

# Health and Development



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Over the past 10 years, Illinois has made substantial progress in expanding access to health care for low-income children through Medicaid and the State Children's Health Insurance Program (SCHIP). In July 2006, the state continued that trend by implementing All Kids, an ambitious effort to offer affordable, comprehensive health coverage to uninsured children regardless of income, health status or citizenship. The program is off to a strong start with about 55,000 children enrolled in All Kids expansion at the end of its first full year (June 2007). In addition, participation of children in Medicaid and SCHIP increased by more than 100,000 over the previous year.

The expansion of public coverage through Medicaid and SCHIP has partly offset the erosion of employment-based health insurance for families. The proportion of Illinois children without health insurance declined from 13 percent in 1998-1999 to less than 10 percent in 2005-2006. Among children in low-income families—the target population of Medicaid and SCHIP—the uninsured rate fell from 20 percent in 1999-2000 to 17 percent in 2005-

2006. Sustaining this progress will be a formidable challenge. The proportion of Illinois children without health insurance is below the national average but is still the highest among Midwestern states.

Beyond the issue of health insurance coverage, various indicators of health outcomes for Illinois children have shown significant improvement. Since the early 1990s, the proportion of live births to mothers with early prenatal care has steadily increased, especially among African Americans and Latinos, although there are still notable racial/ethnic disparities. Infant mortality rates have gradually declined but remain much higher for blacks than for other groups. Other positive trends include higher vaccination rates and fewer cases of lead poisoning among young children, as well as lower teen suicide rates and lower death rates for children as a whole.

Regarding child development, Illinois is doing a better job evaluating and enrolling eligible infants and toddlers in the state's Early Intervention program. Enrollment in Early Intervention, which serves children ages 36 months and younger, grew 76 percent between 2001 and 2007. More children

at risk for and with developmental delays are receiving early care to advance their development in gross and fine motor skills and in speech and language skills.

More children also are receiving therapy and services in Illinois public schools for developmental delay and autism. In fact, the number of students enrolled in special education for developmental delay has nearly doubled since the 1998-1999 school year, and, during the same time, enrollment for autism has soared 225 percent. This upsurge is partly due to more children being assessed and identified at an early age for delays and disabilities.

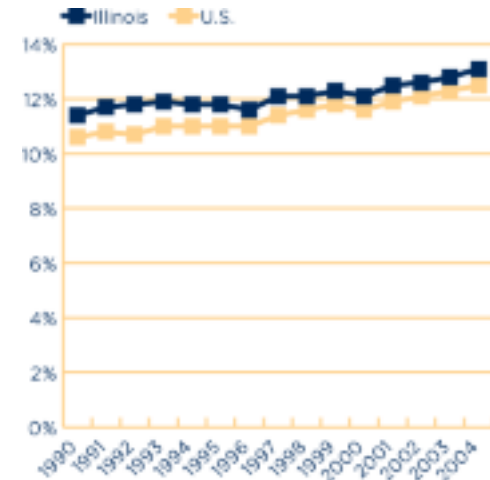
Illinois has made notable progress in health insurance coverage for children and improvements in access to care and health outcomes in early childhood. But the state still has much more to do in order to assure that all kids have what they need for a healthy start.

## Percentage of Live Births with Prenatal Care Beginning in the First Trimester, Illinois and U.S.

	1990-1992	1993-1995	1996-1998	1999-2001	2002-2004
<b>Illinois</b>					
All races	77.8%	80.1%	82.2%	82.9%	85.3%
White	85.7%	88.1%	89.3%	89.9%	90.9%
Black	62.8%	65.9%	69.5%	71.4%	74.2%
Latino	65.6%	69.1%	72.6%	74.0%	79.6%
Asian or Pacific Islander	78.6%	81.0%	85.2%	85.0%	88.1%
<b>U.S.</b>					
All races	76.6%	80.1%	82.4%	83.2%	83.8%
White	83.9%	86.4%	87.7%	88.5%	88.9%
Black	62.1%	68.2%	72.4%	74.3%	76.1%
Latino	61.8%	68.8%	73.4%	74.9%	77.1%
Asian or Pacific Islander	75.7%	79.1%	82.2%	83.9%	85.3%

Source: National Center for Health Statistics

## Percentage of Preterm Births, Illinois and U.S.



Source: Annie E. Casey Foundation, based on data from a Child Trends analysis National Center for Health Statistics data set

