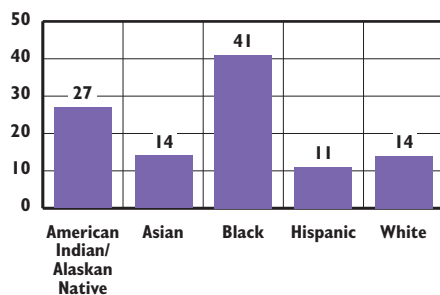


# Issue Brief

## Racial and Ethnic Disparities in Maternal, Infant, and Young Children’s Health in Rhode Island

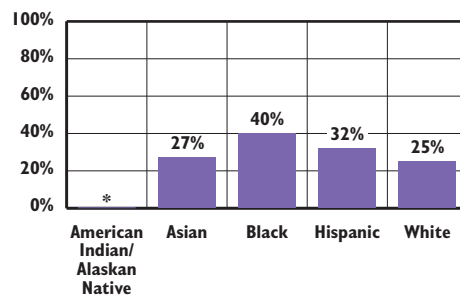
Pregnancy is the beginning of development for a child. Maternal health before, during, and after pregnancy impacts the overall health and well-being of a child in both the short and long-term.<sup>1,2</sup> Currently, there is a maternal health crisis both nationally and in Rhode Island.<sup>3</sup> Beyond that, there are unacceptable and persistent disparities in maternal, infant, and child health outcomes by race and ethnicity that disproportionately impact Black, Indigenous, People of Color (BIPOC) women and children.<sup>4,5</sup> Addressing these disparities will require a focus on the important connection between birthing parents and their babies and focus on the health and well-being of both individuals.

**Pregnancy-Related Mortality Rate per 100,000 by Race/Ethnicity, United States, 2016-2018**



Source: Pregnancy Mortality Surveillance System, 2016-2018.

**Women Ages 35-44 With One or More Risk Factors for Birth Complications by Race/Ethnicity, United States, 2018-2021\*\***



Source: Blue Cross Blue Shield: The Health Report of America. (2022). \*Data not available, \*\* Only includes commercial insurance.

- ◆ Nationally, Black women are three times more likely than white women to die of pregnancy-related complications.<sup>6,7</sup> Racial disparities in maternal mortality span all levels of education, age, income, and insurance status.<sup>8,9</sup> Risk factors such as hypertension, asthma, diabetes, and substance use increase the risk of having pregnancy-related complications that result in unintended short or long-term outcomes.<sup>10</sup>
- ◆ Black women ages 35-44 have the highest rate of risk factors, pregnancy complications and death.<sup>11,12</sup> Complex structural, social, and economic interactions related to racism have led to an increase in risk factors for Black women.<sup>13,14</sup>

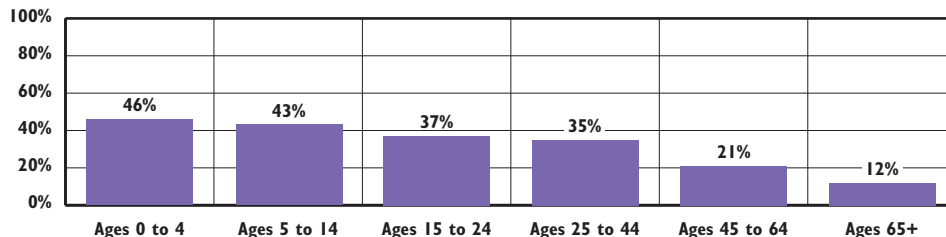
## Root Causes of Disparities in Maternal and Infant Health: A Legacy That Continues to Harm Rhode Island’s Children and Families

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.

### Increased Diversity Among Rhode Island Children and Births

- ◆ Racial and ethnic diversity has increased in the United States over the last several decades and is projected to rise in the future. Since 2000, all of the growth in the child population in the U.S. has been among Children of Color.<sup>21,22</sup>
- ◆ In Rhode Island between 2010 and 2020, the Hispanic child population grew by 22% while the non-Hispanic white child population declined by 22%.<sup>23,24</sup> In 2020, 47% of children in Rhode Island were Children of Color, up from 36% in 2010.<sup>25</sup>
- ◆ Nationally, fertility rates have declined across all racial and ethnic groups; however, Black and Hispanic women have higher fertility rates than Asian and white women.<sup>26,27</sup>
- ◆ In 2020 in Rhode Island, 46% of babies born were Babies of Color.<sup>28</sup>

Percentage of Population Identified as People of Color By Age, Rhode Island, 2019



Source: U.S. Census Bureau, Population Estimates, 2019.

### Use of Terms

This brief uses both women-specific terms and gender-inclusive terms (e.g., birthing people). “Maternal” health and other gendered terms are widely used in the research and data collection efforts of past and current projects about pregnancy and childbirth-related inequities. Much of the data is collected and reported this way by the references used in this brief. The terminology may not reflect the lived experiences or identities of all birthing people.

## The Need for More Data: American Indian Population

- ◆ In Rhode Island, research and data collection on the American Indian/Native American population is limited due to the small population size, making it difficult to evaluate disparities in maternal and infant health outcome disparities at the state level. However, nationally Native American people are twice as likely to die of pregnancy-related causes than white people.<sup>29</sup> Between 2016 and 2018, the pregnancy-related maternal mortality rate was 27 per 100,000 live births for Native Americans, compared to 14 per 100,000 for their white peers.<sup>30</sup> A majority of deaths were determined to be preventable.<sup>31</sup>
- ◆ Racism in social determinants of health-related policies has disproportionately harmed Native Americans in the United States. Genocide, forced land removal, slavery, and breaking of treaties have had a devastating impact on Native wealth, culture, and health. The disparities that exist today between Native American and white households can be traced back to the wealth-building policies that overwhelmingly benefited white citizens at the expense of Native Americans.<sup>32,33,34</sup>
- ◆ More data is needed both in Rhode Island and nationally to better understand the lived experiences of Native Americans and to address the disparities in maternal health.<sup>35</sup> In December of 2022, the U.S. Department of Health and Human Services launched a national campaign to improve Native American maternal health outcomes by raising awareness of life-threatening warning signs during and after pregnancy and improving communication between health care providers and their patients.<sup>36</sup>

