

The State of our State's Health

An MCH perspective



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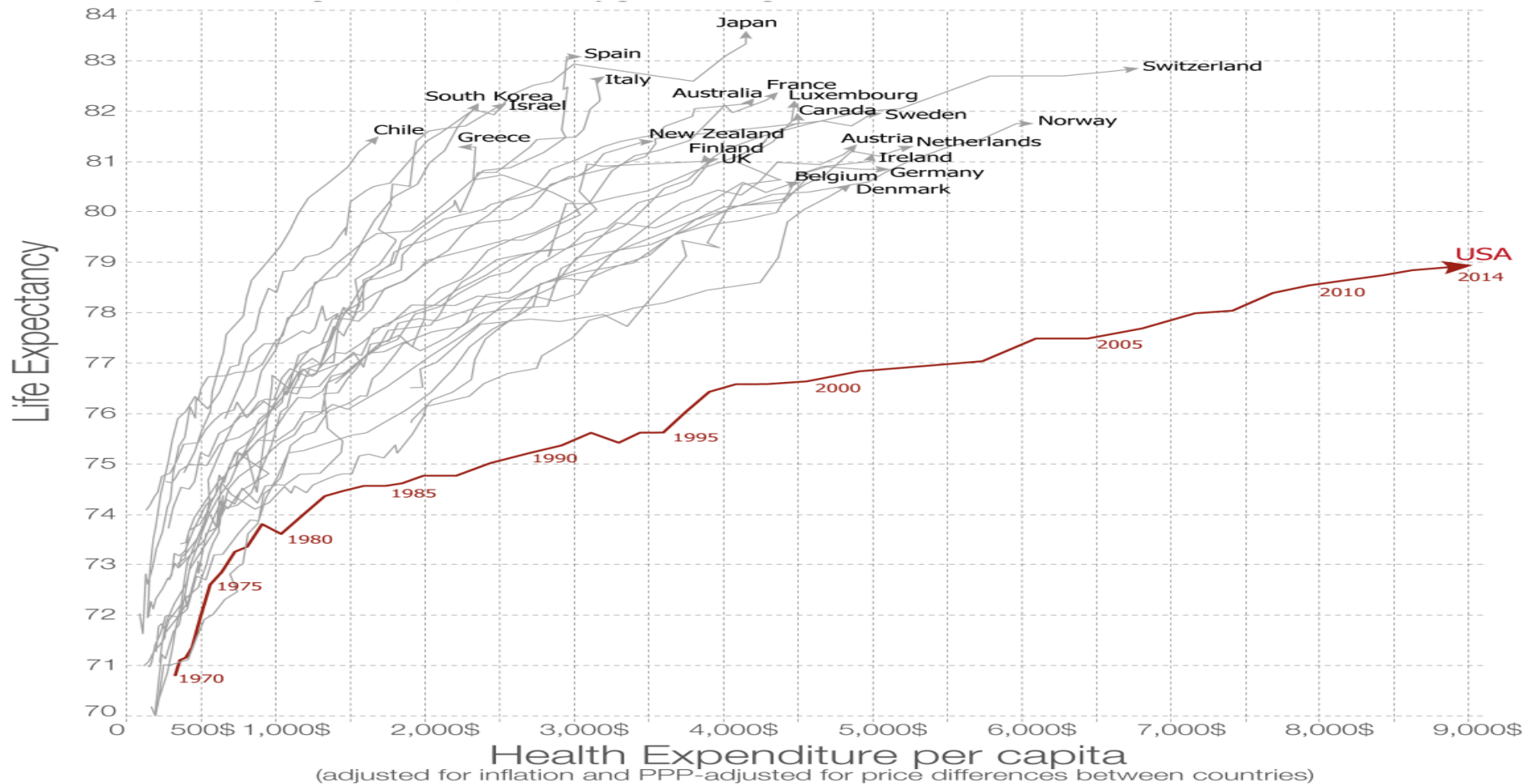
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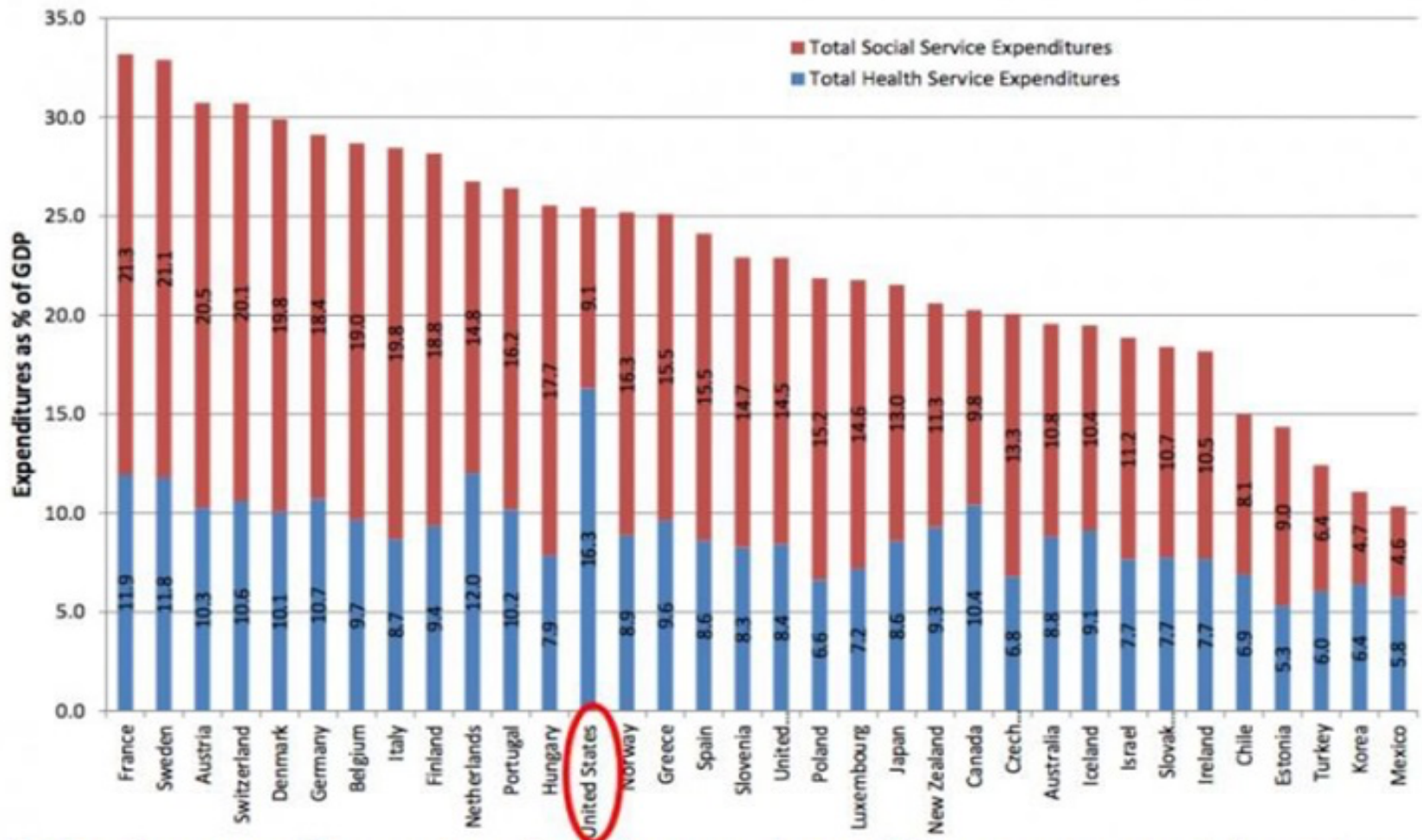
Overview

