# 2006 Rhode Island Kids Count Factbook

Rhode Island KIDS COUNT is a children's policy organization that provides information on child well-being, stimulates dialogue on children's issues, and promotes accountability and action. Funding for Rhode Island KIDS COUNT is provided by The Rhode Island Foundation, the United Way of Rhode Island, The Annie E. Casey Foundation, Prince Charitable Trusts, CVS/pharmacy, Hasbro Charitable Trust, Jessie B. Cox Charitable Trust, Women's Fund of Rhode Island, Textron Charitable Trust, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, UnitedHealthcare, and the Robert Wood Johnson Foundation.

The annual *Rhode Island Kids Count Factbook* is one of fifty state-level projects designed to provide a detailed community-by-community picture of the condition of children. A national Factbook with comparable data for the U.S. is produced annually by The Annie E. Casey Foundation.

Additional copies of the *2006 Rhode Island Kids Count Factbook* are available for $20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the *2006 Factbook*, please contact:

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## *2006 Rhode Island Kids Count Factbook*

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**New Indicator*

# Overview

## Harlem Night Song

Come,
Let us roam the night together
Singing.

I love you.

Across
The Harlem roof-tops
Moon is shining.
Night sky is blue.
Stars are great drops
Of golden dew.

Down the street
A band is playing.

I love you.

Come,
Let us roam the night together
Singing.

*Langston Hughes*

# Overview

The *2006 Rhode Island Kids Count Factbook* is the twelfth annual profile of the well-being of children in Rhode Island. The annual Factbook is an important tool for planning and action by community leaders, policy makers, advocates and others working toward changes that will improve the quality of life for all children.

The *2006 Rhode Island Kids Count Factbook* provides a statistical portrait of the status of Rhode Island's children. Information is presented for the state of Rhode Island, each city and town and an aggregate of the six cities in which more than 15% of the children live in poverty. These six core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

The Factbook provides community-level information on indicators in order to emphasize the significance of the surrounding physical, social, and economic environment in shaping outcomes for children. Communities and neighborhoods do matter – the actions of community leaders, parents, individuals, businesses, government leaders and elected officials greatly influence children's chances for success and the challenges they will face.

By examining the best available data statewide and in Rhode Island's 39 cities and towns, Rhode Island KIDS COUNT provides an information base that can result in more effective policy and community action on behalf of children. Tracking changes in selected indicators can help communities to set priorities, identify strategies to reverse negative trends and monitor progress.

The *2006 Rhode Island Kids Count Factbook* examines sixty indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety and Education. All areas of child well-being are interrelated and critical throughout a child's development. A child's safety in his or her family and community affects school performance; a child's economic security affects his or her health and education. The *2006 Rhode Island Kids Count Factbook* reflects these interrelationships and builds a framework to guide policy, programs and individual service on behalf of children. One new indicator is included in this edition of the Factbook.

## Family Economic Security

Children most at risk of not achieving their full potential are children in poverty. Child poverty is related to every indicator in the *2006 Rhode Island KIDS COUNT Factbook.* According to the 2004 American Community Survey, the child poverty rate in Rhode Island was 21%. Over half of Rhode Island's 50,390 poor children live in extreme poverty — with a family income less than $9,579 (half of the federal poverty threshold of $19,803 for a family of four with two children). Even those with incomes above the official poverty threshold have a difficult time meeting the high costs of housing, utilities, child care and health care. Child care subsidies, health insurance, affordable housing and tax policies that support working families are critical tools to ensure the economic well-being of Rhode Island families.

## Educational Attainment

Improving student achievement and high school graduation rates in Rhode Island requires that all sectors work together to improve school readiness and enhance learning opportunities. The path to academic success begins long before children enter kindergarten. Children who participate in high-quality preschool programs are more likely to read at grade level by fourth grade and are more likely to complete high school. Student achievement can be improved when families, communities and schools support children's physical, academic, and emotional growth. A high school diploma and further education are essential to competing in today's economy.

## Results for All Children

Significant racial and ethnic disparities in child outcomes continue to exist in Rhode Island. Black, Hispanic, Asian and Native American children are three times more likely than White, non-Hispanic children to be poor and more likely to live in Rhode Island's poorest urban neighborhoods. Strategic efforts that engage diverse leadership can ensure that all Rhode Island children have the resources they need to thrive, including economic security, effective schools, quality child care, quality health care and affordable housing.

# Family and Community

## And What is so Rare as a Day in June
**from The Vision of Sir Launfal**

And what is so rare as a day in June?
  Then, if ever, come perfect days
Then Heaven tries earth if it be in tune,
  And over it softly her warm ear lays
Whether we look, or whether we listen,
  We hear life murmur, or see it glisten
Every clod feels a stir of might,
  An instinct within it that reaches and towers,
And, groping blindly above it for light,
  Climbs to a soul in grass and flowers.

*James Russell Lowell*

# Child Population

### DEFINITION

*Child population* is the total number of children under age 18 and the percentage change between 1990 and 2000 in the total number of children under age 18.

### SIGNIFICANCE

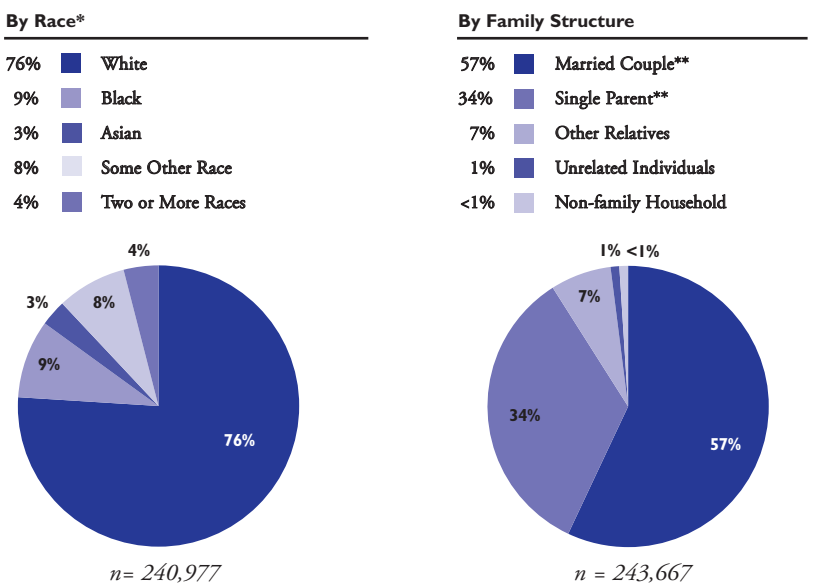
In 2004, the number of family households with children under age 18 in Rhode Island was 127,112, representing almost a third (31%) of all households.[1] According to the 2004 American Community Survey conducted by the Census Bureau, there were 1,037,002 Rhode Island residents.[2] In 2004, the population of children under age 18 was 243,667 and represented 23% of the state's total population, down from 24% of the population in 2000.[3]

Children in Rhode Island are older and more ethnically diverse than in 2000. The largest increase in any age category in Rhode Island between 2000 and 2004 was children ages 15-17.[4,5] The number of children ages 15-17 increased 7% from 40,240 to 43,076 children.[6,7] The number of children ages 10-14 increased 2% from 74,367 to 76,167 children.[8,9]

In contrast, the number of younger children living in Rhode Island declined. Between 2000 and 2004, the number of children under age 5 decreased 4%, from 63,418 to 60,849 and children ages 5-9 decreased 6%, from 67,852 to 63,575.[10,11] The U.S. Census Bureau projects that children under age 18 as a percentage of Rhode Island's total population will decrease from 24% in 2000 to 22% in 2030.[12]

Rhode Island's children are diverse in race, ethnic background, language and country of origin. In Rhode Island between 2000 and 2004, the largest increase in the population ages birth to 19 was led by minority children.[13,14] Between 2000 and 2004, the number of Black or African American children increased 38%, Hispanic or Latino children increased 13%, Asian children increased 7%, and White, non-Hispanic children decreased 7%.[15,16] In 2004, there were 9,437 foreign born children under age 18 living in Rhode Island, representing 4% of the child population.[17] Eighty-two percent of children ages 5-17 speak only English, 11% of children sometimes or always speak Spanish, 4% speak other Indo-European languages and 2% speak an Asian or other Pacific Island language at home.[18]

**Rhode Island's Children Under Age 18, 2004**




Source: U.S. Bureau of the Census, American Community Survey, 2004. Tables B01001B, B01001D, B01001F, B01001G, B01001H, B01001I & B09003.

** Hispanic children may be included in any race category. Of Rhode Island's 240,977 children, 40,612 (17%) are Hispanic.*

*The number of children reported by race varies from the statewide total as some racial categories are too small to report in the sample size.*

***Includes children who are related to the head of household by birth or adoption.*

◆ In 2004 in Rhode Island, 138,796 (57%) children under age 18 lived in a married couple household, 82,272 (34%) children lived in a single parent household, and 17,244 (7%) children lived with relatives, including married and single parent grandparents or other relatives.[19] In 2004, 3,347 (1%) children lived in a house where the child was not related to the head of the household, such as children in foster care. An additional 1,795 (<1%) children lived in a non-family household.[20]

◆ In Rhode Island, between 2000 and 2004, the number of children under age 18 living in single parent households increased 23% from 67,026 to 82,272.[21,22] The number of children living with a grandparent or other relative decreased 3% from 17,827 to 17,244 children and the number of children living in a two-parent household decreased 11% from 156,288 to 138,796.[23,24]

## Child Population, Rhode Island, 1990 and 2000

*Table 1.*

| CITY/TOWN | 1990 TOTAL POPULATION UNDER AGE 18 | 2000 TOTAL POPULATION UNDER AGE 18 | CHANGE IN POPULATION UNDER AGE 18 | % CHANGE IN POPULATION UNDER AGE 18 |
|---|---|---|---|---|
| Barrington | 3,912 | 4,745 | 833 | 21% |
| Bristol | 4,380 | 4,399 | 19 | 0% |
| Burrillville | 4,479 | 4,043 | -436 | -10% |
| Central Falls | 4,810 | 5,531 | 721 | 15% |
| Charlestown | 1,575 | 1,712 | 137 | 9% |
| Coventry | 7,626 | 8,389 | 763 | 10% |
| Cranston | 14,673 | 17,098 | 2,425 | 17% |
| Cumberland | 6,427 | 7,690 | 1,263 | 20% |
| East Greenwich | 2,913 | 3,564 | 651 | 22% |
| East Providence | 10,657 | 10,546 | -111 | -1% |
| Exeter | 1,521 | 1,589 | 68 | 5% |
| Foster | 1,185 | 1,105 | -80 | -7% |
| Glocester | 2,526 | 2,664 | 138 | 6% |
| Hopkinton | 1,839 | 2,011 | 172 | 9% |
| Jamestown | 1,123 | 1,238 | 115 | 10% |
| Johnston | 5,332 | 5,906 | 574 | 11% |
| Lincoln | 3,890 | 5,157 | 1,267 | 33% |
| Little Compton | 750 | 780 | 30 | 4% |
| Middletown | 4,676 | 4,328 | -348 | -7% |
| Narragansett | 2,869 | 2,833 | -36 | -1% |
| New Shoreham | 163 | 185 | 22 | 14% |
| Newport | 5,756 | 5,199 | -557 | -10% |
| North Kingstown | 6,076 | 6,848 | 772 | 13% |
| North Providence | 5,655 | 5,936 | 281 | 5% |
| North Smithfield | 2,332 | 2,379 | 47 | 2% |
| Pawtucket | 16,719 | 18,151 | 1,432 | 9% |
| Portsmouth | 4,175 | 4,329 | 154 | 4% |
| Providence | 37,972 | 45,277 | 7,305 | 19% |
| Richmond | 1,565 | 2,014 | 449 | 29% |
| Scituate | 2,426 | 2,635 | 209 | 9% |
| Smithfield | 3,898 | 4,019 | 121 | 3% |
| South Kingstown | 4,770 | 6,284 | 1,514 | 32% |
| Tiverton | 3,166 | 3,367 | 201 | 6% |
| Warren | 2,452 | 2,454 | 2 | 0% |
| Warwick | 18,322 | 18,780 | 458 | 3% |
| West Greenwich | 915 | 1,444 | 529 | 58% |
| West Warwick | 6,560 | 6,632 | 72 | 1% |
| Westerly | 4,988 | 5,406 | 418 | 8% |
| Woonsocket | 10,617 | 11,155 | 538 | 5% |
| *Core Cities* | *82,434* | *91,945* | *9,511* | *12%* |
| *Remainder of State* | *143,256* | *155,877* | *12,621* | *9%* |
| *Rhode Island* | *225,690* | *247,822* | *22,132* | *10%* |

### Source of Data for Table/Methodology

U.S. Census Bureau, 1990 Census of the Population and Census 2000, Summary File 1.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

### References


[1] U.S. Bureau of the Census, American Community Survey, 2004. General Demographic Characteristics: 2004.

[2,3,4,6,8,10] U.S. Bureau of the Census, American Community Survey, 2004. Table B01001.

[5,7,9,11] U.S. Bureau of the Census, American Community Survey, 2000. Table P004.

[12] U.S. Bureau of the Census, Population Division, Interim State Population Projections, 2005. Table 5.

[13,15] U.S. Bureau of the Census, American Community Survey, 2004. Tables B01001B, B01001D, B01001E, B01001F, B01001G, B01001H & B01001I.

[14,16] U.S. Bureau of the Census, American Community Survey, 2000. Tables P005K, P005B,P005J, P005D, P005F & P005G.

[17] U.S. Bureau of the Census, American Community Survey, 2004. Table B05003.

[18] U.S. Bureau of the Census, American Community Survey, 2004.

[19,20,21,23] U.S. Bureau of the Census, American Community Survey, 2004. Table B09003.

[22,24] U.S. Bureau of the Census, American Community Survey, 2000. Table P013.

# Children in Single-Parent Families

### DEFINITION

*Children in single-parent families* is the percentage of children under age 18 who live in families headed by a person – male or female – without a spouse present in the home. These numbers include "own children" defined as never-married children under age 18 who are related to the family head by birth, marriage, or adoption.

### SIGNIFICANCE

According to the American Community Survey conducted by the Census Bureau, there were 243,667 children living in Rhode Island in 2004.[1] Between 2000 and 2004 there was a 23% increase in the percentage of children growing up in single-parent households.[2,3] In 2004, 34% of children lived with a single parent, compared to 27% in 2000.[4,5] Fifty-seven percent of children lived with their parents in a married-couple household and the remainder of children lived with relatives (7%), unrelated adults (1%), and less than 1% lived in non-family households.[6]

Children living in single-parent families are at increased risk of living in poverty compared to children living in two-parent families. Single-parent families have only one wage earner, in contrast to two potential wage earners in a two-parent family. Single-parent families do not benefit from the same economies of scale that two-adult earner households receive for expenses such as rent, utilities and food.[7]

In Rhode Island in 2004, 86% of all poor children lived in single-parent families.[8]

The financial barriers facing many single-parent families explain some of the differences between the well-being of children in single-parent households and those in two-parent households.[9] Children in single-parent families are at an increased risk for low academic achievement, low levels of cognitive, social and emotional well-being, diminished future earnings, and increased levels of depression and stress. Regardless of family structure, the quality of parenting is one of the best predictors of a child's well-being.[10]

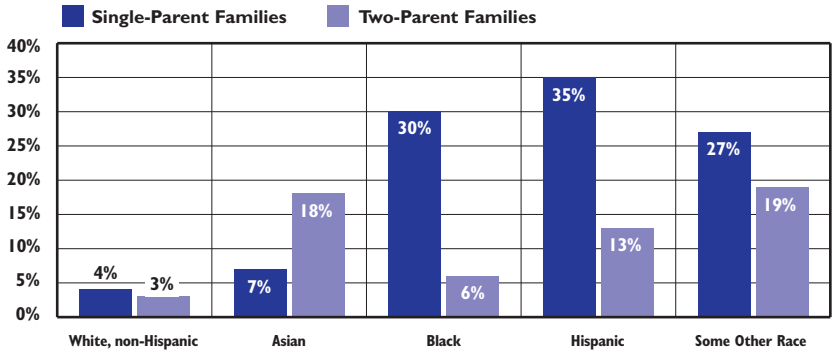
**Single-Parent Families**

| | 2000 | 2004 |
|---|---|---|
| RI | 27% | 34% |
| US | 25% | 25% |
| National Rank* | | *48th* |
| New England Rank** | | *6th* |

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: U.S. Census Bureau, 2004 American Community Survey, Table B09003 and U.S. Census Bureau, 2000 American Community Survey, Supplementary Survey Summary, Table PO13.

**Families with Income Below the Poverty Threshold, by Race & Ethnicity, Rhode Island, 2004**




Source: U.S. Bureau of the Census, American Community Survey, 2004, Tables B17010B, B17010D, B01701F, B17010H, B17010I.

◆ In Rhode Island in 2004, single-parent Black and Hispanic families were at least five times more likely than White and Asian families to live below the federal poverty threshold.[11]

◆ The number of caring adults a child lives with is associated with the parental, economic and community resources available to that child's well-being.[12] In 2004 in Rhode Island, 57% of children lived in a married-couple family and 7.5% lived in a household where the head of household had an unmarried partner living in the house.[13]

◆ Children who grow up in single-parent households are more likely to have non-marital births, have discordant marriages and higher rates of divorce.[14]

◆ Findings from a national longitudinal study conducted by Princeton University, *Fragile Families and Child Wellbeing*, confirm that unemployment, poor mental health, substance abuse and violence are prevalent among unmarried parents and may present a barrier to marriage.[15]

*Table 2.*

## Children's Living Arrangements, Rhode Island, 2000

| CITY/TOWN | ALL CHILDREN LIVING IN FAMILY HOUSEHOLDS | NUMBER OF CHILDREN UNDER 18 YEARS | | | |
|---|---|---|---|---|---|
| | | TWO-PARENT FAMILIES | | SINGLE-PARENT FAMILIES | |
| | | N | % | N | % |
| Barrington | 4,592 | 4,091 | 89% | 501 | 11% |
| Bristol | 4,092 | 3,222 | 79% | 870 | 21% |
| Burrillville | 3,737 | 3,077 | 82% | 660 | 18% |
| Central Falls | 4,977 | 2,607 | 52% | 2,370 | 48% |
| Charlestown | 1,586 | 1,305 | 82% | 281 | 18% |
| Coventry | 7,807 | 6,287 | 81% | 1,520 | 19% |
| Cranston | 15,626 | 11,817 | 76% | 3,809 | 24% |
| Cumberland | 7,273 | 6,049 | 83% | 1,224 | 17% |
| East Greenwich | 3,476 | 3,042 | 88% | 434 | 12% |
| East Providence | 9,682 | 6,919 | 71% | 2,763 | 29% |
| Exeter | 1,461 | 1,248 | 85% | 213 | 15% |
| Foster | 1,037 | 914 | 88% | 123 | 12% |
| Glocester | 2,453 | 2,082 | 85% | 371 | 15% |
| Hopkinton | 1,893 | 1,576 | 83% | 317 | 17% |
| Jamestown | 1,194 | 1,018 | 85% | 176 | 15% |
| Johnston | 5,440 | 4,303 | 79% | 1,137 | 21% |
| Lincoln | 4,895 | 3,930 | 80% | 965 | 20% |
| Little Compton | 740 | 627 | 85% | 113 | 15% |
| Middletown | 4,150 | 3,363 | 81% | 787 | 19% |
| Narragansett | 2,641 | 2,002 | 76% | 639 | 24% |
| New Shoreham | 171 | 139 | 81% | 32 | 19% |
| Newport | 4,835 | 2,723 | 56% | 2,112 | 44% |
| North Kingstown | 6,546 | 5,255 | 80% | 1,291 | 20% |
| North Providence | 5,411 | 3,973 | 73% | 1,438 | 27% |
| North Smithfield | 2,221 | 1,922 | 87% | 299 | 13% |
| Pawtucket | 16,525 | 9,537 | 58% | 6,988 | 42% |
| Portsmouth | 4,136 | 3,476 | 84% | 660 | 16% |
| Providence | 40,267 | 19,721 | 49% | 20,546 | 51% |
| Richmond | 1,867 | 1,590 | 85% | 277 | 15% |
| Scituate | 2,490 | 2,179 | 88% | 311 | 12% |
| Smithfield | 3,800 | 3,184 | 84% | 616 | 16% |
| South Kingstown | 5,887 | 4,789 | 81% | 1,098 | 19% |
| Tiverton | 3,121 | 2,598 | 83% | 523 | 17% |
| Warren | 2,288 | 1,657 | 72% | 631 | 28% |
| Warwick | 17,276 | 13,571 | 79% | 3,705 | 21% |
| West Greenwich | 1,368 | 1,198 | 88% | 170 | 12% |
| West Warwick | 6,084 | 4,101 | 67% | 1,983 | 33% |
| Westerly | 5,077 | 3,759 | 74% | 1,318 | 26% |
| Woonsocket | 10,269 | 5,562 | 54% | 4,707 | 46% |
| *Core Cities* | *82,957* | *44,251* | *53%* | *38,706* | *47%* |
| *Remainder of State* | *145,434* | *116,162* | *80%* | *29,272* | *20%* |
| *Rhode Island* | *228,391* | *160,413* | *70%* | *67,978* | *30%* |

### Note to Table

The denominator is the number of children under age 18 living in family households according to the census. A family household is defined by the U.S. Census Bureau as consisting of a householder and one or more people living together in the same household who are related to the householder by birth, marriage or adoption - it may also include others not related to the householder.

### Source of Data for Table/Methodology

U.S. Bureau of the Census, 1990 Census of Population and Census 2000.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

### References


[1,2,4,6] U.S. Bureau of the Census, American Community Survey, 2004. Table B09003.

[3,5] U.S. Bureau of the Census, American Community Survey, 2000. Table P013.

[7] Thomas, A. & Sawhill, I. (2005). For love and money? The impact of family structure on family income. In S. McLanahan, E. Donahue & R. Haskins (Eds.), The Future of Children: Vol. 15. *Marriage and Child Wellbeing* (No. 2, 57-74). Princeton University.

[8] U.S. Bureau of the Census, American Community Survey, 2004. Table B17006.

[9,10,12,14] Amato, P. (2005). The impact of family formation change on the cognitive, social, and emotional well-being of the next generation. In S. McLanahan, E. Donahue & R. Haskins (Eds.), The Future of Children: Vol. 15. *Marriage and Child Wellbeing* (No. 2, 75-96). Princeton University.

[11] U.S. Bureau of the Census, American Community Survey, 2004. Tables B17010B, B17010D, B17010F, B17010H & B17010I.

[13] U.S. Bureau of the Census, American Community Survey, 2004. Table B09008.

[15] *Barriers to marriage among fragile families.* (Fragile Families Research Brief, No. 16). (2003). Princeton, NJ: Princeton University, Bendheim-Thoman Center for Research on Child Wellbeing and New York, NY: Columbia University, Social Indicators Survey Center.

# Grandparents Caring for Grandchildren

### DEFINITION

*Grandparents caring for grandchildren* is defined by the U.S. Census Bureau as a grandparent who is financially responsible for food, shelter, clothing, day care, etc. for any or all grandchildren under 18 years old living in the household.

### SIGNIFICANCE

Grandparents can provide continuity and family support for children in vulnerable families. Children may be in grandparent care because they have a parent who is unemployed, abusive, neglectful, incarcerated, ill, or has a substance abuse problem.[1]

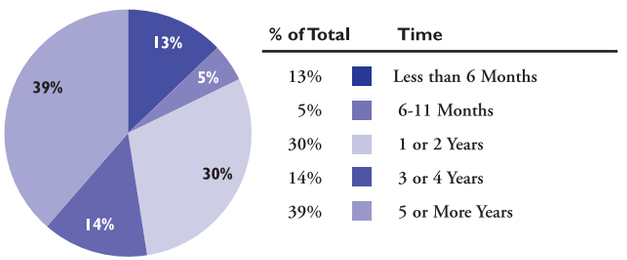
Grandparents living on a fixed income may be at risk of poverty after they become financially responsible for their grandchildren.[2] In fact, grandparent caregivers are more likely to live in poverty than other grandparents.[3]

Nationally, the majority of children in relative care (77%) are in private care, meaning that they have not been involved with a child welfare agency.[4] For this reason, relative caregivers receive less training, information, and supervision than licensed non-relative foster parents.[5] Studies indicate that relative caregivers are more likely to be poor, single, older, and have less education than non-kin foster parents.[6] As a result, relative caregivers may require more support services than non-relative foster parents. Children in relative care are less likely to obtain permanent status such as adoption or guardianship; many relatives do not receive guidance on these issues.[7]

Often, grandparent caregivers do not receive the support or services that they need and for which they are eligible. This may be because grandparents lack information and understanding about programs, such as cash assistance and Medicaid, or because grandparents feel that there is a stigma attached to receiving this assistance.[8,9] Nearly all grandparent caregivers are eligible for either foster care payments or child-only Temporary Assistance for Needy Families (TANF) payments regardless of their household's income level, but few receive this assistance. In 2002 in the U.S., 1 out of 5 children in private relative care received a TANF child-only payment, compared to 1 out of 2 children in relative care who had been involved with a child welfare agency.[10]

Grandparent caregivers are at risk for poor physical and mental health.[11] They may face legal barriers when enrolling children in school, or when seeking health insurance or medical care for the children.[12] Grandparents make up the largest percentage of relative caregivers, but other relative caregivers, including aunts, uncles, cousins, and siblings, may face similar obstacles.[13]

**Rhode Island Grandparents Financially Responsible for Their Grandchildren, by Length of Time Responsible, 2004**




*n = 5,503*

Source: U.S. Census Bureau, American Community Survey, 2004. Table B10050.

◆ In 2004, more than half (53%) of Rhode Island grandparents who are financially responsible for their grandchildren had been responsible for the children for three or more years.[14]

◆ In 2004 in Rhode Island, there were 10,710 children living in households headed by grandparents, though grandparents may not have been financially responsible for their grandchildren. An additional 6,534 children lived in households with other relatives. Seven percent of all children living in Rhode Island lived with relative caregivers.[15]

◆ Rhode Island regulations state that the Department of Children, Youth and Families (DCYF) must give priority to relatives when placing a child in out-of-home care. As of December 2005 in Rhode Island, there were 748 children in DCYF care who were in out-of-home placements with a grandparent or other relative. These children comprise 26% of all children in out-of-home placements in Rhode Island.[16]

*Table 3.*

## Grandparents Caring for Grandchildren, Rhode Island, 2000

| CITY/TOWN | TOTAL FAMILY HOUSEHOLDS WITH CHILDREN UNDER AGE 18 | GRANDPARENTS IN HOUSEHOLDS WITH THEIR GRANDCHILDREN UNDER AGE 18 | | GRANDPARENTS FINANCIALLY RESPONSIBLE FOR GRANDCHILDREN UNDER AGE 18 | |
|---|---|---|---|---|---|
| | | NUMBER | % OF ALL HOUSEHOLDS WITH CHILDREN | NUMBER | % OF ALL HOUSEHOLDS WITH CHILDREN |
| Barrington | 2,421 | 176 | 7% | 59 | 2% |
| Bristol | 2,345 | 373 | 16% | 88 | 4% |
| Burriville | 2,037 | 175 | 9% | 53 | 3% |
| Central Falls | 2,607 | 313 | 12% | 81 | 3% |
| Charlestown | 899 | 126 | 14% | 49 | 5% |
| Coventry | 4,375 | 569 | 13% | 89 | 2% |
| Cranston | 8,873 | 1,283 | 14% | 386 | 4% |
| Cumberland | 4,049 | 614 | 15% | 149 | 4% |
| East Greenwich | 1,796 | 72 | 4% | 27 | 2% |
| East Providence | 5,562 | 839 | 15% | 189 | 3% |
| Exeter | 792 | 135 | 17% | 79 | 10% |
| Foster | 553 | 79 | 14% | 0 | 0% |
| Glocester | 1,351 | 115 | 9% | 20 | 1% |
| Hopkinton | 1,043 | 124 | 12% | 29 | 3% |
| Jamestown | 667 | 66 | 10% | 0 | 0% |
| Johnston | 3,113 | 491 | 16% | 165 | 5% |
| Lincoln | 2,691 | 333 | 12% | 71 | 3% |
| Little Compton | 409 | 29 | 7% | 0 | 0% |
| Middletown | 2,300 | 178 | 8% | 54 | 2% |
| Narregansett | 1,506 | 206 | 14% | 69 | 5% |
| New Shoreham | 101 | 7 | 7% | 2 | 2% |
| Newport | 2,643 | 309 | 12% | 137 | 5% |
| North Kingstown | 3,630 | 305 | 8% | 92 | 3% |
| North Providence | 3,214 | 796 | 25% | 195 | 6% |
| North Smithfield | 1,226 | 258 | 21% | 118 | 10% |
| Pawtucket | 9,179 | 1,264 | 14% | 317 | 3% |
| Portsmouth | 2,225 | 211 | 9% | 70 | 3% |
| Providence | 20,174 | 3,322 | 16% | 1,219 | 6% |
| Richmond | 1,019 | 117 | 11% | 44 | 4% |
| Scituate | 1,367 | 172 | 13% | 29 | 2% |
| Smithfield | 2,133 | 349 | 16% | 69 | 3% |
| South Kingstown | 3,155 | 320 | 10% | 95 | 3% |
| Tiverton | 1,797 | 290 | 16% | 109 | 6% |
| Warren | 1,290 | 204 | 16% | 75 | 6% |
| Warwick | 9,731 | 1,389 | 14% | 376 | 4% |
| West Greenwich | 746 | 56 | 8% | 0 | 0% |
| West Warwick | 3,496 | 344 | 10% | 71 | 2% |
| Westerly | 2,790 | 268 | 10% | 120 | 4% |
| Woonsocket | 5,532 | 680 | 12% | 265 | 5% |
| *Core Cities* | *43,631* | *6,232* | *14%* | *2,090* | *5%* |
| *Remainder of State* | *81,236* | *10,725* | *13%* | *2,970* | *4%* |
| *Rhode Island* | *124,867* | *16,957* | *14%* | *5,060* | *4%* |

### Source of Data for Table/Methodology

U.S. Census Bureau, Census 2000.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

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# Mother's Education Level

## DEFINITION

*Mother's education level* is the percentage of total births to women with less than a high school diploma. Data are self-reported at the time of the infant's birth. Although a father's education level has a major impact on his child's development, this indicator uses mother's education level because a significant number of birth records lack information on father's education level.

