Rhode Island’s Health Assessment

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Director

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This document is the result of a statewide collaboration and represents a compilation of selected qualitative and quantitative data from a variety of sources. We are grateful to all Rhode Island Department of Health staff, as well as all partners, community organizations, advocates, leaders, parents, and professionals who contributed to the content, review, and preparation of this document. Collaborators, resources, internet links, and data sources are acknowledged throughout the document, including within the References, End Notes, and Appendices sections. We thank all of our partners who made this assessment possible through their tremendous work and for their ongoing support as we work together to make Rhode Island the #1 healthiest state in the nation.
I. About the Rhode Island Department of Health

Location and Population Served

The Rhode Island Department of Health (HEALTH) is located at Three Capitol Hill in the City of Providence, Rhode Island, within Providence County. In Rhode Island, county government was abolished in 1842 and today remains only for the purpose of delineating judicial administrative boundaries.

According to the most recent U.S. Census data from 2010, the current population of the State of Rhode Island and Providence Plantations is 1,050,292, with 86.3% of inhabitants being of white or Caucasian origin. There are no localized public health agencies in Rhode Island; all public health services are managed by one centralized state-run health department.

Mission, Vision and Values

Mission: Prevent disease and protect and promote the health and safety of the people of Rhode Island

Vision: Every Rhode Islander should have access to high quality, affordable healthcare, delivered at the most appropriate time and place. All people in Rhode Island will have the opportunity to live a safe and healthy life in a safe and healthy community.

Values: Advocacy, collaboration, integrity

To meet the community’s expectations for high-quality, affordable healthcare, the delivery system must:

- Deliver healthcare according to the latest scientific evidence, using current evidence-based guidelines whenever available.
- Improve the quality, efficiency, and accessibility of healthcare services.
- Improve affordability by ensuring efficient utilization of healthcare providers and services.
- Partner with the consumer in his/her healthcare.
- Orient the system toward person-centered care, with family involvement as appropriate.
- Respond to the healthcare needs of the community with cultural and linguistic competency.
- Improve the health status of the population.
Governance

HEALTH falls under the oversight of the Executive Office of Health and Human Services (EOHHS). EOHHS was created in December 2005 to facilitate cooperation and coordination among the state departments that administer Rhode Island’s health and social services programs.

Other agencies joined by HEALTH under the EOHHS umbrella include: Department of Children, Youth, and Families (DCYF), Department of Human Services (DHS), Division of Elderly Affairs (DEA), Division of Veteran Affairs (VA), and the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). These departments collectively affect the lives of virtually all Rhode Islanders, providing direct services and benefits to more than 300,000 citizens while working to protect the overall health, safety, and independence of all Rhode Islanders.

Michael Fine, MD has served as Director of Health since July of 2011. In this role, Dr. Fine oversees the single state agency’s work that involves more than 400 employees across a broad range of public health programs and services and operates with an annual operating budget of $110 million.

Organizational Structure

HEALTH is led by the director and an executive committee. As Rhode Island has no local health departments, the agency’s divisions and centers coordinate public health activities across the state, involving a wide variety of programs and services (see Organizational Chart in Appendix 1). Main areas of responsibility include:

1. **Community, Family Health, & Equity**: Works to eliminate disparities in health and assess to care, to ensure healthy homes and environments, prevent and control diseases and disability, promote health and wellness activities, and support early childhood development.
2. **Center for Emergency Preparedness & Response**: Protects health during catastrophic events and large-scale disasters and emergencies by coordinating education, assessment, planning, response, and support services with healthcare providers, public safety agencies, and government officials.
3. **Environmental Health Services Regulation**: Licenses and regulates health professionals, facilities, and health plans, monitors the safety of public drinking water and beaches, and ensures the safety of the food supply and of radiological equipment.
4. **Center for Health Data & Analysis**: Collects and analyzes health data about Rhode Islanders and uses the data to identify health problems among the state’s population and groups.
5. **Health Information Technology**: Promotes and supports the use of health information technology across the state, including electronic medical records, the use of an electronic prescription monitoring system, and the development of a statewide health information exchange.

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6. **State Health Laboratories**: Provides analytical surveillance, prevention, and technical laboratory information to support disease surveillance, prevention, and control, environmental health protection, food safety, and emergency response activities.

7. **Infectious Disease & Epidemiology**: Monitors the prevalence of diseases in the community and investigates, controls, and prevent outbreaks.

8. **Management Services**: Manages and delivers efficient personnel, purchasing, finance, and systems support services.

9. **Office of State Medical Examiners**: Screens deaths for public health significance and determines the cause and manner of deaths.

10. **Center for Public Health Communication**: Provides high-quality, timely, and accurate health information for the public so they can understand health risks and make healthy and safe choices.

11. **Vital Records**: Registers, files, and maintains birth, death, and marriage certificates and publishes related data.
II. About the State of Rhode Island

The State of Rhode Island and Providence Plantations—usually referred to as simply Rhode Island and often called the “Ocean State”—is a small and unique state. Although it is the smallest in land mass among the United States, Rhode Island is the second most densely populated state. The population is overall older with adults (ages 18+) representing the vast majority. However, over the last 10 years Rhode Island has seen a decrease in people 65 years of age and older and an increase in the number of children less than 5 years old.

Rhode Island is becoming more diverse, as seen by the white non-Hispanic population declining by 6% between 2000 and 2010, similar to other states in the Northeast such as Connecticut, Massachusetts, New Jersey, New York, and Pennsylvania[1]. Nonetheless, the majority of the population remains white non-Hispanic (76.8% compared to 64.2% for the United States overall), with an estimated 0.9% of inhabitants identifying as American Indian and Alaskan Native, according to the U.S Census Bureau.

<table>
<thead>
<tr>
<th>Ethnic Composition of Rhode Island Population</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic/Latino</td>
<td>911,654 (85.9%)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>138,638 (13.2%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,050,567 (100%)</td>
</tr>
</tbody>
</table>

*Source: US Census Bureau 2012*

The minority population in Rhode Island experienced an overall increase of 31.1% between 2000 and 2010. This has been due in part to a 43.9% increase in the Hispanic and Latino population, now the largest minority ethnic group in Rhode Island while comprising 13.2% of inhabitants. Persons of Puerto Rican origin are most represented in the Latino/Hispanic population, followed by Dominicans and Colombians. African Americans make up 7.3% of the population and are the next largest minority group. Regardless, 79% of the state’s population speaks only English at home.

Rhode Island is divided into municipalities that oversee local governance and administration for 39 cities and towns. The cities of Providence and Warwick are the two most populated municipalities in Rhode Island. West Greenwich, Richmond, Charleston, and New Shoreham are experiencing the greatest percentage of population growth (over 30%) 18.

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All businesses and municipal affairs are managed by state offices and/or municipalities. Although Rhode Island has five counties, this governmental structure primarily serves the organizational structure of the judicial. The Rhode Island General Assembly, the state legislature, consists of a 75-member House of Representatives and a 38-member Senate.

**Education**

![Figure 2. School enrollment by school type, with data from the Rhode Island Department of Elementary and Secondary Education, October 2010](image)

A total of 142,481 students were enrolled in Rhode Island public schools from preschool through grade 12 as of October 2012, with an additional 21,568 students enrolled in private schools. For public schools, this marked a 9.9% decrease from the previous year[3].

Of the total student population, the majority (62%) were white non-Hispanics, followed by
Hispanics (23%). However, within the core cities, white non-Hispanic students only made up 27% of the student populations, while Hispanics made up 47%.[3]

Overall, Rhode Islanders finish high school and have bachelor’s degrees or higher at a similar level as that of the United States, according to the 2010 U.S Census Bureau. Two-thirds of Rhode Island seniors who graduated from high school in 2008 matriculated at a two- or four-year college, which is higher than the national average[1].

<table>
<thead>
<tr>
<th></th>
<th>RI</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults 25 or older with high school diploma</td>
<td>84.3%</td>
<td>85.4%</td>
</tr>
<tr>
<td>Adults 25 or older with bachelor’s degree or higher</td>
<td>30.6%</td>
<td>28.2%</td>
</tr>
</tbody>
</table>

**Table 2. Percent of Rhode Island adults with high school and college diplomas**

According to the Rhode Island Department of Elementary and Secondary Education, black and Hispanic students show less student engagement than their white and Asian classmates. Likewise, male students are less engaged than their female classmates, and older students (ages 12-17) are less engaged than younger ones (ages 6-11).[4]

For the school year 2011-2012, more than half of the student population in elementary schools (54% of the 12,924 students) participated in organized after-school activities, specifically those organized by the 21st Century Community Learning Centers. This number decreased with older students, with only a third of the middle school student population (30%) partaking in such activities and even less participation (16%) by those in high school. (The federal 21st Century Community Learning Centers serves students attending high poverty, low-performing schools.)

The majority of public school students (pre-Kindergarten through grade 12) who received bilingual education services, deemed as "English Language Learners (ELL)" are from core cities. For example, during the 2011-2012 school year, 6% of the total public school population were ELL students; and 76% of the population resided within the core cities. While the ELL students spoke 84 different languages, the vast majority (75%) spoke Spanish. Both nationally and within Rhode Island, ELL students scored significantly lower on standardized exams than their classmates.[6]

As of the 2010-2011 school year, there were 24,836 children (18% of all K-12 students) enrolled in special education, but fewer students with disabilities (58%) graduated as compared to the students without disabilities (82%).[7]

**ECONOMY**

Rhode Island was ranked as the 15th richest state in the United States, with 12% of the population below the poverty line as of 2011.[9]
As of 2000, the eligible labor force made up 64.6% of the state population (ages 16 and over). As of June 2013, the unemployment rate reached 8.9% and was one of the highest in the United States. Rhode Island’s unemployment rate peaked in December 2006, a full year before America hit its peak[9]. Rhode Island ended 2011 with unemployment rates increasing during November and December, according to the Department of Labor and Training. During that time, 600 jobs were lost. The state’s total labor workforce totaled 558,500 at the end of 2013.

With 1-in-10 jobs in Rhode Island related to real estate or construction, the production of homes has been at a dramatic low. In Rhode Island, 4 out of 5 homes were built prior to 1940, when lead paint was allowed[10]. Weather conditions over time causes homes to deteriorate. Subsequently, lead paint chipping and cracking from old windows and doors exposes young children to unhealthy amounts of lead, causing lead poisoning. Despite the 1991 Lead Poisoning Prevention Law passed in 1991 and the federal funding that the state has received over the years for housing lead repairs, children are still exposed to lead. In 2012 alone, 180 children had an elevated blood lead level (greater than or equal to 10 mcg/dL) for the first time in their lives[11].

As of 2011, the median family income for Rhode Island for a family of four was $88,593, slightly higher than the national median household income[12].

<table>
<thead>
<tr>
<th>Income Level 2009</th>
<th>Median Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Size</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$46,136</td>
</tr>
<tr>
<td>2</td>
<td>$58,511</td>
</tr>
<tr>
<td>3</td>
<td>$72,184</td>
</tr>
<tr>
<td>4</td>
<td>$88,593</td>
</tr>
</tbody>
</table>

Source: WPRI 2011

Table 3. Median family income for a Rhode Island family

Between 2007 and 2009, 7% of the Rhode Island youth population (ages 16 to 19) were not in school but were working; among this population, a little more than half were not in high school. Proportionately, Native Americans were the dominant racial/ethnic group of the youth population who were working instead of attending school (15%). Native Americans were the dominant racial/ethnic group amongst the working youth population, but overall, Hispanics represented the largest number of youth working, and the lowest high school graduation rates. [13].

The Asian population had the lowest unemployment rate when compared to the remaining minority groups. Compared to the non-Hispanic white population, all minorities had a higher percentage of their populations living in poverty[13].

Rhode Island’s economy is made up of the healthcare, financial services, marine products, defense, and manufacturing sectors. The largest industry in Rhode Island is health services, followed by manufacturing. The largest employer as of March 2011 in Rhode Island was the State of Rhode Island, followed by Lifespan hospital group which consists of Rhode Island Hospital, The Miriam Hospital, Newport Hospital, and several other hospitals [14]. The state is
also known as a center for higher education, being the home of Brown University, the University of Rhode Island, Johnson and Wales, and more.

<table>
<thead>
<tr>
<th>Industry Sector</th>
<th>Size (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Services and Healthcare</td>
<td>26</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>12.8</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>11.6</td>
</tr>
<tr>
<td>Arts &amp; Entertainment</td>
<td>11</td>
</tr>
</tbody>
</table>

*Source: RI Economic Development Corporation (2011)*

Table 4. Industries that make up Rhode Island economy

The state and municipal governments within Rhode Island are struggling with revenue shortfalls, funding cuts, and increasing education and pension bills. Unfortunately, Rhode Island is ranked the third worst state in the country to retire. Contributing factors include fiscal health, property taxes, income taxes, cost of living, and climate. The state has severely underfunded pensions/health liabilities and budget deficits, and one of the highest property tax rates.

Health

Thirteen hospitals serve Rhode Islanders, of which three are specialty hospitals: Butler Hospital that provides mental health services, Women and Infants Hospital, the state’s maternity hospital, and Hasbro Children’s Hospital for pediatric care. There were 10 community health centers in 29 locations throughout the state that served more than 123,095 patients in 2011, including almost 38,225 of Latino descent.

In Rhode Island, adults 18 years of age or older account for 78% of the 1,051,302 population. The state sees about 12,000 deaths per year and more than 11,000 births. Lack of medical insurance continues to be a challenge for the state, although with the expansion of RIte Care (I.E. Rhode Island’s Medicaid managed care program), more women now receive adequate prenatal care. Nonetheless, 10% of adults ages 18-64 and 7.7% of children under age 18 are uninsured. In 2010, 31,183 uninsured patients were seen and discharged from a hospital emergency department.
In Rhode Island, 61% of adults were reported as overweight based on height and weight, and 24% were identified as being obese. Men are more likely to be overweight than women, and non-Hispanic black men have the highest prevalence of being overweight or obese. Asians and Pacific Islanders have the lowest overweight and obesity rates, with rates lower than the state overall[21].

The majority of women with less than $49,999 income were noted as obese or overweight, but as income increased, this was less common. For men, 70% at every income level were noted as obese, and there were no significant trends as this income level increased or decreased[21].

Infant Mortality

Between 2007 and 2011, 376 infants died in Rhode Island before their first birthday: 77% were low birthweight; 22% were born at normal weights; and 2% had unknown birthweights[6]. Babies born before weeks 39-41 of pregnancy represent the leading cause of infant mortality in Rhode Island. Nationwide, prematurity is the second leading cause of infant mortality after birth defects. Generally, infant deaths that occur during the neonatal period (during the first 27 days of life) are related to short gestation and low birthweight (less than 2,500 grams), malformations at birth, and/or conditions occurring in the perinatal period.
**Preterm Births**
As stated, preterm birth is the leading cause of infant mortality in Rhode Island. After the state saw a 7.5% decrease in the preterm birth rate between 2007 (12.0%) and 2008 (11.1%), the preterm birthweight in Rhode Island for 2011 has increased slightly to 11.7%. This was a .6% increase from the 2008 rate of 11.1%.

Between 2004 and 2007, the proportion of Rhode Island mothers who had a preterm birth had remained steady at roughly 10.0%. In 2008, the rate dropped to 8.4%, before increasing again to 9.5% in 2009. The Healthy People 2010 goal of reducing preterm births to 7.6% of live births was not achieved.

The proportion of Rhode Island women who received prenatal care in the first trimester increased slightly from 84.5% in 2006 to 85.2% in 2009. Racial/ethnic disparities continue to persist in the rates of first trimester prenatal care among Rhode Island residents. Provisional 2009 data indicate that whites had the highest rate (87.9%) and Native Americans had the lowest rate (74.7%). Blacks/African Americans (78.1%) Asians (80.0%) and those of Hispanic/Latino ethnicity (81.4%) had lower rates of first trimester prenatal care than whites. Family Planning clinics in the state are funded with federal funding from Title X, and serve a large group of non-white and Latino population[20].

**Pediatric Health**
The health of Rhode Island children remains a concern. Nearly 1-in-6 children (15.5%) entering kindergarten during the 2011-2012 school year were obese. From 2007-2011, 7.9% of total births in Rhode Island were low birth weight babies, and the majority was born to minority women (see Table 5). Infants were still dying at higher rates before age 1. From the 376 infant deaths, 77% were low birthweight [26].

![Table 5. Infants born with low birthweight in RI by mother’s race](image)

Overall, whites and the general state population have better maternal and child health outcomes than the racial and ethnic minority populations. Native Americans have the
highest birth rates and the highest number of infants with low birth weight. Among all racial and ethnic groups, African Americans have the highest rate of infant mortality [26].

**Teenage Health**

Substance abuse among high school students declined in some areas between 2001 and 2011. The one exception was seen with a 13.4% increase in students who reported smoking marijuana within the past 30 days between the 2007 and 2011 surveys, up from 23.2% to 26%, respectively. Between 2001 and 2011, students who reported they had drunk alcohol in the past 30 days decreased by 32.4% (50.3% to 24.8%). A sharper decline of 46.4% was seen in tobacco use, where 18% of students reported smoking cigarettes within the last 30 days on the 2011 survey, compared to 24.8% on the 2001 survey. [27] Almost 9% of the young population reported being heavy smokers, and current smoking increased in grade 12.

Mental health is a problem among Rhode Island youth. At least 1-in-4 teenagers had reported feeling depressed, 12.3% had planned a suicide, and 1-in-13 had attempted suicide. Minority youth are more likely to be disconnected from school and work: among Rhode Island youth ages 16-19, 11% Hispanics, 7% white non-Hispanics, and 13% black non-Hispanics were neither working or in school in 2011 [8].

The birth rate for teenagers 15-19 years old decreased from 29 births per 1,000 in 2008 to 22 births per 1,000 in 2011 [29].

![Figure 4. Teenage risky behavior, according to RI Youth Risk Behavior Survey data from 2011.](image-url)
Teen Pregnancy
The number of teen pregnancies decreased by more than half over the last two decades, from 2,830 in 1990 to 835 in 2011. Between 55 and 59% of teen pregnancies resulted in birthing a baby, while the remaining pregnancies were either induced or experienced spontaneous abortion [30]. Rates of teen pregnancies have also declined. In 1990, the teen pregnancy rate among 1,000 15-19 year-olds was 80.6, and by 2010 the rate dropped to 22.3. Although teen pregnancy rates have been decreasing, there is much variation among racial/ethnic groups. From 2009-2011, whites (25) and Asians (25.6) had the lowest teen pregnancy rates xii, while those of Hispanic/Latino ethnicity (70.3), and black/African Americans (59.5) had the highest rates [31].

Disability
Nearly 1-in-5 (or 18%) of Rhode Islanders have disabilities, which is consistent with national statistics. Disabilities are evenly distributed between males and females. Adults ages 75 and over (51.3%) have the majority of disabilities. Among the non-elderly population (less than age 64), 1-in-6 Rhode Islanders (17%) reported having a disability. The disabled population is also more likely to be unemployed (33.2%).

Disabled individuals in Rhode Island are found to exhibit obesity rates that are nearly double of those without disabilities. Also, those with disabilities are slightly more likely to smoke than those without, but less likely to partake in substance abuse [22].

There are very few Native Americans in Rhode Island. As of 2009, this racial/ethnic group had the highest number of disabilities and self-care limitations. Similarly, there are slightly more Hispanic/Latinos that are disabled (24.7%) than non-Hispanic/Latinos (19.8%). The white population was noted to have the highest daily activity limitations from disabilities [32].

Diabetes
Diabetes is a serious issue in Rhode Island. In fact, diabetes is the eighth leading cause of death in Rhode Island, and sixth in the nation overall. Approximately 23.1% of adults ages 30-60 are at high risk for developing diabetes and 0.2% (estimated 530 people using 2008 Census) of those under age 20 are diagnosed with diabetes[39].

