



A Celebration of Children's Health

Rhode Island KIDS COUNT
November 21, 2022
#RIteCareWorks

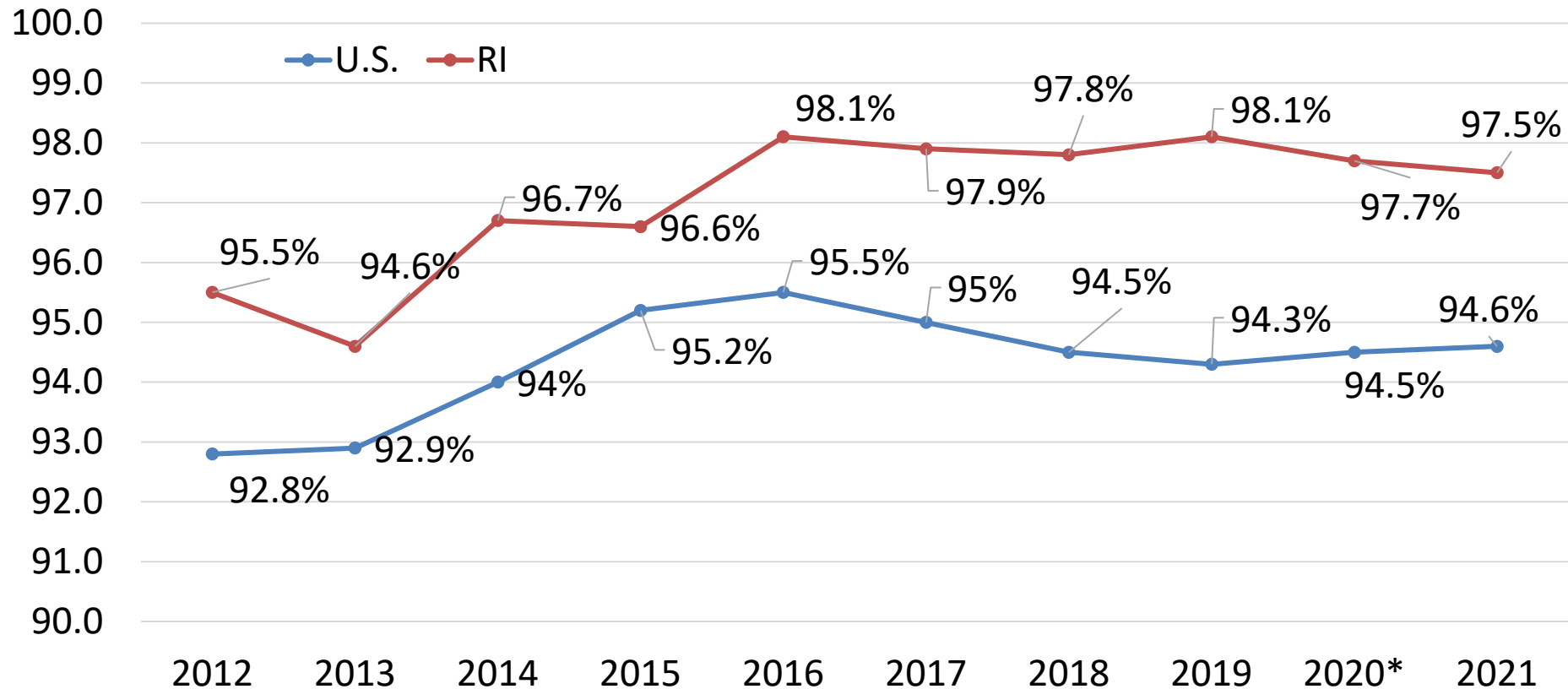
Impact of COVID-19

In Rhode Island, the COVID-19 pandemic has disproportionately impacted our Latino and Black communities. The pandemic has had a major impact on food and housing insecurity, domestic violence, substance use, physical, and behavioral health.

During the COVID-19 pandemic, many Rhode Islanders experienced a loss of employment. Children and families were at risk of losing employer-based insurance coverage.

Impact on insurance - Continuous enrollment for all Medicaid beneficiaries since March of 2020.