## SIGNIFICANCE

The level of parental educational attainment can affect many aspects of child well-being. Research shows strong links between parental education levels and a child's health and health related behaviors, the level of education the child will ultimately achieve, and their access to material, human and social resources.[1] Increases in a mother's education level have been associated with improving a child's academic school readiness and decreasing their academic problems.[2]

Higher education levels typically lead to higher earnings.[3] Even if a child's parents work full-time, children are more likely to be low-income if their parents do not have a college education. During the past twenty years, the percentage of children with parents working full-time and year-round who were low-income increased from 68% to 73% if their parents did not hold a high school degree and from 38% to 43% if their parents held a high school degree, but no college degree.[4] Children of immigrants and children of color are least likely to have parents with high education levels and most likely to have parents who work low-wage jobs.[5,6]

In 2004, adults over age 25 in Rhode Island had education levels nearly equal to the U.S. average but behind other New England states on almost all levels of educational attainment.[7] Compared to other New England states, Rhode Island had the highest percentage of residents (33%) over age 18 without a high school diploma.[8]

Of the 9,376 Rhode Island children born to mothers with less than a high school diploma between 2000 and 2004, 93 were to teen mothers ages 12-14 and 1,553 were born to mothers ages 15-17.[9] Nationally, women who have a child before age 20 attain 3 years fewer education than women who have children after age 20.[10]

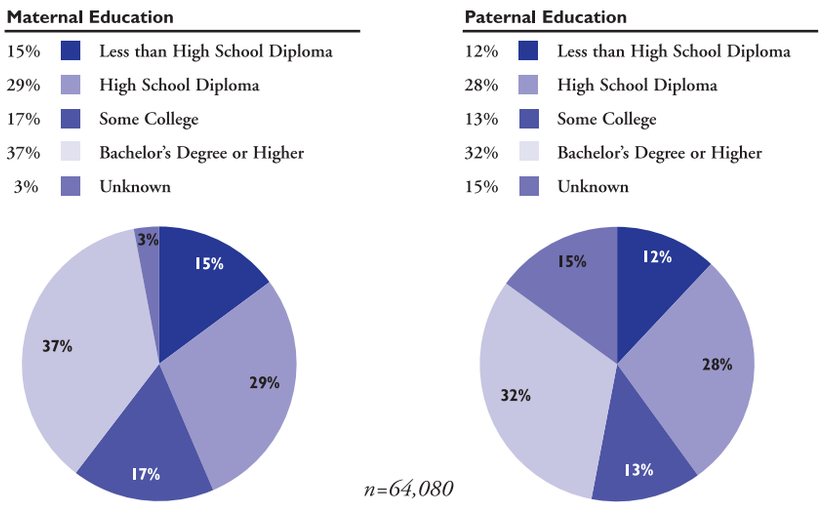
**Percent of Total Births to Mothers with Less than 12 Years of Education**

| | 1993 | 2003 |
|---|---|---|
| RI | 18% | 14% |
| US | 23% | 21% |
| National Rank* | | *11th* |
| New England Rank** | | *6th* |

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: Population Reference Bureau analysis of the 2003 Natality Detail File CD-Rom Series 21, Numbers 16H, National Center for Health Statistics and Child Trends data analysis.

**Births by Parental Education Levels, Rhode Island, 2000-2004**




Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2000-2004. Data for 2003 & 2004 are provisional.

◆ In Rhode Island between 2000 and 2004, 40% of infants were born to fathers with a high school diploma or less, and 44% were born to mothers with a high school diploma or less.[11]

**Educational Attainment and Income in Rhode Island, 2004**

| | Median Income for Women Age 25 years or Older | Median Income for Men Age 25 years or Older |
|---|---|---|
| Less than High School Diploma | $14,539 | $27,372 |
| High School Diploma | $22,300 | $36,002 |
| Some College or Associate's Degree | $27,193 | $36,763 |
| Bachelor's Degree | $33,764 | $52,132 |
| Graduate or Professional Degree | $51,236 | $64,966 |

Source: U.S. Bureau of the Census, American Community Survey, 2004. Table B20004.

◆ One of the best ways parents can raise their families' incomes is through higher education.[12] Women with a Bachelor's degree earned more than two times those with less than a high school diploma. Women with a graduate or professional degree earned more than three times those with less than a high school diploma.[13]

# Mother's Education Level

## Births by Education Level of Mother, Rhode Island, 2000-2004

*Table 4.*

| CITY/TOWN | ALL BIRTHS | BACHELOR'S DEGREE OR ABOVE | | SOME COLLEGE | | HIGH SCHOOL DIPLOMA | | LESS THAN HIGH SCHOOL DIPLOMA | |
|---|---|---|---|---|---|---|---|---|---|
| | | N | % | N | % | N | % | N | % |
| Barrington | 819 | 646 | 79% | 95 | 12% | 59 | 7% | 8 | 1% |
| Bristol | 1,040 | 514 | 49% | 202 | 19% | 256 | 25% | 58 | 6% |
| Burrilville | 836 | 306 | 37% | 187 | 22% | 252 | 30% | 63 | 8% |
| Central Falls | 1,945 | 186 | 10% | 255 | 13% | 712 | 37% | 733 | 38% |
| Charlestown | 449 | 205 | 46% | 105 | 23% | 96 | 21% | 35 | 8% |
| Coventry | 1,962 | 892 | 45% | 394 | 20% | 552 | 28% | 110 | 6% |
| Cranston | 4,355 | 1,999 | 46% | 817 | 19% | 1,125 | 26% | 356 | 8% |
| Cumberland | 1,825 | 1,029 | 56% | 344 | 19% | 347 | 19% | 74 | 4% |
| East Greenwich | 569 | 410 | 72% | 69 | 12% | 65 | 11% | 18 | 3% |
| East Providence | 2,564 | 930 | 36% | 537 | 21% | 787 | 31% | 270 | 11% |
| Exeter | 317 | 166 | 52% | 47 | 15% | 79 | 25% | 20 | 6% |
| Foster | 212 | 112 | 53% | 39 | 18% | 50 | 24% | 10 | 5% |
| Glocester | 415 | 202 | 49% | 109 | 26% | 83 | 20% | 19 | 5% |
| Hopkinton | 456 | 183 | 40% | 103 | 23% | 137 | 30% | 28 | 6% |
| Jamestown | 218 | 173 | 79% | 19 | 9% | 17 | 8% | 5 | 2% |
| Johnston | 1,471 | 639 | 43% | 277 | 19% | 426 | 29% | 111 | 8% |
| Lincoln | 983 | 511 | 52% | 192 | 20% | 208 | 21% | 47 | 5% |
| Little Compton | 179 | 123 | 69% | 27 | 15% | 26 | 15% | 2 | 1% |
| Middletown | 1,065 | 493 | 46% | 229 | 22% | 289 | 27% | 45 | 4% |
| Narragansett | 593 | 358 | 60% | 93 | 16% | 101 | 17% | 22 | 4% |
| New Shoreham | 50 | 26 | 52% | 16 | 32% | 8 | 16% | 0 | 0% |
| Newport | 1,582 | 599 | 38% | 260 | 16% | 393 | 25% | 304 | 19% |
| North Kingstown | 1,464 | 899 | 61% | 213 | 15% | 267 | 18% | 61 | 4% |
| North Providence | 1,664 | 681 | 41% | 346 | 21% | 475 | 29% | 131 | 8% |
| North Smithfield | 511 | 276 | 54% | 84 | 16% | 108 | 21% | 23 | 5% |
| Pawtucket | 5,449 | 1,189 | 22% | 985 | 18% | 1,961 | 36% | 1,160 | 21% |
| Portsmouth | 891 | 535 | 60% | 155 | 17% | 165 | 19% | 28 | 3% |
| Providence | 14,687 | 3,198 | 22% | 1,898 | 13% | 5,037 | 34% | 3,904 | 27% |
| Richmond | 506 | 266 | 53% | 91 | 18% | 114 | 23% | 28 | 6% |
| Scituate | 467 | 244 | 52% | 95 | 20% | 103 | 22% | 21 | 4% |
| Smithfield | 760 | 437 | 58% | 144 | 19% | 150 | 20% | 18 | 2% |
| South Kingston | 1,267 | 783 | 62% | 178 | 14% | 208 | 16% | 67 | 5% |
| Tiverton | 704 | 340 | 48% | 195 | 28% | 130 | 18% | 37 | 5% |
| Warren | 569 | 236 | 41% | 140 | 25% | 134 | 24% | 54 | 9% |
| Warwick | 4,410 | 1,972 | 45% | 884 | 20% | 1,228 | 28% | 281 | 6% |
| West Greenwich | 288 | 175 | 61% | 47 | 16% | 54 | 19% | 10 | 3% |
| West Warwick | 2,043 | 593 | 29% | 382 | 19% | 753 | 37% | 297 | 15% |
| Westerly | 1,333 | 488 | 37% | 277 | 21% | 421 | 32% | 130 | 10% |
| Woonsocket | 3,144 | 433 | 14% | 495 | 16% | 1,206 | 38% | 786 | 25% |
| *Unknown* | *18* | *8* | *44%* | *3* | *17%* | *3* | *17%* | *2* | *11%* |
| *Core Cities* | *28,850* | *6,198* | *21%* | *4,275* | *15%* | *10,062* | *35%* | *7,184* | *25%* |
| *Remainder of State* | *35,230* | *17,257* | *49%* | *6,753* | *19%* | *8,523* | *24%* | *2,192* | *6%* |
| *Rhode Island* | *64,098* | *23,463* | *37%* | *11,031* | *17%* | *18,588* | *29%* | *9,378* | *15%* |

### Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2000-2004. Data for 2003-2004 are provisional. Data are self-reported and reported by the mother's place of residence, not the place of the infant's birth. Data does not include all births among Rhode Island residents that occurred out of state.

Note that between 2000 and 2004, the education level of the mother was unknown for 1,636 births (3%).

Due to rounding totals may not equal 100%.

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[6] Federal Interagency Forum on Child and Family Statistics. *America's children: Key national indicators of well-being, 2005* (2005). Retrieved January 11, 2006 from www.childstats.gov/americaschildren/pop4/asp

[7] U.S. Bureau of the Census, American Community Survey, 2004. Tables R1401, R1402 & R1403.

[8] U.S. Bureau of the Census, American Community Survey, 2004. Table S1501.

[9,11] Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2000-2004. Data for 2003-2004 are provisional.

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[13] U.S. Bureau of the Census, American Community Survey, 2004. Table B20004.

# Racial and Ethnic Diversity

### DEFINITION

*Racial and ethnic diversity* is the number of children under age 18 by racial and ethnic categories as defined by the U.S. Census Bureau for the 2000 U.S. Census of the Population. For children living in households, racial and ethnic categories are chosen by the head of household or person completing the census form.

### SIGNIFICANCE

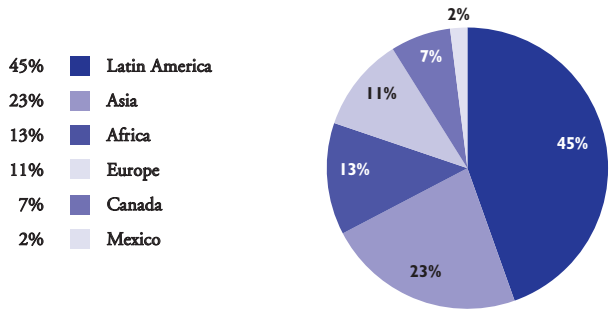
Racial and ethnic diversity increased in the United States over the last several decades and is projected to rise in the future.[1,2] Nationally, minority children (all those except White, non-Hispanic children) accounted for 98% of the growth in the child population during the 1990s.[3] In 1980, nearly three quarters (74%) of all U.S. children under age 18 were White, non-Hispanic.[4] This number dropped to three in five (59%) by 2004.[5] By 2020, slightly more than half (55%) of all children in the United States are projected to be White, non-Hispanic.[6]

Rhode Island's children are diverse in race, ethnic background, language and country of origin. In 2004 in Rhode Island, 76% of children under age 18 were White, 9% were Black or African American and 3% were Asian.[7] Eight percent of children were identified as Some Other Race and 4% as Two or More Races.[8] According to the 2000 U.S. Census, minority children are highly concentrated in the core cities in Rhode Island. More than half (58%) of children living in the core cities are minority children. More than three-quarters (78%) of all minority children in Rhode Island live in these six communities.[9]

In 2004, there were 9,437 foreign-born children under age 18 living in Rhode Island.[9] Of those, 26% were naturalized U.S. citizens.[11] While 18% of children under age 18 living in Rhode Island in 2004 speak a language other than English the majority of the time at home, 90% speak English very well or well.[12] Foreign-born children are more likely than native born children to speak another language at home.[13]

Diversity presents opportunities and challenges to schools, child care centers, health care providers, social service agencies and other community service providers. Programs need to adapt their current practices to meet the needs of a changing population.[14]

**Foreign-Born Children Under Age 18, by Region of Birth, Rhode Island, 2004**




*n = 9,437*

Source: Population Reference Bureau analysis of American Community Survey Public Use Microdata, 2004.

◆ In 2004, 4% of Rhode Island's child population under age 18 were foreign-born, equal to the percentage nationally.[15,16] A greater number of Rhode Island's foreign-born child population came from Latin America (45%) and Asia (23%), compared to 20% and 4% nationally. Two percent of foreign-born children in Rhode Island came from Mexico compared to 39% nationally.[17]

◆ Compared to children born in the U.S., children in immigrant families are more likely to live in two-parent households, but are more likely to be poor.[18] In Rhode Island between 2002-2004, 21% of immigrant children lived below the poverty threshold compared to 17% of children in U.S.-born families.[19]

◆ Children in immigrant families in Rhode Island between 2002-2004 were more likely to spend more than 30% of their income on housing costs (42%), live in crowded households (11%) and live in linguistically isolated households (27%) than U.S.-born children.[20,21,22]

*Table 5.*

## Child Population, by Race and Ethnicity, Rhode Island, 2000

| CITY/TOWN | UNDER AGE 18 BY RACE AND ETHNICITY: HISPANIC OR LATINO | WHITE | BLACK | AMERICAN INDIAN AND ALASKA NATIVE | ASIAN | NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER | SOME OTHER RACE | TWO OR MORE RACES | 2000 POPULATION UNDER AGE 18 |
|---|---|---|---|---|---|---|---|---|---|
| Barrington | 59 | 4,479 | 29 | 8 | 106 | 0 | 4 | 60 | 4,745 |
| Bristol | 88 | 4,183 | 30 | 3 | 21 | 4 | 3 | 67 | 4,399 |
| Burrillville | 59 | 3,915 | 11 | 8 | 6 | 0 | 11 | 33 | 4,043 |
| Central Falls | 3,122 | 1,574 | 292 | 29 | 22 | 0 | 225 | 267 | 5,531 |
| Charlestown | 38 | 1,597 | 7 | 26 | 12 | 0 | 1 | 31 | 1,712 |
| Coventry | 151 | 7,975 | 47 | 8 | 46 | 2 | 10 | 150 | 8,389 |
| Cranston | 1,213 | 14,041 | 513 | 59 | 796 | 5 | 71 | 400 | 17,098 |
| Cumberland | 231 | 7,185 | 65 | 5 | 70 | 3 | 38 | 93 | 7,690 |
| East Greenwich | 59 | 3,308 | 30 | 1 | 106 | 0 | 11 | 49 | 3,564 |
| East Providence | 360 | 8,366 | 681 | 48 | 114 | 4 | 323 | 650 | 10,546 |
| Exeter | 36 | 1,484 | 9 | 9 | 8 | 0 | 0 | 43 | 1,589 |
| Foster | 17 | 1,054 | 2 | 1 | 11 | 2 | 3 | 15 | 1,105 |
| Glocester | 31 | 2,573 | 15 | 2 | 10 | 0 | 1 | 32 | 2,664 |
| Hopkinton | 35 | 1,889 | 11 | 27 | 10 | 0 | 3 | 36 | 2,011 |
| Jamestown | 19 | 1,183 | 14 | 4 | 4 | 0 | 0 | 14 | 1,238 |
| Johnston | 203 | 5,425 | 63 | 9 | 93 | 1 | 21 | 91 | 5,906 |
| Lincoln | 151 | 4,694 | 73 | 2 | 116 | 1 | 21 | 99 | 5,157 |
| Little Compton | 12 | 756 | 1 | 0 | 2 | 0 | 0 | 9 | 780 |
| Middletown | 201 | 3,549 | 246 | 23 | 104 | 1 | 15 | 189 | 4,328 |
| Narragansett | 69 | 2,566 | 27 | 52 | 25 | 0 | 5 | 89 | 2,833 |
| New Shoreham | 3 | 175 | 3 | 0 | 3 | 0 | 0 | 1 | 185 |
| Newport | 602 | 3,485 | 555 | 86 | 55 | 7 | 51 | 358 | 5,199 |
| North Kingstown | 210 | 6,286 | 70 | 37 | 76 | 0 | 11 | 158 | 6,848 |
| North Providence | 377 | 5,033 | 208 | 12 | 122 | 3 | 48 | 133 | 5,936 |
| North Smithfield | 17 | 2,305 | 13 | 8 | 15 | 0 | 1 | 20 | 2,379 |
| Pawtucket | 3,820 | 10,090 | 1,776 | 53 | 131 | 7 | 1,251 | 1,023 | 18,151 |
| Portsmouth | 114 | 4,016 | 55 | 5 | 58 | 0 | 8 | 73 | 4,329 |
| Providence | 20,350 | 10,858 | 7,606 | 621 | 3,043 | 19 | 575 | 2,205 | 45,277 |
| Richmond | 32 | 1,916 | 7 | 19 | 8 | 0 | 0 | 32 | 2,014 |
| Scituate | 30 | 2,535 | 10 | 1 | 24 | 1 | 5 | 29 | 2,635 |
| Smithfield | 50 | 3,880 | 18 | 2 | 29 | 0 | 2 | 38 | 4,019 |
| South Kingstown | 128 | 5,561 | 87 | 126 | 169 | 0 | 19 | 194 | 6,284 |
| Tiverton | 46 | 3,234 | 15 | 4 | 18 | 0 | 8 | 42 | 3,367 |
| Warren | 36 | 2,294 | 38 | 4 | 11 | 1 | 6 | 64 | 2,454 |
| Warwick | 516 | 17,220 | 217 | 50 | 322 | 1 | 35 | 419 | 18,780 |
| West Greenwich | 13 | 1,396 | 4 | 3 | 7 | 0 | 5 | 16 | 1,444 |
| West Warwick | 384 | 5,792 | 86 | 29 | 102 | 3 | 26 | 210 | 6,632 |
| Westerly | 96 | 4,931 | 45 | 45 | 143 | 0 | 11 | 135 | 5,406 |
| Woonsocket | 2,024 | 7,272 | 606 | 29 | 591 | 5 | 46 | 582 | 11,155 |
| *Core Cities* | *30,302* | *39,071* | *10,921* | *847* | *3,944* | *41* | *2,174* | *4,645* | *91,945* |
| *Remainder of State* | *4,700* | *141,004* | *2,664* | *611* | *2,665* | *29* | *700* | *3,504* | *155,877* |
| *Rhode Island* | *35,002* | *180,075* | *13,585* | *1,458* | *6,609* | *70* | *2,874* | *8,149* | *247,822* |

### Source of Data for Table/Methodology

U.S. Census Bureau, Census 2000 Redistricting File. All categories are mutually exclusive. If Hispanic was selected as ethnicity, individuals are not included in other racial categories. Likewise, if more than one race was selected, individuals are included in two or more races and not in their individual race categories.

The core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

### References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[2,6] U.S. Bureau of the Census. Table 1a. Projected Population of the United States, by Race and Hispanic Origin: 2000 to 2050.

[3] O'Hare, W. (June 2001). *The child population: First data from the 2000 Census.* Baltimore, MD: The Annie E. Casey Foundation and The Population Reference Bureau.

[4] Federal Interagency Forum on Child and Family Statistics. (2003). *America's children: Key national indicators of well-being.* Washington, DC: Government Printing Office.

[5] U.S. Bureau of the Census, American Community Survey, 2004. Table B01001.

[7,8] U.S. Bureau of the Census, American Community Survey, 2004. Tables B01001B, B01001D, B01001F, B01001G, B01001H & B01001I.

[9] U.S. Bureau of the Census, Census 2000.

[10,11] U.S. Bureau of the Census, American Community Survey, 2004. Table B05003.

[12] U.S. Bureau of the Census, American Community Survey, 2004. Table B16004.

[13] U.S. Bureau of the Census, American Community Survey, 2004. Table B16008.

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*(continued on page 147)*

# Racial and Ethnic Disparities

### DEFINITION

*Racial and ethnic disparities* is the gap that exists in outcomes for children of different racial and ethnic groups in Rhode Island. Child well-being outcome areas include economic security, health, education and safety.

### SIGNIFICANCE

Rhode Island's children are diverse in race, ethnic background, language, and country of origin. Between 2000 and 2004, the number of minority children age birth to 19 increased by 14%, while the number of White, non-Hispanic children decreased by 7%.[1,2] Although there have been substantial improvements in child well-being over the last century across racial and ethnic lines, large disparities still exist between White, non-Hispanic children and children from other racial and ethnic groups.

Rhode Island's growing diversity of children is not evenly distributed, with minority children concentrated in core urban communities that have increasingly high rates of child poverty.[3] In 2000, more than three quarters (78%) of Rhode Island's minority children lived in one of the six core cities where child poverty rates were more than 15%.[4] Approximately three quarters of the children in Providence (76%) and in Central Falls (72%) were of minority racial and ethnic backgrounds.[5] In several neighborhoods of Providence, minority children accounted for more than 90% of all children, with some of the highest child poverty rates in the state.[6]

Research demonstrates a significant relationship between residence in low-income or poor neighborhoods and increased teen pregnancy and high-school drop out rates.[7] When compared with White, non-Hispanic children in poverty, Hispanic and Black children living in families with income below the poverty line are more likely to live in neighborhoods in which 40% or more of the residents live in poor families.[8] Rhode Island has the country's largest percentage of Hispanic children (79%) and fourth largest percentage of Black children (71%) living in neighborhoods in which more than 18% of persons are in poverty.[9,10]

The racial and ethnic segregation of U.S. neighborhoods has generally diminished over the past three decades. Yet, residential segregation for the child population has shown a less substantial decrease and has been countered by increased school segregation.[11] The Providence-Warwick-Fall River, MA metropolitan area was the second most segregated large metropolitan area in the nation for Hispanics in 2000, and was also the metropolitan area with the largest increase in segregation between 1980 and 2000.[12]

### Rhode Island's Latino Children

◆ In 2004, there were 42,917 Latino children from birth to age 19 living in Rhode Island up from 37,854 in 2000. Between 2000 and 2004 the Hispanic child population grew by 13% whereas the total child population in Rhode Island decreased by 1%.[13,14]

◆ Three-quarters of the Latino children in Rhode Island live in Central Falls, Pawtucket, and Providence. While Providence has the largest population of Latinos, they are most densely concentrated in Central Falls.[15]

#### Economics

◆ The percentage of Latino children living in poverty in 2004 in Rhode Island was 52% compared to the national rate of 29%.[16,17] In 2000, Rhode Island Latinos had the lowest median family income of all Latinos in the United States.[18]

◆ In 2004, the unemployment rate for Hispanics was one and a half times higher than White Rhode Islanders, but lower than other racial or ethnic groups in the state.[19] Latino families are economically vulnerable given that 62% of Latino households with children in Rhode Island are headed by a single adult and have only one potential wage earner.[20]

#### Health

◆ In Rhode Island, 12% percent of Latino women who give birth receive delayed prenatal care, compared to 9% of all races.[21] Latino female teens are more than three times as likely to give birth between the ages 15 and 17 as non-Hispanic White female teens (56.3 per 1,000 teens compared to 17.0 per 1,000).[22]

#### Education

◆ Latinos in Rhode Island have lower educational attainment levels than the population overall. In 2005, the high school graduation rate for Latino youth was 74%, lower than the high school graduation rate of 85% for all youth in the state.[23] In 2004, 9% of Latinos 25 years of age and over held a Bachelor's degree or higher, compared to 28% of all Rhode Islanders.[24]

## Economic Outcomes, by Race and Ethnicity, Rhode Island

| | WHITE | HISPANIC | BLACK | ASIAN | NATIVE AMERICAN | ALL RACES |
|---|---|---|---|---|---|---|
| Children in Poverty | 11% | 52% | 48% | 38% | NA | 21% |
| % of Births to Mothers with Education < 12 years | 14% | 32% | 22% | 16% | 33% | 15% |
| % of Children with All Parents in the Workforce | 72% | 48% | 66% | 54% | 47% | 68% |
| Median Household Income for Households with Children Under 18 | $63,790 | $25,000 | $36,348 | $48,000 | NA | $60,025 |
| Homeownership | 67% | 25% | 29% | 45% | 36% | 62% |

Source: U.S. Bureau of the Census, American Community Survey, 2004, tables B17001, B17001B, B17001D, B17001H & B17001I. Maternal Education Levels from Rhode Island Department of Health, Maternal and Child Health Database, 2000-2004. U.S. Bureau of the Census, American Community Survey, 2004, tables PCT70, PCT70B, PCT70C, PCT70D, PCT70H & PCT70I. U.S. Bureau of the Census, American Community Survey, 2004, tables B25003, B25003B, B25003C, B25003D, B25003H & B25003I. All Census data refers to only those individuals who selected one race. Data on maternal education levels and median household income includes in the White, Black, Asian and Native American categories those who also identify as Hispanic. In two categories, data for the Native American population is left out due to a sample size the Census Bureau deemed too small to report.

◆ In 2004, there were 50,390 poor children in Rhode Island, the majority of whom are children of color.[25] Rhode Island's child poverty rates for Hispanic and Asian children are three times the rates for Hispanic and Asian children in the U.S.[26,27]

◆ Children living in single parent families are much more likely to be poor. Black and Hispanic children in Rhode Island are over one and a half times as likely to live in single-parent families as their White counterparts. In 2005 in Rhode Island, 55% of Black children, 62% of Hispanic children and 33% of White children lived in single-parent families. While the percentage of Black children living in single-parent families decreased 33% between 2004 and 2005, the percentage of White and Hispanic children living in single-parent families increased by 13% and 18% respectively.[28]

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

| | WHITE | HISPANIC | BLACK | ASIAN | NATIVE AMERICAN | ALL RACES |
|---|---|---|---|---|---|---|
| Women with Delayed Prenatal Care | 8% | 12% | 16% | 16% | 17% | 9% |
| Births to Teens Ages 15 – 17 (per 1,000 teens) | 17.0 | 56.3 | 37.2 | 32.0 | 91.7 | 19.5 |
| Infants Born Low Birthweight | 7% | 8% | 12% | 10% | 12% | 8% |

Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database 2000-2004 (prenatal care, teen births, low birth-weight). Information based on self-reported race and ethnicity. For teen birth rate, total population numbers come from the U.S. Bureau of the Census population estimates.

◆ Although progress has been made on many health indicators across racial and ethnic populations, disparities still exist for a number of child outcomes. For example, minority women are far more likely to have delayed prenatal care and are much more likely to give birth while still teenagers.[29]

◆ In 2005 in the United States, 8% of White children under 18 years of age were not covered by health insurance, as compared with 21% of Hispanic children, 13% of Black children, 19% of Asian children, and 18% of American Indian and Native Alaskan children.[30]

# Racial and Ethnic Disparities

## Safety Outcomes, by Race and Ethnicity, Rhode Island

| | WHITE | HISPANIC | BLACK | ASIAN | NATIVE AMERICAN | ALL RACES |
|---|---|---|---|---|---|---|
| Juveniles at the Training School (per 1,000) | .81 | 4.3 | 8.3 | 1.5 | 4.9 | 1.9 |
| Children of Incarcerated Parents (per 1,000) | 7.0 | 15.5 | 47.7 | 1.9 | 10.1 | 12.7 |
| Children in Out of Home Placement (per 1,000) | 2.7 | 4.6 | 9.6 | 2.0 | 9.2 | 3.6 |

Source: *Juveniles at the Training School:* Rhode Island KIDS COUNT analysis of data from the Rhode Island Training School, based on adjudicated residents as of 12/31/05. *Children of Incarcerated Parents:* Rhode Island KIDS COUNT analysis of data from the Rhode Island Department of Corrections, 2005. *Children in Out-of-Home Placement:* Rhode Island KIDS COUNT analysis of data from the Department of Children, Youth and Families, RICHIST Database from January 2004, January 2005, and January 2006. *Out-of-Home Placement* includes licensed and pending-license non-relative foster homes, licensed and pending-license relative foster homes, and licensed and pending-license private agency foster care. Denominators are based on the age-appropriate population by race from the 2002-2004 estimates for Rhode Island produced by the U.S. Bureau of the Census.