The number of diabetes diagnosis is estimated to have increased by one-third in Rhode Island. As of 2008, 7.4% of the population had been diagnosed with having diabetes. However, 31,000 cases of diabetes were believed to have remained undiagnosed, putting the estimated diabetic population in Rhode Island closer to 12% [39].
Figure 5. Diabetes in Rhode Island, by race/ethnicity and language

In Rhode Island, people ages 65 years or older make up the majority of the diabetic population (41.3%). Males make up only a slightly higher percentage of diabetics than females. Regarding race/ethnicity, black non-Hispanic adults make up the greatest number of diabetics, totaling 15.7% of the population, followed closely by Hispanic adults (11.3%). Diabetes prevalence is increasing mostly among black non-Hispanic adults. Rhode Island adults who primarily speak Spanish are diagnosed with diabetes two times more often than those whose first language is English [36].

Low-income populations are twice as likely to have diabetes than wealthier populations; approximately 14.5% of Rhode Island adults with reported annual incomes of less than $25,000 are diagnosed with diabetes, compared to 7.9% of adults diagnosed with diabetes with annual incomes of more than $75,000. Similarly, those with less education are more likely to be diagnosed with diabetes. For instance, 12.0% of adults without a high school diploma are diagnosed with diabetes, compared to 6.4% of Rhode Island adults with at least some college education. Forty-two percent (42%) of adult diabetics in Rhode Island are disabled [39].

Infectious Disease
Rhode Island has experienced a decrease in Tuberculosis-tested positive cases. From 1996 to 2005, Rhode Island saw an average of 49 cases per year, and that number dropped to an average of 31 cases per year between 2006 and 2010. The number of gonorrhea cases in Rhode Island also has decreased, from 973 cases in 2003 to 291 in 2010 [32]. Gonorrhea, Chlamydia, and HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome) are most common among African Americans than other minority groups. However, Asian and Pacific Islanders had the most cases of Tuberculosis.

In 2010, investigations of acute infectious disease outbreaks within Rhode Island pertained to Salmonella (most notably involving separate cases traced back to contaminated tomatoes and zeppoles), Hepatitis A, pertussis, and one confirmed human case of Eastern Equine Encephalitis (EEE) [32].
HIV/AIDS
As of 2008, Rhode Island had 2,982 total known reported AIDS cases. From 2000 to 2008, 1,220 new cases of HIV had been reported. Fortunately, between 1993 and 2008, AIDS incidence had decreased by 82%. The majority of HIV cases among adults were caused from men having sexual intercourse with men (MSM). The majority of cases reported were male (75%), white (54%), and between ages 30-39 (42%) [37].

Although there have been more males than females in Rhode Island diagnosed with AIDS, the difference between the two has been decreasing since 1993. AIDS cases among 30-39 year olds have been highest, followed by ages 40-49. Followed by Caucasians/whites (43%), the next dominant races are African American (29%) and Hispanics (24%). However, African Americans account for the greatest number of all AIDS cases in Rhode Island, despite only making up 5% of the Rhode Island population. Hispanics make up the next largest amount, because they represent 9% of the total population but still make up 24% of all AIDS cases in Rhode Island [37]. From 1982-2008, 29 children (ages 0-12) were diagnosed with AIDS in Rhode Island; the majority were male (69%) and African-American (52%). The main reason was transmission from a mother infected with HIV (86%) [38]. Since the AIDS epidemic started The incidence of AIDS has decreased dramatically by 78% since 1993. In 2008, there have been 1,451 deaths among persons with AIDS in Rhode Island. Fortunately, the number of deaths caused by AIDS has decreased steadily along with the incidence rate.

Deaths
Rhode Island has led the nation in the percentage of residents attempting suicide, with 1-in-67 Rhode Islanders reportedly attempting suicide in 2010. Rhode Island’s high suicide attempt rate may be associated with social factors, such as unemployment rates, and behaviors such as substance abuse. Deaths resulting from suicides have resulted in a state suicide rate of 11%, compared to the national rate of more than 12%. Hence, while a large number of Rhode Islanders attempt suicide, a smaller number succeed [34]. Still, suicide was Rhode Island’s fourth leading cause of death in 2010 [33]. Nationally, suicide was reported as the tenth leading cause of death in 2008.

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Rhode Islanders are dying of heart disease, lung cancer, stroke, and Alzheimer’s disease. Minorities, including Hispanic/Latinos, African Americans, Native Americans, and Asian and Pacific Islanders are also dying of heart disease and cancer [35]. In 2009 alone, heart disease (32%) and cancer (29%) caused the death of 61% of Rhode Islanders. Other major causes of death were chronic lower respiratory disease (6.75%), unintentional injuries (6%), stroke (6%), and Alzheimer’s (4%).

<table>
<thead>
<tr>
<th>Causes of Death in Rhode Island</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Heart Disease</td>
<td>1</td>
</tr>
<tr>
<td>Cancer</td>
<td>2</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>3</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>4</td>
</tr>
<tr>
<td>Stroke</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 6. Cause of Death in Rhode Island, Office of Vital Records, Rhode Island Department of Health, 2009

Cancer of the lungs and bronchus, colon and rectum, and female breast and prostate make up 51% of all cancer deaths in Rhode Island. Over time, deaths caused by cancer among men have been decreasing, and deaths from breast and colon-rectum cancer in women have declined as well [40]. Four percent of the total Rhode Island population is made up of cancer survivors. Within this population, 55% are women and the majority is between ages 50 and 70. Furthermore, approximately 25% of cancer survivors are noted to have at least one disability, with the majority of those survivors with disabilities being women [40].

Rhode Island ranks thirteenth in the nation for overdose deaths [24]. Moreover, Rhode Island is 1 of 20 states where unintentional drug overdose is responsible for the most unintentional injury-related deaths. In Rhode Island, drugs were involved in the deaths of nearly four people per week in 2008. The most common drugs in these instances were opioids, such as heroin and oxycodone [24]. Non-Hispanic, white Rhode Islanders experience the most poisoning events overall, while non-Hispanic black Rhode Islanders proportionately experience the greatest burden of overdose events [24].

For children ages 1-4 and youth ages 15-24, the leading cause of death was unintentional injuries between 2007 and 2011. Unintentional injuries include unintentional suffocation, unintentional drowning, and unintentional motor vehicle traffic crashes. Homicide was the second leading cause of death for youth ages 15-24, followed by suicide [37].
Deaths among adults younger than 65 years of age are considered premature. Based on this measure, we calculate a rate for “years of potential life lost.” In the United States, there is a loss rate of 4,396 per 100,000, and in Rhode Island the loss rate is 3,591 per 100,000. Among the most common causes of premature death in Rhode Island are unintentional injuries, cancer, and heart disease.  

(ADD REFERENCE)
III. Why a State Health Assessment and Improvement Plan?

At HEALTH, keeping Rhode Islanders healthy is our mission. In order to set state policies that can help protect the health of our children, youth, adults and elders, we must continuously examine the data, and hear from Rhode Islanders what they think would make them healthier.

Our **State Health Assessment** report displays and discusses what the data reveal about the health of our state. In this report, we examine data gathered over years and even decades to describe the health of Rhode Island communities. We know that our state is diverse and has multiple needs, but our comprehensive databases reveal more details about diseases, conditions, and other health matters, the people who are most affected, and the barriers that often prevent some of those people from accessing the care and services they need. As such, in this report we are providing the most relevant data points from our comprehensive databases in order to best present and explain the most important public health matters affecting Rhode Islanders.

This document is the result of months of conversations and data analyses discussed with communities and a key group of stakeholders convened by the Department of Health. The “State Assessment” group (see appendix ?? for the list of agencies represented) was formed in early 2012 and has supported the goals of the state’s health assessment process that leads to the health improvement plan.

But data tells us only half the story! Your health department needs your help in setting the future health priorities for our state so that together we can make Rhode Island an even healthier place to live and grow. Through a new federally-funded grant initiative, for years to come HEALTH will meet with different communities each year throughout Rhode Island to hear directly from each community about the health issues that matter most. These community meetings will bring together parents and families, civic leaders, representatives from local health agencies, neighborhood businesses, and environmental and other advocacy groups to gather this important feedback. Understanding our diverse communities’ needs and concerns is critical to the work we do, and we highly value your input.

In 2013, we learned a great deal from Rhode Islanders: HEALTH again gathered communities together for feedback on our Maternal and Child Health Block Grant; communities were mobilized to support legislative efforts to restrict tobacco sales; nearly 100 Central Falls residents gathered in October at a Community Health Forum to learn more about pressing health matters in their neighborhoods and to share their concerns. Many Rhode Islanders visit our offices in Providence daily to conduct routine business related to licensing for health, emergency, and service industry professionals, and to obtain birth certificates and other vital records. As such, HEALTH staff regularly receives and considers feedback from the general public, as well as a diverse range of vendors and businesses, licensed facilities and professionals, healthcare providers, community leaders, and researchers. Various HEALTH programs also conduct numerous focus groups and surveys to better learn about the needs and wants of various populations and communities. This work gives us important data that reveals the extent or severity of an issue, problem, or health matter, and when analyzed with the insights gathered...
from other forms of community engagement, our HEALTH staff is better able to prioritize our work within the funding and resources available to Rhode Island for public health.

All of this information guides us in shaping our companion report—the **State Health Improvement Plan**, which presents ideas born from data and feedback collected through various forms of community engagement. The Improvement Plan outlines a clear set of goals and objectives for the work HEALTH plans to do in the coming years to address problems and find feasible solutions.

The second part of this document presents a state Health Improvement Plan. This plan describes efforts currently underway, including regular community meetings throughout the coming years. When HEALTH visits your community, you will be invited to attend and share your ideas. You’ll also learn about opportunities available to you to help put make some important projects happen. As a community member, you are a valuable resource.

Please review this report, look for community meetings in your area, visit our website, send us feedback, and support Rhode Island to become the healthiest state in the nation!
IV. Rhode Island’s Health Assessment

A. Rhode Island’s 39 Cities and Town

Despite being the smallest state in the nation because of its land mass size, Rhode Island has 39 cities and towns, divided into just five counties. Each city/town has its municipality and has its own qualities and challenges.

The next section includes a snapshot of each of the cities’ health data, compared to the state. With just a few data points you can learn more about your city and think about what you can do to make your community healthier.

The cities are listed in alphabetical order, and most of the data came from the Rhode Island Kids Count Factbook (www.rikidscount.org) which is issued annually and is also available on their website, listed by city and town. If you need to learn more about these data items, you can visit our website at www.health.ri.gov/data/ and look through the A-Z listing to search for the topic you are interested in.
## Barrington

### Extract from RI KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income¹</th>
<th>Barrington</th>
<th>Bristol County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$123,667</td>
<td>$62,312</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

### Child Population

<table>
<thead>
<tr>
<th>Total Population</th>
<th>18,811</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Population</td>
<td>4,597</td>
</tr>
</tbody>
</table>

### Data Table

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Barrington</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight²</td>
<td>4.4%</td>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td>Infant Mortality Rate³</td>
<td>0.0%</td>
<td>6.5</td>
<td>2011</td>
</tr>
<tr>
<td>Teen Birth Rate⁴</td>
<td>4.0%</td>
<td>25.5</td>
<td>2011</td>
</tr>
<tr>
<td>High School Graduation Rate⁵</td>
<td>91.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
<tr>
<td>Bachelor's Degree or Higher⁶</td>
<td>65.0%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
<tr>
<td>Foreign Born⁷</td>
<td>5.9%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

### Data Sources:


---

¹ Median Family income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 16, defined as never-married children who are related to the family head by birth, marriage, or adoption.

² Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

³ Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

⁴ Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

⁵ High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

⁶ Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

⁷ Foreign Born is the percentage of people who were born outside the United States.

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Rhode Island Community Health Assessment and Health Improvement Plan – 2013-2017 - Page 25 of 159
Bristol
Extract from Rhode Island KIDS COUNT Factbook 2013

<table>
<thead>
<tr>
<th>Median Family Income¹</th>
<th>Bristol</th>
<th>Bristol County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$94,688</td>
<td>$62,312</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Sources:</th>
</tr>
</thead>
</table>
| 1. U.S. Census, [link](http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml?viewOrder collapsing=false)
| 2. 2013 RI KIDS COUNT City and Town Fact Sheet, Barrington, [link](http://www.rikidscount.org/matriarch/documents/Barrington_2013.pdf)

<table>
<thead>
<tr>
<th></th>
<th>Bristol</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight²</td>
<td>6.5%</td>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td>Infant Mortality Rate³</td>
<td>1.2%</td>
<td>6.5%</td>
<td>2011</td>
</tr>
<tr>
<td>Teen Birth Rate⁴</td>
<td>6.4%</td>
<td>25.5%</td>
<td>2011</td>
</tr>
<tr>
<td>High School Graduation Rate⁵</td>
<td>85.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
<tr>
<td>Bachelor's Degree or Higher⁶</td>
<td>11.2%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
<tr>
<td>Foreign Born⁷</td>
<td>32.7%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

¹ Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

² Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

³ Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

⁴ Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

⁵ High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

⁶ Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

⁷ Foreign Born is the percentage of people who are born outside the United States.
### Burrillville

**Extract from Rhode Island KIDS COUNT 2013**

<table>
<thead>
<tr>
<th>Median Family Income ^8</th>
<th>Burrillville</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$83,623</td>
<td>$49,411</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

**Data Sources:**


\^8 Median Family Income is the dollar amount which divides Rhode Island families` income distribution into two equal groups: half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

\^9 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

\^10 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

\^11 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

\^12 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

\^13 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

\^14 Foreign Born is the percentage of people who are born outside the United States.
Central Falls
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income(^{15})</th>
<th>Central Falls</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$35,183</td>
<td>$49,411</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Central Falls</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight(^{16})</td>
<td>7.6%</td>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td>Infant Mortality Rate(^{17})</td>
<td>7.3%</td>
<td>6.5%</td>
<td>2011</td>
</tr>
<tr>
<td>Teen Birth Rate(^{18})</td>
<td>79.7%</td>
<td>25.5%</td>
<td>2011</td>
</tr>
<tr>
<td>High School Graduation Rate(^{19})</td>
<td>68.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher(^{20})</td>
<td>6.7%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
<tr>
<td>Foreign Born(^{21})</td>
<td>40.3%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

Data Sources:

\(^{15}\) Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

\(^{16}\) Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

\(^{17}\) Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

\(^{18}\) Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

\(^{19}\) High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

\(^{20}\) Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

\(^{21}\) Foreign Born is the percentage of people who are born outside the United States.
Charlestown

Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th></th>
<th>Charlestown</th>
<th>Washington County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Family Income</td>
<td>$74,853</td>
<td>$72,163</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

**Data Sources:***


---

22 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups: half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

23 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

24 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

25 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

26 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

27 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

28 Foreign Born is the percentage of people who are born outside the United States.
Coventry
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income 29</th>
<th>Coventry</th>
<th>Kent County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$89,088</td>
<td>$61,279</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

Coventry

Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th></th>
<th>Coventry</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight 30</td>
<td>8.0%</td>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td>Infant Mortality Rate 31</td>
<td>7.4%</td>
<td>6.5%</td>
<td>2011</td>
</tr>
<tr>
<td>Teen Birth Rate 32</td>
<td>15.8%</td>
<td>25.5%</td>
<td>2011</td>
</tr>
<tr>
<td>High School Graduation Rate 33</td>
<td>87.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher 34</td>
<td>2.6%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
<tr>
<td>Foreign Born 35</td>
<td>24.6%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

Data Sources:

29 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups–half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.
30 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).
31 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.
32 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.
33 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.
34 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.
35 Foreign Born is the percentage of people who are born outside the United States.

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Cranston
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income(^{36})</th>
<th>Cranston</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$74,328</td>
<td>$49,411</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

\(^{36}\) Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups: half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

<table>
<thead>
<tr>
<th>Low Birthweight(^{37})</th>
<th>Cranston</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight(^{37})</td>
<td>8.1%</td>
<td>7.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

\(^{37}\) Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

<table>
<thead>
<tr>
<th>Infant Mortality Rate(^{38})</th>
<th>Cranston</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate(^{38})</td>
<td>6.2%</td>
<td>6.5%</td>
<td>2011</td>
</tr>
</tbody>
</table>

\(^{38}\) Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

<table>
<thead>
<tr>
<th>Teen Birth Rate(^{39})</th>
<th>Cranston</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Birth Rate(^{39})</td>
<td>19.6%</td>
<td>25.5%</td>
<td>2011</td>
</tr>
</tbody>
</table>

\(^{39}\) Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

<table>
<thead>
<tr>
<th>High School Graduation Rate(^{40})</th>
<th>Cranston</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduation Rate(^{40})</td>
<td>81.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
</tbody>
</table>

\(^{40}\) High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

<table>
<thead>
<tr>
<th>Bachelor’s Degree or Higher(^{41})</th>
<th>Cranston</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s Degree or Higher(^{41})</td>
<td>29.2%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
</tbody>
</table>

\(^{41}\) Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

<table>
<thead>
<tr>
<th>Foreign Born(^{42})</th>
<th>Cranston</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Born(^{42})</td>
<td>11.9%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

\(^{42}\) Foreign Born is the percentage of people who are born outside the United States.