## The Need for More Data: Diversity Among Asian Population

- ◆ The Asian American community is very diverse and is the fastest growing population in the United States.<sup>37</sup> Asian communities are diverse groups with varying characteristics and experiences that influence their health and health care. Aggregated data on all Asian people mask disparities and challenges facing subpopulations within the community.
- ◆ Native Hawaiian, Pacific Islander, and Southeast Asian youth are less likely to have private health insurance coverage and more likely to be covered by Medicaid, with half (50%) of these children being covered by Medicaid or the Children's Health Insurance Program (CHIP) compared to 25% of all Asian children and 29% of white children. Nationally, although the Asian population has the lowest infant mortality rate, there are significant differences within subgroups. The Filipino infant mortality rate (4.52) is significantly higher than all other Asian subgroups. Enhancing availability of disaggregated data for Asian, Native Hawaiian, Pacific Islander, and Southeast Asian people will be important for efforts to advance health equity.<sup>38,39</sup>

## Impact of COVID-19 on Maternal Health

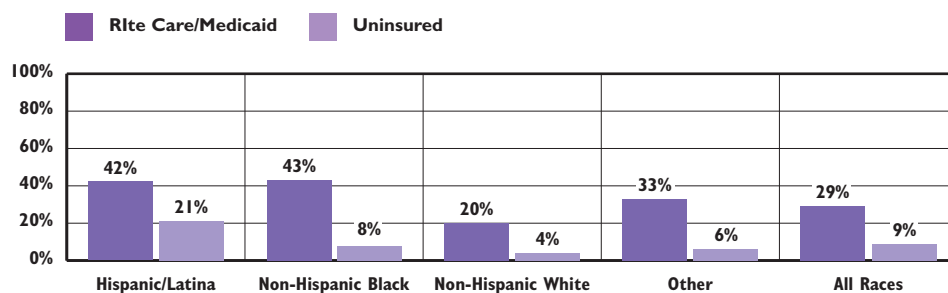
- ◆ In the U.S., the maternal mortality rate increased during the first year of the pandemic. In 2020, the maternal mortality rate was 24 deaths per 100,000 live births, up from 20 in 2019. The 2020 mortality rate for Black women increased significantly from 44 per 100,000 in 2019 to a rate of 55 per 100,000 in 2020. The maternal mortality rate also significantly increased for Hispanic women during this same time period (from 13 to 18 per 100,000).<sup>40</sup>
- ◆ This initial national data reflects the increased hardships on people giving birth, including limited access to prenatal and health care, increased stress, and lack of social support before, during, and after birth.<sup>41</sup>

## Maternal Health

- ◆ Maternal health includes the period before pregnancy (preconception), during pregnancy, after birth (postpartum) and beyond. In Rhode Island, there are racial and ethnic disparities throughout this entire period of time that impact health outcomes.<sup>42</sup>
- ◆ Healthy People 2030 is the latest iteration of a national initiative to set measurable objectives to improve the health and well-being of people over the next 10 years.<sup>43</sup> Health Equity and Social Determinants of Health are two of the key priorities of the initiative to eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.<sup>44</sup>

### Before Pregnancy/Preconception

**Insurance Status before Pregnancy by Race/Ethnicity, Rhode Island, 2016-2020**

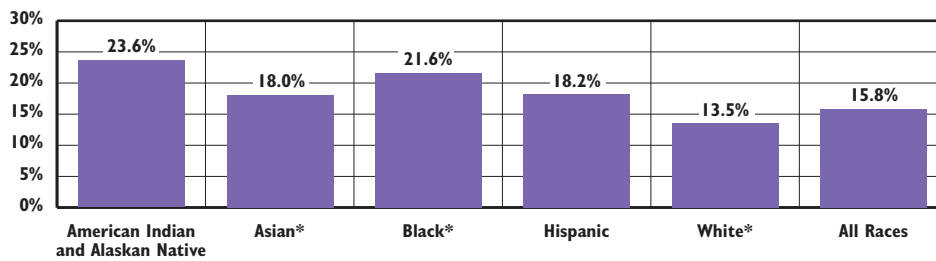


Source: Rhode Island Department of Health, Pregnancy Risk Assessment Monitoring System (PRAMS), 2016-2020.

- ◆ In Rhode Island, Women of Color are more likely to be uninsured and be covered by Rite Care/Medicaid before their pregnancy than white woman. Between 2016 and 2020, 21% of Hispanic/Latina women and 8% of non-Hispanic Black women, did not have insurance compared to only 4% of non-Hispanic white women.<sup>45</sup>
- ◆ Health care before pregnancy is important for maintaining women's reproductive health and ensuring that they can access the reproductive health services they may need to become pregnant, if and when they want to. Women of Color also report that they have different preconception experiences with providers. In Rhode Island between 2016 and 2020, only 26% of Latina and 27% of Black women reported that before conception, a provider talked to them about preparing for a pregnancy, compared to 35% of white women who reported having these conversations.<sup>46,47</sup>
- ◆ Currently, Rhode Island law prohibits health insurance coverage for abortion access for Rhode Islanders covered by state-funded insurance, including those working in the public sector and those covered by Medicaid. This policy disproportionately impacts access to reproductive health services for Black and Hispanic Rhode Island women and contributes to inequities in health care access.<sup>48,49</sup>
- ◆ Access to contraception, preventative health care services, and the overall health and economic well-being of individuals impact pregnancy intention.<sup>50</sup> Non-Hispanic Black women have the highest unintended pregnancy rate of all racial and ethnic groups. Unintended pregnancies occur when a pregnancy is mistimed or unwanted.<sup>51</sup> Health outcomes for intended pregnancies are better than for those that are unintended. Barriers to prenatal care include not knowing one is pregnant, not being able to get an appointment or start care when desired, lack of transportation or child care, inability to get time off work, and financial constraints (including lack of insurance or money to pay for desired care).<sup>52,53</sup> Rhode Island women with delayed or no prenatal care are more likely to report their pregnancy was unintended than women who initiated care in the first trimester. Between 2012 and 2015 in Rhode Island, 65% of women whose prenatal care was delayed had unintentional pregnancies.<sup>54</sup>

## During Pregnancy

### Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2016-2020



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020. \* Race categories are non-Hispanic.

