/immunization/for/schools
Kathy Marceau, Rhode Island Department of Health
Kathy.Marceau@health.ri.gov

## Lead

- Remind parents about the importance of lead screenings for their children. Children should be screened for elevated blood-lead levels every year through six years of age.
- Advocate for safe and affordable housing in the community in which your schools are located.
- Advocate for the enforcement of housing codes and Rhode Island lead poisoning prevention regulations in the community in which your schools are located.

More resources and information: www.health.ri.gov/healthrisks/poisoning/lead
Michelle Kollett Almeida, Rhode Island Department of Health
Michelle.Kollett@health.ri.gov

* www.health.ri.gov/schoolnursesurvey

RHODE ISLAND DEPARTMENT OF HEALTH

# IMMUNIZATION SURVEY RESULTS

*North Smithfield*

## 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.*

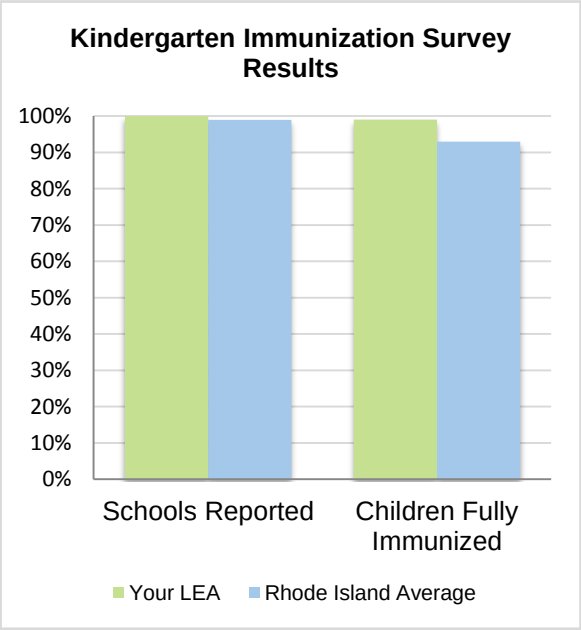
### Immunization Reporting

| Local Education Agency (LEA) | Total # Schools with Grade K | # Reported | % Reported |
|---|---|---|---|
| Your LEA | 1 | 1 | 100% |
| Rhode Island | 236 | 233 | 99% |

### Immunization Coverage **

| Local Education Agency (LEA) | Total # Students Assessed | # Fully Immunized | % Fully Immunized |
|---|---|---|---|
| Your LEA | 104 | 103 | 99% |
| Rhode Island | 11,421 | 10,579 | 93% |

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




## 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.*

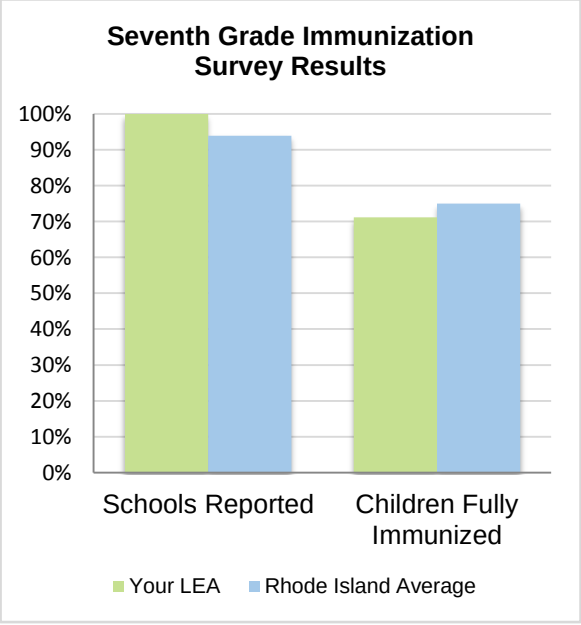
### Immunization Reporting

| Local Education Agency (LEA) | Total # Schools with Grade 7 | # Reported | % Reported |
|---|---|---|---|
| Your LEA | 1 | 1 | 100% |
| Rhode Island | 144 | 136 | 94% |

### Immunization Coverage **

| Local Education Agency (LEA) | Total # Students Assessed | # Fully Immunized | % Fully Immunized |
|---|---|---|---|
| Your LEA | 139 | 99 | 71% |
| Rhode Island | 12,173 | 9,084 | 75% |

**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 2013-2014 school year as of September 1, 2013. Coverage data apply only to schools that reported.