◆ Racial and ethnic minority groups continue to be disproportionately represented in the child welfare and juvenile justice systems. Research shows that minority youth are treated more harshly than White, non-Hispanic youth for the same type and severity of offenses at every critical point in the justice system, from detention and formal processing in juvenile court, to sentencing and incarceration in juvenile and adult facilities.[31] Nationally, Black youth are disproportionately overrepresented in the juvenile justice system more than any other minority group, but the proportion of Hispanic youth in the juvenile justice population is growing faster than that of any other racial or ethnic group.[32]

◆ Children of color account for 33% of the child population in the United States and more than 55% of children in foster care. This disproportion most affects Black children, who account for 15% of the child population and 38% of children in foster care. Higher poverty rates among families of color contribute to this trend. Research shows disparate treatment of children of color as they enter the foster care system and while they are in the system. Black and Hispanic families are more likely than non-Hispanic White families under similar circumstances to be reported for child abuse and neglect and to have their child removed.[33]

## Education Outcomes, by Race and Ethnicity, Rhode Island

| | WHITE | HISPANIC | BLACK | ASIAN | NATIVE AMERICAN | ALL RACES |
|---|---|---|---|---|---|---|
| % of High School Students Attending Schools In Need of Improvement | 12% | 69% | 55% | 44% | 27% | 26% |
| % of High School Students Attending Moderately Performing Schools | 24% | 15% | 23% | 21% | 22% | 23% |
| % of High School Students Attending High Performing Schools | 63% | 17% | 22% | 35% | 51% | 52% |
| 4th Grade Children Meeting the Standard for Reading | | | | | | |
| *Basic Understanding* | 81% | 50% | 57% | 68% | 51% | 73% |
| *Analysis and Interpretation* | 71% | 37% | 44% | 52% | 50% | 62% |
| High School Graduation Rate | 88% | 74% | 79% | 81% | 72% | 85% |
| % of Adults Over Age 25 with a Bachelor's Degree or Higher | 30% | 9% | 17% | 50% | NA | 28% |

Source: *Percentage Attending School in Need of Improvement:* Rhode Island KIDS COUNT analysis of Rhode Island Department of Elementary and Secondary Education, 2005 High School Performance Classification. Denominator is school enrollment by race 2004 – 2005 school year. *4th Grade Reading Scores:* Rhode Island State Assessment Program, Report of Student Performance by Demographic Characteristics, State Report Grade 4, Spring 2004. *High School Graduation Rate:* Rhode Island Department of Elementary and Secondary Education, 2004. Adult *Educational Attainment:* U.S. Bureau of the Census, American Community Survey, 2004, tables B15002, B15002B, B15002D, B15002H & B15002I.

◆ In Rhode Island, children of color are far more likely to attend high schools in need of improvement than are White children. Rhode Island's Hispanic and Black children attend schools in need of improvement at rates more than three times greater than White children.[34]

◆ In the state fiscal year 2004, Black, Hispanic and Asian students tended to be under-represented in many disability areas, especially autism and visual impairments. Within the population of students in special education, however, Black, Hispanic and Native American children tended to be disproportionately identified as mentally retarded.[35]

## Immigrant Children

◆ In 2004, Rhode Island was home to 9,437 children under age 18 who were born outside the United States, 4% of all children in the state.[36] These numbers are likely to be an underestimate as immigrant children are among the most likely to be undercounted by population estimates.

◆ In 2000 in Rhode Island, 21% of all children in the state lived in immigrant families; Rhode Island had the ninth highest percentage of children in immigrant families of all states.[37] In 2003, 30,002 Rhode Island households with children under age 18 were headed by immigrants.[38] Children of immigrants are the fastest growing segment of the United States population under age 18.[39]

◆ Immigrant families are generally poorer than native families. While immigrant families are more likely than native families to include two parents and just as likely to include full-time workers, immigrants tend to earn lower wages than U.S. natives, leading to lower household incomes.[40] Immigrants are 50% more likely than natives to earn less than the minimum wage.[41]

◆ Nationally in 2002-2004, half (50%) of all children of immigrants lived in families with incomes below 200% of the federal poverty threshold, compared with 37% of U.S.-born children. In Rhode Island, 43% of children in immigrant families live below 200% of the federal poverty threshold compared with 30% of children in U.S.-born families.[42]

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# Economic Well-Being

## ¿Mi Corazón Se Ha Dormido?

¿Mi corazón se ha dormido?
Colmenares de mis sueños
¿ya no labráis? ¿Está seca
la noria del pensamiento,
Los cangilones vacíos,
girando, de sombra llenos?
No, mi corazón no duerme.
Está despierto, despierto.
Ni duerme ni sueña, mira,
los claros ojos abiertos,
señas lejanas y escucha
a orillas del gran silencio.

*Antonio Machado*

## Has My Heart Gone to Sleep?

Has my heart gone to sleep?
Have the beehives of my dreams
stopped working, the waterwheel
of the mind run dry,
scoops turning empty,
only shadow inside?
No, my heart is not asleep.
It is awake, wide awake.
Not asleep, not dreaming–
its eyes are opened wide
watching distant signals, listening
on the rim of the vast silence.

*Antonio Machado*
*Translated by Alan S. Trueblood*

# Median Household Income

### DEFINITION

*Median household income* is the dollar amount which divides all Rhode Island households' income distributions into two equal groups – half with income above the median and half with income below the median.

### SIGNIFICANCE

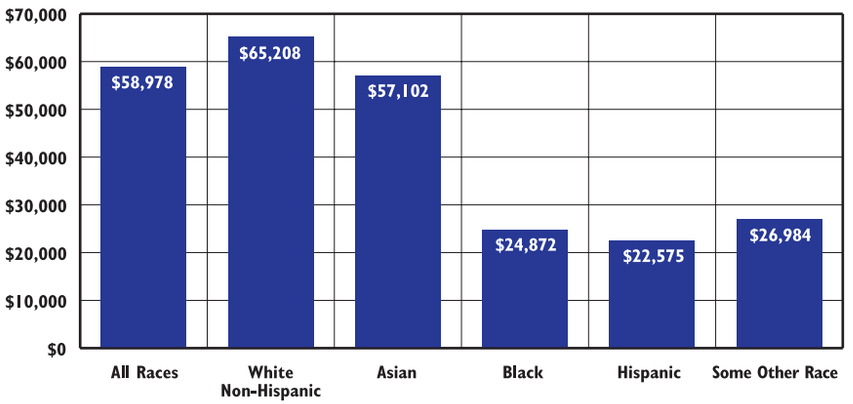
Median household income provides one measure of the ability of Rhode Island's families to meet the costs of food, clothing, housing, health care, transportation, child care, and higher education. In 2004, the median household income for all Rhode Island households was $48,722, a 2% increase from 2000.[1] Rhode Island had the 13th highest median household income nationally and fourth highest in New England.[2]

The median income for families with their own children under age 18 in Rhode Island in 2004 differed significantly by family type. The median family income for two-parent families ($72,639) was almost twice as much as a male-headed single-parent household ($40,398) and more than four times the median income of a female-headed single-parent household ($17,226).[3]

Nationally, the strong wage growth at the end of the 1990s continued through 2002, but has recently declined for low-wage and middle-wage workers.[4,5] Slow job creation compared to previous economic recoveries after a recession, inflation, 2001 and 2003 income tax reductions and increased health care costs resulted in a 1-2% decline in real wages for low-income and middle-income workers.[6,7,8,9,10] This decline in wages continued the growing inequality between the highest income earners and lowest income earners that began in the early 1980s.[11] Increased wage inequality has resulted from long periods of unemployment, globalization, a decrease in manufacturing jobs and an increase in service sector jobs, and a lower real value of the minimum wage.[12]

Between 1979 and 2002, the after-tax income of the top 1% of the United States population grew by 129% compared to a 4% growth in the average after-tax income of the bottom fifth of the population.[13] In Rhode Island the average income of the richest 20% of the population increased 89% during the past two decades while the average income of the bottom 20% increased by 32%.[14]

**Median Family Income by Race and Ethnicity, Rhode Island, 2004**




Source: U.S. Bureau of the Census, American Community Survey, 2004. Tables B19113, B19113B, B19113D, B19113F, B19113H & B19113I.

◆ The median income for white, non-Hispanic families is almost three times higher than for Hispanic families and more than two and a half times higher than for Black families.[15]

◆ Between 2000 and 2004, in Rhode Island, the median income increased for Asian, White, non-Hispanic and families identifying as some other race, but decreased for Hispanic and Black families.[16,17]

◆ According to the Poverty Institute's *2003 Rhode Island Standard of Need,* a two-parent family with two children in which both parents are working needs an income of $48,096 (without subsidies) to pay basic living expenses, including housing, food, clothing, health insurance, child care and transportation.[18]

◆ Income supports including RIte Care, child care subsidies, Food Stamps and the Earned Income Tax Credit are critical in helping low and moderate-income working families make ends meet.[19]

*Table 6.*

## Adjusted Median Household Income, Rhode Island — 1989* and 1999

| CITY/TOWN | ADJUSTED 1989 MEDIAN HOUSEHOLD INCOME* | 1999 MEDIAN HOUSEHOLD INCOME | 1999 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18 |
|---|---|---|---|
| Barrington | $69,222 | $74,591 | $88,794 |
| Bristol | $44,573 | $43,689 | $53,328 |
| Burrilville | $48,476 | $52,587 | $55,085 |
| Central Falls | $24,289 | $22,628 | $22,008 |
| Charleston | $47,020 | $51,491 | $55,080 |
| Coventry | $48,572 | $51,987 | $61,355 |
| Cranston | $45,047 | $44,108 | $56,904 |
| Cumberland | $53,077 | $54,656 | $68,291 |
| East Greenwich | $66,401 | $70,062 | $108,555 |
| East Providence | $40,453 | $39,108 | $48,875 |
| Exeter | $49,810 | $64,452 | $73,239 |
| Foster | $53,223 | $59,673 | $63,385 |
| Glocester | $52,186 | $57,537 | $60,938 |
| Hopkinton | $47,929 | $52,181 | $59,069 |
| Jamestown | $54,166 | $63,073 | $79,574 |
| Johnston | $42,526 | $43,514 | $56,641 |
| Lincoln | $48,379 | $47,815 | $64,470 |
| Little Compton | $53,735 | $55,368 | $56,679 |
| Middletown | $45,960 | $51,075 | $55,301 |
| Narragansett | $46,374 | $50,363 | $68,250 |
| New Shoreham | $41,059 | $44,779 | $54,844 |
| Newport | $39,836 | $40,669 | $43,125 |
| North Kingstown | $52,733 | $60,027 | $66,785 |
| North Providence | $42,168 | $39,721 | $50,493 |
| North Smithfield | $54,076 | $58,602 | $71,066 |
| Pawtucket | $34,627 | $31,775 | $33,562 |
| Portsmouth | $55,414 | $58,835 | $67,375 |
| Providence | $28,894 | $26,867 | $24,546 |
| Richmond | $53,458 | $59,840 | $63,472 |
| Scituate | $58,931 | $60,788 | $69,135 |
| Smithfield | $55,478 | $55,621 | $67,050 |
| South Kingstown | $47,595 | $56,325 | $68,265 |
| Tiverton | $47,189 | $49,977 | $63,820 |
| Warren | $41,275 | $41,285 | $53,542 |
| Warwick | $46,688 | $46,483 | $57,038 |
| West Greenwich | $53,817 | $65,725 | $70,150 |
| West Warwick | $41,260 | $39,505 | $41,830 |
| Westerly | $45,459 | $44,613 | $51,974 |
| Woonsocket | $33,090 | $30,819 | $34,465 |
| *Core Cities* | *NA* | *NA* | *NA* |
| *Remainder of State* | *NA* | *NA* | *NA* |
| *Rhode Island* | *$41,985* | *$42,090* | *$50,557* |

**Adjusted to 1999 dollars*

### Source of Data for Table/Methodology

U.S. Census Bureau, Census 2000.

Median household income data includes households with both related and unrelated individuals. Median family income data includes only households with children under age 18 who meet the Census Bureau's definition of a family. The Census Bureau defines a family as a household that includes a householder and one or more people living in the same household who are related to the household by birth, marriage or adoption. The 1989 adjusted median household income data is adjusted to 1999 constant dollars by multiplying 1989 dollar values by 1.304650 as recommended by the U.S. Census Bureau.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

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# Cost of Rent

### DEFINITION

*Cost of rent* is the percentage of income needed by a very low-income family to cover the average cost of rent.[1] A very-low-income family is defined as family income less than 50% of the median. A cost burden exists when more than 30% of a family's monthly income is spent on housing.

### SIGNIFICANCE

Inadequate, costly or crowded housing has a negative impact on children's health, safety, education and emotional well-being. Families with cost burdens are more likely than other families to endure food insecurity, lack health insurance, have trouble paying their housing or utility bills and have difficulty paying for transportation, such as a car.[2] Acute financial strain can hinder effective parenting, heighten conflict and contribute to the break-up of families.[3]

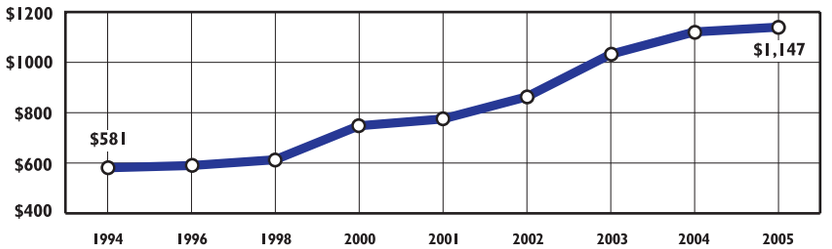
Nationally in 2003, 37% percent of families reported a cost burden, crowding, and/or physically inadequate housing. Housing problems are especially prevalent among very-low-income renters. In 2003, more than three out of four (78%) very-low-income renters reported a housing problem, with cost burdens cited as the major problem.[4]

Nationally and in Rhode Island, the cost of housing has outpaced the income growth of many working families.[5,6] In Rhode Island in 2005, a household earning $32,375 per year (50% of the Area Median Income) can afford monthly rent of no more than $809.[7] In Rhode Island in 2004, the high cost of housing was the second leading cause of homelessness and the number of families seeking emergency shelter increased 8% from the previous year.[8]

In 2004 in Rhode Island, 47% of renters spent 30% or more of their household income on housing, compared to 37% in 2000. The percentage of homeowners who were cost burdened by their mortgage also increased between 2000 and 2004, from 28% to 36%.[9] With a household income of $50,000 a family cannot afford a median-priced, single family home in any community in the state.[10]

Section 8 vouchers help low-income individuals and families to afford the high cost of housing. In Rhode Island in 2005 there were 8,439 Section 8 vouchers. The average wait time to receive a Section 8 voucher was 3-5 years, with a minimum of 5,386 families with children waiting to receive a voucher.[11]

**Average Rent, Two Bedroom Apartment, Rhode Island, 1994-2005**




Source: Rhode Island Housing and Mortgage Finance Corporation Annual Rent Surveys. Information not available for 1995, 1997, 1999. 2003-2005 rent includes cost of heat, cooking fuel, electricity and hot water. All prior years' rents include only cost of heat and hot water. Adjustments for utilities varies according to each year's utility allowance.

◆ To be able to pay the average rent in Rhode Island without a cost burden, a worker would have to earn $22.06 per hour for forty hours per week. This is more than three and a half times the state's minimum wage in 2005 of $6.75 per hour.[12]

◆ The Housing Act of 2004 requires a State Strategic Plan to meet Rhode Island's housing needs and reinforces the requirement for cities and towns to achieve a 10% threshold of subsidized low and moderate income housing (LMI) units.[13] In 2004, there were 34,874 LMI units in the state (8.19% of all housing units). Of the existing LMI units, 55% were designated for elderly, 36% were for families and 9% were for those with special needs.[14]

◆ In 2004, 28 communities had approved affordable housing plans to achieve the 10% threshold. Five communities met a provision for 15% of low and moderate income occupied, year-round rental units and 5 had met or exceeded the 10% threshold (Central Falls, East Providence, Newport, Providence and Woonsocket).[15]

◆ High energy costs put affordable housing even further out of reach for low-income families. Rhode Island law prohibits utilities shut offs for protected customers (such as the elderly, seriously ill or low-income) during the moratorium period from November 1 through April 15. In 2005, 4,584 residential customers who used electric (178) or gas (4,406) to heat their homes entered the moratorium period with their utilities shut off due to nonpayment, an increase from 3,367 the previous year.[16]

◆ Between November 2005 and January 2006 in Rhode Island, 592 non-protected households in Rhode Island had their gas service shut off.[17]

*Table 7.* **Cost of Rental Housing for Low-Income Families, Rhode Island, 2005**

| CITY/TOWN | 2005 AVERAGE RENT 2-BEDROOM | 2005 POVERTY LEVEL FAMILY OF THREE | % INCOME NEEDED FOR RENT, POVERTY LEVEL FAMILY OF THREE | 2005 VERY LOW INCOME FAMILY | % INCOME NEEDED FOR RENT, VERY LOW INCOME FAMILY |
|---|---|---|---|---|---|
| Barrington | $1,195 | $16,090 | 89% | $32,900 | 44% |
| Bristol | $1,112 | $16,090 | 83% | $32,900 | 41% |
| Burrillville* | $965 | $16,090 | 72% | $32,900 | 35% |
| Central Falls* | $965 | $16,090 | 72% | $32,900 | 35% |
| Charlestown* | $965 | $16,090 | 72% | $32,900 | 35% |
| Coventry | $1,102 | $16,090 | 82% | $32,900 | 40% |
| Cranston | $1,157 | $16,090 | 86% | $32,900 | 42% |
| Cumberland | $1,124 | $16,090 | 84% | $32,900 | 41% |
| East Greenwich | $1,276 | $16,090 | 95% | $32,900 | 47% |
| East Providence | $1,096 | $16,090 | 82% | $32,900 | 40% |
| Exeter* | $965 | $16,090 | 72% | $32,900 | 35% |
| Foster* | $965 | $16,090 | 72% | $32,900 | 35% |
| Glocester* | $965 | $16,090 | 72% | $32,900 | 35% |
| Hopkinton* | $760 | $16,090 | 57% | $32,050 | 28% |
| Jamestown* | $965 | $16,090 | 72% | $32,900 | 35% |
| Johnston | $1,102 | $16,090 | 82% | $32,900 | 40% |
| Lincoln | $1,150 | $16,090 | 86% | $32,900 | 42% |
| Little Compton* | 965 | $16,090 | 72% | $32,900 | 35% |
| Middletown* | $939 | $16,090 | 70% | $33,050 | 34% |
| Narragansett* | $965 | $16,090 | 72% | $32,900 | 35% |
| New Shoreham* | $760 | $16,090 | 57% | $32,900 | 28% |
| Newport | $1,388 | $16,090 | 104% | $33,050 | 50% |
| North Kingstown | $1,254 | $16,090 | 94% | $32,900 | 46% |
| North Providence | $1,098 | $16,090 | 82% | $32,900 | 40% |
| North Smithfield | $1,153 | $16,090 | 86% | $32,900 | 42% |
| Pawtucket | $980 | $16,090 | 73% | $32,900 | 36% |
| Portsmouth | $1,244 | $16,090 | 93% | $33,050 | 45% |
| Providence | $1,097 | $16,090 | 82% | $32,900 | 40% |
| Richmond* | $965 | $16,090 | 72% | $32,900 | 35% |
| Scituate | $1,107 | $16,090 | 83% | $32,900 | 40% |
| Smithfield* | $965 | $16,090 | 72% | $32,900 | 35% |
| South Kingstown* | $965 | $16,090 | 72% | $32,900 | 35% |
| Tiverton | $1,207 | $16,090 | 90% | $32,900 | 44% |
| Warren | $1,082 | $16,090 | 81% | $32,900 | 39% |
| Warwick | $1,148 | $16,090 | 86% | $32,900 | 42% |
| West Greenwich | $845 | $16,090 | 63% | $32,900 | 31% |
| West Warwick | $1,045 | $16,090 | 78% | $32,900 | 38% |
| Westerly* | $760 | $16,090 | 57% | $32,050 | 28% |
| Woonsocket | $1,116 | $16,090 | 83% | $32,900 | 41% |
| *Core Cities* | *$1,099* | *$16,090* | *82%* | *$32,925* | *40%* |
| *Remainder of State* | *$1,039* | *$16,090* | *77%* | *$32,858* | *38%* |
| *Rhode Island* | *$1,147* | *$16,090* | *86%* | *$32,868* | *42%* |

**Source of Data for Table/Methodology**

Rhode Island Housing and Mortgage Finance Corporation, January-December 2005 Rent Survey and the Department of Housing and Urban Development. Average rents are based on a survey of rents in Rhode Island between January and December 2005. All 2005 rents have been adjusted using current HUD utility allowances to include heat, cooking fuel, electricity and hot water. The average statewide rent does not include communities for which data from the Rent Survey was not available.

A very low-income family is defined by the U.S. Department of Housing and Urban Development as a family with income 50% of the median family income and is calculated separately for Hopkinton, Middletown, New Shoreham, Newport, Portsmouth and Westerly. Very low-income for the core cities, the remainder of the state and Rhode Island are averages calculated by Rhode Island KIDS COUNT.

* Rhode Island Housing 2005 Rent Survey data are not available for these communities. Average rent used for these communities is the HUD 2005 Fair Market Rent as reported in Out of Reach 2005. (2005). Washington, DC: National Low-Income Housing Coalition.

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*(continued on page 147)*

# Secure Parental Employment

### DEFINITION

*Secure parental employment* is the percentage of children living with at least one parent who has full-time, year-round employment.

### SIGNIFICANCE

Secure parental employment can have positive impacts on child well-being that go beyond reducing poverty and increasing median household income. Children with parents who have steady employment are more likely to have access to health care. Secure parental employment is also likely to improve family functioning by reducing the stress brought on by unemployment and underemployment of parents.[1]

Rhode Island's seasonally adjusted unemployment rate fluctuated during 2005, starting the year below the national average and ending the year at 5.2%, higher than the national rate of 4.9%.[2] Unemployment rates at the end of 2005 varied somewhat across cities and towns in the state, from a high of 7.3% in Central Falls to a low of 2.8% in Richmond.[3]

In Rhode Island, 68% (158,226) of children under age 17 had all parents in their family in the labor force.[4] Sixty-two percent of children under age 6 had all parents in the labor force, a decline of 8% since 2000 and 71% of children ages 6 to 17 had all parents in the labor force, an increase of 3% since 2000.[5,6]

Even when families include adults with secure parental employment, low wages cause many to remain below the federal poverty threshold. Nationally in 2002, the median wage of the highest wage earner working full-time, year-round in a low–income family was $8.99 an hour, or $18,700 a year.[7] In addition to low wages, low-income workers are less likely to have benefits, such as paid time off to address the needs of sick children or family members and flexible schedules to allow involvement in their children's education.[8] In Rhode Island in 2004, there were 2,660 families with incomes below the federal poverty threshold with at least one adult with full-time, year-round employment.[9]

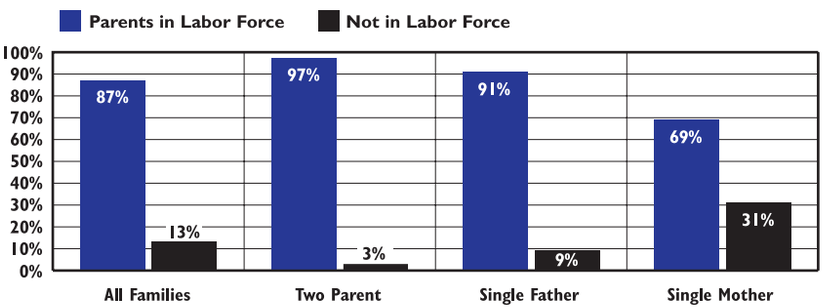
**Children Living in Families Where At Least One Parent Has Full-Time, Year-Round Employment**

| | 2000 | 2004 |
|---|---|---|
| RI | 66% | 63% |
| US | 68% | 67% |
| National Rank* | | *43rd* |
| New England Rank** | | *6th* |

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: The Annie E. Casey Foundation. (2005.) *KIDS COUNT State-Level Data Online.* Analysis of U.S. Bureau of the Census, Supplementary Survey, 2000 & 2001 and American Community Survey, 2002-2004 & *KIDS COUNT data book: State profiles of child well-being 2005.* (2005). Baltimore, MD: The Annie E. Casey Foundation.

**Employment Status of Parents, Rhode Island, 2004**




Source: U.S. Bureau of the Census, American Community Survey, 2004. Table B23008.

◆ The majority (87%) of children living in Rhode Island in 2004 had one or both parents in the labor force. Children living with a single-mother were ten times more likely to have no parent in the labor force, compared to children living in a two-parent family.[10]

◆ In Rhode Island in 2004, in families with children under age 6, 60% of both parents in a two-parent family, 85% of single fathers and 59% of single mothers were in the labor force. In families with children between the ages 6 and 17, 68% of both parents in a two-parent family, 94% of single fathers and 73% of single mothers were in the labor force.[11]

◆ In 2004 in Rhode Island, there were 29,256 children in families with no parent in the labor force. Children in families with a single mother represented 81% of these families.[12]

◆ The differences in weekly wages between men and women can leave working families headed by single mothers with fewer resources. Nationally, single mothers' median weekly earnings in 2004 were $489 compared to $610 for single fathers.[13]

## Secure Employment and Child Care

◆ Research shows a strong link between child care availability and sustained labor force participation by mothers. Nationally, child care availability is particularly problematic for parents working nonstandard hours, as only between 12% and 35% of providers accept children beyond the nine-to-five work day.[14]

◆ Nationally, estimates show that providing full child care subsidies to mothers currently faced with paying child care expenses would increase the probability of work among poor mothers from 29% to 44% and among near-poor mothers from 43% to 57%.[15]

◆ Low-income parents are less likely to use paid child care, but when they do, they spend five times more of their income than higher-income parents. Child care is generally the second or third greatest expense for low-income, working families.[16]

◆ In Rhode Island, welfare reform and eligibility expansions for child care subsidies more than tripled the probability that a single mother currently or formerly on welfare would work 20 or more hours a weeks, from 7% in 1996 to 22% in 2000.[17]

## Rhode Island Earned Income Tax Credit (EITC)

◆ Welfare reform focuses on transitioning welfare recipients to work, yet when these individuals enter the workforce they earn low-wages, typically from $8,000 to $12,000 per year. Income at this level is well-below the poverty threshold for a family of three. Supplementing this income with funds from the federal and state EITCs closes the poverty gap for low-income and moderate-income working families.[18]

◆ Currently, Rhode Island offers a state EITC equal to 25% of the federal EITC, with 2.5% being refundable.[19] Of the 18 states offering state EITCs, 13 offer credits that are fully refundable, meaning taxpayers receive back the entire tax credit even if it exceeds their income tax liability; Rhode Island is one of 5 that does not offer a fully-refundable credit. Credits that are not fully refundable, such as Rhode Island's, generally assist fewer working-poor families with children than fully refundable credits.[20]

◆ In all of the other states offering refundable EITCs, taxpayers get back at least 5% and as much as 33% of the amount assigned to them through the federal EITC.[21] Increasing the EITC refundable amount from the current 2.5% to 5% of the federal EITC refund would provide a maximum benefit of $210 to very low-income Rhode Islanders as opposed to the current maximum of $105.[22,23]

◆ In 2005, 63,910 Rhode Island working families and individuals received tax credits from EITC for tax year 2004, up from 61,911 who received tax credits in 2004 for tax year 2003, a 3.2% increase. The aggregate dollar amount Rhode Island families and individuals received through the EITC in 2005 was almost $110 million. This represents a 6% increase from 2004.[24,25]

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# Children Receiving Child Support

### DEFINITION

*Children receiving child support* is the percentage of children whose parent, as indicated in the Child Support Enforcement System, is in substantial compliance with the child support order. The percentage does not include cases in which paternity has not been established or cases in which the non-custodial parent is not under a court order because he/she cannot be located. Court orders for child support require establishment of paternity.

### SIGNIFICANCE

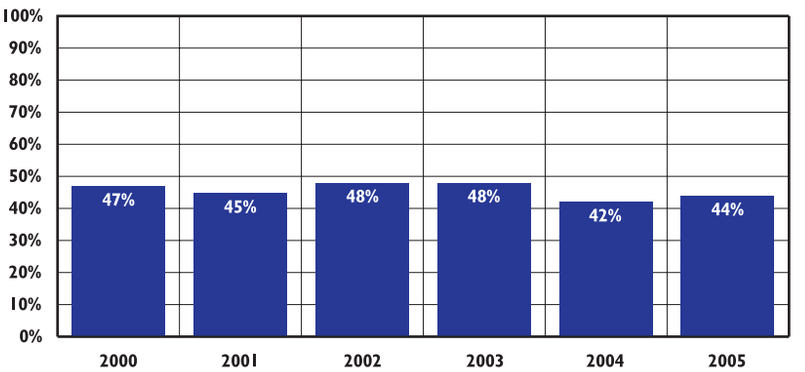
Nationally, the Child Support Enforcement program collected $21.9 billion in child support for 17.3 million children during 2004.[1] The goals of the child support system are to collect money from non-custodial parents so that their children can have adequate financial security as they grow up, to provide services to custodial parents in locating the non-custodial parent and establishing paternity (when applicable), and to refer non-custodial parents to job training.[2]

The receipt of child support payments can significantly improve the economic status of a child growing up in a family with a non-custodial parent.[3] Custodial parents who receive steady child support payments are more likely to find work more quickly and to maintain that employment longer than those who do not.[4] In addition to supporting work, child support reduces poverty. In 2002, more than one million Americans were lifted above the poverty level because of child support payments.[5]

Even when a child support order is in place, payments can be unreliable. Low-income non-custodial parents often experience low wages and high rates of joblessness, making it difficult to fulfill their child support obligations.[6] Non-custodial parents often encounter the same barriers to employment that many low-income parents face, including lack of education and limited work experience.[7] Programs that provide education and job training may increase non-custodial parents' ability to pay child support.[8]

Research shows that the receipt of regular child support payments can have a positive effect on children's academic achievement and increases the likelihood that the non-custodial parent will develop a visiting relationship with the child.[9,10] A growing body of research indicates that enforcement of child support obligations may reduce non-marital birth rates and divorce rates.[11]

**Non-custodial Parents with Court Orders who Pay Child Support On Time and In Full, Rhode Island 2000 – 2005**




Source: Rhode Island Department of Human Services, Office of Child Support Services, 2000-2005.

