

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



Rhode Island KIDS COUNT, January 30, 2023

#HealthEquityRI

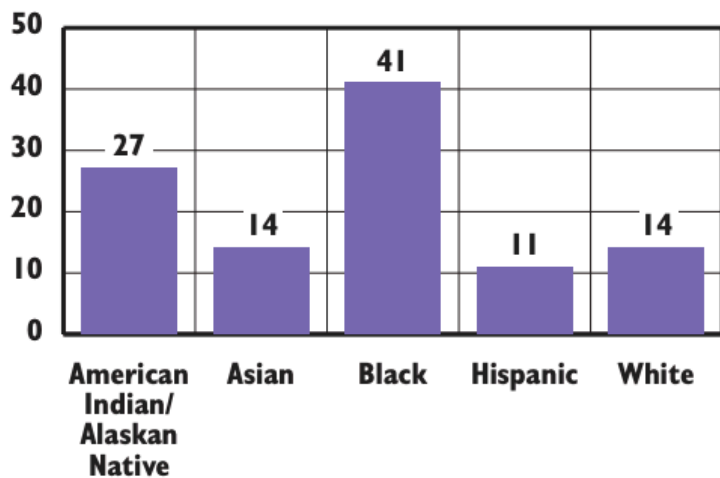




**Blue Cross
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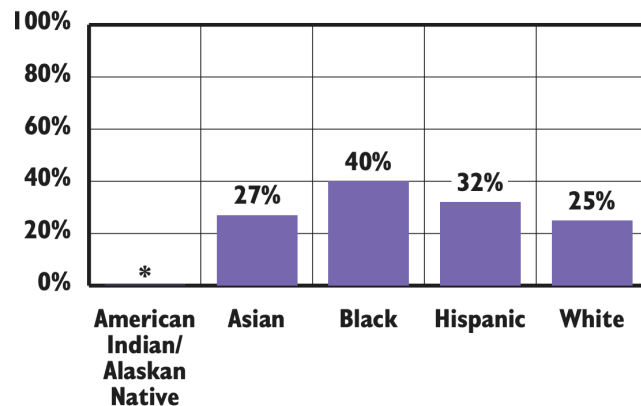
Rhode Island KIDS COUNT is grateful to
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National Context: Maternal Health Crisis

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

Source: Pregnancy Mortality Surveillance System, 2016-2018.

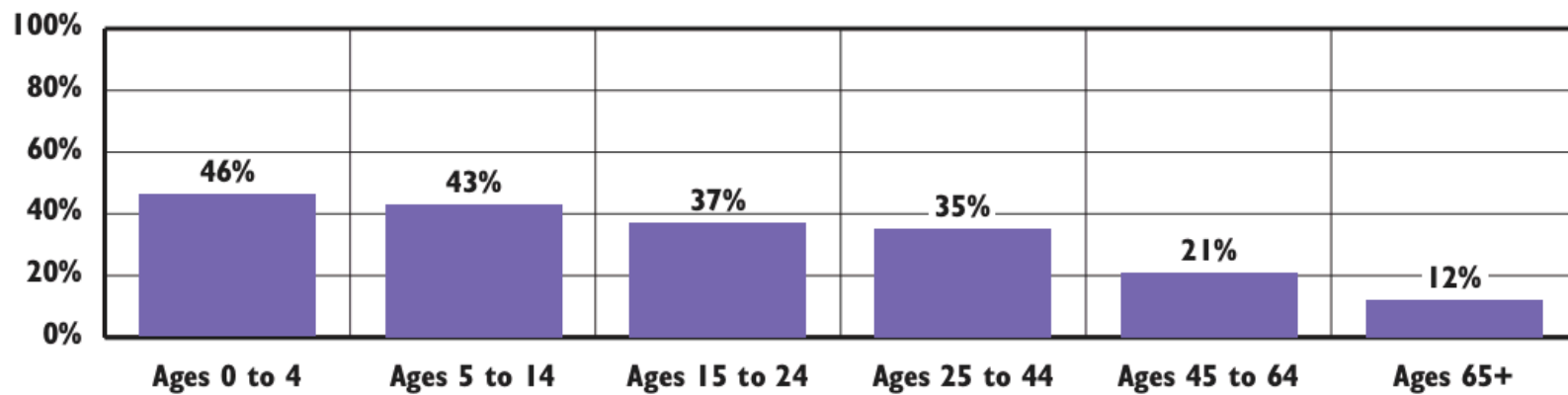
- Black women are **three times** more likely than white women to die of pregnancy-related complications

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.

- Black women ages 35-44 have the highest rate of risk factors**, pregnancy complications and death.

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



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

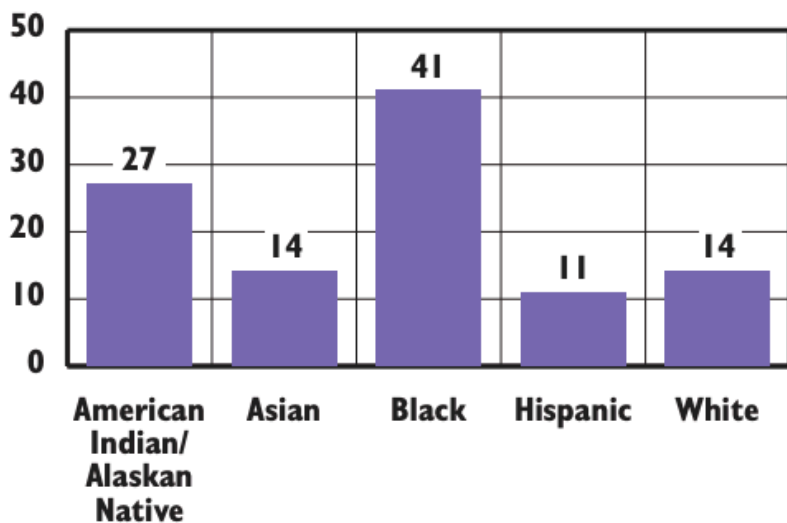
- ◆ Racial and ethnic diversity has increased in the United States over the last several decades and is projected to rise in the future. Since 2000, all of the growth in the child population in the U.S. has been among Children of Color.
- ◆ In Rhode Island between 2010 and 2020, the Hispanic child population grew by 22% while the non-Hispanic white child population declined by 22%. In 2020, 47% of children in Rhode Island were Children of Color, up from 36% in 2010.
- ◆ 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.
- ◆ In 2020 in Rhode Island, 46% of babies born were Babies of Color.

