



**Testimony Re: House Bill 5849: The Rhode Island Equity Zone Act**  
**House Health and Human Services Committee**  
**March 27, 2025**  
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Madam Chair and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT would like to voice its support for House Bill 5849. This bill would mandate that the Executive Office of Health and Human Services assemble a network of equity zones including local nonprofits, service providers, advocates, community members, state agencies, and municipalities to address the social determinants of health and the root causes of health and economic disparities at a local level.

While many social determinants of children's health can and are being addressed at the state level in Rhode Island, disparities remain and are concentrated in specific cities and towns.

**Health Outcomes, by Race and Ethnicity, Rhode Island**

	ALL RACES	AMERICAN INDIAN/ ALASKA NATIVE	ASIAN	BLACK	HISPANIC	NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	WHITE
<b>Children Without Health Insurance</b>	2.1%	NA	8.1%	4.0%	2.4%	NA	0.8%
<b>Women with Delayed or No Prenatal Care</b>	15.8%	26.0%	16.3%	21.7%	18.2%	*	12.9%
<b>Low Birthweight Infants</b>	7.7%	8.5%	8.9%	11.4%	8.3%	*	6.6%
<b>Infant Mortality (per 1,000 live births)</b>	4.6	*	*	8.1	6.7	0.0	2.7
<b>Any Infant Breastfeeding</b>	76%	65%	82%	69%	70%	73%	79%
<b>Combined Overweight and Obesity</b>	37%	NA	NA	44%	49%	NA	32%

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022 unless otherwise specified. Race and ethnicity is self-reported. Race data is non-Hispanic. *Children Without Health Insurance* data are from the U.S. Census Bureau, American Community Survey, 2022, Tables B27001, B27001A, B27001B, B27001D & B27001I. For U.S. Census Bureau data, Hispanic also may be included in any of the race categories. For *Combined Overweight and Obesity* data are from Brown University School of Public Health analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Cigna HealthCare, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Rhode Island Department of Health, 2023. NA data not available.

Rhode Island ranked second in the nation in 2023 for children's health insurance coverage. However, Black and Hispanic children were more likely to be uninsured than white children.

Although progress has been made on many health indicators across racial and ethnic populations, disparities still exist for a number of maternal and

infant health outcomes in Rhode Island. Women of Color are more likely than white women to receive delayed or no prenatal care and have infants with low birth weight. The Black infant mortality is the highest of any racial and ethnic group even after controlling for socioeconomic factors.

American Indian and Alaska Native and Hispanic children in Rhode Island are more likely to live in older housing (which increases risk for lead exposure, environmental allergens, and dust). Black and Hispanic children have higher rates of asthma than non-Hispanic white children, and between 2016-2020 were more likely to visit the emergency room due to asthma.

In 2020, more than half of Rhode Island's Children of Color (50%) lived in one of the four core cities, which are the cities with the highest concentration of children living in poverty. More than three quarters of the children living in Central Falls (90%) and Providence (85%) were Children of Color.

The fourteen current health equity zones have a [demonstrated record](#) of reducing social vulnerability, lowering chronic disease, and reducing healthcare costs.

We urge passage of the Rhode Island Equity Zone Act to incorporate a whole-of-government approach to expand the equity zone approach to address equitable community improvement and engagement to improve the health and decrease social vulnerability of Rhode Island children and families.

Thank you for the opportunity to testify today.