

# A Celebration of Children's Health and Well-Being



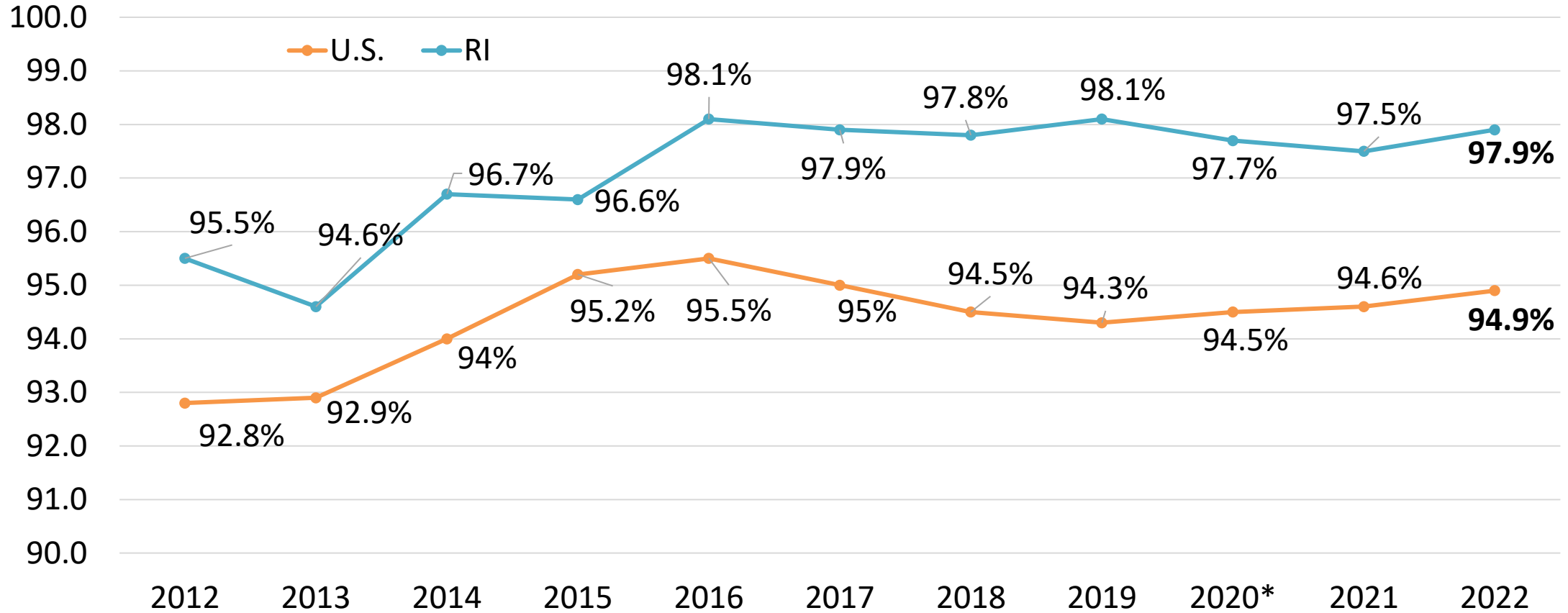
Rhode Island KIDS COUNT

November 20, 2023

#RItCareWorks



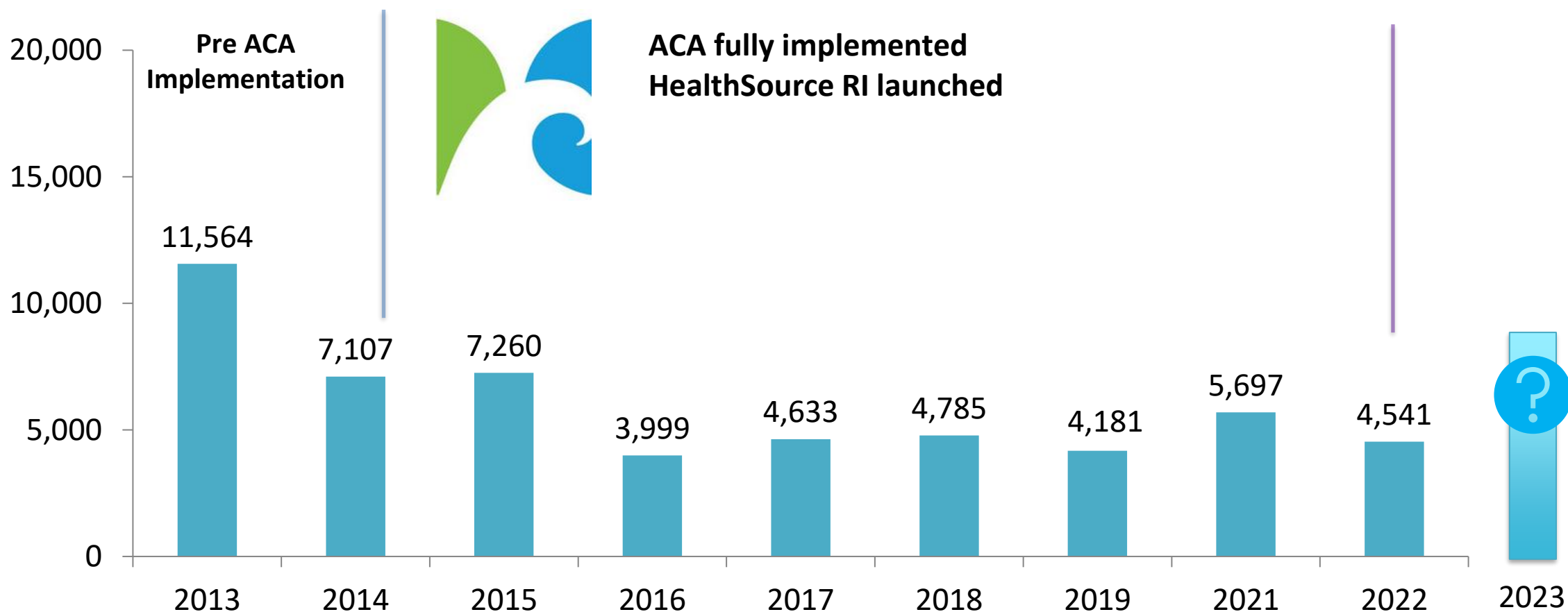
# Children with Health Insurance



Source: U.S. Census Bureau, American Community Survey, 2012-2022. 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



# Cover All Kids

In 2022, 97.9% 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.



After one year of implementation and outreach, as of September 30, 2023  
**3,693 children are enrolled.**

# Return to Normal: Medicaid Redeterminations

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

Starting in December 2023, 75,000 Rhode Island households with children will begin redeterminations.

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



# MEDICAID RENEWALS ARE BACK

Households with kids, which includes anyone younger than 19, will get their renewal notice in the mail between December 2023 and April 2024.

## Update your contact information.



## Look for a yellow or green notice in the mail.



## Take action right away.



To learn more or find help near you, visit [staycovered.ri.gov](https://staycovered.ri.gov)



**BE READY.  
STAY COVERED.**

# Keeping Kids Covered in RI

## ✓ 12 Months of Continuous Coverage for Children starting January 2024

### Multi-Year Continuous Coverage

- Prevents harmful short- and long-term gaps in coverage
- Drives more efficient health care spending –focused on prevention
- Improves health status and well-being