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.¹⁵ 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.¹⁶ 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.¹⁷ 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.^{18,19,20} Unequal access to economic opportunities, stability, and growth impacts educational access, environmental conditions and well-being.

The Need for More Data: American Indian Population

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



Source: Pregnancy Mortality Surveillance System,
2016-2018.

- Nationally and especially 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 outcomes at the state level.
- Nationally Native American people are twice as likely to die of pregnancy-related causes than white people.
- 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. A majority of deaths were determined to be preventable.

Maternal Health

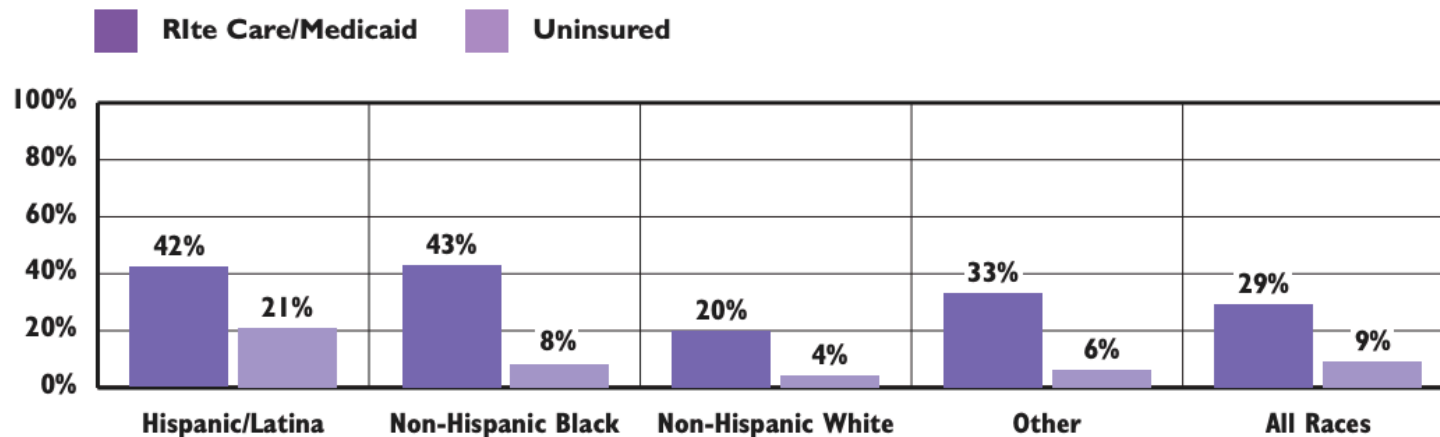
- ◆ Maternal health includes the period before pregnancy (preconception), during pregnancy, after birth (postpartum) and beyond. In Rhode Island, there are racial and ethnic disparities throughout this entire period of time that impact health outcomes.⁴²
- ◆ Healthy People 2030 is the latest iteration of a national initiative to set measurable objectives to improve the health and well-being of people over the next 10 years.⁴³ 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.⁴⁴

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.

Before Pregnancy/Preconception

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

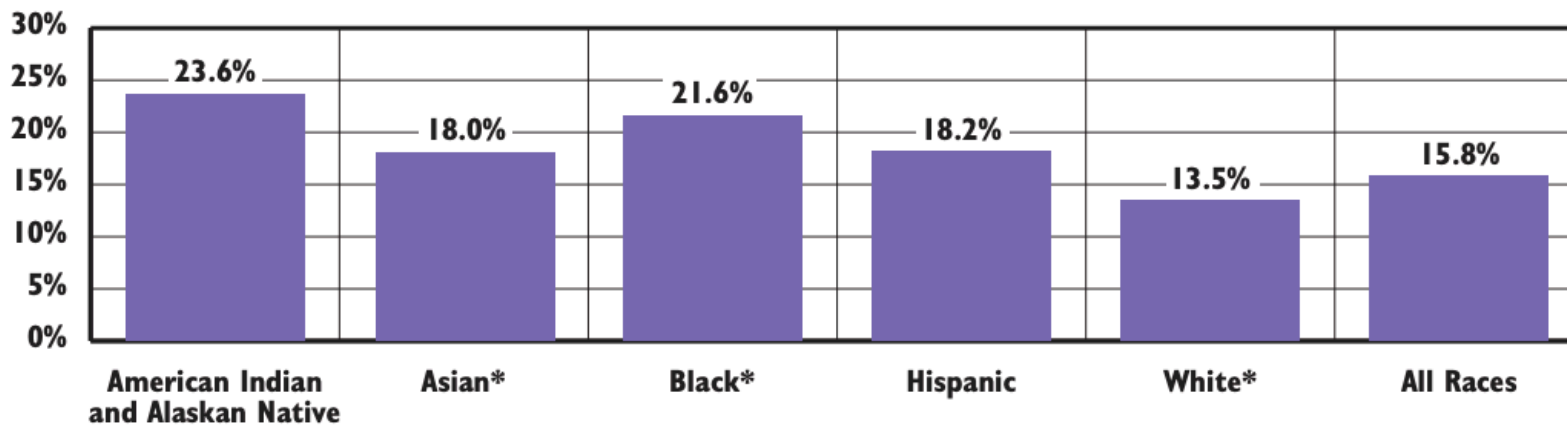


Source: Rhode Island Department of Health, Pregnancy Risk Assessment Monitoring System (PRAMS), 2016-2020.