- ◆ Between 2016 and 2020 in Rhode Island, American Indian and Alaskan Native women (23.6%), Black women (21.6%), Hispanic women (18.2%), and Asian women (18.0%) were more likely to receive delayed prenatal care than white women (13.5%).<sup>55</sup> Although the overall rate met the Healthy People 2030 goal of 19.5%, both Black and American Indian and Alaskan Native women show a persistent disparity, with respective rates of delayed prenatal care exceeding the target.<sup>56</sup>
- ◆ Early prenatal care is an important way to identify and treat health problems as well as influence health behaviors that can affect fetal development, infant health, and maternal health. Women receiving late or no prenatal care are at increased risk of poor birth outcomes, such as having babies who are low birthweight or who die within the first year of life.<sup>57,58</sup>
- ◆ Effective prenatal care screens for and intervenes with a range of maternal needs including nutrition, social support, mental health, smoking cessation, substance use, domestic violence, and unmet needs for food and shelter. A prenatal visit is the first step in establishing an infant's medical home and can provide valuable links to other services. Early prenatal care is especially important for women who face multiple risks for poor birth outcomes, as is ensuring access to health care services before pregnancy.<sup>59,60</sup>

## Teen Births

- ◆ In Rhode Island, the statewide five-year average teen birth rate declined 58% between 2007-2011 and 2016-2020, from 25.5 births per 1,000 teen girls to 10.6. The teen birth rate in the four core cities (Central Falls, Pawtucket, Providence, and Woonsocket) declined 56% during that time but remains more than three times higher than the remainder of the state.<sup>61</sup>
- ◆ Despite declines among all racial and ethnic groups, disparities still exist in teen birth rates.<sup>62</sup> In Rhode Island between 2016 and 2020, the teen birth rates for Hispanic (28.3 per 1,000), Native American (15.9 per 1,000), and Black (14.6 per 1,000) teens were higher than the rates of their white (6.4 per 1,000) and Asian (3.2 per 1,000) peers.<sup>63</sup>

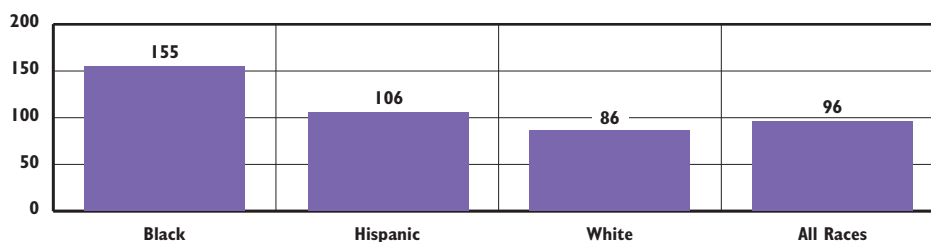
### Rhode Island's Health Equity Zones

- ◆ Rhode Island's Health Equity Zone Initiative works to build a healthy and resilient Rhode Island by investing in communities and their capacity to affect change, honoring the expertise of those who live and work in those communities, and challenging the systems and structures that perpetuate health inequities. A focus of the Woonsocket Health Equity Zone is reducing the rates of teen pregnancy by providing comprehensive sexual health education and providing students with additional programming and after-school support.<sup>64,65</sup>

## Maternal Mortality and Morbidity

- ◆ In Rhode Island, maternal mortality numbers are too small to report. To better measure maternal health during pregnancy and after childbirth, Rhode Island reports the prevalence of Severe Maternal Morbidity, which is defined as unintended outcomes of labor and delivery that result in significant consequences to a woman's health.<sup>66,67</sup>

### Severe Maternal Morbidity Rate per 10,000 deliveries by Race/Ethnicity, Rhode Island, 2016-2020



Source: Rhode Island Department of Health, Center for Data and Analysis, 2016-2020.

- ◆ In 2020, the Rhode Island severe maternal morbidity rate was 88 per 10,000 delivery hospitalizations down from 122 per 10,000 in 2019. Black (155 per 10,000) and Hispanic (106 per 10,000) women all had higher rates of severe maternal morbidity than white women (86 per 10,000) between 2016-2020.<sup>68</sup>

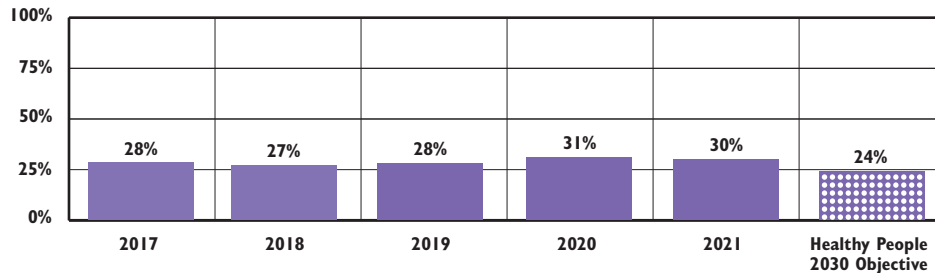
### Root Causes of Disparities: Quality of Care/Implicit Biases in the Medical System

- ◆ Pervasive racial bias and unequal treatment of Black women and birthing people in the health care system often result in inadequate treatment for pain and lead to significant unintended outcomes and disparities.<sup>69,70</sup> This, coupled with stress from racism and racial discrimination, contribute to the unacceptable health outcomes among Black women and their infants.<sup>71,72</sup> Medical racism and interpersonal discrimination historically has impacted Black health and continues to impact Black birthing people today. According to data from the Centers for Disease Control, 80% of maternal deaths are preventable, signaling that there are deaths that could have been due to poor timeliness, quality of care, or inaccuracies in listening to patients' needs.<sup>73,74,75</sup>

## Low-Risk Cesarean Births

- ◆ Cesarean deliveries, or C-sections, may help prevent injury and death in birthing people and newborns who are at higher risk of complicated deliveries or have unexpected complications. However, C-sections are linked to increased risk of infections and blood clots, and many women who are not at high risk for delivery complications get unnecessary C-sections.<sup>76,77</sup>

**Low-Risk Cesarean Rate, Rhode Island, 2017-2021**



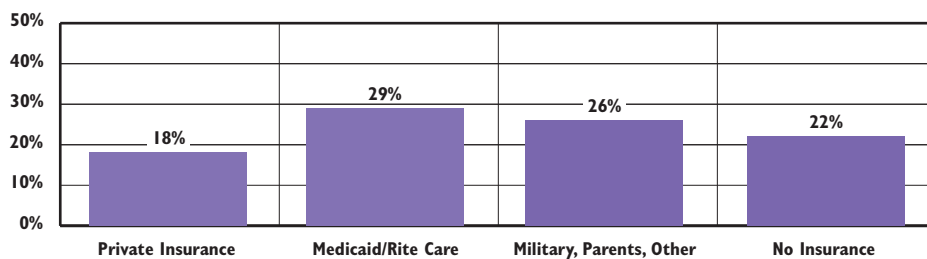
Source: Rhode Island Department of Health, Center for Data and Analysis, 2017-2021.

- ◆ In 2021, the percentage of low-risk cesarean births in Rhode Island (30%) was higher than it was in 2017 (28%) and continues to be above the Healthy People 2030 national objective of 24%.<sup>78,79</sup> Nationally, Black birthing people have higher rates (31%) of low-risk cesarean births than white birthing people (25%). Between 2017-2021 in Rhode Island, Native American, non-Hispanic white, and Hispanic women had the highest rates of low-risk cesarean births.<sup>80,81</sup>

## Maternal/Postpartum Depression

- ◆ Maternal depression is an overarching term for longer-lasting depression that occurs during pregnancy and/or the first 12 months after the birth of a new child. Symptoms often interfere with a mother's ability to care for herself and/or her child. Between 2018 and 2020, 12.2% of women reported symptoms of postpartum depression.<sup>82,83</sup>

**Depression During or After Most Recent Pregnancy by Insurance Status, Rhode Island, 2018-2020**



Source: Rhode Island Department of Health, Pregnancy Risk Assessment Monitoring System (PRAMS), 2018-2020.

