WOMEN'S fund
RHODE ISLAND

HEALTH & SAFETY

The Rhode Island Women's Well-Being Index (WWBI) provides access to publicly available data specific to local, regional and statewide levels. It is aggregated for gender and race, when such data is available. Based on similar indexes used by other Women's Funds, the RI WWBI encompasses five dimensions--Education, Economic Security, Health & Safety, Housing, and Civic Engagement--each of which is made up of additional indicators.

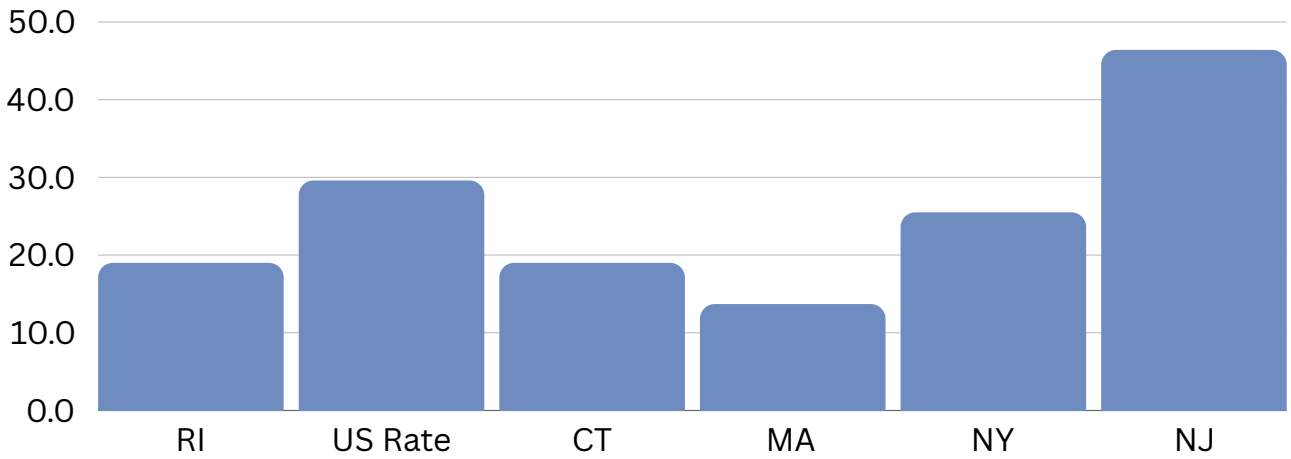
This policy brief explores the latest data for the Health and Safety Indicator.

Maternal Mortality

Maternal mortality is defined as the number of deaths related to pregnancy and its management, excluding accidental causes; it also includes deaths up to a year following the termination of pregnancy. The United States has the highest maternal mortality rate out of all developed countries. Since March 2020, there has been a substantial rise in maternal deaths due in part to the COVID-19 pandemic. It is estimated that maternal deaths will increase nationally due to state bans on abortion and, while local access remains legal, it's possible that access will be reduced or eliminated in the future.

Rhode Island's maternal mortality rate is 19 deaths per 100,000 live births, which is less than the national average of 29.6 deaths per 100,000 births. When comparing the state to our neighbors, Rhode Island is on par with Connecticut's rate, but Massachusetts does better with a maternal mortality rate of 14 deaths per 100,000 live births.

Maternal Death Rate per 100,000 Live Births



Source: CDC WSource: CDC WONDER Online Database, Mortality files, accessed via United Health Foundation's America's Health Rankings

While the data shown here is encouraging, it is very important to note that Black women are 2.6 times more likely to die due to a pregnancy-related cause than white women, perhaps due to racial bias within the medical system. Ongoing participatory action research conducted by SISTA Fire RI highlights a number of opportunities for local providers (primarily Women & Infants Hospital) to improve conditions impacting families of color, including translation and interpretation services, staff trained in trauma-informed care practices, informed consent, and broader community involvement.