- In Rhode Island, Women of Color are more likely to be uninsured and be covered by Rite Care/Medicaid before their pregnancy than white women. Between 2016 and 2020, 21% of Hispanic/Latina women and 8% of Black Non-Hispanic women, did not have insurance compared to only 4% of non-Hispanic white women.
- 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.

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%). 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.

Teen Births

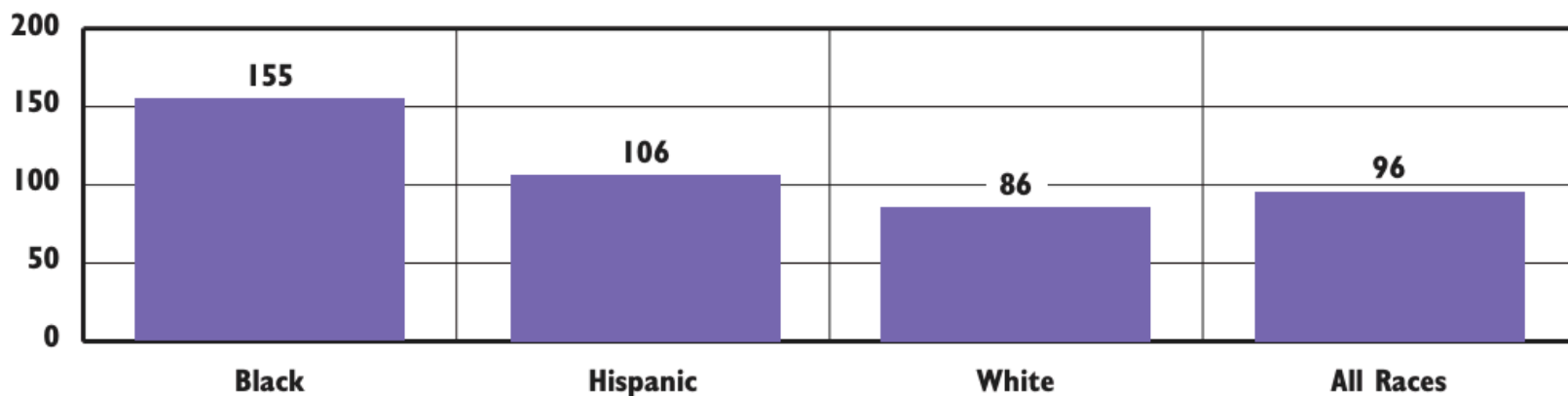
- In Rhode Island, the statewide five-year average teen birth rate declined 58% between 2007-2011 and 2016-2020, from 25.5 births per 1,000 teen girls to 10.6. The teen birth rate in the four core cities (Central Falls, Pawtucket, Providence, and Woonsocket) declined 56% during that time but remains more than three times higher than the remainder of the state.⁶¹
- Despite declines among all racial and ethnic groups, disparities still exist in teen birth rates.⁶² 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.

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.^{64,65}

Severe Maternal Morbidity

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.

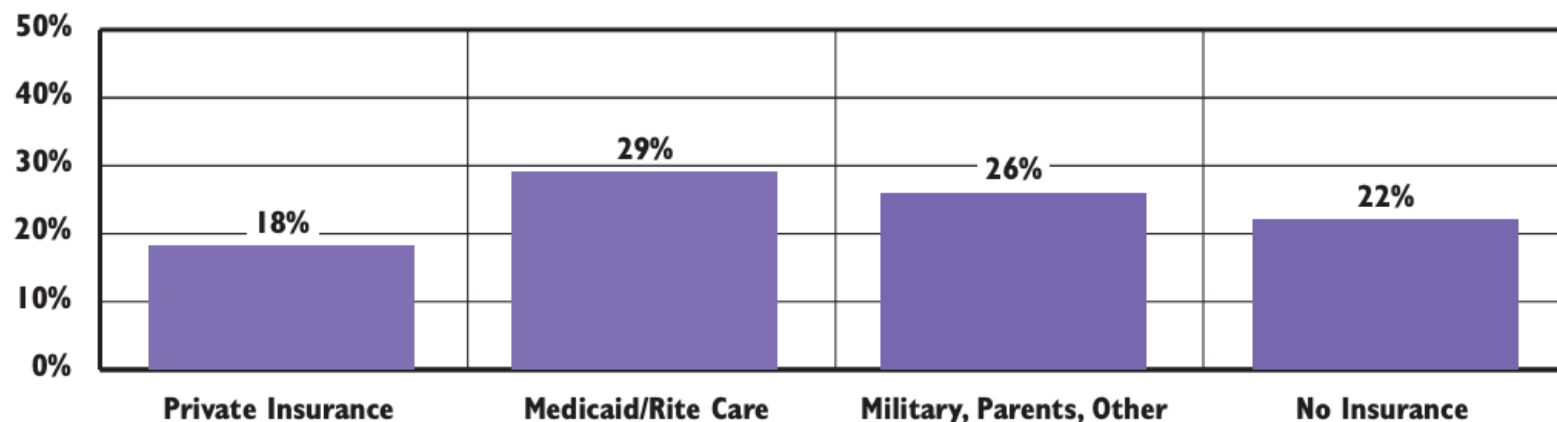
- ◆ In 2020, the Rhode Island severe maternal morbidity rate was 88 per 10,000 delivery hospitalizations down from 122 per 10,000 in 2019. Black (155 per 10,000) and Hispanic (106 per 10,000) women all had higher rates of severe maternal morbidity than white women (86 per 10,000) between 2016-2020.⁶⁸

