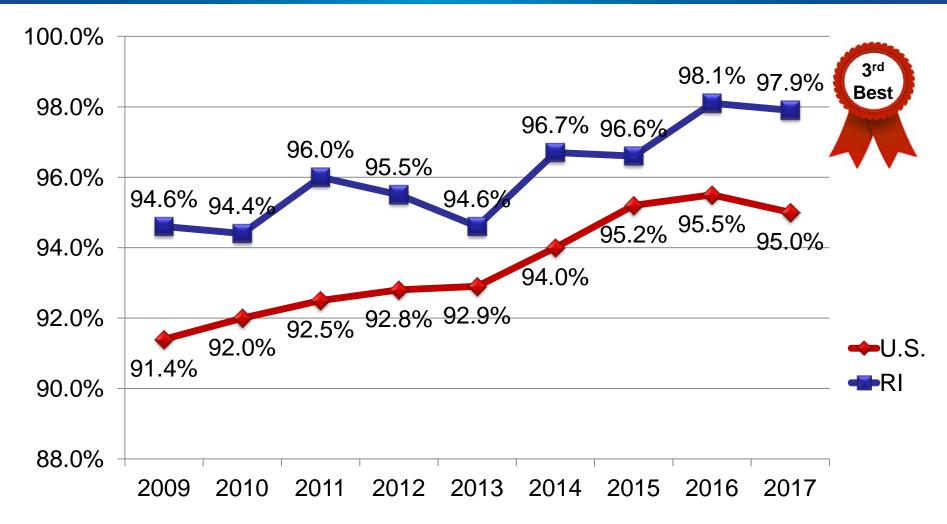
### A Celebration of Children's Health



November 19, 2018

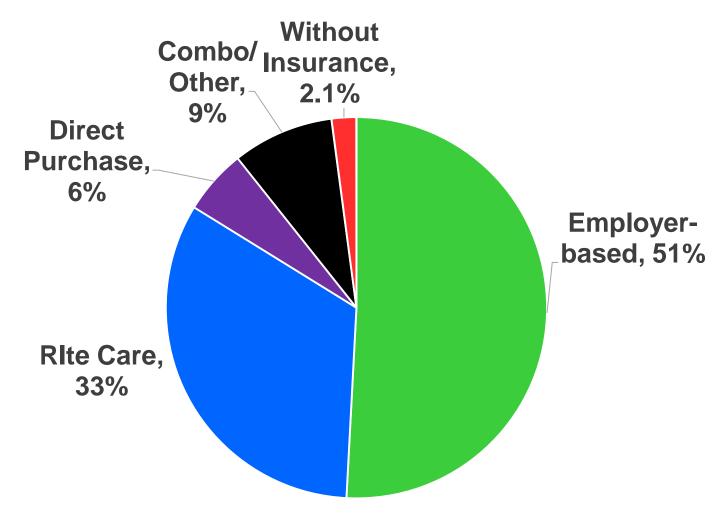
# Children With Health Insurance United States & Rhode Island



Source: US Census Bureau, American Community Survey, 2009-2017. Table R2702.

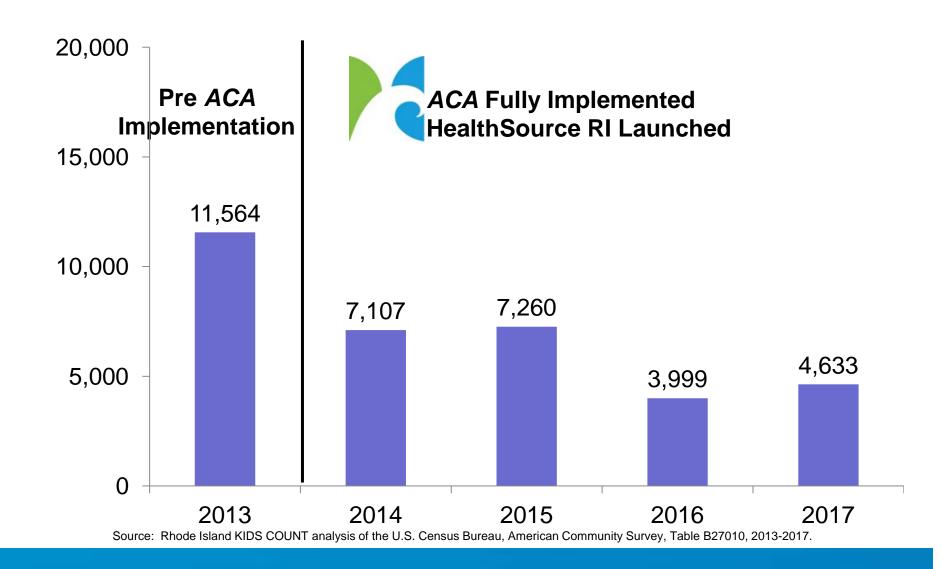
Data are for children under 18 years of age.