- ◆ One of Rhode Island's Psychiatry Resource Networks, MomsPRN, provides same-day clinical consultation services and mental health referral services for primary care providers of perinatal patients. This program supports Rhode Island primary care providers by enabling them to provide more comprehensive care for their patients more promptly and avoid lengthy wait times for specialized care.<sup>84</sup>
- ◆ During FY 2022, the RI MomsPRN line fielded 679 initial encounter calls from 251 unique providers at 125 practices across the state. In total, 586 perinatal patients (including 209 pregnant women) were helped as a result of their provider calling the RI MomsPRN teleconsultation line during this time.<sup>85</sup>
- ◆ Integrating behavioral health needs into primary care is a key component of the patient-centered medical home model and expands primary care to be coordinated and include mental and behavioral health care.<sup>86</sup>

## Rhode Island's Doula and Community Support

- ◆ A doula is a trained professional who provides support and education for pregnant women and birthing people before, during, and after pregnancy. Doulas positively impact birth-related outcomes and overall experience and can increase feelings of respect and care, especially for Birthing People of Color and people with Medicaid.<sup>87,88</sup> States can remove barriers to doula care by reducing administrative burdens, increasing and improving payment models, and facilitating and supporting doulas in the hospital setting. In Rhode Island, the doula community and other maternal health advocates have led improvements for certified perinatal doula access for all birthing people, especially People of Color, during their perinatal experience.<sup>89</sup>
- ◆ In 2021, legislation passed making doula services eligible for reimbursement through private insurance and Medicaid. *The Doula Reimbursement Act* made Rhode Island the first state to reimburse doula services for both Medicaid and private insurance at a rate of \$1,500 for all prenatal, labor, birth and postpartum services.<sup>90</sup>
- ◆ The **Urban Perinatal Education Center (UPEC)** provides perinatal education and supports, childbirth education classes, lactation support and the Easy Access Clinic. UPEC provides culturally congruent and racially representative care. RI's Easy Access Clinic provides prenatal and postpartum care and services to supplement and support existing maternal health systems. UPEC focuses on wholistic well-being, especially emotional and mental health during the early weeks and postpartum. UPEC also hosts the RI Doula Referral Hotline to help the Black and BIPOC community find doulas who accept their insurance.<sup>91</sup>

## Rhode Island Supports for Breastfeeding

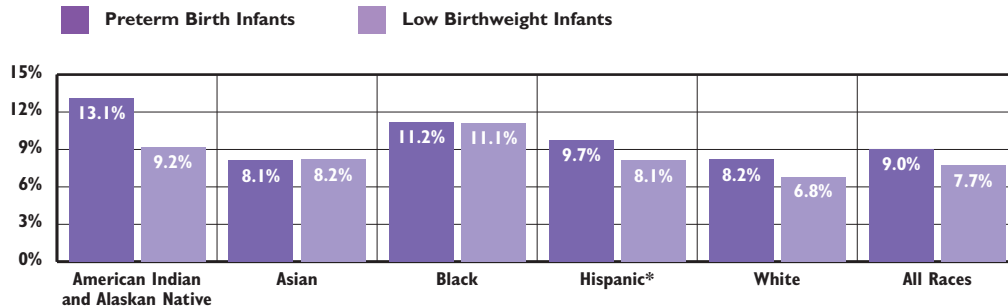
- ◆ All 50 states have passed legislation that provides mothers with the explicit right to breastfeed in all public or private places.<sup>92</sup> Since 2015, Rhode Island law has prohibited job discrimination based on pregnancy, childbirth, and related medical conditions and requires employers to make reasonable accommodations for workers for conditions related to pregnancy and childbirth, including breastfeeding.<sup>93</sup> Other barriers to supporting breastfeeding include accessibility and accommodations for lactation in the workplace and community.<sup>94</sup>
- ◆ In 2014, Rhode Island became the first state in the U.S. to establish licensure for International Board-Certified Lactation Consultants (IBCLCs). State-certified and trained lactation consultants provide comprehensive lactation support and counseling for pregnant and postpartum women. In January 2023, Rhode Island had 70 licensed IBCLCs.<sup>95,96</sup>
- ◆ Access to paid leave increases the overall duration of breastfeeding and the likelihood of breastfeeding for at least six months.<sup>97</sup> Rhode Island was a leader in paid family leave, establishing a program in 2013, but has since fallen behind 11 other states, offering the lowest wage replacement rate and fewest number of weeks of leave. Improving the state's paid family leave program to meet national standards is an essential investment for Rhode Island to make to become a great state to raise a family.<sup>98</sup>



## Infant Health

- ◆ Infancy is a critical and vulnerable time for development. In their first year of life, infants’ brains are growing and developing quickly. Birth outcomes (preterm birth, low birthweight) can have both short and long-term consequences including infant mortality.<sup>99</sup>

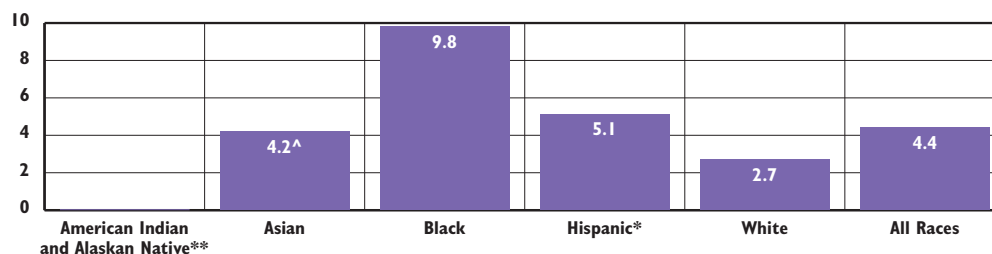
### Preterm and Low Birthweight Infants by Maternal Race/Ethnicity, Rhode Island, 2016-2020



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020. \*Hispanic mothers can be of any race.