◆ In 2005, 44% of Rhode Island's custodial parents under court order paid child support on time and in full, a slight increase from 2004.[12]

◆ As of December 31, 2005, there were 86,544 Rhode Island children in the state's Child Support Enforcement System.[13] Of these, 13,511 (16%) had not yet had paternity established and therefore were not yet eligible for a child support order.[14]

◆ In 2005, 52% of the children in the state's Child Support Enforcement System resided in one of the six core cities, those cities with 15% or more of children living in poverty.[15]

◆ As of December 1, 2005, the cumulative amount of past due court-ordered child support since the inception of the program in Rhode Island, totaled more than $280 million (including interest). Of this total, $186 million represents the principal.[16]

◆ For calendar year 2005, the Office of Child Support Services collected more than $72.5 million in child support payments. Eighty-five percent ($61.6 million) was distributed directly to families. As of December 31, 2005, a total of $215,134 was owed to custodial parents who had moved but had not provided the Office of Child Support Services with their new address.[17]

## Medical Child Support

◆ Rhode Island General Laws require that any child support order issued by the Family Court must require any parent owing a duty of support to a child to obtain health insurance coverage for the child when insurance is available at either parents' place of employment at reasonable cost.[18]

◆ Rhode Island defines reasonable cost for health coverage as 5% of the gross monthly income of the individual providing the coverage. If the cost of health coverage is 5% or lower, the non-custodial parent is ordered to obtain or maintain the coverage.[19]

◆ If the cost of providing coverage exceeds 5% of the non-custodial parent's gross income, the court will order the non-custodial parent to pay 5% of his/her gross income as a cash medical order, in addition to the weekly child support order.[20] If the child receives RIte Care or RIte Share, the state will retain the medical order to defray the cost of coverage. If the child receives private insurance through the custodial parent, the weekly cash medical order is sent to the custodial parent.[21]

◆ In federal Fiscal Year 2005, there were 19,500 court orders for medical insurance and 3,229 cash medical orders. A total of $1,120,750 in cash medical payments was retained by the state to offset the cost of RIte Care, and $231,444 was disbursed directly to families to offset the cost of private coverage or other medical expenses.[22]

## Child Support and the Family Independence Program

◆ Research suggests that welfare recipients receiving child support are more likely to leave welfare for work, remain off welfare and have income above the federal poverty line.[23]

◆ In Rhode Island as of December 2005, all 21,891 children under age 18 enrolled in the Family Independence Program were in the Child Support Enforcement System, with 12,817 (59%) of these children having paternity established.[24,25]

◆ In 2005, the average child support obligation to children enrolled in FIP is $247 per month, compared to an average child support obligation of $327 per month for children in non-FIP families.[26] Calculations for the payments are based upon the income of both parents, it is therefore expected that the child support obligation for children enrolled in FIP would be lower.

◆ Research suggests that child support "pass through programs" encourage paternity establishment and higher payments by low-income parents and cooperation by TANF recipients.[27] In Rhode Island, the first $50 of child support paid on time each month on behalf of a child receiving FIP cash assistance goes to the custodial parent caring for the child. For federal Fiscal Year 2005 an average of 2,331 Rhode Island families enrolled in FIP received a child support pass-through payment in 2005.[28]

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# Children in Poverty

### DEFINITION

*Children in poverty* is the percentage of "related" children and "unrelated" children living in the household under age 18 that live below the poverty threshold, as defined by the U.S. Office of Management and Budget. Poverty is determined based on income received during the year prior to the Census.

### SIGNIFICANCE

Poverty is related to every KIDS COUNT indicator. Children in poverty, especially those in poverty for extended periods of time, are more likely to have health and behavioral problems, experience difficulty in school, become teen parents, earn less as adults and be unemployed more frequently.[1,2] Children in low-income communities are more likely to attend schools that lack resources and rigor; are less likely to be enrolled in organized child care; and have fewer opportunities to participate in extracurricular activities after school and on the weekends, such as sports and recreation programs, clubs, and lessons such as music and computers.[3,4,5]

Children of color and children of immigrants are more likely to grow up poor.[6] Single parenthood, low educational attainment, part-time or no employment and low wages of parents place children at risk of being poor.[7]

The 2005 federal poverty threshold for a family of three with two children is $15,735 while the poverty threshold for a family of four with two children is $19,806.[8] Historically, the poverty threshold fails to provide a complete scope of how the cost of basic goods such as food and housing, taxes, work related expenses, medical expenses, and child care affect people's economic well-being. The poverty threshold also fails to account for increased expenses that occur as family size increases. According to the *2003 Rhode Island Standard of Need* developed by The Poverty Institute, a family of three would need an income of $23,000 a year with the use of child care subsidies and RIte Care to make ends meet. Likewise, a family of four with two children would need an income of $28,080 a year with the use of child care subsidies and RIte Care to meet their basic needs.[9]

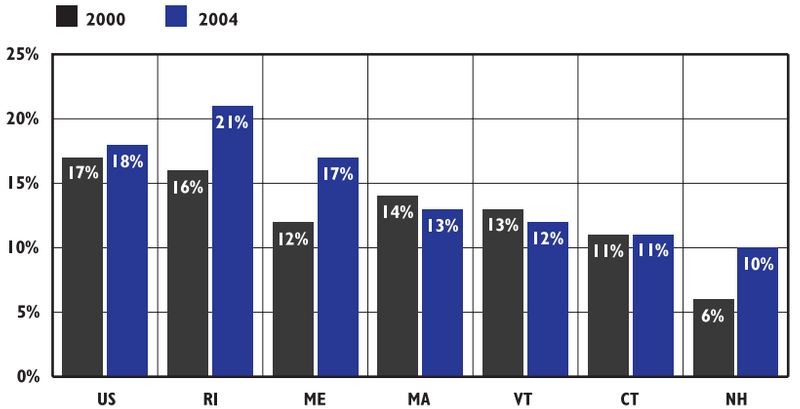
**Children in Poverty**

| | 2000 | 2004 |
|---|---|---|
| **RI** | 16% | 21% |
| **US** | 17% | 18% |
| **National Rank*** | | *38th* |
| **New England Rank**** | | *6th* |

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: U.S. Bureau of the Census, American Community Survey, 2004. Selected Economic Characteristics and Table R1704.

**Children in Poverty, New England and the U.S., 2000 and 2004**




Source: U.S. Bureau of the Census, American Community Survey, 2004. Selected Economic Characteristics and Table R1704.

◆ Between 2000 and 2004 the percentage of children in poverty increased nationally and in three New England states, Rhode Island, Maine and New Hampshire. Massachusetts and Vermont both experienced decreases in the percentage of children living below the poverty threshold, while Connecticut remained constant. The percentage of children in poverty in Rhode Island increased from 16% in 2000 to 21% in 2004.[10]

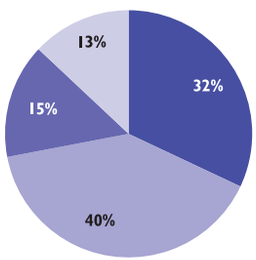
◆ According to the 2004 American Community Survey (ACS), Rhode Island has the highest percentage of childhood poverty in New England. In 2004 there were 50,390 children living below the poverty threshold in Rhode Island.[11]

◆ Family structure continues to be strongly related to whether or not children grow up in poor households. Children in single-parent families in Rhode Island are six times more likely than children in two-parent families to be living in poverty.[12] According to the ACS in 2004, compared to the rest of New England, Rhode Island has the highest percentage of children living in households headed by a single adult (39%).[13]

## Rhode Island's Poor Children, 2004

**By Age**

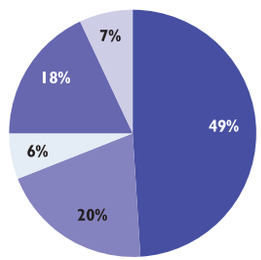
| | |
|---|---|
| 32% | Ages 5 and younger |
| 40% | Ages 6 to 11 |
| 15% | Ages 12 to 14 |
| 13% | Ages 15 to 17 |




*n = 50,390*

**By Race***

| | |
|---|---|
| 49% | White |
| 20% | Black |
| 6% | Asian |
| 18% | Some Other Race |
| 7% | Two or More Races |



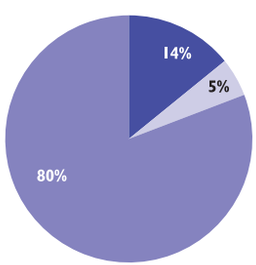

*n = 48,689*

*Hispanic children may be included in any race category. Of Rhode Island's 48,689 poor children, 20,694 (43%) are Hispanic.*

** The number of poor children reported by race varies from the statewide total as some racial categories are too small to report in the sample size.*

**By Family Structure****

| | |
|---|---|
| 14% | Married Couple Family |
| 5% | Male Householder Only |
| 80% | Female Householder Only |




*n = 49,446*

*** Only includes related children living in households.*

Source: U.S. Bureau of the Census, American Community Survey, 2004. Except where otherwise noted, population includes related and unrelated children living in households for whom poverty status was determined.

## Children Living in Extreme Poverty

◆ Families with income below 50% of the federal threshold level are considered to be living in extreme poverty. The extreme poverty level in 2005 was family income below $7,868 for a family of three with two children and $9,903 for a family of four with two children.[14]

◆ Of the 50,390 children living below the poverty threshold in Rhode Island, more than half (54%) lived in extreme poverty. In total, 11% (27,246) of all children in Rhode Island lived in extreme poverty.[15]

◆ Children who live in deep, long term poverty experience the worst health outcomes, such as child asthma and malnutrition, as a result of their family's income status.[16]

## Young Children Under Age 6 in Poverty in Rhode Island

◆ Research shows that increased exposure to risk factors associated with poverty compromise children's emotional and intellectual development. Risk factors associated with poverty include: inadequate nutrition, environmental toxins, maternal depression, trauma and abuse, lower quality child care and parental substance abuse.[17]

◆ In 2004, 23% (16,326) of Rhode Island children under age 6 were living below the poverty threshold, compared to 21% nationally.[18] Between 2000-2004, 7,450 Rhode Island children under age 6 lived in extreme poverty.[19]

◆ As of December 1, 2005 there were 5,041 children under age 3 and 4,124 children ages 3 to 5 in families receiving cash assistance from the Family Independence Program. Of all children under 18 in the Family Independence Program, 42% are age 6 or under.[20]

# Children in Poverty

## Building Blocks of Economic Security

### Income Supports

◆ Income supports include the FIP Earned Income Disregard, Food Stamps, the Earned Income Tax Credit, child care subsidies, health care subsidies and Energy Assistance programs. Nationally, income supports lifted 27 million Americans above the poverty line, cutting poverty nearly in half and ensuring that low-income working families have adequate resources to meet their basic needs.[21]

### Access to Health Care

◆ Low-income families are much less likely to receive affordable health insurance through an employer, compared to their middle-income counterparts.[22] Access to health insurance improves the likelihood of having a regular and affordable source of health care.

### Affordable Quality Child Care

◆ The quality and stability of the child care setting is critical to a parent's ability to work and to the child's development.[23] Child care costs represent a significant part of the budget of low-income families. In the U.S., families living below the poverty threshold spent 25% of their income each month on child care, compared to 7% for families above the threshold.[24]

### Affordable Housing

◆ Stable housing is a critical factor in job retention and performance.[25] In 2005, the average rent for a two bedroom apartment in Rhode Island is $1,147.[26]

### Educational Attainment

◆ Low-income workers are nearly three times more likely not to have finished high school.[27] Individuals with higher education generally have more job opportunities, higher wages and greater job security than those with lower levels of education.[28]

## Financial Asset Building

◆ Research shows that assets such as checking and saving accounts, stocks and bonds, houses and retirement funds, can be as important to working poor families as income in building economic security.[29]

◆ Assets can help families to manage financial crisis or risks from life events, such as divorce, unemployment, retirement, illness or accidents, and death.[30] Families without sufficient assets can accumulate debt or go without necessities during difficult financial times.[31]

◆ Low-income families may experience asset poverty because of the lack of knowledge about and access to traditional banking institutions. These families often rely on alternative institutions, such as check cashing stores, payday lenders, rent-to-own stores and tax preparers. These alternative institutions often charge high fees and rates of interest and can place families in debt and impede savings.[32]

◆ Improving financial literacy (i.e., the understanding of money, banking, credit and how best to build assets) and encouraging banks to provide affordable services can help connect low-income families to traditional banking institutions that improve their savings.[33]

◆ Research shows that stable financial opportunities for families can be promoted through policies that allow families to keep more of their earnings, save and invest. It is also important to protect accumulating assets from predatory mortgage lending and payday lending practices. In Rhode Island, there are no state laws prohibiting predatory mortgage lending that exceed the basic protections in federal law. Rhode Island does restrict abusive payday lending, but does not prohibit local companies partnering with out-of-state banks in order to avoid these restrictions.[34]

*Table 8.*

## Children Living Below the Federal Poverty Threshold, Rhode Island, 2000

| | CHILDREN UNDER 6 LIVING IN EXTREME POVERTY | | CHILDREN UNDER 6 LIVING BELOW POVERTY | | CHILDREN UNDER 18 LIVING IN EXTREME POVERTY | | CHILDREN UNDER 18 LIVING BELOW POVERTY | |
|---|---|---|---|---|---|---|---|---|
| CITY/TOWN | N | % | N | % | N | % | N | % |
| Barrington | 0 | 0 | 23 | 1.9% | 41 | 1% | 127 | 2.7% |
| Bristol | 66 | 4.8% | 157 | 11.4% | 184 | 4.2% | 436 | 10.0% |
| Burrillville | 54 | 5.3% | 80 | 7.9% | 139 | 3.5% | 236 | 6.0% |
| Central Falls | 357 | 20.6% | 740 | 42.7% | 1,146 | 21.2% | 2,210 | 40.9% |
| Charlestown | 2 | <1% | 18 | 3.7% | 10 | 1% | 78 | 4.7% |
| Coventry | 32 | 1.4% | 149 | 6.4% | 146 | 1.8% | 481 | 5.9% |
| Cranston | 161 | 3.2% | 437 | 8.6% | 605 | 3.7% | 1,496 | 9.1% |
| Cumberland | 41 | 1.6% | 89 | 3.6% | 65 | 1% | 237 | 3.1% |
| East Greenwich | 39 | 4.2% | 57 | 6.1% | 76 | 2.1% | 147 | 4.1% |
| East Providence | 214 | 6.9% | 452 | 14.5% | 557 | 5.4% | 1,126 | 10.8% |
| Exeter | 50 | 11.8% | 69 | 16.3% | 93 | 6.2% | 112 | 7.5% |
| Foster | 0 | 0 | 0 | NA | 0 | NA | 32 | 2.9% |
| Glocester | 17 | 2.6% | 37 | 5.7% | 112 | 4.2% | 178 | 6.7% |
| Hopkinton | 0 | 0 | 55 | 8.9% | 8 | <1% | 115 | 5.9% |
| Jamestown | 0 | 0 | 0 | NA | 17 | 1.4% | 17 | 1.4% |
| Johnston | 69 | 3.6% | 183 | 9.5% | 191 | 3.3% | 527 | 9.0% |
| Lincoln | 39 | 2.9% | 76 | 5.6% | 142 | 2.8% | 329 | 6.5% |
| Little Compton | 8 | 3.5% | 8 | 3.5% | 8 | 1.0% | 8 | 1.0% |
| Middletown | 16 | 1.1% | 70 | 5.0% | 128 | 3.0% | 264 | 6.2% |
| Narragansett | 25 | 3.3% | 50 | 6.5% | 59 | 2.2% | 235 | 8.6% |
| New Shoreham | 1 | 1.6% | 3 | 4.8% | 12 | 6.4% | 19 | 10.2% |
| Newport | 413 | 22.6% | 628 | 34.3% | 773 | 14.9% | 1,267 | 24.4% |
| North Kingstown | 153 | 7.1% | 239 | 11.1% | 375 | 5.5% | 663 | 9.7% |
| North Providence | 85 | 4.8% | 212 | 12.0% | 271 | 4.7% | 579 | 10.1% |
| North Smithfield | 45 | 6.3% | 45 | 6.3% | 58 | 2.5% | 72 | 3.0% |
| Pawtucket | 824 | 14.1% | 1,711 | 29.2% | 2,195 | 12.2% | 4,542 | 25.3% |
| Portsmouth | 34 | 2.7% | 63 | 5.0% | 49 | 1.2% | 118 | 2.8% |
| Providence | 3,252 | 22.5% | 6,137 | 42.5% | 8,846 | 19.9% | 18,045 | 40.5% |
| Richmond | 17 | 2.4% | 17 | 2.4% | 60 | 3.0% | 82 | 4.2% |
| Scituate | 8 | 1.1% | 30 | 4.2% | 18 | 1% | 113 | 4.3% |
| Smithfield | 11 | 1.0% | 11 | 1.0% | 47 | 1.2% | 153 | 3.9% |
| South Kingstown | 5 | <1% | 82 | 4.6% | 120 | 2.0% | 324 | 5.3% |
| Tiverton | 14 | 1.6% | 48 | 5.4% | 48 | 1.4% | 92 | 2.8% |
| Warren | 41 | 5.2% | 60 | 7.6% | 136 | 5.6% | 205 | 8.4% |
| Warwick | 126 | 2.2% | 386 | 6.8% | 410 | 2.2% | 1,243 | 6.7% |
| West Greenwich | 0 | 0 | 18 | 3.7% | 0 | NA | 40 | 2.7% |
| West Warwick | 239 | 10.6% | 606 | 26.8% | 462 | 7.0% | 1,186 | 18.1% |
| Westerly | 0 | 0 | 141 | 8.0% | 105 | 2.0% | 534 | 10.0% |
| Woonsocket | 772 | 19.9% | 1,361 | 35.0% | 2,061 | 18.8% | 3,494 | 31.8% |
| *Core Cities* | *5,857* | *19.5%* | *11,183* | *37.3%* | *15,483* | *17.1%* | *30,744* | *33.9%* |
| *Remainder of State* | *1,373* | *3.0%* | *3,365* | *7.3%* | *4,290* | *2.8%* | *10,418* | *6.8%* |
| *Rhode Island* | *7,230* | *9.5%* | *14,548* | *19.2%* | *19,773* | *8.1%* | *41,162* | *16.9%* |

### Source of Data for Table/Methodology

Data are from the U.S. Bureau of the Census, Census 2000, Summary File 3, P.87 and PCT.50. The data include the poverty rate for all children for whom poverty was determined, including "related" children and "unrelated children" living in the household.

### References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[2,3,16] Moore, K. & Redd, Z. (2002). *Children in poverty: Trends, consequences, and policy options.* Washington, DC: Child Trends.

[4,24] Johnson, J. O. (2005). *Who's minding the kids? Child care arrangements: Winter 2002.* Washington, DC: U.S. Census Bureau, Current Population Reports, Household Economic Studies.

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[6] Capps, R., Fix, M., Ost, J., Reardon-Anderson, J. & Passel, J. (2004). *The health and well-being of young children of immigrants.* Washington, DC: The Urban Institute.

[7] National Center for Children in Poverty. (2005). *Basic facts about low-income children in the United States.* New York, NY: Columbia University, Mailman School of Public Health.

[8,14] U.S. Census Bureau, Thresholds for 2005 by Size of Family and Number of Related Children Under 18 Years. Retrieved February 2005 from www.census.gov.

[9] The Poverty Institute. (May 2004). *The 2003 Rhode Island standard of need.* Providence, RI: Rhode Island College School of Social Work.

[10,11,13,18] U.S. Bureau of the Census, American Community Survey, 2004. Tables B17001, B17001A, B17001B, B17001D, B17001F, B17001G, B17001H, B17001I & B09001.

[12] Calculation based on U.S. Bureau of the Census, American Community Survey, 2004. Table B17006.

[15] Analysis by Population Reference Bureau of U.S. Bureau of the Census, American Community Survey, 2004, PUMS.


*(continued on page 147)*

# Children in the Family Independence Program

### DEFINITION

*Children enrolled in the Family Independence Program* is the percentage of children under age 18 who were living in families receiving cash assistance through the Family Independence Program (FIP) on December 1, 2005. These data measure the number of children and families enrolled in FIP at one point in time. They do not count the additional children and families who participated in the program at other points in the year but were not enrolled on December 1, 2005.

### SIGNIFICANCE

Rhode Island's Family Independence Program (FIP) helps families make successful transitions to work by providing the cash assistance and work supports, including health insurance and subsidized child care, that families need to maintain employment and provide for the healthy development of their children. Families qualify for cash assistance based on the amount of income they take in, resources they may have and the number of people in their family.

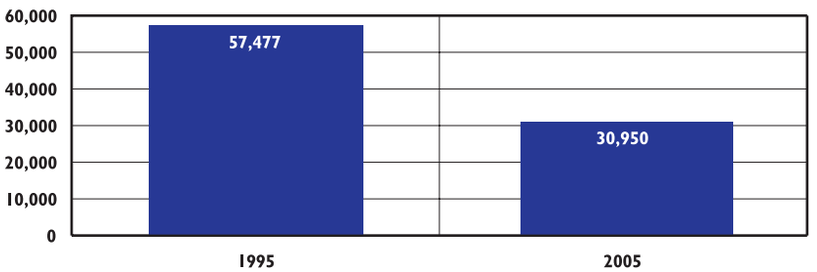
Single-parent families are required to be engaged in a work activity for a minimum of 20 hours per week if their youngest child is under the age of six, and a minimum of 30 hours per week if the youngest child is six years of age or older. Effective February 2006, for a parent required to comply with a service plan from the Department of Children, Youth and Families up to 10 hours may count toward their required FIP hours.[1]

In addition to helping low-income working families meet their basic needs, FIP also provides an economic safety net for children living in families with adults who are unable to work. In 2005, 26% of the caseload was exempt from work because of illness or advanced age, caring for a disabled spouse or a child, or because they were in their third trimester of pregnancy or had a child under the age of one. Another 34% of the caseload was exempt from work because no adult was receiving cash assistance (child-only cases).[2]

If a family has no earned income, the maximum monthly FIP benefit for a Rhode Island family of three is $554 per month.[3] With an additional $399 per month in Food Stamps, this amount is 69% of the federal poverty guidelines and well below the amount of income families need to pay basic living expenses.[4,5]

According to the *2003 Rhode Island Standard of Need,* a single parent family with two children would need to earn at least $11.00 per hour with housing and child care subsidies, health insurance and food stamps to make ends meet, compared to nearly $21.25 per hour without these programs.[6]

**Adults and Children Enrolled in AFDC/Family Independence Program, 1995 and 2005**




Source: Rhode Island Department of Human Services, InRhodes Database, 1995 and 2005.

*Note: Prior to May 1, 1997 the Family Independence Program was called Aid to Families with Dependent Children.*

◆ Between 1995 and 2005 there has been a 46% decline in cash assistance recipients.[7] In Rhode Island, in December 2005, there were 9,059 adults and 21,891 children under the age of 18 who were enrolled in the Family Independence program.[8]

◆ In December 2005 in Rhode Island, more cases closed than opened, continuing the steady decline of the statewide caseload. In total 578 new cases were opened and a total of 622 cases were closed. Approximately 50% of cases that close do so because of employment.[9]

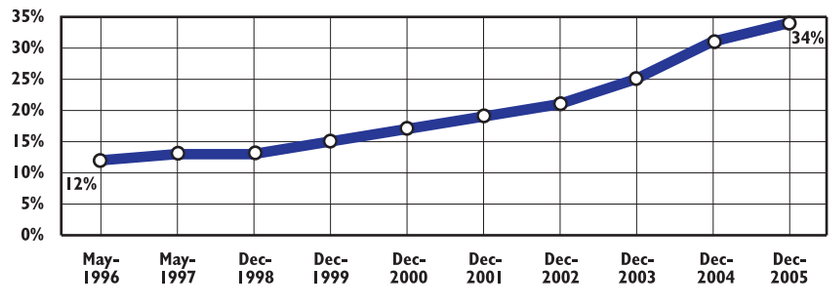
◆ Since 1995 the number of cases opening in the state each year as a result of in-migration from other states has decreased by 61%.[10]

◆ Rhode Island is the only New England state to experience a continuous decline in the total number of families enrolled in welfare cash assistance programs between 1999 and 2004.[11]

◆ Nearly three-quarters (71%) of all FIP beneficiaries are children under the age of 18. More than two out of five (42%) children enrolled in FIP are under the age of six.[12]

# Children in the Family Independence Program

## Child-Only Cases as a Percentage of Total AFDC/Family Independence Program Cases, Rhode Island, 1996-2005




Source: Rhode Island Department of Human Services, InRhodes Database, 1998 to 2005, and Witte, A. D. & Queralt, M. (August 2001). *Study of the cash assistance program: May 1996 – April 2000.* Wellesley, MA: Wellesley College.

*Note: Prior to May 1, 1997, The Family Independence Program was called Aid to Families with Dependent Children (AFDC).*

◆ As of December 2005 there were 4,081 child-only cases in the Family Independence Program.[13] Child-only cases are those that receive cash assistance only for the children in the family because the child is living with a grandparent or other non-parent relative, the parent has reached their five-year time limit, the parent is disabled and receiving Supplemental Security Income or the parent is not an eligible immigrant or refugee. The average benefit for a child-only case is $392 per month, compared to $460 for a family of three.[14]

◆ Child-only cases have increased from 12% of all FIP cases in May 1996 to 34% of all FIP cases in December 2005.[15,16] As of December 2005, 36% of the child-only cases involved adults who were disabled and receiving SSI benefits and 35% involved adults who had reached their time limit.[17]

◆ Exempting children from time limits was included as part of the 1996 Family Independence Act to ensure that children were not harmed by welfare reform and there would continue to be a small safety net. Full family sanction laws passed in 2004 in Rhode Island removed the child from benefits, along with the adult.

## Full Family Sanctions

◆ Beginning in September 2004, families who were in sanction for a total of twenty-four months for failing to enter into an employment plan or comply with the employment plan without good cause had their entire cash benefit terminated.[18]

◆ As of August 2005, the full family sanction policy changed from a total of twenty-four months to eighteen months.[19] Full family sanction replaced a system of graduated penalties applied to only the parent's portion of the benefit. A benefit reduction is applied prior to the 18th month whenever the parent is out of compliance.[20]

◆ Since the inception of the full family sanction policy in Rhode Island in September of 2004, 446 cases have been closed. Between April 2005 and January 2006, the period for which demographic data are available, 257 cases involving 302 adults and 507 children were removed from the FIP program. Children represent 63% of the total individuals in sanctioned cases.[21]

◆ To have cash benefits reinstated, the adult must reapply for benefits, sign an employment plan and be in compliance with that plan for two weeks. Approximately one-third of full family sanction cases have been reinstated as of 2006.

## The Family Independence Program by Case Type, 2005

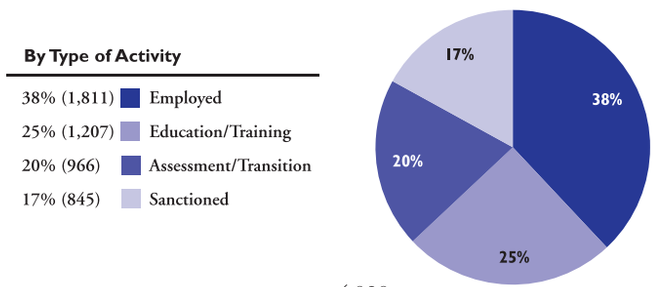
| | |
|---|---|
| **Total FIP Caseload** | **12,072** |
| **Child-only cases** | **4,081** |
| **Cases with adults required to engage in a work activity** | **4,829** |
| **Cases with adults exempt from a work activity*** | **3,162** |

Source: Rhode Island Department of Human Services, InRhodes Database, 2005.