Prenatal Care

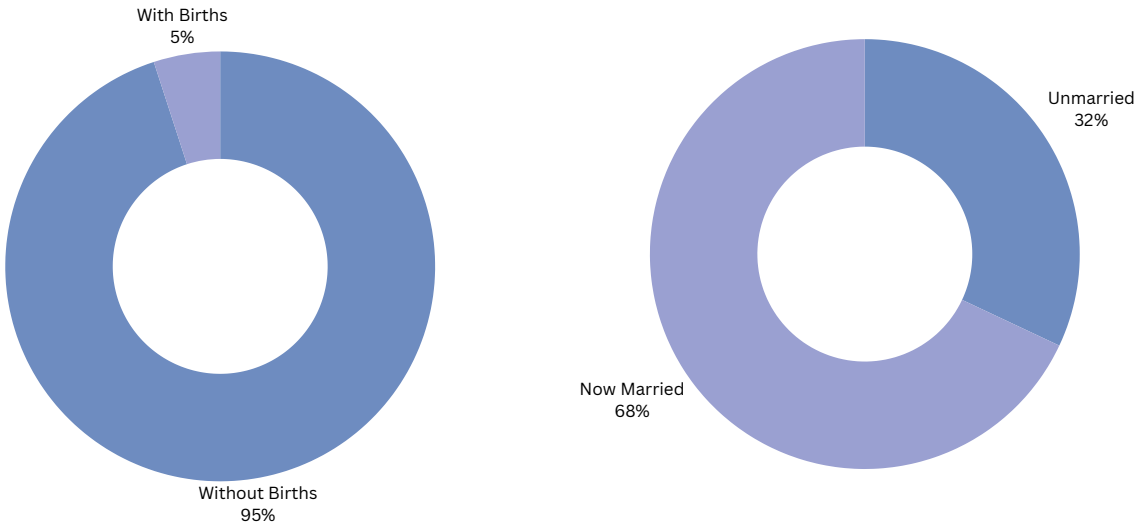
Reasons women may not receive adequate prenatal care include affordable and convenient access, cultural attitudes, and unintended pregnancies. Long-standing disparities persist in maternal and child health. According to national measures, RI is in the top 25% of the nation for timely prenatal care, as published in the annual release by the Center for Medicaid and Medicare Services (CMS).

While this is generally good news, we must address unacceptable racial and ethnic disparities. In Rhode Island, whites and Asians have better maternal and child health outcomes than other racial/ethnic groups in the state and a higher percentage of non-white women receive delayed prenatal care than white women.

Females with Recent Births

In 2022, approximately 5% of Rhode Island's female population (11,897) gave birth. When accounting for race, white, Black, Asian, and Hispanic women in Rhode Island all had similar birth rates, around 5%. However, there were differences in the percentage of married vs. unmarried women giving birth by race.

The pie chart on the left shows the share of females aged 15-50 who gave birth in 2022 and the pie chart on the right shows their marital status. Now-married includes women who are separated whose spouses are absent. Unmarried includes women who are divorced, widowed, or have never been married.



Source: ACS 2022 5-year estimates, table B13002 (including subtables B through I)

Data from the CDC has shown that marriage is associated with improved birth outcomes, such as lower risk of preterm delivery, infants of a healthy size for gestational age, and low NICU admission. Of Rhode Island women who gave birth in 2022, 62% were married while 38% were either divorced, widowed, or never married.