- 1. A few facts**
- 2. EOHHS Guiding Principles & Strategic Priorities**
- 3. MCH priorities 2020-2023**
- 4. Discussion**

Life Expectancy and Healthcare Spending



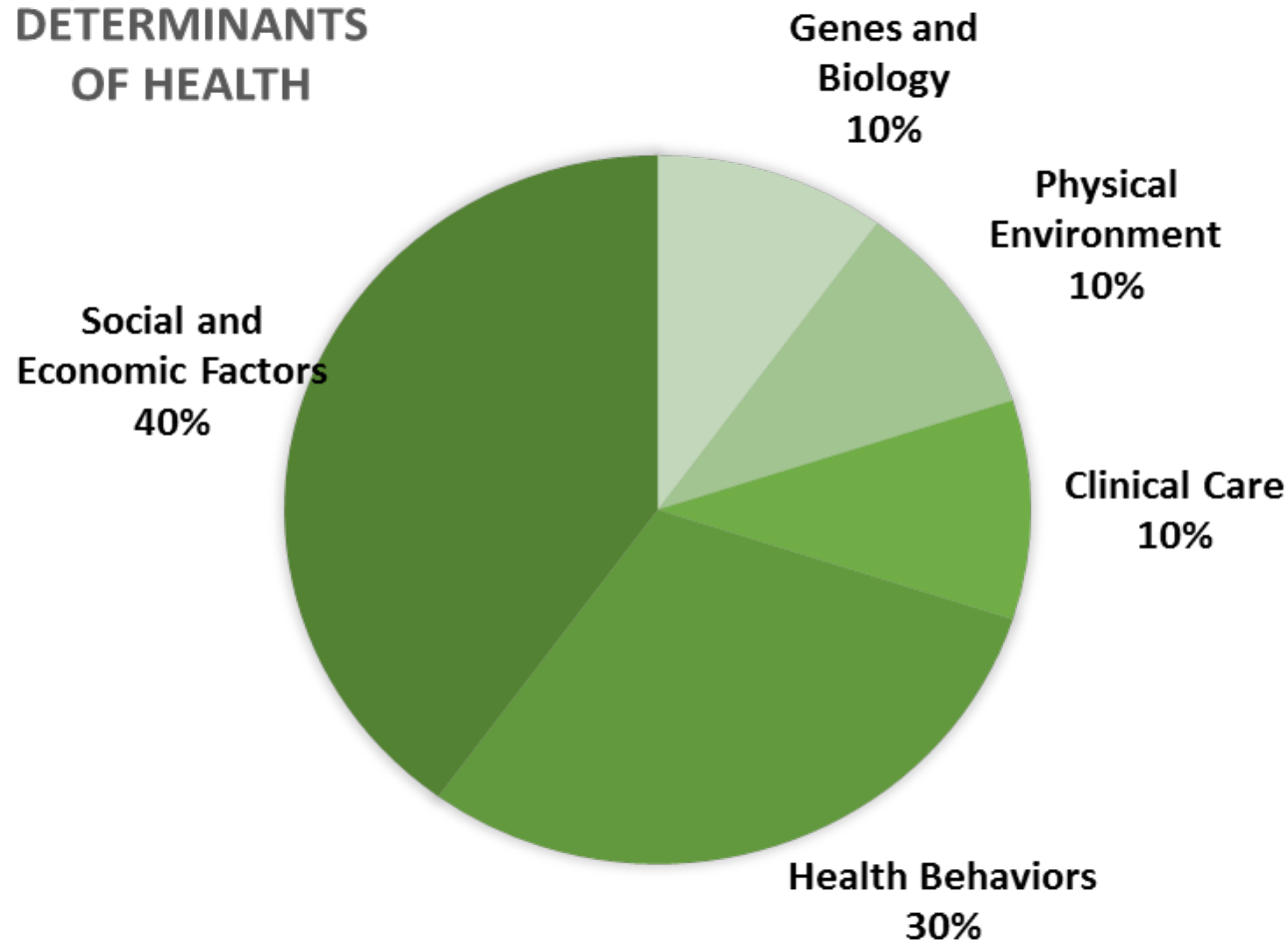
Investing in Social Services



In OECD, for every \$1 spent on health care, about \$2 is spent on social services
In the US, for \$1 spent on health care, about 55 cents is spent on social services

Why Investing in communities to improve health?

DETERMINANTS OF HEALTH



Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

HOW WELL IS RI DOING?

Improvements

- » Tobacco Use
- » Responsible Sexual Behavior & Teen Pregnancy
- » Injury and Violence
- » Environmental Quality
- » Children and Adolescent Immunization

No Change

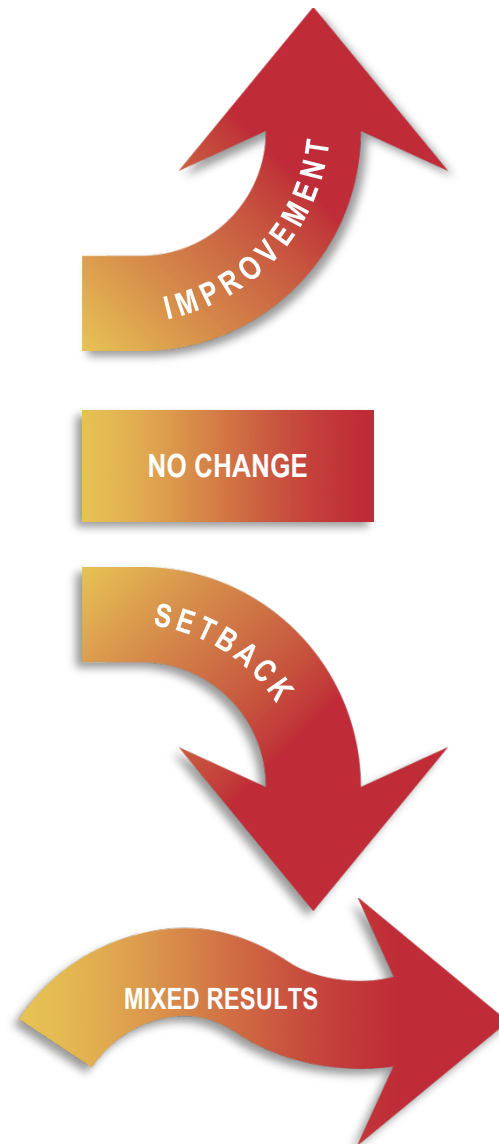
- » Physical Activity

Setbacks

- » Overweight and Obesity
- » Mental Health and Substance Abuse

Mixed Results

- » Access to Healthcare
- » Adult Flu Immunization



Commonwealth Fund's 2019 Scorecard

Assesses all states on 47 measures of access to healthcare, quality of care, service use and costs of care, health outcomes, and healthcare disparities.

