

Statewide Incidence ≥ 5 $\mu\text{g/dL}$ for Rhode Island			
For Children ≤ 72 months of Age at the time of test			
Data Source :RI CLPPP and LESS Database as of 2/15/15			
Year	# children with BLL ≥ 5 $\mu\text{g/dL}$ for the first time	# children screened with no previous confirmed elevated BLL ≥ 5 $\mu\text{g/dL}$	Incidence
2015	943	23,873	4.0%
2014	963	24,186	4.0%
2013	999	24,438	4.1%
2012	1,227	24,660	5.0%
2011	1,338	23,981	5.6%
2010	1,715	23,306	7.4%
2009	3,444	24,573	14.0%
2008	2,710	25,976	10.4%
2007	2,901	26,892	10.8%
2006	3,442	26,825	12.8%
2005	3,786	26,134	14.5%
2004	4,929	25,954	19.0%
2003	4,766	25,296	18.8%
2002	6,320	25,134	25.1%

Incidence ≥ 5 $\mu\text{g/dL}$ by Town for 2015 in Rhode Island				
For Children ≤ 72 months of Age at the time of test				
Data Source :RI CLPPP and LESS Database as of 2/15/16				
TownName	# children with BLL ≥ 5 mg/dL for the first time	# children screened with no previous BLL ≥ 5 mcg/dL	Incidence Rate	Core City Incidence Rate
Barrington	5	441	1.1%	
Bristol	9	428	2.1%	
Burrillville	11	299	3.7%	
Central Falls	44	811	5.4%	5.4%
Charlestown	4	71	5.6%	
Coventry	15	560	2.7%	
Cranston	55	1,597	3.4%	
Cumberland	10	728	1.4%	
East Greenwich	4	294	1.4%	
East Providence	50	1,184	4.2%	
Exeter	2	70	2.9%	
Foster	4	67	6.0%	
Glocester	4	121	3.3%	
Hopkinton	6	124	4.8%	
Jamestown	1	50	2.0%	
Johnston	4	526	0.8%	
Lincoln	10	414	2.4%	
Little Compton	3	43	7.0%	
Middletown	8	384	2.1%	
Narragansett	2	94	2.1%	
New Shoreham	4	19	21.1%	
Newport	26	533	4.9%	
North Kingstown	5	409	1.2%	
North Providence	8	602	1.3%	
North Smithfield	3	206	1.5%	
Pawtucket	104	2,113	4.9%	4.9%
Portsmouth	2	293	0.7%	
Providence	397	6,272	6.3%	6.3%
Richmond	1	70	1.4%	
Scituate	2	164	1.2%	
Smithfield	3	285	1.1%	
South Kingstown	13	332	3.9%	
Tiverton	7	334	2.1%	
Unknown	0	4	0.0%	
Warren	7	251	2.8%	
Warwick	25	1,417	1.8%	
West Greenwich	0	84	0.0%	
West Warwick	25	668	3.7%	
Westerly	7	279	2.5%	
Woonsocket	53	1,232	4.3%	4.3%
Totals	943	23,873	4.0%	5.7%

Statewide Prevalence ≥ 5 $\mu\text{g/dL}$ for Rhode Island			
For Children ≤ 72 months of Age at the time of test			
Data Source: RI QILPPP and LESS Database as of 2/15/2016			
Year	# children with confirmed BLL ≥ 5 $\mu\text{g/dL}$	# children screened during the year	Prevalence
2015	1,343	25,399	5.3%
2014	1,338	25,857	5.2%
2013	1,460	26,531	5.5%
2012	1,720	27,065	6.4%
2011	2,036	27,020	7.5%
2010	2,636	26,892	9.8%
2009	4,747	28,123	16.9%
2008	4,164	30,222	13.8%
2007	4,601	32,032	14.4%
2006	5,763	32,937	17.5%
2005	6,582	33,142	19.9%
2004	8,556	33,903	25.2%
2003	8,854	34,220	25.9%
2002	11,716	34,825	33.6%