Data Sources:
1. U.S. Census
2. 2013 RI KIDS COUNT City and Town Fact Sheet, Barrington.
3. U.S. Census

DRAFT DATED DECEMBER 20, 2013
Rhode Island Community Health Assessment and Health Improvement Plan – 2013-2017 - Page 31 of 159
## Cumberland

### Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income(^{43})</th>
<th>Cumberland</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$99,053</td>
<td>$49,411</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

### Data Sources:

<table>
<thead>
<tr>
<th>Low Birthweight(^{44})</th>
<th>Cumberland</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.8%</td>
<td>7.9%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infant Mortality Rate(^{45})</th>
<th>Cumberland</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.9%</td>
<td>6.5%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teen Birth Rate(^{46})</th>
<th>Cumberland</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.2%</td>
<td>25.5%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High School Graduation Rate(^{47})</th>
<th>Cumberland</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>81.0%</td>
<td>77.0%</td>
<td></td>
<td>2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bachelor's Degree or Higher(^{48})</th>
<th>Cumberland</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.9%</td>
<td>30.6%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foreign Born(^{49})</th>
<th>Cumberland</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1%</td>
<td>12.9%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

---

\(^{43}\) Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

\(^{44}\) Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

\(^{45}\) Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

\(^{46}\) Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

\(^{47}\) High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

\(^{48}\) Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

\(^{49}\) Foreign Born is the percentage of people who are born outside the United States.
### East Greenwich
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income&lt;sup&gt;50&lt;/sup&gt;</th>
<th>East Greenwich</th>
<th>Kent County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$150,147</td>
<td>$61,279</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

#### Data Year

<table>
<thead>
<tr>
<th>Low Birthweight&lt;sup&gt;51&lt;/sup&gt;</th>
<th>East Greenwich</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1%</td>
<td>7.9%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infant Mortality Rate&lt;sup&gt;52&lt;/sup&gt;</th>
<th>East Greenwich</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.9%</td>
<td>6.5%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teen Birth Rate&lt;sup&gt;53&lt;/sup&gt;</th>
<th>East Greenwich</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.8%</td>
<td>25.5%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High School Graduation Rate&lt;sup&gt;54&lt;/sup&gt;</th>
<th>East Greenwich</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>94.0%</td>
<td>77.0%</td>
<td></td>
<td>2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bachelor’s Degree or Higher&lt;sup&gt;55&lt;/sup&gt;</th>
<th>East Greenwich</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>59.4%</td>
<td>30.6%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foreign Born&lt;sup&gt;56&lt;/sup&gt;</th>
<th>East Greenwich</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2%</td>
<td>12.9%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

#### Data Sources:


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<sup>50</sup> Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

<sup>51</sup> Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

<sup>52</sup> Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

<sup>53</sup> Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

<sup>54</sup> High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

<sup>55</sup> Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

<sup>56</sup> Foreign Born is the percentage of people who are born outside the United States.
## East Providence

Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income</th>
<th>East Providence</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$64,650</td>
<td>$49,411</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Sources:</th>
</tr>
</thead>
</table>

- **Low Birthweight**
  - East Providence: 7.2%
  - RI: 7.9%
  - 2011

- **Infant Mortality Rate**
  - East Providence: 5.0%
  - RI: 6.5%
  - 2011

- **Teen Birth Rate**
  - East Providence: 26.1%
  - RI: 25.5%
  - 2011

- **High School Graduation Rate**
  - East Providence: 69.0%
  - RI: 77.0%
  - 2012

- **Bachelor's Degree or Higher**
  - East Providence: 23.5%
  - RI: 30.6%
  - 2011

- **Foreign Born**
  - East Providence: 15.2%
  - RI: 12.9%
  - 2011

---

57 Median Family Income is the dollar amount which divides Rhode Island families' income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their "own children" under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

58 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

59 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

60 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

61 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

62 Bachelor's Degree or Higher is the percentage of people who have obtained a bachelor's degree or higher.

63 Foreign Born is the percentage of people who are born outside the United States.

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Exeter
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income</th>
<th>Exeter</th>
<th>Washington County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$115,636</td>
<td>$72,163</td>
<td>$68,507</td>
<td>2011</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Exeter</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight</td>
<td>NA</td>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>NA</td>
<td>6.5%</td>
<td>2011</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>9.3%</td>
<td>25.5%</td>
<td>2011</td>
</tr>
<tr>
<td>High School Graduation Rate</td>
<td>90.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher</td>
<td>40.5%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
<tr>
<td>Foreign Born</td>
<td>3.5%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

Data Sources:
1. U.S. Census, [http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none](http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none)

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64 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

65 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

66 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

67 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

68 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

69 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

70 Foreign Born is the percentage of people who are born outside the United States.
### Median Family Income

<table>
<thead>
<tr>
<th></th>
<th>Foster</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$77,434</td>
<td>$49,411</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

---

### Data Sources:

1. U.S. Census, [http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none](http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none)

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71 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups–half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

72 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

73 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

74 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

75 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

76 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

77 Foreign Born is the percentage of people who are born outside the United States.
### Glocester
**Extract from Rhode Island KIDS COUNT 2013**

<table>
<thead>
<tr>
<th>Median Family Income(^{78})</th>
<th>Glocester</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$86,989</td>
<td>$49,411</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Sources:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Low Birthweight(^{79})</th>
<th>Glocester</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>7.9%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infant Mortality Rate(^{80})</th>
<th>Glocester</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>6.5%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teen Birth Rate(^{81})</th>
<th>Glocester</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.2%</td>
<td>25.5%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High School Graduation Rate(^{82})</th>
<th>Glocester</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>86.0%</td>
<td>77.0%</td>
<td></td>
<td>2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bachelor's Degree or Higher(^{83})</th>
<th>Glocester</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.0%</td>
<td>30.6%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foreign Born(^{84})</th>
<th>Glocester</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2%</td>
<td>12.9%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

\(^{78}\) Median Family Income is the dollar amount which divides Rhode Island families' income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

\(^{79}\) Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

\(^{80}\) Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

\(^{81}\) Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

\(^{82}\) High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

\(^{83}\) Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor's degree or higher.

\(^{84}\) Foreign Born is the percentage of people who are born outside the United States.

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### Rhosland Island Community Health Assessment and Health Improvement Plan – 2013-2017 – Page 38 of 159

#### Hopkinton

Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income&lt;sup&gt;85&lt;/sup&gt;</th>
<th>Hopkinton</th>
<th>Washington County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$73,475</td>
<td>$72,163</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

#### Data Sources:

<sup>85</sup> Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

<sup>86</sup> Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

<sup>87</sup> Infant Mortality Rate is the percentage of infants born under one year of age per 1,000 live births.

<sup>88</sup> Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

<sup>89</sup> High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

<sup>90</sup> Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

<sup>91</sup> Foreign Born is the percentage of people who are born outside the United States.

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Jamestown
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income(^{92})</th>
<th>Jamestown</th>
<th>Newport County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$84,773</td>
<td>$69,369</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

Data Sources:

92 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

93 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

94 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

95 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

96 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

97 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

98 Foreign Born is the percentage of people who are born outside the United States.

DRAFT DATED DECEMBER 20, 2013
## Johnston

*Extract from Rhode Island KIDS COUNT 2013*

### Median Family Income

<table>
<thead>
<tr>
<th>Data Year</th>
<th>Johnston</th>
<th>Providence County</th>
<th>RI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$73,260</td>
<td>$49,411</td>
<td>$68,507</td>
</tr>
</tbody>
</table>

99 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

### Baby & Child Health

<table>
<thead>
<tr>
<th>Data Year</th>
<th>Johnston</th>
<th>RI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>6.6%</td>
<td>7.9%</td>
</tr>
<tr>
<td>2011</td>
<td>3.7%</td>
<td>6.5%</td>
</tr>
<tr>
<td>2011</td>
<td>19.5%</td>
<td>25.5%</td>
</tr>
<tr>
<td>2012</td>
<td>82.0%</td>
<td>77.0%</td>
</tr>
<tr>
<td>2011</td>
<td>22.1%</td>
<td>30.6%</td>
</tr>
<tr>
<td>2011</td>
<td>8.3%</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

Data Sources:
1. U.S. Census, [http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none](http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none)

100 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).
101 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.
102 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.
103 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.
104 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.
105 Foreign Born is the percentage of people who are born outside the United States.
### Median Family Income

<table>
<thead>
<tr>
<th></th>
<th>Lincoln</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$98,039</td>
<td>$49,411</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

**Data Sources:**

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### Additional Data

<table>
<thead>
<tr>
<th></th>
<th>Lincoln</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Birthweight</strong> 107</td>
<td>5.7%</td>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td><strong>Infant Mortality Rate</strong> 108</td>
<td>6.7</td>
<td>6.5</td>
<td>2011</td>
</tr>
<tr>
<td><strong>Teen Birth Rate</strong> 109</td>
<td>11.2</td>
<td>25.5</td>
<td>2011</td>
</tr>
<tr>
<td><strong>High School Graduation Rate</strong></td>
<td>83.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
<tr>
<td><strong>Bachelor’s Degree or Higher</strong></td>
<td>36.0%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
<tr>
<td><strong>Foreign Born</strong> 112</td>
<td>7.2%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

**Data Sources:**

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106 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

107 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

108 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

109 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

110 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

111 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

112 Foreign Born is the percentage of people who are born outside the United States.
Little Compton
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income</th>
<th>Little Compton</th>
<th>Newport County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$119,107</td>
<td>$69,369</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

Data Sources:
1. U.S. Census, [http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none](http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none)

113 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

114 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

115 Infant Mortality Rate is the percentage of deaths of infants under one year of age per 1,000 live births.

116 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

117 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

118 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

119 Foreign Born is the percentage of people who are born outside the United States.
Middletown
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income(^{120})</th>
<th>Middletown</th>
<th>Newport County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$85,703</td>
<td>$69,369</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

\(^{120}\) Median Family Income is the dollar amount which divides Rhode Island families' income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

<table>
<thead>
<tr>
<th>(\text{Low Birthweight})(^{121})</th>
<th>Middletown</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight</td>
<td>5.8%</td>
<td>7.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

\(^{121}\) Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

<table>
<thead>
<tr>
<th>(\text{Infant Mortality Rate})(^{122})</th>
<th>Middletown</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate</td>
<td>3.3%</td>
<td>6.5%</td>
<td>2011</td>
</tr>
</tbody>
</table>

\(^{122}\) Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

<table>
<thead>
<tr>
<th>(\text{Teen Birth Rate})(^{123})</th>
<th>Middletown</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Birth Rate</td>
<td>21.2%</td>
<td>25.5%</td>
<td>2011</td>
</tr>
</tbody>
</table>

\(^{123}\) Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

<table>
<thead>
<tr>
<th>(\text{High School Graduation Rate})(^{124})</th>
<th>Middletown</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduation Rate</td>
<td>81.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
</tbody>
</table>

\(^{124}\) High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

<table>
<thead>
<tr>
<th>(\text{Bachelor's Degree or Higher})(^{125})</th>
<th>Middletown</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor's Degree or Higher</td>
<td>39.8%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
</tbody>
</table>

\(^{125}\) Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

<table>
<thead>
<tr>
<th>(\text{Foreign Born})(^{126})</th>
<th>Middletown</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Born</td>
<td>8.9%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

\(^{126}\) Foreign Born is the percentage of people who are born outside the United States.

Data Sources:
Narragansett
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income 127</th>
<th>Narragansett</th>
<th>Washington County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$95,208</td>
<td>$72,163</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

Narragansett RI
Data Year

<table>
<thead>
<tr>
<th>Low Birthweight 128</th>
<th>Narragansett</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>7.9%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

Infant Mortality Rate 129

<table>
<thead>
<tr>
<th>Narragansett</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>6.5</td>
<td>2011</td>
</tr>
</tbody>
</table>

Teen Birth Rate 130

<table>
<thead>
<tr>
<th>Narragansett</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3</td>
<td>25.5</td>
<td>2011</td>
</tr>
</tbody>
</table>

High School Graduation Rate 131

<table>
<thead>
<tr>
<th>Narragansett</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
</tbody>
</table>

Bachelor’s Degree or Higher 132

<table>
<thead>
<tr>
<th>Narragansett</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.2%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
</tbody>
</table>

Foreign Born 133

<table>
<thead>
<tr>
<th>Narragansett</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.8%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

Data Sources:

127 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

128 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

129 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

130 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

131 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

132 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

133 Foreign Born is the percentage of people who are born outside the United States.
New Shoreham
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income(^\text{134})</th>
<th>New Shoreham</th>
<th>Washington County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$99,167</td>
<td>$72,163</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

Data Sources:

\(^{134}\) Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

\(^{135}\) Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

\(^{136}\) Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

\(^{137}\) Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

\(^{138}\) High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

\(^{139}\) Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

\(^{140}\) Foreign Born is the percentage of people who are born outside the United States.
Newport
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income</th>
<th>Newport County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$59,444</td>
<td>$69,369</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

Data Sources:

<table>
<thead>
<tr>
<th>Newport</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight</td>
<td>7.7%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>8.6%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>23.9%</td>
<td>25.5%</td>
</tr>
<tr>
<td>High School Graduation Rate</td>
<td>74.0%</td>
<td>77.0%</td>
</tr>
<tr>
<td>Bachelor's Degree or Higher</td>
<td>47.2%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Foreign Born</td>
<td>7.5%</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

Data Sources:

---

141 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

142 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

143 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

144 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

145 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

146 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor's degree or higher.

147 Foreign Born is the percentage of people who are born outside the United States.

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Rhode Island Community Health Assessment and Health Improvement Plan – 2013-2017 - Page 46 of 159
North Kingstown
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income</th>
<th>North Kingstown</th>
<th>Washington County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$104,539</td>
<td>$72,163</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>North Kingstown</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight</td>
<td>5.2%</td>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>8.4%</td>
<td>6.5%</td>
<td>2011</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>11.3%</td>
<td>25.5%</td>
<td>2011</td>
</tr>
<tr>
<td>High School Graduation Rate</td>
<td>88.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher</td>
<td>47.4%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
<tr>
<td>Foreign Born</td>
<td>4.5%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

Data Sources:
1. U.S. Census, [http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none](http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none)

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148 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

149 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

150 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

151 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

152 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

153 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

154 Foreign Born is the percentage of people who are born outside the United States.
### North Providence

**Extract from Rhode Island KIDS COUNT 2013**

<table>
<thead>
<tr>
<th>Median Family Income</th>
<th>North Providence</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$63,686</td>
<td>$49,411</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Sources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Census, <a href="http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none">http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>North Providence Data Year</th>
<th>RI Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight&lt;sup&gt;156&lt;/sup&gt; 7.8%</td>
<td>7.9% 2011</td>
</tr>
<tr>
<td>Infant Mortality Rate&lt;sup&gt;157&lt;/sup&gt; 5.9%</td>
<td>6.5% 2011</td>
</tr>
<tr>
<td>Teen Birth Rate&lt;sup&gt;158&lt;/sup&gt; 18.8%</td>
<td>25.5% 2011</td>
</tr>
<tr>
<td>High School Graduation Rate&lt;sup&gt;159&lt;/sup&gt; 87.0%</td>
<td>77.0% 2012</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher&lt;sup&gt;160&lt;/sup&gt; 25.5%</td>
<td>30.6% 2011</td>
</tr>
<tr>
<td>Foreign Born&lt;sup&gt;161&lt;/sup&gt; 9.4%</td>
<td>12.9% 2011</td>
</tr>
</tbody>
</table>

<sup>155</sup> Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

<sup>156</sup> Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

<sup>157</sup> Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

<sup>158</sup> Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

<sup>159</sup> High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

<sup>160</sup> Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

<sup>161</sup> Foreign Born is the percentage of people who are born outside the United States.
## North Smithfield

*Extract from Rhode Island KIDS COUNT 2013*

<table>
<thead>
<tr>
<th>Median Family Income</th>
<th>North Smithfield</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$113,636</td>
<td>$49,411</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>North Smithfield</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight</td>
<td>NA</td>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>NA</td>
<td>6.5%</td>
<td>2011</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>8.1%</td>
<td>25.5%</td>
<td>2011</td>
</tr>
<tr>
<td>High School Graduation Rate</td>
<td>78.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher</td>
<td>31.6%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
<tr>
<td>Foreign Born</td>
<td>3.4%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

**Data Sources:**


---

162 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

163 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

164 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

165 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

166 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

167 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

168 Foreign Born is the percentage of people who are born outside the United States.

**DRAFT DATED DECEMBER 20, 2013**

Rhode Island Community Health Assessment and Health Improvement Plan – 2013-2017 - Page 49 of 159
Pawtucket
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income(^{169})</th>
<th>Pawtucket</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$38,471</td>
<td>$49,411</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

Data Sources:

\(^{169}\) Median Family Income is the dollar amount which divides Rhode Island families' income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their "own children" under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

\(^{170}\) Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

\(^{171}\) Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

\(^{172}\) Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

\(^{173}\) High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

\(^{174}\) Bachelor's Degree or Higher is the percentage of people who have obtained a bachelor's degree or higher.

\(^{175}\) Foreign Born is the percentage of people who are born outside the United States.

DRAFT DATED DECEMBER 20, 2013

Rhode Island Community Health Assessment and Health Improvement Plan – 2013-2017 - Page 50 of 159
## Portsmouth

### Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income</th>
<th>Portsmouth</th>
<th>Newport County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$122,633</td>
<td>$69,369</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

### Data Sources:

<table>
<thead>
<tr>
<th></th>
<th>Portsmouth</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight</td>
<td>5.8%</td>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>3.1%</td>
<td>6.5%</td>
<td>2011</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>4.3%</td>
<td>25.5%</td>
<td>2011</td>
</tr>
<tr>
<td>High School Graduation Rate</td>
<td>91.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
<tr>
<td>Bachelor's Degree or Higher</td>
<td>49.6%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
<tr>
<td>Foreign Born</td>
<td>3.9%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

---

176 Median Family Income is the dollar amount which divides Rhode Island families' income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

177 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

178 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

179 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

180 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

181 Bachelor's Degree or Higher is the percentage of people who have obtained a bachelor's degree or higher.

182 Foreign Born is the percentage of people who are born outside the United States.
## Providence

Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income&lt;sup&gt;183&lt;/sup&gt;</th>
<th>Providence</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$34,877</td>
<td>$49,411</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

![Pie chart](image)

<table>
<thead>
<tr>
<th></th>
<th>Providence</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight&lt;sup&gt;184&lt;/sup&gt;</td>
<td>9.1%</td>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td>Infant Mortality Rate&lt;sup&gt;185&lt;/sup&gt;</td>
<td>8.7%</td>
<td>6.5%</td>
<td>2011</td>
</tr>
<tr>
<td>Teen Birth Rate&lt;sup&gt;186&lt;/sup&gt;</td>
<td>38.3%</td>
<td>25.5%</td>
<td>2011</td>
</tr>
<tr>
<td>High School Graduation Rate&lt;sup&gt;187&lt;/sup&gt;</td>
<td>65.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher&lt;sup&gt;188&lt;/sup&gt;</td>
<td>29.1%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
<tr>
<td>Foreign Born&lt;sup&gt;189&lt;/sup&gt;</td>
<td>29.4%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

Data Sources:

<sup>183</sup> Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups--half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

<sup>184</sup> Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

<sup>185</sup> Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

<sup>186</sup> Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

<sup>187</sup> High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

<sup>188</sup> Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

<sup>189</sup> Foreign Born is the percentage of people who are born outside the United States.
### Median Family Income

<table>
<thead>
<tr>
<th></th>
<th>Richmond</th>
<th>Washington County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$101,420</td>
<td>$72,163</td>
<td>$68,507</td>
<td>2011</td>
<td></td>
</tr>
</tbody>
</table>

#### Data Sources:

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#### Richmond RI

<table>
<thead>
<tr>
<th></th>
<th>Richmond</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight(^{191})</td>
<td>NA</td>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td>Infant Mortality Rate(^{192})</td>
<td>NA</td>
<td>6.5%</td>
<td>2011</td>
</tr>
<tr>
<td>Teen Birth Rate(^{193})</td>
<td>25.1%</td>
<td>25.5%</td>
<td>2011</td>
</tr>
<tr>
<td>High School Graduation Rate(^{194})</td>
<td>87.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher(^{195})</td>
<td>33.4%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
<tr>
<td>Foreign Born(^{196})</td>
<td>3.4%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

---

\(^{190}\) Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

\(^{191}\) Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

\(^{192}\) Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

\(^{193}\) Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

\(^{194}\) High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

\(^{195}\) Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

\(^{196}\) Foreign Born is the percentage of people who are born outside the United States.
Scituate
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income¹⁹⁷</th>
<th>Scituate</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$90,789</td>
<td>$49,411</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Sources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Census, <a href="http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none">http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scituate</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight¹⁹⁸</td>
<td>NA</td>
<td>7.9%</td>
</tr>
<tr>
<td>Infant Mortality Rate¹⁹⁹</td>
<td>NA</td>
<td>6.5%</td>
</tr>
<tr>
<td>Teen Birth Rate²⁰⁰</td>
<td>4.1%</td>
<td>25.5%</td>
</tr>
<tr>
<td>High School Graduation Rate²⁰¹</td>
<td>91.0%</td>
<td>77.0%</td>
</tr>
<tr>
<td>Bachelor's Degree or Higher²⁰²</td>
<td>29.5%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Foreign Born²⁰³</td>
<td>3.2%</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

¹⁹⁷ Median Family Income is the dollar amount which divides Rhode Island families' income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their "own children" under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

¹⁹⁸ Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

¹⁹⁹ Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

²⁰⁰ Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

²⁰¹ High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

²⁰² Bachelor's Degree or Higher is the percentage of people who have obtained a bachelor's degree or higher.

²⁰³ Foreign Born is the percentage of people who are born outside the United States.