**Exemptions from work activities include: Illness or advanced age (779), caring for a disabled spouse or child (166), women in third trimester of pregnancy (477) and youngest child under age one (1,740).*

# Children in the Family Independence Program

## Activities of Families Enrolled in the Family Independence Program, 2005




*n= 4,829*

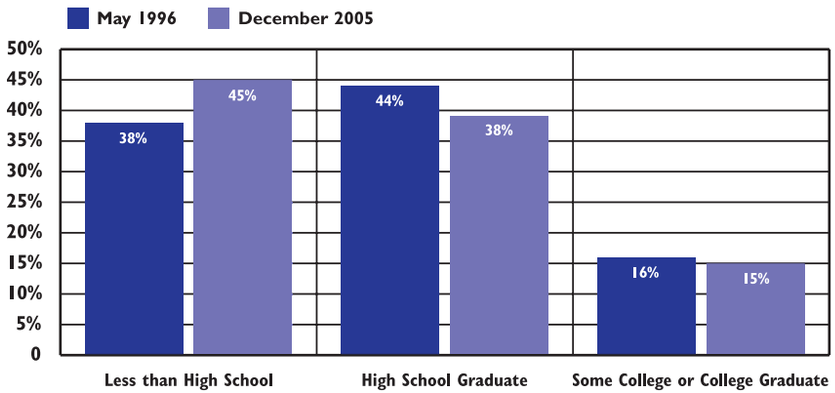
Source: Rhode Island KIDS COUNT analysis of Rhode Island Department of Human Services, InRhodes Database, December 2005.

◆ As of December 2005, 83% of families required to engage in a work activity were in compliance. Nearly 2 in 5 (38%) of these families were employed. An additional 25% of families were engaged in approved education or training and 20% were in assessment or transition, meaning families were preparing an employment plan or had completed one activity and were transitioning to another.[22]

◆ Fewer than 1 in 5 (17%) families required to engage in a work activity were sanctioned. Families who were sanctioned as a result of a failure to comply with a work plan represent 7% of the total FIP caseload.[23]

◆ Seventy-two percent of employed FIP recipients worked 30 hours or fewer per week.[24] Results from a longitudinal study of the FIP program show that cash assistance recipients who remained enrolled in the program faced numerous barriers to employment, including: physical and mental health problems, housing, seasonal, temporary or part-time jobs, transportation and inability to find a job.[25] In 2005, employed adult FIP recipients earned an average wage of $9.04 per hour.[26]

## Education Level, Families Enrolled in the Family Independence Program, 1996 and 2005




Source: Witte, A. D. & Queralt, M. (August 2001). *Study of the cash assistance program: May 1996 – April 2000.* Wellesley, MA: Wellesley College. And Rhode Island Department of Human Services, InRhodes Database, December 2005. Percentages do not add to 100 due to cases in which education level is not reported.

◆ In Rhode Island, almost half (45%) of FIP heads of household, excluding child-only cases, had less than a high school education.[27]

◆ Compared to 1996, adults enrolled in FIP in 2005 were less likely to have graduated from high school or have at least some college education.[28,29]

◆ A growing number of jobs in today's labor market require a higher level of skill and/or credentials. Research finds that the skill levels of an average high school dropout will qualify for 10% of all new jobs between 2000 and 2010, while people possessing the skills of a typical high school graduate will qualify for 22% of all new jobs.[30]

◆ For the first 24 months of enrollment, FIP permits adults receiving cash assistance to get necessary education or basic skills training before beginning work. Evaluations of FIP have found that adults who enrolled in training or post secondary education as part of the FIP plan were more likely to be employed and have a higher average hourly wage than those who did not participate ($11.37 compared to $8.66).[31,32]

*Table 9.*

## Children Enrolled in the Family Independence Program (FIP), Rhode Island, December 1, 2005

| CITY/TOWN | All Children Under 18 | Number Receiving FIP Cash Assistance: Families | Number Receiving FIP Cash Assistance: Children | FIP Children as % of All Children Under 18 |
|---|---|---|---|---|
| Barrington | 4,745 | 20 | 22 | <1% |
| Bristol | 4,399 | 66 | 99 | 2% |
| Burrillville | 4,043 | 68 | 105 | 3% |
| Central Falls | 5,531 | 728 | 1,452 | 26% |
| Charlestown | 1,712 | 30 | 50 | 3% |
| Coventry | 8,389 | 138 | 200 | 2% |
| Cranston | 17,098 | 543 | 860 | 5% |
| Cumberland | 7,690 | 98 | 170 | 2% |
| East Greenwich | 3,564 | 26 | 33 | 1% |
| East Providence | 10,546 | 352 | 568 | 5% |
| Exeter | 1,589 | 19 | 36 | 2% |
| Foster | 1,105 | 15 | 29 | 3% |
| Glocester | 2,664 | 26 | 39 | 1% |
| Hopkinton | 2,011 | 34 | 51 | 3% |
| Jamestown | 1,238 | 7 | 8 | 1% |
| Johnston | 5,906 | 176 | 249 | 4% |
| Lincoln | 5,157 | 93 | 150 | 3% |
| Little Compton | 780 | 3 | 4 | 1% |
| Middletown | 4,328 | 66 | 97 | 2% |
| Narragansett | 2,833 | 45 | 66 | 2% |
| New Shoreham | 185 | 1 | 3 | 2% |
| Newport | 5,199 | 299 | 537 | 10% |
| North Kingstown | 6,848 | 122 | 213 | 3% |
| North Providence | 5,936 | 178 | 262 | 4% |
| North Smithfield | 2,379 | 27 | 36 | 2% |
| Pawtucket | 18,151 | 1,389 | 2,496 | 14% |
| Portsmouth | 4,329 | 31 | 46 | 1% |
| Providence | 45,277 | 5,402 | 10,315 | 23% |
| Richmond | 2,014 | 19 | 27 | 1% |
| Scituate | 2,635 | 22 | 27 | 1% |
| Smithfield | 4,019 | 31 | 42 | 1% |
| South Kingstown | 6,284 | 94 | 187 | 3% |
| Tiverton | 3,367 | 58 | 69 | 2% |
| Warren | 2,454 | 68 | 133 | 5% |
| Warwick | 18,780 | 393 | 643 | 3% |
| West Greenwich | 1,444 | 8 | 7 | <1% |
| West Warwick | 6,632 | 274 | 430 | 6% |
| Westerly | 5,406 | 134 | 226 | 4% |
| Woonsocket | 11,155 | 1,009 | 1,904 | 17% |
| *Core Cities* | *91,945* | *9,101* | *17,134* | *19%* |
| *Remainder of State* | *155,877* | *3,011* | *4,757* | *3%* |
| *Rhode Island* | *247,822* | *12,112* | *21,891* | *9%* |

### Source of Data for Table/Methodology

Rhode Island Department of Human Services, InRhodes Database, December 2005. The denominator is the total number of children under age 18 from U.S. Bureau of the Census, Census 2000. Summary File 1, P12.

The total cases on the table may not match the total cases listed elsewhere in the indicator. The InRhodes Database is a live system and reports run on different days can have slight variation.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

### References


[1,31] Rhode Island Department of Human Services. (2005). *Renewal of State Plan for Temporary Assistance for Needy Families. Title IV-A of the Social Security Act.* Cranston, RI: Rhode Island Department of Human Services.

[2,3,4,8,9,10,11,12,13,14,16,17,21,22,23,24,26,27,29] Rhode Island Department of Human Services, InRhodes Database, December 2005.

[5] U.S. Department of Health and Human Services. (2006). 2006 Federal Poverty Guidelines. *Federal Register,* 71(15), 3848-3849.

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[7] Rhode Island Department of Human Services, InRhodes Database, December 1995.

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[15] Witte, A.D. & Queralt, M. (August 2001). *Study of the cash assistance program: May 1996 – April 2000.* Wellesley, MA: Wellesley College.

[18] Rhode Island Department of Human Services Manual, Family Independence Program, Section 0812.35.

[19,20] Rhode Island Department of Human Services Manual, Family Independence Program, Work Policies and Procedures, Section 0812.35. Retrieved February 17, 2006 from www.ridhscode.org/0800.htm

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[30] Martinson, K. & Strawn, J. (Revised April 2003). *Built to last: Why skills matter for long-run success in welfare reform.* Washington, DC: The National Institute for Literacy, the Center for Law and Social Policy and the National Adult Education Professional Development Consortium.

[32] Bromley, M.A. (October 2004). *Rhode Island College Welfare Reform Evaluation Project: Rhode Island Family Independence Program five-year longitudinal study.* Providence, RI: Rhode Island College School of Social Work.

# Children Receiving Food Stamps

### DEFINITION

*Children receiving Food Stamps* is the percentage of income-eligible children under age 18 who participate in the Food Stamp Program.

### SIGNIFICANCE

The Food Stamp Program provides low-income families with the ability to obtain better nutrition through monthly benefits that can be used to purchase eligible food items at retail stores.[1] Research shows that hunger and lack of regular access to sufficient food are linked to serious health, psychological, emotional and academic problems in children and can impede their healthy growth and development.[2,3]

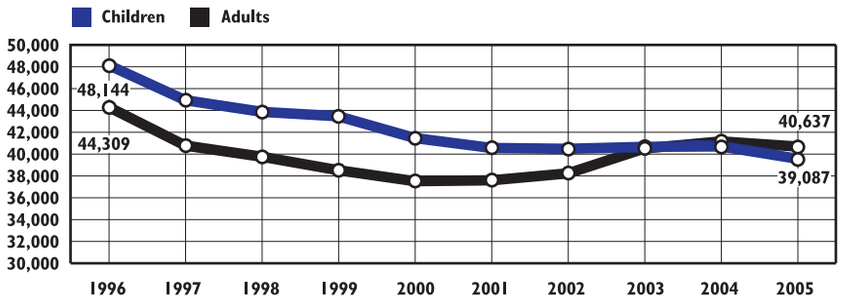
The Food Stamp Program is an entitlement to all applicants who meet the eligibility requirements. Participation in the Food Stamp Program is not time-limited and can be used as long as the person maintains their certification (with the exception of able-bodied adults without dependent children who live in communities not given a waiver).[4,5] To qualify for food stamps, a household's gross income must be less than 130% of the federal poverty level for that family size and meet requirements that limit the value of liquid assets. In fiscal year 2006, a family of three with a gross annual income of less than $20,928 (monthly income less than $1,744) will qualify for Food Stamps if they meet the assets guidelines.[6]

By lessening the extent and severity of poverty, food stamps help to bridge the gap for many low-income working families in Rhode Island between what they earn and what they need in order to pay for basic living expenses. A household with one full-time, year round worker making the minimum wage of $6.75 an hour will have 79% of the income needed to meet their basic expenses. If the same family receives food stamps, their income will be 90% of that needed to meet their basic expenses.[7] In 2005, the average monthly Food Stamp benefit for a Rhode Island family of three was $254.16.[8]

In addition to increasing access to food, food stamps provide a degree of protection for the local economy. As unemployment increases, people have fewer resources overall, which results in less money to be spent on food and lower quality food purchases. The Food Stamp Program can slow this negative cycle by compensating to some degree for people's loss of income.[9]

According to the U.S. Department of Agriculture in 2003 in Rhode Island, an estimated 53% of those eligible for Food Stamps received the benefit. Approximately 63,000 Rhode Island residents who were eligible for food stamps did not participate.[10]

### Food Stamp Participation, Children under Age 18 and Adults, Rhode Island, 1996-2005




Source: Rhode Island Department of Human Services, InRhodes Database, 1996 – 2005. Data represents children and adults who participated in the Food Stamp Program for the month of October.

◆ The number of children participating in the Food Stamp Program declined from 48,144 in 1996 to 39,087 in 2005, a 19% decrease. During the same time period, the number of adults on the Food Stamp program decreased from 44,309 to 40,637, an 8% decrease.[11]

### Changes to the Food Stamp Program

◆ As of April 2005 in Rhode Island, the Standard Utility Allowance (SUA) was made mandatory in eligibility calculations; previously, actual costs were used. Use of the SUA benefits those living in public housing and those with shared living arrangements.[12]

◆ Effective May 2005 in Rhode Island, child support payments became an income exclusion in calculating household eligibility, as long as the household member had a legal obligation to pay child support and the actual child support payments were verified.[13]

◆ As of October 2005 in Rhode Island, applicants have ten days from the date of application to provide all necessary documentation. Failure to comply in 10 days will result in a denial of the application. If the case is denied before thirty days from the date of application and the missing documentation is supplied within the thirty day window, the case can be reactivated for consideration. If the applicant supplies the information before the next 30 days (for a total of 60 after the application) the closed application can be reopened.[14]

*Table 10.* **Children Under Age 18 Receiving Food Stamps, Rhode Island, October 1, 2005**

| CITY/TOWN | ESTIMATED NUMBER INCOME-ELIGIBLE | NUMBER PARTICIPATING | % OF INCOME-ELIGIBLE PARTICIPATING |
|---|---|---|---|
| Barrington | 155 | 28 | 18% |
| Bristol | 607 | 160 | 26% |
| Burrillville | 356 | 186 | 52% |
| Central Falls | 2,840 | 2,038 | 72% |
| Charlestown | 173 | 99 | 57% |
| Coventry | 654 | 381 | 58% |
| Cranston | 2,057 | 1,547 | 75% |
| Cumberland | 485 | 253 | 52% |
| East Greenwich | 242 | 81 | 33% |
| East Providence | 1,687 | 914 | 54% |
| Exeter | 169 | 44 | 26% |
| Foster | 66 | 34 | 52% |
| Glocester | 225 | 61 | 27% |
| Hopkinton | 228 | 84 | 37% |
| Jamestown | 36 | 21 | 58% |
| Johnston | 733 | 398 | 54% |
| Lincoln | 404 | 195 | 48% |
| Little Compton | 21 | 9 | 43% |
| Middletown | 404 | 149 | 37% |
| Narragansett | 310 | 87 | 28% |
| New Shoreham | 19 | 3 | 16% |
| Newport | 1,731 | 884 | 51% |
| North Kingstown | 818 | 385 | 47% |
| North Providence | 802 | 420 | 52% |
| North Smithfield | 92 | 51 | 55% |
| Pawtucket | 5,948 | 3,795 | 64% |
| Portsmouth | 187 | 91 | 49% |
| Providence | 22,395 | 16,767 | 75% |
| Richmond | 118 | 51 | 43% |
| Scituate | 157 | 39 | 25% |
| Smithfield | 239 | 52 | 22% |
| South Kingstown | 485 | 270 | 56% |
| Tiverton | 150 | 108 | 72% |
| Warren | 333 | 258 | 77% |
| Warwick | 1,712 | 1,136 | 66% |
| West Greenwich | 81 | 22 | 27% |
| West Warwick | 1,610 | 851 | 53% |
| Westerly | 843 | 383 | 45% |
| Woonsocket | 4,125 | 2,833 | 69% |
| *Core Cities* | *38,649* | *27,168* | *70%* |
| *Remainder of State* | *15,048* | *8,000* | *53%* |
| *Rhode Island* | *53,697* | *35,168* | *65%* |

### Note to Table

Due to a change in methodology, Food Stamp participation rates in this Factbook can not be compared with Factbooks before 2003. This year's estimates for the percentage of income-eligible children participating in the Food Stamp Program in Rhode Island cities and towns are based on the total number of children ages birth to 18 living in families with incomes below 130% of the federal poverty level from the 2000 Census. Past estimates were based on the percent of children eligible for the free school breakfast program. Some children who are eligible for free school breakfast may not be eligible for Food Stamps because they do not meet other program requirements.

### Source of Data for Table/Methodology

Estimated number income-eligible is based on the total number of children ages birth to 18 living in families with incomes below 130% of poverty from the 2000 Census. Food Stamp Program data are from the Rhode Island Department of Human Services, InRhodes Database, October 1, 2005. Note: The data in the city/town table may differ from the data on the previous page as this table uses point-in-time data for October, rather than data based on participation for the entire month.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

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[10] Castner, L.A. & Schirm, A.L. (2005). *Reaching those in need: State food stamp participation rates in 2003.* Washington, DC: U.S. Department of Agriculture and Mathematica Policy Research, Inc.

[11] Rhode Island Department of Human Services, InRhodes Database, 1996 – 2005. Data represent children and adults participating in the Food Stamp Program for the month of October of each year.

[12] Rhode Island Department of Human Services, Rules and Regulations. *Standard Utility Allowance,* 1038.20.5. Retrieved November 7, 2005 from www.dhs.ri.gov

[13] Rhode Island Department of Human Services, Rules and Regulations. *Food Stamp Program standards,* 1038.19. Retrieved November 7, 2005 from www.dhs.ri.gov

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# Children Participating in School Breakfast

### DEFINITION

*Children participating in school breakfast* is the percentage of low-income public school children who participate in the School Breakfast Program. Children are counted as low-income if they are eligible for and enrolled in the free or reduced price lunch program.

### SIGNIFICANCE

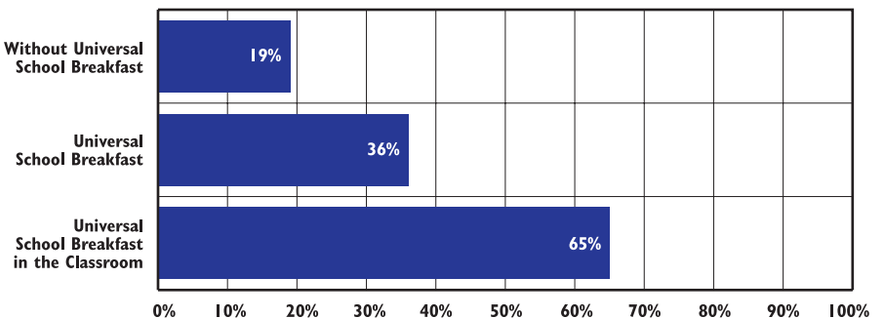
Children who suffer from undernutrition have poorer overall health status than well-nourished children, miss more days of school and are less ready to learn when they do attend.[1] Students who eat breakfast have significantly higher math and reading scores, fewer absences, improved attentiveness and lower incidences of social and behavioral problems.[2]

Low-income students are more likely than other students to arrive at school without an adequate breakfast. Research shows that when there is a school breakfast program available, low-income students are significantly more likely to eat a breakfast.[3] The School Breakfast Program offers nutritious meals, providing children who participate with one-fourth or more of their Recommended Daily Allowance for key nutrients.[4]

Nationally, an estimated 36% of individuals living in food-insecure households are children.[5] In Rhode Island, an estimated 46,000 children lived in a household with a lack of money to purchase adequate and nutritious food.[6,7] Rhode Islanders who are Hispanic, have children under the age of 6, are single parents or have not finished high school are the most likely to report they did not have enough food to meet their basic needs. For other children, long commute times and rushed family schedules make it difficult to eat breakfast before school and put children at a disadvantage in their ability to concentrate and arrive in class ready to learn.[8]

In 1995, almost two-thirds (62%) of Rhode Island public schools did not offer the breakfast program.[9] Rhode Island state legislation now requires all public schools to provide students with access to school breakfast.[10] Federal and state funds are available to support the costs of the School Breakfast Program. To receive a reduced-price meal, household income must be below 185% of the federal poverty guidelines. For free meals, household income must fall below 130% of the poverty guidelines. Children in Food Stamp and Family Independence Program households are automatically eligible for free meals.[11] In October 2005, an average of 19,500 breakfasts were served daily across Rhode Island. Of these, 84% (16,435) were to low-income children eligible for free or reduced price meals.[12]

**Participation Rates in School Breakfast for Three Different Program Models**




Source: Evaluation of the Universal School Breakfast Program Pilot Project: Key Report Findings from the First Year of Implementation (November 2002). Washington, DC: Food Research and Action Center.

◆ Universal School Breakfast Programs offer school breakfast free to all students, regardless of family income. Universal programs increase school breakfast participation dramatically, especially among low-income students. When schools offer breakfast in the classroom at the start of the school day, participation increases three-fold.[13]

◆ Providing free school breakfast to all students improves participation by low-income students by removing the stigma that arises when the program is only offered to low-income students.[14] Currently, Central Falls, Cranston, Pawtucket and Providence all offer universal free school breakfast. Two other districts, Woonsocket and East Providence, started pilot programs during the 2005-2006 academic year.[15]

◆ Rhode Island increased participation in the school breakfast program by students receiving free or reduced price meals by 9.7% between the 2003-2004 and the 2004-2005 school years, making it one of thirteen states to increase participation by at least 8%.[16]

◆ Rhode Island ranks 22nd in the country for participation in school breakfast when participation is analyzed as the ratio of low-income students in the lunch program to low-income students in the breakfast program. During the 2004-2005 school year, 43 low-income students participated in the breakfast program for every 100 that participated in the lunch program.[17] If Rhode Island succeeded in increasing this ratio from 43 to 55 low-income student participating in the school breakfast program, the state could garner an additional $1.2 million of federal funds to support the program and flow into the state economy.[18]

# Children Participating in School Breakfast

*Table 11.* **Children Participating in School Breakfast, Rhode Island, Fall 2005**

| SCHOOL DISTRICT | 2005 FALL ENROLLMENT | DISTRICT WIDE AVERAGE DAILY PARTICIPATION IN BREAKFAST | PERCENT OF ALL CHILDREN PARTICIPATING IN BREAKFAST | NUMBER OF LOW-INCOME STUDENTS | LOW-INCOME AVERAGE DAILY PARTICIPATION IN BREAKFAST | PERCENT OF ALL LOW-INCOME CHILDREN PARTICIPATING IN SCHOOL BREAKFAST |
|---|---|---|---|---|---|---|
| Barrington | 3,426 | 23 | 1% | 97 | 6 | 6% |
| Bristol Warren | 3,543 | 195 | 6% | 896 | 112 | 13% |
| Burrillville | 2,555 | 129 | 5% | 559 | 85 | 15% |
| Central Falls | 3,607 | 766 | 21% | 2,964 | 616 | 21% |
| Chariho | 3,841 | 110 | 3% | 535 | 70 | 13% |
| Coventry | 5,854 | 255 | 4% | 848 | 118 | 14% |
| Cranston | 10,932 | 1,130 | 10% | 2,868 | 637 | 22% |
| Cumberland | 5,197 | 329 | 6% | 693 | 259 | 37% |
| East Greenwich | 2,429 | 55 | 2% | 123 | 41 | 33% |
| East Providence | 5,842 | 501 | 9% | 2,015 | 433 | 21% |
| Exeter-West Greenwich | 2,148 | 64 | 3% | 216 | 39 | 18% |
| Foster | 302 | 31 | 10% | 28 | 21 | 75% |
| Foster-Glocester | 1,646 | 59 | 4% | 125 | 33 | 26% |
| Glocester | 718 | 69 | 10% | 96 | 61 | 64% |
| Jamestown | 522 | 6 | 1% | 39 | 4 | 10% |
| Johnston | 3,340 | 169 | 5% | 780 | 129 | 17% |
| Lincoln | 3,405 | 96 | 3% | 445 | 125 | 28% |
| Little Compton | 329 | 1 | <1% | 24 | <1 | 1% |
| Middletown | 2,504 | 122 | 5% | 458 | 102 | 22% |
| Narragansett | 1,583 | 26 | 2% | 166 | 26 | 16% |
| New Shoreham | 140 | 9 | 6% | 13 | 3 | 23% |
| Newport | 2,449 | 465 | 19% | 1,188 | 451 | 38% |
| North Kingstown | 4,653 | 180 | 4% | 557 | 146 | 26% |
| North Providence | 3,447 | 285 | 8% | 1,038 | 252 | 24% |
| North Smithfield | 1,885 | 60 | 3% | 163 | 24 | 15% |
| Pawtucket | 9,241 | 1,983 | 21% | 5,715 | 1,548 | 27% |
| Portsmouth | 3,051 | 69 | 2% | 210 | 30 | 14% |
| Providence | 25,615 | 8,748 | 34% | 21,360 | 8,435 | 39% |
| Scituate | 1,798 | 10 | 1% | 143 | 8 | 6% |
| Smithfield | 2,662 | 81 | 3% | 186 | 34 | 18% |
| South Kingstown | 3,912 | 102 | 3% | 536 | 110 | 21% |
| Tiverton | 2,127 | 152 | 7% | 306 | 77 | 25% |
| Warwick | 11,578 | 683 | 6% | 2,444 | 444 | 18% |
| West Warwick | 3,797 | 403 | 11% | 1,194 | 315 | 26% |
| Westerly | 3,529 | 352 | 10% | 847 | 250 | 30% |
| Woonsocket | 6,505 | 1,782 | 27% | 3,781 | 1,391 | 37% |
| *Core Cities* | *51,214* | *14,147* | *28%* | *36,202* | *12,756* | *35%* |
| *Remainder of State* | *98,898* | *5,353* | *5%* | *17,454* | *3,679* | *21%* |
| *Rhode Island* | *150,112* | *19,500* | *13%* | *53,656* | *16,435* | *31%* |

### Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, October 2005. Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket.

Fall enrollment is the public school enrollment as of October 1, 2005. Average daily participation in breakfast is the number of students eating breakfast in school on average in the month of October 2005. Number of low-income students is the number of students eligible for and enrolled in free or reduced price lunches in the month of October 2005. Low-income average daily participation in breakfast is the number of students eligible for and enrolled in free or reduced price lunches, eating breakfast in school on average in the month of October 2005. Half-day kindergarten, private schools and residential child care facilities may offer the School Breakfast Program, but are not included in these calculations.

### References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[9] Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, Fall 1995.

[12] Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, Fall 2005.

[13] *Evaluation of the Universal School Breakfast Program Pilot Project: Key interim report findings from the first year of implementation.* (2002). Washington, DC: Food Research and Action Center.

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[16,17,18] *School breakfast scorecard 2005.* (2005). Washington, DC: Food Research and Action Center.

# Health

## Nurses Song

When the voices of children are heard on the green
And laughing is heard on the hill,
My heart is at rest within my breast
  And everything else is still.

"Then come home, my children, the sun is gone down
And the dews of night arise;
Come, come, leave off play, and let us away
Till the morning appears in the skies."

"No, no, let us play, for it is yet day
And we cannot go to sleep;
Besides, in the sky the little birds fly
And the hills are all cover'd with sheep."

"Well, well, go and play till the light fades away
And then go home to bed."
The little ones leaped and shouted and laugh'd
  And all the hills echoed.

*William Blake*

# Children's Health Insurance

### DEFINITION

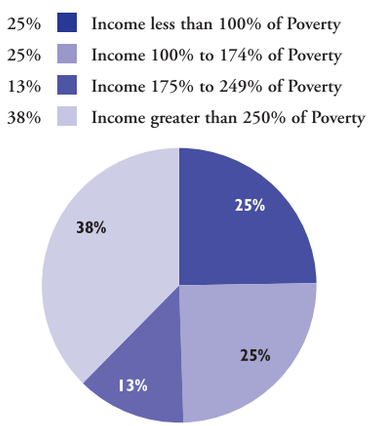
*Children's health insurance* is the percentage of children below age 19 who were covered by any kind of public or private health insurance, including Medicaid, during the previous calendar year.

### SIGNIFICANCE

Children's health insurance status is the major determinant in whether children have access to care.[1] Children who lack insurance coverage are more likely to have poorer health outcomes, have fewer well-child visits, and are more likely to delay seeking medical care.[2] Insured children are more likely than uninsured children to receive medical care for common conditions like asthma and ear infections – illnesses that if left untreated can have life-long consequences and lead to more serious health problems.[3] Children without health insurance often have poorer school attendance and lower school achievement.[4] Children are more likely to use health care when their parents are insured and have access to health care.[5]

RIte Care/RIte Share, Rhode Island's Medicaid managed care health insurance program, is available to children and families who qualify based on family income. RIte Care also serves as the health care delivery system for specific groups of children who qualify for Medical Assistance based on a disability or because they are in foster care or receiving an adoption subsidy. As of December 31, 2005, two-thirds (79,964) of the RIte Care members who qualified based on family income were children under age 19.[6] There were 44,528 low-income parents enrolled in RIte Care as of December 31, 2005.[7] Of these parents, 9,059 (20%) received RIte Care because they were enrolled in the Family Independence Program (FIP).[8]

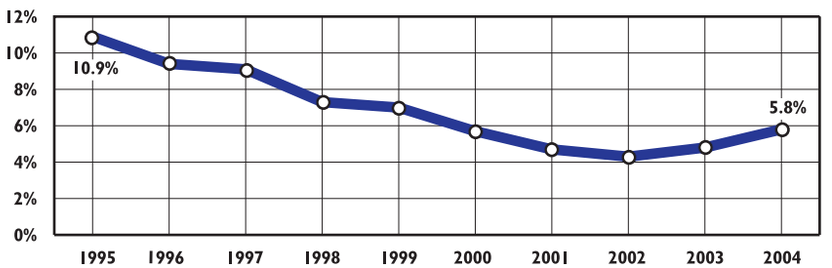
**Children Under Age 19 without Health Insurance, by Poverty Level, Rhode Island, 2004**




*n = 16,000*

Source: U.S. Bureau of Census, Current Population Survey, 2003-2005, three-year average. Compiled by The Annie E. Casey Foundation. These data reflect only those who were uninsured throughout the entire year and do not include those who were insured for only part of the year.

**Children without Health Insurance, Rhode Island, 1995 - 2004**




Source: U.S. Census Bureau, Current Population Survey, 1994-2005, three-year averages, compiled by Rhode Island KIDS COUNT. Data are for children under 18 years of age.

