

## Rhode Island Healthy Housing Fact Sheet

The home is the most dangerous place for U.S. families.<sup>i</sup> Nearly six million families live in housing rivaling that of developing countries, with broken heating and plumbing, holes in walls and windows, roach and rodent infestation, falling plaster, crumbling foundations, and leaking roofs. Millions more in all 50 states live in housing with serious health and safety hazards, including mold, exposed wiring, radon, unvented heaters, toxic chemicals, broken stairs, missing smoke detectors, and other hazards.<sup>ii</sup> Home-based interventions to address health hazards improve health and have a large return on investment: Each dollar invested in lead paint hazard control results in a return of \$17–\$221<sup>iii</sup> and each dollar invested in asthma home-based interventions that include education and remediation results in a return of \$5.30 to \$14.00.<sup>iv</sup>

### The need in Rhode Island

Forty percent of children in Rhode Island live in households with high housing cost burden, and 19% of children in Rhode Island live in poverty.<sup>v</sup> The potential effect of high housing cost burden and poverty on children and families is exacerbated by the age of Rhode Island's housing stock: An estimated 80% of Rhode Island homes were built before 1978 (one-third of Rhode Island's homes were built prior to 1940) and are likely to contain lead-based paint.<sup>vi,vii</sup> Unhealthy conditions found in hazardous housing can lead to lead poisoning, injuries, and asthma and other respiratory problems, in turn resulting in missed school days and poor school performance for children, as well as missed work days for parents.

### The need for funding

To protect the health of Rhode Island families and prevent continued increases in associated healthcare costs and societal consequences, full funding in FY 2016 and beyond is needed for the following:

- ✓ **CDC's Healthy Homes and Lead Poisoning Prevention Program = \$29,257,000**
- ✓ **CDC's National Asthma Control Program = \$30,596,000**
- ✓ **HUD's Office of Lead Hazard Control and Healthy Homes = \$120,000,000**

### Funding for healthy housing in Rhode Island

- Since 1999, eligible cities, counties, and qualifying nonprofits in Rhode Island have received \$53,260,457 in funding from HUD's Office Lead Hazard Control and Healthy Homes for lead hazard reduction, healthy homes production, and education and outreach activities. Of this total:
  - \$3.9 million was awarded to the City of Providence and \$315,500 to the Providence Plan in 2014.<sup>viii</sup>
- Rhode Island has received a total of \$11,213,306 in funding from the Centers for Disease Control and Prevention's Healthy Homes and Lead Poisoning Prevention and National Asthma Control programs from FY05 – FY14. Of this funding:
  - The Rhode Island Department of Health has received a total of \$6,439,340 from the Healthy Homes and Lead Poisoning Prevention Program.
  - The Rhode Island State Department of Health has received a total of \$4,773,966 in funding for asthma-related activities, including \$512,183 in FY14.

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- The Rhode Island Department of Health has been funded by CDC's National Asthma Control Program since 1999.<sup>ix</sup>

### **Childhood lead poisoning<sup>x</sup>**

- In 2012, 1,821 of the children tested in Rhode Island had an elevated blood lead level, which is five or more micrograms of lead per deciliter of blood ( $\mu\text{g}/\text{dL}$ ); 248 of them had blood lead levels of 10  $\mu\text{g}/\text{dL}$  or more.
- In 2010, the incidence of lead poisoning in children in the six "core cities" in Rhode Island (Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket) was 1.4%, more than twice the rate in the rest of the state.

### **Asthma<sup>xi,xii</sup>**

- Approximately 11% of Rhode Island adults and 9% of Rhode Island children currently have asthma.
- In 2012, there were approximately 1,300 asthma-related hospitalizations.
- In Rhode Island in 2012, hospitalization rates for asthma for non-Hispanic white children was 13.9 per 10,000 children compared to 38.1 per 10,000 for non-Hispanic black children.
- Total hospital charges attributable to asthma hospitalizations in Rhode Island were approximately \$21 million in 2012.

### **Radon<sup>xiii</sup>**

- One in four homes in Rhode Island contain radon at or above the EPA action level of 4.0 pC/L. (The national average is one in 15 homes.)
- More than 50% of tested homes in Exeter and Richmond exceeded 4.0 pC/L.

### **Carbon monoxide deaths**

- There were 48 deaths due to carbon monoxide exposure in 2000-2007.<sup>xiv</sup>

### **Injury-related deaths**

- For every 100,000 persons in Rhode Island, there were 24.34 unintentional injury deaths caused by dangers other than automobile-related issues.<sup>xv</sup>

### **National rankings**

- NCHH's 2013 *State of Healthy Housing* report ranks 45 metropolitan statistical areas according to healthy housing related data in the American Housing Survey. The state of Rhode Island has one city included in this report. Providence was ranked 30th and categorized as having "fair" healthy housing characteristics.<sup>xvi</sup>
- The Asthma and Allergy Foundation of America's listing of "Asthma Capitals" for 2014 ranks the 100 largest U.S. metro areas to identify the "most challenging places to live with asthma." The state of Rhode Island has one city identified in this listing: Providence is ranked as the 33rd "most challenging" place to live with asthma.<sup>xvii</sup>

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### Healthcare financing for healthy homes<sup>xviii, xix</sup>

The National Center for Healthy Housing's November 2014 [study](#) regarding state Medicaid reimbursement policies for environmental health services in the homes of people with asthma and children exposed to lead shows that in [Rhode Island](#) some level of Medicaid reimbursement is in place for activities related to lead and although none are in place, efforts are underway to explore reimbursement for services related to asthma.<sup>1</sup>

Opportunities for Rhode Island to further improve reimbursement of environmental health services include:

- Effecting coverage for home-based asthma services that address environmental triggers in the home environment.
- Ensuring that services and supports are included to eliminate or reduce exposure to asthma triggers or lead hazards identified in the home environment.