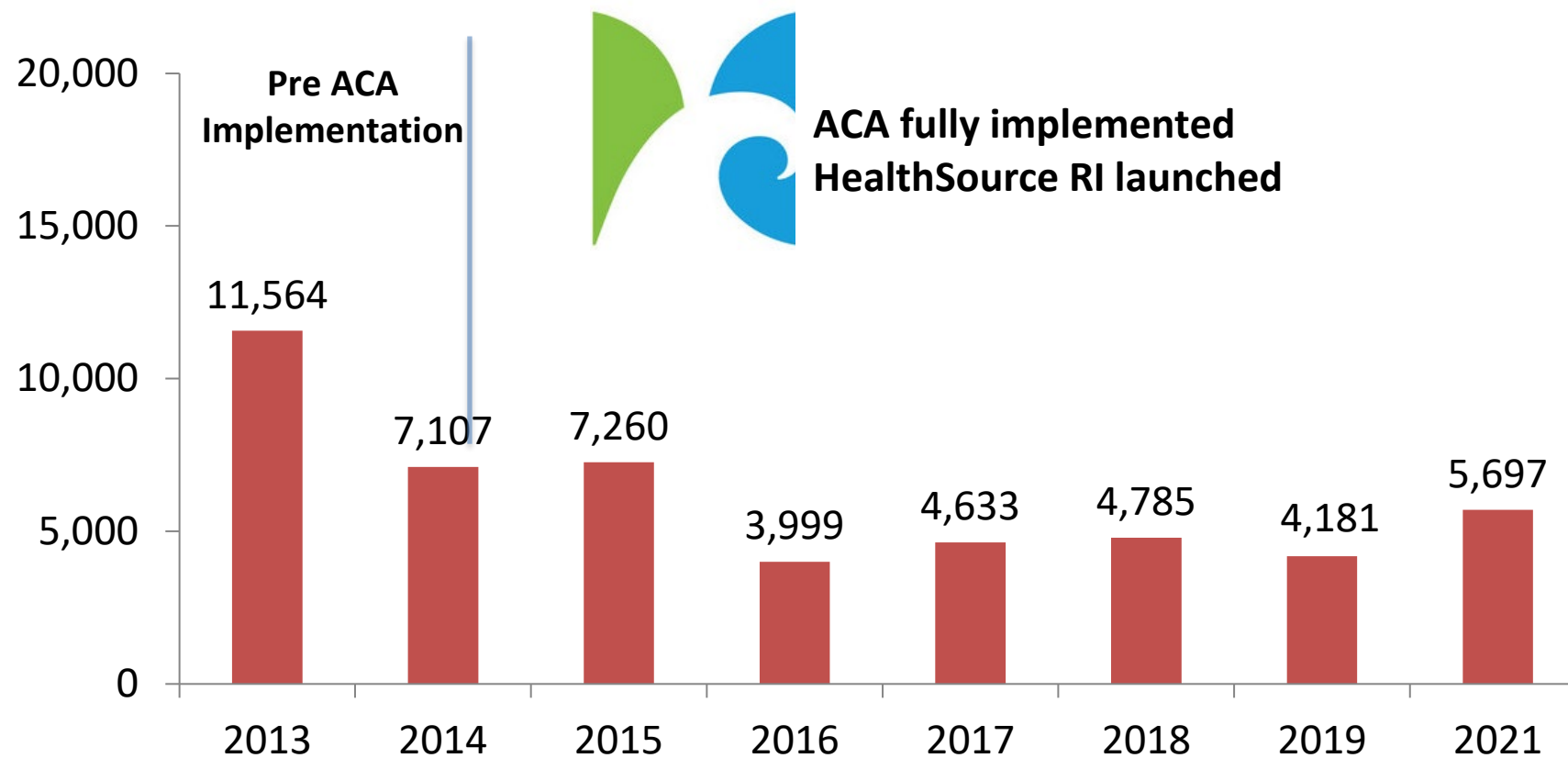
Children with Health Insurance



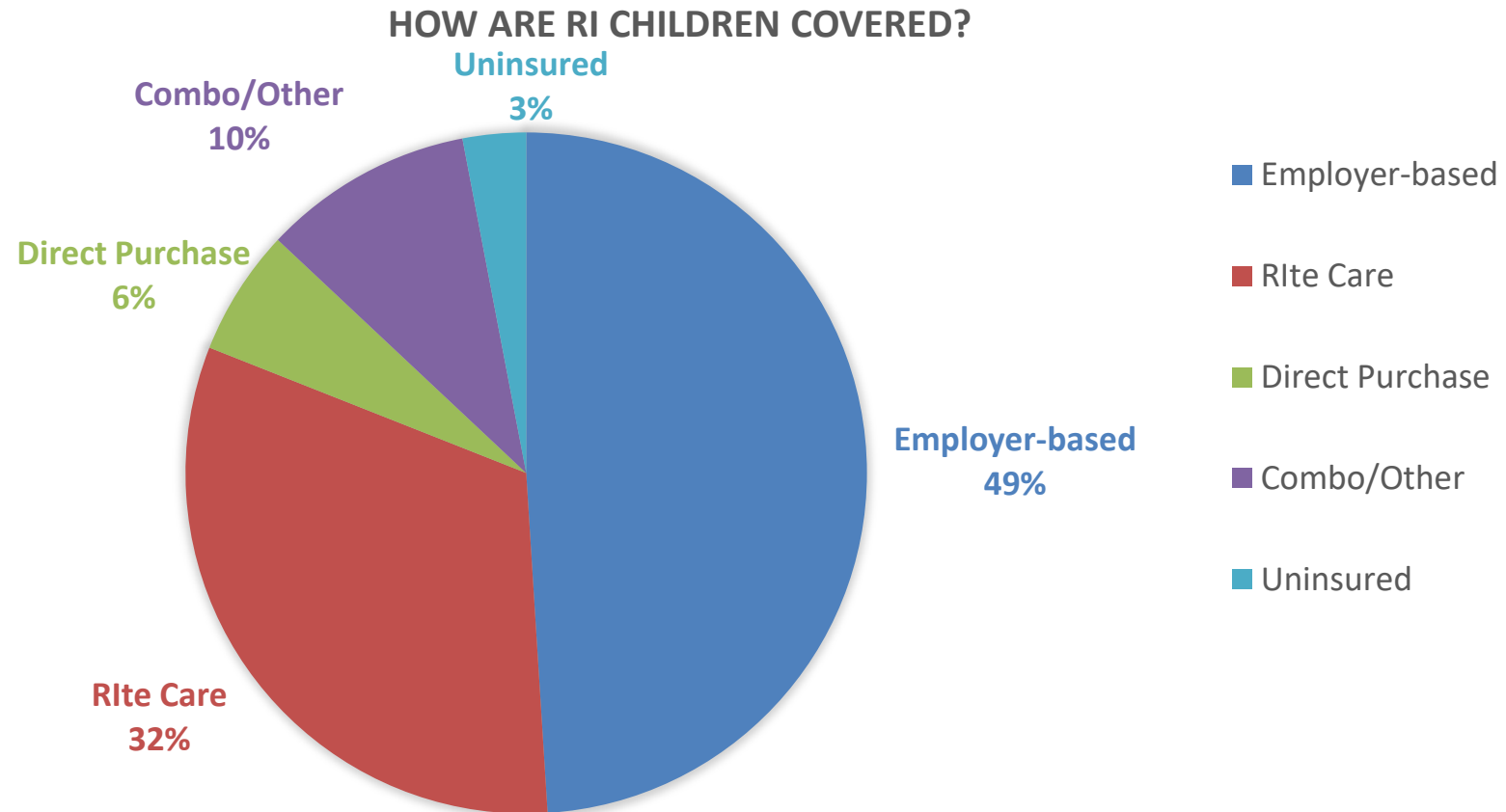
Source: U.S. Census Bureau, American Community Survey, 2012-2021. Table R2702.