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.^{69,70} This, coupled with stress from racism and racial discrimination, contribute to the unacceptable health outcomes among Black women and their infants.^{71,72} 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.^{73,74,75}

Maternal/Postpartum Depression

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



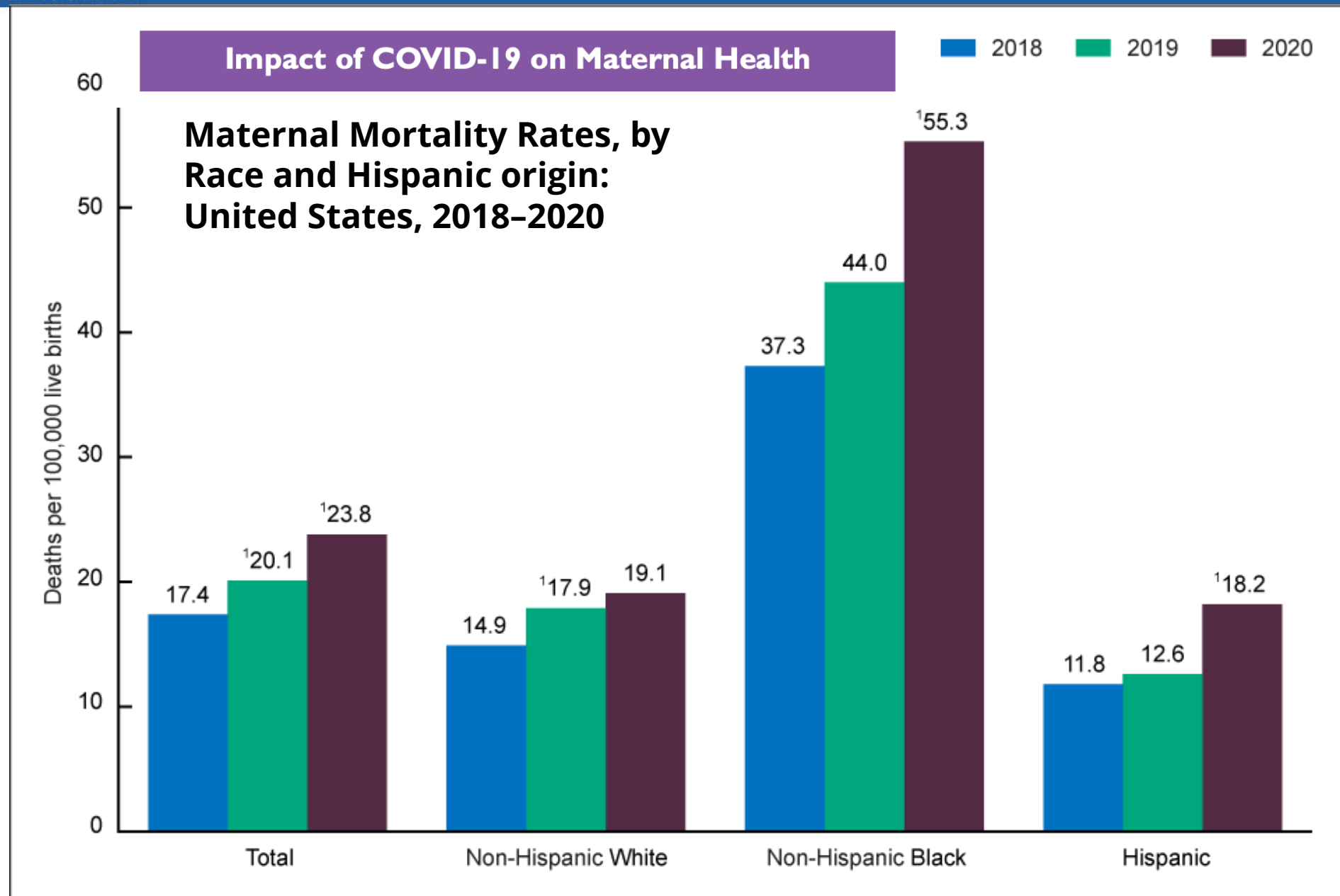
Source: Rhode Island Department of Health, Pregnancy Risk Assessment Monitoring System (PRAMS), 2018-2020.

Are you pregnant or a new parent and feeling sad, worried, overwhelmed, or concerned that you aren't good enough?

For support, understanding, and resources,
CALL OR TEXT 1-833-9-HELP4MOMS
(1-833-943-5746)

Free - Confidential - Available 24/7





¹Statistically significant increase in rate from previous year ($p < 0.05$).

