

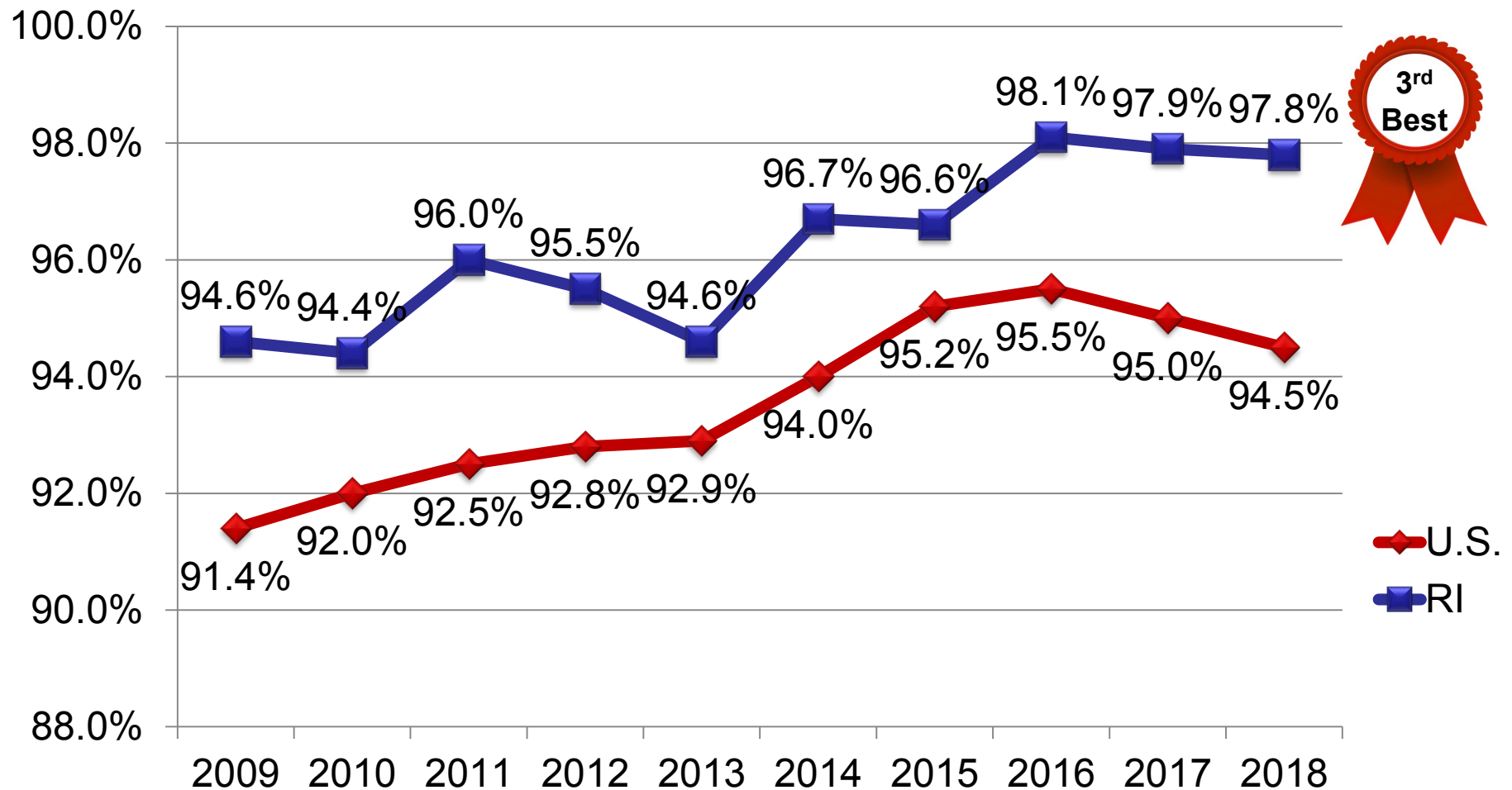
A Celebration of Children's Health



#RiteCareWorks

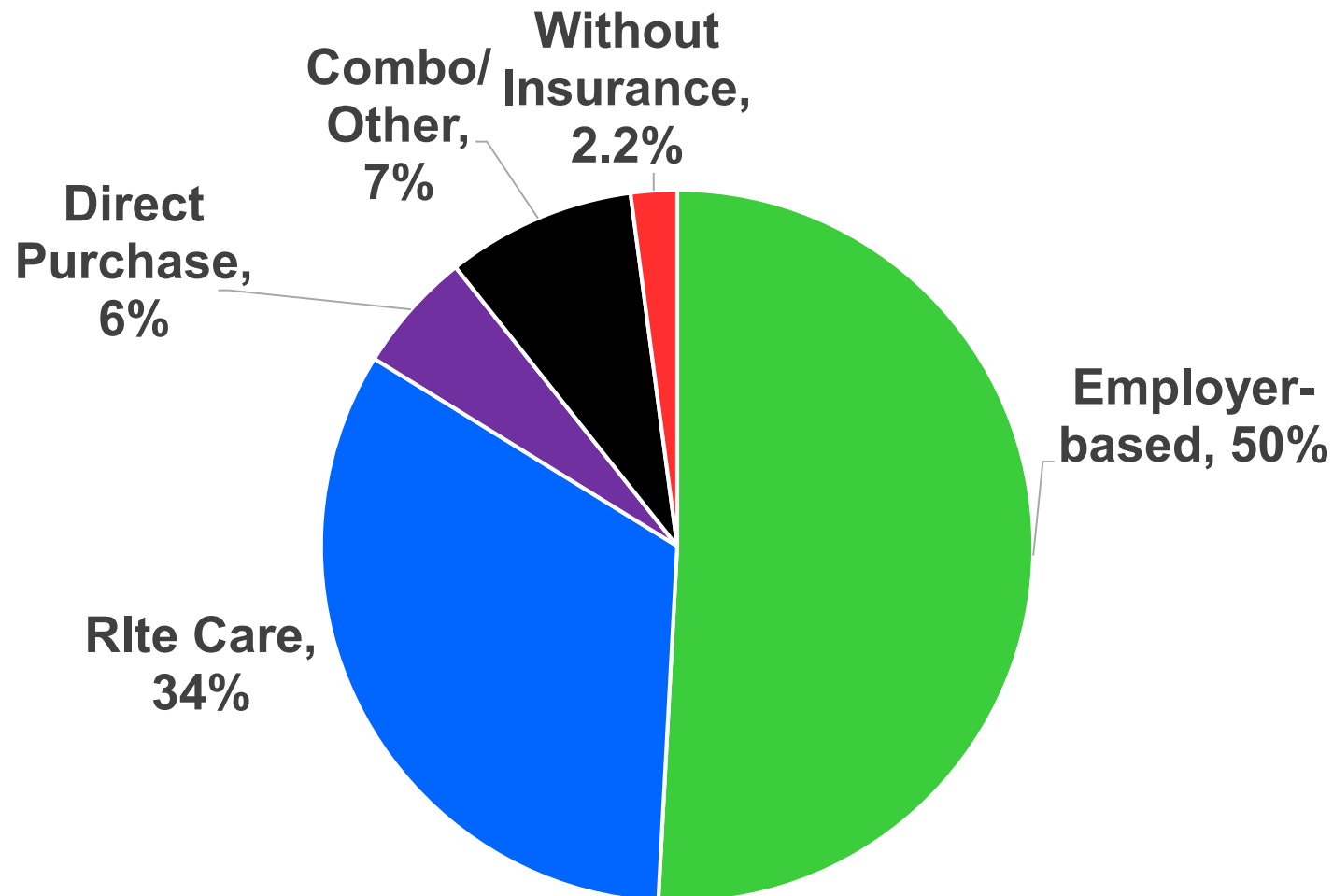
November 25, 2019

Children With Health Insurance United States & Rhode Island



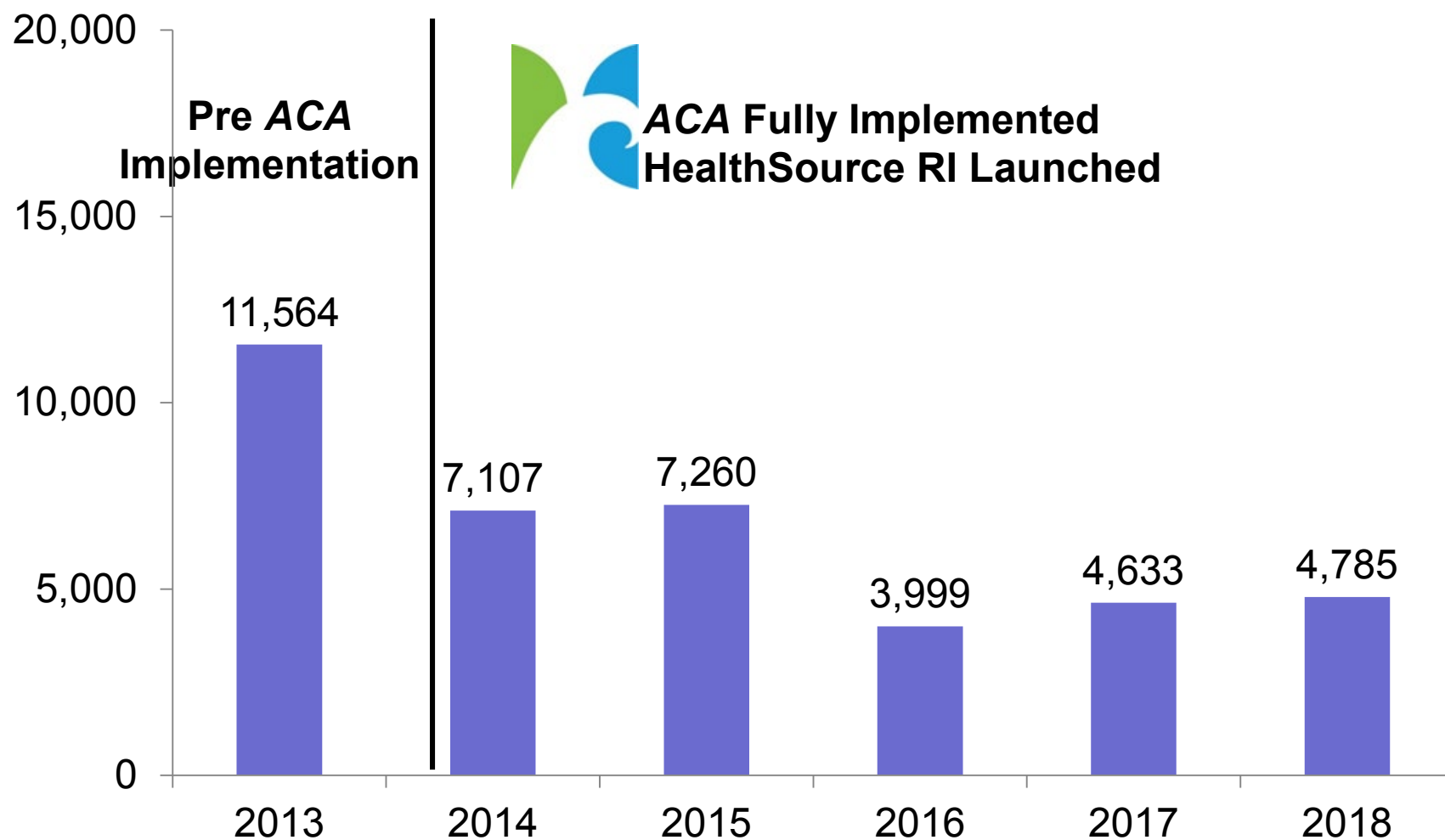
Source: US Census Bureau, American Community Survey, 2009-2018. Table R2702.
Data are for children under 18 years of age.

How are RI Children Covered?



Source: Rhode Island KIDS COUNT analysis of the U.S. Census Bureau, American Community Survey, Table B27010, 2018.

Declines in Uninsured RI Children



Source: Rhode Island KIDS COUNT analysis of the U.S. Census Bureau, American Community Survey, Table B27010, 2013-2018.

Rhode Island's Achievements In Children's Health

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

Adolescent HPV Vaccination (1st)

Children's Health Coverage (3rd)

Teen Deaths (1st)

Child Deaths (4th)

Teen Births (6th)



RItE Care Works!

- RItE Care has been a national model of comprehensive coverage for 25 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

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 2019**

(3 of 15 in the U.S. rated 4.5 or higher)

4.5/5.0



Source: 2019 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.

Rite Care Works for Pregnant Women



91.4% of pregnant women insured by Rite Care received timely prenatal care in 2018.

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

Source: 2018 Child Health Care Quality Measures. (2019). U.S. Department of Health and Human Services. Retrieved November 18, 2019, from data.Medicaid.gov