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### Smithfield

Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income&lt;sup&gt;204&lt;/sup&gt;</th>
<th>Smithfield</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$98,808</td>
<td>$49,411</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low Birthweight&lt;sup&gt;205&lt;/sup&gt;</th>
<th>Smithfield</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.4%</td>
<td>7.9%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infant Mortality Rate&lt;sup&gt;206&lt;/sup&gt;</th>
<th>Smithfield</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0%</td>
<td>6.5%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teen Birth Rate&lt;sup&gt;207&lt;/sup&gt;</th>
<th>Smithfield</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1%</td>
<td>25.5%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High School Graduation Rate&lt;sup&gt;208&lt;/sup&gt;</th>
<th>Smithfield</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>94.0%</td>
<td>77.0%</td>
<td></td>
<td>2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bachelor’s Degree or Higher&lt;sup&gt;209&lt;/sup&gt;</th>
<th>Smithfield</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>34.8%</td>
<td>30.6%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foreign Born&lt;sup&gt;210&lt;/sup&gt;</th>
<th>Smithfield</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2%</td>
<td>12.9%</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

Data Sources:
1. U.S. Census, [http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none](http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none)

---

<sup>204</sup> Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups: half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

<sup>205</sup> Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

<sup>206</sup> Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

<sup>207</sup> Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

<sup>208</sup> High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

<sup>209</sup> Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

<sup>210</sup> Foreign Born is the percentage of people who are born outside the United States.
### Median Family Income

<table>
<thead>
<tr>
<th>South Kingstown</th>
<th>Washington County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$101,857</td>
<td>$72,163</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

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Data Sources:

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211 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups--half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

212 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

213 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

214 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

215 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

216 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

217 Foreign Born is the percentage of people who are born outside the United States.
## Tiverton

Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income</th>
<th>Tiverton</th>
<th>Newport County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$83,886</td>
<td>$69,369</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Sources:</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Tiverton</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight²¹⁹</td>
<td>6.3%</td>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td>Infant Mortality Rate²²⁰</td>
<td>1.7%</td>
<td>6.5%</td>
<td>2011</td>
</tr>
<tr>
<td>Teen Birth Rate²²¹</td>
<td>10.2%</td>
<td>25.5%</td>
<td>2011</td>
</tr>
<tr>
<td>High School Graduation Rate²²²</td>
<td>83.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher²²³</td>
<td>31.6%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
<tr>
<td>Foreign Born²²⁴</td>
<td>5.2%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

²¹⁸ Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups–half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

²¹⁹ Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

²²⁰ Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

²²¹ Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

²²² High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

²²³ Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

²²⁴ Foreign Born is the percentage of people who are born outside the United States.
Warren
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income(^{225})</th>
<th>Warren</th>
<th>Bristol County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$75,771</td>
<td>$70,553</td>
<td>$68,507</td>
<td>2011</td>
<td></td>
</tr>
</tbody>
</table>

Data Sources:

---

\(^{225}\) Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

\(^{226}\) Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

\(^{227}\) Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

\(^{228}\) Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

\(^{229}\) High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

\(^{230}\) Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

\(^{231}\) Foreign Born is the percentage of people who are born outside the United States.
### Warwick

#### Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income(^{232})</th>
<th>Warwick</th>
<th>Kent County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$76,689</td>
<td>$61,279</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

#### Data Sources:
1. U.S. Census, [http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none](http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none)

<table>
<thead>
<tr>
<th>Warwick</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight(^{233})</td>
<td>7.5%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Infant Mortality Rate(^{234})</td>
<td>6.0%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Teen Birth Rate(^{235})</td>
<td>20.1%</td>
<td>25.5%</td>
</tr>
<tr>
<td>High School Graduation Rate(^{236})</td>
<td>79.0%</td>
<td>77.0%</td>
</tr>
<tr>
<td>Bachelor's Degree or Higher(^{237})</td>
<td>28.6%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Foreign Born(^{238})</td>
<td>5.9%</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

---

\(^{232}\) Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

\(^{233}\) Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

\(^{234}\) Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

\(^{235}\) Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

\(^{236}\) High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

\(^{237}\) Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

\(^{238}\) Foreign Born is the percentage of people who are born outside the United States.
West Greenwich
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income\textsuperscript{239}</th>
<th>West Greenwich</th>
<th>Kent County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$103,897</td>
<td>$61,279</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

\textsuperscript{239} Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

Low Birthweight\textsuperscript{240} NA 7.9% 2011
Infant Mortality Rate\textsuperscript{241} NA 6.5% 2011
Teen Birth Rate\textsuperscript{242} 9.9% 25.5% 2011
High School Graduation Rate\textsuperscript{243} 90.0% 77.0% 2012
Bachelor’s Degree or Higher\textsuperscript{244} 30.8% 30.6% 2011
Foreign Born\textsuperscript{245} 3.0% 12.9% 2011

\textsuperscript{240} Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

\textsuperscript{241} Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

\textsuperscript{242} Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

\textsuperscript{243} High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

\textsuperscript{244} Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

\textsuperscript{245} Foreign Born is the percentage of people who are born outside the United States.

Data Sources:

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## West Warwick

**Extract from Rhode Island KIDS COUNT 2013**

<table>
<thead>
<tr>
<th>Median Family Income</th>
<th>West Warwick</th>
<th>Kent County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$65,617</td>
<td>$61,279</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Year</th>
<th>Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>No Source</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>West Warwick</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>246 Low Birthweight</td>
<td>8.1%</td>
<td>7.9%</td>
</tr>
<tr>
<td>247 Infant Mortality Rate</td>
<td>4.1%</td>
<td>6.5%</td>
</tr>
<tr>
<td>248 Teen Birth Rate</td>
<td>41.7%</td>
<td>25.5%</td>
</tr>
<tr>
<td>249 High School Graduation Rate</td>
<td>70.0%</td>
<td>77.0%</td>
</tr>
<tr>
<td>250 Bachelor’s Degree or Higher</td>
<td>21.5%</td>
<td>30.6%</td>
</tr>
<tr>
<td>251 Foreign Born</td>
<td>7.8%</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

Data Sources:

---

246 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

247 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

248 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

249 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

250 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

251 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

252 Foreign Born is the percentage of people who are born outside the United States.
Westerly
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income $253</th>
<th>Westerly</th>
<th>Washington County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$85,182</td>
<td>$72,163</td>
<td>$68,507</td>
<td></td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Westerly</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight $254</td>
<td>7.6%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Infant Mortality Rate $255</td>
<td>6.7%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Teen Birth Rate $256</td>
<td>23.2%</td>
<td>25.5%</td>
</tr>
<tr>
<td>High School Graduation Rate $257</td>
<td>87.0%</td>
<td>77.0%</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher $258</td>
<td>29.6%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Foreign Born $259</td>
<td>5.0%</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

Data Sources:

$253 Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups—half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

$254 Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

$255 Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

$256 Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

$257 High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

$258 Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

$259 Foreign Born is the percentage of people who are born outside the United States.
Woonsocket
Extract from Rhode Island KIDS COUNT 2013

<table>
<thead>
<tr>
<th>Median Family Income(^{260})</th>
<th>Woonsocket</th>
<th>Providence County</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$35,256</td>
<td>$49,411</td>
<td>$68,507</td>
<td>2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Woonsocket</th>
<th>RI</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight(^{261})</td>
<td>10.1%</td>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td>Infant Mortality Rate(^{262})</td>
<td>7.1%</td>
<td>6.5%</td>
<td>2011</td>
</tr>
<tr>
<td>Teen Birth Rate(^{263})</td>
<td>71.4%</td>
<td>25.5%</td>
<td>2011</td>
</tr>
<tr>
<td>High School Graduation Rate(^{264})</td>
<td>65.0%</td>
<td>77.0%</td>
<td>2012</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher(^{265})</td>
<td>13.8%</td>
<td>30.6%</td>
<td>2011</td>
</tr>
<tr>
<td>Foreign Born(^{266})</td>
<td>9.1%</td>
<td>12.9%</td>
<td>2011</td>
</tr>
</tbody>
</table>

Data Sources:
- U.S. Census http://factfiner2.Census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_1_5YR_DP02

\(^{260}\) Median Family Income is the dollar amount which divides Rhode Island families’ income distribution into two equal groups–half with incomes above the median, and half with incomes below the median. The numbers include only families with their “own children” under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

\(^{261}\) Low Birthweight is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces).

\(^{262}\) Infant Mortality Rate is the number of deaths of infants under one year of age per 1,000 live births.

\(^{263}\) Teen Birth Rate is the number of births to teen girls ages 15 to 19 per 1,000 teen girls.

\(^{264}\) High School Graduation Rate is the percentage of students who graduate from high school within four years of entering.

\(^{265}\) Bachelor’s Degree or Higher is the percentage of people who have obtained a bachelor’s degree or higher.

\(^{266}\) Foreign Born is the percentage of people who are born outside the United States.
B. America’s Health Ranking Indicators

HEALTH is presenting a State Health Assessment following the structure of the America’s Health Ranking (www.americashealthrankings.org) indicators. Since 1990, America’s Health Rankings (AHR) has published an annual state-by-state analysis of health throughout the United States and the factors that affect it. The goal of the rankings is to engage each state’s communities, partners, and health officials to stimulate actions to improve the state population’s health. The annual report further identifies states with the best rankings, so others may learn from best practices.

HEALTH is utilizing America’s Health Rankings for the purposes of this report because these annual indicators efficiently track the health department’s goal of making Rhode Island the healthiest state in the nation. As of 2013, Rhode Island was ranked #19 in the United States. While this is a respectable ranking, HEALTH ranked behind New England’s five other states (Vermont, New Hampshire, Massachusetts, Connecticut, and Maine). Vermont and Hawaii were ranked #1—the healthiest state in the nation.

HEALTH refers to these rankings for inspiration to set targets and as measures to identify areas where one can make a difference in public health. In fact, HEALTH has established an internal workgroup to select priorities and explore innovative ways to make progress in those areas. By late 2013, four indicators had been identified as priorities for the coming years:

- Binge drinking.
- Preventable hospitalizations.
- Graduation rates.
- Sedentary life.

While important work will be planned to make improvements within these four areas, all of the America’s Health Rankings indicators are being presented within this report, as compared to other New England states and to the nation. All Rhode Island communities, legislators, decision-makers, health advocates, and residents alike are encouraged to pay attention to these rankings and look for ways to support public efforts and community partnerships to make Rhode Island healthier. Each of the indicators discuss current efforts underway to address health issues and shares how all Rhode Islanders can get involved as part of the solution.

Please let us know if you have additional ideas, resources, contacts or information that can be added to each of the indicators.
The following indicators are included in this report:

**Supplemental Measures**
1. Median Household Income
2. Annual Unemployment Rate
3. Annual Underemployment Rate
4. Adults with Hypertension
5. Adults Who Receive a Colorectal Cancer Screening
6. Teen Births
7. Adolescents With Depression
8. Adolescents Who Smoke
9. Premature Birth Rate
10. Prescription Drug Overdose Deaths
Smoking

Percentage of adults who are current smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).
(Data Year: 2012)

Community at a Glance
- 153,000 adults smoke in RI
- RI: 17.4%
- U.S. Average: 19.6%
- Best State: Utah, 10.6%
- Healthy People 2020 Target: 12% Nationally

Why It’s Important
Rhode Island adults smoke cigarettes at a rate of 17.4% and nearly 1,700 will die each year from smoking-related illness. For every one person who dies from tobacco use, 20 more people suffer from serious tobacco-related illnesses, including cancer, heart disease, and respiratory illnesses. Smoking in Rhode Island costs $506,000,000 annually in healthcare costs, $179 Million in Medicaid expenditures, and $378,938,000 in lost productivity. Tobacco use disproportionately
affects a few priority populations in Rhode Island: African Americans, pregnant women, people with disabilities, people with chronic disease, and people with low socioeconomic status.

**Strengths**
- The adult smoking rate in Rhode Island declined 5% between 2004 and 2010.
- The Rhode Island Tobacco Control Program measured a decrease in heart attack inpatient hospitalizations after implementation of the statewide ban on indoor smoking in public places.
- 63% of Rhode Island adult smokers make a quit attempt annually.
- The percentage of pregnant women who made a quit attempt increased from 49% in 2004 to 58% in 2009.

**Challenges**
- The Centers for Disease Control and Prevention (CDC) best practice recommended funding level for a comprehensive tobacco control program is $15 Million. The actual funding for Rhode Island is approximately $1.5 Million for fiscal year 2014.
- African Americans experience higher rates of hypertension and heart disease and report greater difficulty quitting and reducing smoking. This is likely due to greater nicotine inhalation as a result of smoking mentholated cigarettes.
- 11% of pregnant women still smoke during their pregnancy.
- People with disabilities have a 50% higher smoking rate than those without disabilities.
- 25% of people with household incomes less than $25,000 per year smoke.
- 11% of people with household incomes above $50,000 per year smoke.
- The tobacco industry creates new tobacco and nicotine products regularly, maintaining smokers' addictions and often circumventing existing best practice tobacco control policies and pricing standards. Many of these products are used in conjunction with smoking cigarettes to maintain smokers' nicotine addiction when smoking a cigarette is not available to them.

**What can be done**
- Five evidence-based strategies supported by the Center for Disease Control, when combined, produce significant gains in tobacco control efforts by changing community environments:
  - **Media:** Hard-hitting counter-advertising campaigns are effective at prompting cessation attempts. Rhode Island efforts include a campaign called Tobacco Made Me which features local residents who have been affected by tobacco use and urge other smokers to make a quit attempt. An active Facebook page supports the campaign. These messages can be used to educate the community.
  - **Access:** Establishing smoke-free public space limits access to tobacco. Rhode Island passed a ban on smoking in the workplace. Recent efforts include expanding smoke-free areas such
as at community recreation areas and beaches, at state beaches and parks, at public housing authorities and other multi-unit dwellings, and a new initiative to ban smoking at area colleges. Educate the community about the positive impacts of expanding smoke free spaces.

- **Point of Purchase/Promotion**: Establishing municipal tobacco retailer licenses assists communities in restricting tobacco retail in their community. Using enforcement authority through a municipal retailer license to enact and enforce policies relative to banning tobacco coupons and flavored tobacco sales, which attracts youth.

- **Price**: The most effective way to reduce tobacco use is to increase the price of tobacco. Raising the Rhode Island cigarette tax, currently $3.50, will further reduce smoking rates. As more smokeless tobacco products enter the market, capturing these products in existing cigarette tax rates would have the impact of reducing use. These products help to initiate a nicotine addiction, or help a smoker maintain their addiction in places where smoking is restricted.

- **Social Support & Services**: Assuring Quitline sustainability and availability of cessation services for under and uninsured assist smokers to quit.

**Resources**

- Join Tobacco Free Rhode Island (tobaccofree-ri.org)
- Follow facebook.com/tobaccomademe
- Support tobacco-free policies
- Write tobacco-free support letter to local newspaper
Binge Drinking

Percentage of adults who self-report having 4 or more (women) or 5 or more (men) alcoholic beverages on at least 1 occasion in the past 30 days. (Data Year: 2012)

![Graph showing adults binge drinking percentages for different states]

Data Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)

Community at a Glance
- RI: 17.2%
- U.S. Average: 16.9%
- Best State: West Virginia, 10.2%
- Healthy People 2020 Target: Improve rates by 10%

Why It's Important
Binge drinking measures the percentage of the population over age 18 who drank excessively within the last 30 days. Binge drinking has many negative effects. Binge drinking leads to acute impairment and has many adverse effects on health due including alcohol-related motor vehicle injuries and deaths, increased aggression, and unintentional injuries. Excessive alcohol consumption can lead to fetal damage, liver disease, and cardiovascular disease along with other health risks. In addition to personal health risks, binge drinking costs Rhode Island and its taxpayers thousands of dollars due to alcohol-related hospital visits.
Strengths
- Promoting state legislation for higher alcohol taxes is feasible.
- Impaired driving due to alcohol use is enforced and has serious consequences.

Challenges
- Rhode Island is above the national average for the binge drinking rate at 19.7%.
- Binge drinking rates are highest among 18-25 year-old young adults.
- Approximately 54,000 underage youth in Rhode Island drink each year.
- Young people who begin drinking before age 15 are 4 times more likely to develop an alcohol dependence and are 2 ½ times more likely to become abusers of alcohol than those who begin drinking at age 21.
- Excessive alcohol consumption is the third leading cause of death in the United States.

What Can Be Done
- Increase alcoholic beverage costs and excise taxes.
- Limit the number of retail alcohol outlets that sell alcoholic beverages in a given area.
- Restrict access to alcohol by maintaining limits on the days and hours of alcohol retail sales.
- Encourage consistent enforcement of laws against underage drinking and alcohol-impaired driving.
- Maintain government controls on alcohol sales.
- Screen and counsel for alcohol misuse.
- Educate the public on the health risks associated with binge drinking.

Resources
- Centers for Disease Control and Prevention
- Rhode Island Alcoholics Anonymous Central Services
- Drug and Alcohol Treatment Association of Rhode Island
Drug deaths

[The 3-year average, age-adjusted] number of deaths due to drug injury of any intent (unintentional, suicide, homicide, or undetermined) per 100,000 population
(Data year: 2008-2010)

Data source: Centers for Disease Control and Prevention, National Center for Health Statistics (CDC NCHS)

Community at a Glance
- RI: 16 per 100,000 population
- U.S. Average: 12.2 per 100,000 population
- Best State: North Dakota 5.0 per 100,000 population

Why it's important
Add a short paragraph in each of these sections

Strengths
Add a short paragraph in each of these sections

Challenges
Add a short paragraph in each of these sections

What can be done
Add a short paragraph in each of these sections

Resources
Add a short paragraph in each of these sections

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Obesity

Percentage of adults who are obese, with a body mass index (BMI) of 30.0 or higher.  
(Data Year: 2012)

Community at a Glance
- RI: 25.7%
- U.S. Average: 27.6%
- Best State: Colorado, 20.5%
- Healthy People 2020 Target: Reducing rates by 10%

Why It’s Important
Obesity is a significant public health problem. In Rhode Island, 25.4% of adults are obese. Obesity contributes to chronic disease, including heart disease, cancer, stroke, and diabetes, which are leading causes of death and disability in the United States, accounting for 7 of every 10 deaths. Heart disease, cancer, and stroke account for more than 50% of deaths each year. Diabetes is a leading cause of kidney failure, non-traumatic lower-extremity amputations and blindness among adults, and is a major cause of heart disease and stroke. Rhode Island spends $539 million annually in obesity-related healthcare costs.

Data Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)
Strengths
• Deaths and disability due to chronic disease, including heart disease, cancer, stroke, and diabetes can be reduced by addressing obesity.
• Improved nutrition and increased physical activity can reduce obesity.

Challenges
• Obesity is a complex problem influenced by the social determinants of health, biological predisposition, and other factors.
• Disparities in obesity rates in sub-populations stem from inequities in access to healthy foods, and opportunities for active living.
• Solutions require complex strategies and changes to the built environment to support and reinforce healthy behaviors in the places where people live, work and play.
• Solutions require the collaboration of non-traditional partners to make changes to environments, policies and systems.
• Resources are limited at federal, state and municipal levels, and there is resistance to change from the food industry, community developers, schools, and others.

What Can Be Done
• Promote the adoption of food service guidelines and nutrition standards in schools and worksites.
• Create supportive nutrition environments in schools.
• Promote and implement quality physical education and physical activity in K-12 schools.
• Promote the adoption of physical activity in worksites.
• Increase access to breastfeeding friendly worksite environments.
• Promote and implement physical education and physical activity in early care and education settings.
• Increase access to healthy foods and beverages in communities and through state government policies and practices.
• Increase physical activity and access and outreach in communities.

Resources
• The Community Guide, USDHHS Community Preventive Services Task Force Guide to Community Preventive Services
• National Prevention Strategy, Office of the Surgeon General National Prevention Council
• Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation, Institute of Medicine
Physical Inactivity

Percentage of adults who report doing no physical activity or exercise (such as running, calisthenics, golf, gardening, or walking) other than their regular job within the last 30 days.
(Data Year: 2012)

Data Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)

Community at a Glance
- RI: 23.4%
- U.S. Average: 22.9%
- Best State: Oregon, 16.2%
- Healthy People 2020 Target: Reducing rates by 10%

Why It’s Important
Physical activity strengthens bones and muscles, reduces stress and depression, and makes it easier to maintain a healthy body weight or to reduce weight if overweight or obese. Even people who do not lose weight get substantial benefits from regular physical activity, including lower rates of high blood pressure, diabetes, and cancer. Healthy physical activity includes aerobic activity, muscle-strengthening activities, and activities to increase balance and flexibility. (National Prevention Council, June 2011) Currently 1 in 4 Rhode Islanders reports doing no physical activity or exercise other than their regular job.

Strengths
• Strengthens bones and muscles, reduces stress and depression, and makes it easier to maintain a healthy body weight or to reduce weight if overweight or obese.
• Lowers rates of high blood pressure, diabetes, and cancer.
• Improves balance and flexibility.
• Reduces healthcare costs and increases productivity.