NOTE: Race groups are single race.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

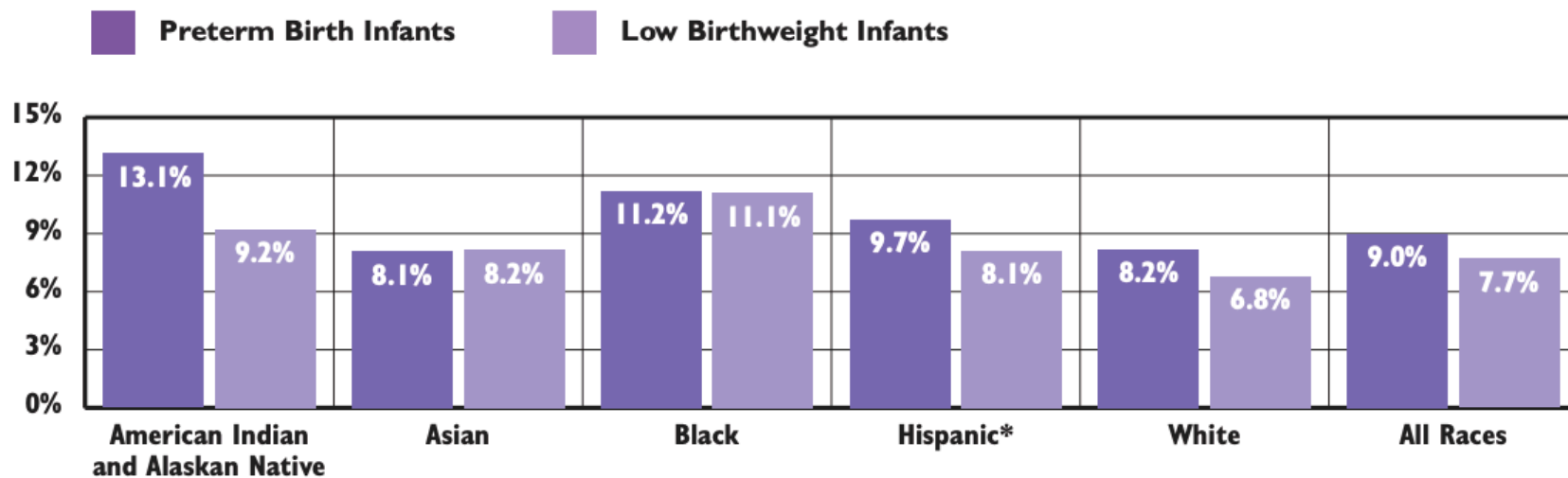
Rhode Island's Doula and Community Support

- ◆ 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.^{87,88} 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.⁸⁹
- ◆ 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.⁹⁰
- ◆ 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.⁹¹

Infant Health

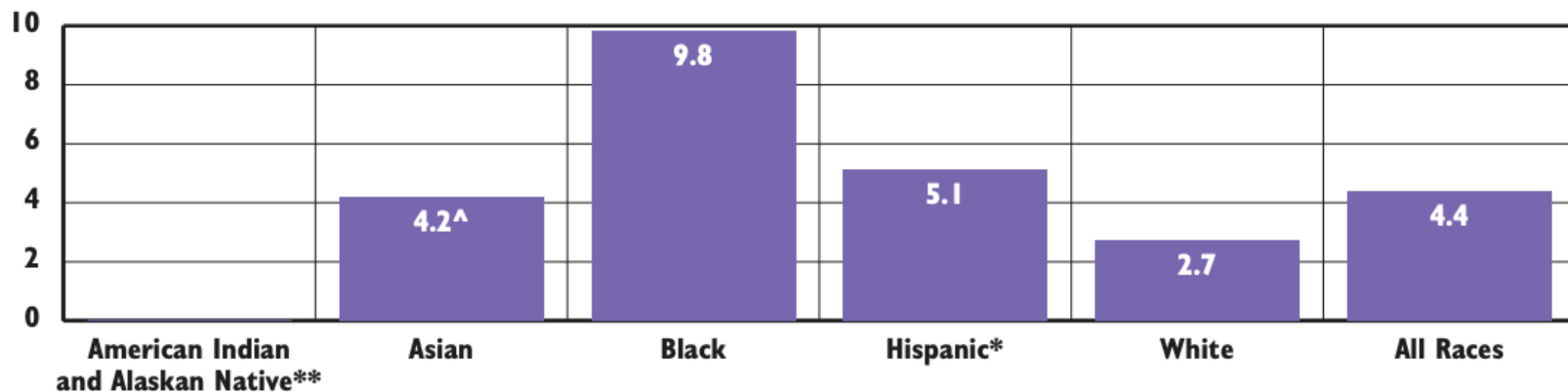
- ◆ Infancy is a critical and vulnerable time for development. In their first year of life, infants' brains are growing and developing quickly. Birth outcomes (preterm birth, low birthweight) can have both short and long-term consequences including infant mortality.⁹⁹

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.

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

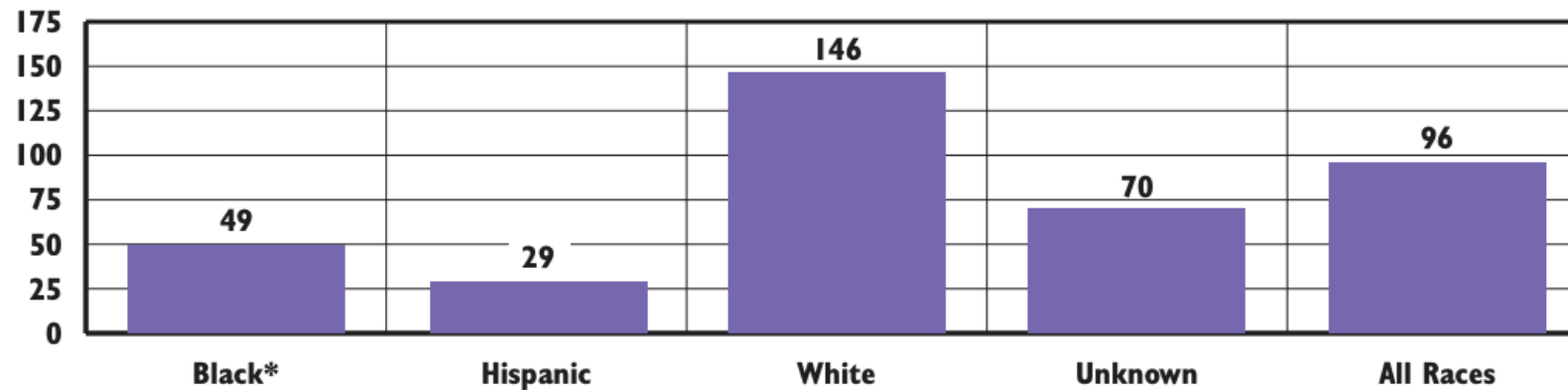


Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020. ^The data are statistically unstable and should be interpreted with caution. *Hispanic infants can be of any race. ** Rate or percentage is too unstable to report.

