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
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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
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* www.health.ri.gov/schoolnursesurvey

RHODE ISLAND DEPARTMENT OF HEALTH

IMMUNIZATION SURVEY RESULTS

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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.*

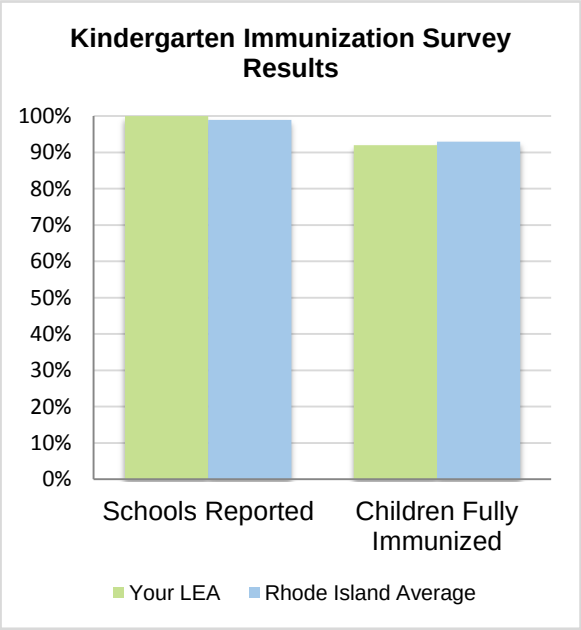
Immunization Reporting

Local Education Agency (LEA)	Total # Schools with Grade K	# Reported	% Reported
Your LEA	10	10	100%
Rhode Island	236	233	99%

Immunization Coverage **

Local Education Agency (LEA)	Total # Students Assessed	# Fully Immunized	% Fully Immunized
Your LEA	776	714	92%
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.*

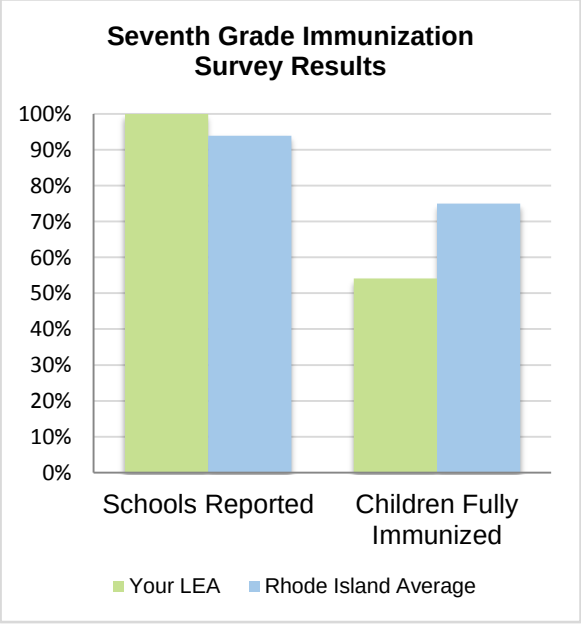
Immunization Reporting

Local Education Agency (LEA)	Total # Schools with Grade 7	# Reported	% Reported
Your LEA	3	3	100%
Rhode Island	144	136	94%

Immunization Coverage **

Local Education Agency (LEA)	Total # Students Assessed	# Fully Immunized	% Fully Immunized
Your LEA	637	345	54%
Rhode Island	12,173	9,084	75%

Number of students with no immunization record: 0
Number of students with an exemption (religious or medical): 2



* 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

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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
			#	%		
Agnes E. Little School	K	49	37	76%	0	1
Curvin-McCabe School	K	66	64	97%	0	0
Elizabeth Baldwin School	K	119	97	82%	0	0
Fallon Memorial School	K	103	101	98%	0	0
Flora S. Curtis Memorial School	K	49	46	94%	0	0
Francis J. Varieur School	K	58	58	100%	0	0
Henry J. Winters School	K	73	72	99%	0	0
M. Virginia Cunningham School	K	115	111	97%	0	0
Nathanael Greene School	K	59	57	97%	0	0
Potter-Burns School	K	85	71	84%	0	0
Goff Junior High School	7	227	132	58%	0	0
Joseph Jenks Junior High School	7	180	133	74%	0	2
Samuel Slater Junior High School	7	230	80	35%	0	0