Challenges
• Physical inactivity is a primary contributor to overweight and obesity.
• Physical activity levels may be lower in low-income communities and among racial/ethnic minorities due to feeling unsafe in communities and/or lack of infrastructure like green space and sidewalks.
• Physical activity levels decline with age, despite physical and emotional benefits.
• Many communities lack an active transportation infrastructure or pedestrian friendly environments.
• Resources are limited at federal, state and municipal levels for changes to the built environment.

What Can Be Done
• Increase access to places for physical activity, with a focus on walking through community design and development.
• Implement physical education and physical activity in early care and education settings.
• Implement quality physical education and physical activity in K–12 schools.
• Promote the adoption of physical activity in worksites.

Resources
• USDHHS Community Preventive Services Task Force Guide to Community Preventive Services “The Community Guide”
• Office of the Surgeon General National Prevention Council, National Prevention Strategy
• Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation, Institute of Medicine
High School Graduation

Percentage of incoming ninth graders who graduate in four years from a high school with a regular degree.  
(Data Year: 2010)

![High School Graduation Rate Chart]

Data Source: National Center for Education Statistics (NCES)

Community at a Glance
- RI: 76.4%
- U.S. Average: 78.2%
- Best State: Vermont, 91.4%

Why It’s Important
Education is a vital contributor to health as people must be able to learn about, create, and maintain a healthy lifestyle. Education is strongly tied to higher earnings, which is associated with lower rates of uninsurance, allowing for greater access to quality healthcare. Adults without high school diplomas are more likely to be unemployed, live unhealthy lifestyles, and end up in poverty. Graduating from high school is the minimum requisite for college and most employment and therefore is crucial to the future of the workforce in Rhode Island.
Strengths

- People with more education are more likely to practice health-promoting behaviors, to be able to access needed care, to have better health outcomes, and to live longer than those with less education.
- Children who attend high quality preschool programs and read at grade level in elementary school are more likely to graduate from high school than their peers.
- Personalized and timely academic supports are put in place to help students get "on track" for graduation.
- Each additional year of education is associated with an increase in many health promoting behaviors.

Challenges

- Adults without high school diplomas are more than four times as likely to be unemployed as those who have bachelor's degrees.
- Poverty is strongly linked to the likelihood of dropping out.
- Students in Rhode Island's four core cities are more than twice as likely to drop out of high school as students in the remainder of the state.
- Between 2009 and 2011 in Rhode Island, the median income of adults without high school diplomas was $21,736 compared to $29,838 for adults with high school degrees.
- Closing gaps in education attainment would help reduce health disparities.

What Can Be Done

- Early warning and intervention systems to identify students who are off-track.
- Ensuring students are reading proficiently by the end of third grade.
- Reducing chronic absenteeism.
- Creating eighth and ninth grade transition programs.
- Supporting personalized learning and meaningful student connections with adults in school.
- Implementing rigorous, engaging, and relevant curricula.
- Providing clear pathways from high school to college and career training.
- Offering dropout recovery programs.

Resources

- Rhode Island Department of Education support and technical assistance.
Violent Crimes

Number of murders, rapes, robberies, and aggravated assaults per 100,000 population
(Data Year: 2012)

Data Source: Federal Bureau of Investigation (FBI)

Community at a Glance
- RI: 252 per 100,000
- U.S. Average: 387 per 100,000
- Best State: Maine, 123 per 100,000

Why It’s Important
Violent crime is an important quality of life indicator. Violence affects people in all stages of
life. Survivors of violent crime are left with physical and emotional scars that increase the risk
for poor mental health and suicide. Violent crime also leads to community deterioration which
is a deterrent to making healthy life style choices such as being physically active. In 2010
homicide was the 3rd leading cause of death for Rhode Islanders ages 15-34 and the 6th leading
cause of death for ages 35-44.
Strengths

- There is an increasing body of evidence for violence prevention programs that work.
- The U.S. Centers for Disease Control and Prevention provides a systematic review of promising and effective violence prevention programs in the Community Guide to Preventive Services.
- The Office of Justice Programs provides a review of promising and effective interventions for high-risk youth.

Challenges

- Violent crime is a significant public health problem that is associated with race and class. Black and Hispanic boys ages 15-24 are disproportionately affected by violence.
- There is a strong correlation between violence and poverty, one of the social determinants of health.
- Criminal justice interventions focus on incarceration rather than rehabilitation and prevention.

What Can Be Done

- Support the implementation of prevention programs that work such as early childhood home visiting and therapeutic foster care.
- Support the implementation of interventions for high risk youth such as adolescent diversion programs and multilevel family-centered interventions.

Resources

- Community policing
- Center for the Study and Practice of Nonviolence
- Victims of Crime Hotline
- Community mental health centers
- Psychiatric hospitals
- Crime victims indemnity fund
- Domestic violence victim fund
Occupational Fatalities

Number of fatalities from occupational injuries per 100,000 workers.  
(Data Year: 2010-prelim 2012)

Community at a Glance
- RI: 3.7 per 100,000
- U.S. Average: 3.8 per 100,000
- Best State: Massachusetts, 1.9 per 100,000

Why It’s Important
- Occupational fatalities in high hazard industries are tragedies that are almost always preventable.
- Missed days at work, injuries on workers, and the cost of medical care could be avoided.
Strengths
- Fatalities are decreasing over time.
- Represents the most severe impacts of occupational hazards.
- Data are collected for all 50 states.
- Addresses high hazard industries.

Challenges
- Fatalities are a poor indicator of the magnitude of occupational hazards.
- Injuries, injuries resulting in lost work days, or the number of lost workdays are better measures, but data are not collected consistently across states.
- Data apply to only a small subset of the workforce.
- Insensitive indicator of major improvements in overall occupational safety and health.
- A single fatality can skew the statistics.

What Can Be Done
- Support the RI DOH OSHA Consultation Program, a free service for RI’s small businesses.
- Promote teen/youth worker safety initiatives.
- Promote occupational health and safety services and resources as part of RI’s outreach to small businesses.
- Promote health and safety committees for every workplace.
- Promote occupational health and safety training in youth employment programs.

Resources
- Rhode Island Department of Labor
- RI DOH OSHA Consultation Program
- RI Committee for Occupational Safety and Health
- Pawtucket Red Sox Teen Worker Safety Day
- Federal OSHA Regional Office
- Beacon Mutual
Infectious Disease: Chlamydia
The number of new cases of Chlamydia per 100,000 population (Data Year: 2011)

Source: Centers for Disease Control and Prevention, MMWR (Mortality and Morbidity Weekly Report) 2011

Community at a Glance
- RI: 393.9 per 100,000 population
- U.S. Average: 457.6 per 100,000 population
- Best State: New Hampshire 140.6 per 100,000 population

Why it's important
Strengths

Challenges

What can be done

Resources
Infectious Disease: Pertussis

The number of new cases of Pertussis per 100,000 population.
(Data Year: 2011)

Data Source: Centers for Disease Control and Prevention, MMWR (Mortality and Morbidity Weekly Report) 2011

Community at a Glance
- RI: 5.9 per 100,000 population
- U.S. Average: 6.1 per 100,000 population
- Best State: Louisiana 0.7 per 100,000 population

Why it’s important

Strengths

Challenges

What can be done

Resources
Infectious Disease: Salmonella

The number of new cases of Salmonella per 100,000 population.
(Data Year: 2011)

Data Source: Centers for Disease Control and Prevention, MMWR (Mortality and Morbidity Weekly Report) 2011

Community at a Glance
- RI: 18.4 per 100,000 population
- U.S. Average: 16.8 per 100,000 population
- Best State: Nevada 6.6 per 100,000 population
- Healthy People 2020 objective: 11.4 infections per 100,000 population

Why it’s important
Strengths

Challenges

What can be done

Resources
Children in Poverty

Percentage of persons younger than 18 years who live in households at or below the poverty threshold.
(Data Year: 2012)

![Chart showing percentage of children in poverty by New England states]

Data Source: Census Bureau Current Population Survey (CPS)

Community at a Glance
- RI: 20.4%
- U.S. Average: 21.3%
- Best State: Wyoming, 9.7%

Why It's Important
The effect of poverty on health has been clearly documented with higher rates of many chronic diseases and shorter life expectancy. Poverty directly influences the family’s ability to meet the basic needs of their children including lack of access to healthcare. Children in poverty, especially those who experience poverty in early childhood and for extended periods, are more likely to have physical and behavioral health problems, experience difficulty in school, become teen parents, and earn less or be unemployed as adults. Children in poverty are more likely to attend schools that lack resources and rigor and have fewer opportunities to participate in extracurricular activities.
Strengths
- The Supplemental Poverty Measure provides policy makers with a new way to evaluate the effects of anti-poverty policies.
- Rhode Island ranks 6th in New England and 27th nationally on poverty rates in children.
- In 2011 Income Support Programs kept many families from falling into poverty.
- Children who health insurance through poverty programs are more likely to have a regular and accessible source of healthcare.

Challenges
- Minority children are more likely to grow poor than white children.
- People with incomes below the poverty level are at the highest risk of being uninsured.
- A single-parent family with two children would need $49,272 a year to meet its basic needs, far more than the federal poverty level for a family of three.
- Sixty-five percent (65%) of Rhode Island’s children living in poverty lived in just four core cities: Central Falls, Pawtucket, Providence, and Woonsocket.
- Children under age six are at higher risk of living in poverty than any other age group.

What Can Be Done
- Increase knowledge about access to banks and financial services.
- Increase education levels to therefore increase income.
- Raise awareness about the importance of saving and consumer protections.
- Provide financial education and counseling.
- Work on preventing predatory lending.
- Connect families to safe and affordable financial products so to support families in using traditional banking institutions and increase their savings.
- Child care subsidies can help poor families afford the cost of high-quality healthcare.
- Increasing availability of Housing vouchers can help families afford the high cost of housing.

Resources
- Family Independence Program
- SNAP program
- WIC program
- Child care subsidies
Air Pollution

Average exposure of the general public to particulate matter of 2.5 microns or less in size (PM2.5)  
(Data Year: 2010-2012)

![Bar chart showing average exposure of PM2.5 in New England states]

Data Source: U.S. Environmental Protection Agency, Census Bureau EPA

Community at a Glance
- RI: 8.5 micrograms per cubic meter
- U.S. Average: 10.3 micrograms per cubic meter
- Best State: Wyoming, 5.3 micrograms of fine particulate per cubic meter

Why It's Important
Air pollution impacts the health of all individuals. Risk of illness or death from heart disease increases on days with high levels of air pollution from small soot particles (particulate matter of 2.5 microns in size or PM 2.5). Air pollution limits the ability of those with asthma and other respiratory conditions to be active and exercise. Even healthy adults are impacted on air quality alert days. Air pollution is a regional problem affecting all areas of RI, although highways and other sources can cause local impacts.
Strengths
- Air pollution levels have been steadily declining over the past decade.
- Reducing transportation-related air pollution via investments in public transit, bikeways, etc. benefits many aspects of public health.
- Reducing air pollution can address some racial/ethnic disparities in disease.
- Air pollution impacts everyone.

Challenges
- Air pollution sources in other states are major contributors to air pollution levels in Rhode Island.
- Further progress on reducing large industrial sources of particulate matter will be difficult.
- Diffuse sources of pollution, such as cars, trucks and home heating systems, are difficult to control.
- Particulate matter is only one of many important air pollutants.
- Unlike ozone, air pollution from particulate matter impacts indoor environments.

What can be done
- Support public transit.
- Support bikeways and other alternative sources of transportation.
- Support energy conservation measures, including weatherization.
- Support measures to reduce fossil fuels, such as wind and solar power.
- Promote public awareness of the Air Quality Index.
- Support Smart Growth, Complete Streets and Sustainability initiatives.
- Consider air pollution sources when sitting housing, schools or recreational facilities.
- Reduce diesel idling.
- Promote walking to school.

Resources
- Office of Energy Resources
- DEM Air Resources
- Green and Healthy Homes
- Weatherization Assistance
- Rhode Map Sustainability Project,
- Safe Routes to School
- Coalition for Transportation Choices
- Grow Smart
Lack of Health Insurance

Percentage of the population that does not have health insurance privately, through their employer, or the government.
(Data Year: 2011-2012)

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>RI</td>
<td>12.2%</td>
</tr>
<tr>
<td>U.S. Average</td>
<td>15.6%</td>
</tr>
<tr>
<td>Best State: Massachusetts</td>
<td>3.8%</td>
</tr>
<tr>
<td>Healthy People 2020 Target</td>
<td>100%</td>
</tr>
</tbody>
</table>

Why It's Important
- No one plans to get sick or hurt, but most people need medical care at some point.
- Health insurance covers these costs and protects you from very high expenses.

Strengths
- In January 2014, the PPACA will require most people to purchase health insurance from plans or on the health insurance exchange, HealthSource RI.
- RI is engaged in developing a State Health Care Plan funded through CMS, and engaging the uninsured is a current topic.
- Having insurance reduces likelihood of economic ruin.
- Having insurance increases likelihood of preventing chronic diseases.

Challenges
- Some of the uninsured are undocumented aliens and may resist signing up for fear of deportation.

Data Source: Census Bureau Current Population Survey (CPS)
Many uninsured cannot afford even $25 per month for insurance on a regular basis as their income is seasonal.

Self-insured companies are beginning to drop coverage.

Choosing the right insurance plan is complex process.

Even with insurance, people may not engage with primary care provider.

**What Can Be Done**

- Make the selection of insurance plan simple and transparent.
- Engage self-insured companies in learning benefits of purchasing insurance for employees.
- Simplify payment systems, and adapt them to different employment conditions.
- Provide educational programs and incentives for signing up for insurance.
- Reach out to community organizations and empower them to be knowledgeable about benefits of insurance.
- Reach out to spiritual communities to learn how to help their members apply for insurance through HealthSource RI.
- Develop signage that motivates people to purchase insurance.
- Learn from people who do not engage in health insurance plans or primary care what prevents them.

**Resources**

- Office of Primary Care and Rural Health
- RI Rural Health Network
- Primary Care Physician Advisory Committee
- HealthSource RI
- Rhode Island Parent Information Network
- Rhode Island Health Center Association
Public Health Funding

State funding dedicated to public health as well as federal funding directed to states by the Centers for Disease Control and Prevention and the Health Resources and Services Administration.  
(Date Year: 2011-2012)

[Graph showing public health funding per person for different states, with Rhode Island (RI) at $114 per person, U.S. Average at $92 per person, and Best State Hawaii at $225 per person.]

Data Source: Trust for America’s Health (TFAH)

Community at a Glance
- RI: $114 per person
- U.S. Average: $92 per person
- Best State: Hawaii, $225 per person

Why It's Important
Public health funding measures the dollars per person that are spent on public or population health. High levels of spending on public health programs are indicative of states that are proactively implementing preventive and education programs aimed at improving health. Spending on public health programs represents only a small fraction of all healthcare spending (~2 percent), yet its impact can be tremendous. Recent research has shown that an investment of $10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and percent smoking or other tobacco use could save the country more than $16 billion annually within five years.
**Strengths**
- Public Health funding has increased by $20 in RI in the past 5 years.
- RI ranks 11th in the US in Public Health Funding.

**Challenges**
- Public Health funding continues to be cut yearly in RI.
- State funding continues to decline given the national economy.

**What Can Be Done**
- Diagnose and investigate health problems in the community.
- Develop policies that support individual and community health efforts.
- Assure a competent public health and individual healthcare workforce.

**Resources**
- State funding
- Federal government funding
- Legislature support
Immunization for Children

Percentage of children receiving the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV vaccines by age 19 to 35 months
(Data Year: 2012)

![Immunization Graph]

Data Source: Centers for Disease Control and Prevention (CDC) National Immunization Survey (NIS)

Community at a Glance
- RI: 72.5%
- U.S. Average: 68.4%
- Best State: Hawaii 80.2%
- Healthy People 2020 Target: Increasing to 80%

Why It's Important
High rates of immunization coverage in children protect not only children but also others in our communities from serious vaccine-preventable diseases and potential complications. Statewide monitoring of annual childhood vaccination coverage levels over time is important in identifying unvaccinated populations and barriers to vaccination as well as monitoring progress toward achieving Healthy People 2020 childhood immunization objectives.
**Strengths**

- Universal Vaccine Policy: All childhood vaccines are purchased/distributed through the state program at no cost to the provider.
- Robust immunization registry: "KIDSNET" provides quality improvement capacity for monitoring immunization coverage at state and provider levels.
- Strong partnership with primary care provider community, including 27 federally qualified health center sites across the state committed to vaccinating children.
- Rhode Island’s immunization laws requires all childhood vaccines for entry into daycare/childcare settings.

**Challenges**

- Increasing complexity of the childhood vaccine schedule: Providers need to give as many as three to four injections in order to keep children on schedule. The increase in the number of injections needed often leads to deferral of doses and future missed opportunities for vaccination.
- Inadequate access to vaccines due to vaccine shortages, inadequate clinic or practice hours etc.
- Timeliness of vaccines due to missed appointments, delaying vaccines at sick visits.
- Vaccine safety concerns/vaccine hesitant parents.
- Incomplete reporting of data to registry by providers due to transition to Electronic Health Records, etc.

**What Can Be Done**

**Actions for Public Health:** Maintain universal vaccine policy; Monitor coverage rates using KIDSNET.
- Conduct provider quality assurance site visits; Train providers to use KIDSNET to identify children with missing immunizations.
- Conduct reminder/recall; Support free immunization clinics for uninsured children.
- Support RI Childhood Coalition activities; Share immunization data with insurers for HEDIS
- Provide vaccine schedules and updates through Health Connections; Partner with AAP, AAFP

**Actions for Providers:** Follow CDC recommended immunization schedules for routine and catch-up vaccination.
- Review CDC guide to valid vaccine contraindications; Assess child vaccination status at well and sick visits.
- Use KIDSNET to identify children who are missing immunizations; Schedule vaccinations at the earliest opportunity within the recommended age range for routine vaccination.
- Encourage parents/guardians to keep current records of child immunizations; Maintain adequate supplies of vaccine.
- Train office staff: Ensure that office staff is aware of the minimum intervals between vaccine doses when scheduling appointments.

**Resources**

- Statewide Immunization Quality Improvement Initiative
- Primary care healthcare provider community
- RI Chapters of the AAP and AAFP
- Health plans
• RI Childhood Immunization Coalition
• Preschool Immunization Initiative (Head Start and Childcare workgroup)
• Department of Children Youth and Families (promulgates regulations for daycare and childcare centers)
• KIDSNET Program
• Maintain legislation supporting annual assessment of insurers for universal vaccine purchase policy
Immunization for Adolescents

Percentage of adolescents aged 13 to 17 years who have received 1 dose of Tdap since the age of 10 years, 1 dose of meningococcal conjugate vaccine, and 3 doses of HPV vaccine (females only).

(Data Year: 2012)

![Chart showing immunization rates for adolescents in New England states.]

Data Source: Centers for Disease Control and Prevention (CDC) National Immunization Survey (NIS)

Community at a Glance
- RI: 82%
- U.S. Average: 64%
- Best State: Rhode Island 82%
Why It's Important

High rates of immunization coverage in adolescents protect not only adolescents but also others in our communities from serious vaccine-preventable diseases and potential complications. Statewide monitoring of annual adolescent vaccination coverage levels over time is important in identifying unvaccinated populations, missed opportunities, and barriers to vaccination as well as monitoring progress toward achieving Healthy People 2020 adolescent immunization objectives.

Strengths

- Universal Vaccine Policy: All adolescent vaccines are purchased/distributed through the state program at no cost to the provider.
- Robust immunization registry: “KIDSNET” provides quality improvement capacity for monitoring immunization coverage at state and provider levels.
- Strong partnership with primary care provider community, including 27 federally qualified health center sites across the state committed to vaccinating adolescents.
- Rhode Island’s immunization laws require Tdap and Meningococcal adolescent vaccines for entry into 7th grade.