*The U.S. Census Bureau urges caution when comparing 2020 experimental data to other years due to low response rate during the COVID-19 pandemic.

Decline in Uninsured Rates Among RI Children After ACA Implementation



How are RI Children Covered?



Source: 2021 U.S. Census Bureau, American Community Survey.

Cover All Kids

In 2021, 97.5% of Rhode Island children had health insurance coverage.



The FY 23 budget restored Rhode Island's policy of allowing all income-eligible children, regardless of immigration status, the ability to enroll in Rite Care.



As of November 7th, **712 applications** have been approved.

Postpartum Coverage Extension

- The FY 23 budget extended postpartum Medicaid coverage from 60 days postpartum to 12 months postpartum and allows for state funds to be used to provide coverage regardless of immigration status.
- Extending Medicaid coverage to 12 months of continuous coverage postpartum supports maternal and infant health and health equity.

End of the Public Health Emergency (PHE)

Children and families have been continuously enrolled in Medicaid since the beginning of the state of emergency (March 2020).

When the PHE ends, ALL Medicaid beneficiaries' eligibility needs to be re-determined within a year.

An estimated 6.7M children nationally are at risk of losing coverage/becoming uninsured for some period of time.

States can pursue strategies to lessen impact.

Continuous Coverage

12-months and Up to Age 6

- Improves health status and well-being in the short/longer term
- Mitigates the impact of family income changes
- Promotes health equity
- Reduces administrative burden and costs
- Drives more efficient health care spending
- Enhances the ability to fully measure the quality of care



Rlite Care Works



- National model of comprehensive health care for over 25 years
- Well-documented positive and sustained outcomes
- Cost-effective investment in RI children and families

Rlte Care: High-Quality Care

**Rlte Care Health Plans Receive Top Ratings
Among Medicaid Health Plans in the U.S. in 2022**



Source: 2022 National Committee on Quality Assurance Rankings. 280 Medicaid Health Plans were evaluated and 188 were rated based on clinical performance, member satisfaction, and NCQA Accreditation.

Rlte Care Works for Pregnant Women

- **92.1%** of pregnant women enrolled in Rlte Care received timely prenatal care.
- **Rates of delayed prenatal care are lower** among women with Rlte Care coverage than those who are uninsured.



Source: 2020 Child Health Care Quality Measures.(2021). U.S. Department of Health and Human Services. Retrieved November 2021, from data.Medicaid.gov

Rlite Care Works for Children

2020 Primary Care Visits

- **75%** of children ages 0-15 months
- **79%** of preschool and early elementary school-age children
- **57%** of all children ages 12-21



Source: 2020 Child Health Care Quality Measures.(2021). U.S. Department of Health and Human Services. Retrieved November 2021, from data.Medicaid.gov

Rhode Island's Achievements in Children's Health



Adolescent HPV Vaccination (1st)

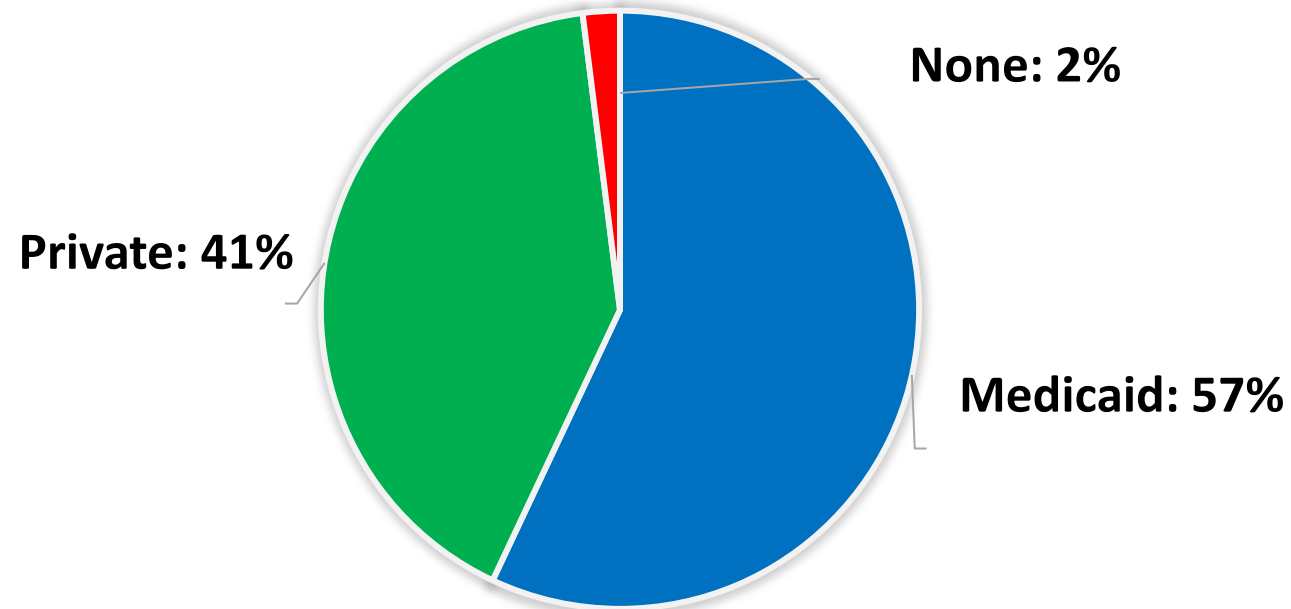
Children's Health Insurance Coverage (4th)

Child & Teen Deaths (4th)

Infant Mortality (5th)

Early Intervention (Part C)

Health Insurance for Early Intervention Participants, Rhode Island, 2021



Source: Rhode Island KIDS COUNT analysis of EOHHS Children Enrolled in Early Intervention. June 2021

- In 2021, **65.2%** of children under age three with Rlte Care had a **developmental screening** completed, compared to 59.5% in 2020.