Rite Care Works for Children

Primary Care Visits in 2018

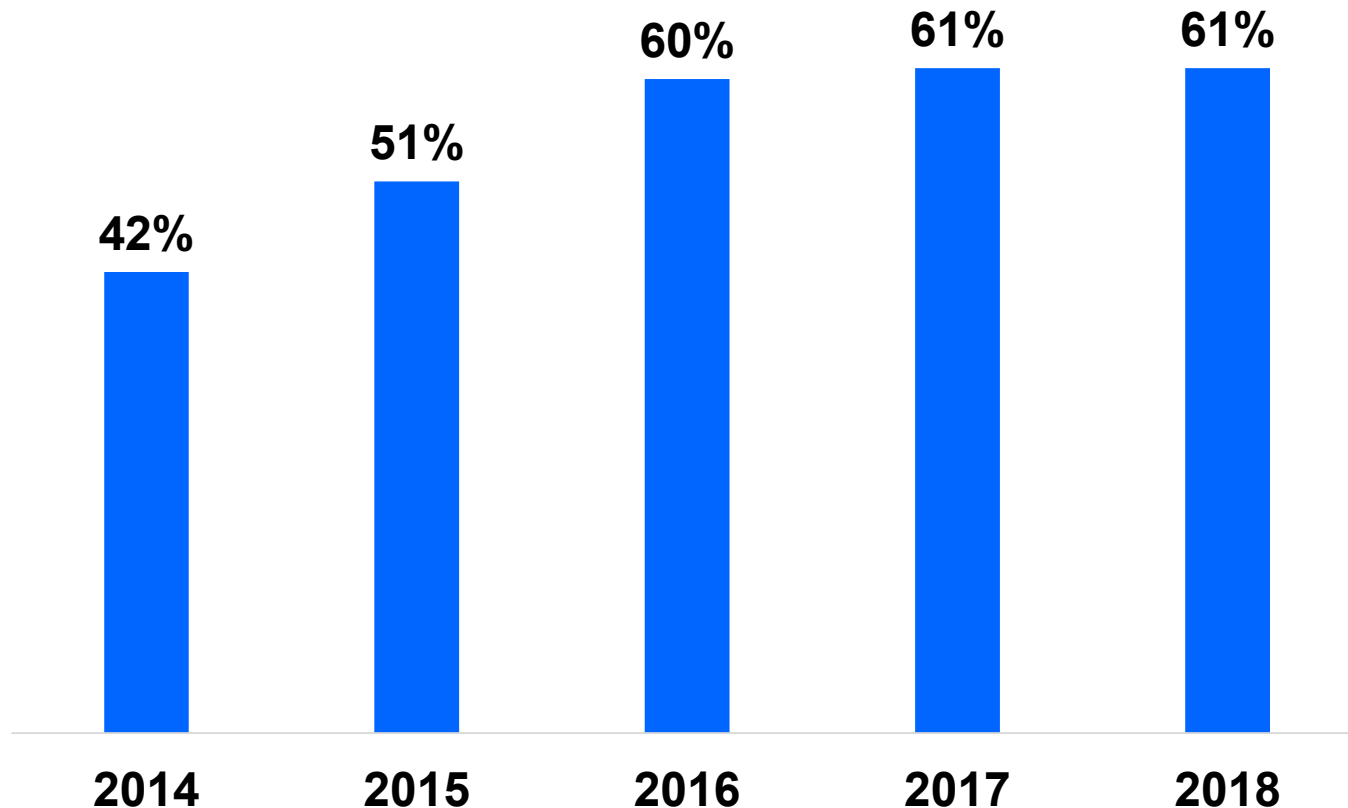
- **94%** of infants and toddlers
- **89%** of preschool and early elementary school-age children
- **94%** of preteens
- **93%** of teens

Source: *2018 Child Health Care Quality Measures*. (2019). U.S. Department of Health and Human Services. Retrieved November 18, 2019, from data.Medicaid.gov



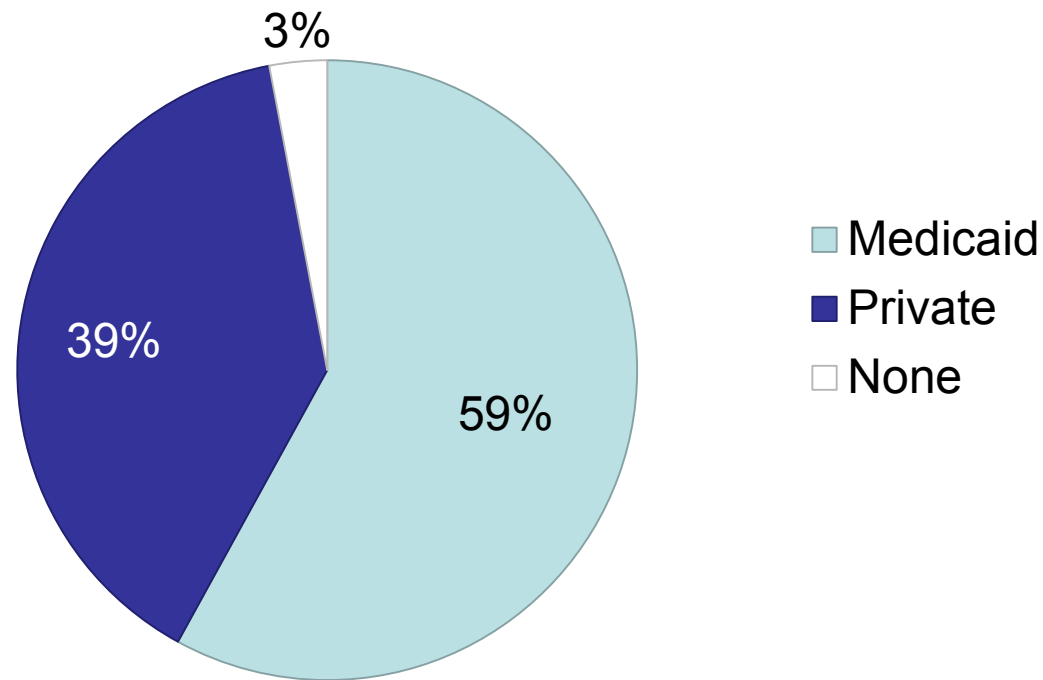
Developmental Screening Improvement

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



Early Intervention (Part C)

Health Insurance for Early Intervention Participants, Rhode Island, 2018



Source: Rhode Island KIDS COUNT analysis of EOHHS Children Enrolled in Early Intervention. June 2018