## Percentage of Low-Birthweight Live Births, Illinois and U.S.

	1986-1988	1990-1992	1993-1995	1996-1998	1999-2001	2002-2004
<b>Illinois</b>						
White	5.5%	5.6%	6.0%	6.4%	6.6%	7.1%
Black	14.3%	14.7%	15.0%	14.2%	14.0%	14.5%
Latino	----	5.9%	6.0%	6.1%	6.4%	6.4%
Asian or Pacific Islander	----	7.1%	7.7%	8.0%	8.4%	8.2%
<b>U.S.</b>						
All races	6.9%	7.1%	7.3%	7.5%	7.7%	7.9%
White	5.7%	5.7%	6.1%	6.5%	6.7%	7.1%
Black	13.0%	13.4%	13.3%	13.1%	13.1%	13.6%
Latino	----	6.1%	6.3%	6.4%	6.4%	6.7%
Asian or Pacific Islander	----	6.6%	6.8%	7.2%	7.4%	7.8%

Source: National Center on Health Statistics

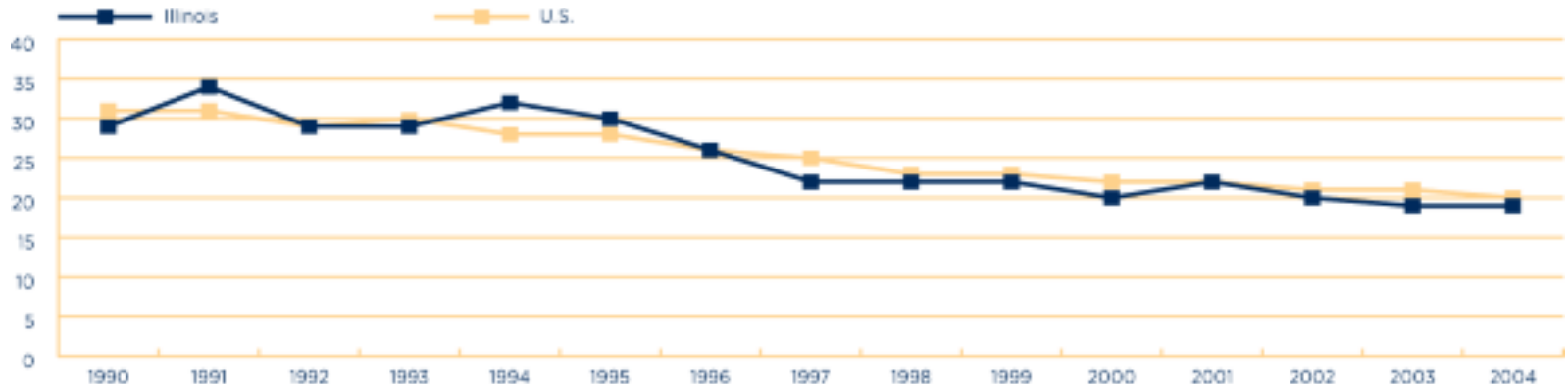
## Infant Mortality Rate (per 1,000 live births) by Race/Ethnicity, Illinois and U.S.

	1989-1991	1995-1997	1998-2000	2002-2004	% Change
<b>Illinois</b>					
All races	10.7	8.8	8.5	7.5	-29.9%
White	7.6	6.5	6.2	5.9	-22.4%
Black	20.5	17.5	17.1	15.5	-24.4%
Latino	9.2	7.2	7.2	6.0	-34.8%
Asian or Pacific Islander	6.0	5.6	6.7	4.6	-23.3%
<b>U.S.</b>					
All races	9.0	7.4	7.0	6.9	-23.3%
White	7.3	6.1	5.8	5.7	-21.9%
Black	17.2	14.2	13.9	13.7	-20.3%
Latino	7.5	6.1	5.7	5.6	-25.3%
Asian or Pacific Islander	6.6	5.1	5.1	4.8	-27.3%

Source: National Center on Health Statistics

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**Child Death Rate (per 100,000), Illinois and U.S.**



Source: Annie E. Casey Foundation, based on data from Death Statistics: Centers for Disease Control and Prevention, National Center for Health Statistics