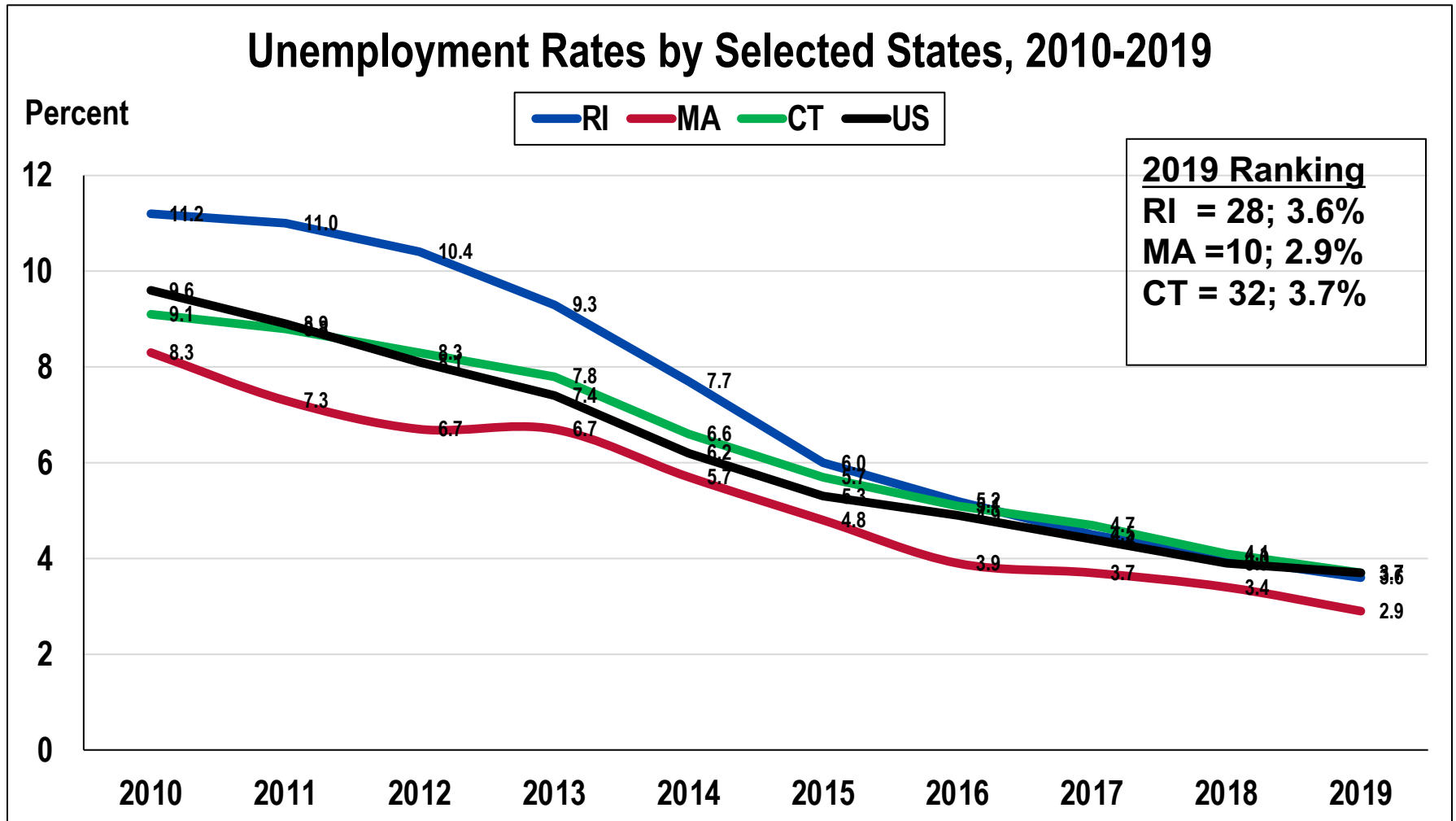
Key national findings

- Most states are losing ground on key measures related to life expectancy. Premature deaths from suicide, alcohol, and drug overdose continue to rise.
- Several states that most recently expanded eligibility for their Medicaid programs saw meaningful gains in access to healthcare.
- Healthcare costs are placing an increasing financial burden on families.

Key Rhode Island findings

- Rhode Island had the greatest year over year improvement, moving up from an overall ranking of 16 to an overall ranking of 7.
- Rhode Island did particularly well in the area of prevention, with very high rankings for screenings and vaccinations.
- However, Rhode Island did not fare well in the disparity analysis (i.e., the differences between the states' lower income populations and higher income populations).