Neonatal Abstinence Syndrome

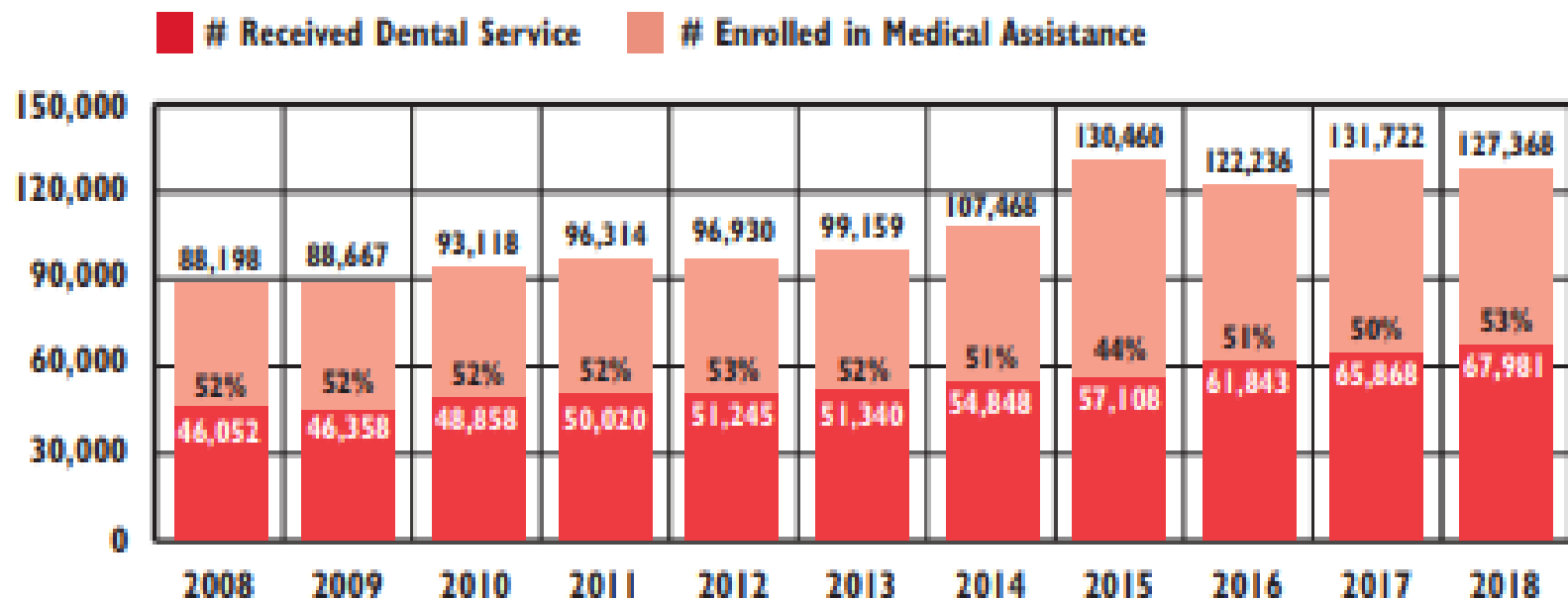
- In 2017, 113 newborns in Rhode Island were diagnosed with NAS at a rate of 106 per 10,000 births.
- Adequate treatment options and services are needed before and during pregnancy, at birth, and throughout parenting for the whole family.

RItE Smiles

- The number of dentists accepting qualifying children increased from 27 before RItE Smiles began to 90 at the launch of RItE Smiles
- In FY 2018, there were 309 unduplicated dentists in 195 practice locations participating in RItE Smiles