Challenges

- Providers need to give as many as three injections in order to keep adolescents on schedule. The increase in the number of injections needed often leads to deferral of doses and future missed opportunities for vaccination.
- While the Tdap and Meningococcal vaccines are recommended to be provided at the same time as the HPV vaccine, HPV coverage rates are well below the other two adolescents vaccines.
- The HPV vaccine is a three doses series provided within a 6 month time period which is difficult for parents to get their child back in the office for subsequent doses.
- Inadequate access to vaccines due to vaccine shortages, inadequate clinic or practice hours etc.
- Timeliness of vaccines due to missed appointments, delaying vaccines at sick visits.
- Vaccine safety concerns/vaccine hesitant parents.
- Incomplete reporting of data to registry by providers due to transition to Electronic Health Records, etc.

What can be done

Actions for Public Health: Maintain universal vaccine policy; Monitor coverage rates using KIDSNET. Conduct provider quality assurance site visits; Train providers to use KIDSNET to identify adolescents with missing immunizations. Conduct reminder/recall; Support free immunization clinics for uninsured children. Support RI Childhood Coalition activities; Share immunization data with insurers for HEDIS. Provide vaccine schedules and updates through Health Connections; Partner with AAP, AAFP.
Conduct public health campaign on importance and safety of the HPV vaccine

**Actions for Providers:**

- Strongly recommend to parents all adolescent vaccinations following the CDC recommended immunization schedules for routine and catch-up vaccination.
- Provide information for vaccine hesitant parents.
- Review CDC guide to valid vaccine contraindications; Assess adolescent vaccination status at well and sick visits.
- Use KIDSNET to identify adolescents who are missing immunizations; Schedule vaccinations at the earliest opportunity within the recommended age range for routine vaccination.
- Encourage parents/guardians to keep current records of adolescent immunizations; Maintain adequate supplies of vaccine.
- Train office staff: Ensure that office staff is aware of the minimum intervals between vaccine doses when scheduling appointments.
- Implement reminder/recall for vaccines that require multiple doses.
- Utilize the Vaccine Before You Graduate program for adolescent vaccine catch-up.

**Resources**

- Statewide Immunization Quality Improvement Initiative
- Primary care healthcare provider community
- RI Chapters of the AAP and AAFP
- Health plans
- RI Childhood Immunization Coalition
- KIDSNET Program
- Maintain legislation supporting annual assessment of insurers for universal vaccine purchase policy
Low Birthweight

Percentage of infants weight less than 2,500 grams (5 pounds, 8 ounces) at birth. (Data Year: 2011)

Data Source: Center for Disease Control and Prevention, National Center for Health Statistics (CDC NCHS)

Community at a Glance
- RI: 7.4%
- U.S. Average: 8.1%
- Best State: Alaska, 6.0%
- Healthy People 2020 Target: Reducing to 7.8%

Why It’s Important
Low birth weight is a key indicator of infant health. Infants born at low birth weights are at greater risk for physical and developmental problems. Low birthweight disproportionably impacts racial and ethnic minorities.
**Strengths**
- Indicator is measurable.
- Indicator is measured on a population wide basis.
- Indicator has been proven to be associated with outcomes.
- Indicator will allow for comparisons with all other states.

**Challenges**
- Low birth weight babies have longer hospital stays.
- Low birth weight babies tend to stay in the NICU longer, accumulating higher hospital bills.
- Low birth weight babies are generally sicker than babies of normal birth weight.

**What Can Be Done**
- Increase prenatal care.
- Reduce premature birth.
- Reduce cigarette smoking among pregnant women.
- Educate women about the importance of early prenatal care.
- Increase accessibility of prenatal care.

**Resources**
- Obstetricians
- Home visiting programs that provide services during the prenatal period.
- Tobacco cessation programs.
- Primary healthcare providers.
Primary Care Physicians

Number of primary care physicians (including general practice, family practice, OB-GYN, pediatrics, and internal medicine) per 100,000 population.
(Data Year: 2011)

[Graph showing the number of primary care physicians per 100,000 population for RI, CT, MA, ME, NH, and VT. The graph compares the number of physicians to the US average and the best state (Massachusetts).]

Data Source: American Medical Association (AMA)

Community at a Glance
- RI: 173.4
- U.S. Average: 121
- Best State: Massachusetts, 196 per 100,000

Why It’s Important
An adequate physician supply is important for the effective and efficient delivery of healthcare services and, therefore, for population health and the cost and quality of healthcare. Physician supply is important for healthcare spending and for population health because physician clinical decisions affect approximately 90% of each healthcare dollar spent.
Strengths

- A greater emphasis on primary care can be expected to lower the costs of care, improve health through access to more appropriate services, and reduce the inequities in the population’s health.
- Health is better in areas with more primary care physicians.
- People who receive care from primary care physicians are healthier.
- The characteristics of primary care are associated with better health.

Challenges

- Some people do not understand the value of seeing their primary care provider annually.
- While RI has high levels of primary care supply, many people have trouble establishing a primary care provider.
- Not all primary care providers practice at the same quality level.
- Small practices of one or two providers may have difficulty achieving highest levels of quality due to limited resources.
- Primary care providers are each connected to different specialty services so residents of some communities receive disparate health services.

What Can Be Done

- Provide campaign to educate RI public about the value of primary care providers.
- Continue to support programs like Rhode Island Chronic Care Collaborative and Chronic Care Sustainability Initiative to improve the quality of healthcare services.
- Assess the primary care provider supply by supporting improvements in the licensing database accuracy and completeness.
- Support the Primary Care Physician Advisory Committee to explore ways to improve primary care supply.
- Continue to work with government and community stakeholders to develop strategic plans and funding for increasing primary healthcare quality.
- Work with the RI Legislative Study Commission to explore integration of behavioral health and primary care and sustaining funding for primary care improvement.

Resources

- Office of Primary Care and Rural Health
- Rhode Island Quality Institute Office of the Health Insurance Commissioner
- Office of the Lt. Governor Healthcentric Advisors
- Rhode island Health Center Association
- Rhode Island Medical Society
- HealthRight RI
Dentists

Number of dentists working in dentistry per 100,000 population. (Data Year: 2011).

Data Source: American Dental Association (ADA)

Community at a Glance
- RI: 59.1 per 100,000 population
- U.S. Average: 62.0 per 100,000 population
- Best State: Massachusetts, 85.6 per 100,000 population

Why It’s Important

Strengths

Challenges

What can be done

Resources
Preventable Hospitalizations

Discharge rate among the Medicare population for diagnoses that are amenable to non-hospital based care.
(Data Year: 2011)

![Preventable Hospitalizations Chart]

Data Source: Dartmouth Atlas

Community at a Glance
- RI: 70.3
- U.S. Average: 64.9
- Best State: Hawaii. 27.4 discharges per 1,000 Medicare enrollees

Why It’s Important
A preventable hospitalization is a measure of the discharge rate of Medicare enrollees ages 65 to 99 with full Part A entitlement and no HMO enrollment from hospitals for ambulatory care-sensitive conditions. Ambulatory care-sensitive conditions are those which good outpatient care can potentially prevent the need for hospitalization, or which early intervention can prevent complication for more severe disease. Preventable hospitalizations reflect how efficiently a population uses the various healthcare delivery options for necessary care. Hospital care is expensive and makes up the largest component of healthcare spending in the U.S. Because Rhode Island has such a high rate of hospitalizations this places a big toll on healthcare spending in the state.
**Strengths**
- Medicare population is largely insured.
- Sufficient supply of primary care providers in the state.

**Challenges**
- Rhode Island ranks 36th in the U.S. in preventable hospitalizations.
- Rhode Island has a high rate of preventable hospitalizations at 70.6.
- Preventable hospitalizations often occur as a result of a failure to treat conditions early in an outpatient setting.
- Society has a tendency to overuse the hospital setting as a site for care.
- Preventable hospitalizations are more common in those who are uninsured, leading to unpaid medical bills.

**What Can Be Done**
- Outreach to the 65 and over population for Medicare enrollment.
- Promote, expand, and implement the Affordable Care Act.
- Work with hospitals network to formulate solutions.

**Resources**
- RI Medicaid and Medicare
- Hospital Association of Rhode Island
- Rhode Island-based health insurance companies
- Affordable Care Act
Diabetes

Percentage of adults who have been told by a health professional that they have diabetes (does not include pre-diabetes or diabetes during pregnancy).
(Data Year: 2012)

Community at a Glance
- RI: 9.8%
- U.S. Average: 9.7%
- Best State: Alaska, 7%

Why It’s Important
Diabetes is a serious illness and can lead to complications such as blindness, kidney damage, cardiovascular disease, and lower limb amputations, and can eventually lead to death. In RI, diabetes ranks 8th among the leading causes of death. Since diabetes is likely to be under-reported as a cause of death, experts estimate that people with diabetes have about two to four times the risk of death than people of similar age without diabetes.
Strengths
- At 8.4%, Rhode Island ranked 10th in the nation for the percentage of people who reported they were told by a healthcare professional that they had diabetes. This is a 3% improvement over the state’s rank of 13th in 2011.
- The percentage of RI adults who report having diabetes is lower than the national average of 9.5%.
- Increased self-reporting of diabetes indicates that more people are aware they have the disease and can take steps to control the disease and minimize the health complications.
- The percent of deaths due to diabetes has decreased since 2003.

Challenges
- The percent of people who report being told they have diabetes increases yearly. In 10 years time, the percentage of RI adults with diabetes has increased 2.8%.
- Approximately one third of adults with diabetes in Rhode Island have not been diagnosed.
- Diabetes prevalence is increasing more quickly among black, non-Hispanic adults and adults of multiple races than among Hispanic and white non-Hispanic adults.
- Low income populations with less education have a higher prevalence of diabetes.

What Can Be Done
- All Rhode Islanders should take the Diabetes Risk Assessment Survey to learn whether or not they have risk factors for diabetes.
- People with risk factors should visit their Doctor to determine if diabetes testing is indicated.
- People with diabetes should ask their Doctor for a referral to a Certified Diabetes Outpatient Educator or a Living Well RI Diabetes Self-Management workshop to learn how to control and live better with diabetes.
- Women diagnosed with gestational diabetes should return for diabetes testing after the birth of their baby to determine their diabetes status.
- People with diabetes need to control their blood sugars and blood pressure to reduce complications, and get a yearly dilated eye exam, foot exam, dental exam and flu shot.

Resources
- Rhode Island Department of Health Diabetes Program
- Certified Diabetes Outpatient Educators
- American Diabetes Association
Poor Mental Health Days

Number of days in the previous 30 days when a person indicates their activities were limited due to mental health difficulties.

*(Data Year: 2012)*

![Poor Mental Health Days](chart)

*Data Source: Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (CDC BRFSS)*

**Community at a Glance**
- RI: 4.1
- U.S. Average: 3.9
- Best State: North Dakota, 2.8 days

**Why It’s Important**
Poor mental health days provide a general indication of health related quality of life, mental distress, and the burden that more serious mental illnesses place on the population. Good mental health is essential to good overall health and wellness. Poor mental health days are an assessment of the impact of poor mental health on wellness. The number of poor mental health days is also a predictor of future health as it predicts 1-month and 12-month office visits and hospitalizations. In extreme cases, poor mental health can lead to suicide, which is the 11th leading cause of death for all ages.
Strengths

- NEED AT LEAST 1 OR 2
- NEED AT LEAST 1 OR 2

Challenges

- Although occasional short periods of mental distress and a few poor mental health days may be unavoidable, more prolonged and serious episodes are treatable and preventable through early interventions.
- Other challenges in RI – not about challenges to mental health in general?????

What Can Be Done

- Ensure access to mental health services, if needed, to help prevent mental health days from turning into prolonged episodes.
- Increase the number and location of mental health providers.

Resources

- Mental health centers and providers
- Health insurance companies policies
Poor Physical Health Days

Number of days in the previous 30 days when a person indicates their activities were limited due to physical health difficulties.
(Data Year: 2012)

Community at a Glance
- RI: 4.1
- U.S. Average: 4
- Best State: Minnesota, 2.9 days

Why It’s Important
Poor physical health days are the number of days in the previous 30 that a person could not perform work or household tasks due to physical illness. Poor physical health days are a general indicator of the population’s health related quality of life. The number of poor physical health days reveals information about all cause morbidity within the population regardless of the disease or health condition, as well as providing insight into perceived overall health. Poor physical health is not only an indicator of current health status but a predictor of future health; it has been shown to be a predictor of 1-month and 12-month hospitalizations and office visits.

Data Source: Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (CDC BRFSS)
**Strengths**
- New England states rank similarly in the number of the poor physical health days and therefore there is a potential for regional approaches to address this issue.

**Challenges**
- Rhode Island is above the national average of 3.9 days with an average of 4.3.
- Insufficient promotion of physical activities.
- Insufficient weather-permitting physical activities during the winter months.

**What Can Be Done**
- Encourage general public to get flu shots in order to prevent acquiring the flu and other seasonal illnesses.
- Install a campaign promoting healthy eating and exercise to improve and maintain adequate physical health.
- Individuals should focus on maintaining their own physical health in the hopes of improving the physical health of the entire population.

**Resources**
- Federal funding and technical assistance support.
Disparity in Health Status

Percent difference in adults aged 25 and older who did not graduate high school and adults with at least a high school education who self-report being in excellent or very good health. (Data Year: 2012)

<table>
<thead>
<tr>
<th>New England States</th>
<th>Disparity in Health Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>RI</td>
<td>31.5%</td>
</tr>
<tr>
<td>CT</td>
<td>33.4%</td>
</tr>
<tr>
<td>MA</td>
<td>34.5%</td>
</tr>
<tr>
<td>ME</td>
<td>29.9%</td>
</tr>
<tr>
<td>NH</td>
<td>22.9%</td>
</tr>
<tr>
<td>VT</td>
<td>30.7%</td>
</tr>
</tbody>
</table>

Data Source: Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (CDC BRFSS)

Community at a Glance
- RI: 31.5%
- U.S. Average: 32.5%
- Best State: Alaska, 19.7%

Why It's Important
- Living in a given area may increase the mortality rate of individuals, and this can create or make health disparities more profound.
Strengths
- The indicator looks at disparities on a larger county level.
- There is a very little difference between the geographical disparity between Rhode Island (5.8) and the best state (Vermont, at 5.6).

Challenges
- Rhode Island does not do its work based upon counties so this indicator is challenging as it will aggregate information that can only be truly appreciated on the Census track or even smaller scale.
- Does not take into account municipalities or smaller neighborhood based disparities.
- County level geographic data can be misleading because we have urban, rural, and suburban areas in most of our counties.

What Can Be Done
- Change the indicator to look at smaller geographic areas such as municipalities or neighborhood level data.
- Identify alternative ways of measuring disparities in Rhode Island.

Resources
- Providence Plan is a good resource in helping to look at the smaller geographic disparities via their community profiles and HUBS. We should begin to work closely with their datasets so that we have a clear picture on the geographic disparities in Rhode Island not based on the counties. We should begin gather data in Rhode Island not based upon counties but smaller granular scale to really measure geographic disparities. Partner closely with other state agencies to collaborate more on the various data that this is collected in RI.

Comment [AL9]: Is this response what you were looking for?
Infant Mortality

Number of infant deaths (before age 1) per 1,000 live births.
(Data Year 2008-2009)

![Infant Deaths Graph]

Data Source: Center for Disease Control and Prevention, National Center for Health Statistics (CDC NCHS)

Community at a Glance
- RI: 6.6
- U.S. Average: 6.3
- Best State: New Hampshire, 4.4 deaths
- Healthy People 2020 Target: 6.0 per 1,000

Why It’s Important
Infant mortality rates are associated with maternal health, quality of and access to medical care, socio-economic conditions, and public health practices. The three main causes of infant deaths are: congenital malformations, disorders relating to preterm birth and low birthweight, and Sudden Infant Death Syndrome (SIDS). The nation’s overall infant mortality rate is consistently higher than other developed countries, and significant racial and ethnic disparities exist.
**Strengths**

- Nationally the infant mortality rate has fallen from 26.0 deaths per 1,000 live births in 1960 to 6.9 deaths per 1,000 live births in 2000.
- Improvements in antibiotics, neonatology, and access to healthcare have helped lower the infant mortality rate.
- Rhode Island ranked 37th nationally in Infant Mortality rates.

**Challenges**

- Communities with high poverty and disadvantaged social conditions tend to have higher infant mortality rates than more advantaged neighborhoods.
- Approximately 15% of RI infant deaths can be attributed to birth defects, which are more than twice as common in infants born preterm than among full-term births.
- Risk factors for infant mortality include: Low birthweight, preterm birth, delayed or no prenatal care, maternal age (over 40 or under 20), and smoking during pregnancy.
- The infant mortality rate was 8.1 in the four core cities, compared to 5.3 in the remainder of the state.
- Preterm birth is the leading cause of infant death in Rhode Island.

**What Can Be Done**

- Improve outcomes during the post-neonatal period.
- Increase healthcare access to people in poverty.
- Provide education on health pregnancies.
- Encourage enrollment in classes and support groups to foster education.
- Strive for a full term pregnancy.
- Improving access to and utilization of ongoing prenatal care is a key strategy toward decreasing infant mortality, as well as reducing the teen birth rate and maternal smoking.

**Resources**

- Home visiting nurses network
- Newborn Screening programs and funding
- Maternity hospitals
- Prenatal care providers
Cardiovascular Deaths

Number of deaths due to all cardiovascular diseases, including heart disease and strokes, per 100,000 population.  
(Data Year: 2008-2010)

Data Source:  Center for Disease Control and Prevention, National Center for Health Statistics (CDC NCHS)

Community at a Glance
- RI: 238.6
- U.S. Average: 258.7
- Best State: Minnesota, 186.9 deaths

Why It’s Important
Cardiovascular disease remains the primary cause of death in the United States.

Strengths
- Stroke mortality rates dropped in Rhode Island from 44 deaths per 100,000 in 2005 to 39 deaths per 100,000 in 2010.
- Coronary heart disease mortality rates dropped in Rhode Island from 249 deaths per 100,000 in 2005 to 178 deaths per 100,000 in 2010.
- Coronary heart disease mortality rates have greatly improved in Rhode Island since 2005, to now be near the US average.
- As of 2010, stroke mortality rates in Rhode Island (34 deaths per 100,000) are a reasonable amount lower than the US average (39 per 100,000).

Challenges

Comment [AL10]: What about in RI?
- Elevated risk factors remain a challenge in Rhode Island, including obesity, hypertension, smoking, diabetes, and physical inactivity.
- Unsafe biking lanes in the city reduce opportunities for physical activity.
- Medication adherence is challenging for silent risk factors such as hypertension and hyperlipidemia.
- Long term effectiveness of behavioral interventions is often questionable.
- Quality prevention and treatment options for uninsured and underinsured residents are lacking.

**What Can Be Done**
- Policy changes such as taxes on sugar sweetened beverages may impact obesity and diabetes, and the resulting CVD.
- Greater risk factor screening for at-risk populations.
- Greater changes to the urban environment to promote physical activity.
- Consideration of social environment that may influence risk for CVD such as quality of education provided to youth.

**Resources**
- WISEWOMAN program
- CDC grant
- Rhode Island Chronic Care Collaborative
- Working groups including Stroke Task Force, Heart Disease and Stroke Prevention Steering Committee, EMS Working Group, amongst others
Cancer Deaths

Number of deaths due to all causes of cancer per 100,000 population.  
(Data Year: 2008-2010)

<table>
<thead>
<tr>
<th>State</th>
<th>Cancer Deaths Rate/100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>RI</td>
<td>193.1</td>
</tr>
<tr>
<td>CT</td>
<td>179</td>
</tr>
<tr>
<td>MA</td>
<td>190.3</td>
</tr>
<tr>
<td>ME</td>
<td>203.5</td>
</tr>
<tr>
<td>NH</td>
<td>188.6</td>
</tr>
<tr>
<td>VT</td>
<td>192.3</td>
</tr>
</tbody>
</table>

**Data Source:** Center for Disease Control and Prevention, National Center for Health Statistics (CDC NCHS)

**Community at a Glance**
- RI: 193.1
- U.S. Average: 190.6
- Best State: Utah, 141.3 deaths
- Healthy People 2020 Target: Reduce deaths to 160.0 per 100,000

**Why It’s Important**
Cancer is the second leading cause of death in Rhode Island, accounting for 23% of all deaths in the years 2006-2010.
Strengths
- Rhode Island’s age-adjusted male cancer mortality rate ranked 1st among all states in 1970s, 21st in 2006-2010.
- RI’s age-adjusted female cancer mortality rate ranked 4th among all states in 1970s, 31st in 2006-2010.
- Rhode Island’s age-adjusted colorectal cancer mortality rate declined 60% from 1969-73 to 2006-2010 (vs. 43% for US).
- RI’s age-adjusted breast cancer mortality rate declined 46% from 1969-73 to 2006-2010 (vs. 29% for US).