- Promotes health equity - Children of Color are more likely to churn on and off
- Supports school readiness



### AMERICAN ACADEMY OF PEDIATRICS RECOMMENDED CHECKUPS





## Rite 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 2023**



Source: 2023 National Committee on Quality Assurance Rankings. 290 Medicaid Health Plans were evaluated and 196 were rated based on clinical performance, member satisfaction, and NCQA Accreditation.

# Rlte Care Works for Pregnant People

- **89.2%** 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: 2022 *Child Health Care Quality Measures*. (2023). U.S. Department of Health and Human Services. Retrieved October 2023, from [data.Medicaid.gov](https://data.Medicaid.gov)

# Rite Care Works for Children

## 2022 Primary Care Visits

- **68.9%** of children ages 0-15 months
- **77.5%** of preschool and early elementary school-age children
- **62.8%** of all children ages 12-21



Source: 2022 Child Health Care Quality Measures.(2023). U.S. Department of Health and Human Services. Retrieved October 2023, from [data.Medicaid.gov](https://data.Medicaid.gov)

# Rhode Island's Achievements in Children's Health



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Adolescent HPV Vaccination (1<sup>st</sup>)

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Children's Health Insurance Coverage (2<sup>nd</sup>)

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Child & Teen Deaths (T-1<sup>st</sup>)

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Infant Mortality (10<sup>th</sup>)