- **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.
- 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.

Substance Exposed Newborns

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

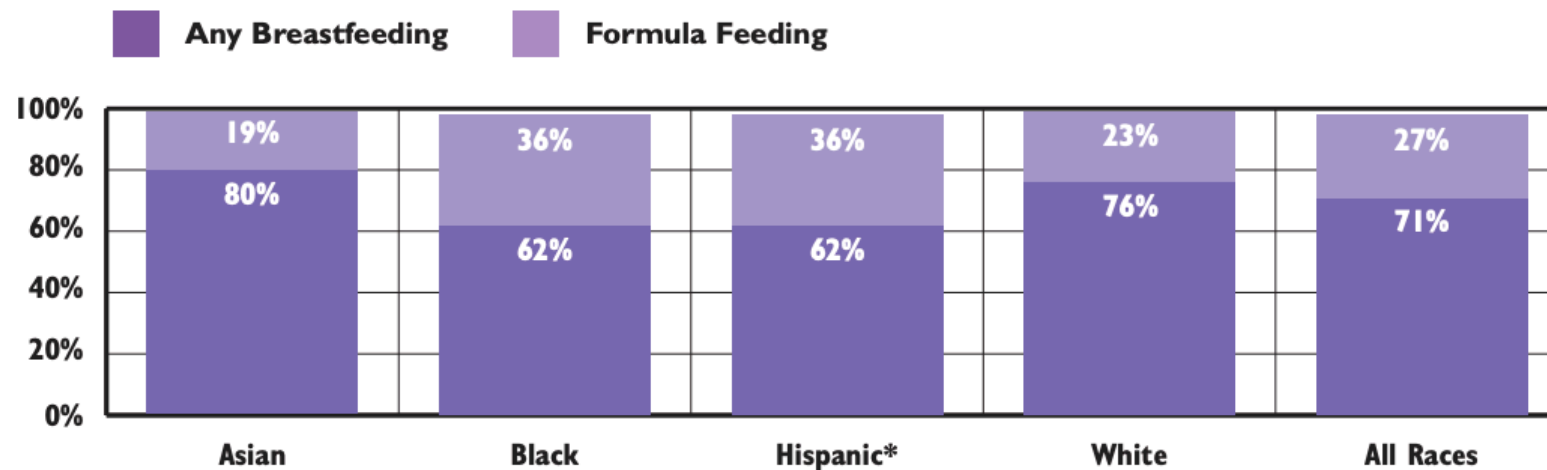


Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2016-2020. *Due to small numbers, please interpret rate with caution.

- ◆ 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.¹¹³

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.

- 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.

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.⁹² 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.⁹³ Other barriers to supporting breastfeeding include accessibility and accommodations for lactation in the workplace and community.⁹⁴
- ◆ 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.^{95,96}
- ◆ Access to paid leave increases the overall duration of breastfeeding and the likelihood of breastfeeding for at least six months.⁹⁷ 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.⁹⁸

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 2021.¹⁴³
- ◆ 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.

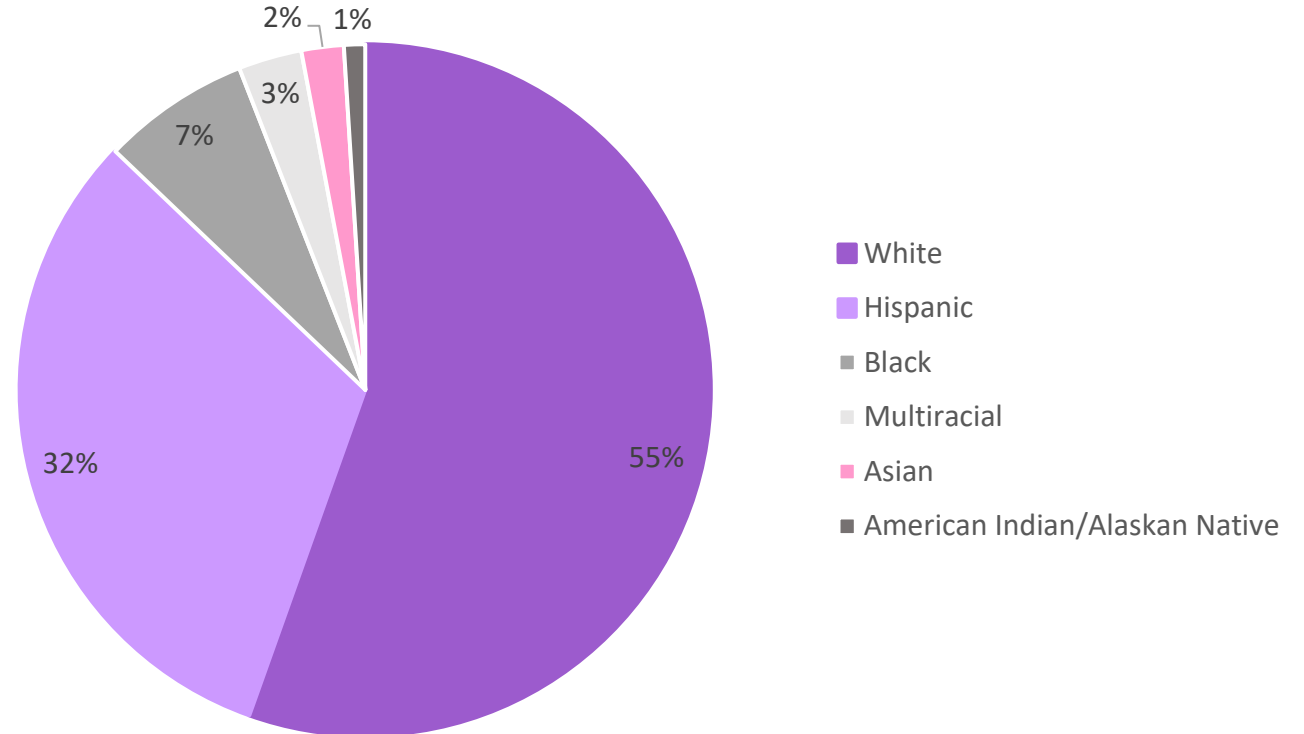
The Need for More Data: Diversity Among Asian Population