#### How are RI Children Covered?



Source: Rhode Island KIDS COUNT analysis of the U.S. Census Bureau, American Community Survey, Table B27010, 2017.

#### Declines in Uninsured RI Children



### Rhode Island's Achievements In Children's Health

We lead the nation in many children's health outcomes.

Adolescent Vaccination (1st)

Children's Health Coverage (3rd)

Child Deaths (4th)

Teen Deaths (1st)



### Rhode Island's Achievements In Children's Health

We lead the nation in many children's health outcomes.

Seen a Dentist (14<sup>th</sup>)

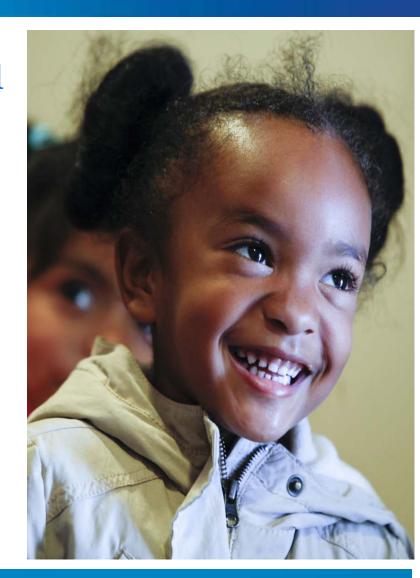
High School Cigarette Use (5th)

Teen Births (7th)



#### **RIte Care Works!**

- RIte Care has been a national model of comprehensive coverage for 24 years.
- Well-documented, positive, sustained health outcomes.
- Cost-effective investment in the health of Rhode Island's children and families.



#### RIte Care's National Excellence



# In 2018, RIte Care Remains a Top Quality Performer

Primary Care Access and Preventive Care

Maternal and Perinatal Health

Source: 2017 Child Health Care Quality Measures.(2018). Rockville, MD: U.S. Department of Health and Human Services. Retrieved November 17, 2018, from data.Medicaid.gov

### RIte Care: High-Quality Care

RIte Care Health Plans Receive Top Ratings Among Medicaid Health Plans in the U.S. in 2018

(3 of 13 in the U.S. rated 4.5 or higher)









## RIte Care Works for Pregnant Women



93% pregnant women insured by RIte Care received timely prenatal care in 2016.

Rates of delayed prenatal care are lower among women with RIte Care coverage than those who are uninsured.

Source: 2017 Child Health Care Quality Measures. (2018). U.S. Department of Health and Human Services. Retrieved November 17, 2018, from data. Medicaid.gov