RItE Smiles

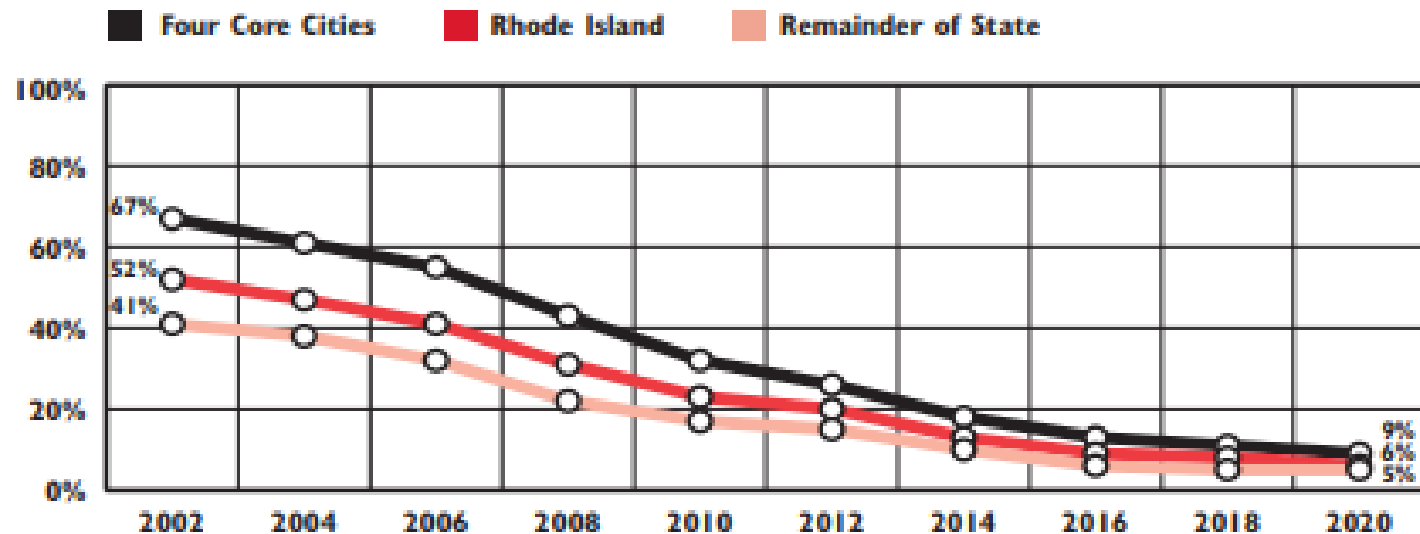
Children Under 21 Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, SFY 2008-2018



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2008-2018. *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 $\mu\text{g/dL}$), Rhode Island, Four Core Cities, and Remainder of State, 2002-2020

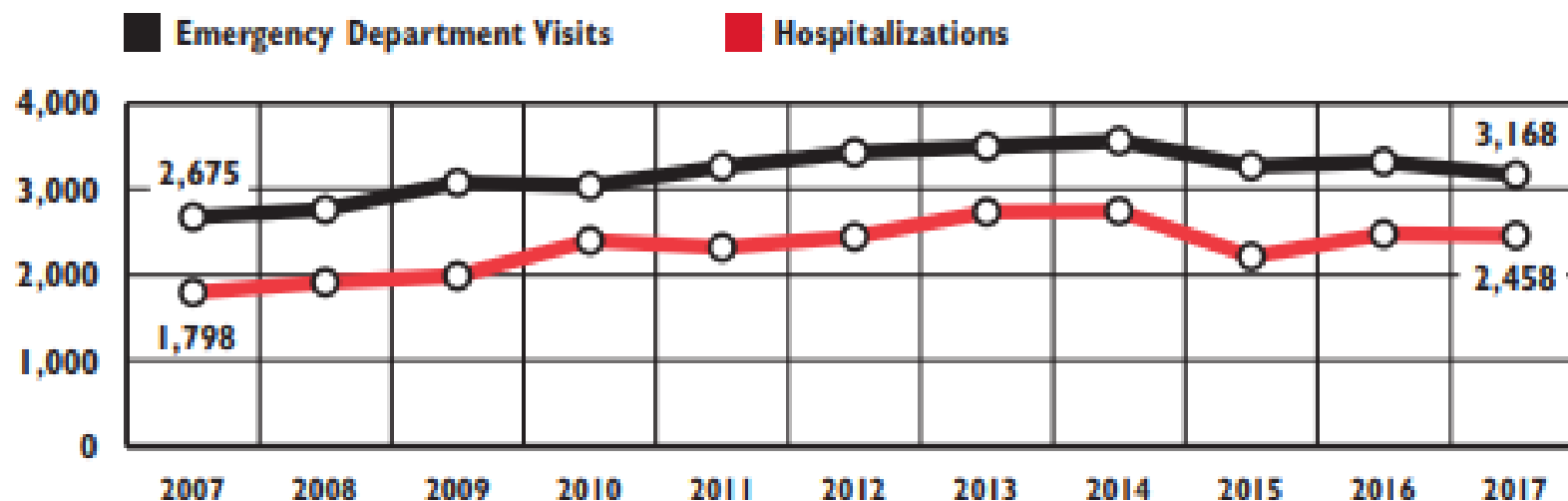


Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 2002 and 2020. *Elevated blood lead level of ≥ 5 $\mu\text{g/dL}$.