- ◆ **Preterm birth** is the leading cause of infant death in Rhode Island. Between 2016 and 2020, 69% (157) of all infant deaths were preterm (born before the 37th week of pregnancy).<sup>100</sup> The preterm birth rate varies by race/ethnicity, with non-Hispanic Black women (14.4%) continuing to have the highest preterm birth rate in the U.S. in 2020. Hispanic women had a preterm birth rate of 9.8% in 2020 and non-Hispanic white women had a rate of 9.1%. The rate decreased for each group between 2019 and 2020.<sup>101</sup> Nationally, racial and ethnic disparities affect the outcomes of preterm infants, with the preterm-related infant mortality rate for Black infants about three times the rate for white infants in 2013.<sup>102</sup>
- ◆ Rhode Island women who deliver a **low birthweight** infant are more likely to report smoking while pregnant, feeling unsafe in their neighborhood, delayed or no prenatal care, a depression diagnosis, and domestic violence; as well as health issues during their pregnancy (such as high blood pressure or hypertension) than those with a normal weight baby.<sup>103,104</sup> There are racial and ethnic disparities in rates of low birthweight. In Rhode Island between 2016 and 2020, 9.2% of American Indian and Alaskan Native infants, 8.2% of Asian infants, 11.1% of Black infants, and 8.1% of Hispanic infants, were born at low birthweight, compared to 6.8% of white infants.<sup>105</sup>
- ◆ **Infant mortality** is defined as death through the first year. While infant mortality has declined nationally across all racial and ethnic groups, disparities remain. 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 in the workplace and community negatively impact birth outcomes for Black women and their babies.<sup>106,107</sup> In Rhode Island between 2016 and 2020, the Black infant mortality rate was 9.8 deaths per 1,000 live births, which is more than three times the white infant mortality rate of 2.7 deaths per 1,000 live births.<sup>108</sup>

### Infant Mortality Rate per 1,000 Live Births by Race/Ethnicity, Rhode Island, 2016-2020

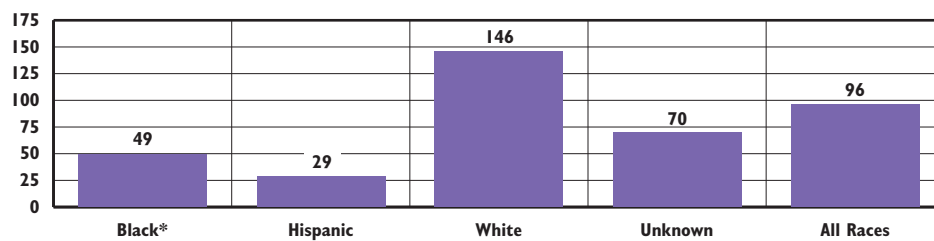


Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020. ^The data are statistically unstable and should be interpreted with caution. \*Hispanic infants can be of any race. \*\* Rate or percentage is too unstable to report.

## Substance Exposed Newborns and Screening Practices

- ◆ Neonatal abstinence syndrome (NAS) refers to a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids. Neonatal opioid withdrawal syndrome, more specifically, refers to the withdrawal symptoms related to opioid exposure. Not all substance exposed newborns are diagnosed with NAS.<sup>109,110</sup>
- ◆ Women of Color are less likely to report smoking or heavy drinking, but they are more likely to report that perinatal providers asked or talked about it.<sup>111</sup>
- ◆ Pregnant people who use substances are also wary of child welfare involvement. There is a need for universal protocols when working with parents, children, and families impacted by substance use and a critical need to address discriminatory attitudes and beliefs about maternal substance use and substance exposed children.<sup>112</sup>

**Rate of Babies Born with Neonatal Abstinence Syndrome per 10,000 Newborn Hospitalizations by Race/Ethnicity, Rhode Island, 2016-2020**

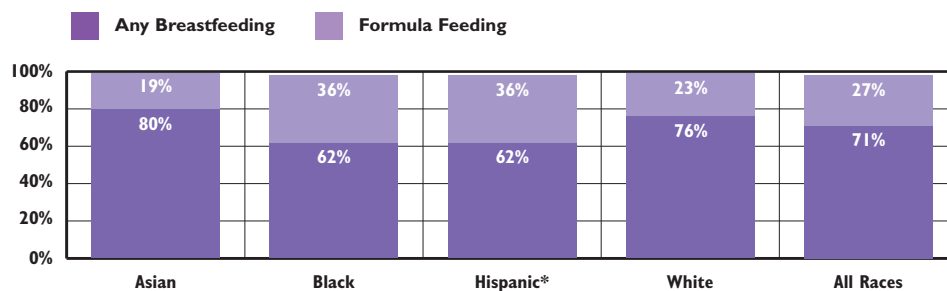


Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2016-2020. \*Due to small numbers, please interpret rate with caution.

- ◆ Between 2016 and 2020, white infants were diagnosed with Neonatal Abstinence Syndrome (NAS) at a rate of 146 per 10,000 newborn hospitalizations, compared to only 29 per 10,000 Hispanic infants and 49 per 10,000 Black infants.<sup>113</sup>

## Breastfeeding

**Breastfeeding and Formula Feeding at Birth by Race/Ethnicity, Rhode Island, 2016-2020**



Source: Rhode Island Department of Health, Center for Health Data and Analysis, KIDSNET, 2016-2020. Breastfeeding and formula feeding are defined as intended feeding method at hospital discharge.\* Hispanic infants can be of any race. Totals may not sum to 100% because data on feeding methods were not available for all births.

- ◆ Between 2016 and 2020, 71% of new mothers in Rhode Island indicated that they intended to breastfeed when discharged from the hospital and 27% intended to formula feed.<sup>114</sup> Black and Hispanic infants are less likely to be breastfed than white and Asian infants, due to structural, interpersonal, and cultural barriers that Women of Color face. Structural barriers include lack of support and discrimination within the health care setting and minimal paid family leave. Interpersonal barriers include lack of family support and inadequate workplace policies for breastfeeding moms.<sup>115</sup>

## Young Children's Health Insurance

- ◆ Younger children are more likely to live in low-income families compared to older children and therefore are more likely to meet the income-eligibility threshold for RIte Care (up to 261% of the federal poverty level). Approximately 57% of children under the age of three were enrolled in RIte Care/Medical Assistance in 2021.<sup>116,117,118</sup>
- ◆ Children who have health insurance coverage are healthier and have fewer preventable hospitalizations than those who are uninsured.<sup>119</sup> Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit entitles children to all age-specific pediatrician-recommended services to grow and thrive, including primary and preventive medical and dental care, specialists and Early Intervention services. Children with RIte Care have fewer unmet health needs than uninsured children. Evidence indicates that the Children's Health Insurance Plan (CHIP) has reduced racial/ethnic disparities in access and utilization, improved educational outcomes, and shielded children from poverty.<sup>120,121,122</sup>