*Source: Rhode Island Department of Health School Nurse Teacher Immunization Survey, 2013-2014*

# IMMUNIZATION SURVEY RESULTS BY SCHOOL

*North Smithfield*

## Kindergarten and Seventh Grade

### Immunization Coverage

| School Name | Grade | Total # Students Assessed | Students Fully Immunized | | # Students with No Record | # Students with an Exemption |
|---|---|---|---|---|---|---|
| | | | # | % | | |
| North Smithfield Elementary School | K | 104 | 103 | 99% | 0 | 1 |
| North Smithfield Middle School | 7 | 139 | 99 | 71% | 0 | 1 |

| Schools with No Reported Data | Grade |
|---|---|

# LEAD EXPOSURE

*North Smithfield*

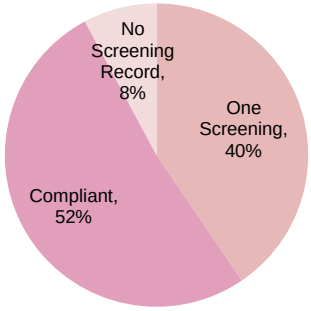
## Kindergarten Lead Screening Status*

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 | 92 | 67 | 72.8% | 43 | 46.7% |
| Rhode Island | 8,827 | 6,508 | 73.7% | 4,562 | 51.7% |

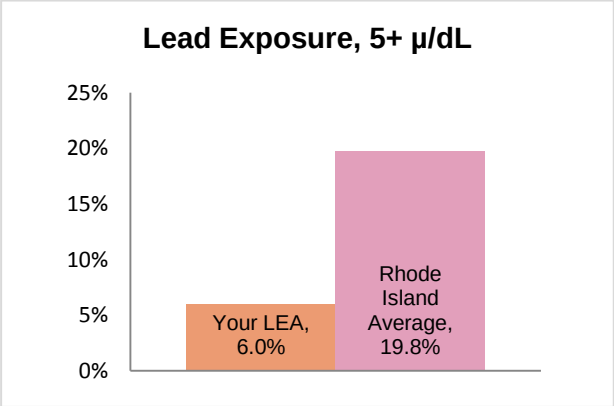
### Kindergarteners in RI




## 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 | 84 | 42 | 50.0% | 5 | 6.0% | 0 | 0.0% |
| Rhode Island | 8,136 | 3,381 | 41.6% | 1,417 | 17.4% | 190 | 2.3% |




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 2013-2014) who had at least one valid blood lead test as of December 31, 2013.

*** 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, SY2013-2014, by The Providence Plan.14% of RIDE Kindergarten students did not match to KIDSNET data and were excluded from the total # of students.*

# LEAD EXPOSURE AND SCREENING BY SCHOOL

*North Smithfield*

## 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 | |
| | | # | % | # | % | # | % | # | % |
| North Smithfield Elementary School | 92 | 43 | 47% | 42 | 50% | 5 | 6% | 0 | 0% |

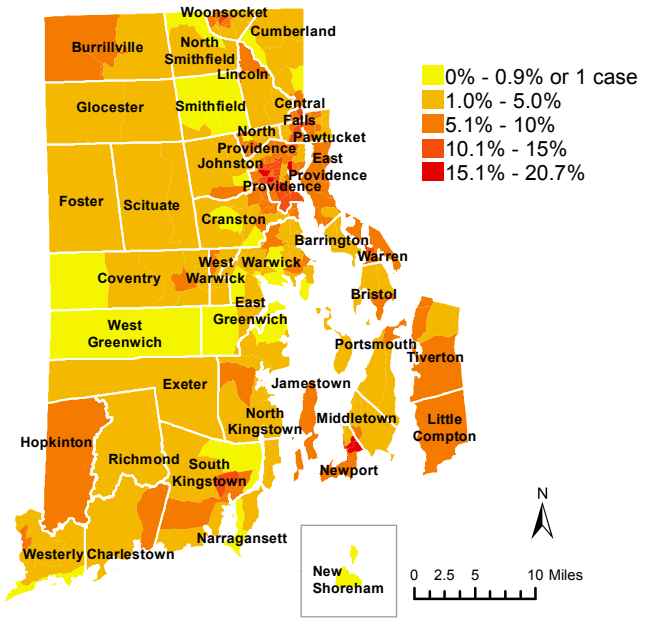
Note: Results are suppressed for schools with less than 10 kindergarten students. Percent compliant uses all students who matched to KIDSNET data (86% of students on average) as the denominator. Blood lead level percentages use the number of students with at least one test result as the denominator. 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.