Rhode Island's unemployment rate lags behind other states

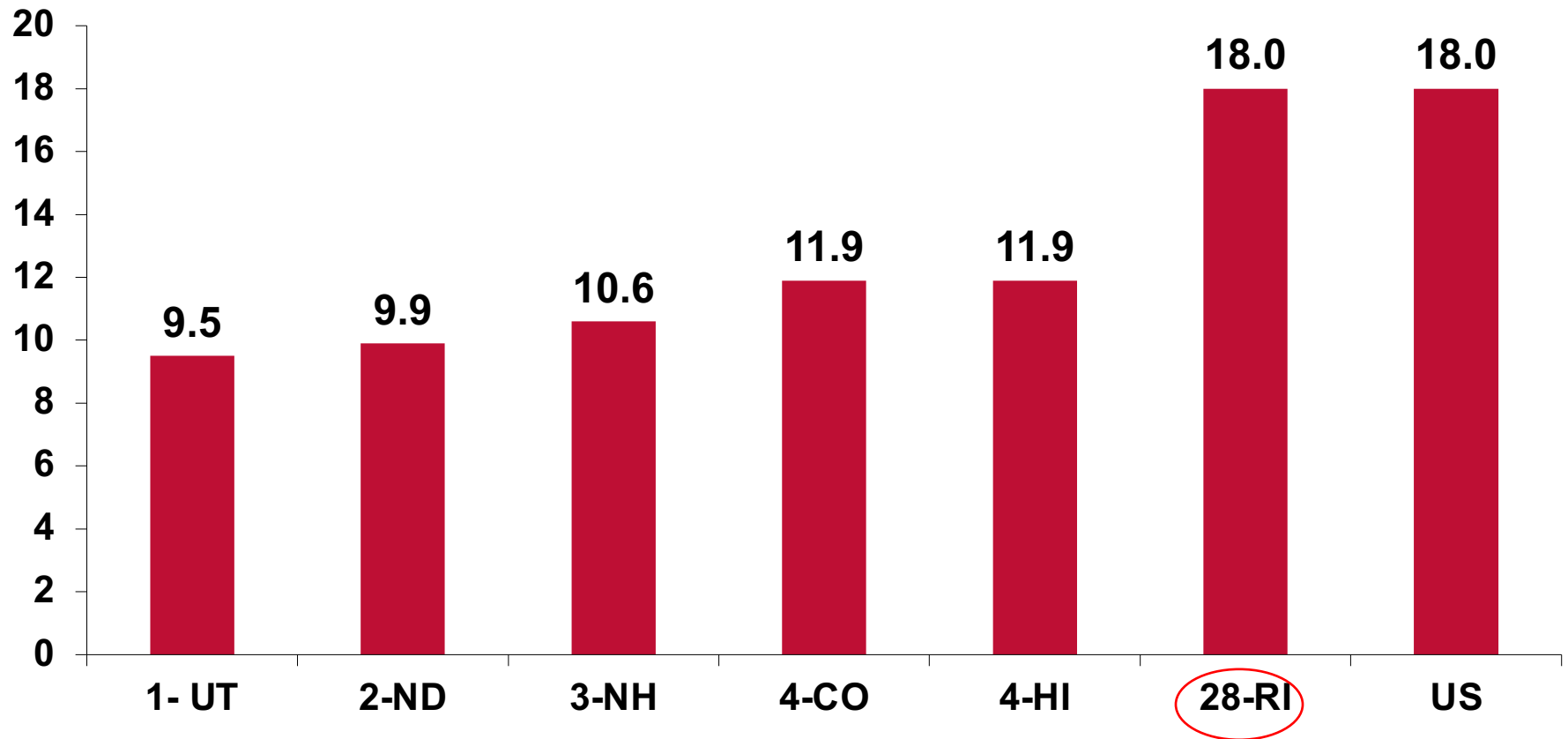


Source: Bureau of Labor Statistics, Data Center, Rhode Island Department of Labor and Training