Prevalence ≥ 5 $\mu\text{g/dL}$ by Town for 2015 in Rhode Island				
For Children ≤ 72 months of Age at the time of test				
Data Source: RI QILPPP and LESS Database as of 2/15/2016				
TownName	# Children with BLL ≥ 5 mcg/dL	# children Screened	Prevalence Rate	Core City Prevalence Rate
Barrington	6	452	1.3%	
Bristol	12	451	2.7%	
Burrillville	16	313	5.1%	
Central Falls	66	875	7.5%	7.5%
Charlestown	4	72	5.6%	
Coventry	20	580	3.4%	
Cranston	75	1,683	4.5%	
Cumberland	15	739	2.0%	
East Greenwich	6	300	2.0%	
East Providence	63	1,251	5.0%	
Exeter	2	70	2.9%	
Foster	6	72	8.3%	
Glocester	4	124	3.2%	
Hopkinton	7	128	5.5%	
Jamestown	1	51	2.0%	
Johnston	4	541	0.7%	
Lincoln	10	424	2.4%	
Little Compton	3	46	6.5%	
Middletown	11	391	2.8%	
Narragansett	2	96	2.1%	
New Shoreham	4	22	18.2%	
Newport	33	564	5.9%	
North Kingstown	7	417	1.7%	
North Providence	13	628	2.1%	
North Smithfield	4	209	1.9%	
Out Of State	1	1	100.0%	
Pawtucket	156	2,299	6.8%	6.8%
Portsmouth	4	303	1.3%	
Providence	593	6,950	8.5%	8.5%
Richmond	3	74	4.1%	
Scituate	3	169	1.8%	
Smithfield	3	292	1.0%	
South Kingstown	16	342	4.7%	
Tiverton	8	343	2.3%	
Unknown	0	4	0.0%	
Warren	12	268	4.5%	
Warwick	37	1,471	2.5%	
West Greenwich	0	85	0.0%	
West Warwick	31	700	4.4%	
Westerly	11	291	3.8%	
Woonsocket	71	1,308	5.4%	5.4%
Total	1,343	25,399	5.3%	7.8%

Kindergarten

Screening Status and Blood Lead Levels

School Name	Total # Students	Screening		Blood Lead Levels					
		Compliant		0-4 µ/dL		5-9 µ/dL		10+ µ/dL	
		#	%	#	%	#	%	#	%
Agnes B Hennessey School	46	32	70%	18	39%	13	28%	1	2%
Alice M Waddington School	68	52	76%	38	59%	13	20%	1	2%
Emma G Whiteknact School	48	32	67%	18	42%	11	26%	2	5%
James R D Oldham School	25	21	84%	10	40%	9	36%	0	0%
Kent Heights School	48	27	56%	19	41%	9	20%	1	2%
Myron J Francis Elementary School	71	38	54%	26	40%	15	23%	1	2%
Orlo Avenue School	49	32	65%	22	48%	7	15%	1	2%
Silver Spring School	41	27	66%	15	37%	11	27%	0	0%

Note: Results are suppressed for schools with less than 10 kindergarten students. Percent compliant uses all students who matched to KIDSNET data (86% of students on average) as the denominator. Blood lead level percentages use the number of students with at least one test result as the denominator. Students were only counted in the 0-4 category when they were also compliant with screening requirements so blood lead level category percentages may not add up to 100.

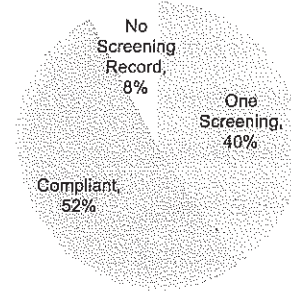
Kindergarten Lead Screening Status*

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

Screening Status*

Local Education Agency (LEA)	Total # Students	Once By 18 Months		Compliant	
		#	% of students	#	% of students
Your LEA	400	310	77.5%	263	65.8%
Rhode Island	8,827	6,508	73.7%	4,562	51.7%