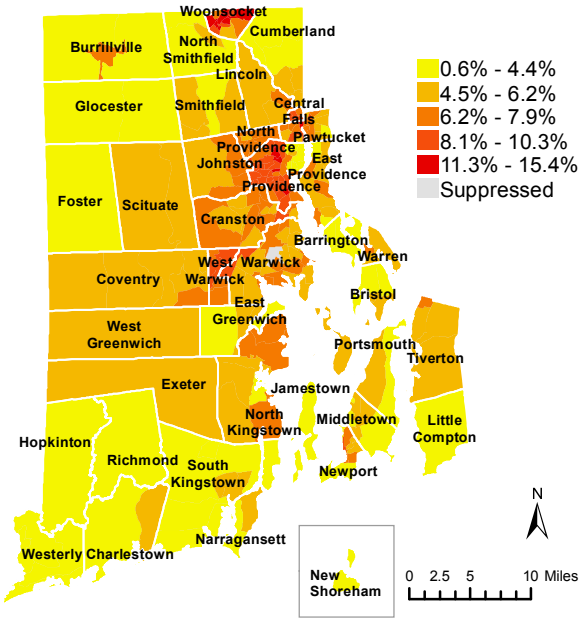
## CHILDREN YOUNGER THAN SIX WITH FIRST-TIME ELEVATED BLOOD LEAD LEVELS, 2011-2013

*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.



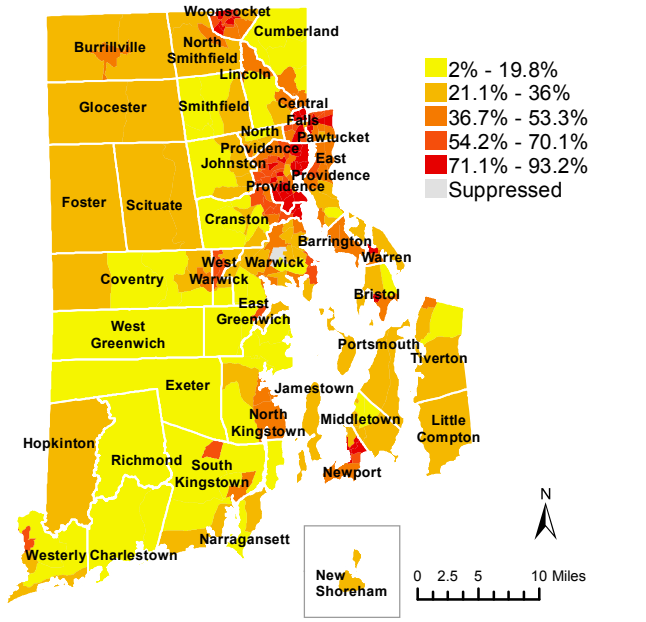

## CHILDREN 2 TO 17 WITH ASTHMA, 2010-2012

*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.



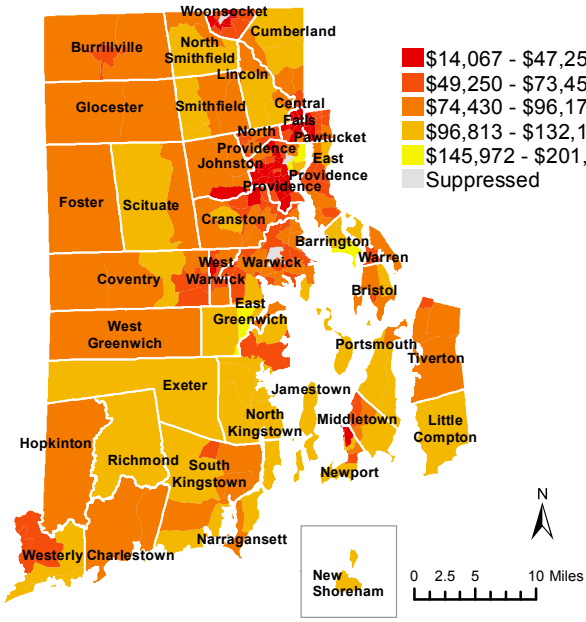

## HOUSING BUILT BEFORE 1950

*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.