◆ As of 2004, 5.8% of Rhode Island's children under age 18 were uninsured, compared to 11.5% of children nationally.[9] The rate of uninsured children in Rhode Island has been reduced by 47% over the past ten years.[10]

◆ As of 2004, there were 16,000 uninsured children under age 19 in Rhode Island. Of these, an estimated 10,000 Rhode Island children were eligible for RIte Care but uninsured.[11]

◆ In Rhode Island, the recent increase in the rate of uninsured children is largely due to the decline in employer-sponsored insurance. The percentage of children covered by employer-sponsored health insurance has declined by 10% in the past three years. In 2004, 165,000 children were covered by employer-sponsored health insurance, down from 183,666 in 2001.[12]

◆ Three-quarters of uninsured children live in working families who either do not have access to employer-sponsored health insurance or cannot afford to purchase it.[13,14]

*Table 12.*

## Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 2005

| CITY/TOWN | RIte Care FIP | RIte Care Non-FIP | SSI | Katie Becket Provision | Adoption Subsidy | Foster Care | Total |
|---|---|---|---|---|---|---|---|
| Barrington | 41 | 199 | 11 | 41 | 10 | 7 | 309 |
| Bristol | 144 | 522 | 36 | 17 | 23 | 15 | 757 |
| Burrillville | 144 | 554 | 39 | 27 | 52 | 44 | 860 |
| Central Falls | 1,752 | 2,910 | 289 | 3 | 16 | 19 | 4,989 |
| Charlestown | 60 | 258 | 12 | 13 | 10 | 2 | 355 |
| Coventry | 247 | 1,137 | 70 | 64 | 90 | 46 | 1,654 |
| Cranston | 1,066 | 3,558 | 234 | 144 | 82 | 71 | 5,155 |
| Cumberland | 200 | 815 | 66 | 76 | 52 | 23 | 1,232 |
| East Greenwich | 38 | 185 | 14 | 51 | 8 | 8 | 304 |
| East Providence | 727 | 2,098 | 148 | 66 | 60 | 68 | 3,167 |
| Exeter | 41 | 159 | 12 | 7 | 19 | 24 | 262 |
| Foster | 31 | 124 | 2 | 7 | 22 | 7 | 193 |
| Glocester | 51 | 222 | 26 | 14 | 39 | 23 | 375 |
| Hopkinton | 65 | 296 | 15 | 8 | 9 | 4 | 397 |
| Jamestown | 11 | 68 | 7 | 8 | 10 | 0 | 104 |
| Johnston | 301 | 1,144 | 75 | 31 | 22 | 26 | 1,599 |
| Lincoln | 177 | 545 | 39 | 43 | 33 | 22 | 859 |
| Little Compton | 5 | 68 | 3 | 3 | 1 | 2 | 82 |
| Middletown | 142 | 490 | 48 | 29 | 10 | 30 | 749 |
| Narragansett | 80 | 267 | 15 | 21 | 13 | 58 | 454 |
| New Shoreham | 4 | 19 | 1 | 0 | 0 | 0 | 24 |
| Newport | 654 | 1,096 | 113 | 20 | 19 | 30 | 1,932 |
| North Kingstown | 257 | 773 | 55 | 62 | 21 | 11 | 1,179 |
| North Providence | 342 | 1,063 | 92 | 32 | 39 | 68 | 1,636 |
| North Smithfield | 49 | 227 | 11 | 23 | 13 | 39 | 362 |
| Pawtucket | 3,155 | 5,986 | 568 | 43 | 67 | 135 | 9,954 |
| Portsmouth | 72 | 375 | 17 | 42 | 12 | 19 | 537 |
| Providence | 11,935 | 17,594 | 2,011 | 70 | 1,099 | 1,239 | 33,948 |
| Richmond | 34 | 176 | 10 | 16 | 12 | 14 | 262 |
| Scituate | 37 | 297 | 12 | 28 | 26 | 16 | 416 |
| Smithfield | 57 | 322 | 19 | 31 | 20 | 11 | 460 |
| South Kingstown | 205 | 608 | 59 | 49 | 42 | 19 | 982 |
| Tiverton | 92 | 458 | 29 | 24 | 11 | 16 | 630 |
| Warren | 172 | 384 | 20 | 17 | 21 | 14 | 628 |
| Warwick | 810 | 2,946 | 224 | 163 | 136 | 94 | 4,373 |
| West Greenwich | 19 | 109 | 9 | 11 | 14 | 6 | 168 |
| West Warwick | 546 | 1,621 | 126 | 17 | 53 | 19 | 2,382 |
| Westerly | 262 | 913 | 62 | 35 | 15 | 20 | 1,307 |
| Woonsocket | 2,140 | 3,196 | 439 | 39 | 88 | 132 | 6,034 |
| Out of State/Unknown | 4 | 13 | 57 | 0 | 0 | 0 | 74 |
| Core Cities | 20,182 | 32,403 | 3,546 | 192 | 1,342 | 1,574 | 59,239 |
| Remainder of State | 5,983 | 21,379 | 1,492 | 1,203 | 947 | 827 | 31,831 |
| Rhode Island | 26,169 | 53,795 | 5,095 | 1,395 | 2,289 | 2,401 | 91,144 |

### Source of Data for Table/Methodology

Rhode Island Department of Human Services, MMIS Database, December 31, 2005.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket.

From September 2003 through March 2004, children with special health care needs were voluntarily transitioned from fee-for-service Medical Assistance to managed care RIte Care. Children who were transitioned into RIte Care included those who qualify for Medical Assistance because they receive SSI, adoption subsidy, or qualify for the Katie Beckett provision. Certain groups of children, including those with commercial health insurance were not included in the transition to RIte Care. The columns "SSI, Katie Beckett, and Adoption Subsidy" include children in fee-for-service Medicaid and (managed care) RIte Care as of December 31, 2005.

The Providence numbers may include some foster children who live in other towns because the DHS database lists foster children as Providence residents for administrative purposes.

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[6,7] Rhode Island Department of Human Services, MMIS Database, December 31, 2005.


*(continued on page 147)*

# Childhood Immunizations

## DEFINITION

*Childhood immunizations* is the percentage of children ages 19 months to 35 months who have received the entire 4:3:1:3:3:1 Series of vaccinations as recommended by the Advisory Committee on Immunization Practices (ACIP). The Series includes 4 doses of Diphtheria, Tetanus and Pertussis (DTaP); 3 doses of Polio; 1 dose of Measles, Mumps, Rubella (MMR); 3 doses of Haemophilus influenzae type b (Hib); 3 doses of Hepatitis B vaccines; and one dose of Varicella (chickenpox).

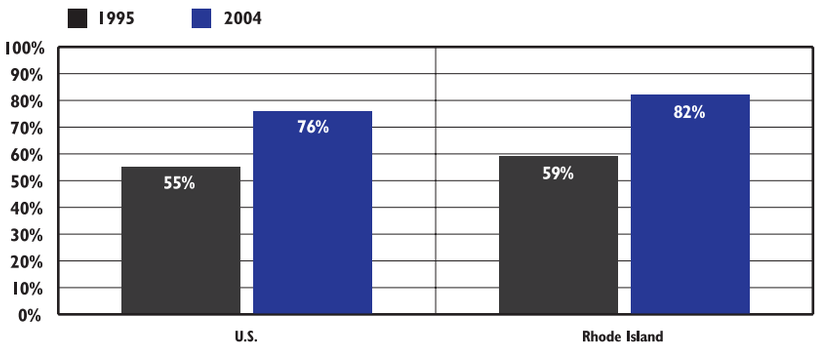
## SIGNIFICANCE

Adequate immunization protects children against several infectious diseases that were once common and resulted in death or disability.[1] Vaccines interact with the immune system to produce antibodies that protect the body if later exposed to disease.[2] Individuals benefit from immunization because it can improve quality of life and productivity, and prevent illness and death. Societal benefits include creation and maintenance of community immunity, prevention of disease outbreaks and reduction of health-related costs.[3,4] Although many of the diseases children are vaccinated for are rare, it is important to continue to immunize them until the diseases are completely eradicted.[5]

Vaccines are one of the most cost-effective tools in preventing disease.[6] In order to eliminate cost as a barrier to vaccination, the federal Vaccines for Children program allows states to purchase vaccines at a discounted price. Providers then administer the vaccines at no cost to eligible children including those who are uninsured, underinsured, or Medicaid eligible.[7]

Rhode Island is one of a few states that purchases all vaccines for children and distributes them to providers. In order to ensure that vaccines reach all children, the Rhode Island Department of Health works in partnership with Rhode Island health plans to maintain and share Kids Net immunization data.[8] In accordance with national recommendations, Rhode Island requires vaccination against the following diseases prior to entry into child care, Head Start or kindergarten: Diphtheria, Tetanus, and Pertussis (DTaP); Hepatitis B; Haemophilus influenzae type b (Hib); Measles, Mumps, Rubella (MMR); Polio (IPV); Varicella (chickenpox) and Pneumococcal.[9]

**Immunized Children, Ages 19 Months – 35 Months, United States and Rhode Island, 1995 and 2004**




Source: Centers for Disease Control and Prevention, National Immunization Survey, 1995 and Centers for Disease Control and Prevention, National Immunization Survey, 2004.

◆ Over the past decade the percentage of Rhode Island children fully immunized increased from 59% to 82%, higher than the national rate of 55% in 1995 and 76% in 2004.

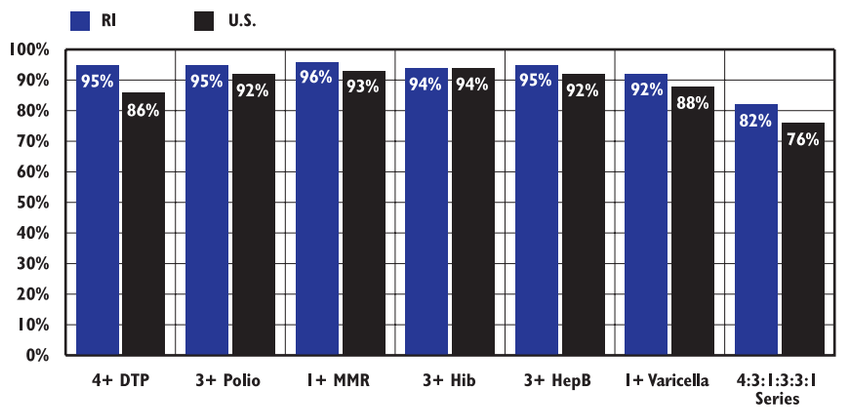
◆ Despite the improvement of vaccination rates overall, racial and ethnic disparities persist. In the United States during 2004, 77% of White children were fully immunized, compared to 71% of Black children and 76% of Hispanic children.[10]

◆ Poverty remains a risk factor for under-immunizations.[11] In the U.S. in 2004, children at or above the federal poverty level had a 77% immunization rate while children below the poverty level had a 73% vaccination rate.[12]

◆ Strategies to reduce the racial, ethnic and income disparities in immunization rates include:
- Ensure that all children have access to health care.
- Make connections and improve coordination with the Supplemental Nutrition Program for Women, Infants and Children (WIC) and school-based health centers.
- Provide education and tools for parents to track their children's immunization status.[13]

◆ Concerns about vaccine safety contribute to the number of children who are under-immunized.[14] As required by the National Childhood Vaccine Injury Act, families should be provided informational material about vaccines and given the opportunity to clarify issues or concerns.[15,16]

## Vaccination Coverage Among Children Ages 19 Months – 35 Months, United States and Rhode Island, 2004




Source: Centers for Disease Control and Prevention, National Immunization Survey, 2004.

◆ In 2004, 82% of Rhode Island children ages 19 months to 35 months were fully immunized with the 4:3:1:3:3:1 Series, compared to 76% nationally.[17]

◆ In 2004, Rhode Island was among the top 5 states for four of the six vaccines in the 4:3:1:3:3:1 Series. Rhode Island ranks 6th in the nation for the completion of the Series.[18]

◆ In 2004, 182 Rhode Island children were exempt from receiving one or more vaccines for medical or religious reasons. Of these, 70 (38%) were exempt from receiving all vaccines.[19]

◆ The Advisory Committee on Immunization Practices (ACIP) periodically reviews the national Immunization Schedule to update its recommendations, include newly licensed vaccines and changes in vaccine formulation to ensure that immunization practices remain effective. In 2006 the ACIP recommendations added emphasis on the need to vaccinate newborns against Hepatitis B and to vaccinate children older than 6 months with certain risk factors against influenza (flu).[20]

## School Immunization

◆ The Rhode Island Immunization Program conducts an annual statewide survey to assess immunization levels of children entering kindergarten, 7th grade, and attending licensed child care centers and Head Start programs. The 2004-2005 Rhode Island School Immunization Survey included 39,978 children over the age of 19 months across 711 sites. Immunization rates for each of the vaccines included in the survey were at least 96% for children in child care, Head Start and kindergarten.[21]

◆ In order to ensure that all teens are appropriately vaccinated before they graduate from high school, the Rhode Island Department of Health's Immunization Program has partnered with the Rhode Island Childhood Immunization Action Coalition to create Vaccinate Before You Graduate (VBYG). The program informs parents and educates students on the importance of immunization and holds vaccination clinics throughout the year at each participating school. The immunizations are funded through the state's Vaccine for Children Programs and are offered at no cost to students.[22]

◆ During the 2004-2005 school year, 50 schools participated in VBYG. Of the 1,707 students enrolled in the program, 95% received immunizations and 92% completed all immunizations for which they were enrolled.[23]

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*(continued on page 147)*

# Access to Dental Care

### DEFINITION

*Access to dental care* is the percentage of children under age 21 who were enrolled in RIte Care, RIte Share or Medicaid fee-for-service on September 30, 2005 and had received dental services at any point during the previous federal fiscal year (October 1, 2004 - September 30, 2005).

### SIGNIFICANCE

Dental caries (tooth decay) is the most common preventable chronic disease among children 5 to 17 years old.[1] Preschool children with untreated dental caries are more likely to develop poor eating habits, to have difficulty socializing with peers and to have speech problems. Children with poor dental health are at increased risk for future dental caries in their permanent teeth.[2] Chronic dental problems in school-age children and adolescents can lead to reduced school performance, poor self-image, lack of concentration and absenteeism.[3]

Children living in families with incomes below the poverty threshold and minority children have the greatest extent of untreated dental problems. In the U.S., 80% of the tooth decay occurs in 25% of the children, primarily those from low-income families.[4] In 2003, Hispanic children in the U.S. were more likely than Black or African American children or non-Hispanic white children to have unmet dental needs and to not have had a dental visit in more than 2 years.[5]

Insurance is a strong predictor of access to care. Nearly one in five (19%) uninsured children in the U.S. had unmet dental needs in 2003, compared with 7% of those with Medicaid and 3% of those with private health insurance.[6] National estimates indicate that there are 2.6 children without dental insurance for every child without medical insurance.[7] During the past decade, the percentage of Rhode Island children with dental insurance has increased, from 62% in 1990 to 73% in 2001.[8]

For children in low-income families, the efficacy of public dental insurance is a critical factor in access to dental prevention and treatment.[9] Children eligible for Medicaid services experience twice the rate of untreated dental disease as children who live in families with higher incomes.[10] Barriers to obtaining oral health services for children enrolled in RIte Care, RIte Share or Medicaid fee-for-service include difficulty finding a provider who will accept Medical Assistance, inadequate financial resources to pay for dental care, and fear.[11] Children with disabilities or special health care needs also may have problems accessing providers who are equipped to address their special needs.[12]

### Access to Dental Care

◆ The federal Medicaid program mandates that states provide comprehensive dental services to eligible children up to age 21 including diagnostic and preventive services, treatment services, emergency services, and medically necessary orthodontic services.[13]

◆ Forty-four percent (44%) of children who were enrolled in RIte Care, RIte Share or Medicaid fee-for-service on September 30, 2005 received a dental service during federal fiscal year 2005.[14]

◆ Dental insurance is not available to many working families in Rhode Island. Fewer than half (48%) of Rhode Island employers offer dental insurance to their full-time employees, and 14% offer it to their part-time employees (compared to 79% and 18% who offer health insurance, respectively).[15]

### Emergency Room Care and Hospitalizations for Untreated Dental Disease

◆ In Rhode Island, an average of 541 children under age 21 were treated each year for a dental related condition in Lifespan Emergency Departments (Rhode Island Hospital, Hasbro Children's Hospital, The Miriam Hospital, and Newport Hospital) during fiscal years 2001, 2002 and 2003.[16]

◆ Between 2001 and 2005 in Rhode Island, an average of 52 children under 18 years of age were hospitalized each year with a diagnosis that included an oral health condition. For an average of 13 of those children, an oral health condition was the main reason for the hospitalization.[17]

## Medicaid Reimbursement Rates

◆ Low reimbursement rates that fail to cover the cost of services and administrative difficulties are two reasons cited by dentists for limiting or not serving Medicaid patients. State efforts to attract more dentists to Medicaid by paying higher fees and streamlining administrative requirements have resulted in increased access to dental care services.[18]

◆ Rhode Island's Medicaid dental reimbursement rates were last increased in 1992. When comparing Rhode Island's 2004 Medicaid reimbursement rates and average fees charged by dentists in the state, 14 out of 15 rank below the 1st percentile. This means that fewer than 1% of dentists in Rhode Island would consider the Medicaid rate to be equal to or greater than their current charge.[19]

◆ Beginning in 2006, approximately 30,000 children enrolled in RIte Care, RIte Share, or Medicaid fee-for-service who were born on or after May 1, 2000 will receive dental benefits through the RIte Smiles dental program. RIte Smiles plan(s) will be responsible for maintaining a network of participating dentists, paying claims, and providing member services such as translation and transportation. All children receiving Medical Assistance born before May 1, 2000 will continue to receive dental benefits under the fee-for-service system. Reimbursement rates to private dentists will be increased under this program.[20]

## Early Detection and Prevention of Dental Disease

◆ Nearly one half of children in the U.S. do not receive dental care in accordance with the American Academy of Pediatric Dentistry's recommendations of two visits per year beginning at age one. The youngest children are the least likely to receive dental care.[21]

◆ Nationally, the number of very young children with dental caries (cavities) in their primary teeth has increased. Between 1988 and 1994, 24% of children between the ages of 2 and 5 had caries, compared with 28% between 1999 and 2002, an increase of 15%. Children living below 100% of the federal poverty threshold also experienced an 8% increase in dental caries in primary teeth, from 51% to 55%.[22]

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# Children's Mental Health

### DEFINITION

*Children's mental health* is the percentage of children through age 21 enrolled in RIte Care or fee-for-service Medicaid who received a Medicaid-funded mental health service during state fiscal year 2002 (July 1, 2001 – June 30, 2002).

### SIGNIFICANCE

Mental health in childhood and adolescence is defined by the U.S. Surgeon General as the achievement of expected developmental cognitive, social and emotional milestones and by secure attachments, satisfying social relationships and effective coping skills.[1] One in five U.S. children ages 9 to 17 has a diagnosable mental or addictive disorder. One in ten suffers significant functional impairments at home, at school and with peers as a result of his or her disorder.[2]

Mental health problems affect children of all backgrounds. Children most at risk for mental disorders and problems with social-emotional development include those experiencing poverty, deprivation, abuse and neglect, unsatisfactory relationships, or exposure to traumatic events; children of parents with mental health or substance abuse disorders; children exposed to alcohol, drugs and tobacco during prenatal development; and children born with low birth weight, difficult temperament or an inherited predisposition to a mental disorder.[3]

There is increasing recognition that mental health problems, whether arising from biological or psycho-social causes or both, affect the physical functioning of the brain and are treatable. The mental health status of children directly influences their behavior at home and at child care or school, their academic performance and their ability to participate in community life.[4] Parental mental health problems, substance abuse and maternal depression are common and have significant negative effects on children's social and emotional development.[5]

Access to health insurance that covers appropriate services is critical to effective mental health prevention and treatment.[6] In Rhode Island during fiscal year 2002, 9% of children and youth who were enrolled in Medicaid (including RIte Care or fee-for-service Medicaid) received a Medicaid-funded mental health service.[7] In the U.S. and in Rhode Island, mental health systems tend to be fragmented and crisis-driven with disproportionate spending on high-end hospital care and inadequate investment in prevention and a continuum of community services.[8,9,10]

### Rhode Island's Community Mental Health Centers

◆ The eight Community Mental Health Centers (CMHCs) in Rhode Island are the primary source of public mental health treatment services available in the state. During 2005, 7,413 children under age 17 were treated at community mental health centers and 3,471 children were receiving services on December 31, 2005.[11]

◆ Of the children who received services through community mental health centers in 2005, 21% presented with a primary diagnosis of attention deficit disorder, 19% with depressive disorders, 15% with conduct disorder and 9% with anxiety disorder. Forty-nine percent had diagnoses of serious mental illness.[12]

### Children's Intensive Services

◆ Children and youth at the highest risk for out-of-home placement can remain at home in their community while receiving intensive, home-based psychotherapeutic and case management services offered by the Children's Intensive Service (CIS) program at the Rhode Island Department of Children, Youth and Families (DCYF). DCYF authorizes care at one of four levels of varying intensity and service duration based on the acuity and needs of the child and family. There were eleven certified CIS provider agencies in Rhode Island in 2005.[13]

◆ Of the 2,479 children who were served by CIS between April 1, 2004 and March 31, 2005, 12% were over age 16, 45% were between the ages of 11 and 15, 29% were ages 6 to 10, and 12% were ages 3 to 5. Nearly 10% of children were referred to CIS after an inpatient psychiatric hospitalization. Thirty percent were in the care or custody of DCYF. Approximately 95% of children enrolled in CIS were enrolled only once during the calendar year; 5% were re-admitted.[14,15]

◆ Sixty-two percent of children receiving CIS services had a behavioral disorder diagnosis (i.e., Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and conduct disorder); 33% had a mood disorder (i.e., major depressive disorder and bipolar disorder); and 20% had an adjustment or anxiety disorder. (Children may have more than one disorder so the total percentage is greater than 100%.)[16]

## Hospitals

◆ Children and adolescents receive a range of behavioral health treatment services at hospitals in Rhode Island. There are two hospitals in Rhode Island that specialize in providing psychiatric care to pediatric populations, Bradley Hospital and Butler Hospital. Other general hospitals also provide emergency services and some outpatient services to children and youth. For example, Hasbro Children's Hospital, a division of Rhode Island Hospital, provided outpatient psychiatry visits to 1,402 children age 18 and under in 2005.[17]

◆ In 2005, Butler Hospital admitted 683 young people ages 18 and under for behavioral health treatment. Of these, 597 were admitted to inpatient care, 51 to partial hospitalization services, and 53 to outpatient treatment. Youth ages 13 to 18 accounted for 81% of services provided.[18]

◆ Bradley Hospital has a Developmental Disabilities Program that offers highly specialized clinical services to children and adolescents who show signs of serious emotional and behavioral problems in addition to a developmental disability. Bradley also operates four schools for children with behavioral health problems and developmental disabilities, which together had an enrollment of approximately 215 students per day in 2005.[19]

**Children Age 18 and Under Served at Bradley Hospital, 2005**

| | General Psychiatric Services | Developmental Disabilities Program |
|---|---|---|
| Inpatient | 660 | 64 |
| Residential | 77 | 19 |
| Partial Hospitalization | 322 | 16 |
| Home Based | N/A | 31 |
| Outpatient | 1,151 | 245 |

Source: Lifespan, 2006. Programs can have overlapping enrollment.

◆ Between October 2004 and March 2005, approximately 204 children under age 18 with a psychiatric diagnosis were "boarded" in the emergency department and/or medical floors at Hasbro Children's Hospital due to the unavailability of an inpatient psychiatric bed in the state.[20] While awaiting placement, children who are "boarded" must wait for appropriate treatment and may require constant monitoring by staff so that they do not injure themselves or others.

## Inpatient Psychiatric Care in Rhode Island

◆ Children and adolescents in Rhode Island experience a wide range of behavioral health problems. Inpatient treatment at a psychiatric hospital is considered to be the most intensive type of behavioral health care. In 2005, approximately 1,325 young people received inpatient psychiatric treatment at either Bradley Hospital or Butler Hospital.[21,22]

◆ Nearly one-third (32%) of young people treated in an inpatient setting in Rhode Island in 2005 had a primary diagnosis of bipolar disorder, 29% were treated primarily for depressive disorders, 11% primarily for adjustment disorders, and 10% primarily for anxiety disorders.[23,24]

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# Children with Special Needs

### DEFINITION

*Children with special needs* are those who have a chronic disease or disability that requires educational services, health care and/or related services of a type or amount beyond that required by children generally. Special needs can be physical, developmental, behavioral and/or emotional. This indicator measures the number of children enrolled in Early Intervention, special education, Supplemental Security Income (SSI) and Medical Assistance (where the child is eligible due to special health care needs) in 2005.

### SIGNIFICANCE

As many as 18% of children nationwide have a chronic physical, developmental, behavioral or emotional condition that requires health care and related services.[1] Some chronic and disabling conditions among children include mental retardation, attention deficit disorder, asthma, autism, hearing impairment, communication disorders, seizure disorders and congenital diseases.[2,3]

Children with special needs are a heterogeneous group, varying by the type and severity of the chronic disease or disability. Needs vary based on the age of the child, as well as by the many differences in the population at large – such as family income, race, ethnicity, primary language and parents' educational level.[4] Children with chronic or disabling conditions are likely to have limitations or impairments in physical, social, emotional or behavioral functioning in comparison with their peers of the same age.[5] In Rhode Island, youth with special needs are much less likely than their non-disabled peers to finish high school, go on to postsecondary education, find employment, earn an adequate wage and live independently.[6]

There are some issues of common concern to families of children with chronic or disabling conditions. Whether disabilities are mild or severe, they have the potential to create special needs related to physical health, mental health, education, family support, child care, recreation and career preparation. For many parents, having a child with special needs has a significant impact on their finances, their jobs and their family life.[7,8]

Children with special needs require access to services that are appropriate to their individualized health, education and social-emotional needs in order to reach their full potential and minimize the likelihood of life-long dependence.[9,10] Some children with disabilities may require costly therapeutic and health care services, equipment, assistive technology or home modifications which may result in serious financial burdens on families.[11]

### Children Enrolled in Early Intervention

◆ States are required to provide appropriate Early Intervention services to all children from birth to age 3 who are developmentally delayed or have been diagnosed with a physical or mental condition that has a high probability of resulting in developmental delay.[12]

◆ In Rhode Island in 2005, the seven certified Early Intervention providers served 2,977 children ages birth to three.[13]

◆ In 2005, 65% of children in Early Intervention programs had significant developmental delays, i.e. physical, cognitive, behavioral, and/or emotional delays of unknown medical origin, 24% had a single established condition affecting development, such as cerebral palsy and 9% had multiple established conditions.[14]

### Children Enrolled in Special Education

◆ Local school systems are responsible for identifying and evaluating students ages 3 to 21 whom they have reason to believe are students with disabilities and therefore might require special education and related services.

◆ In Rhode Island during the 2004-2005 school year, there were 32,294 public school children enrolled in Special Education, 21% of the public school student population. Forty-one percent of children in special education in Rhode Island have a learning disability.[15]

◆ Early Intervention programs are required to provide transition services for children who may be eligible for Special Education at age 3. In 2005, 542 of the 813 (67%) children who reached age 3 while in Early Intervention were referred to Special Education.[16] During the 2004-2005 school year, there were 2,846 children ages 3 to 5 who were not yet in kindergarten receiving special education services in Rhode Island public schools.[17]

## Medical Assistance Coverage for Children with Special Health Care Needs

◆ Children who meet certain disability criteria are eligible for Medicaid and/or cash assistance through the federal Supplemental Security Income (SSI) program.[18] As of December 31, 2005, there were 5,601 Rhode Island children under age 21 receiving Medical Assistance benefits because of their enrollment in SSI.[19]

◆ In Rhode Island, the Katie Beckett eligibility provision provides Medical Assistance coverage to certain children who have serious disabling conditions, in order to enable them to be cared for at home instead of an institution. As of December 31, 2005, there were 1,534 Rhode Island children under age 21 enrolled in Medical Assistance because of eligibility through the Katie Beckett provision.[20]

◆ Fourteen percent of Rhode Island children under age 18 are estimated to have special health care needs.[21] The prevalence increases with age: 8% of children under age 5, 16% of children ages 6 to 12 years, and 18% of children 13 to 17 have special health care needs.[22] Twenty-three percent of all households in Rhode Island have a child with at least one special health care need.[23]

◆ A higher percentage of children in low-income families in Rhode Island have special health care needs compared to those in the U.S., with 16% of Rhode Island children in families with incomes less than 200% of the federal poverty threshold reporting special health care needs, compared with 14% nationally.[24] There are 9,000 children in Rhode Island (4% of all children) with special health care needs that limit the employment of a family member.[25]

## Children in the Child Welfare System

### United States

◆ Forty-seven percent of children ages 6 to 11 who are in foster care and 40% of those ages 12 to 14 have a clinical level of behavior and emotional problems. The rate of emotional and behavioral problems among children between the ages of 6 and 14 who live in foster care is approximately four times that of other children.[26]

◆ More than half of young children living in foster care experience developmental delays, which is four to five times the rates of developmental delay found among children in the general population. Over half experience serious physical problems.[27]

◆ Twenty-four percent of U.S. children under age 15 who live in foster care have chronic health problems, including 30% of those under age 6. Nearly one-third (30%) under the age of 15 have a disability.[28]

### Rhode Island

◆ Children who are adopted through the Department of Children, Youth and Families and have special needs may qualify for adoption subsidies, including Medical Assistance. As of December 31, 2005, 2,516 children were receiving Medical Assistance because of special needs adoptions. In addition, 2,555 children in foster care were enrolled in Medical Assistance due to their foster care status.[29]


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# Women and Children Participating in WIC

### DEFINITION

*Women and children participating in WIC* is the percentage of eligible women, infants and children served by the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

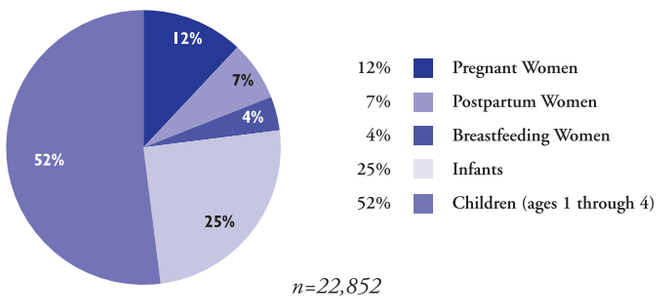
### SIGNIFICANCE

The Special Supplemental Nutrition Program for Women, Infants and Children is a preventive program that provides nutritious food and access to health care and social services.[1] Participants also receive education on the value of proper nutrition, healthy eating practices and positive food related behaviors.[2] WIC is a federally-funded program that serves pregnant, postpartum and breastfeeding women, infants, and children under five years of age with household incomes below 185% of the poverty guidelines. In addition, any individual who participates in the Food Stamp Program, RIte Care, Medicaid, the Family Independence Program, or is a member of a family in which a pregnant woman or infant receives Medicaid benefits, is deemed automatically income-eligible. Participants must also have a specified nutritional risk, such as anemia, history of poor pregnancy outcomes or inadequate dietary patterns.[3,4]

Young children who experience food insecurity, hunger and poor nutrition can be negatively impacted during times of critical growth and development.[5] All children who are food insecure, suffer from hunger or have poor nutrition are at greater risk of poor health, psychological, behavioral and educational outcomes and increased hospitalization.[6] Pregnant and breastfeeding women also have special nutritional needs that influence pregnancy outcomes and the health of their children.[7]

WIC participation improves birth outcomes, increases the nutrient intake of preschoolers, increases immunization coverage, improves cognitive development, and increases the likelihood of having a regular medical care provider.[8] WIC promotes breastfeeding as the optimal method of infant feeding and program eligibility for breastfeeding mothers is extended for up to one year.[9] In Rhode Island, the percentage of WIC infants who were breastfed in 2005 was 17%, compared to 9% in 1995.[10]

**Women, Infants and Children Participating in WIC, Rhode Island, August 2005**




*n=22,852*

Source: Rhode Island Department of Health, Division of Family Health, WIC Program, August 2005.