Kindergarteners in RI

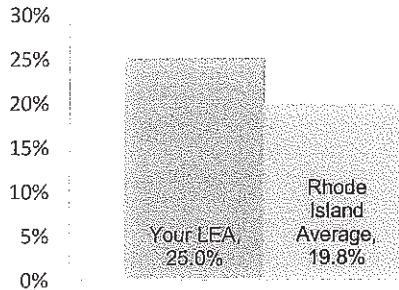


Kindergarten Lead Exposure**

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

Local Education Agency (LEA)	Total # Students Screened	0-4 $\mu\text{g}/\text{dL}$ ***		5-9 $\mu\text{g}/\text{dL}$ (elevated blood lead level)		10+ $\mu\text{g}/\text{dL}$ (elevated blood lead level)	
		#	% of students	#	% of students	#	% of students
Your LEA	380	167	43.9%	88	23.2%	7	1.8%
Rhode Island	8,136	3,381	41.6%	1,417	17.4%	190	2.3%

Lead Exposure, 5+ $\mu\text{g}/\text{dL}$



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

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

** Results show the highest ever lead test result for last year's public school kindergarten students (school year 2013-2014) who had at least one valid blood lead test as of December 31, 2013.

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

Data Sources: The Rhode Island Childhood Lead Poisoning Prevention Program's Lead Elimination Surveillance System (LESS) and KIDSNET, Rhode Island's web-based, integrated child health information system were linked with Rhode Island Department of Education (RIDE) Enrollment Data, SY2013-2014 by The Providence Plan. 14% of RIDE Kindergarten students did not match to KIDSNET data and were excluded from the total # of students.

Kindergarten and Seventh Grade

Immunization Coverage

School Name	Grade	Total # Students Assessed	Students Fully Immunized		# Students with No Record	# Students with an Exemption
			#	%		
Agnes B Hennessey School	K	52	49	94%	0	0
Alice M Waddington School	K	73	68	93%	0	1
Emma G Whiteknact School	K	49	47	96%	0	1
James R D Oldham School	K	28	21	75%	0	0
Kent Heights School	K	51	50	98%	0	0
Myron J Francis Elementary School	K	75	72	96%	0	1
Orlo Avenue School	K	54	53	98%	0	0
Silver Spring School	K	51	49	96%	0	0
Edward R Martin Middle School	7	198	127	64%	0	1
Riverside Middle School	7	205	149	73%	0	1

Schools with No Reported Data

Grade

Kindergarten

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

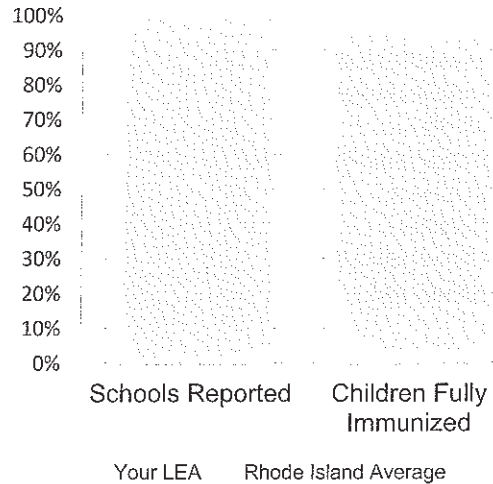
Immunization Reporting

Local Education Agency (LEA)	Total # Schools with Grade K	# Reported	% Reported
Your LEA	8	8	100%
Rhode Island	236	233	99%

Immunization Coverage **

Local Education Agency (LEA)	Total # Students Assessed	# Fully Immunized	% Fully Immunized
Your LEA	433	409	94%
Rhode Island	11,421	10,579	93%
Number of students with no immunization record:			0
Number of students with an exemption (religious or medical):			3