# Rlte Smiles

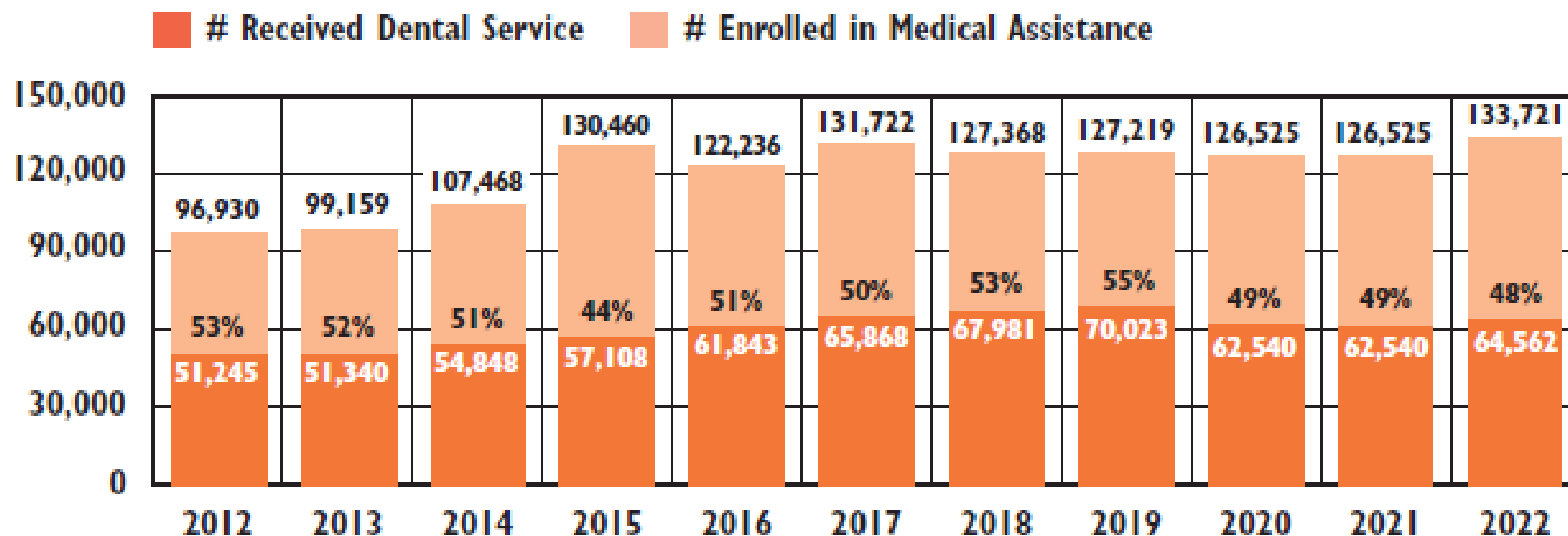
- The number of dentists accepting qualifying children on Medicaid increased from **27** before Rlte Smiles began to **182** one year into the Rlte Smiles program.
- **In FY 2022, there were 213 unduplicated dentists** participating in Rlte Smiles, however participation peaked in 2019 with 312 providers.





# Children's Dental Care

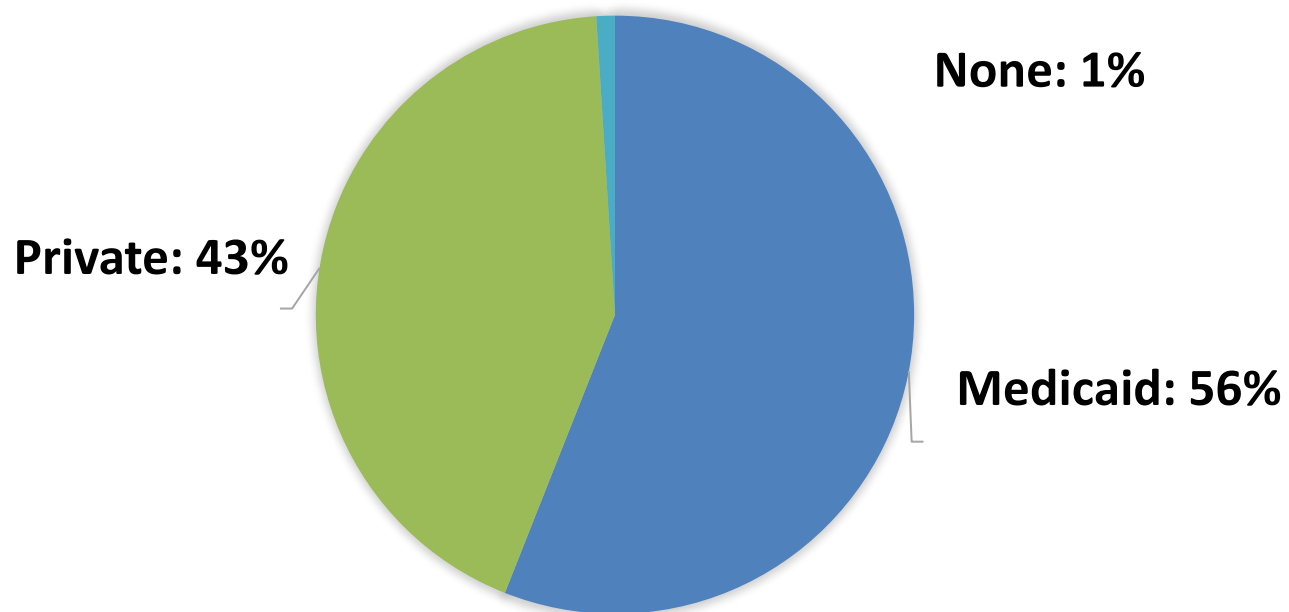
## Children Under 21 Enrolled in Medical Assistance\* Programs Who Received Any Dental Service, Rhode Island, SFY 2012-2022



- Forty-eight percent (64,562) of the children who were enrolled in Rlte Care, Rlte Share, or Medicaid fee-for-service on June 30, 2022 received a dental service during State Fiscal Year (SFY) 2022, a slight decrease from last year.