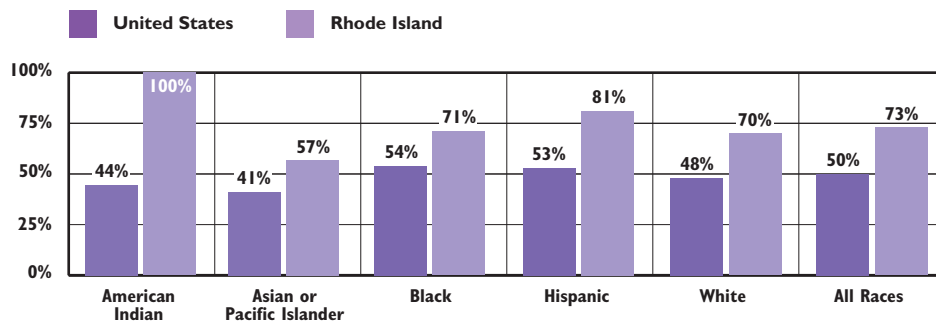
## Developmental Screenings and Early Intervention for Young Children

- ◆ During the first few years of life, children develop the basic brain architecture and social-emotional health that serves as a foundation for all future development and learning. Infants and toddlers with developmental delays and disabilities and those who face significant family circumstances need extra help and should receive high-quality Early Intervention services to develop essential language, social-emotional, and motor skills to reduce the need for services when they are older.<sup>123</sup>
- ◆ The American Academy of Pediatrics recommends routine developmental screening using standardized tools to identify children who would benefit from Early Intervention (EI) services.<sup>124,125</sup> In 2021, 65.2% of children under age 3 with RIte Care insurance had a developmental screening completed, compared to 59.5% in 2020.<sup>126</sup>
- ◆ As of June 30, 2021, nine certified EI provider agencies served 2,102 children in Rhode Island. Of these children, 56% were white, 32% were Hispanic, 7% were Black, 3% were multiracial, 2% were Asian, and <1% were American Indian or Alaska Native.<sup>127</sup>

## Lead Poisoning

- ◆ Homes, schools, and child care settings can be contaminated with lead from paint or paint dust if built before 1978 when interior lead paint was banned. Children can also be exposed to lead poisoning through corrosion of lead service lines where the water pipe from a house or building connects to the public water main.<sup>128</sup>
- ◆ Lead poisoning is a preventable childhood disease. Infants, toddlers, and preschool-age children are most susceptible to the toxic effects of lead because they absorb lead more readily than adults and have inherent vulnerability due to developing central nervous systems.<sup>129</sup> Lead exposure, even at very low levels, can cause irreversible damage, including slowed growth and development, learning disabilities, behavioral problems, and neurological damage. Though rare, severe poisoning can result in seizures, comas, and even death.<sup>130,131</sup>
- ◆ There is no safe lead level in children. In 2021, the Centers for Disease Control and Prevention lowered its blood reference value from 5 µg/dL to 3.5 µg/dL. This new lower reference value will allow parents and health officials to take corrective actions sooner.<sup>132</sup>

## Children Under Age 6 Living in Old Housing By Race/Ethnicity, United States and Rhode Island, 2016-2020



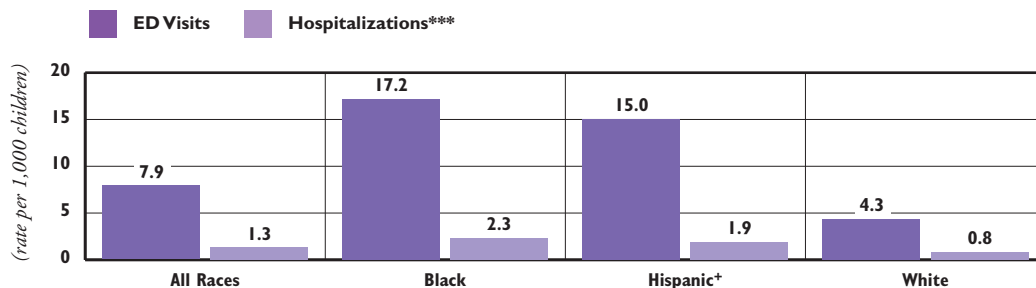
Source: U.S. Census Bureau 2016-2020 5-year American Community Survey, Public Use Microdata Sample (PUMS).

- ◆ Between 2016 and 2020, more children under age 6 in Rhode Island lived in older housing (73%) than the rest of the United States (50%). American Indian and Hispanic children under six were most likely to live in older housing compared to Black, white, and Asian/Pacific Islander youth.<sup>133</sup>
- ◆ In Rhode Island, children living in the four core cities where more than three-quarters (77%) of children are Children of Color live, are at increased risk for lead exposure because the housing stock tends to be older.<sup>134,135</sup> In 2021, 602 (2.7%) of the 22,385 Rhode Island children under age six who were screened had confirmed elevated blood lead levels of  $\geq 5$   $\mu\text{g}/\text{dL}$ . Children living in the four core cities (4.4%) were three times more likely than children in the remainder of the state (1.4%) to have confirmed elevated blood lead levels of  $\geq 5$   $\mu\text{g}/\text{dL}$ .<sup>136</sup>

## Asthma

- ◆ Asthma is a chronic respiratory disease that causes treatable episodes of coughing, wheezing, shortness of breath, and chest tightness, which can be life threatening when not controlled. Asthma attacks can be triggered by respiratory infections, air pollutants (such as high levels of ozone), cigarette smoke, allergens, and exposure to cold air. While the exact cause is unknown, various genetic, environmental (such as long-term exposure to traffic pollution), birth, and health factors have been linked to an increased risk for asthma.<sup>137,138</sup>
- ◆ Nationally, asthma is the most common chronic condition among children. Current asthma prevalence among U.S. children fell from 8.4% in 2015 to 7.0% in 2019.<sup>139</sup> Despite the decline in asthma prevalence, disparities in asthma rates continue to persist. Racial and ethnic differences in asthma prevalence are believed to be correlated with poverty, exposure to air pollution, stress, acute exposure to violence, and access to health care.<sup>140,141</sup>

### Asthma\* Emergency Department and Hospitalization Rates by Race/Ethnicity, Rhode Island Children Under 5, 2016-2020\*\*



Source: Rhode Island Department of Health, Emergency Department Visit and Hospital Discharge Data, 2016-2020; U.S. Census Bureau, Census 2010. \*Rates are for primary diagnosis of asthma. \*\*Asthma-related emergency department visits and hospitalizations decreased substantially in spring 2020, due to the COVID-19 pandemic. \*\*\*Tests for diagnosing asthma are not always accurate for children under five, who are usually diagnosed with wheezing, trouble breathing, and shortness of breath +Hispanic children can be of any race.