We rank number 28 for the percentage of children living in poverty

Children in Poverty Rates and Rankings, US and Selected States, 2018*

Percent



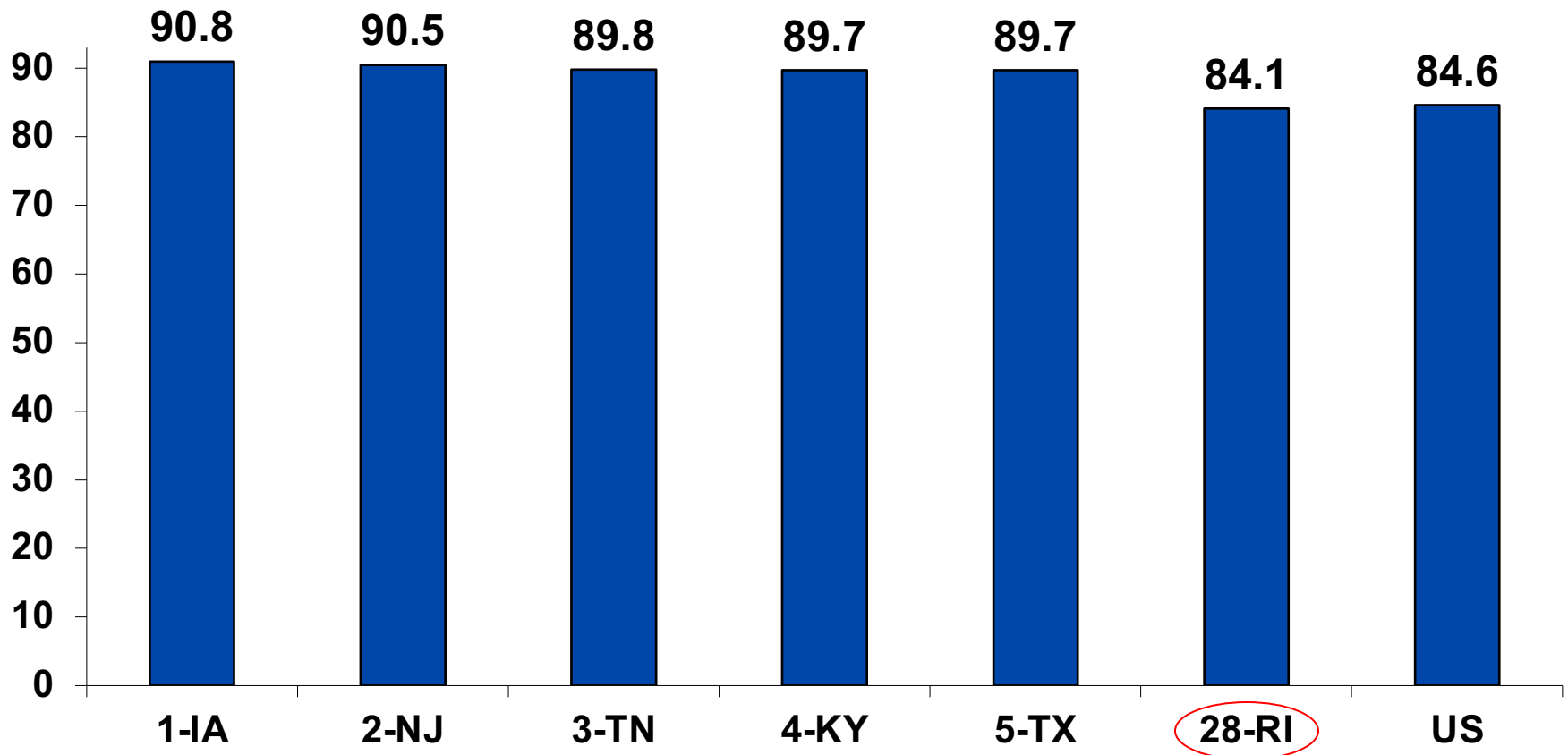
*Notes: Percentage of persons aged less than 18 who live in households at or below the poverty threshold; ranking 1st is best; 50th is worst

Source: US KIDS COUNT Data Center (datacenter.kidscount.org), Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2018 American Community Survey

Our high school graduation rate lags behind other states

High School Graduation Rates and Rankings, US and Selected States, 2016-2017

Percent



*Notes: Percentage of incoming 9th graders who graduate in 4 years (4-year adjusted cohort)

Source: National Center for Education Statistics, 2016-2017 academic year

EOHHS

Mission, guiding principles and priorities



EOHHS Mission



To ensure access to high quality and cost effective services that foster the health, safety, and independence of all Rhode Islanders.

EOHHS Guiding Principles

CHOICE



Full Choice for Individuals and Families

- Every resident that we engage must be given the right to choose and influence what they receive. Options must exist.
- Whole person
- Respect and dignity

RACE EQUITY



Race Equity

- Policy, procedure, practice and plans: "what role if any does race play in the decisions we make? Is this equitable? Is this fair?"
- Recruitment & retention of staff: "What role if any is race playing in our decision making?"

ENGAGEMENT



Community Engagement

- We need to intentionally have community at the table from the onset and throughout. We must ensure that the community voice is heard and respected.
- Balance power.
- Use racial equity lens

Following previous work and in light of COVID-19, the following areas will be prioritized by EOHHS to make measurable progress over the next two years:

Race Equity & Community Engagement

**Preserve and Improve Access
to Quality, Cost-Effective
Healthcare**

Leads: Medicaid, RIDOH & OHIC

Health System Re-Orientation

- MCO Re-Procurement
- Hospital + healthcare re-orientation
- Telehealth
- Investments in social determinants/health equity
 - HEZ
- Behavioral Health Parity

**Shift Systems and
Investments to Prevention,
Value, Choice, and Equity**

Lead: Medicaid, DCYF & BHDDH

Long-Term Care Resiliency & Rebalancing

- Nursing Home Repurposing
- IP Model Expansion
- Home Based Care Utilization

DCYF Child Welfare Reform

- Expand Foster & Adoptive Capacity
- Reduction of kids in care
- Exploring alternatives models for Training School