# Early Intervention

## Health Insurance for Early Intervention Participants, Rhode Island, 2022

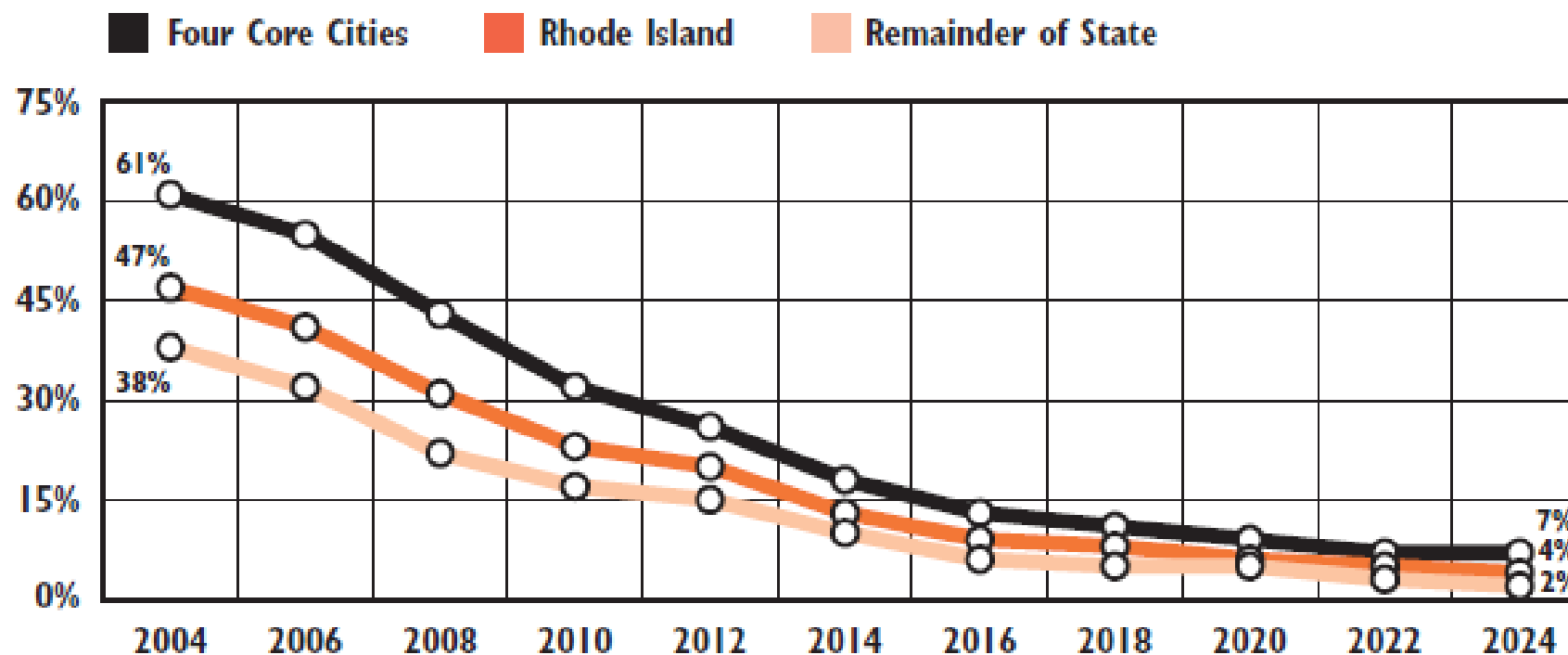


Source: Rhode Island KIDS COUNT analysis of EOHHS Children Enrolled in Early Intervention. June 2022

- In 2022, **62%** of children under age three with Rlte Care had a **developmental screening** completed, compared to 59.5% in 2020.