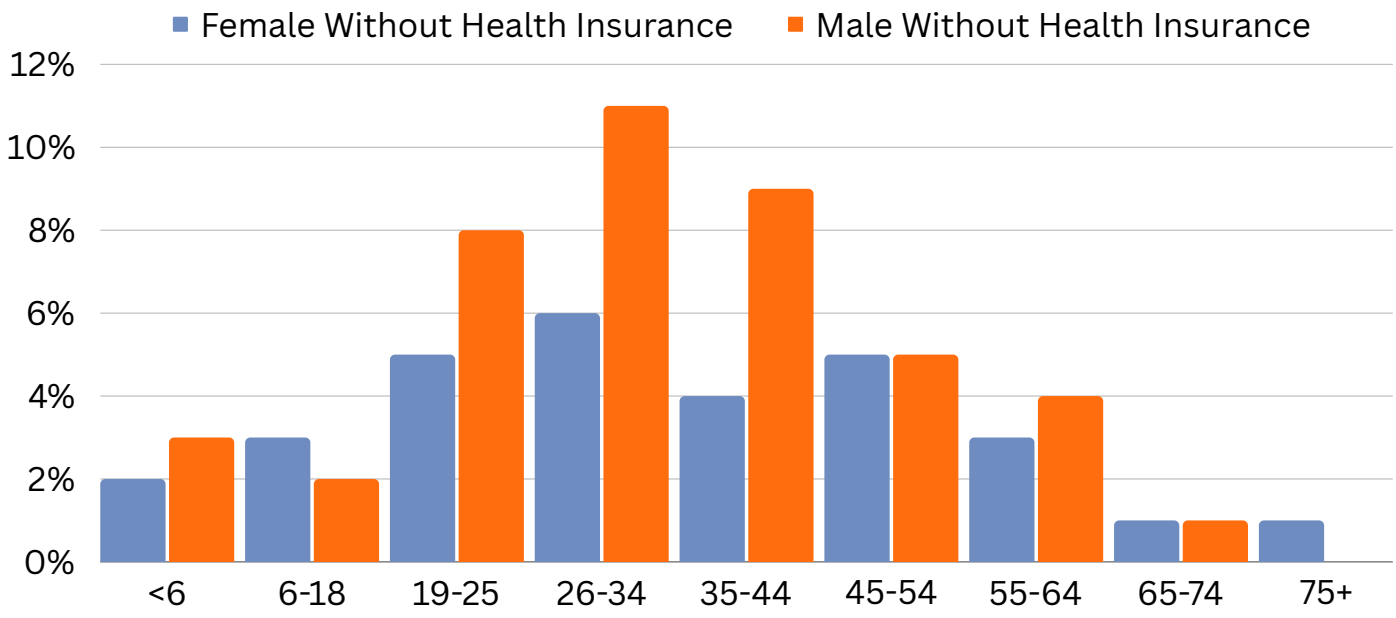
Since our last report, the birth rate has gone down from 5% of Rhode Island's female population (11,897) to 2.5%.

Women Without Health Insurance

Approximately 11% of women ages 19 to 64 are uninsured in the United States. In Rhode Island, only about 6% of women ages 19 to 64 are uninsured, although this percentage is an increase from our last report where 3.7% were uninsured. Central Falls has the highest rate of uninsured women, with 29% of women ages 35 to 44 years old being uninsured (and a significant increase from our last report where only 23% were without coverage). The primary reasons for not having health insurance are the high cost of employer-sponsored coverage and ineligibility for Medicaid, which may be due to lack of required immigration status or the income line.

Under the Affordable Care Act (ACA), most private plans and Medicaid expansion plans cover a wide range of preventative services without cost-sharing. The Medicaid expansion results in better economic outcomes, both for the individual and the community. Having a health insurance card allows for more healthcare access than if a person is uninsured, but having a health insurance card does not guarantee access to healthcare or access to culturally appropriate services.

According to the American Community Survey, men are more likely to have health insurance coverage than women in Rhode Island. Young adults (age group 26-34) have higher rates of being uninsured among all age groups for many geographies in Rhode Island.



Source: ACS 2022 5-year estimates, table B27001

POLICY RECOMMENDATIONS

After considering many factors and data, we recommend the following:

01 **Provide access to affordable contraception**
and affordable comprehensive healthcare, including state investments in Medicaid access.

02 **Defend Medicaid**
and defend cuts to the Medicaid budget.

03 **Protect patients and providers**
by safeguarding access for patients and protection for providers delivering reproductive health care.

04 **Provide multi-lingual care and coverage**
through Medicaid and private insurance coverage for prenatal courses and doula care for pregnant women, including classes that are culturally and linguistically congruent.

05 **Provide Medicaid access for immigrants,**
especially children and pregnant women, regardless of immigration status.

06 **Improve inclusivity of fertility care coverage**
to include single and LGBTQ+ people.

07 **Expand paid family leave**
by increasing benefit rates for lower wage individuals and the maximum temporary caregiver weeks, as well as by updating the definition of a covered family member.

08 **Adopt community-backed solutions**
especially Birth Justice Demands published by SISTA Fire.