DDD Consent Decree Exit

- Definition of substantial compliance
- Reinvestment in employment and integrated day programming

**Curb the Opioid Epidemic,
Address Addiction, and
Improve Mental Health**

Lead: Medicaid RIDOH & BHDDH

Substance Use Epidemic

- Expand focus to substance addiction and mental health broadly
- More strategic dollar allocations
- Apply a race equity lens to BH system overall & launch targeted campaign to address stigma amongst communities of color

MCH Priorities



RI's 2020-2024 MCH Priorities & Initial Strategies



Women / Maternal Health	Perinatal / Infant Health	Child Health	Adolescent Health	CYSHCN	Cross-Cutting
<ul style="list-style-type: none"> • Reduce Maternal Mortality / Morbidity <ul style="list-style-type: none"> • Establish the Pregnancy and Postpartum Death Review Committee; Stand up the Perinatal Quality Collaborative with diverse representation from community • Address prenatal health disparities <ul style="list-style-type: none"> • Partner with community stakeholders, cultural groups, and networks to address disparities within the birthing parent system of care (especially in family home visiting, family planning, oral health, etc.). • Health disparity reduction strategies will include trauma informed care, translation and interpretation of services, informed consent of procedures and treatments, an emphasis on community impacts, and diverse workforce. 	<ul style="list-style-type: none"> • Strengthen caregiver's behavioral health and relationship with child <ul style="list-style-type: none"> • Increase teleconsultation for behavioral mental health among caregivers and children (especially MomsPRN and PediPRN). • Increase Postpartum Depression Screening. 	<ul style="list-style-type: none"> • Improve school readiness <ul style="list-style-type: none"> • Increase parent education and support through the family home visiting and Health Equity Zones. • Align with the Preschool Development Grant on improving early literacy. 	<ul style="list-style-type: none"> • Support adolescent mental and behavioral health <ul style="list-style-type: none"> • Support policy and partnerships to promote youth mental or behavioral health in schools and the community. 	<ul style="list-style-type: none"> • Ensure effective care coordination for children and youth with special healthcare needs <ul style="list-style-type: none"> • Promote Patient Centered Medical Homes for CSHCN. • Promote a web-based application to address effective care coordination in the Medical Home Portal. 	<ul style="list-style-type: none"> • Adopt social determinants of health in MCH planning and practice to improve health equity <ul style="list-style-type: none"> • Promote MCH in Health Equity Zones. • Promote youth engagement in HEZ and RIDOH programs.

Preconception, Pregnancy, & Postpartum Health

- **Preconception, pregnancy, and postpartum health refers to the health of people before, during, and after pregnancy.**
- **This also includes the supports and resources needed to become pregnant, if and when someone wants to, and to ensure parents and children thrive with safe and healthy outcomes.**
- **Child-bearing age is defined as age 15-44.**



Women's Health Key Facts

- **Nearly 6 out of 10 individuals served at Title X clinics use a family planning method defined as most to moderate effective (IUDs or Hormonal injections)**
- **About 1 in 3 pregnancies in RI are unintended**
- **About 13% of mothers report being diagnosed with depression during pregnancy**
- **4% of women lose their Medicaid coverage in the postpartum period**
- **Non-Hispanic Black women are almost twice as likely to experience serious pregnancy-related complications compared to Non-Hispanic White women.**