**Vaccination Coverage Among Children, Ages 19 to 35 Months, Illinois and U.S.**

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
<b>Illinois</b>	60%	78%	75%	74%	78%	77%	75%	76%	80%	85%	84%	85%
<b>U.S.</b>	69%	74%	76%	76%	79%	78%	76%	77%	78%	81%	83%	82%

Source: National Center on Health Statistics

**Childhood Lead Poisoning in Illinois, Ages 6 and Younger**



Source: Illinois Department of Public Health

## Percentage of Uninsured Children, Under Age 18, Two-Year Moving Averages, Illinois and U.S.

	1996-1997	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	% Change
Illinois	10.4%	12.8%	13.0%	11.1%	10.5%	10.8%	10.6%	10.3%	10.3%	9.8%	-0.4%
U.S.	14.9%	15.2%	14.1%	12.4%	11.8%	11.7%	11.5%	11.0%	10.7%	11.3%	-11.0%

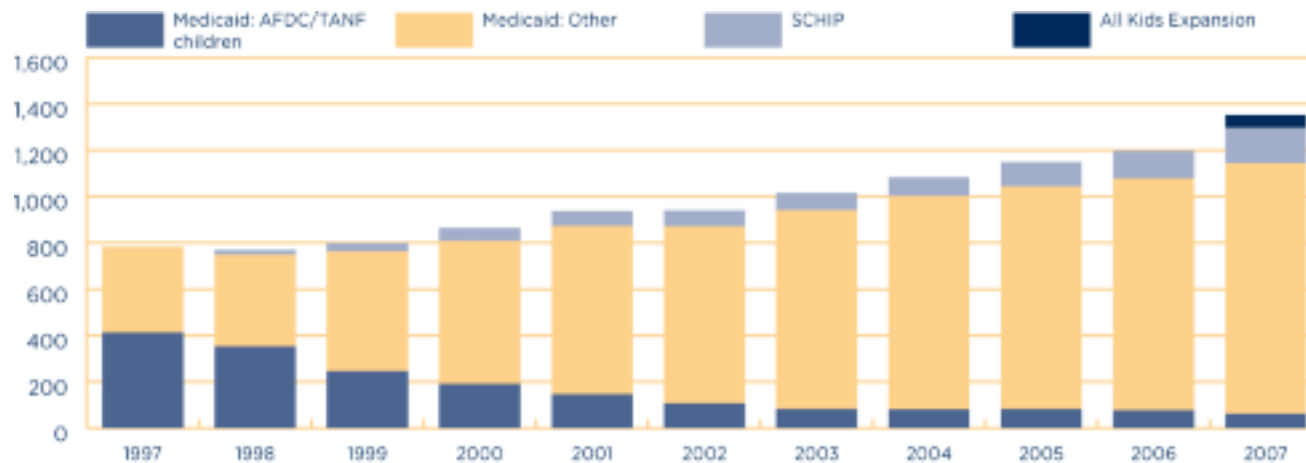
Source: U.S. Census Bureau, Current Population Survey

## Percentage of Low-Income Uninsured Children, Under Age 19, Two-Year Moving Averages, Illinois and U.S.

	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006
Illinois	20.0%	20.0%	20.4%	18.9%	19.2%	18.8%	17.3%
U.S.	21.1%	19.8%	19.8%	19.4%	18.4%	18.0%	18.5%