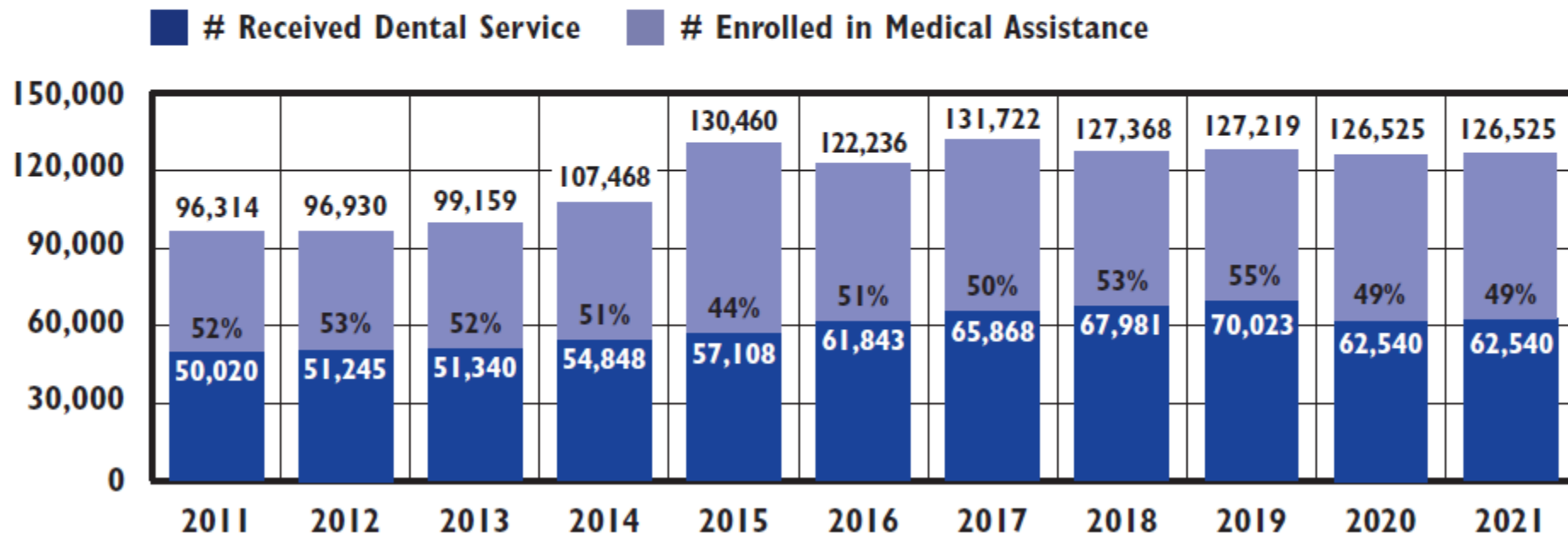
Rlte Smiles

- The number of dentists accepting qualifying children on Medicaid increased from **27** before Rlte Smiles began **to 182** one year into the Rlte Smiles program.
- **By FY 2021, there were 290 unduplicated dentists** in 176 practice locations participating in Rlte Smiles.



Children's Dental Care

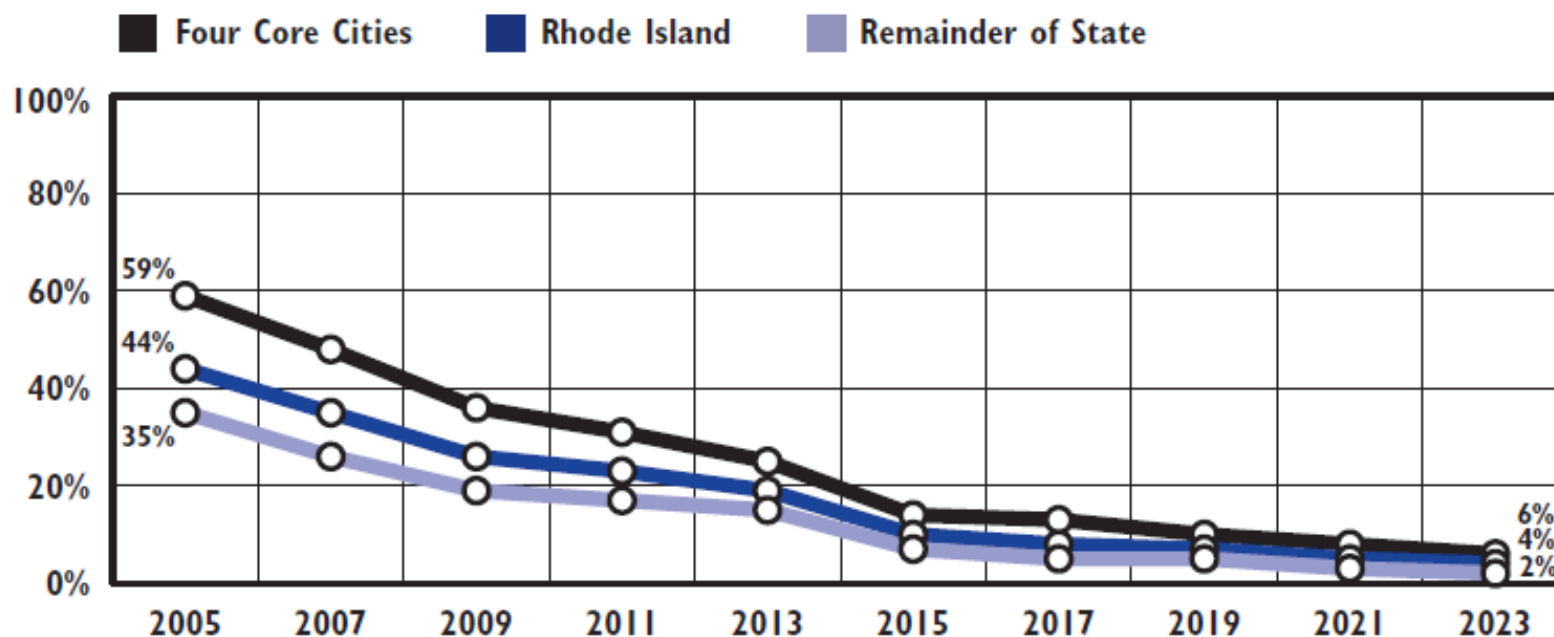
Children Under 21 Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2011-2021