# Children with Lead Poisoning

**Children Entering Kindergarten with History of Elevated Blood Lead Level (>5 ug/dL)  
Rhode Island, Four Core Cities, and Remainder of State, 2004- 2024**



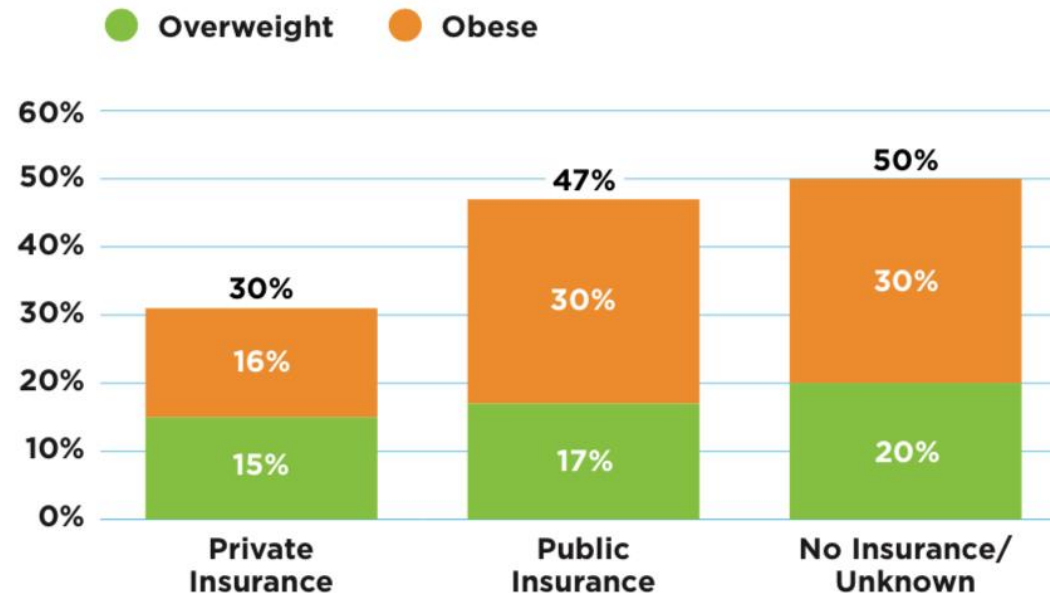
- 3.9% (413) of Rhode Island children entering kindergarten in the Fall of 2024 who were screened had confirmed elevated blood lead levels of  $\geq 5 \mu\text{g/dL}$ .

# Increase in Childhood Overweight and Obesity Since Pandemic

## Trends by Insurance Status

### INSURANCE STATUS

Half (50%) of Rhode Island children with no insurance/unknown insurance status are overweight or obese, compared to 47% of children with public insurance and 30% of children with private insurance. Nationally, children living in poverty, Black and Hispanic children, foreign-born, and non-citizen children are most likely to be uninsured, and most children receiving public insurance are in low-income families.<sup>31</sup>



Source: Brown University School of Public Health analysis of 2016-2022 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.

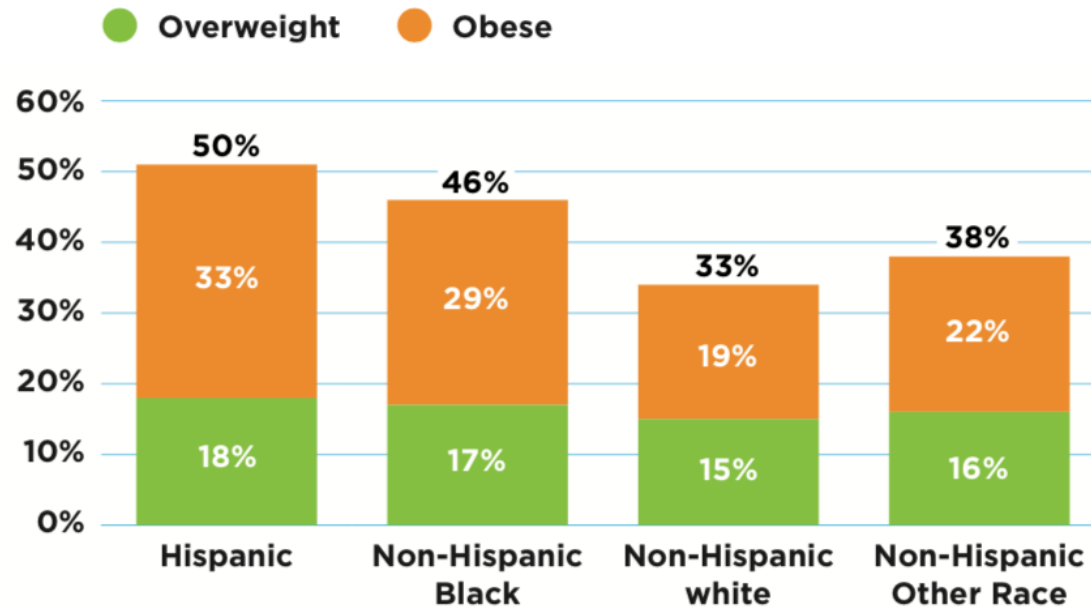
# Childhood Overweight and Obesity

## Racial and Ethnic Disparities

### RACE AND ETHNICITY

In Rhode Island, Hispanic (50%) and Black (46%) children are more likely to be overweight or obese compared to white (33%) children.