Source: U.S. Census Bureau, Current Population Survey

## Enrollment of Children in Medicaid, SCHIP and All Kids Expansion, as of June of Each Year (in 1,000s) in Illinois



Source: Illinois Department of Healthcare and Family Services

## Percentage of Children Without Health Insurance, Midwestern States and U.S., 2005-2006

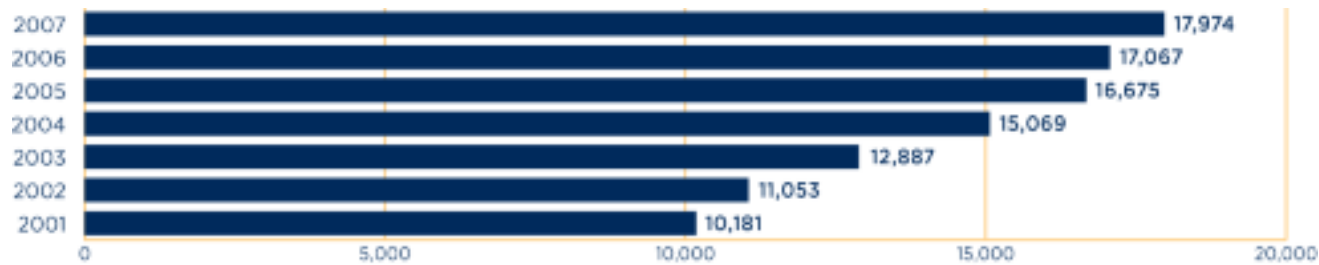
	All Children	Low-Income Children
Illinois	9.8%	17.3%
Indiana	8.8%	11.4%
Iowa	5.7%	7.6%
Michigan	4.9%	8.4%
Minnesota	7.1%	15.0%
Missouri	8.3%	14.0%
Ohio	6.7%	11.2%
Wisconsin	5.9%	10.2%
U.S.	11.3%	18.5%

Source: U.S. Census Bureau, Current Population Survey

Note: Uninsured children includes ages 18 and under. Low-income uninsured children (under 200 percent of the federal poverty level) includes ages 19 and under.

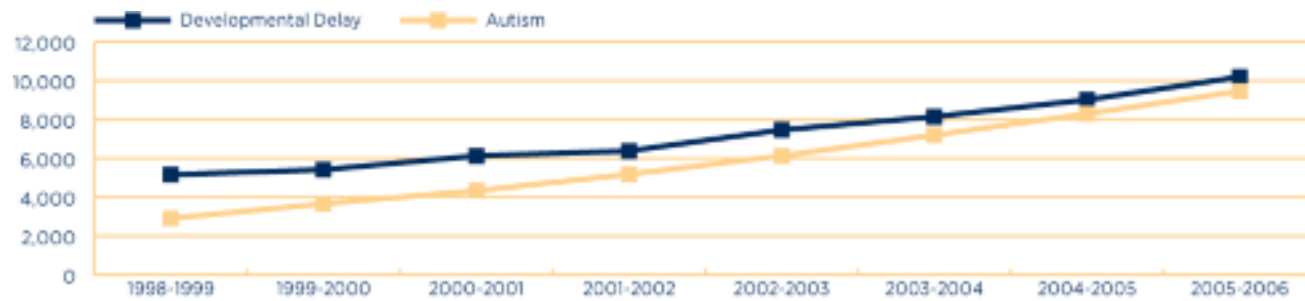
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## Illinois Children, Ages Birth to 3, Enrolled in Early Intervention Program



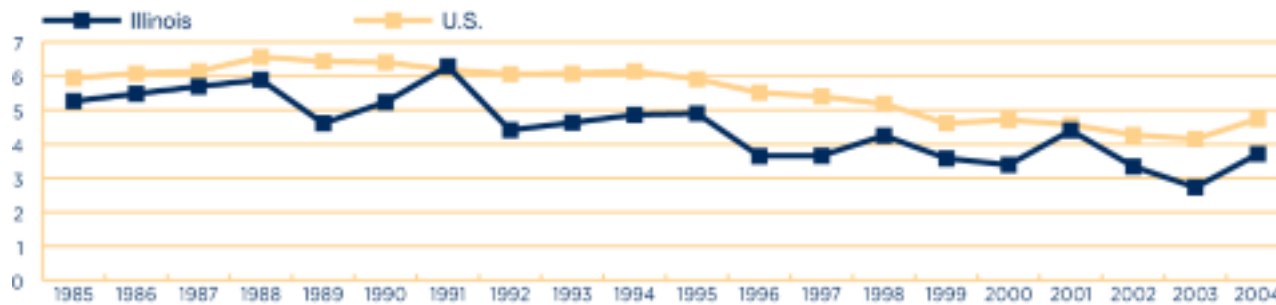
Source: Illinois Department of Human Services

## Public School Students, Ages 3 to 21, Receiving Special Education for Developmental Delay and Autism in Illinois



Source: Illinois State Board of Education

## Suicide Rate (per 100,000) for Children, Ages 10 to 19, Illinois and U.S.



Source: National Center for Health Statistics Vital Statistics System

## Illinois Children, Ages Birth to 3, Enrolled in Early Intervention by Race/Ethnicity, October 2007

White	54.3%
Black	15.8%
Latino	25.9%
Asian	2.6%
Native American	0.2%
Unknown/Other	1.3%