- Forty-nine percent (62,540) of the children who were enrolled in Rite Care, Rite Share, or Medicaid fee-for-service on June 30, 2021 received a dental service during State Fiscal Year (SFY) 2021, the same as last year.

Children with Lead Poisoning

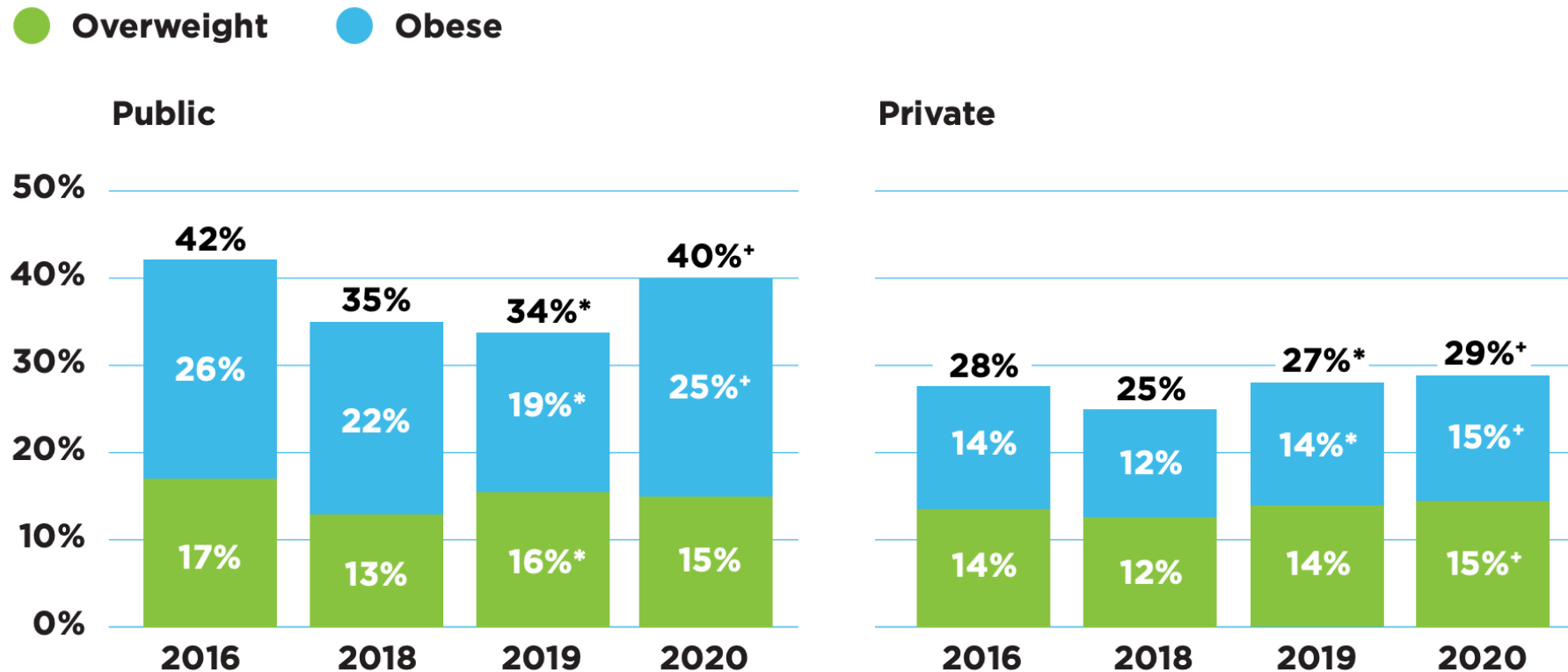
Children Entering Kindergarten with History of Elevated* Blood Lead Level Screening (≥ 5 $\mu\text{g/dL}$), Rhode Island, Four Core Cities, and Remainder of State, 2005-2023



- 3.5% (391) of Rhode Island children entering kindergarten in the Fall of 2023 who were screened had confirmed elevated blood lead levels of ≥ 5 $\mu\text{g/dL}$.