Kindergarten Immunization Survey Results



Seventh Grade

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

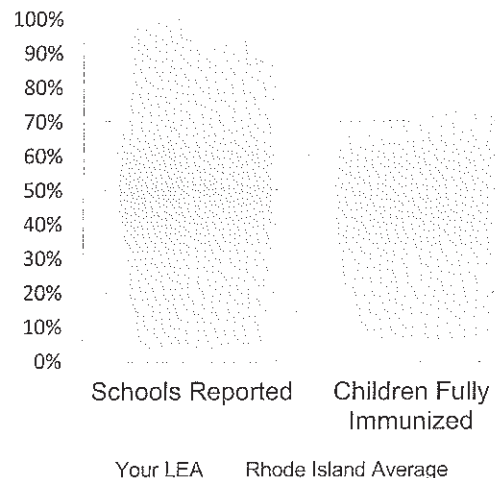
Immunization Reporting

Local Education Agency (LEA)	Total # Schools with Grade 7	# Reported	% Reported
Your LEA	2	2	100%
Rhode Island	144	136	94%

Immunization Coverage **

Local Education Agency (LEA)	Total # Students Assessed	# Fully Immunized	% Fully Immunized
Your LEA	403	276	68%
Rhode Island	12,173	9,084	75%
Number of students with no immunization record:			0
Number of students with an exemption (religious or medical):			2

Seventh Grade Immunization Survey Results



* Rhode Island Department of Health Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases (R23-1-IMM)

** Data include students enrolled in the 2013-2014 school year as of September 1, 2013. Coverage data apply only to schools that reported.

IMMUNIZATIONS

LEAD POISONING

A REPORT ON THE STUDENTS IN YOUR LOCAL EDUCATION AGENCY



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

Ensure that school nurses complete the Rhode Island Department of Health's Annual Report of School Immunization Status for required vaccines for kindergarten and seventh grade students. This report should be completed by November 26.*

Encourage the parents of high school students to also have their children fully immunized against vaccine-preventable diseases. High school students can either visit their primary care providers or take part in the Vaccinate Before You Graduate program.

Encourage all students to be vaccinated against the flu every year.

Provide annual reminders to parents about the required immunizations that children need.



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

Lead

Remind parents about the importance of lead screenings for their children. Children should be screened for elevated blood-lead levels every year through six years of age.

Advocate for safe and affordable housing in the community in which your schools are located.

Advocate for the enforcement of housing codes and Rhode Island lead poisoning prevention regulations in the community in which your schools are located.



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

* www.health.ri.gov/schoolnursesurvey



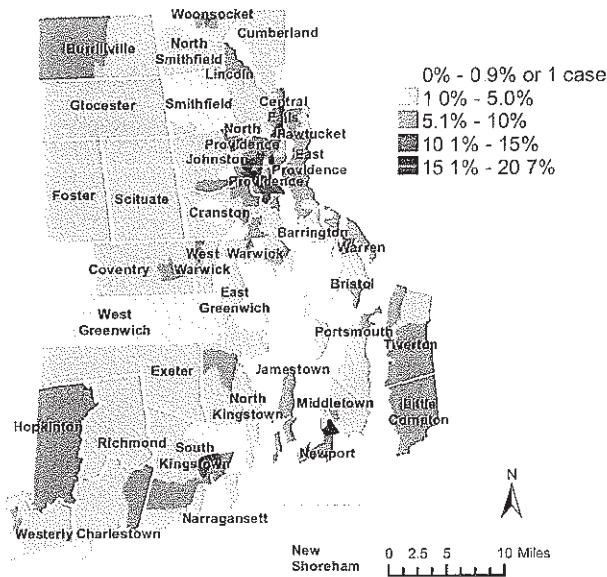
The statewide maps below show, at the census tract level, factors associated with risk for lead exposure and poor asthma control

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

Prepared by The Providence Plan, 2014

Sources: Lead Elimination Surveillance System; Rhode Island Department of Health; Rhode Island Geographic Information System

Note: Data represent the percent of children tested who had blood lead levels of 5 µg/dL or greater for the first time. Children who had elevated levels before 2011 were excluded