Schools with No Reported Data	Grade

LEAD EXPOSURE

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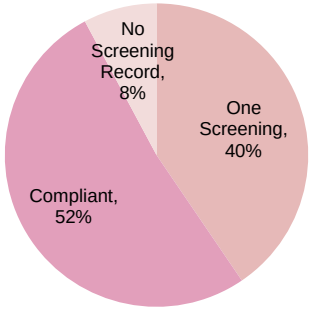
Kindergarten Lead Screening Status*

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	660	441	66.8%	319	48.3%
Rhode Island	8,827	6,508	73.7%	4,562	51.7%

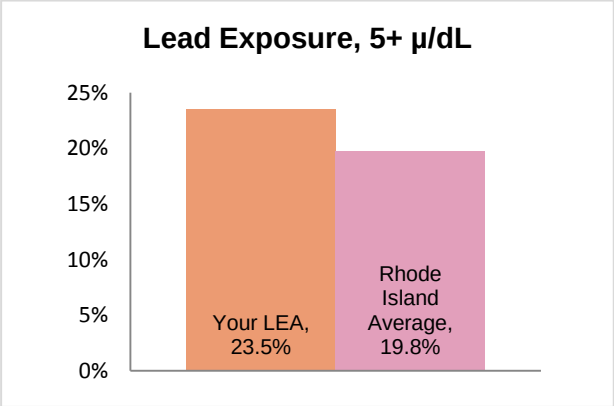
Kindergarteners in RI



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	582	223	38.3%	118	20.3%	19	3.3%
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

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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	
		#	%	#	%	#	%	#	%
Agnes E. Little School	53	24	45%	16	38%	9	21%	1	2%
Curvin-McCabe School	54	29	54%	17	35%	17	35%	0	0%
Elizabeth Baldwin School	91	44	48%	25	32%	20	26%	5	6%
Fallon Memorial School	86	43	50%	33	46%	11	15%	3	4%
Flora S. Curtis Memorial School	51	25	49%	20	43%	9	20%	0	0%
Francis J. Varieur School	42	22	52%	18	45%	5	13%	1	3%
Henry J. Winters School	64	23	36%	12	22%	15	28%	2	4%
M. Virginia Cunningham School	83	40	48%	25	32%	16	20%	5	6%
Nathanael Greene School	57	34	60%	28	50%	6	11%	2	4%
Potter-Burns School	78	34	44%	28	41%	10	15%	0	0%

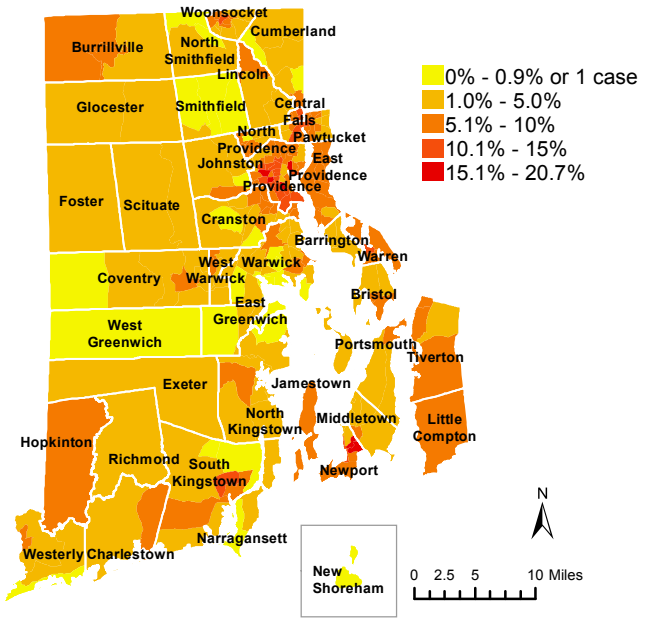
Note: Results are suppressed for schools with less than 10 kindergarten students. Percent compliant uses all students who matched to KIDSNET data (86% of students on average) as the denominator. Blood lead level percentages use the number of students with at least one test result as the denominator.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