Source: Brown University School of Public Health analysis of 2021 BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Department of Health. Some percentages may not total or add to 100% due to rounding.



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.

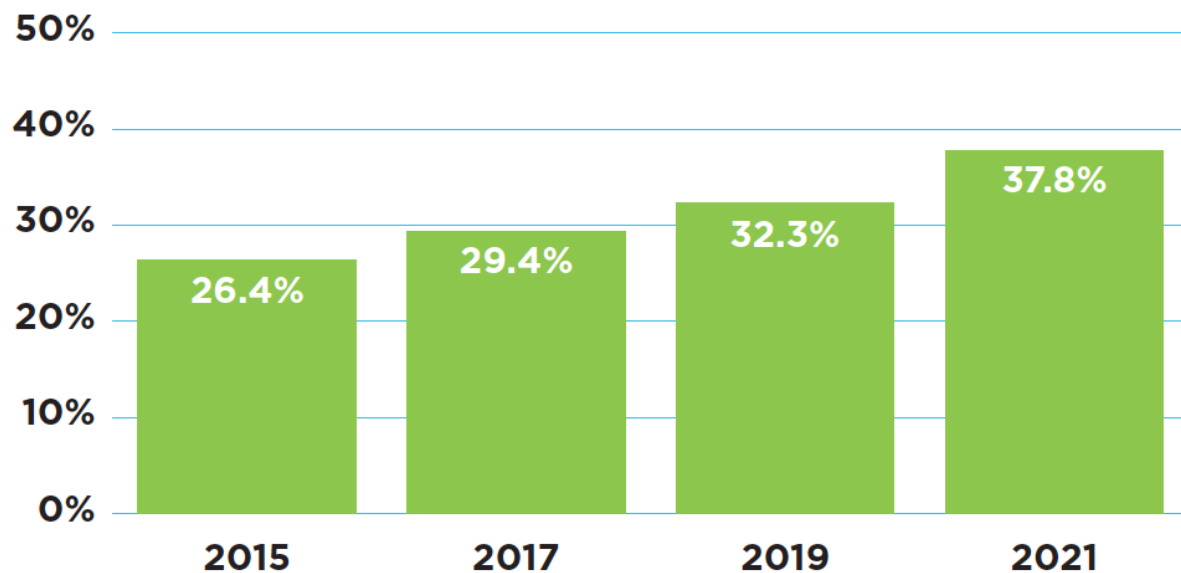


# Children's Behavioral Health

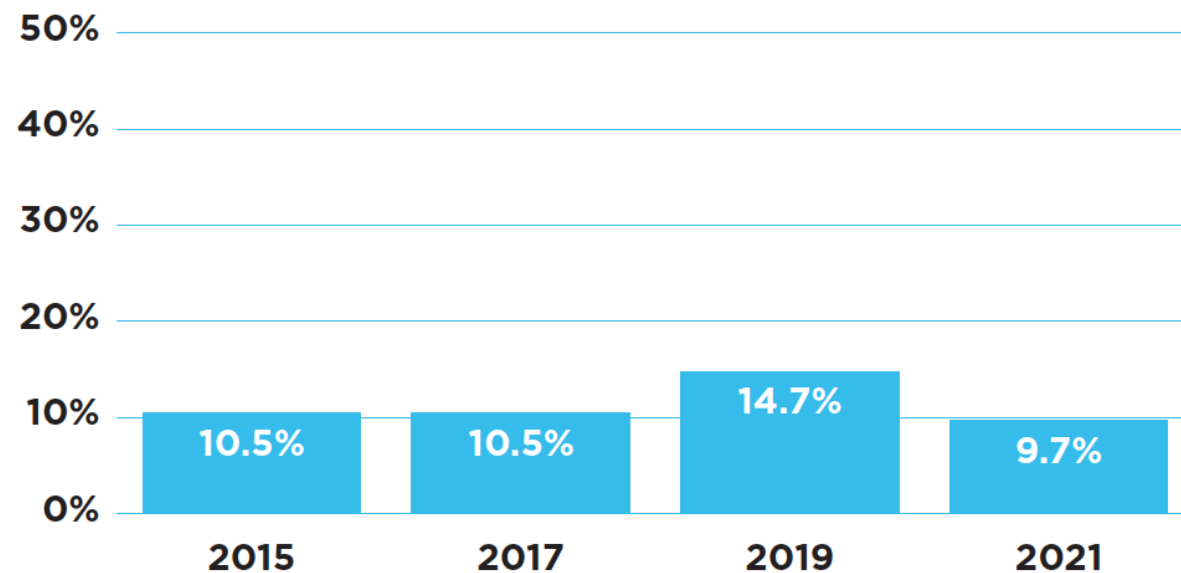
- There has been a dramatic, continuing increase in the behavioral health needs of children and youth. The COVID-19 pandemic escalated and furthered this crisis.
- Progress includes
  - *Rhode Island Behavioral Health System of Care Plan for Children*
  - *Nathan Bruno and Jason Flatt Act*
  - *Trauma-Informed Schools Act*
  - *Infant and Early Childhood Mental Wellness Act*
  - *Implementation of Mobile Response Stabilization Services*
  - *Medicaid Reimbursement for School-Based Mental Health Services*