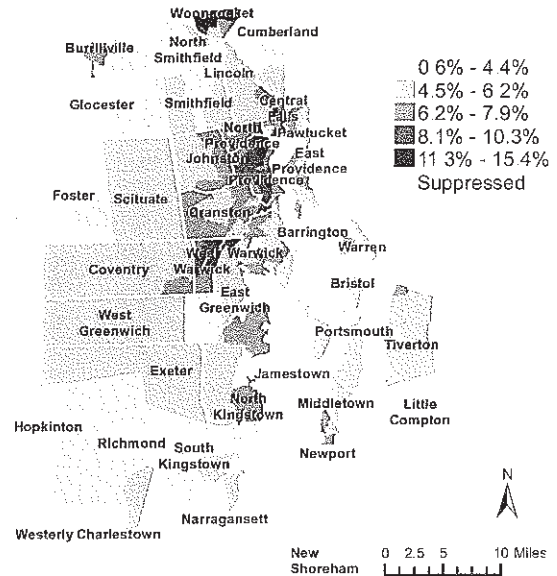
CHILDREN 2 TO 17 WITH ASTHMA, 2010-2012

Prepared by The Providence Plan, 2014

Sources: Blue Cross Blue Shield of Rhode Island; Census 2010;

Neighborhood Health Plan of Rhode Island; Rhode Island Department of Health; Rhode Island GIS; United Healthcare of New England

Note: Data only include children who had a doctor's office, emergency department, or inpatient hospital visit for asthma from 2010-2012. Years are not the same as for lead

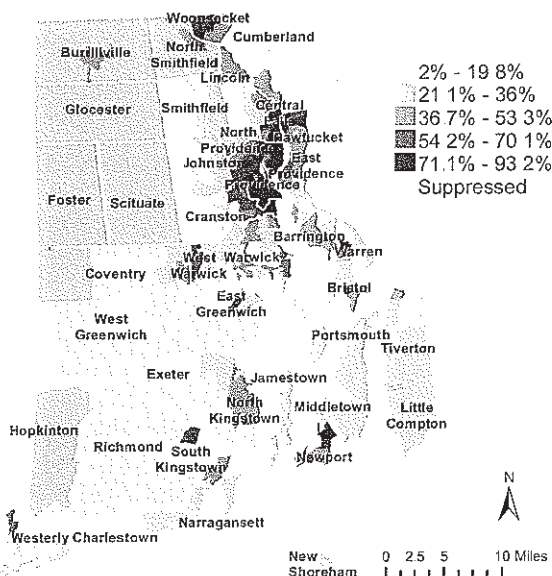


HOUSING BUILT BEFORE 1950

Prepared by The Providence Plan, 2014

Sources: US Census Bureau, 2008-2012 5-Year American Community Survey; Rhode Island Geographic Information System

Note: Data represent the percent of total housing units that was built in 1949 or earlier