### For additional information, please contact:

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<sup>i</sup> Centers for Disease Control and Prevention. (2007). Injury in the United States: 2007 chartbook. Retrieved from <http://www.cdc.gov/nchs/data/misc/injury2007.pdf>

<sup>ii</sup> National Center for Healthy Housing. (2013). State of healthy housing. Retrieved from <http://www.nchh.org/Policy/2013StateofHealthyHousing.aspx>

<sup>iii</sup> Gould, E. (2009, July). Childhood lead poisoning: Conservative estimates of the social and economic benefits of lead hazard control. *Environmental Health Perspectives*, 117(7), 1162-1167. Retrieved from <http://ehp.niehs.nih.gov/wp-content/uploads/117/7/ehp.0800408.pdf>

<sup>iv</sup> The Guide to Community Preventive Services (The Community Guide). (2013, September 27). Asthma control. Retrieved from <http://www.thecommunityguide.org/asthma/multicomponent.html>

<sup>v</sup> The Annie E. Casey Foundation. 2014 Kids Count Data Book: Rhode Island State Profile. Retrieved from [http://www.aecf.org/m/databook/2014KC\\_profile\\_RI.pdf](http://www.aecf.org/m/databook/2014KC_profile_RI.pdf)

<sup>vi</sup> American Community Survey 2004. Percent of Housing Units That Were Built in 1939 or Earlier by State. Retrieved from [http://www.statemaster.com/graph/hou\\_per\\_of\\_hou\\_uni\\_tha\\_wer\\_bui\\_in\\_1939\\_or\\_ear-units-were-built-1939-earlier](http://www.statemaster.com/graph/hou_per_of_hou_uni_tha_wer_bui_in_1939_or_ear-units-were-built-1939-earlier)

<sup>vii</sup> Rhode Island Department of Health. Childhood Lead Poisoning. Retrieved from <http://www.health.ri.gov/data/childhoodleadpoisoning/>

<sup>viii</sup> [http://portal.hud.gov/hudportal/HUD?src=/press/press\\_releases\\_media\\_advisories/2014/HUDNo\\_14-117](http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2014/HUDNo_14-117)

<sup>ix</sup> <http://www.cdc.gov/asthma/contacts/ri.htm>

<sup>x</sup> Centers for Disease Control and Prevention. Number of Children Tested and Confirmed EBBs by State, Year, and BLL Group, Children < 72 Months Old. Retrieved from <http://www.cdc.gov/nceh/lead/data/StateConfirmedByYear1997-2012.htm>

<sup>xi</sup> Rhode Island Department of Health. *Childhood Lead Poisoning in Rhode Island: The Numbers (2011)*. Retrieved from <http://www.health.ri.gov/publications/databooks/2011ChildhoodLeadPoisoningInRhodeIsland.pdf>

<sup>xii</sup> Rhode Island Department of Health. (2014) *The Burden of Asthma in Rhode Island*. Retrieved from <http://www.health.ri.gov/publications/burdendocuments/2014Asthma.pdf>

<sup>xiii</sup> Rhode Island Department of Health. Asthma Data. Retrieved from <http://www.health.ri.gov/data/asthma/>

<sup>xiv</sup> Rhode Island Department of Health. Radon Data. Retrieved from <http://www.health.ri.gov/data/radon/>

<sup>xv</sup> CDC Environmental Health Tracking Network (2000-2007). Carbon Monoxide Deaths (#)/Multi-Year Period. Retrieved from <http://ephttracking.cdc.gov/QueryPanel/EPHTNQuery/EPHTQuery.html?c=CO&i=-1&m=-1#>

<sup>xvi</sup> CDC's Wisqars Database: Injury Statistics Query & Reporting System. Composite indicator (excluding estimated 20% of unintentional deaths related to motor vehicles). Unintentional Deaths in Home/Death Rate (per 100,000). Retrieved from <http://www.cdc.gov/injury/wisqars/index.html>

<sup>xvii</sup> <http://www.nchh.org/Policy/2013StateofHealthyHousing/NationalRankings/tabid/861/healthy/1/Default.aspx>

<sup>xviii</sup> [http://www.aafa.org/pdfs/2014\\_AC\\_FinalPublicList1.pdf](http://www.aafa.org/pdfs/2014_AC_FinalPublicList1.pdf)

<sup>xix</sup> <http://www.nchh.org/Resources/HealthcareFinancing/Snapshot.aspx>

<sup>xx</sup> National Center for Healthy Housing. (2014). Healthcare Financing of Health Homes: Findings from a 2014 nationwide survey of state reimbursement policies. Retrieved from [http://www.nchh.org/Portals/0/Contents/Reimbursement%20Landscape\\_MAIN%20REPORT\\_FINAL%20\[18%20November%202014\].pdf](http://www.nchh.org/Portals/0/Contents/Reimbursement%20Landscape_MAIN%20REPORT_FINAL%20[18%20November%202014].pdf)

<sup>1</sup> Note: (a) These are self-reported results that have not been independently verified, and (b) the existence of a policy does NOT mean that services are actually being delivered on the ground.