#### RIte Care Works for Children



#### **Primary Care Visits in 2016**

• 95% of infants and toddlers

• 91% of preschool and early elementary school-age children

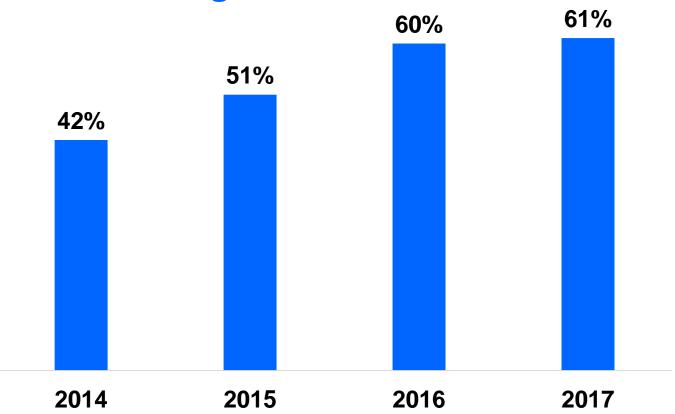
• 96% of preteens

• **95**% of teens

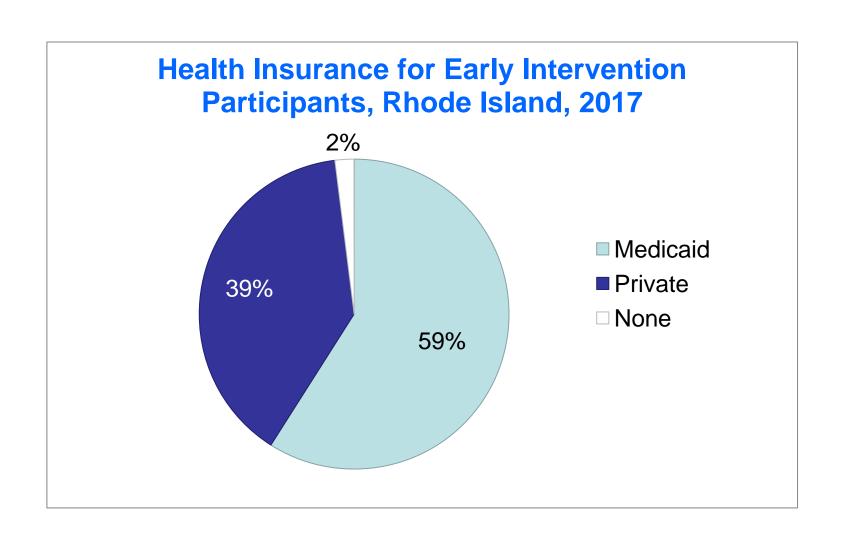
Source: 2017 Child Health Care Quality Measures. (2018). U.S. Department of Health and Human Services. Retrieved November 17, 2018, from data. Medicaid.gov

# Developmental Screening Improvement

% Children Up to Age 3 Covered by RIte Care Who Received at Least One Developmental Screening with Standardized Tool

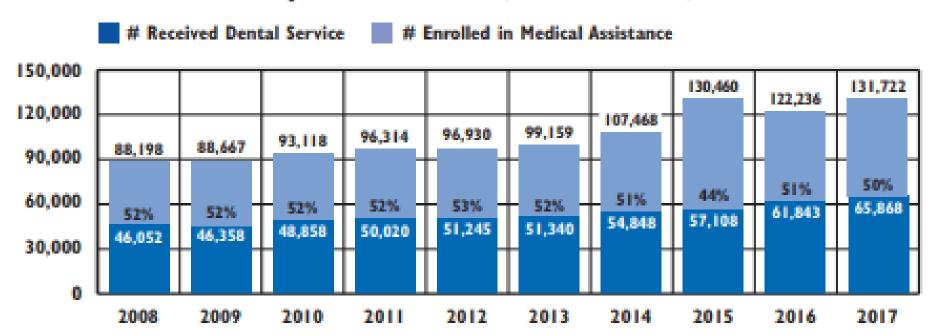


#### Early Intervention (Part C)



# RIte Smiles

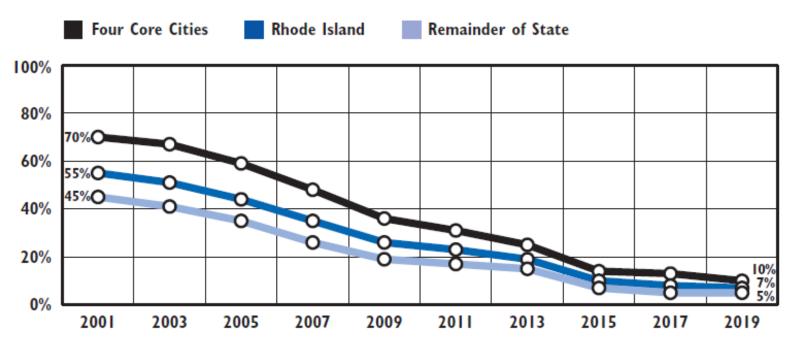
# Children Enrolled in Medical Assistance\* Programs Who Received Any Dental Service, Rhode Island, SFY 2008-2017