◆ The number of children with elevated blood lead levels has been steadily declining in all areas of Rhode Island over the past two decades. Compared to the remainder of the state, the core cities have nearly twice the rate of children with elevated blood levels.¹⁶

Mental Health

Emergency Care for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2007-2017*



Source: Rhode Island Department of Health, Hospital Discharge Database, 2007-2017. *Data are for emergency department visits and hospitalizations, not children. Children may visit emergency department or be hospitalized more than once. Trend line is comparable to Factbooks since 2012. *Note: Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th classification to the 10th classification, which may impact comparability across the years.*

Gun Violence as a Public Health Issue

- In Rhode Island between 2013 and 2017, there were 105 emergency department visits and 40 hospitalizations attributed to firearms
- 8 deaths of children and youth ages 15 to 19

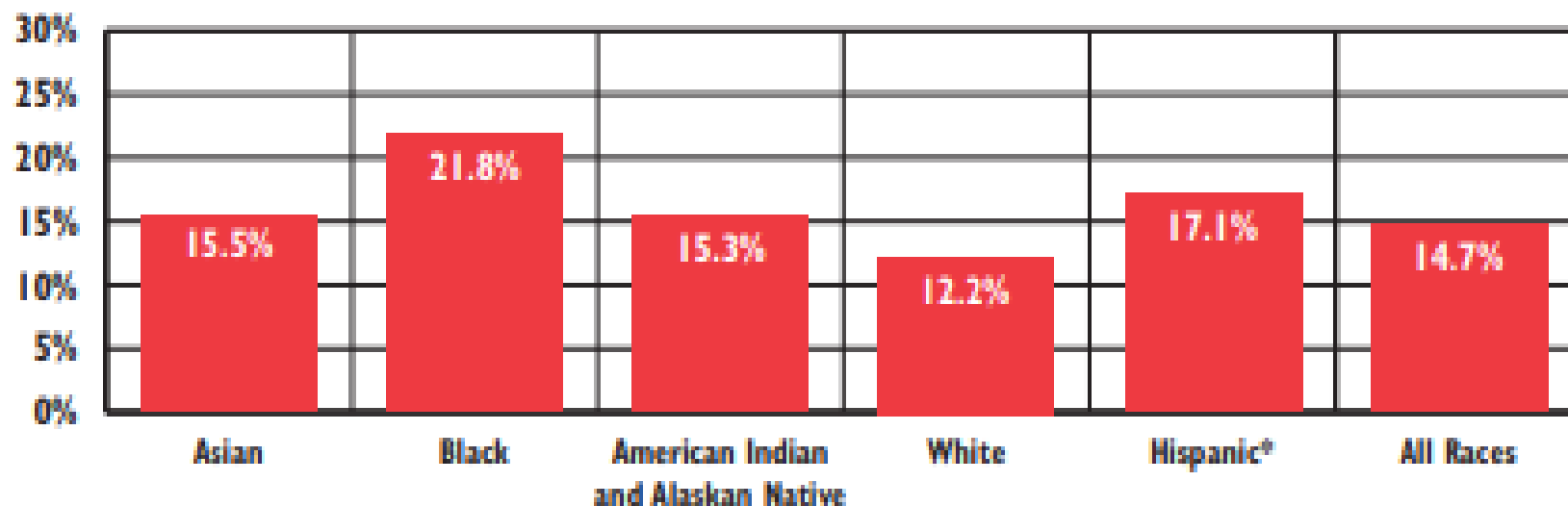
Racial/Ethnic Disparities

Health Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children Without Health Insurance	2.0%	3.9%	2.0%	4.4%	NA	2.1%
Women With Delayed or No Prenatal Care	12.2%	17.1%	21.8%	15.5%	15.3%	14.7%
Preterm Births	8.0%	9.3%	11.3%	7.7%	13.2%	8.7%
Low Birthweight Infants	6.4%	8.0%	11.2%	7.3%	12.3	7.4%
Infant Mortality (per 1,000 live births)	3.5	5.5	12.2	4.9 ^A	*	5.5
Births to Teens Ages 15-19 (per 1,000 teens)	7.9	35.2	16.4	4.0	27.1	14.4

Racial/Ethnic Disparities

**Women With Delayed Prenatal Care by Race/Ethnicity,
Rhode Island, 2013-2017**



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Database, 2013-2017. * Race categories are non-Hispanic.