Challenges
- Rhode Island’s age-adjusted melanoma-of-skin mortality rate increased 50% from 1969-73 to 2006-2010 (vs. 42% for US).
- RI’s age-adjusted cancer mortality rate is 20% higher for blacks than whites (2006-2010).
- RI’s age-adjusted colorectal cancer mortality rate is 43% higher for blacks than whites (2006-2010).
- RI’s age-adjusted breast cancer mortality rate is 48% higher for blacks than whites (2006-2010).

What Can Be Done
- Restrict teens’ access to tanning booths.
- Increase access of blacks to high-quality primary and secondary medical care.
- Increase colorectal cancer screening of blacks.
- Increase breast cancer screening of black women.

Resources
- Skin cancer control advocates.
- RI’s Health Insurance Exchange professionals.
- Colorectal cancer screening professionals.
- Breast cancer screening and treatment professionals.
Premature Deaths

Number of years of potential life lost prior to age 75 per 100,000 population (Data Year: 2009)

Data Source: Center for Disease Control and Prevention, National Center for Health Statistics (CDC NCHS)

Community at a Glance
- RI: 6,662
- U.S. Average: 6,981 years lost per 100,000
- Best State: Minnesota, 5,493 years lost per 100,000

Why It’s Important
Premature Death measures the loss of years of life due to death before age 75. Thus, the death of a 25-year-old would account for 50 years of lost life, while the death of a 60-year old would account for 15 years. A person who dies very young contributes more toward the overall measure and causes it to increase more than someone who dies closer to 75. Deaths occurring in younger people are more likely to be preventable than those occurring in older people, and are indicative of failures in the healthcare system and/or lifestyle factors. Cancer, unintentional injury, heart disease, suicide and deaths occurring during the perinatal period are the top five causes of premature death in the US.
Strengths
- Many of these causes of deaths are preventable through lifestyle modifications.

Challenges
- Lung cancer is the largest contributor toward premature cancer deaths, and smoking cessation can greatly decrease the risk of lung cancer.
- Heart disease is tied to several modifiable risk factors such as obesity, diabetes, and sedentary lifestyle.
- Motor Vehicle accidents is the leading cause of premature death in those aged 5-34
- Suicide is the second leading cause of death in adults 25-34 years old. (CDC)

What Can Be Done
- A variety of intervention strategies that encourage healthy lifestyles and preventative care can be effective in decreasing premature deaths.
- Smoking cessation campaigns, to decrease instances of lung cancer.
- Heart disease education and prevention.
- Wear a seatbelt every time you ride in a motor vehicle. Seat belts save lives.
- School-based programs to prevent violence.
- Ignition interlocks, or in-car breathalyzers can reduce the rate of re-arrest among drivers convicted of DUI.
- Increasing helmet use among motorcycle and bike riders is a simple, inexpensive, and effective means of preventing serious head injuries on the road. (CDC)

Resources
- Community centers
- Local Gyms
- Smoking cessation programs
- Nutritionists and nutrition programs
C. SUPPLEMENTAL MEASURES

1. Median Household Income
2. Unemployment Rate
3. Underemployment Rate
4. Adults With Hypertension
5. Colorectal Cancer Screening
6. Teen Births
7. Adolescents With Depression
8. Adolescents Who Smoke
9. Premature Birth Rate
10. Rhode Island Prescription Drug Overdose Deaths
11. Accidental Overdose fatalities (Prescription Drugs)
Median Household Income

The amount of income that divides the income distribution into two equal groups: half of the population has income above that amount and half of the population has income below that amount.

(Data Year: 2012)


Community at a Glance

- RI: $49,033
- U.S. Average: $50,054
- Best State: Maryland, $68,876

Why It's Important

Median household income is the amount of income that divides the income distribution into 2 equal groups: half with income above that amount and half with income below that amount. The median household income combines the incomes of all members of a household and is an indicator of the relative wealth of an area (higher median household income represents greater wealth). Household income reflects the ability for that household to afford aspects of a healthy lifestyle including preventive medicine and curative care not provided to the individual through government, business, trade groups, or other sources (America’s Health Rankings).
**Strengths**
- Rhode Island’s median household income is nearly the same as that of the United States median household income.

**Challenges**
- Rhode Island has a high rate of unemployment and underemployment.
- National economic indicators impact on the state’s ability to increase job opportunities.

**What Can Be Done**
- Seek innovative approaches to increase job availability.
- Increase/expand job training and job seeking networks.

**Resources**
- Rhode Island Economic Development Corporation
- Rhode Island Department of Labor and Training
Unemployment Rate

Total unemployed as a percentage of the civilian labor force (U-3 definition).  
(Data Year: 2012)

![Unemployment Rate Graph](image)

**Data Source:** U.S. Bureau of Labor Statistics

**Community at a Glance**
- RI: 10.5%
- U.S. Average: 8.1%
- Best State: North Dakota, 3.2%

**Why It’s Important**
Unemployment Rate measures the total percentage of the civilian labor force that is unemployed. For most, employment is the source of income for sustaining a healthy life and for accessing healthcare. For many individuals, their employer is the source for their healthcare insurance.

Employer-sponsored health insurance is the most common form of health insurance in the U.S. And the unemployment rate provides information about the number of uninsured. Unemployment is also a contributor toward poverty, another cause of ill health.
Strengths
- ADD HERE.

Challenges
- National unemployment rates are affected by national economic indicators.
- Unemployment has been associated with an increase in unhealthy behaviors such as poor diet, lack of exercise, tobacco use, and excessive alcohol consumption.

What Can Be Done
- Promote job training programs and job preparation programs.
- Expand and promote low cost educational training programs.
- Increase access to educational loans.
- Improve the job seeking system in the state to better connect employers to potential employees.

Resources
- RI Economic Development Corporation
- RI Department of Labor and Training
Underemployment Rate

Total unemployed plus all marginally attached workers, plus those employed part-time for economic reasons, as a percent of the civilian labor force (U-6 definition) (Data Year: 2012)

![Underemployment Rate Chart]

**Community at a Glance**
- RI: 17.6%
- U.S. Average: 14.7%
- Best State: North Dakota, 6.1%

**Why It’s Important**
Underemployment rate measures the percentage of the civilian labor force that are unemployed, all marginally attached workers, plus those employed part-time for economic reasons. The connection between underemployment and health has been studied less than that between unemployment and health; however, the existing evidence suggests underemployment is also associated with ill health. Underemployment leads to decreased earnings, which limits access to healthcare. Persons who are underemployed are more likely than other individuals to report lower levels of general well-being.
Strengths
 Rhode Island’s annual underemployment rate is lower than the US average of 15.9%, but the highest of all the states in the northeast.

Challenges
 Underemployment is associated with a lack of health insurance.
 Workers who become hours- or income-underemployed after leaving high school report lower self-esteem than those who become adequately employed (Friedland, 2003).
 The risk of alcohol and drug abuse increases in cases of chronic underemployment (Friedland, 2003).
 Underemployed workers are at a greater risk of depression.

What Can Be Done
 TO ADD

Resources
 RI Economic Development Corporation
 RI Department of Labor and Training
Hypertension

Percent of adults who have been told by a health professional that they have high blood pressure. Data Year: 2011 ages 18+ diagnosed with high blood pressure (Data Year: 2011)

Data Source: Behavioral Risk Factor Surveillance System (BRFSS) (Center for Disease Control, Public Health Surveillance Program Office CDC, PHSP0)

Community at a Glance
- RI: 24%
- U.S. Average: 22.9%
- Best State: Utah, 30.8%

Why It's Important
The prevalence of high blood pressure in (RI) has increased. The age-adjusted prevalence of self-reported hypertension among Rhode Island adults was 25.5, 27.1, 28.7, and 31.0 for the years 2005, 2007, 2009 and 2011.
Strengths
- Patient-Centered Medical Home (PCMH) are being implemented statewide in 100 practices serving 250,000 patients.
- Applied lessons learned to practices that are not PCMH and have >35% of patients with HBP.
- HEALTH established centralized clinic-community referral system that links clinicians to community lifestyle modification and disease self-management programs for their patients.
- Opportunities exist for integration of HEALTH programs-Chronic Care, Health Promotion and EMS.

Challenges
- Funding for practices not PCMH to conduct QI/QA for HBP.
- Health plan reimbursement of evidence based disease and self management programs to activate patients.
- Innovative approaches to address patients with undiagnosed HBP.
- Incentives built into health plans and ACA for patients to address healthy behavior changes to reduce HBP.

What Can Be Done
- Use aggregated NQF 18 data to improve population health outcomes by providing feedback to health system and community
- Use HIE (e.g. patient lists to identify undiagnosed persons with HBP) to manage patient panels and identify high risk patients
- Use self-measured blood pressure monitoring programs accompanied by clinical support
- Engage non-physician team members in HBP management in healthcare systems
- Implement policy or systems in healthcare settings that encourage a multidisciplinary approach to HBP
- Expand the role of the clinical team members to include focus on population management
- Provide easily accessible evidence based programs for HBP/chronic disease self management

Resources
Community partnerships include:
- American Heart Association
- Health plans (public/private)
- Primary care healthcare providers
- Specialty groups and organizations including federally qualified health centers, HEALTH’s Community Health Network including the YMCA and YWCA, self insured business and health entities, community based organizations, faith groups, QIO, health systems-hospitals, visiting nurse associations, home care, senior services-POINTs, senior centers, subsidized housing, independent living, AARP, Emergency Medical Services
Colorectal Cancer Screening

Sample respondents age 50+ who report ever having a sigmoidoscopy or colonoscopy. 
(Data Year: 2010)

<table>
<thead>
<tr>
<th>New England States</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>RI</td>
<td>74.1%</td>
</tr>
<tr>
<td>CT</td>
<td>75.4%</td>
</tr>
<tr>
<td>MA</td>
<td>75.0%</td>
</tr>
<tr>
<td>ME</td>
<td>74.2%</td>
</tr>
<tr>
<td>NH</td>
<td>74.5%</td>
</tr>
<tr>
<td>VT</td>
<td>73.1%</td>
</tr>
</tbody>
</table>

Data Source: Center for Disease Control Behavioral Risk Factor Surveillance System (BRFSS), Public Health Surveillance Program Office (PHSPO)

Community at a Glance
- RI: 74.1%
- U.S. Average: 65.2%
- RI ranks 5th out of 50 states

Why It’s Important
The vast majority of colorectal cancers are avoidable by following guidelines for screening colonoscopy. The procedure costs about $1000, and for most adults over age 50, need only be repeated once every 7-10 years. The procedure allows for simultaneous (one-step) screening and removal of most precancerous lesions. In contrast, in the absence of screening, if a cancer of the colon or rectum is detected symptomatically, the resulting hospitalization and treatment, on average, costs $30,000. About 525 of these avoidable cancers are detected annually in Rhode Island, at a total cost of approximately $15.8 million.
Strengths
- A 76% increase in screening was seen within last 15 years.
- A 50% decline in colorectal cancer incidence was seen within last 25 years.
- A 50% decline in colorectal cancer mortality was seen within last 25 years.

Challenges
- 25% of eligible Rhode Islanders have never been screened.
- 12% of eligible Rhode Islanders have no health insurance.

What Can Be Done
- Take every opportunity to screen eligible adults over age 50 who have health insurance.
- Subsidize the screening cost of those eligible between the age of 50 and 64 who do not have health insurance.

Resources
- The Rhode Island Partnership to Reduce Cancer is a diverse, statewide group working on the above goals. In the past, they have devised ways to subsidize the cost of screening for the uninsured. They continue to work on this issue.
Teen Births

Number of births to 1,000 female mothers age 15-19 (Data Year: 2009)

<table>
<thead>
<tr>
<th>New England States</th>
<th>Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>RI</td>
<td>26.8</td>
</tr>
<tr>
<td>CT</td>
<td>21</td>
</tr>
<tr>
<td>MA</td>
<td>19.6</td>
</tr>
<tr>
<td>ME</td>
<td>24.4</td>
</tr>
<tr>
<td>NH</td>
<td>16.4</td>
</tr>
<tr>
<td>VT</td>
<td>17.4</td>
</tr>
<tr>
<td>US Average</td>
<td>39.1</td>
</tr>
</tbody>
</table>

Data Source: National Vital Statistics System-Natality (NVSS-N) (Center for Disease Control, National Center for Health Statistics), Bridged-Race Population Estimates (CDC, Census)

Community at a Glance
- RI: 26.8
- U.S. Average: 39.1
- RI ranks 9th out of 50 states

Why It’s Important
Teen pregnancy affects the long-term well-being of families and communities. Teen pregnancy and parenting also contribute to higher high school drop-out rates and lower income and educational attainment. For fathers, education statistics are similar; between 2002 and 2006, 40% of infants born to teens had fathers with a high-school diploma or less. Children of teen parents are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teen, and face unemployment as a young adult. In 2008, Rhode Island public sector costs associated with teen childbearing were estimated at nearly $49 million.
Strengths

- Rhode Island is ranked 9th in the country for teen birth rates (1st is best).
- Research and Data Analysis: RI Department of Health, RI Kids Count and the Providence Plan that consistently collect and analysis data related to teen pregnancy and social health determinants
- Community Organizations: Fatherhood Initiatives, Parent Education and Support, Case Management, Youth empowerment, Job readiness, GED Education, After school enrichment, Nurse-Family Partnerships
- Health Care: Title X Family Planning Clinics offering services at free or reduced cost. College health centers offering free oral contraceptives and condoms. Two school-based health centers in the state that provide a range of primary care, behavioral, and oral health services that are available to students.

Challenges

- Rhode Island is ranked 8th highest percentage of repeat teen births
- Minor consent to care and confidentiality laws are necessary for adolescents to seek healthcare, especially pertaining to sensitive information
- Disparities exist among racial/ethnic groups and geographical locations
- Transition from adolescent to adult services is an ongoing issue
- Ensuring high-quality medical homes for adolescents. These include enrolling adolescents with appropriate primary care providers.

What Can Be Done

- Engage and support providers in quality improvement for medical homes
- Require a physical exam for all RI high school students linked to the last required dose in meningococcal vaccine
- Ensure comprehensive consent and confidentiality laws to support access to care
- Develop family-community partnerships for prevention and community-based services including, physical, behavioral and oral healthcare
- Invest in analysis of where adolescents receive their care and barriers to care
- Plan for youth transitioning out of foster care; begin transition planning in middle school
- Strengthen relationships among school and community providers related to physical and behavioral health services
- Engage systems that serve families and youth at particularly high risk of pregnancy (Juvenile Justice, Foster Care, Domestic Violence, Homeless Youth and Community Behavioral Health)
- Cultivate youth development approaches in schools and communities
- Reinstate school-based health centers with no limitations on health services provided

Resources

- Personal Responsibility Education Program (Teen Outreach Program Curriculum) combines a comprehensive sexuality education curriculum with a youth development approach in the form of a community service component that has proven effective in both school and community-based settings that are located statewide.
- Maternal and Child Home Visiting provides short- or long-term home visiting services to pregnant or parenting teens, including fathers.
• Home visitors help their clients find appropriate prenatal care, engage in preventive health practices, connect with community resources, become more confident parents, and set and achieve personal goals.
• Federally Funded Title X Family Planning Clinics Provides confidential family planning services at low or no cost based on income.
• Teens can receive confidential birth control visits or HIV/STD testing without parental notification or consent.
• School-Based Health Centers (Two school-based health centers in the state provide a range of primary care, behavioral, and oral health services that are available to students.) Adolescent medical homes.
Adolescents with Depression

Percent of adolescents aged 12 to 17 years experienced a major depressive episode in past year.  
(Data Year: 2011)

Community at a Glance
- RI: 25%
- U.S. Average: 28.5%
- RI ranks 11th out of 43 states surveyed

Why It's Important

Strengths

Challenges

What Can Be Done

Resources

Data Source: Youth Risk Behavior Survey 2011

Comment [AL11]: Should complete citation be Data Source: Youth Risk Behavior Surveillance System (YRBSS), CDC, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)???
Adolescents Smoking Cigarettes

Number of students in grades 9 through 12 who reported having smoked cigarettes on 1 or more of the 30 days preceding the survey.
(Data Year: 2011)

![Adolescent Cigarette Use](chart.png)

Data Source: Youth Risk Behavior Surveillance System (YRBSS), CDC, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Community at a Glance
- RI: 11.4%
- U.S. Average: 18.1%
- Healthy People 2020 Target: 16% Nationally

Why It's Important
Most smokers begin before the age of 18. Rhode Island youth smoke cigarettes at a rate of 11.3%. Of the youth who currently smoke, 23,000 will eventually die early related to their smoking. For every 1 person who dies from tobacco use, 20 more people suffer from serious tobacco-related illnesses, including cancer, heart disease, and respiratory illnesses. Smoking in Rhode Island costs $506,000,000 annually in healthcare costs, $179 Million in Medicaid expenditures, and $378,938,000 in lost productivity. Tobacco use disproportionately affects a few priority youth populations in Rhode Island: African American, Hispanic/Latino, lesbian, gay, bisexual, and youth unsure of their sexual identity (LGBU), and physical or emotional disabilities.
Strengths

- The youth smoking rate in Rhode Island declined 5% between 2004 and 2010.
- Fifty-two percent (52%) of Rhode Island high school students who currently smoke cigarettes daily have tried to quit smoking cigarettes.
- Tobacco Free Providence wrote and gained passage of multiple new city ordinances restricting tobacco marketing to youth, tobacco vendor marketing and point of sale practices and zoning governing tobacco vendor density and proximity to schools.
- The City of Woonsocket bans the sale of tobacco and illicit drug paraphernalia within 200 feet of schools, child care centers, parks, and venues where youth recreate.

Challenges

- The younger the youth are when they start using tobacco, the more likely they will be addicted to nicotine, which prolongs tobacco use and can lead to severe health issues.
- Centers for Disease Control and Prevention best practice recommended funding level for a comprehensive tobacco control program is $15 Million. Actual funding is approximately $1.5 Million for FY 2014.
- Rhode Island youth populations bearing a greater tobacco burden:
  - Current cigarette use is higher among Hispanic middle school students (6.7%) than among non-Hispanic white middle school students (3.9%).
  - Current cigarette smoking is nearly three times higher (31% vs. 12%) among LGBU high school students.
  - Youth with physical disabilities and high school students with emotional/learning disabilities are more likely than those with these disabilities to currently smoke cigarettes (20.3% vs. 12.3%).
- The tobacco industry creates new tobacco and nicotine products, maintaining smokers’ addiction and often circumventing existing best practice tobacco control policies and pricing standards. Many of these products are used in conjunction with smoking cigarettes to maintain smokers’ nicotine addiction when smoking a cigarette is not available to them.