◆ In August 2005, women accounted for 23% of the population being served by WIC. Infants (25%) and children ages one through four (52%) comprised the majority of the population being served.[11]

◆ During fiscal year 2005, 41% percent of WIC participants were White, 36% were Hispanic, 11% were Black and 4% were Asian.[12]

◆ Four of the six core cities — Central Falls, Pawtucket, Providence and Woonsocket — have WIC participation rates that exceed the statewide average participation rate of 64%.[13]

◆ WIC is not an entitlement program and is not funded at a level that is sufficient to serve all eligible women, infants, and children.[14] Rhode Island received $15.1 million dollars in federal funding during fiscal year 2005. This total does not include $4.5 million from the Formula Rebate System, a program that allows states to receive rebates from manufacturers for formula purchased by WIC participants.[15,16]

◆ The WIC Farmer's Market Nutrition Program improves participants' intake of fresh fruits and vegetables by providing coupons for purchasing produce at local farmer's markets. In Rhode Island in 2005, 59 farmer's markets, authorized by WIC, provided fresh produce to 20,958 participants.[17,18]

*Table 13.* **Women, Infants and Children Participating in WIC, Rhode Island, August 2005**

| CITY/TOWN | ESTIMATED NUMBER ELIGIBLE | NUMBER PARTICIPATING | % OF ELIGIBLE PARTICIPATING |
|---|---|---|---|
| Barrington | 87 | 48 | 55% |
| Bristol | 291 | 217 | 75% |
| Burrillville | 306 | 212 | 69% |
| Central Falls | 2,104 | 1,575 | 75% |
| Charlestown | 145 | 74 | 51% |
| Coventry | 607 | 337 | 56% |
| Cranston | 1,772 | 1,021 | 58% |
| Cumberland | 435 | 264 | 61% |
| East Greenwich | 101 | 29 | 29% |
| East Providence | 1,217 | 804 | 66% |
| Exeter | 93 | 38 | 41% |
| Foster | 37 | 30 | 81% |
| Glocester | 89 | 30 | 34% |
| Hopkinton | 129 | 74 | 57% |
| Jamestown | 41 | 9 | 22% |
| Johnston | 550 | 327 | 59% |
| Lincoln | 285 | 174 | 61% |
| Little Compton | 29 | 7 | 24% |
| Middletown | 255 | 165 | 65% |
| Narragansett | 166 | 79 | 48% |
| New Shoreham | 7 | 4 | 57% |
| Newport | 910 | 484 | 53% |
| North Kingstown | 436 | 210 | 48% |
| North Providence | 583 | 331 | 57% |
| North Smithfield | 107 | 51 | 48% |
| Pawtucket | 4,006 | 2,862 | 71% |
| Portsmouth | 190 | 115 | 61% |
| Providence | 13,689 | 9,264 | 68% |
| Richmond | 115 | 51 | 44% |
| Scituate | 150 | 65 | 43% |
| Smithfield | 144 | 88 | 61% |
| South Kingstown | 394 | 167 | 42% |
| Tiverton | 219 | 136 | 62% |
| Warren | 229 | 128 | 56% |
| Warwick | 1,579 | 867 | 55% |
| West Greenwich | 52 | 20 | 38% |
| West Warwick | 1,004 | 612 | 61% |
| Westerly | 510 | 333 | 65% |
| Woonsocket | 2,385 | 1,735 | 73% |
| *Unknown Residence* | *658* | *23* | *3%* |
| *Core Cities* | *24,098* | *16,532* | *69%* |
| *Remainder of State* | *11,350* | *6,505* | *57%* |
| *Rhode Island* | *36,106* | *23,060* | *64%* |

### Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, WIC Program, August 2005.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

The denominator is the number of pregnant and post-partum women, infants and children under age 5 who live in families with an income less than 185% of poverty according to the 2000 Census of Population as estimated by the United States Department of Agriculture.

The "estimated number eligible" is based on 2000 Census of the Population data. Factbooks prior to 2005 were based on the 1990 Census estimates.

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# Breastfeeding

### DEFINITION

*Breastfeeding* is the percentage of newborn infants who are exclusively breastfed at the time of hospital discharge.

### SIGNIFICANCE

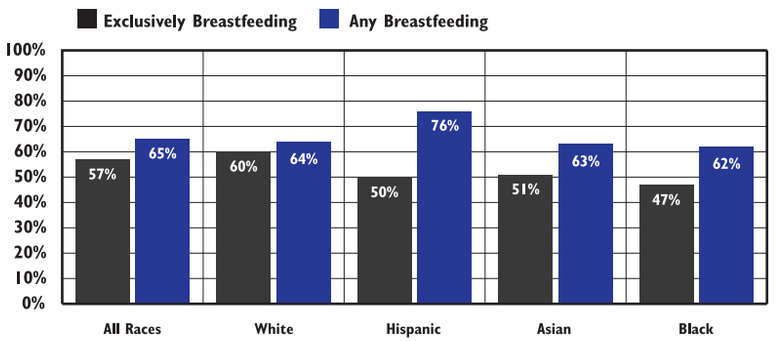
The American Academy of Pediatrics (AAP) identifies breastfeeding as the ideal method of feeding and nurturing infants and recognizes breastfeeding as a critical component in achieving optimal infant and child health, growth and development. The AAP recommends exclusive breastfeeding for 6 months after birth and, in conjunction with appropriate solid foods, for at least 12 months after birth, and thereafter as long as mutually desired.[1]

Breastfeeding provides optimal nutrition for the newborn, and decreases the incidence of diarrhea, lower respiratory infections and ear infections. Breastfeeding has been linked to decreases in sudden infant death syndrome, diabetes, allergies, asthma, lymphoma and other illnesses; improved cognitive development and school performance in children; a reduced incidence of child abuse; and improved maternal health, including reduced rates of breast and ovarian cancer. [2,3,4] Breastfeeding provides significant social and economic benefits including reduced cost to the family, reduced health care costs and reduced employee absenteeism.[5]

Breastfeeding can be effectively promoted by health professionals through culturally appropriate prenatal and postnatal education of the mother, physician support, hospital policies that promote early and exclusive breastfeeding and provide ongoing lactation consultation, timely postpartum follow-up care and home health visits, and links to lactation support networks and resources.[6]

Healthy People 2010, the nation's health agenda, has established target breastfeeding rates of 75% at birth, 50% at 6 months and 25% at one year. The 1998 Healthy People 2010 baseline data shows that United States breastfeeding rates were 64% at birth, 29% at 6 months and 16% at one year. Healthy People 2010 recommends several strategies for increasing breastfeeding rates among those at highest risk, including increased education for health care providers and new parents, additional support of breastfeeding from employers and the community, and greater media portrayal of breastfeeding as the normal method of infant feeding.[7]

**Breastfeeding Rates by Race and Ethnicity, Rhode Island, 2000-2004**




Source: Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program, 2000-2004. Any Breastfeeding refers to those infants exclusively breastfed and those fed breast milk in combination with formula.

◆ Race is a strong predictor of breastfeeding even after controlling for socio-economic background.[8] In Rhode Island between 2000 and 2004, the exclusive breastfeeding rate for Blacks was lower than the rates for all other races.[9]

◆ While the consensus of the scientific community remains that exclusive breastfeeding for the first six months is best for the majority of infants, several of the same positive health outcomes are associated with partial breastfeeding but to a lesser extent.[10]

◆ Between 2000-2004, over half (57%) of all women who gave birth in Rhode Island chose to exclusively breastfeed their children, rather than formula feed (31%).[11]

◆ In 2003, Rhode Island breastfeeding rates were 67% at birth, 35% at 6 months and 17% at 12 months. The rates at birth and at 6 months are lower than any other New England state and the national average, although the overall decline between birth and 12 months is consistent with national trends.[12]

*Table 14.*

## Breastfeeding Rates, Rhode Island, 2000-2004

| CITY/TOWN | NUMBER OF BIRTHS SCREENED | NUMBER BREAST AND FORMULA FEEDING | NUMBER EXCLUSIVELY BREASTFEEDING | PERCENT WITH ANY BREASTFEEDING | PERCENT EXCLUSIVELY BREASTFEEDING |
|---|---|---|---|---|---|
| Barrington | 787 | 18 | 643 | 84% | 82% |
| Bristol | 994 | 28 | 608 | 64% | 61% |
| Burrillville | 768 | 25 | 414 | 57% | 54% |
| Central Falls | 1,882 | 382 | 928 | 70% | 49% |
| Charlestown | 477 | 6 | 340 | 73% | 71% |
| Coventry | 1,899 | 36 | 1,133 | 62% | 60% |
| Cranston | 3,945 | 250 | 2,187 | 62% | 55% |
| Cumberland | 1,608 | 62 | 1,084 | 71% | 67% |
| East Greenwich | 728 | 23 | 540 | 77% | 74% |
| East Providence | 2,498 | 115 | 1,381 | 60% | 55% |
| Exeter | 304 | 4 | 203 | 68% | 67% |
| Foster | 229 | 5 | 167 | 75% | 73% |
| Glocester | 340 | 9 | 223 | 68% | 66% |
| Hopkinton | 591 | 20 | 399 | 71% | 68% |
| Jamestown | 213 | 7 | 183 | 89% | 86% |
| Johnston | 1,432 | 63 | 734 | 56% | 51% |
| Lincoln | 856 | 35 | 551 | 68% | 64% |
| Little Compton | 115 | 3 | 97 | 87% | 84% |
| Middletown | 1,034 | 27 | 792 | 79% | 77% |
| Narragansett | 507 | 14 | 367 | 75% | 72% |
| New Shoreham | 48 | 0 | 43 | 90% | 90% |
| Newport | 1,559 | 55 | 1,063 | 72% | 68% |
| North Kingstown | 1,536 | 41 | 1,092 | 74% | 71% |
| North Providence | 2,210 | 175 | 1,115 | 58% | 50% |
| North Smithfield | 449 | 8 | 289 | 66% | 64% |
| Pawtucket | 5,117 | 628 | 2,689 | 65% | 53% |
| Portsmouth | 789 | 20 | 601 | 79% | 76% |
| Providence | 14,235 | 2,621 | 7,070 | 68% | 50% |
| Richmond | 283 | 7 | 185 | 68% | 65% |
| Scituate | 532 | 15 | 366 | 72% | 69% |
| Smithfield | 690 | 14 | 458 | 68% | 66% |
| South Kingstown | 1,378 | 28 | 1,026 | 76% | 74% |
| Tiverton | 358 | 10 | 245 | 71% | 68% |
| Warren | 521 | 14 | 299 | 60% | 57% |
| Warwick | 4,157 | 111 | 2,457 | 62% | 59% |
| West Greenwich | 286 | 6 | 200 | 72% | 70% |
| West Warwick | 2,024 | 72 | 1,056 | 56% | 52% |
| Westerly | 1,117 | 35 | 748 | 70% | 67% |
| Woonsocket | 2,812 | 202 | 1,183 | 49% | 42% |
| *Unknown* | *470* | *12* | *67* | *17%* | *14%* |
| *Core Cities* | *27,629* | *3,941* | *13,989* | *65%* | *51%* |
| *Remainder of State* | *33,679* | *1,253* | *21,170* | *67%* | *63%* |
| *Rhode Island* | *61,778* | *5,206* | *35,226* | *65%* | *57%* |

### Notes

The number of births screened may differ from the total number of births reported elsewhere as not all documented births received a screening.

"Percent Any Breastfeeding" refers to those infants fed breast milk in combination with formula and those exclusively breastfed.

### Sources of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program Database and Maternal and Child Health Database, 2000-2004. Breastfeeding is defined as breastfeeding as intended feeding method at hospital discharge. Births to Rhode Island women that occurred outside Rhode Island are not included.

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# Women with Delayed Prenatal Care

### DEFINITION

*Women with delayed prenatal care* is the percentage of women beginning prenatal care in the second or third trimester of pregnancy or receiving no prenatal care at all. Data are reported by place of mother's residence, not place of infant's birth.

### SIGNIFICANCE

Early prenatal care is important to identify and treat health problems and health behaviors that can compromise fetal development, infant health and maternal health. Women receiving late or no prenatal care are at increased risk of poor health outcomes such as having babies who are stillborn, low birthweight or who die within the first year of life.[1]

Prenatal care offers the opportunity to screen for and treat conditions that increase the risk for poor birth outcomes. Effective prenatal care also screens for and intervenes with a range of conditions including maternal depression, smoking, substance use, domestic violence, nutritional deficiencies, and unmet needs for food and shelter.[2] Prenatal care provides an opportunity for health care professionals to educate mothers on issues such as breastfeeding, infant nutrition and infant and child development.[3]

Early prenatal care is especially important for women who face multiple risks for poor birth outcomes, including poverty and low maternal education. Several studies indicate that low-income women who receive enhanced prenatal care services experience improved birth outcomes. Enhanced prenatal care services may include outreach, case management, risk assessment, smoking cessation, nutritional and psychosocial counseling, health education, transportation and home visits.[4]

In Rhode Island between 2000 and 2004, 9.1% of pregnant women either received no prenatal care or did not begin care until the second or third trimester.[5]

**Late or No Prenatal Care**

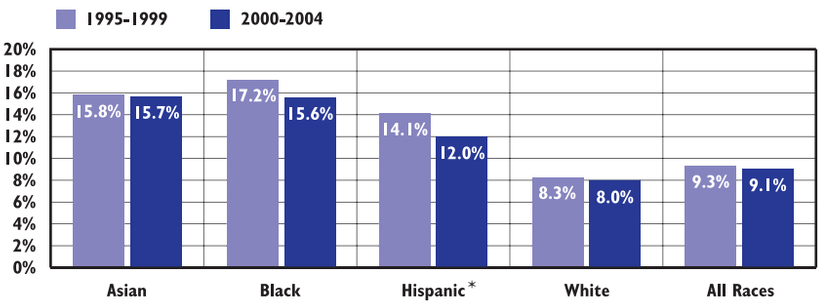
| | 1993 | 2003 |
|---|---|---|
| RI | 1.6% | 1.1% |
| US | 4.8% | 3.6% |
| National Rank* | | *1st* |
| New England Rank** | | *1st* |

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Late prenatal care is defined as beginning prenatal care in the third trimester.

Source: Population Reference Bureau analysis for the Annie E. Casey Foundation, 2006, and *The right start online 2003.* Baltimore, MD: The Annie E. Casey Foundation.

**Women with Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 1995-2004**




Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1995-2004. Data for 2003-2004 are provisional. *Hispanic may be included in any racial group.

◆ Over the past decade the percentage of women receiving delayed prenatal care decreased for all races. Despite the decline, Black and Asian women remain almost twice as likely as White women to start prenatal care late or to receive no prenatal care at all.[6]

◆ Women in the core cities and women in Westerly are almost twice as likely to receive delayed prenatal care as women in the remainder of the state. Between 2000 and 2004, 12.3% of women in the core cities and 6.5% of women in the remainder of the state received delayed prenatal care.[7]

### RIte Care's Impact on Prenatal Care

◆ RIte Care, Rhode Island's Medicaid managed care program, has improved access to prenatal care for women. A study in the *American Journal of Public Health* states that RIte Care's specific program interventions that identified and changed organizational and delivery systems barriers resulted in the improvement of adequate prenatal care utilization by women in the program.[8]

◆ In Rhode Island, the percentage of women on Medicaid who began prenatal care in the first trimester increased from 77% to 84% over the past decade. However, women with private health insurance still receive early prenatal care at higher rates than women enrolled in Medicaid.[9,10]

# Women with Delayed Prenatal Care

*Table 15.*

## Delayed Prenatal Care, Rhode Island, 2000-2004

| City/Town | # Births | # Delayed Care | % Delayed Care |
|---|---|---|---|
| Barrington | 819 | 24 | 2.9% |
| Bristol | 1,040 | 74 | 7.1% |
| Burrillville | 836 | 60 | 7.2% |
| Central Falls | 1,945 | 291 | 15.0% |
| Charlestown | 449 | 43 | NA |
| Coventry | 1,962 | 108 | 5.5% |
| Cranston | 4,355 | 263 | 6.0% |
| Cumberland | 1,825 | 114 | 6.2% |
| East Greenwich | 569 | 23 | 4.0% |
| East Providence | 2,564 | 184 | 7.2% |
| Exeter | 317 | 22 | NA |
| Foster | 212 | 12 | NA |
| Glocester | 415 | 25 | NA |
| Hopkinton | 456 | 56 | NA |
| Jamestown | 218 | 12 | NA |
| Johnston | 1,471 | 77 | 5.2% |
| Lincoln | 983 | 57 | 5.8% |
| Little Compton | 179 | 14 | NA |
| Middletown | 1,065 | 75 | 7.0% |
| Narragansett | 593 | 36 | 6.1% |
| New Shoreham | 50 | 10 | NA |
| Newport | 1,582 | 212 | 13.4% |
| North Kingstown | 1,464 | 86 | 5.9% |
| North Providence | 1,664 | 104 | 6.3% |
| North Smithfield | 511 | 29 | 5.7% |
| Pawtucket | 5,449 | 683 | 12.5% |
| Portsmouth | 891 | 56 | 6.3% |
| Providence | 14,687 | 1,713 | 11.7% |
| Richmond | 506 | 27 | 5.3% |
| Scituate | 467 | 21 | NA |
| Smithfield | 760 | 29 | 3.8% |
| South Kingstown | 1,267 | 91 | 7.2% |
| Tiverton | 704 | 63 | 8.9% |
| Warren | 569 | 38 | 6.7% |
| Warwick | 4,410 | 250 | 5.7% |
| West Greenwich | 288 | 14 | NA |
| West Warwick | 2,043 | 158 | 7.7% |
| Westerly | 1,333 | 202 | 15.2% |
| Woonsocket | 3,144 | 494 | 15.7% |
| *Unknown* | *18* | *2* | *NA* |
| *Core Cities* | *28,850* | *3,551* | *12.3%* |
| *Remainder of State* | *35,212* | *2,299* | *6.5%* |
| *Rhode Island* | *64,080* | *5,852* | *9.1%* |

### Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2000-2004. Data for 2003-2004 are provisional.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

NA: Percentages were not calculated for cities and towns with less than 500 births, as percentages for small denominators are statistically unreliable.

The denominator is the total number of live births to Rhode Island residents from 2000-2004.

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# Low Birthweight Infants

### DEFINITION

*Low birthweight infants* is the percentage of infants born weighing under 2,500 grams (5.5 pounds). The data are reported by place of mother's residence, not place of infant's birth.

### SIGNIFICANCE

A baby's birthweight is a key indicator of newborn health and is directly related to infant survival and healthy development. Infants born weighing less than 5.5 pounds are at greater risk for physical and developmental problems than infants of normal weight.[1,2] Babies born with low birthweight may be born prematurely and/or small for their gestational age.[3] Increased risk of low birthweight is strongly associated with poverty, maternal smoking and low levels of educational attainment.[4]

Children born with low birthweight have greater risk of long-term illness, long-term disability and death than infants of normal birthweight.[5,6] They are 24 times more likely than babies of normal weight to die within the first year of life.[7] Children born with low birthweight are more likely than their peers to have poor school performance and special education needs.[8,9,10]

At almost all educational levels, socioeconomic levels, and age categories, Black mothers are at greater risk for having a low birthweight infant.[11] These disparities are not entirely explained by differences in income or health behaviors.[12] Research shows that expanding access to family support programs and health care, including primary health care and mental health services, for pregnant women and for all women of childbearing age, is effective in preventing low birthweight.[13]

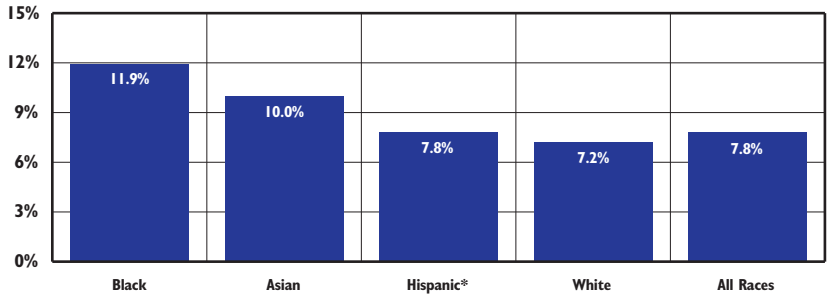
**Low Birthweight Infants**

| | 1990 | 2003 |
|---|---|---|
| RI | 6.2% | 8.5% |
| US | 7.0% | 7.9% |
| National Rank* | | *33rd* |
| New England Rank** | | *6th* |

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: The right start for America's newborns. (2006). Baltimore, MD: The Annie E. Casey Foundation.

**Low Birthweight Infants by Race/Ethnicity, Rhode Island, 2000-2004**




Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1995-2004. Data for 2003-2004 are provisional. *Hispanic may be included in any racial group.

◆ Over the past decade, the percentage of low birthweight infants has increased for Rhode Island as a whole. The increase in low birthweight has occurred among all racial and ethnic groups.[14] In Rhode Island between 2000 and 2004, the percentage of low birthweight among Black infants (11.9%) was nearly double the percentage among White infants (7.2%) and was higher than all other racial/ethnic groups.[15]

◆ Nationally and in Rhode Island, the rate of infants born low birthweight is higher for women under the age of 20. In Rhode Island the percentage of low birthweight infants born to mothers under the age of 20 was 10% compared to 8% for mothers age 20 and above.[16,17,18]

◆ One reason for the increase in low birthweight infants is the growing numbers of twin, triplet and higher-order multiple births. Twins and other multiple births are more likely to be low birthweight than singleton births.[19] From 2000 through 2004, in Rhode Island, 6% of singletons were born low birthweight, compared to 52% of twin births and 97% of triplets.[20]

*Table 16.* **Low Birthweight Infants, Rhode Island, 2000-2004**

| CITY/TOWN | # BIRTHS | # LOW BIRTHWEIGHT | % LOW BIRTHWEIGHT |
|---|---|---|---|
| Barrington | 819 | 33 | 4.0% |
| Bristol | 1,040 | 62 | 6.0% |
| Burrillville | 836 | 68 | 8.1% |
| Central Falls | 1,945 | 138 | 7.1% |
| Charlestown | 449 | 27 | NA |
| Coventry | 1,962 | 165 | 8.4% |
| Cranston | 4,355 | 321 | 7.4% |
| Cumberland | 1,825 | 150 | 8.2% |
| East Greenwich | 569 | 36 | 6.3% |
| East Providence | 2,564 | 196 | 7.6% |
| Exeter | 317 | 15 | NA |
| Foster | 212 | 23 | NA |
| Glocester | 415 | 22 | NA |
| Hopkinton | 456 | 36 | NA |
| Jamestown | 218 | 10 | NA |
| Johnston | 1,471 | 123 | 8.4% |
| Lincoln | 983 | 70 | 7.1% |
| Little Compton | 179 | 21 | NA |
| Middletown | 1,065 | 64 | 6.0% |
| Narragansett | 593 | 36 | 6.1% |
| New Shoreham | 50 | 2 | NA |
| Newport | 1,582 | 102 | 6.4% |
| North Kingstown | 1,464 | 89 | 6.1% |
| North Providence | 1,664 | 121 | 7.3% |
| North Smithfield | 511 | 35 | 6.8% |
| Pawtucket | 5,449 | 479 | 8.8% |
| Portsmouth | 891 | 59 | 6.6% |
| Providence | 14,687 | 1,341 | 9.1% |
| Richmond | 506 | 33 | 6.5% |
| Scituate | 467 | 31 | NA |
| Smithfield | 760 | 48 | 6.3% |
| South Kingstown | 1,267 | 73 | 5.8% |
| Tiverton | 704 | 44 | 6.3% |
| Warren | 569 | 54 | 9.5% |
| Warwick | 4,410 | 366 | 8.3% |
| West Greenwich | 288 | 12 | NA |
| West Warwick | 2,043 | 154 | 7.5% |
| Westerly | 1,333 | 89 | 6.7% |
| Woonsocket | 3,144 | 271 | 8.6% |
| *Unknown* | *18* | *5* | *NA* |
| *Core Cities* | *28,850* | *2,485* | *8.6%* |
| *Remainder of State* | *35,212* | *2,534* | *7.2%* |
| *Rhode Island* | *64,080* | *5,024* | *7.8%* |

**Source of Data for Table/Methodology**

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2000-2004. Data for 2003-2004 are provisional.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

NA: Percentages were not calculated for cities and towns with less than 500 births, as percentages for small denominators are statistically unreliable.

The denominator is the total number of live births to Rhode Island residents from 2000-2004.

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[17] QuickStats: Rate of Very Low Birthweight, by Age of Mother and Multiple-Birth Status - United States, 2003. *Morbidity and Mortality Weekly Report,* December 2005, 54, MM47;1215. Retrieved: December 13, 2005 from http://www.cdc.gov/mmwr

# Infant Mortality

## DEFINITION

*Infant mortality* is the number of deaths occurring to infants under one year of age per 1,000 live births. The data are reported by place of mother's residence, not place of infant's birth.

## SIGNIFICANCE

The infant mortality rate is an important measure of the well-being of infants, children, and pregnant women. Infant mortality is associated with a variety of factors, including women's health status, quality and access to medical care, socio-economic conditions, and public health practices.[1] Communities with multiple problems such as poverty, unemployment, and illiteracy tend to have higher infant mortality rates than more advantaged communities.[2]

Risk factors for infant mortality include lack of prenatal care and preventive care, poverty, short intervals between pregnancies, smoking, alcohol and substance abuse, births to teens, unmarried mothers, and mothers with less than 12 years of education.[3,4]

In the United States in 2002, one in five infant deaths was caused by a birth defect, while in Rhode Island the rate was nearly one in four.[5] Other leading causes of infant mortality include preterm delivery, low birthweight, sudden infant death syndrome (SIDS) and respiratory distress syndrome.[6]

During the past decade, the proportion of infant deaths in Rhode Island attributed to maternal health increased from 50% to 63%. Maternal health includes preconceptional health, perinatal care, and health behaviors. [7]

Infant mortality has two components: neonatal mortality, deaths of infants younger than 28 days, and postneonatal mortality, deaths between 28 days and one year old.[8] From 2000-2004, 411 infants died before their first birthday in Rhode Island. Of these, 311 (76%) were neonatal deaths and 100 (24%) were postneonatal deaths.[9] The overall infant mortality rate for Rhode Island for 2000-2004 was 6.4 deaths per 1,000 births.[10]

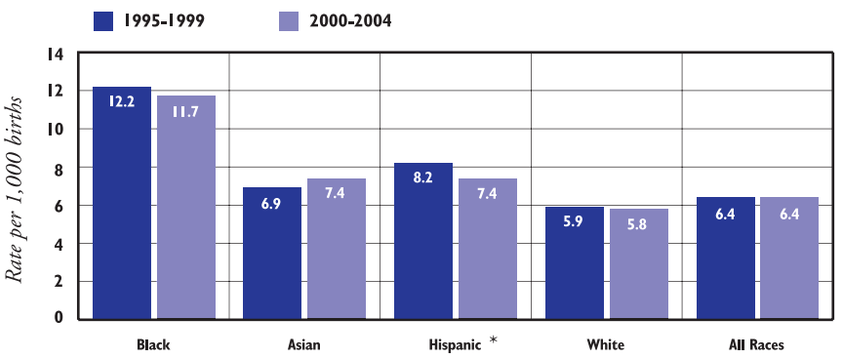
**Infant Mortality Rate**
**(rate per 1,000 live births)**

| | 1992 | 2002 |
|---|---|---|
| RI | 7.4 | 7.0 |
| US | 8.5 | 7.0 |
| National Rank* | | *25th* |
| New England Rank** | | *6th* |

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: *KIDS COUNT data book: State profiles in child well-being 2005.* (2005). Baltimore, MD: The Annie E. Casey Foundation and *KIDS COUNT data book: State profiles in child well-being 1995.* (1995). Baltimore, MD: The Annie E. Casey Foundation.