## Suicidality Among Rhode Island High School Students, 2015-2021

% Feeling Sad or Hopeless



% Attempted Suicide



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

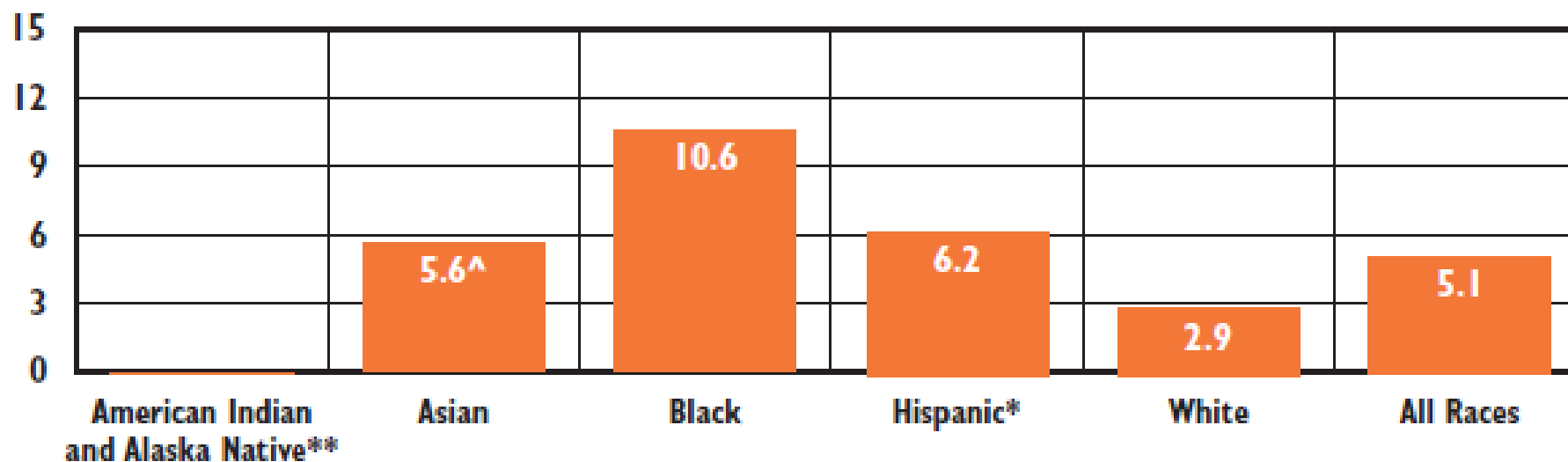
- In 2021, **38% of Rhode Island high school students reported feeling sad or hopeless** for more than two weeks during the past year, continuing an upward trend. Girls were twice as likely as boys to report these feelings, and LGBTQ students reported higher rates of sadness and hopelessness than their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

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

	ALL RACES	AMERICAN INDIAN/ ALASKA NATIVE	ASIAN	BLACK	HISPANIC	NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	WHITE
Children Without Health Insurance	2.5%	NA	2.0%	2.5%	3.7%	NA	1.8%
Women with Delayed or No Prenatal Care	15.9%	21.7%	17.9%	21.5%	18.4%	44.4%^	13.2%
Low Birthweight Infants	7.6%	10.5%	8.2%	11.3%	8.0%	*	6.6%
Infant Mortality (per 1,000 live births)	5.1	*	5.6^	10.6	6.2	0.0	2.9
Any Infant Breastfeeding	73%	62%	81%	64%	65%	71%	77%
Combined Overweight and Obesity	39%	NA	NA	46%	50%	NA	33%

# Racial and Ethnic Disparities in Infant Mortality

Infant Mortality Rate per 1,000 Live Births by Race/Ethnicity,  
Rhode Island, 2017-2021



- Between 2017 and 2021, the Rhode Island infant mortality rate was 5.1 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

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

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

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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).

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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.



