A Celebration of Children’s Health

November 19, 2018

#RItteCareWorks
Children With Health Insurance
United States & Rhode Island

Data are for children under 18 years of age.
How are RI Children Covered?

- **Employer-based, 51%**
- **RIte Care, 33%**
- **Direct Purchase, 6%**
- **Without Insurance, 2.1%**
- **Combo/Other, 9%**

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


Pre ACA Implementation

ACA Fully Implemented

HealthSource RI Launched
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 (14th)
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.
RItte Care’s National Excellence

In 2018, RItte Care Remains a Top Quality Performer

Primary Care Access and Preventive Care

Maternal and Perinatal Health

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)

4.5/5.0

Source: 2018 National Committee on Quality Assurance Rankings.
298 Medicaid Health Plans were evaluated and 178 were rated based on clinical performance, member satisfaction, and NCQA Accreditation.
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.

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

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

Health Insurance for Early Intervention Participants, Rhode Island, 2017

- Medicaid: 59%
- Private: 39%
- None: 2%
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

### Racial/Ethnic Disparities

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

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>WHITE</th>
<th>HISPANIC</th>
<th>BLACK</th>
<th>ASIAN</th>
<th>NATIVE AMERICAN</th>
<th>ALL RACES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Without Health Insurance</td>
<td>1.7%</td>
<td>2.3%</td>
<td>3.2%</td>
<td>0%</td>
<td>NA</td>
<td>1.9%</td>
</tr>
<tr>
<td>Women With Delayed or No Prenatal Care</td>
<td>12.4%</td>
<td>17.4%</td>
<td>21.9%</td>
<td>26.5%</td>
<td>15.6%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Preterm Births</td>
<td>6.4%</td>
<td>8.1%</td>
<td>9.2%</td>
<td>7.2%</td>
<td>8.9%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Low Birthweight Infants</td>
<td>6.7%</td>
<td>8.2%</td>
<td>11.3%</td>
<td>13.1%</td>
<td>10.3%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Infant Mortality (per 1,000 live births)</td>
<td>4.3</td>
<td>5.7</td>
<td>9.9</td>
<td>9.3</td>
<td>*</td>
<td>5.7</td>
</tr>
<tr>
<td>Births to Teens Ages 15–19 (per 1,000 teens)</td>
<td>9.4</td>
<td>37.9</td>
<td>24.9</td>
<td>8.3</td>
<td>40.4</td>
<td>15.0</td>
</tr>
</tbody>
</table>
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 Rate per 1,000 live births, by Race/Ethnicity, Rhode Island 2012 - 2016

- White: 4.3
- Hispanic: 5.7
- Other: 6.2
- Asian: 9.3
- Black: 9.9

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016.
Obesity and Overweight Among Rhode Island High School Students, 2007-2017

Youth Cigarette and E-Cigarette Use

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

<table>
<thead>
<tr>
<th>Year</th>
<th>High School Cigarette Use</th>
<th>Middle School Cigarette Use</th>
<th>High School Electronic Vapor Product Use</th>
<th>Middle School Electronic Vapor Product Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>13.3%</td>
<td>5.0%</td>
<td>19.3%</td>
<td>6.4%</td>
</tr>
<tr>
<td>2011</td>
<td>11.9%</td>
<td>4.7%</td>
<td>17.0%</td>
<td>5.6%</td>
</tr>
<tr>
<td>2013</td>
<td>11.0%</td>
<td>4.0%</td>
<td>8.4%</td>
<td>5.1%</td>
</tr>
<tr>
<td>2015</td>
<td>7.6%</td>
<td>4.4%</td>
<td>6.1%</td>
<td>4.2%</td>
</tr>
<tr>
<td>2017</td>
<td>1.9%</td>
<td>1.9%</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

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.
First 1,000 Days of RIte Care

• 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
First 1,000 Days of RIte Care

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 3rd Grade Reading Goal/RI Reads and Think Babies
First 1,000 Days of Rite Care