Increase in Childhood Overweight and Obesity Since Pandemic

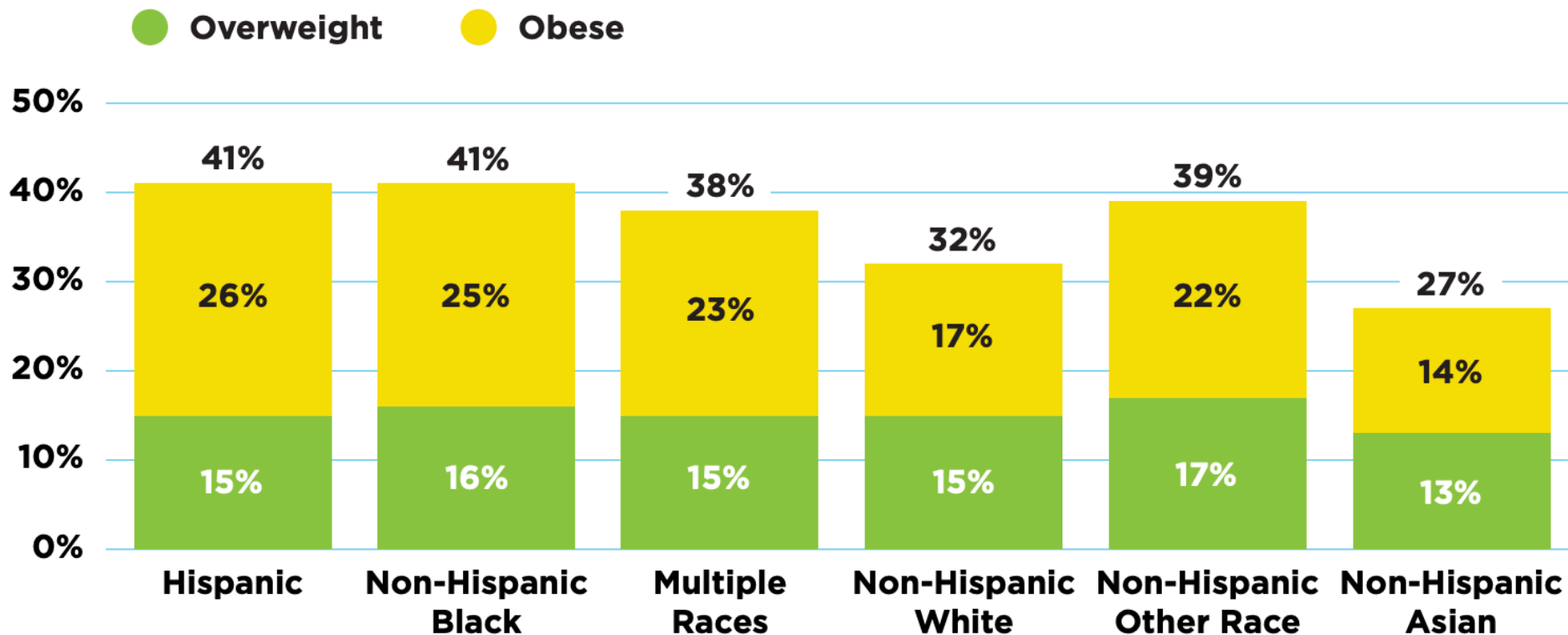
Trends by Insurance Status



Source: Brown University School of Public Health analysis of 2016-2020 BMI clinical and billing records of children ages 2 to 17 in Rhode Island collected by the Department of Health. Some percentages may not total due to rounding.

Childhood Overweight and Obesity

Racial and Ethnic Disparities

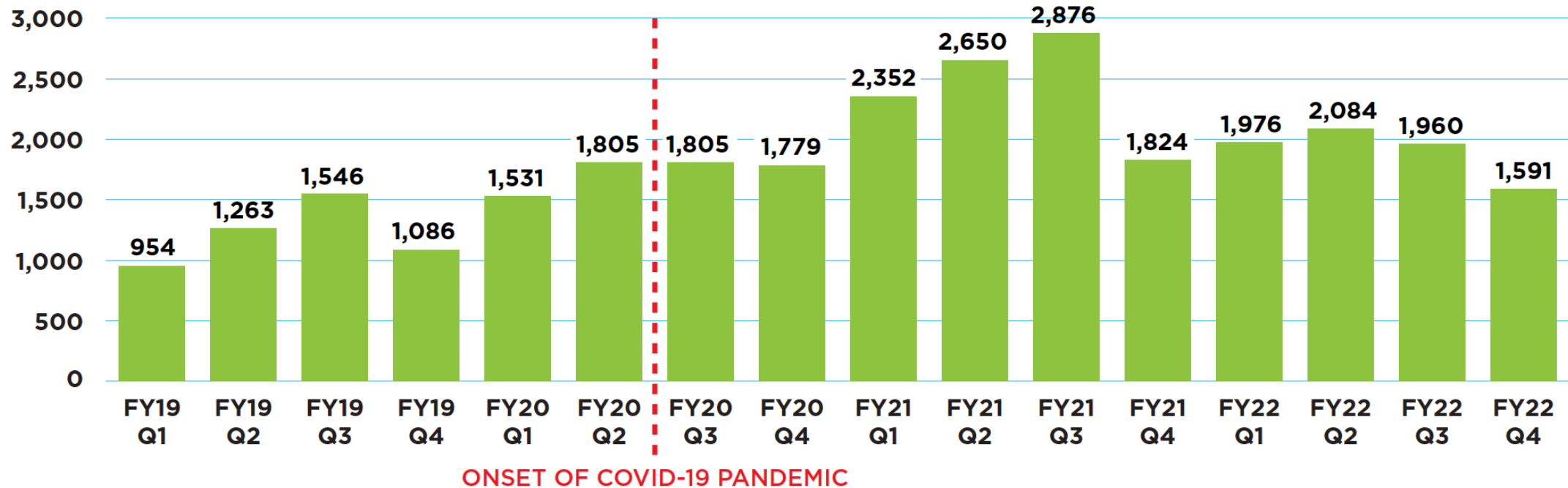


Source: Brown University School of Public Health analysis of 2016-2020 BMI clinical and billing records of children ages 2 to 17 in Rhode Island collected by the Department of Health. Some percentages may not total due to rounding.