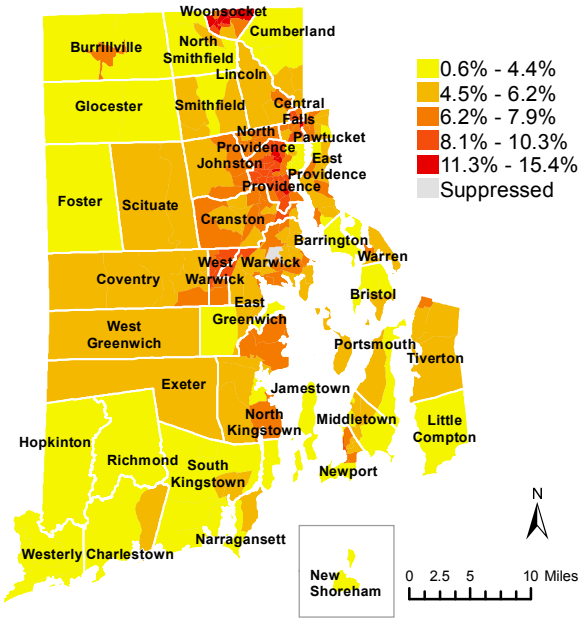
CHILDREN YOUNGER THAN SIX WITH FIRST-TIME ELEVATED BLOOD LEAD LEVELS, 2011-2013

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.



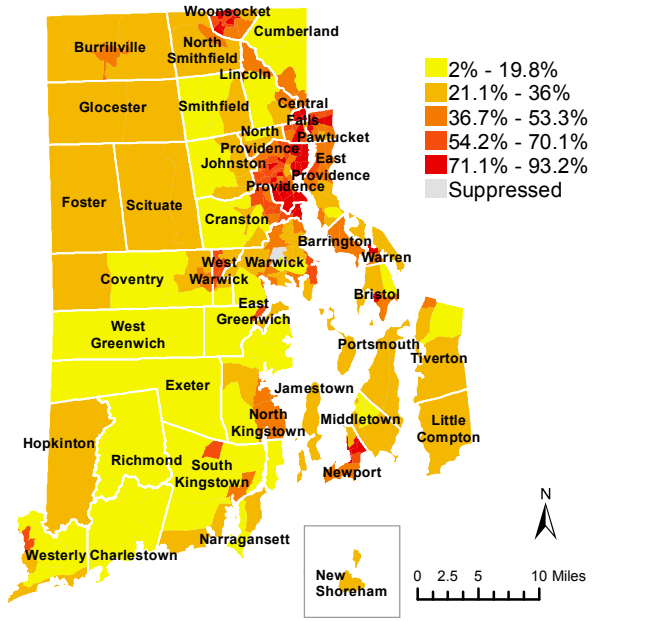
CHILDREN 2 TO 17 WITH ASTHMA, 2010-2012

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.



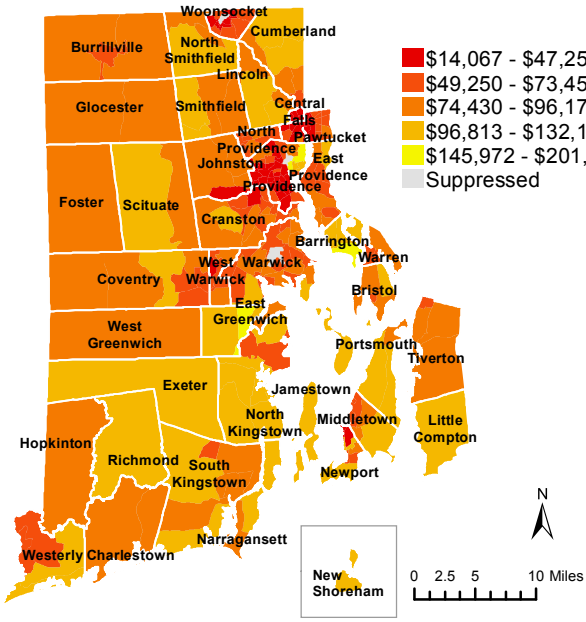
HOUSING BUILT BEFORE 1950

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.