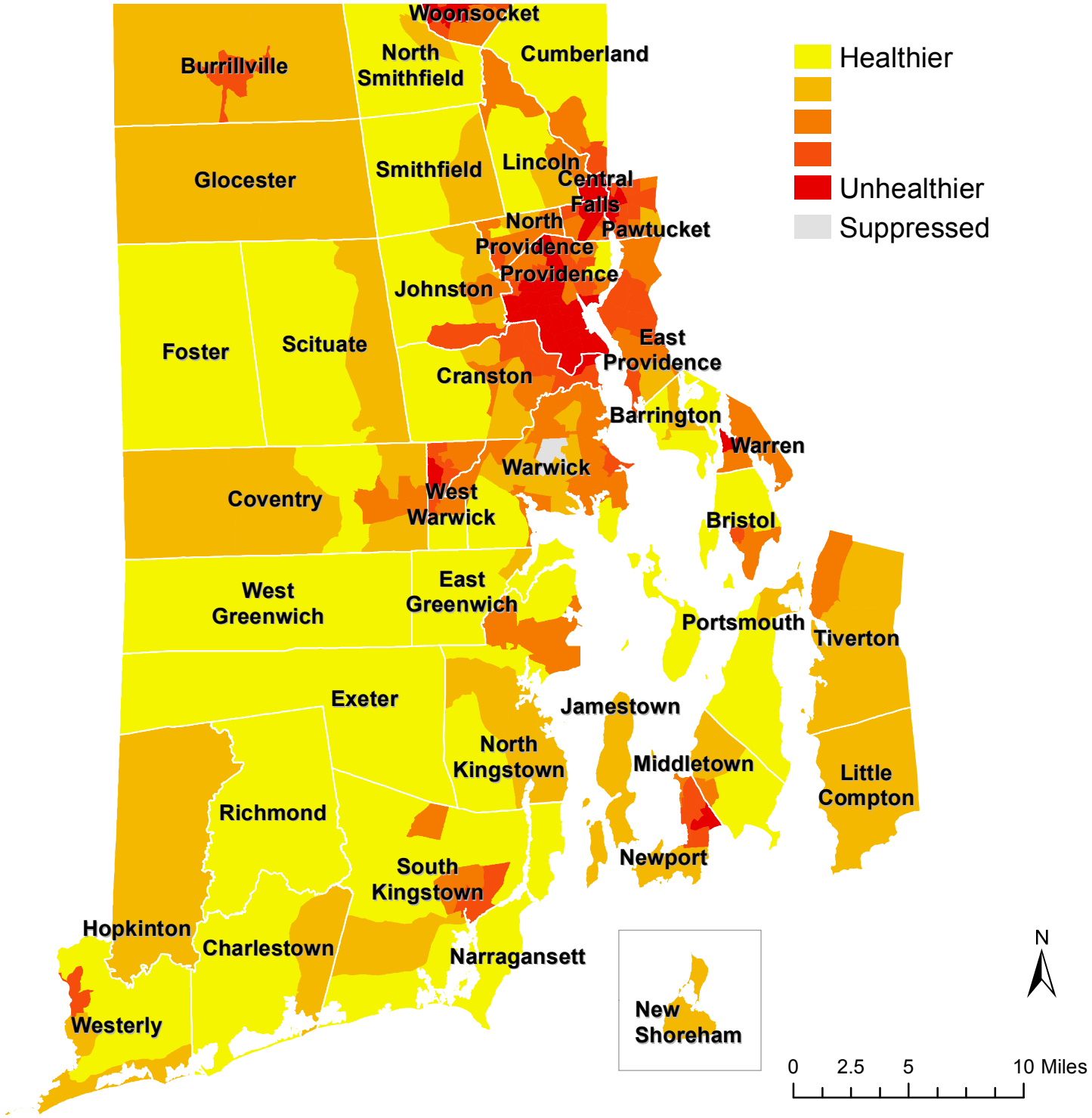



## MEDIAN FAMILY INCOME, 2008-2012

*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




*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.