What Can Be Done

Five evidence-based strategies supported by the CDC combine to produce significant gains in tobacco control efforts by changing community environments:

- **Media:** Hard-hitting counter-advertising campaigns are effective at prompting cessation attempts. Rhode Island efforts include a campaign called *Be An Original/Don’t Be A Replacement*, which utilizes traditional forms of media as well as social media to urge and engage youth to resist becoming replacement smokers for those adult smokers who are dying of tobacco-related illness. An active Facebook page supports all of the campaigns. These messages can be used to educate the community, as well.
- **Access:** Establishing smoke-free public space limits access to tobacco. Rhode Island passed a ban on smoking in the workplace. Recent efforts include expanding smoke-free areas such as at community recreation areas and beaches, at state beaches and parks, at public housing authorities and other multi-unit dwellings and a new initiative to ban smoking at area colleges. Educate the community about the positive impacts of expanding smoke-free spaces.
- **Point of Purchase/Promotion**: Establishing municipal tobacco retailer licenses assists communities in restricting tobacco retail in their community. Using enforcement authority through a municipal retailer license to enact and enforce policies relative to banning tobacco coupons and flavored tobacco sales, which attracts youth.

- **Price**: The most effective way to reduce tobacco use is to increase the price of tobacco. Raising the Rhode Island cigarette tax, currently $3.50, will further reduce smoking rates. As more smokeless tobacco products enter the market, capturing these products in existing cigarette tax rates would have the impact of reducing use. These products help to initiate a nicotine addiction, or help a smoker maintain their addiction in places where smoking is restricted.

- **Social Support & Services**: Promoting quitting among youth through outreach to healthcare providers via the QuitWorks-RI to provide a health-system wide cessation support to assist youth smokers in quitting.

**Resources**

- Join Tobacco Free Rhode Island
- Join facebook.com/tobaccomademe
- Support tobacco-free policies through local community organizations engaging youth (i.e. write tobacco-free support letter to local newspaper)
- Become a school ambassador for tobacco control prevention efforts
- Participate in the Annual Youth Conference for youth with disabilities to promote tobacco control

**Comment [AL14]**: These should go under what can be done
Premature Birth Rate

Number of infants born before 37 completed weeks of gestation.  
(Data Year: 2010)

![Graph showing premature birth rate by state.]

**Data Source:** National Vital Statistics System-Natality (Center for Disease Control, National Center for Health Statistics)

**Community at a Glance**
- RI: 10.8%
- U.S. Average: 12.0%
- Healthy People 2020 Target: 11.4%
- RI Ranks 22nd out of 50 states

**Why It’s Important**
Preterm birth is a major determinant of infant mortality and morbidity in the U.S. Infants born before 37 weeks gestation are at higher risk than full-term infants for neurodevelopmental, respiratory, and gastrointestinal problems. Children who were born preterm may experience physical disabilities, learning difficulties, and behavioral problems later in life.
Strengths
- Rhode Island lowered its preterm birth rate by more than 8 percent since 2009.
- Rhode Island completed a Preconception Strategic Plan.
- Rhode Island continues to support and implement the Healthy Babies are Worth the Wait Campaign.
- Rhode Island continues to support the Task Force on Premature Births.

Challenges
- The rate of preterm births among teen girls under age 20 was higher than the state rate.
- Preterm rates are highest among women with public health insurance.
- State policies and programs that ensure access to primary and preventive healthcare for women.
- Educating providers and patients addressing previous preterm birth.
- Promote the use of tobacco cessation services by pregnant women who smoke.

What Can Be Done
- Implement Recommendations in Preconception Plan.
- Continue to implement prenatal evidence based home visiting.
- Continue to implement efforts to reduce non medically indicated inductions or cesarean sections prior to 39 weeks.
- Continue to support the work of the Prematurity Task Force.
- Continue to support efforts around Sudden Unexpected Infant Deaths.
- Continue to support the range of services provided at Title X sites to include women’s health services before and between pregnancies.
- Continue to support local community coalitions.

Resources
- Rhode Island Department of Health
- Rhode Island Chapter of the March of Dimes
- Support Evidence Based Home Visiting Programs Support the implementation of the Preconception Strategic Plan
- Rhode Island Department of Human Services
- Hospital Association of RI
D. Minority Health Facts

Non-whites make up an estimated 14% of the Rhode Island population, compared to 22% nationwide. Note that Hispanics/Latinos are not included categorized in this table because being of Hispanic/Latino origin is an ethnicity, which can be from any race.

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>White</th>
<th>Black or African American</th>
<th>American Indian And Alaska Native</th>
<th>Asian</th>
<th>Native Hawaiian And other Pacific Islander</th>
<th>Two or More races</th>
</tr>
</thead>
<tbody>
<tr>
<td>RI</td>
<td>1,052,567</td>
<td>910,253</td>
<td>75,073</td>
<td>9,173</td>
<td>31,768</td>
<td>1,602</td>
<td>24,698</td>
</tr>
<tr>
<td>US</td>
<td>308,745,538</td>
<td>241,937,061</td>
<td>40,250,635</td>
<td>3,739,506</td>
<td>15,159,516</td>
<td>674,625</td>
<td>6,984,195</td>
</tr>
</tbody>
</table>

Table 7. Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin: April 1, 2010 to July 1, 2012

There is abundance of data and information about minority groups, including a group specific fact sheet published by the Department of Health in 2011 and also available in the website, at [http://health.ri.gov/programs/minorityhealthpromotion/](http://health.ri.gov/programs/minorityhealthpromotion/). Visit the website for the health facts on: [INSERT PDFS OF THESE FACT SHEETS]


PHOTO HERE
E. Other Communities and Population Groups

Rhode Island has many needs for its people. And thankfully, there are multiple, reliable data sources to learn more about what is affecting children, adults, the homeless, the disabled. We strongly encourage you to learn more about each one of these groups that are part of our community.

1. Children

The Department of Health collects and shares data on the health of children, from pregnancy, through birth, immunizations, lead poisoning, children with asthma and more. These data can be found in the annual publication Rhode Island Kids Count Factbook, which includes data by city and town. Visit rikidscount.org.

![Obesity Among Children Entering Kindergarten, Rhode Island, 2001-2012](image)

*Nearly one in six (15.5%) Rhode Island children entering kindergarten during the 2011-2012 school year were obese, down from a high of 20.3% in the 2004-2005 school year, and the lowest prevalence measured in 10 years.*

*Excessive weight gain during pregnancy and gestational diabetes can put children at risk for obesity early in life. Having been breastfed is associated with long-term maintenance of lower BMI among children.* Nationwide, one in seven (14.9%) low-income, preschool-aged children were obese in 2010.
2. Youth

Every other year, the Department of Health participates in Rhode Island’s Youth Risk Behavior Survey (YRBS), part of a biennial national survey of public high school students on the major causes of disease and injury morbidity and mortality. In Rhode Island, nearly 8 out of 10 high school students reported that they don’t wear a bike helmet, and 1 out of 4 felt depressed, according to the most recent survey conducted in 2011.

Visit: health.ri.gov/data/youthriskbehaviorsurvey
3. Non-Metro Communities

The non-metro areas are defined as all municipalities with a population density of 500 persons per square mile or less. By this definition, 16 RI cities and towns qualify as non-metropolitan areas: Burrillville, Foster, Glocester, Scituate, Coventry, West Greenwich, Charlestown, Exeter, Hopkinton, New Shoreham, Richmond, Westerly, Jamestown, Little Compton, Portsmouth, and Tiverton. In Rhode Island, a limited number of physicians practice outside the greater Providence area, and the public transportation is largely urban-oriented. As shown in the map below, non-metro Rhode Island has only seven medical facilities.

Visit: health.ri.gov/publications/reports/2012HealthOfRhodeIslandNonMetropolitan Communities.pdf
4. Aging People

Needs an introduction

Visit: aoa.gov/AoARoot/AoA_Programs/HPW/Behavioral/docs2/Rhode%20Island%20Epi%20Profile%20Final.pdf
5. People With Disabilities

In 2011, Rhode Island students with disabilities had significantly higher health risks on 20 of 24 measures than non-disabled students. However, from 2007-2011, four risk measures for disabled students improved significantly (current smoking, any tobacco use, current drinking, and early drinking before age 13).

Visit: health.ri.gov/programs/disabilityandhealth
6. Homelessness

Pending

Visit: www.planning.ri.gov/documents/hmis/openingdoors.pdf
V. Rhode Island’s Health Improvement Plan

Protecting and promoting the health of all Rhode Islanders is the mission of the department of health. Part of that work is done by collecting and analyzing data, and using those data to identify areas where we need more information to prioritize the health needs of Rhode Island communities.

Communities as well as representatives from health and community organizations have multiple opportunities and mechanisms to provide input and get their opinions heard. Many of our programs convene Advisory Committees and/or are part of Coalitions (appendix ??) to comment and participate on the development of activities and projects. Individuals and professionals communicate with the staff when receiving services we provide directly to the public, such as the issuance of death and birth certificates, or when applying for a professional license. Communities can also send comments via our website at health.ri.gov/contactus or by calling our Health Information Line at (401) 222-5960.

We partner with key stakeholders to help us interpret the data and identify key issues that affect the communities. And we convene members of the communities to engage them in dialogue about what they see as primary needs in their own neighborhoods and communities.

A. How We Hear From Our Communities

While it is impossible to make justice to the significance of the community input gathered in the last couple of years, it is important to share with the state the richness and diversity of the comments received, the places we visited, and the people who dedicated their time to talk to us. For this purpose, the next section of this document includes a brief summary of the largest and most relevant efforts conducted to hear our communities in general. Thanks to those of you who made this possible and without whose contribution we wouldn’t have been able to do our job well.

1. Community Health Assessment Group

This group was born in early 2012 by impulse from Michael Fine, MD, Director of the Department of Health. Dr. Fine invited the Hospital Association of Rhode Island (HARI) to begin a dialogue about sharing efforts with all non-profit hospitals to prepare the Community Health Needs Assessment (“CHNA”) now required by the Internal Revenue Service (IRS) for all non-profit hospitals. With the same interests and needs, other agencies were invited as well, including the RI Public Health Institute and the Community Health Centers Association (CHCA). Overtime, the group grew and diversified to also include representatives from the health care industry, and from local agencies with experience in data analysis and mapping. (See appendix ?? for list of all members).

The group has steadily worked for almost two years. The first meeting that was organized by the group took place in October 2013, in the city of Central Falls. Nearly 100 attendees came to the meeting and substantive feedback was collected (see full set of notes in Appendix ??).
More meetings are being planned for 2014 and thereafter, and the group will continue to share in the knowledge and support implementation of key priorities.

2. Maternal and Child Health (MCH) Community Input Process

The Rhode Island Department of Health administers federal funds to support programs that benefit pregnant women, infants, children, adolescents, children with special health care needs, as well as other services for women such as cancer screening, and sexually transmitted diseases. These funds come from the Maternal and Child Health (MHC) block grant (see the website https://mchdata.hrsa.gov/TVISReports/Snapshot/snapshot.aspx?statecode=RI for the complete Rhode Island Title V MCH Needs Assessment Report) also known as “Title Five”, and serve thousands of people every year.

There aren’t enough funds to fill the multiple needs of the community, and while the funding has been coming to our state every year for decades, priorities must be made. Thus, the Department of Health makes significant effort to bring communities, parents, organizations, advocates and supporters together to open dialogue about programs that can support healthier behaviors and therefore healthier people.

Every five years the department conducts a robust analysis of data, and convenes community meetings throughout the state to help us identify the most pressing needs of women and children in the state. In 2010, nine community forums were facilitated, where more than 300 participants brought their ideas and opinions about what they think is important for their health (see appendix ?? for an excerpt of the community input and the overarching themes that were identified as a result).

3. Hospital Association of RI (HARI)

The health of Rhode Islanders depends largely from the success of a multitude of partners collaborating with each other and sharing the knowledge, data, and resources. And the collaborations include sharing information from other community events that are already taking place in the state with the same groups and representations. The Hospital Association of RI (HARI) was a key partner in the success of the Health Assessment for the state of Rhode Island. HARI gladly accepted to be part of the Community Assessment group that was formed in early 2012. Most importantly, HARI purchased rihealthcarematters.org, a consumer-friendly software system that makes health indicators data easy to read and understand to a variety of audiences. HARI promptly invited the Department of Health to join in the venture to own the software, which was released in May 2013. Since then, health indicators, best practices, news and more are available to the public.

HARI itself conducted a community health needs assessment to meet the IRS requirements for all non-profit hospitals, and like any other assessment, used data and community input to design their priorities. HARI conducted 49 key informant interviews, with key leaders from hospitals, elected officials, healthcare providers, human services experts and others. HARI also conducted two focus groups to gather feedback specific to mental health issues, one of the priorities identified through the assessments (see appendix ?? for a summary report on the findings of both, key informant interviews and focus groups).
4. Assessing the Health of Rhode Island’s Families

In 2011, the Rhode Island Department of Health worked with the RI Public Health Institute and convened the support of leading community-based service organizations and conducted community health assessments in four small areas of the state. The small areas selected for this assessment were adult residents of the Constitution Hill community in Woonsocket, South Providence and the city of Central Falls.

The assessment was done in two parts. The first part consisted on a 2010 survey conducted in these neighborhoods, using the Active Neighborhood Checklist\(^\text{xvi}\). The second part was interviewing randomly selected adults 18 and older in each of the neighborhoods, using the Neighborhood Health Check survey\(^\text{vii}\).

In Constitution Hill there were 106 in-person interviews with adults 18 and older living in the neighborhood. In the Southside Providence, the survey identified 103 blocks within the neighborhoods of Upper and Lower South Providence, Elmwood, West end and parts of Federal Hill. In addition, there were 457 in-person interviews to adults 18 and older. In the city of Central Falls, 311 randomly selected adults 18 and older were interviewed in person.

The Community Health Reports of each of these assessments can be seen at (should we put the website only or the actual reports? The website is http://www.riphi.org/?page_id=375, so we could include the 3 separate links for each??

5. Olneyville Health Assessment

The Rhode Island Department of Health partnered with the Olneyville Housing Corporation and other community decision-makers to conduct a community assessment. This effort involved talking to 175 residents through groups and interviews to learn about what is important to them for their neighborhood. The brief report on the results of the assessment is available at http://www.health.ri.gov/publications/datareports/2011Olneyville.pdf.

Comment [AL17]: How long are the reports? If only a few pages, let's put them here in their entirety. – AL

Comment [AL18]: How long are the reports? If only a few pages, let's put them here in their entirety. – AL
### B. Rhode Island Health Improvement Plan (2013-2018)

#### Objective 1: Improve the overall health of Rhode Islanders

<table>
<thead>
<tr>
<th>Goal</th>
<th>Activity</th>
<th>Measure</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve the state’s health ranking in binge drinking</td>
<td>GET INPUT FROM THE AHR GROUP TO FILL THIS OUT</td>
<td></td>
<td>Department of Health and partners</td>
</tr>
<tr>
<td>Improve the state’s health ranking in preventive hospitalizations</td>
<td>SAME AS ABOVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve the state’s health ranking in sedentary life</td>
<td>SAME AS ABOVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase the percentage of women who have a preventive care visit in the last year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce the percent of middle school students who have initiated tobacco use</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Decrease the rate of adolescents (15-19) who become pregnant</td>
<td>Reduce the adolescent pregnancy rate to 5% of all pregnancies by 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase access to mental health and substance abuse services</td>
<td>Online screening for mental illness</td>
<td></td>
<td>Care New England</td>
</tr>
<tr>
<td></td>
<td>Mental screening in bundled screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enhance access to mental health clinicians in primary care physician offices</td>
<td></td>
<td>South County Hospital</td>
</tr>
<tr>
<td></td>
<td>Provide free lectures statewide on issues related to mental health</td>
<td></td>
<td>Miriam Hospital</td>
</tr>
<tr>
<td>Reduce heart disease through early identification, and early and appropriate treatment and management</td>
<td>Implement a heart failure medical home model</td>
<td></td>
<td>Care New England</td>
</tr>
<tr>
<td></td>
<td>Education to improve awareness of healthy lifestyles and risk factors for heart disease</td>
<td></td>
<td>Care New England South County Hospital</td>
</tr>
<tr>
<td></td>
<td>Develop hospital-based clinical nutrition and weight loss programs</td>
<td></td>
<td>Newport Hospital</td>
</tr>
<tr>
<td>Mobilize statewide assets and partnerships to achieve significant</td>
<td>Conduct a statewide campaign to mobilize partnerships and efforts to get to zero new cases of HIV by</td>
<td></td>
<td>Miriam Hospital</td>
</tr>
</tbody>
</table>
### Objective 2: Conduct ongoing assessments, monitoring, and documentation of the health of Rhode Islanders

<table>
<thead>
<tr>
<th>Goal</th>
<th>Activity</th>
<th>Measure</th>
<th>Contact</th>
</tr>
</thead>
</table>
| Add and maintain health related indicators in the rihealthmatters.org software website | Include health data indicators at the city/town level  
Jointly maintain the site with HARI, with the most recent data reports and publications  
Joint presentations and promotion of the software for use by researchers, students, municipalities, etc. |                                                                                                 | Rhode Island Department of Health             |
| Maintain the Community Assessment group to jointly formulate the state’s community assessment and health improvement plan | Conduct 2-3 community engagement meetings per year  
Complete and make publicly available an annual progress report of community engagement activity  
Revise and issue the Community Health Assessment and Health Improvement Plan every 3-5 years |                                                                                                 | The Community Assessment Group convened by the Department of Health                              |
| Assure resources and a structure that allows prompt use and access to health data maintained by the Department of Health | Maintain multiple mechanisms to make data accessible to the public via query systems, data requests, annual reports, websites, surveys and other mechanisms |                                                                                                 | Center for Health Data and Analysis, Department of Health                                      |

*Comment [AL19]: Community or State?*
C. What’s Next?

The implementation of a Health Improvement Plan will continue to be an ongoing activity, now largely structured as shown in this document. Assessing the health needs and putting in place policies and programs to address those needs are the essence of the Rhode Island Department of Health’s mission. Thus, assessments and improvements take place at all levels of the department, and this document contains a diminutive fraction of the qualitative and quantitative data we collect and use for decision making.

Since this is a statewide activity, multiple partners from within and outside of the Rhode Island Department of Health will continue to be involved. To keep the community at large informed about the Health Improvement Plan, the Rhode Island Department of Health will make available short summaries and synopsis of documents that may be of public interest. Examples of this include an annual report, announcements of upcoming community meetings, and summaries of meetings conducted throughout the year.

Please visit the HEALTH website often to learn more about what your Department of Health is doing to help improve the health of all Rhode Islanders.
VI. Appendices

To be completed during final stage of document production process
VII. References

15. Klepper, D., RI cities and towns seek state’s help, but fiscal, political challenges may delay rescue, in Tribtown2012.
VIII. End Notes


ii Hispanic or Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, according to the U.S Census.

iii Core cities are those that have child poverty levels greater than 15%.

iv “Student engagement” for this purpose is defined by a number of variables, such as student interest in schoolwork, how hard a student works in school, and the extent to which a student enjoys school.


vii Rhode Island Department of Elementary and Secondary Education, class of 2010 four-year and five-year cohort graduation rates.

viii In year 2012, it was estimated that the elderly, considered the group of 65 years of age and older are 15.1% of the population in the state.


x As reported in the RI PRAMS Databook for 2012, these data reflect the proportion of mothers with a preterm birth, which differs from the proportion of preterm babies reported in Rhode Island Vital Records data. For example, a woman who delivers multiples (twins, triplets) is counted once in the PRAMS data file, and information on prematurity and other measures is collected for only one of her babies.

xi Rhode Island Youth Risk Behavior Survey, year 2011 data.

xii Rates for Native Americans are not considered to be statistically reliable due to the relatively small population of Native American females aged 15-19 (n = 251).

xiii Rhode Island’s land area is 1,045 square miles, the smallest state in the United States according to an Internet source consulted on 10/29/2013 (http://www.worldatlas.com/aatlas/infopage/usabysiz.htm). The largest state is Alaska with an extension of 571,951 sq. mi.


xvi The Neighborhood Health Checklist was developed by Ross Brownson and Christine Hoehner at Washington University in St. Louis.

xvii The Neighborhood Health Check Survey was developed by the Rhode Island Public Health Institute to talk with residents, and the survey was based on the statewide Behavioral Risk Factor Surveillance Survey (BRFSS) conducted annually by the Department of Health.