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2008-2017. \*Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

### Children with Lead Poisoning

Children Entering Kindergarten with History of Elevated\* Blood Lead Level Screening (≥5 µg/dL), Rhode Island, Four Core Cities, and Remainder of State, 2001-2019



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 2001 and 2019. \*Elevated blood lead level of ≥5 µg/dL.

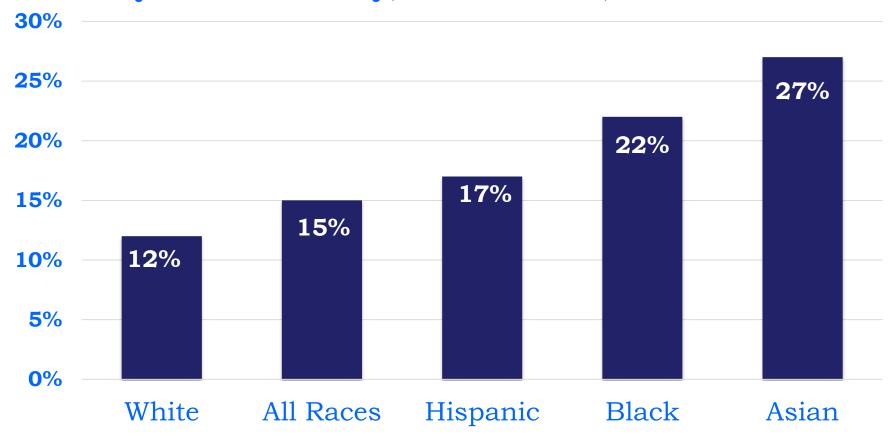
# Racial/Ethnic Disparities

#### Health Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children Without Health Insurance	1.7%	2.3%	3.2%	0%	NA	1.9%
Women With Delayed or No Prenatal Care	12.4%	17.4%	21.9%	26.5%	15.6%	14.5%
Preterm Births	6.4%	8.1%	9.2%	7.2%	8.9%	7.1%
Low Birthweight Infants	6.7%	8.2%	11.3%	13.1%	10.3	7.7%
Infant Mortality (per 1,000 live births)	4.3	5.7	9.9	9.3	*	5.7
Births to Teens Ages 15-19 (per 1,000 teens)	9.4	37.9	24.9	8.3	40.4	15.0

### Racial/Ethnic Disparities

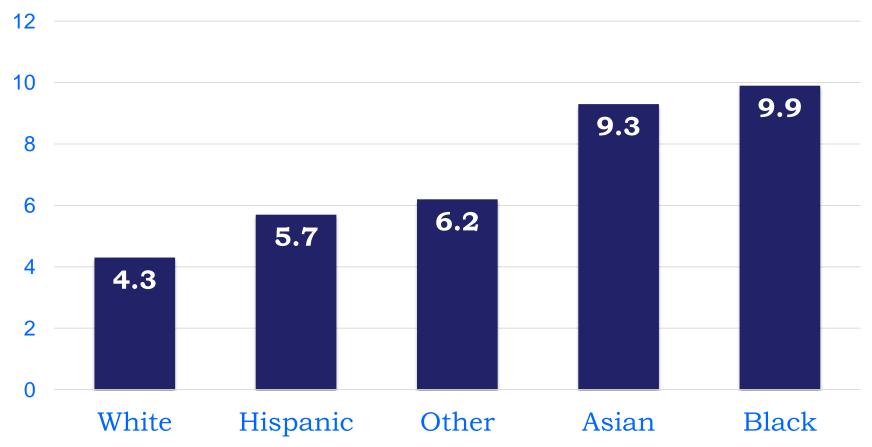
Women with Delayed Prenatal Care By Race/Ethnicity, Rhode Island, 2012 - 2016



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016.