- ◆ The Asian American community is very diverse and is the fastest growing population in the United States.³⁷ 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.^{38,39}

Young Children's Health: The Importance of Health Insurance Coverage and Developmental Screenings

- 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.
- Children who have health insurance coverage are healthier and have fewer preventable hospitalizations than those who are uninsured. This coverage includes primary and preventive medical and dental care, specialists and Early Intervention services.
- The American Academy of Pediatrics recommends routine developmental screening using standardized tools to identify children who would benefit from Early Intervention (EI) services.
- In 2021, 65.2% of children under age 3 with Rlte Care insurance had a developmental screening completed, compared to 59.5% in 2020.

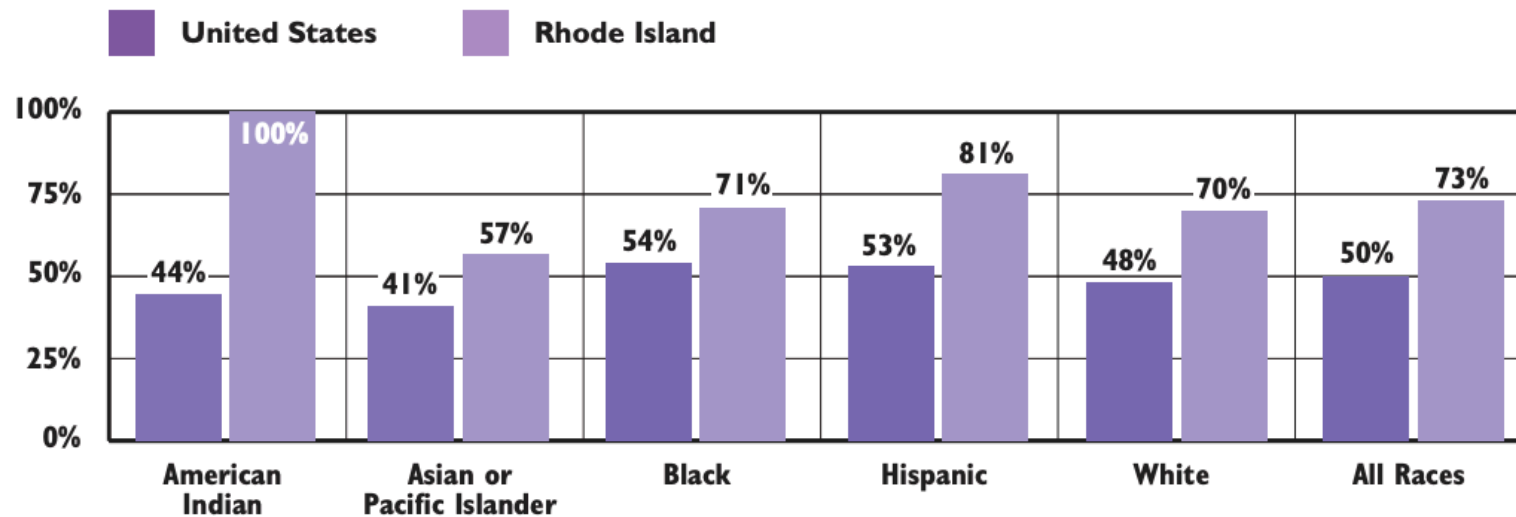
Percentage of Children Enrolled in Early Intervention
by Race/Ethnicity, Rhode Island, 2021



Source: Rhode Island Executive Office of Health and Human Services,
Center for Child and Family Health. 2021

