What is Child Health?

Children’s health is the well-being of children from birth through adolescence, usually ages 1-11. Child health providers focus on the healthy growth and development of children to help ensure every child reaches their full potential. To support children’s health, it is important to prevent and treat illnesses and injuries that can affect a child’s development. It is also important to promote optimal oral health (teeth and gums) and healthy social and emotional development. The Rhode Island Department of Health (RIDOH) supports children to access healthy foods, be physically active, receive recommended immunizations, and receive timely, high-quality, culturally sensitive healthcare to help them stay healthy. RIDOH also works to foster strong family and community relationships and ensure children grow up in safe environments.

About the Data

Throughout this brief, data are presented as they were originally collected and reported for age, race, and ethnicity. RIDOH recognizes that these categories may not reflect how people and communities define themselves. We acknowledge these limits and strive to use language that is welcoming and inclusive of every Rhode Islander whenever possible.

Demographics

<table>
<thead>
<tr>
<th>Rhode Island Population</th>
<th>1,059,639</th>
<th>Total Children (age 5-14)</th>
<th>114,981</th>
</tr>
</thead>
</table>

This section provides data on Rhode Island children during 2017. The age range for each category appears in parentheses. (For example, race/ethnicity data are available for Rhode Island children age 5-14.)

Figure 1

Race/Ethnicity of Children in Rhode Island (age 5-14)

Source: CDC Wonder, 2017

NOTES: While these data were originally collected using the terms Hispanic and Non-Hispanic, this report uses the term Hispanic/Latinx as a more inclusive alternative to Hispanic, Latino, or Latina.

In 2017, 59% of Rhode Island children age 5-14 were White (Non-Hispanic), and one quarter (25%) were Hispanic.
In 2017, 17% of Rhode Island families with children younger than age five reported living below the federal poverty level during the last 12 months.

In 2017, 99% of Rhode Island children younger than age six had insurance coverage.

<table>
<thead>
<tr>
<th>National Measure</th>
<th>How Does Rhode Island Compare to the Country as a Whole?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental screening among children (9-35 months)</td>
<td>RI 24.8% vs US 31.7%</td>
</tr>
<tr>
<td>Percent of children age 6-11 who are physically active at least 60 minutes per day</td>
<td>RI 29.7% vs US 26.1%</td>
</tr>
<tr>
<td>Rate of injury-related hospitalizations among children up to age nine (per 100,000 children)</td>
<td>RI 127.7 vs US 128.8</td>
</tr>
<tr>
<td>Percent of children in excellent or very good health</td>
<td>RI 91.4% vs US 89.8%</td>
</tr>
<tr>
<td>Percent of children without health insurance</td>
<td>RI 3.2% vs US 6.2%</td>
</tr>
<tr>
<td>Percent of children up to age 17 who were continuously and adequately insured</td>
<td>RI 73.6% vs US 67.5%</td>
</tr>
<tr>
<td>Percent of children age 1-17 who had decayed teeth or cavities in the past 12 months</td>
<td>RI 9.4% vs US 11.7%</td>
</tr>
<tr>
<td>Percent of children age 1-17 who had a preventive dental visit in the past year</td>
<td>RI 84.6% vs US 80.2%</td>
</tr>
</tbody>
</table>
Based on the Most Recent Data Available for Rhode Island

**KEY FACTS**

1 in 4 children are not up-to-date with recommended vaccines. The number of children who tested positive for lead poisoning decreased from 349 to 68 in the past 13 years.

1 in 10 children live in a household where someone smokes.

43% of children younger than age six have public health insurance (Medicaid).

Children ages 1-5 years are less likely to have had a dental visit in the past 12 months than children ages 6-11.

**HEALTH INEQUITIES**

This section provides data on health inequities. Health inequities are systemic, avoidable, unfair, and unjust differences in health status across population groups.

RIDOH recognizes that the conditions in which people are born, grow, live, learn, work, and play affect health in powerful ways. Public health research and data show that many adverse health outcomes have resulted from generations-long social, economic, and environmental inequities. These inequities include poverty, discrimination, racism, and their consequences. For example, segregation in housing and education and racist mortgage lending and zoning policies have affected communities differently and have had a greater influence on health outcomes than genetics, individual choices, or access to healthcare.

Removing obstacles to health and improving access to good jobs with fair pay, quality education and housing, safe environments, and healthcare can help reduce health inequities and improve opportunities for every Rhode Islander.

2X as many children with special healthcare needs (CSHCN) are bullied compared to children without special healthcare needs.

Hispanic children are 4X more likely than White (Non-Hispanic) children to have asthma.

Woonsocket has the highest rate of child abuse and neglect.

1 in 5 Hispanic children ages 2-4 enrolled in WIC are obese.
Footnotes

1 National Survey of Children’s Health (NSCH)
2 Rhode Island Hospital Discharge Data (HDD)
3 Hospital Cost Utilization Project – State Inpatient Database (SID)
4 The 7-vaccine series consists of ≥4 doses of DTaP, ≥3 doses of Polio, ≥1 dose of measles-containing vaccine, Hib full series, ≥3 doses of Hepatitis B, ≥1 dose of Varicella, and ≥4 doses of pneumococcal vaccine.
5 National Immunization Survey (NIS)
6 American Community Survey
7 Significant lead poisoning is having a single venous blood test result of > 15 µg/dL
8 RIDOH Environmental Lead Program
9 2019 Rhode Island KIDS COUNT Factbook
10 RIDOH WIC Program

RIDOH would like to acknowledge the contributions of SISTA Fire for providing their time and feedback on the content and development of this publication. SISTA Fire is a small and growing network of women of color from across Rhode Island who are on a journey to create a space where they can build foundations for deep solidarity across differences, strengthen community connections, and create change in their lives and communities.

For additional information about the data presented in this issue brief, please contact Will Arias at William.Arias@health.ri.gov.

For additional information about RIDOH’s Maternal and Child Health Program, please contact Jaime Comella at Jaime.Comella@health.ri.gov.

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