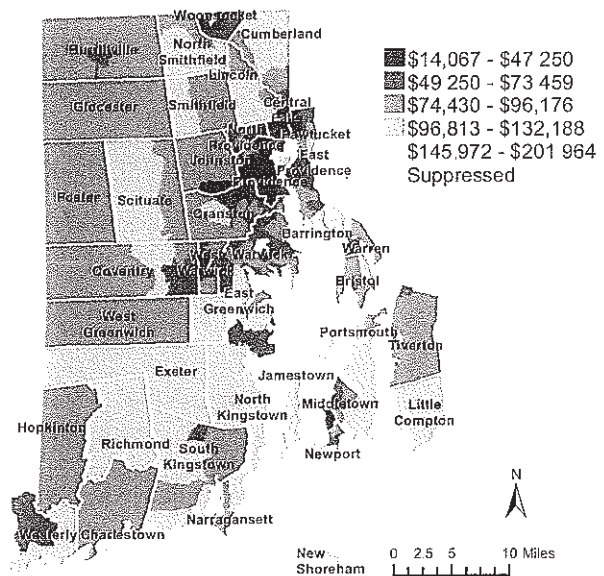


MEDIAN FAMILY INCOME, 2008-2012

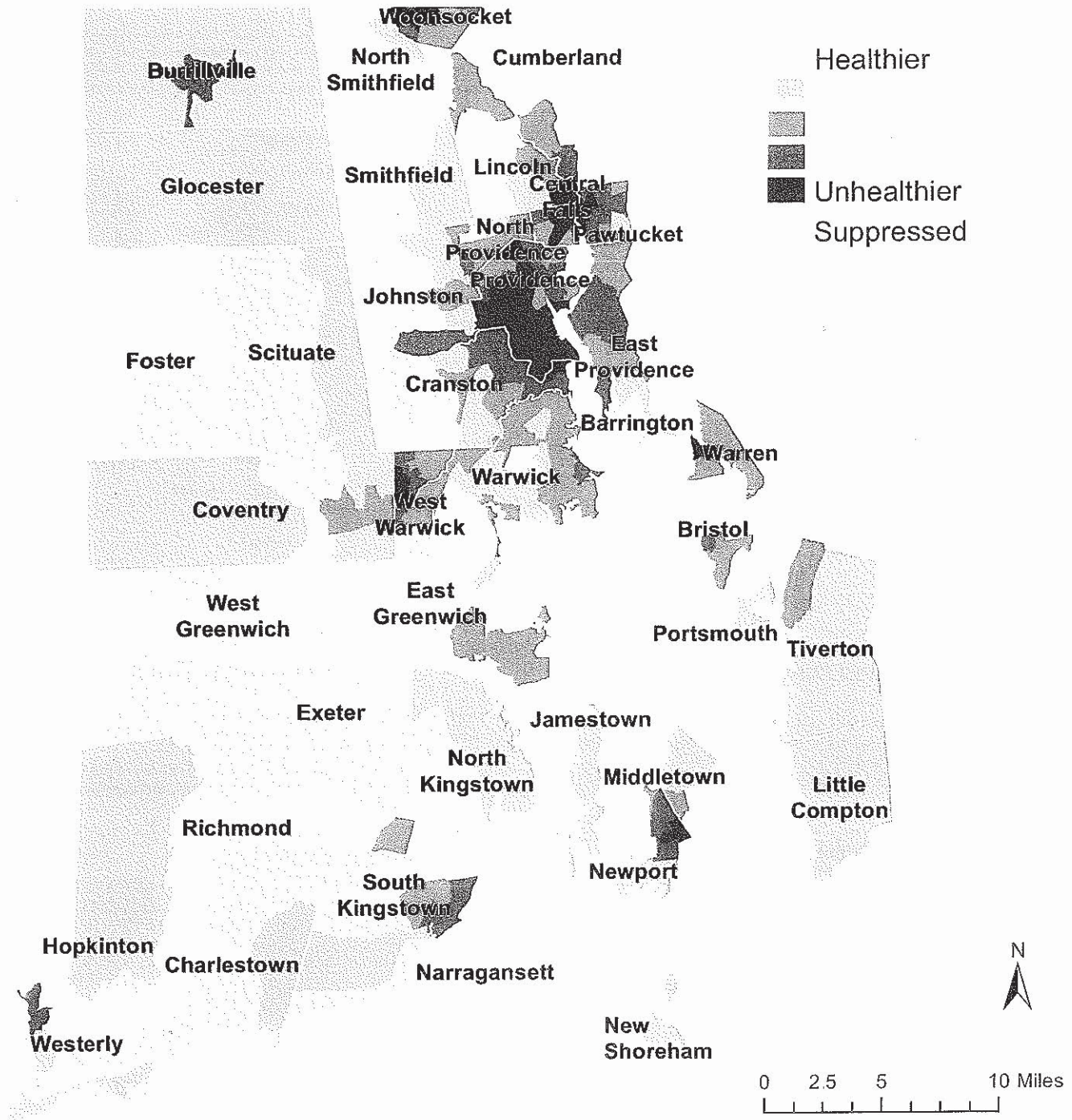
Prepared by The Providence Plan, 2014

Sources: US Census Bureau 2008-2012 5-Year American Community Survey; Rhode Island Geographic Information System

Note: Data represent the median family income in the past 12 months in 2012 inflation-adjusted dollars. Areas shown in gray are suppressed due to margins of error larger than the estimated values



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



Prepared by The Providence Plan, 2014

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

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