- ◆ In Rhode Island between 2016 and 2020, Black children and Hispanic children under age five were the most likely to visit the emergency department or be hospitalized as a result of asthma. Children of all ages were more likely to visit the emergency department than to be hospitalized for asthma.<sup>142</sup>

## Centering the Lived Experiences of Women and Birthing People of Color: SISTA Fire's Community-led Participatory Action Research and Birth Justice Demands

- ◆ SISTA Fire's Community Participatory Action Research engaged 300 womxn in one-on-one interviews, street outreach, conversations with birth workers, community listening sessions, and online forums on the state of Black women and Women of Color in Rhode Island. This research specifically focused on Women and Infants Hospital, which delivered a majority (82%) of all births in the state between 2017 and 2021.<sup>143</sup>
- ◆ Key findings from this research included:
  - Patients are not being communicated to about their condition in their own language. Medical providers often discuss patients and offer recommendations in front of them in a language they do not fully understand.
  - Patients are not being asked about their trauma histories by providers so they can be provided care that is trauma informed.
  - Patients reported that their severity of pain was not acknowledged or adequately treated. There were many reports of Black and Brown womxn saying they did not feel believed.
  - Many patients felt that the hospital does not see postpartum care on a continuum that exists outside of the hospital setting. The hospital needs to improve strategies for informing patients about and connecting patients to available community resources, such as mental health counselors, birth workers, doulas, lactation consultants, etc.
- ◆ This research produced community-led solutions and birth justice demands related to culture and approach, translation and interpretation, workforce development, doula engagement, an independent community review board, and Community Resource Space.

Source: SISTA Fire Key Findings, Birth Justice Demands.

### The Need for a Diverse and Culturally Competent Workforce

- ◆ While local, state, and national infrastructure and policies can help support maternal health, a racially and ethnically inclusive workforce is needed to provide compassionate, respectful care to women and birthing people throughout their pregnancy. This workforce should include a diverse array of providers including primary care physicians, nurses, midwives, doulas and support personnel in and out of the hospital setting. It is important to focus on workforce development, recruitment, and retention to address racially diverse representation in the workforce to reduce disparities in maternal and infant health care.<sup>144,145</sup>
- ◆ Implicit biases can impact care and lead to adverse outcomes for Birthing People of Color. Having a racially and ethnically diverse workforce as well as people who are culturally and linguistically matched can provide more satisfactory care and increase feelings of respect and satisfactory care. Intensive training for a culturally competent workforce should be delivered by lived experiences subject matter experts.<sup>146,147</sup>

## Legislative Efforts to Expand Health Coverage to Address Racial and Ethnic Disparities in Rhode Island

- ◆ **12-Month Medicaid Postpartum Extension:** The FY 2023 budget extended postpartum Medicaid coverage from 60 days postpartum to 12 months postpartum and allows for state funds to be used to provide coverage regardless of immigration status.<sup>148</sup>
- ◆ **Cover All Kids:** The *Cover All Kids Act*, which passed as part of the FY 2023 budget, has restored Rhode Island's policy of allowing all eligible low-income children, regardless of immigration status, to enroll in RIte Care and will help insure more kids.<sup>149</sup>
- ◆ **Continuous Medicaid Coverage from Birth through 5:** Once enrolled in RIte Care, it is critical that children stay continuously covered. Even a short gap in coverage can result in a child missing needed care such as treatment for a chronic condition. Starting in January 2024, states are required to allow children to remain enrolled for a full year (12 months). Providing children with continuous coverage leads to greater coverage rates which are associated with better health, reduced school absenteeism, and higher academic achievement for children and, potentially, fewer lost workdays and lower medical debt for their parents. Continuous coverage promotes health equity by limiting gaps in coverage for low-income children who experience disproportionate rates of health disparities, particularly Children of Color. Providing continuous coverage from birth through age 5 would go even further and help infants and young children get off to a healthy start in life.<sup>150</sup>
- ◆ **Infant and Early Childhood Mental Wellness Act:** In 2022, the General Assembly passed the *Infant and Early Childhood Mental Wellness Act* that requires the state to create a plan to use Medicaid to help improve early identification and treatment of mental health challenges in young children (birth through 5). The Executive Office of Health and Human Services has created an Infant and Early Childhood Mental Health Task Force to develop this plan. Prevention and early identification and treatment of mental health challenges in young children could reduce expulsions from child care and preschool and suspensions in the early grades and address.<sup>151,152</sup>

## Equity Impact Statements

- ◆ Equity impact statements are a tool for lawmakers to evaluate how proposed legislation will impact racial and ethnic disparities prior to adoption and implementation. Similar to fiscal impact statements, equity impact statements assist legislators in detecting unforeseen policy ramifications so legislative proposals can be modified and avoid worsening existing racial disparities and ideally reduce or eliminate disparities. Nine states (Colorado, Connecticut, Florida, Iowa, Maine, Maryland, New Jersey, Oregon, and Virginia) have implemented mechanisms for developing and considering equity impact statements.<sup>153</sup>
- ◆ In Rhode Island during the 2022 legislative session, legislation was introduced that would have required the General Assembly to include combined race, ethnicity, gender and disability impact statements in any legislation related to human services; medical, dental or behavioral health care; disability services; housing or housing assistance; education; employment and labor; land use and transportation; criminal justice; and legislation that will have economic or environmental impacts on communities. The legislation did not pass out of committee.<sup>154</sup>

## Recommendations

### Data Collection

- ◆ Support **community-led data collection efforts** that produce **community-led solutions** that reflect the lived experiences of Rhode Island's Asian, Black, Latino, and Native American communities.
- ◆ Increase data collection and reporting of **data disaggregated by race and ethnicity**, including data on the Native American and diverse Asian and Pacific Islander populations.
- ◆ Ensure that **Rhode Island's Pregnancy and Postpartum Death Review Committee** collects and reports timely and comprehensive data on maternal mortality to inform prevention efforts.

### Equity

- ◆ Monitor implementation of recent legislation and processes that impact health coverage, including *Cover All Kids*, 12-month postpartum extension, and Medicaid redetermination efforts.
- ◆ **Provide equitable access to comprehensive reproductive health care** and address factors that contribute to poor health outcomes, including through passage of the *Equality in Abortion Coverage Act*.
- ◆ Pass legislation that requires the General Assembly to include **equity impact statements** in any legislation related to health.
- ◆ Implement policies that support recruitment, development, and retention of a **racially, culturally, and linguistically representative and competent workforce**, including scholarships for BIPOC students, adequate compensation, and training for current health care workforce.
- ◆ Improve the **RI Works program** by allowing a first time pregnant person to receive cash assistance from verification of pregnancy.