# Infant Mortality

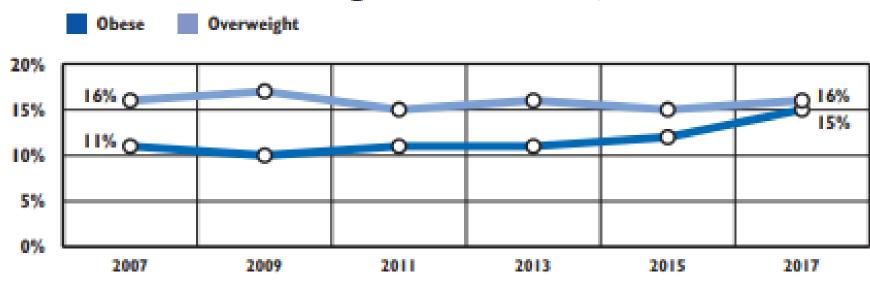
Infant Mortality Rate per 1,000 live births, by Race/Ethnicity, Rhode Island 2012 - 2016



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016.

# Overweight and Obesity

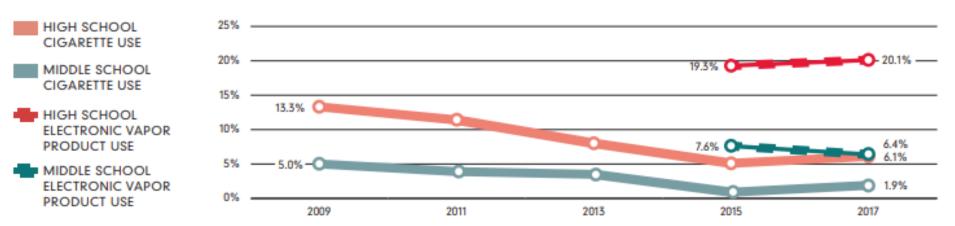
#### Obesity and Overweight Among Rhode Island High School Students, 2007-2017



Source: Youth Risk Behavior Survey, Rhode Island, 2007-2017. BMI calculated using self-reported student response.

### Youth Cigarette and E-Cigarette Use

#### YOUTH CIGARETTE AND ELECTRONIC VAPOR PRODUCT USE\*, MIDDLE AND HIGH SCHOOL STUDENTS, RHODE ISLAND, 2009-2017



Source: Rhode Island Department of Health, Youth Risk Behavior Survey, 2009-2017.

Notes: \*Use is defined as currently smoking cigarettes or an electronic vapor product at least one day during the 30 days before the survey. \*\*Electronic Vapor Use was not asked on the YRBS survey before 2015.

### Our Collective Charge



- Continue our strong state leadership on health coverage for children and families
- Cover all kids
  - •98% of Rhode Island kids are covered
  - 100% is within our reach
- Continue to improve child health outcomes and eliminate disparities by race and ethnicity
- Support **systems that connect** every child to the care and programs they need to develop and thrive in their communities.

## A Celebration of Children's Health



November 19, 2018



- 98% of RI children have health insurance
- 50% of RI births are covered by RIte Care
- RIte Care is highly rated program w/highly rated health plans and positive image
- Over 90% of RI young children saw health provider in past year & visits are frequent
- RIte Care/pediatric visits best way to reach children under age 3 & connect to services

Great opportunity to emphasize RIte Care's role in supporting early childhood development

#### Potential components:

- Increase full EPSDT schedule completion rates
   Including developmental screening, maternal depression screening, blood lead screenings, and oral health with diagnosis and treatment
- Strengthen infant/early childhood mental health Including increased use of DC: 0-5 diagnostic tool
- Continue strong enrollment in Early Intervention
- Invest in evidence-based home visiting- Medicaid service
- Continue support for successful pediatric care coordination efforts like PCMH-Kids to coordinate care
- Coordinate with other state efforts like 3<sup>rd</sup> Grade Reading Goal/RI Reads and Think Babies



# A Celebration of Children's Health



November 19, 2018