Source: Illinois Department of Human Services

## Illinois Children, Under Age 18, Hospitalized for Psychoses

Year	Cases
2000	14,819
2001	16,345
2002	17,644
2003	17,646
2004	18,321
2005	18,295
2006	17,918

Source: Illinois Department of Public Health

# A Healthy Start: Improving Birth Outcomes

By Robyn Gabel and Kathy Chan

*Gabel is Executive Director of the Illinois Maternal and Child Health Coalition, and Chan is the Coalition's Policy Director.*

While most families have healthy child births, poor birth outcomes are emotionally and financially devastating for families. Illinois has a vital interest in improving birth outcomes, particularly among vulnerable populations. Expectant mothers and families with young children benefit from medical and health services that can identify risk factors and provide access to monitoring and treatment of both mom and child.

The availability of prenatal care to more low-income women through Medicaid expansions and increased public awareness about the importance of prenatal care has resulted in a steady rise in the number of women who access care by the first trimester. Additionally, Medicaid's new policy to pay for screening for postpartum depression will cause more women to be treated and lead to better bonding between mothers and their babies.

The regionalization of perinatal care and neonatal intensive care units also has improved care to mothers and babies alike, especially for areas of Illinois that lack specialty care and trauma providers.

Illinois children, regardless of income level, immigration status or health condition, have access to affordable health insurance through the All Kids program. As a result, they can get physicals, immunizations, dental care and other important health services through age 18. As more and more children enroll in All Kids, it is essential that there be enough medical providers to treat patients. Increased Medicaid reimbursement rates for well-child and other preventive services have helped broaden the network of providers that treat low-income children.

Illinois has played a strong role in ensuring the health of children. Families benefit from the ability to connect with community and other public resources through family case management, early identification of developmental issues through Healthy Start and other zero-to-three programs, and nutritional supplement programs like Women, Infants and Children.

While residents of this state have access to a patchwork of medical- and health-related resources and supports, the question remains:

How can Illinois improve to give the next generation of children a healthy start in life?

Despite spending the most on health care in the world, the United States continues to rank far below other developed nations in health outcomes, including infant mortality and life expectancy. Illinois ranks 30th out of the 50 states and the District of Columbia when it comes to infant mortality rates.

Although data show that infant mortality rates have decreased in the past two decades, the number of low-birthweight live births has increased due to advancements in medical technology that give premature babies a better survival rate. Illinois continues to have a preterm birth rate slightly above the national average.

Reducing infant mortality is more than just a public health challenge—it is a problem that must be viewed and shared as a larger societal issue. Lack of affordable housing, poor nutrition, limited educational and economic opportunities, and persistent racism, both institutional and individual, all affect birth

outcomes by inducing stress on a pregnant woman and her family.

The Illinois Maternal and Child Health Coalition will be leading the new statewide Save Our Babies campaign to reduce the racial disparities in infant mortality. The campaign includes 10 strategies that take a lifespan approach to promote healthy babies. The recommendations range from providing children's allowances, maternity/paternity paid leave, access to quality health care for all, access to comprehensive sex education, integrated case management systems, and fighting racism at all levels, particularly inequalities in education and housing.

A healthy birth can start a child on a path for continued well-being. The promising practices born out of Save Our Babies will further push Illinois toward ensuring that our children grow up and remain healthy throughout their lives.

# Enabling Rural Children to Reach Their Full ‘Health Potential’

By J. Kevin Dorsey, M.D., Ph.D.

*Dean and Provost, Southern Illinois University School of Medicine*

**A**s a physician, I too often think of health as absence of disease as opposed to Webster’s first definition—“the condition of being sound in body, mind and spirit; a flourishing condition, well-being.”

How do we know if our kids are flourishing better than they did 20 years ago? I think it is fair to say that the vast majority of children in rural Illinois come into the world “healthy.”

If that is the starting point, it seems that our goal, at a minimum, would be to have every child reach their “health potential” by (1) keeping them from harm, i.e., preventing loss of health, (2) restoring lost health quickly, and (3) giving all children the opportunity to develop their unique skills and attributes.

Harm can be broadly defined by many situations including preventable disease, accidents, violence, poor dietary and exercise habits, etc. For example, the epidemic of childhood obesity is poised to derail the health care system within the next generation.