Infant Mortality

**Infant Mortality Rate per 1,000 Live Births by Race/Ethnicity,
Rhode Island, 2013-2017**



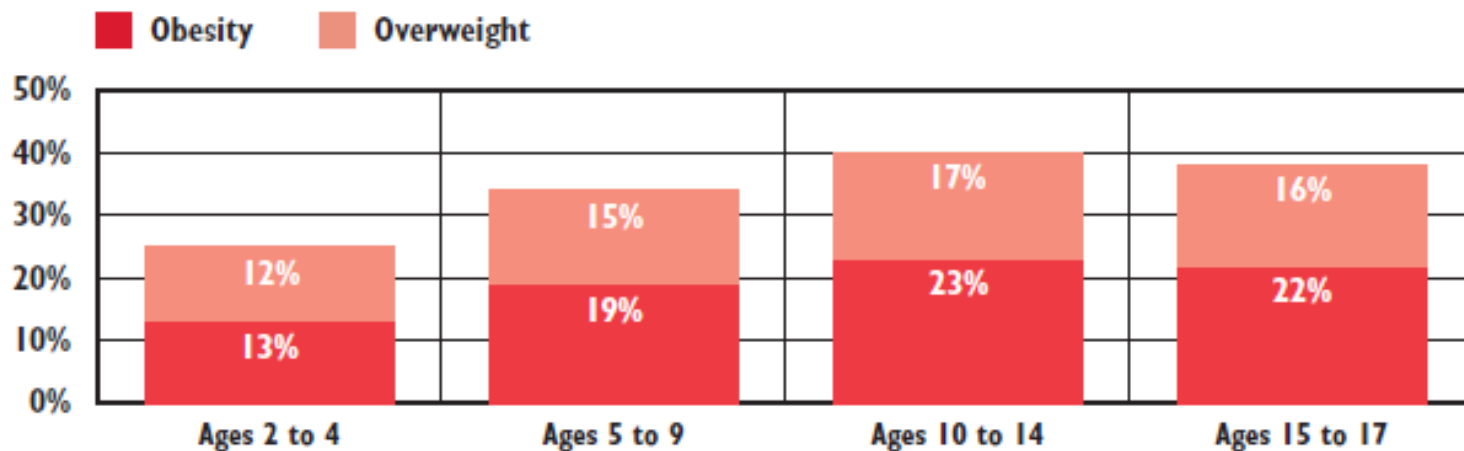
Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2013-2017. *Hispanic infants can be of any race.

Maternal Morbidity & Mortality

- Maternal mortality rate between 2013 and 2017 was 11.2 per 100,000 births
- Black women were 42% more likely to experience a severe complication at delivery than White women in Rhode Island

Overweight and Obesity

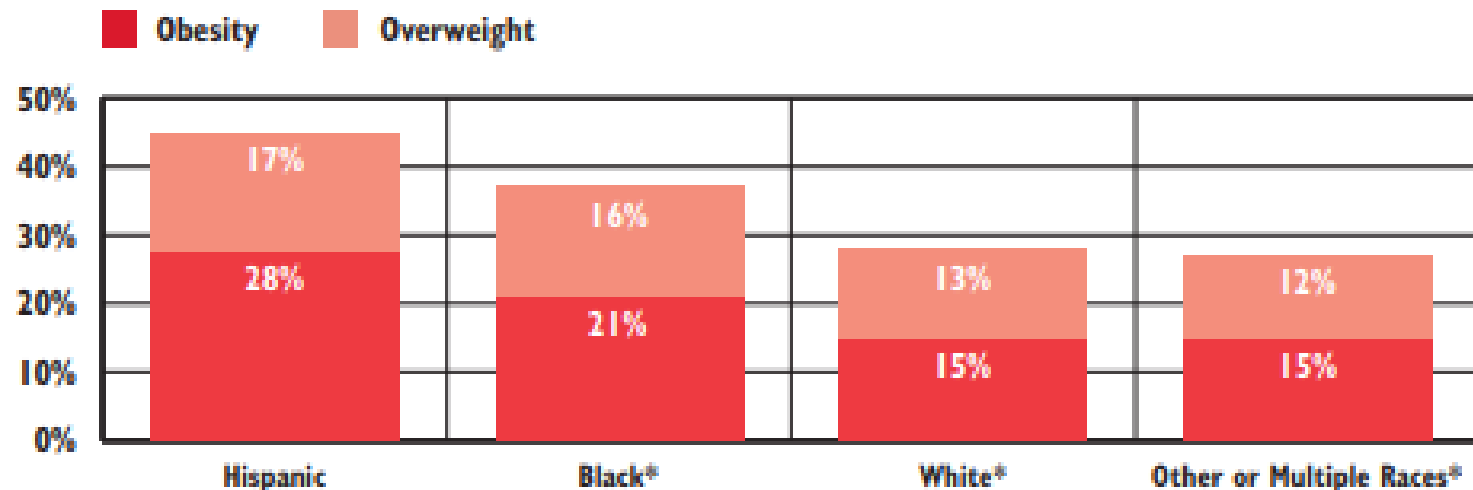
Rhode Island Childhood Overweight and Obesity by Age, 2016



Source: Hassenfeld Child Health Innovation Institute analysis of 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, and United Healthcare collected by the Department of Health, 2016.

Overweight and Obesity

Rhode Island Childhood Overweight and Obesity by Race/Ethnicity, 2016



Source: Hassenfeld Child Health Innovation Institute analysis of 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, and United Healthcare collected by the Department of Health, 2016. *Non-Hispanic.

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.

- 2019 Youth Risk Behavior Survey data
 - 30.1% of high school students report using e-cigarettes in the last 30 days
 - 6.5% of middle school students report using e-cigarettes in the last 30 days

Moving Forward

- **Cover all kids**
 - 98% of children are covered
 - 100% is within our reach
- Continued focus on **social determinants of health**
- Closing **racial/ethnic disparities** across health indicators with a focus on **maternal and infant morbidity/mortality**
- **Continued focus on patient-centered care for children and families**
- Opportunity of the **First 1,000 Days of Rite Care**

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