Young Children's Health: The Importance of Healthy Housing

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



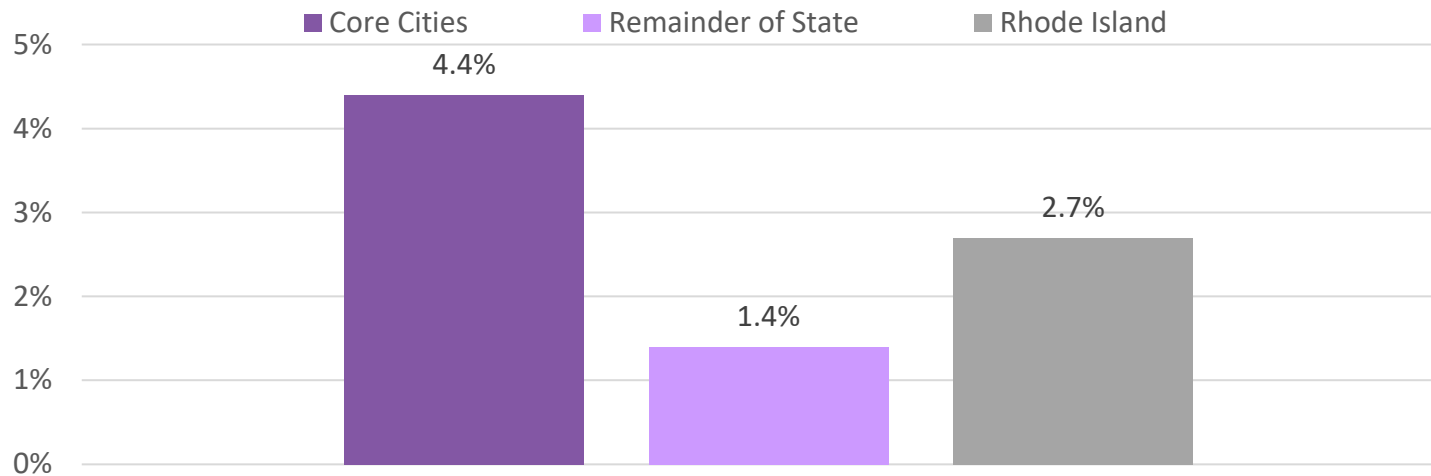
Source: U.S. Census Bureau 2016-2020 5-year American Community Survey, Public Use Microdata Sample (PUMS).

- ◆ 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.¹³³

Lead Poisoning

- In Rhode Island, children living in the four core cities where more than three-quarters (77%) of children are Children of Color, are at increased risk for lead exposure because the housing stock is older.

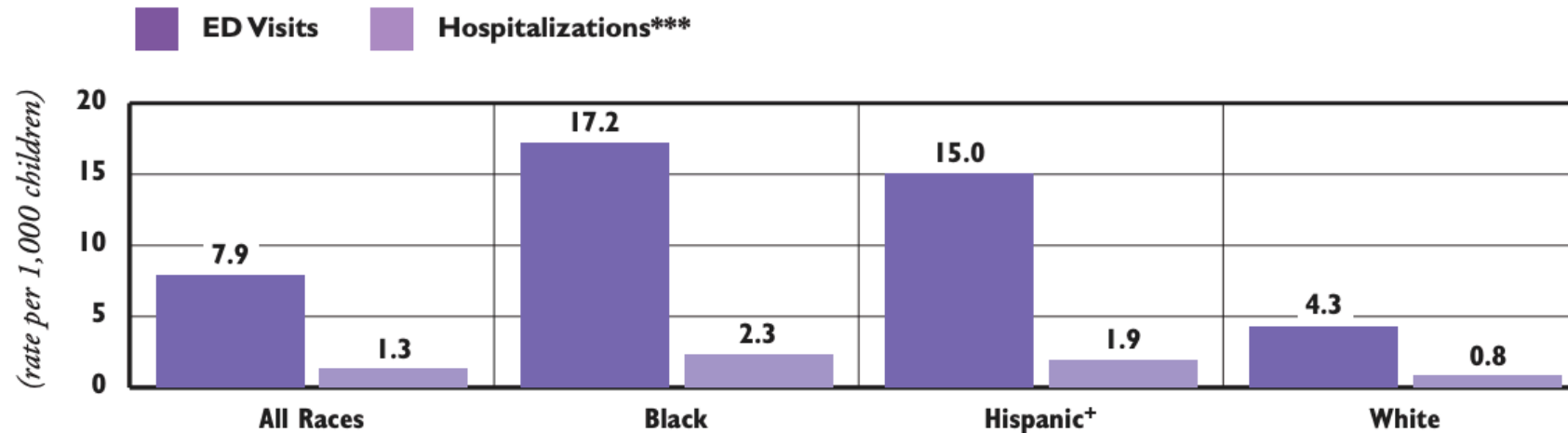
Percentage of Screened Children Under 6 with Lead Poisoning, Rhode Island, 2021



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program

Asthma

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.

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.^{144,145}
- ◆ 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.^{146,147}

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

12-Month
Medicaid
Postpartum
Extension

Cover All Kids

Infant and Early
Childhood Mental
Wellness Act

Continuous
Medicaid
Coverage

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

- 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. Providing children with continuous coverage leads to greater coverage rates which are associated with:
 - better health
 - reduced school absenteeism
 - higher academic achievement for children
 - fewer lost workdays and lower medical debt for their parents
- Starting in January 2024, **states are required to provide 12-month continuous coverage**, allowing all children to remain enrolled for a full year.
- **Providing multi-year 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. 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.

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.¹⁵³
- ◆ 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.¹⁵⁴

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.

Recommendations

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.

Recommendations

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.

Recommendations

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.

Panelists

Ditra Edwards

Co-Founder and Director of SISTA Fire

Charmaine Porter

Parent and SISTA Fire Member

Susie Finnerty

Certified Perinatal Doula, Certified Lactation Counselor, Maternal Child Health Specialist, co-founder and director of RI Birth Worker Cooperative, co-president of Doulas of Rhode Island 2018-2021

Quatia Osorio

Founder of Our Journ3i, Agency Director of RI Perinatal Doula Agency, & Executive Director of the Urban Perinatal Education Center; and Founding Director of RI Birth Worker Cooperative, Urban Farmer at Quaintly and Journey Farm

Dr. Beata Nelken

Pediatrician and President, Jenks Park Pediatrics; Founder of Central Falls Children's Foundation

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