Though modern medicine has made great strides in restoring health to the sick, the unique problem

in rural areas is access. Primary and specialty health care givers are either too far away or too overworked to deliver effective care in a timely manner. For instance, the single child psychiatrist practicing in Southern Illinois cannot be expected to care for a 20-county area and the 98,000 children under age 18 who live there.

Providing opportunities for development of unique skills depends on many variables, not all of which can be influenced by public policy. Commentary on these aspects of rural life is best left to the social scientists and others who know the educational, economic and sociopolitical issues.

What then can be done in the next 20 years to reduce the burden of childhood disease and enable rural children to realize their full “health potential”? Current research has shown that better health outcomes are achieved at lower cost when patients are cared for in the setting of a primary care medical home. During the next generation, we will need to align the goals and incentives of government, insurance companies, health care providers and families to facilitate the growth of primary care practices that provide pre-

ventive care that is accessible to all. However, rural areas will still be rural, and the issue of specialty care also needs to be addressed.

In the last 20 years, we have witnessed the explosive implementation of technology that has made wireless communication by cell phone and computer as common as the television became in the 1950s. Implementation of these technologies can certainly improve rural health care by making it more accessible, efficient, effective and timely.

Improvement is within our grasp, but achieving it will be much more difficult because a culture change is required—a culture change that will not occur overnight but may well occupy our attention over the next 20 years. Our children are counting on us to make this change.

# Delivery Changes Drive Improvement in Children's Health

By Mark Rosenberg, M.D., FAAP

*Pediatrician and past president, Illinois chapter, American Academy of Pediatrics*

Over the past two decades, we have witnessed impressive changes in the delivery of health care, and we expect to see a very different approach in the next 20 years. Three areas are important to the health of children: immunizations, early child development and access to health care by low-income families.

## Immunizations

Illinois' immunization story began 20 years ago when a measles epidemic broke out in Chicago. Task forces were formed to examine how to improve immunization rates. While their recommendations led to a significant increase in overall immunization levels in the state, today too many children, especially in underserved areas, are incompletely immunized.

As a state we face two challenges. The first is the high cost of immunizations. A complete set of immunizations in 1987 cost about \$425; in 2008, with higher vaccine costs and more immunizations administered to each child, they cost well over \$2,000. This places a burden on public financing, which pays for approximately half of the immunizations administered in Illinois.

The second challenge is the increase in parents who question the necessity for immunizations. Many of these parents have not experienced the harm caused by vaccine-preventable diseases. The bottom line remains: Fewer immunized children create a vulnerable group that threatens the health of all children.

## Early Child Development

A study in the 1990s of infant mental health by the Unmet Needs project at the University of Illinois identified serious gaps in the services provided to young children. Along with major advances in neuroscience, the study identified areas in which the social and emotional needs of young children may be positively influenced by parents and negatively influenced by factors such as elevated lead levels in the environment and exposure to violence, both directly and indirectly through the media.

To address this need, there have been a number of interventions in recent years. The Illinois chapter of the American Academy of Pediatrics, for example, offers educational programs to medical professionals on early child development and early identification of

developmental challenges. Organizations such as the Ounce of Prevention Fund and the Erikson Institute provide intervention and assistance to families at risk and training for those who work with families.

## Access to Health Care

The past 20 years also have seen a steady increase in the uninsured and underinsured populations. One of the consequences of being uninsured is a delay in necessary health care until more serious health problems arise, often requiring a trip to the emergency room. There are fewer preventive or well-child visits in which immunizations are provided and developmental delays may be identified.

Illinois is fortunate to have the All Kids program to enable families to obtain access to health care. The success of the program, however, will depend on enrollment of children as well as participating physicians.

## Future Challenges

While Illinois has made significant progress in these areas, the challenges of the next 20 years include a renewed emphasis on mental health concerns that children face—from

early childhood and the promise of a future with stable relationships to the difficulties adolescents increasingly face in obtaining mental health services.

The impact of increasing numbers of children with autism spectrum disorder is serious. In addition to the effect on families, children with autism have an increasing impact on the special education resources and health care resources in the state. We are working to identify children at an earlier age with potential improvements in long-term outcomes. Autism also represents a challenge to coordination of care between health care providers' early intervention and the educational system.

Additionally, the entire population is threatened with the high rate of obesity, and yet the problem is particularly serious for children as they grow older and encounter the health and social risks associated with being overweight.

As a community, we must focus on these challenges and on addressing how we deliver health care to our most vulnerable and precious citizens.