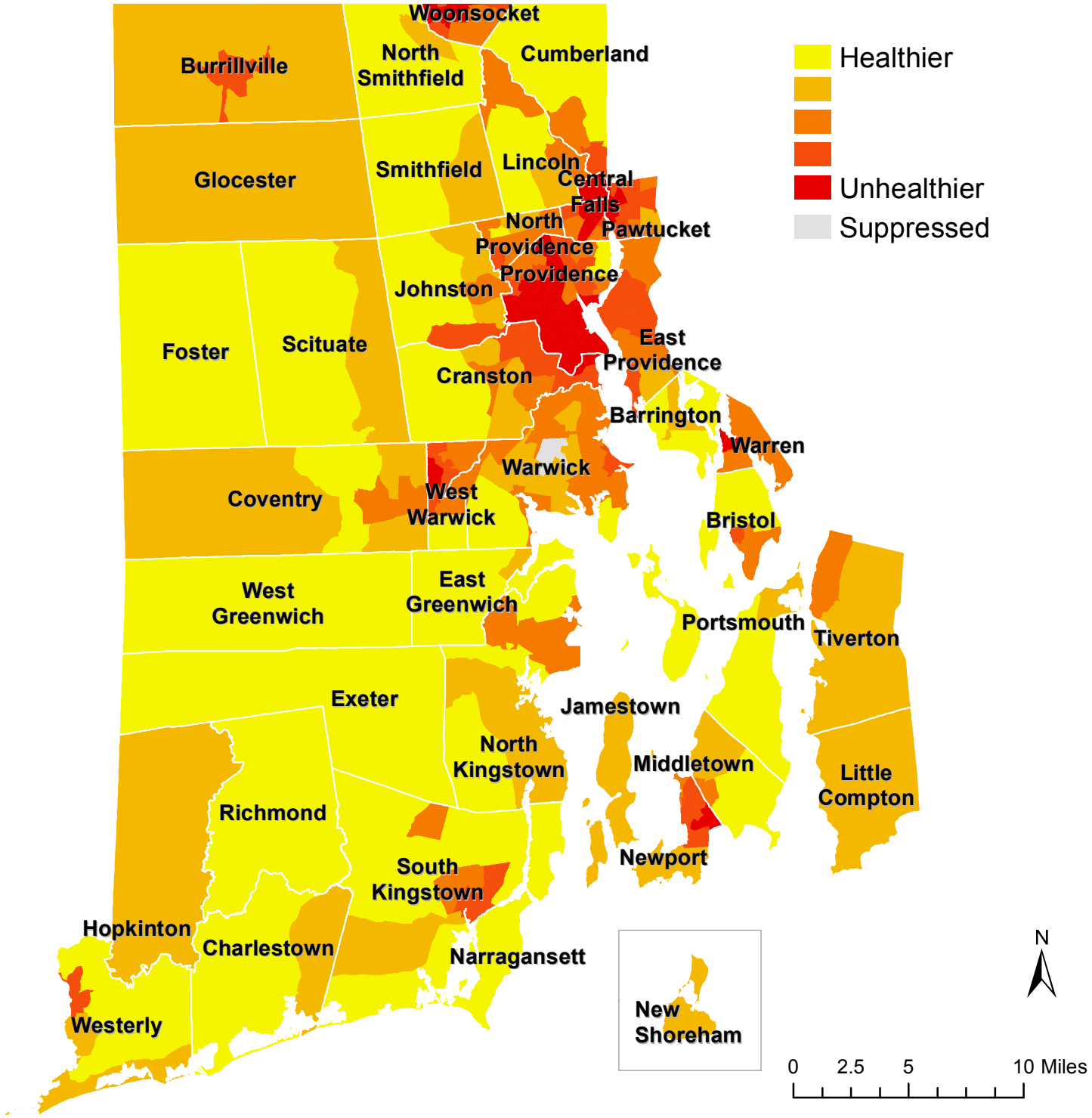


MEDIAN FAMILY INCOME, 2008-2012

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.