## **Root Causes of Disparities in Maternal and Infant Health: A Legacy That Continues to Harm Rhode Island's Children and Families**

Health care only accounts for 10-20% of an individual's overall health outcomes and is just one of the social determinants of health, which is defined as the conditions and environments where people are born, live, learn, work, and play that greatly impact health outcomes.<sup>15</sup> These social determinants of health, including economic stability, education access, neighborhood and the built environment, and social context account for over 80% of health outcomes.<sup>16</sup> Disparities in social determinants of health can be traced back to the founding of the United States and continue to impact the longstanding racial and ethnic disparities in health, including maternal and infant health.<sup>17</sup> Removal of Native Americans from their lands and use of Africans as enslaved labor prevented the country's first People of Color from fully participating in the economy while simultaneously building wealth for the country and its white citizens. Racism became an economic tool infused into laws, policies, and practices that have harmed Asian, Black, Latinx, Native American and low-income white people for centuries.<sup>18,19,20</sup> Unequal access to economic opportunities, stability, and growth impacts educational access, environmental conditions and well-being.

# Importance of Economic Security

- **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 hunger, difficulty in school, become teen parents, and earn less or be unemployed as adults.
- People with low incomes are the most likely to be uninsured; some cannot afford the cost, some do not have access to coverage through their employers, and others do not have access to employer-based coverage due to job loss.

# Importance of Healthy Housing and Community

- **Healthy housing (homes that are safe, affordable, well-maintained and stable)** supports the well-being and health of children and families and protects them from environmental hazards and injury while unsafe housing can intensify these conditions.
- There are disparities in the resources available in different Rhode Island communities and neighborhoods. Each of these factors in a family's environment can impact their health and well-being. The inequities in these factors (**green space, air pollution, noise pollution, and safety**) stem from historical policies (e.g., redlining and urban planning policies)
  - Examples
    - Lead Remediation
    - HEZ Participatory Budgeting
    - End of Eviction Moratorium and Relief

# Importance of Safety and Gun Violence

In Rhode Island between 2017 and 2021, there were:

- **184 emergency department** visits among children and youth attributed to firearms
- **20 hospitalizations** among children and youth attributed to firearms
- **11 deaths** of children and youth attributed to firearms

2021 was the deadliest year for gun violence in U.S. history, and firearm related injuries remain **the leading cause of death in the U.S. among children and youth ages one to 19**, surpassing motor vehicle deaths.

# 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**

Invest in social drivers that **impact** children's well-being (affordable and safe housing, safe communities, education, and more)

Invest in a **culturally competent and diverse workforce**

Ensure that families do **not lose coverage** unnecessarily during Medicaid redeterminations

Support **our youngest population (Birth-5)** during critical time of development to have the **Right Start**



# Policy Priorities

## Health

- Adopt continuous Medicaid coverage for children under age 6.\*
- Address child mental health crisis: Increase access to mental health support in schools. Provide reimbursement to schools so they can hire and retain school social workers and psychologists. Provide funding to sustain Mobile Response Stabilization Services.

## Child Welfare and Juvenile Justice

- Provide financial support to youth aging out of foster care: Increase funding for the higher education incentive grant and establish a tuition waiver program.
- Stop charging parents for costs associated with their child being in foster care.
- Protect the rights of youth: Prohibit any questioning of a juvenile who is suspected of delinquent or criminal behavior unless the parent or guardian is present.
- Prohibit the incarceration of children under the age of 14 for any offense other than murder, first degree sexual assault, or an attempt to commit such offenses.

# Policy Priorities

## Education

- Support Multilingual Learners: Increase the amount and predictability of funding for Multilingual Learners included in the school funding formula and create a dual language program fund to be administered by RIDE.

## Economic Well-Being

- End deep child poverty: Improve the RI Works Program by updating the cash assistance benefit annually to ensure children do not live in deep poverty, repealing the full family sanction, and restoring eligibility to legal permanent residents.+\*

# Policy Priorities

## Early Childhood Development\*

- Solve the early educator staffing crisis.
- Expand and strengthen the RI Childcare Assistance Program.
- Expand RI Pre-K equitable in Birth-Five context.
- Sustain and strengthen Early Head Start and Head Start.
- End waiting lists for EI and establish an Early Childhood IDEA B-5 Task Force.
- Update infant and early childhood mental health services.
- Save First Connections newborn home visiting.
- Improve paid family leave/address inequitable access.
- Increase the State Earned Income Tax Credit for working families.
- Raise more state general revenues for child care/early learning.

# Policy Supports

## **Rhode Island KIDS COUNT also strongly supports:**

- Healthy School Meals for All
- Commonsense gun safety laws, including an assault weapon ban and safe storage laws
- Increasing access to affordable high-quality Out-Of-School Time programs.
- Increasing the percentage of Educators of Color
- Increasing equitable access to college and career readiness opportunities
- Amend the Rhode Island Constitution so all Rhode Islanders must be provided with an education that is adequate and that this right is judicially enforceable.
- Eliminating payday lending
- Equity Impact Statements

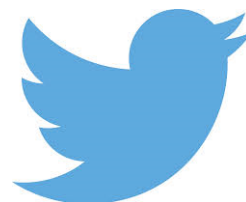
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