Children's Behavioral Health

- There has been a dramatic, continuing increase in the behavioral health needs of children and youth. The COVID-19 pandemic escalated and furthered this crisis.
- Progress includes release of a Rhode Island Behavioral Health System of Care Plan for Children and Youth and the passage and implementation of FY 23 Legislation (*Nathan Bruno Act, Trauma-Informed Schools Act, Infant and Early Childhood Mental Wellness Act*).

KIDS' LINK CALLS, RHODE ISLAND, FY 2019 THROUGH FY 2022

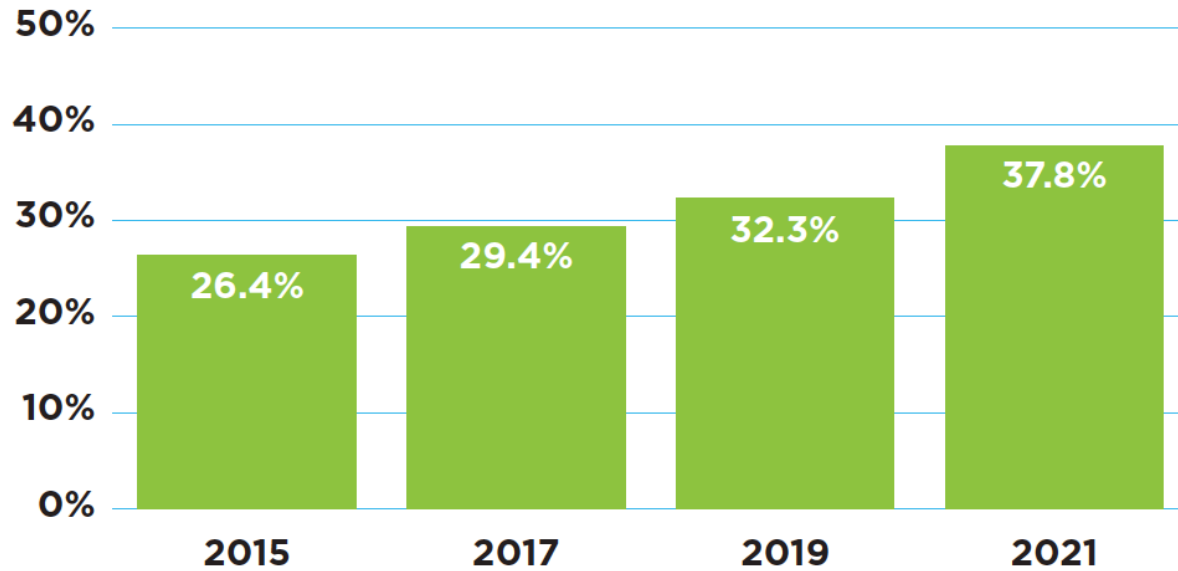


Source: Lifespan, FY 2019 through FY 2022. Note: Q1 October-December, Q2 January-March, Q3 April-June, Q4 July-September.

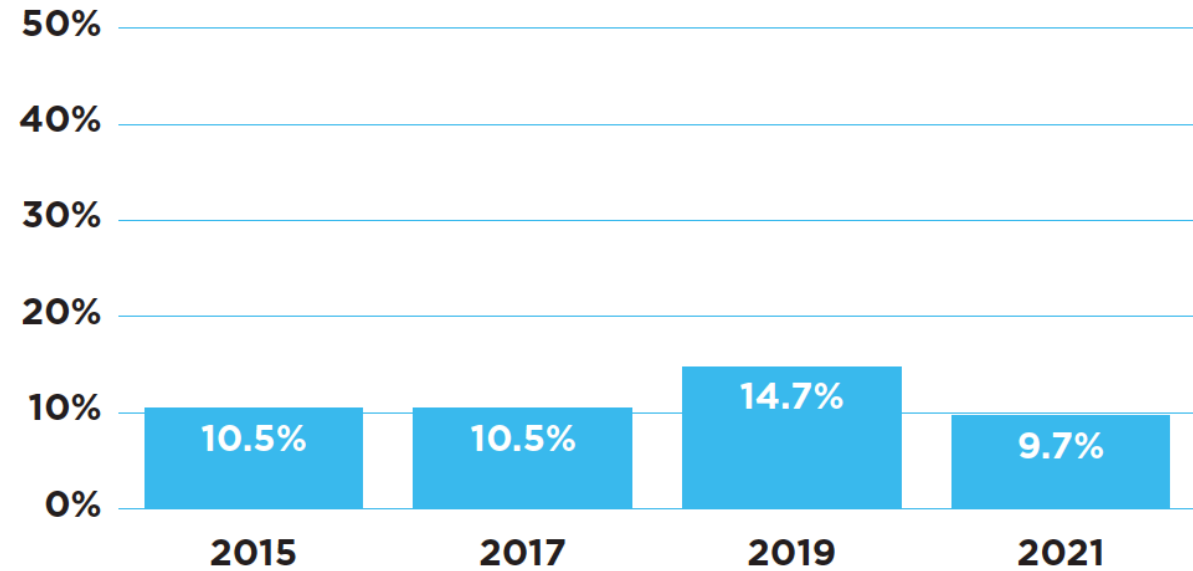
- In FY 2021, there were 9,702 calls to Kids' Link RI, twice the number of calls received in FY 2019 (4,849), prior to the onset of the COVID-19 pandemic. The number of calls peaked in FY 2021, but remain higher in FY 2022 than prior to the onset of the COVID-19 pandemic.

Suicidality Among Rhode Island High School Students, 2015-2021

% Feeling Sad or Hopeless



% Attempted Suicide



Source: Rhode Island Youth Risk Behavior Survey, 2015-2021.