### Maternal Health

- ◆ Engage collaborators including community-engaged leadership to enhance the implementation of **innovative strategies** like SISTA Fire's Birth Justice Demands.
- ◆ Ensure **access to health care** for the treatment of chronic diseases, reproductive health, mental health, and preconception care within a comprehensive coordinated medical system.
- ◆ Ensure access to **culturally and linguistically competent and respectful health care providers** through quality improvement practices, standards of care, and accountability policies.
- ◆ Reduce barriers to **doula care and other community-based supports** by facilitating insurance reimbursement, ensuring that hospital policies recognize the value of these supports, and implementing policies that help doulas work within their systems.
- ◆ Support and **invest in maternal mental health programs** such as MomsPRN.

### Infant Health

- ◆ Improve Rhode Island's **paid family leave** program by increasing the wage replacement and expanding the number of weeks offered to families to meet or exceed the policies of our neighboring states.
- ◆ Ensure workforce protections and implement **breastfeeding accessibility** for breastfeeding people, including supporting lactation consultants.
- ◆ Review screening practices and protocols to ensure equitable, compassionate, timely, and quality care for **infants and caregivers exposed to substances**.

### Young Children

- ◆ Implement **continuous Medicaid coverage from birth through age 5** to ensure that children have consistent coverage during a critical developmental period.
- ◆ Create and enact equitable **lead remediation** plans for homes and water supply lines, including full lead service line replacement.
- ◆ Address **air pollution and environmental conditions** in communities where Children of Color live.
- ◆ Ensure that recent rate increases are adequate to recruit and retain qualified staff in **Early Intervention** programs so families do not have to wait for critical services.

## References

- <sup>1,10,67,144</sup> Office of the Surgeon General (2020). *The surgeon general's call to action to improve maternal health*. Washington, DC: US Department of Health and Human Services.
- <sup>2</sup> Rhode Island Department of Health. (2020). *2020 perinatal and infant health issue brief*
- <sup>3,4,13,49,72,88</sup> Maternal Health Blueprint (2022). White House
- <sup>5,14,71</sup> Kaiser Family Foundation (2022). Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them. Retrieved January 13, 2023, from kff.org
- <sup>6,30</sup> Pregnancy Mortality Surveillance System, Maternal and Infant Health, Center for Disease Control (2020). Retrieved January 24, 2023, from cdc.gov
- <sup>7,8,12</sup> Peterson E.E, Davis N.L, Goodman D, et al. (2019). Racial/ethnic disparities in pregnancy-related deaths, United States, 2007-2016. *MMR Morbidity Mortality Weekly Report* 68(35) 762-765.
- <sup>9,11</sup> Racial and Ethnic Disparities in Maternal Health. (2022). Blue Cross Blue Shield: The Health Report of America
- <sup>15</sup> Magnan, S. (2017). Social determinants of health 101 for health care: five plus five. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC.
- <sup>16</sup> Artiga, S., Hinton, E. (2018). *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity*. Kaiser Family Foundation.
- <sup>17,32,69,73,87,145,146</sup> Centers for Disease Control and Prevention. (2022). *State Strategies for Preventing Pregnancy-Related Deaths: A Guide for Moving Maternal Mortality Review Committee Data to Action*. Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion.
- <sup>18,34</sup> Foxworth, R. (n.d.) The "Long Awaiting"- lifting up Native voices for economic justice. Retrieved November 10, 2021, from www.nonprofitquarterly.org
- <sup>19</sup> Mineo, L. (2021). Racial wealth gap may be a key to other inequities. Retrieved November 16, 2021, from www.news.harvard.edu
- <sup>20</sup> Rhode Island KIDS COUNT. (2022). Racial and Ethnic Disparities in Children's Economic Well-Being in Rhode Island.
- <sup>21</sup> Federal Interagency Forum on Child and Family Statistics. (2019). America's children: Key national indicators of well-being, 2019. Washington, DC: U.S. Government Printing Office.
- <sup>22</sup> O'Hare, W. (2011). The changing child population of the United States: Analysis of data from the 2010 Census. Baltimore, MD: The Annie E. Casey Foundation.
- <sup>23,24,25,135</sup> U.S. Census Bureau, Census 2020 and Census 2010
- <sup>26,80,101</sup> Osterman, M. J. K., Hamilton, B. E., Martin, J. A., Driscoll, A. K., & Valenzuela, C. P. (2022). Births: Final data for 2020. *National Vital Statistics Reports*, 70(17). Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- <sup>27</sup> Kearney, M. S., & Levine, P. (2021). *Will births in the US rebound? Probably not*. Retrieved April 7, 2022, from www.brookings.edu
- <sup>28</sup> The Annie E. Casey Foundation KIDS COUNT Data Center, datacenter.kidscount.org
- <sup>29</sup> Centers for Disease Control and Prevention. (2022). *Disparities and Resilience Among American Indian and Alaskan Native People who are pregnant or postpartum*. Retrieved January 22, 2023 from cdc.gov
- <sup>31,35</sup> Trost SL, Beauregard J, Njie F, et al.(2022). *Pregnancy-Related Deaths Among American Indian or Alaska Native Persons: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019*. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services.
- <sup>33</sup> National Indian Council on Aging, Inc. (2021). *Native households make 8 cents for every dollar a white household has: The Native wealth gap*. Retrieved November 12, 2021, from www.nicoa.org
- <sup>36</sup> Office of Health and Human Services (2022). *HHS Launches New Maternal Health Resources for American Indian and Alaska Native Communities*. Retrieved January 15, 2023 from mintorityhealth.hhs.gov
- <sup>37</sup> Budiman, A. & Ruiz, N. (2021). *Key facts about Asian Americans, a diverse and growing population*. Retrieved November 16, 2021, from www.pewresearch.org
- <sup>38</sup> Ely DM, Driscoll AK. (2022). Infant mortality among non-Hispanic Asian subgroups in the United States, 2018–2020. *NCHS Health E-Stats*. 2022.
- <sup>39</sup> Kaiser Family Foundation (2022). Health Care Disparities Among Asian, Native Hawaiian, and Other Pacific Islander (NHOPI) People.
- <sup>40</sup> Hoyert DL.(2022). Maternal mortality rates in the United States, 2020. *NCHS Health E-Stats*.
- <sup>41</sup> Clark, M. (2022). *Increase in maternal mortality during COVID-19 underscores need for policy change*. Georgetown Center for Children and Families Retrieved January 26, from, cff.georgetown.edu
- <sup>42</sup> Rhode Island Department of Health (2020). *2020 Preconception pregnancy and postpartum health*.
- <sup>43</sup> U.S. Department of Health and Human Services. (n.d). *About Healthy People 2030*. Retrieved January 24, 2023 from health.gov/healthypeople

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