Women's Health Key Facts

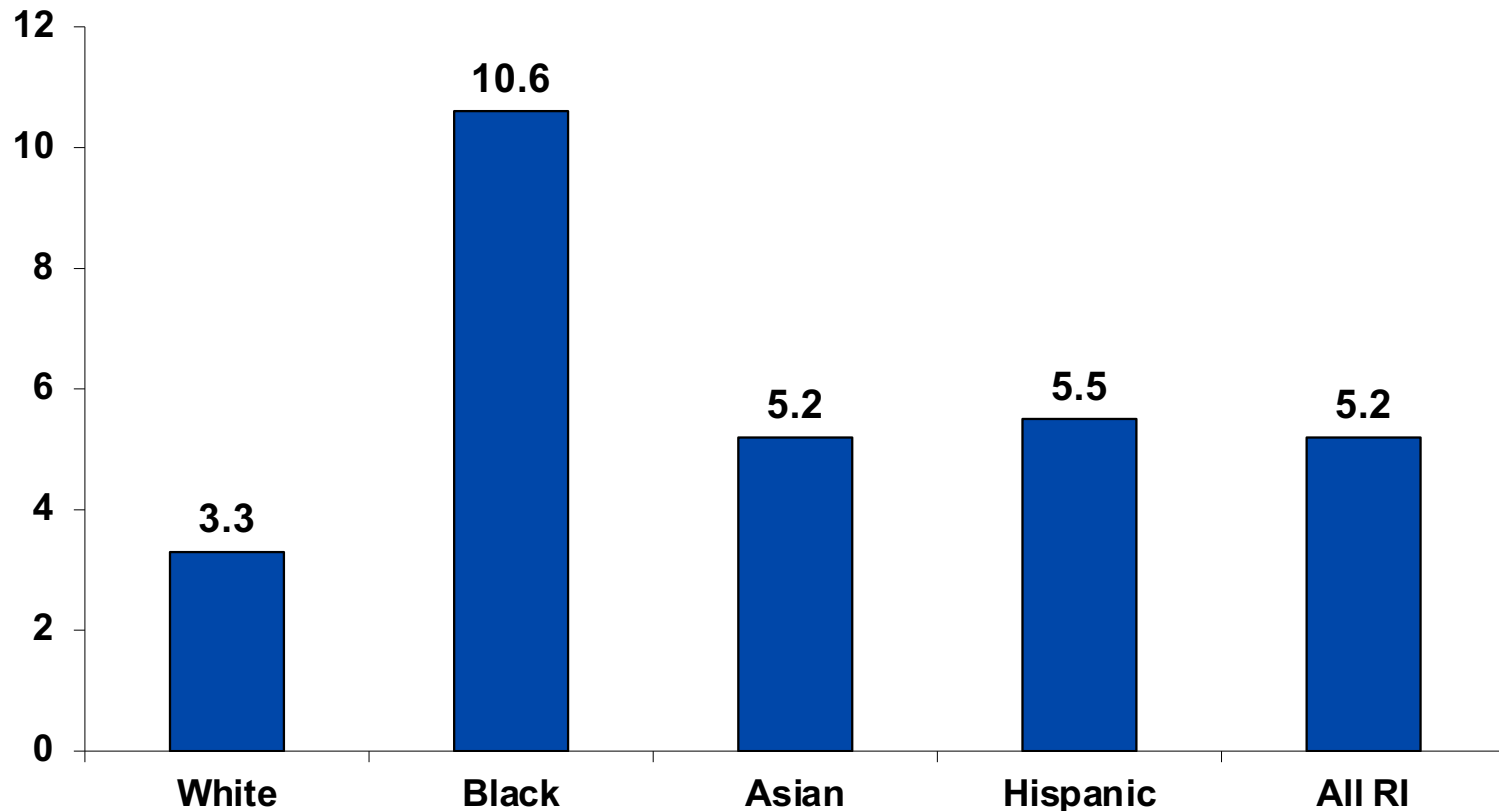


- There were 13 maternal deaths in nearly 10 years
- In the last 5 years 177 opioid-related deaths among women 15-44
- Nearly 1 in 4 women age 18-45 currently use marijuana
- Depression during and/or after pregnancy was more likely to be reported by women who were:
 - members of low-income families,
 - Non-Hispanic Black,
 - Younger than age 20

and more key facts...

Infant Mortality Rates by Race/Ethnicity, Rhode Island, 2014-2018*

Rate/1,000



*Notes: Infant Mortality Rate = number of infants who died before their first birthday per 1,000 live births; rates include provisional 2018 data

Source: Rhode Island Vital Records and Center for Health Data and Analysis, Rhode Island Department of Health

2020-2024 Women's Health Priority

Reduce Maternal Mortality / Morbidity

- Initial Strategies:
 - ✓ Establish the Pregnancy and Postpartum Death Review Committee
 - ✓ Stand up the Perinatal Quality Collaborative with diverse representation from community

2020-2024 Women's Health Priority

Address prenatal health disparities

- Initial Strategies:
 - ✓ Partner with community stakeholders, cultural groups, and networks to address disparities within the birthing parent system of care (especially in family home visiting, family planning, oral health, etc.).
 - ✓ Health disparity reduction strategies will include trauma informed care, translation and interpretation of services, informed consent of procedures and treatments, an emphasis on community impacts, and diverse workforce.

2020-2024 Cross Cutting Priority

Adopt social determinants of health in MCH planning and practice to improve health equity

- **Strategies**

- ✓ Promote MCH in Health Equity Zones
- ✓ Promote youth engagement in HEZ and RIDOH programs

HEALTH EQUITY ZONES

Building healthy and resilient communities across Rhode Island



Health Equity Zone (HEZ) Goals

- **Improve health of communities with high rates of illness, injury, chronic disease, or other adverse health outcomes**
- **Improve birth outcomes**
- **Reduce health disparities**
- **Improve the social and environmental conditions of the neighborhood**
- **Support the development and implementation of policy and environmental change interventions**

Moving forward...

- **How will the HEZ collaboratives now created support/expand/maintain this work?**
- **How do HEZ align with all the health transformation efforts in our state?**
- **What will be the ultimate measures/indicators of true health system changes and improved population health outcomes for RI?**