- In 2021, **38% of Rhode Island high school students reported feeling sad or hopeless** for more than two weeks during the past year, continuing an upward trend. Girls were twice as likely as boys to report these feelings, and LGBTQ students reported higher rates of sadness and hopelessness than their peers. **Almost 10% of Rhode Island high school students reported attempting suicide one or more times during the past year.**

Gun Violence as a Public Health Issue

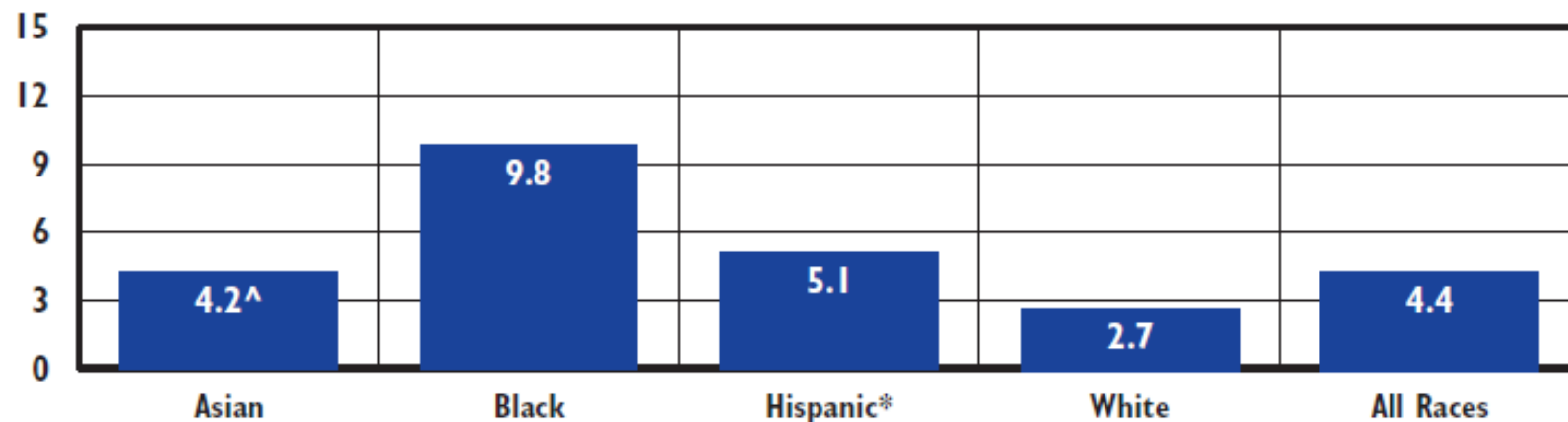
- In Rhode Island between 2016 and 2020, there were:
 - **189 emergency department** visits among children and youth attributed to firearms
 - **22 hospitalizations** among children and youth attributed to firearms
 - **5 deaths** of children and youth attributed to firearms

Health Outcomes, by Race and Ethnicity, Rhode Island

	ALL RACES	ASIAN	BLACK	HISPANIC	NATIVE AMERICAN	WHITE
Children Without Health Insurance	1.9%	2.0%	4.9%	3.1%	*	1.4%
Women With Delayed or No Prenatal Care	15.8%	18.0%	21.6%	18.2%	23.6%	13.5%
Low Birthweight Infants	7.7%	8.2%	11.1%	8.1%	9.2%	6.8%
Any Infant Breastfeeding	71%	80%	62%	62%	*	76%
Combined Overweight and Obesity	35%	*	41%	41%	*	32%

Racial and Ethnic Disparities in Infant Mortality

**Infant Mortality Rate per 1,000 Live Births by Race/Ethnicity,
Rhode Island, 2016-2020**



- Between 2016 and 2020, the Rhode Island infant mortality rate was 4.4 per 1,000 births.
- The Black infant mortality rate is the highest of any racial or ethnic group even after controlling for risk factors such as socioeconomic status and educational attainment. Structural racism as well as exposure to discrimination and racialized stress negatively impact birth outcomes for Black women and their babies.

Racial and Ethnic Disparities in Maternal Mortality and Morbidity

Nationally, Black women are **3 to 4 times** more likely than white women to die of pregnancy-related complications.

In 2020, the Rhode Island severe maternal morbidity rate was 89 per 10,000 delivery hospitalizations.

Black (155 per 10,000) and Hispanic (106 per 10,000) women had higher rates of maternal morbidity than white women (86 per 10,000).

Perinatal Doula Services are now eligible for reimbursement through both Medicaid and private insurance and is an important strategy for addressing the Black maternal morbidity and mortality crisis.

Moving Forward

Close racial/ethnic disparities across health indicators with a focus on **Black maternal and infant morbidity/ mortality**

Support policies and implementation of a comprehensive system to **address the children's mental health crisis**

Use *ARPA* funding for **affordable housing** for children and families

Provide **12 months of continuous Medicaid coverage for children/ continuous coverage from birth up to age 6**

Ensure that families do not lose coverage when the Public Health Emergency ends

Ensure that all states **report key maternal and child health quality measures**



[Right from the Start \(rightfromthestartri.org\)](http://rightfromthestartri.org)

**Right from the
Start**

Steering Committee

- Beautiful Beginnings
- Economic Progress Institute
- Head Start Association of Rhode Island
- Latino Policy Institute
- Parents Leading for Educational Equity
- RI Association for Infant Mental Health
- RI Association for the Education of Young Children
- Rhode Island KIDS COUNT



Medicaid-Related Early Policy and Budget Priorities for 2023

- Adopt at least **12-month continuous Rite Care** eligibility and pursue Birth-5 continuous Rite Care eligibility for young children up to age 6
- Support implementation of *Infant and Early Childhood Mental Wellness Act* to ensure best practices in screening, assessment, diagnosis, and treatment
- **Permanently increase Medicaid rates for First Connections home visiting programs/Ensure rate increases are adequate to retain staff for Early Intervention programs**

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