**Infant Mortality Rates by Race/Ethnicity, Rhode Island, 1995-1999 and 2000-2004**




◆ Over the past decade, Rhode Island's infant mortality rate declined for White, Black and Hispanic infants, but increased for Asian infants. The Black infant mortality rate, 11.7 deaths per 1,000 births, is more than twice the rate for White infants (5.8) and higher than that of any other racial or ethnic group.

Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1995-2004. Data for 2003-2004 are provisional. *Hispanics may be included in any racial group.

## Preterm Births

◆ Preterm births are defined as births with gestational age less than or equal to 36 weeks. Gestational age is determined using the date of the last menstrual period (LMP) and the infant's date of birth. If the LMP is unknown, then a physician's estimate is used.[11]

◆ Nationally and in Rhode Island, prematurity is the leading cause of infant death.[12] Infants born preterm are also more likely to suffer from long-term illness and disability, including developmental delays, respiratory problems, and vision and hearing impairments.[13]

◆ Between 2000 and 2004, 12% (7,358) of births in Rhode Island were preterm. Children in the core cities were more likely to be born preterm (13%) compared to children in the remainder of the state (10%).[14]

◆ Between 2000 and 2004, 16% of Black infants, 15% of Asian, 14% of Native American, 13% of Hispanic and 13% of White infants were born preterm.[15]

*Table 17.* **Number of Infant Deaths, Rhode Island, 2000-2004**

| CITY/TOWN | # BIRTHS | # INFANT DEATHS | RATE/1000 BIRTHS |
|---|---|---|---|
| Barrington | 819 | 1 | 1.2 |
| Bristol | 1,040 | 8 | 7.7 |
| Burrillville | 836 | 1 | 1.2 |
| Central Falls | 1,945 | 11 | 5.7 |
| Charlestown | 449 | 1 | NA |
| Coventry | 1,962 | 10 | 5.1 |
| Cranston | 4,355 | 27 | 6.2 |
| Cumberland | 1,825 | 11 | 6.0 |
| East Greenwich | 569 | 2 | 3.5 |
| East Providence | 2,564 | 9 | 3.5 |
| Exeter | 317 | 1 | NA |
| Foster | 212 | 4 | NA |
| Glocester | 415 | 5 | NA |
| Hopkinton | 456 | 3 | NA |
| Jamestown | 218 | 1 | NA |
| Johnston | 1,471 | 8 | 5.4 |
| Lincoln | 983 | 9 | 9.2 |
| Little Compton | 179 | 2 | NA |
| Middletown | 1,065 | 3 | 2.8 |
| Narragansett | 593 | 5 | 8.4 |
| New Shoreham | 50 | 0 | NA |
| Newport | 1,582 | 7 | 4.4 |
| North Kingstown | 1,464 | 8 | 5.5 |
| North Providence | 1,664 | 6 | 3.6 |
| North Smithfield | 511 | 3 | 5.9 |
| Pawtucket | 5,449 | 42 | 7.7 |
| Portsmouth | 891 | 5 | 5.6 |
| Providence | 14,687 | 128 | 8.7 |
| Richmond | 506 | 0 | 0.0 |
| Scituate | 467 | 2 | NA |
| Smithfield | 760 | 2 | 2.6 |
| South Kingstown | 1,267 | 3 | 2.4 |
| Tiverton | 704 | 4 | 5.7 |
| Warren | 569 | 4 | 7.0 |
| Warwick | 4,410 | 22 | 5.0 |
| West Greenwich | 288 | 1 | NA |
| West Warwick | 2,043 | 15 | 7.3 |
| Westerly | 1,333 | 12 | 9.0 |
| Woonsocket | 3,144 | 25 | 8.0 |
| *Unknown* | *18* | *0* | *NA* |
| *Core Cities* | *28,850* | *228* | *7.9* |
| *Remainder of State* | *35,212* | *183* | *5.2* |
| *Rhode Island* | *64,080* | *411* | *6.4* |

### Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2000-2004. Data for 2003-2004 are provisional.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

NA: Rates were not calculated for cities and towns with less than 500 births, as rates for small denominators are statistically unreliable.

The denominator is the total number of live births to Rhode Island residents from 2000-2004.

### References


[1] Federal Interagency Forum on Child and Family Statistics. (2005). *America's children: Key national indicators of well-being 2005.* Washington, DC: Government Printing Office.

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[12,13] March of Dimes Birth Defect Foundation. (2005) *Born too soon and too small in Rhode Island.* NY: March of Dimes Birth Defect Foundation.

# Children with Lead Poisoning

### DEFINITION

*Children with lead poisoning* is the percentage of three-year-old children screened for lead poisoning who had elevated blood levels (≥10 ug/dL) at any time prior to December 31, 2005.[1] These data are for children eligible to enter kindergarten in the Fall of 2007 (i.e. born between September 1, 2001 and August 31, 2002).

### SIGNIFICANCE

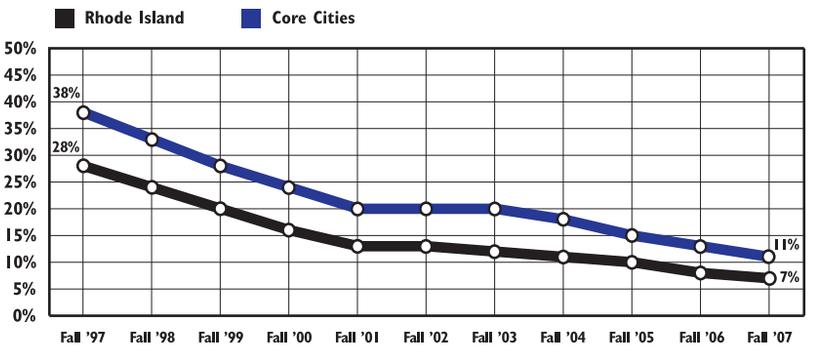
Childhood lead poisoning is one of the most common pediatric health problems, yet it is entirely preventable.[2] Infants, toddlers and preschool age children are most susceptible to the toxic effects of lead and absorb lead more readily than adults.[3] Lead exposure can cause irreversible damage including loss of intelligence, learning disabilities and behavioral problems, including aggression. Though rare, the most acute poisoning can result in severe illness and death.[4,5,6] The societal costs of childhood lead poisoning include the loss of future earnings due to decreased cognition as well as medical, special education and criminal justice costs.[7,8]

Children living in homes built before 1978 (when lead paint was banned from interior use in the U.S.) are at risk for lead poisoning.[9] Low-income and minority children are particularly likely to be affected.[10] Children in older homes undergoing renovation are also at risk.[11] The lack of affordable housing in many communities forces many families, particularly those residing in the core cities, to live in older dwellings with deteriorating lead paint, placing children at increased risk for exposure to lead.[12] Inadequate nutrition, which is more common in low-income children, further increases susceptibility to lead poisoning.[13]

The Centers for Disease Control and Prevention have recognized that lead exposure at any level is harmful and recommend a focus on primary prevention of lead exposure.[14,15,16] Prevention efforts should target the systematic reduction of lead paint in housing, especially old, poorly maintained housing, as this is the most important source of lead exposure in young children.[17]

In 2004, the most recent time period for which comparable national data are available, Rhode Island had the third highest percentage of children under the age of 6 with a confirmed elevated blood lead level.[18] In 2004, the national rate of lead poisoning for children under age 6 was 1.6%, compared to 3.7% for Rhode Island.[19] The Rhode Island rate has since decreased to 3% in 2005.[20]

**Children Entering Kindergarten with History of Lead Poisoning, Rhode Island and Core Cities, 1997- 2007**




Source: Rhode Island Department of Health, Division of Family Health and Division of Environmental Health, Childhood Lead Poisoning Prevention Program, 1996-2005.

◆ Despite declines in lead poisoning rates, kindergarten children living in core cities are more than two times as likely to have a history of elevated blood lead levels (11%) as those in the remainder of the state (5%).[21] In 2005, 2 children were hospitalized for severe lead poisoning, 1 resided in Providence, 1 in Woonsocket.[22]

◆ In Rhode Island, a child is considered to be "significantly lead poisoned" if they have a single venous blood test result of 20 ug/dL or greater or any two tests (capillary or venous) equal to or greater than 15 ug/dL and at least 90 days apart but no more than 365 days apart.[23]

◆ When a child is "significantly lead poisoned", an inspection of the child's home is offered. The Department of Health sends certified lead inspectors to determine whether lead hazards are present and to work with property owners to make the property lead-safe. In Rhode Island in 2005, 158 inspections were offered; of these 95 were performed and 15 were pending an inspection. Of the 95 environmental cases, 22 were closed because the lead hazard had been completely abated and 53 were in various stages of abatement.[24]

*Table 18.*

## Lead Poisoning in Children Entering Kindergarten in the Fall of 2007, Rhode Island

| CITY/TOWN | NUMBER TESTED FOR LEAD POISONING | SCREENED POSITIVE FOR LEAD >=10 UG/DL | | CONFIRMED POSITIVE FOR LEAD >=10 UG/DL* | |
|---|---|---|---|---|---|
| | | NUMBER | PERCENT | NUMBER | PERCENT |
| Barrington | 223 | 6 | 2.7% | 2 | 0.9% |
| Bristol | 218 | 17 | 7.8% | 2 | 0.9% |
| Burrillville | 198 | 16 | 8.1% | 10 | 5.1% |
| Central Falls | 408 | 53 | 13.0% | 41 | 10.0% |
| Charlestown | 81 | 7 | 8.6% | 0 | 0.0% |
| Coventry | 404 | 9 | 2.2% | 3 | 0.7% |
| Cranston | 815 | 36 | 4.4% | 28 | 3.4% |
| Cumberland | 418 | 10 | 2.4% | 6 | 1.4% |
| East Greenwich | 148 | 5 | 3.4% | 4 | 2.7% |
| East Providence | 485 | 29 | 6.0% | 7 | 1.4% |
| Exeter | 58 | 3 | 5.2% | 2 | 3.4% |
| Foster | 43 | 2 | 4.7% | 0 | 0.0% |
| Glocester | 71 | 2 | 2.8% | 2 | 2.8% |
| Hopkinton | 99 | 9 | 9.1% | 4 | 4.0% |
| Jamestown | 55 | 5 | 9.1% | 0 | 0.0% |
| Johnston | 281 | 11 | 3.9% | 5 | 1.8% |
| Lincoln | 203 | 6 | 3.0% | 6 | 3.0% |
| Little Compton | 45 | 2 | 4.4% | 0 | 0.0% |
| Middletown | 211 | 14 | 6.6% | 0 | 0.0% |
| Narragansett | 111 | 5 | 4.5% | 1 | 0.9% |
| New Shoreham | 11 | 1 | 9.1% | 0 | 0.0% |
| Newport | 317 | 43 | 13.6% | 11 | 3.5% |
| North Kingstown | 362 | 11 | 3.0% | 3 | 0.8% |
| North Providence | 285 | 17 | 6.0% | 11 | 3.9% |
| North Smithfield | 102 | 3 | 2.9% | 3 | 2.9% |
| Pawtucket | 1,042 | 89 | 8.5% | 61 | 5.9% |
| Portsmouth | 225 | 6 | 2.7% | 1 | <1% |
| Providence | 2,975 | 393 | 13.2% | 365 | 12.3% |
| Richmond | 78 | 5 | 6.4% | 3 | 3.8% |
| Scituate | 119 | 3 | 2.5% | 3 | 2.5% |
| Smithfield | 158 | 2 | 1.3% | 1 | 0.6% |
| South Kingstown | 296 | 22 | 7.4% | 5 | 1.7% |
| Tiverton | 162 | 4 | 2.5% | 1 | 0.6% |
| Warren | 129 | 13 | 10.1% | 6 | 4.7% |
| Warwick | 834 | 20 | 2.4% | 15 | 1.8% |
| West Greenwich | 70 | 2 | 2.9% | 1 | 1.4% |
| West Warwick | 363 | 11 | 3.0% | 8 | 2.2% |
| Westerly | 268 | 23 | 8.6% | 15 | 5.6% |
| Woonsocket | 647 | 53 | 8.2% | 33 | 5.1% |
| *Unknown Residence* | *26* | *0* | *0.0%* | *0* | *0.0%* |
| *Core Cities* | *5,752* | *642* | *11.2%* | *520* | *9.0%* |
| *Remainder of State* | *7,266* | *326* | *4.5%* | *149* | *2.1%* |
| *Rhode Island* | *13,044* | *968* | *7.4%* | *669* | *5.1%* |

### Note to Table

* The number confirmed positive for lead >= 10 ug/dL are based on venous tests and confirmed capillary tests only.

As of July 2004, the Department of Health recommends a venous confirmation test for all screening tests >=10 ug/dL.

### Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health and Division of Environmental Health, Childhood Lead Poisoning Prevention Program.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

Data for children entering kindergarten in the Fall of 2007 reflect the number of Rhode Island children eligible to enter school in the Fall of 2007 (i.e. born between 9/1/01 and 8/31/02) who screened positive for lead poisoning at any time in their lives prior to the end of December 2005. Screening data are based on the highest lead test result through December 2005. Data include both venous and capillary tests. The denominator is the number of children entering school in the Fall of 2007 who were screened for lead poisoning.

The number confirmed positive for lead >= 10 ug/dL are based on venous tests and confirmed capillary tests only. These numbers may be underestimated because the policies recommending a venous follow-up for a capillary screening test >= 10ug/dL were not in place until July 1, 2004. The percent confirmed positive are the number of confirmed positive divided by the number tested for lead poisoning.

Starting July 1, 2004 if a child under age six had a capillary blood lead level of ≥10 ug/dL the Rhode Island Childhood Lead Poisoning Prevention Program contacts the physician to encourage a confirmatory venous test on the child.

### References

[1] Rhode Island Department of Health, Division of Family Health and Division of Environmental Health, Childhood Lead Poisoning Prevention Program. Data are based on the highest lead test result through December 2005. Data include both venous and capillary tests.

*(continued on page 147-148)*

# Children with Asthma

### DEFINITION

*Children with asthma* is the rate of hospitalizations for asthma per 1,000 children under age 18. Data are reported by place of child's residence at the time of hospitalization.

### SIGNIFICANCE

Asthma is a chronic lung disease that causes recurrent episodes of wheezing, breathlessness, chest tightness, and cough and can be life threatening.[1] Attacks can be triggered by exposure to cigarette smoke, mold and dust in the home, stress, strenuous exercise, allergies, roach infestation, animal dander, indoor and outdoor pollutants, and weather conditions.[2,3] Although childhood asthma in the U.S. has steadily increased over the past two decades, in the past few years hospitalizations and deaths due to asthma have decreased, indicating a possible improvement in successful disease management.[4]

Asthma is the number one chronic health condition in children and the third-ranked cause of hospitalization for children under age 15.[5] In the U.S. in 2003, over 9 million children under age 18 (13%) had previously been diagnosed with asthma and more than 6 million children (9%) had an asthma attack in the past year.[6] Asthma is the leading cause of school absences resulting from chronic illness.[7] Black children are more likely to suffer from asthma than White and Hispanic children.[8] Racial differences in the prevalence of asthma are correlated with poverty, substandard housing, urban air quality, indoor allergens, and lack of access to preventive medical care.[9]

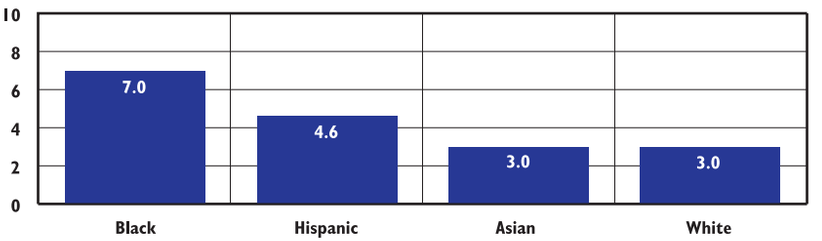
Proper asthma management requires a long-term, multifaceted approach, including patient education, behavior modification, avoidance of asthma triggers, medication to minimize and prevent symptoms, and frequent medical follow-up.[10] Most cases of childhood asthma can be managed by the child's primary care physician and timely medical care can prevent severe asthma attacks.[11] Primary care providers can provide the connections to support services necessary to minimize the exposure to asthma triggers.[12]

### Childhood Asthma Hospitalization Rates, Core Cities and Rhode Island, 2000-2004

| City/Town | Number of Children Hospitalized | Rate per 1,000 Children |
|---|---|---|
| Central Falls | 146 | 5.3 |
| Newport | 91 | 3.5 |
| Pawtucket | 378 | 4.2 |
| Providence | 1,383 | 6.1 |
| West Warwick | 156 | 4.7 |
| Woonsocket | 242 | 4.3 |
| Rhode Island | 4,491 | 3.6 |

Source: Rhode Island Department of Health, Hospital Discharge Database, 2000-2004.

### Asthma Hospitalizations by Race/Ethnicity, per 1,000 Children Under Age 18, Rhode Island, 2000-2004




Source: Rhode Island Department of Health, Hospital Discharge Database, 2000-2004 and U.S. Census Bureau, Population Estimates 2000-2004, Table SC-EST2004-6RACE.

◆ In Rhode Island between 2000 and 2004, the rate of asthma hospitalizations for Black children was more than twice the rate of hospitalizations for White children.

### Asthma and Access to Health Care

◆ Nationally, the prevalence of asthma among minority children is higher than among White children; asthma hospitalizations account for three times the number of deaths.[13]

◆ Low-income and uninsured children are more likely to receive treatment in the emergency department or be hospitalized for conditions that could have been managed with proper outpatient care. Uninsured children are 72% more likely not to receive care for asthma than children who have health insurance.[14]

◆ A recent study concludes that urban children with asthma are more likely to exhibit behavior problems, compared to children without asthma, which can interfere with learning and socialization.[15]

◆ In 2005, Breathe Better Rhode Island was launched to reduce the exposure of children to exhaust fumes emitted by diesel fueled buses. The initiative seeks to reduce air pollutants by limiting bus idling and taking other steps to improve air quality while transporting students. As of December 2005, 17 school districts had joined the program.[16]

*Table 19.* **Asthma Hospitalizations for Children Under Age 18, Rhode Island, 2000-2004**

| CITY/TOWN | ESTIMATED NUMBER OF CHILDREN UNDER 18* | NUMBER OF ASTHMA HOSPITALIZATIONS | RATE/1000 CHILDREN |
|---|---|---|---|
| Barrington | 23,725 | 37 | 1.6 |
| Bristol | 21,995 | 57 | 2.6 |
| Burrillville | 20,215 | 54 | 2.7 |
| Central Falls | 27,655 | 146 | 5.3 |
| Charlestown | 8,560 | 32 | 3.7 |
| Coventry | 41,945 | 117 | 2.8 |
| Cranston | 85,490 | 253 | 3.0 |
| Cumberland | 38,450 | 68 | 1.8 |
| East Greenwich | 17,820 | 31 | 1.7 |
| East Providence | 52,730 | 173 | 3.3 |
| Exeter | 7,945 | 12 | 1.5 |
| Foster | 5,525 | 12 | 2.2 |
| Glocester | 13,320 | 23 | 1.7 |
| Hopkinton | 10,055 | 26 | 2.6 |
| Jamestown | 6,190 | 11 | 1.8 |
| Johnston | 29,530 | 75 | 2.5 |
| Lincoln | 25,785 | 52 | 2.0 |
| Little Compton | 3,900 | 5 | 1.3 |
| Middletown | 21,640 | 75 | 3.5 |
| Narragansett | 14,165 | 18 | 1.3 |
| New Shoreham | 925 | 1 | 1.1 |
| Newport | 25,995 | 91 | 3.5 |
| North Kingstown | 34,240 | 68 | 2.0 |
| North Providence | 29,680 | 96 | 3.2 |
| North Smithfield | 11,895 | 18 | 1.5 |
| Pawtucket | 90,755 | 378 | 4.2 |
| Portsmouth | 21,645 | 62 | 2.9 |
| Providence | 226,385 | 1,383 | 6.1 |
| Richmond | 10,070 | 18 | 1.8 |
| Scituate | 13,175 | 27 | 2.0 |
| Smithfield | 20,095 | 37 | 1.8 |
| South Kingstown | 31,420 | 57 | 1.8 |
| Tiverton | 16,835 | 21 | 1.2 |
| Warren | 12,270 | 44 | 3.6 |
| Warwick | 93,900 | 311 | 3.3 |
| West Greenwich | 7,220 | 16 | 2.2 |
| West Warwick | 33,160 | 156 | 4.7 |
| Westerly | 27,030 | 82 | 3.0 |
| Woonsocket | 55,775 | 242 | 4.3 |
| *Unknown* | *NA* | *106* | *NA* |
| *Core Cities* | *459,725* | *2,396* | *5.2* |
| *Remainder of State* | *779,385* | *2,095* | *2.7* |
| *Rhode Island* | *1,239,110* | *4,491* | *3.6* |

* Number of children under age 18 according to Census 2000 multiplied by five.

### Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, 2000-2004. Data for 2003-2004 are provisional.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

The denominator is the number of children under age 18 according to the Census 2000, multiplied by five to compute a rate over five years, 2000-2004.

### References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[4,8] *Trends in asthma morbidity and mortality.* (2005). New York, NY: American Lung Association.

[6] Air Pollution and Respiratory Health Branch, National Center for Health Statistics. (2005). *National Health Interview Survey, 2003.* Atlanta, GA: Centers for Disease Control and Prevention.

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# Overweight Children and Youth

### DEFINITION

*Overweight children and youth* is the percentage of children ages 6-19 with weight above the 95th percentile for their height, age and gender. Children between the 85th and 95th percentiles are considered "at risk" for overweight.[1]

### SIGNIFICANCE

Weight gain occurs when more calories are consumed than are expended.[2] On average, overweight children do not consume significantly more calories than their normal weight peers, but demonstrate a slow, consistent weight gain over several years. Less than 10% of overweight in children is caused by genetic or hormonal problems.[3] Instead, most children become overweight through sedentary activity, especially television viewing, in combination with consumption of large portions of energy-dense foods.[4]

Overweight causes hypertension, heart disease, asthma, sleep apnea, type II diabetes, and other health problems.[5,6] Overweight children are susceptible to psychosocial problems that include negative self-image and low self-esteem associated with social isolation and high-risk behaviors.[7] Overweight adolescents have a 70% chance of becoming overweight or obese adults.[8]

Overweight in children ages 6-19 quadrupled between the 1960s and 1999-2002, with most of the increase occurring during the last two decades.[9] In the U.S., 16% of children ages 6-19 were overweight during 1999-2002. Another 15% were at risk for being overweight.[10] Among Rhode Island children ages 6-19, 20% were overweight in 2001.[11]A 2003 study showed 16% Rhode Island children ages 6-17 were overweight and 15% were at risk for being overweight.[12] There was a statistically significant increase in obesity among Rhode Island public high school students from 2001 to 2005. The rates increased from 9% in 2001 to 10% in 2003 and 13% in 2005.[13]

Increases in overweight and obesity among children and youth over the last four decades have occurred among all racial, ethnic and economic groups. In the U.S., the prevalence of overweight is highest among non-Hispanic Black and Mexican American children.[14] Among adolescents, non-Hispanic Black (21%) and Mexican American (23%) youth were more likely to be overweight than non-Hispanic White teens (14%).[15] Non-Hispanic White adolescents who live in families with lower incomes have a greater prevalence of overweight than those who live in higher income families.[16]

### Causes of Increased Overweight Among Children and Youth

◆ The increase in overweight children is the result of complex interactions between social and environmental factors that influence eating and physical activity, including:

- Frequent consumption of unhealthy convenience foods and larger portion sizes.
- Reduced affordability of and access to fruits, vegetables and other nutritious foods in some communities.
- Urban and suburban community designs that discourage physical activity, including walking.
- Fewer opportunities for physical activity at, after and to/from school.
- Leisure time spent on sedentary activities, including television watching, computer use, and video games, rather than physical activities.[17]

### Nutrition and Physical Activity Among Public School Students, Rhode Island, 2004-2005

| | ELEMENTARY | MIDDLE | HIGH |
|---|---|---|---|
| Ate 5 or more servings of fruits/vegetables* | 13% | 10% | 7% |
| Played computer/video games at home for 2 hours or less** | 74% | 76% | 80% |
| Watched TV at home for 2 hours or less** | 55% | 49% | 55% |
| Attended after school/weekend intramural or interscholastic sports through school*** | 32% | 35% | 38% |
| Attended youth sports or recreation programs in the community*** | 54% | 44% | 22% |

**Refers to the day prior **Refers to the average school day ***Refers to the past year*
*Elementary School includes students in grades 4-6. Middle School includes students in grades 5-8. High School includes students in grades 9-12.*

Source: Felner, R. (2005). *Rhode Island SALT Survey Reports, Student Reports of Health Care, Nutrition, Sleep, Computer Use, TV Viewing, and Extracurricular Activities by Grade Level.* Rockland, IL: National Center on Public Education and Prevention. Retrieved from Information Works at www.infoworks.ride.uri.edu.

## Preventing Overweight in Children and Youth: A Multi-System Approach

*The likelihood that overweight will persist into adulthood increases with the child's age, the severity of the disease, and the presence of obesity in at least one parent.[18] Reducing the number of Rhode Island children who are overweight will require a comprehensive, multi-system approach shared among families, health care providers, communities and schools.*

### Families

◆ Family involvement is critical to preventing and reducing overweight in children. Parents who encourage healthy eating and regular physical activity, provide and promote healthy food choices, limit television viewing and other recreation screen time to less than two hours a day, and discuss weight status with their child's health care provider can significantly improve their children's health.[19]

### Health Care Providers

◆ Pediatricians and other health care providers play a key role in early detection and intervention with overweight children. Health care professionals should regularly track height and weight for age and offer relevant counseling and guidance.[20] Physician-supervised treatment plans should include a moderate weight loss goal, attention to dietary management, a gradual increase in physical activity and family involvement.[21]

### Communities

◆ Local governments, public health agencies and community groups can expand opportunities for physical activities and design their communities to promote physical activities with recreational facilities, sidewalks and bike paths.[22] Communities can also foster the development of local farmers' markets, which increase access to fresh, nutritious foods.[23]

### Schools

◆ Schools can get involved in preventing overweight by integrating behavior-focused nutrition education and high quality physical education into their curriculum, serving a variety of healthy foods in the school meal program and in additional food options, and increasing opportunities for physical activity with fitness programs, enhanced playgrounds and extracurricular activities.[24,25] Schools also can conduct assessments of students' weight, height and body mass index on an annual basis and communicate the findings to parents.[26]

## Perceptions of Weight and Weight Loss Behaviors Among High School Students, Rhode Island, 2005

| | ALL | MALE | FEMALE |
|---|---|---|---|
| Students who were overweight | 13% | 17% | 9% |
| Students who described themselves as overweight | 33% | 29% | 37% |
| Students who were trying to lose weight | 45% | 32% | 59% |
| *To Lose or Keep from Gaining Weight:* | | | |
| Students who ate less food, fewer calories, or low-fat foods | 39% | 28% | 50% |
| Students who went without eating for 24 hours or more | 12% | 8% | 16% |
| Students who took diet pills, powders, or liquids | 6% | 6% | 5% |
| Students who vomited or took laxatives | 5% | 4% | 6% |

Source: Rhode Island Department of Health, Center for Health Information and Communication, Rhode Island Youth Risk Behavior Survey, 2005. *During the past 30 days. Estimates of overweight may be low as they are based on self-reported height and weight.

◆ Although 13% of Rhode Island high school students were overweight in 2005, 33% considered themselves overweight and many attempted to lose weight by changing their eating and exercising behaviors.[27] These behaviors can threaten their growth and development. Many adolescents who do not meet the strict diagnostic criteria for eating disorders can have disordered eating patterns which have a significant adverse impact on their health.[28]

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*(continued on page 148)*

# Births to Teens

## DEFINITION

*Births to teens* is the number of births to teen girls ages 15 to 17 per 1,000 teen girls. Data are reported by the mother's place of residence, not the place of the infant's birth.

## SIGNIFICANCE

Teen pregnancy and parenting threatens the development of teen parents as well as their children. Teen mothers are less likely to have the financial resources, social supports and parenting skills needed for healthy child development.[1] Children born to teen parents are more likely to suffer poor health, experience learning and behavior problems, live in poverty, go to prison, and become teen parents themselves.[2]

While teen pregnancy occurs in families of all income levels, teens who give birth are more likely to come from economically-disadvantaged families and communities.[3,4] Teen moms are more likely to have mothers with low educational attainment and to have mothers or older sisters who became pregnant as an adolescent.[5]

Poor academic achievement is a key predictor of teen pregnancy.[6] Half of teen mothers drop out of school before becoming pregnant.[7] Nationally, only one-third of teen mothers go on to receive a high school diploma.[8] Teen parents are more likely to delay or not finish school, putting them at greater risk of facing unemployment, low-wage jobs, and poverty.[9]

Research shows that children born to mothers over the age of 22 outperform those whose mothers were still teenagers at the time of birth, even when controlling for background characteristics. Programs that include an emphasis on academic and employment success can reduce the incidence of early childbearing and may also help improve school-readiness in the next generation by enhancing the educational, economic and marital status of women prior to childbearing.[10]

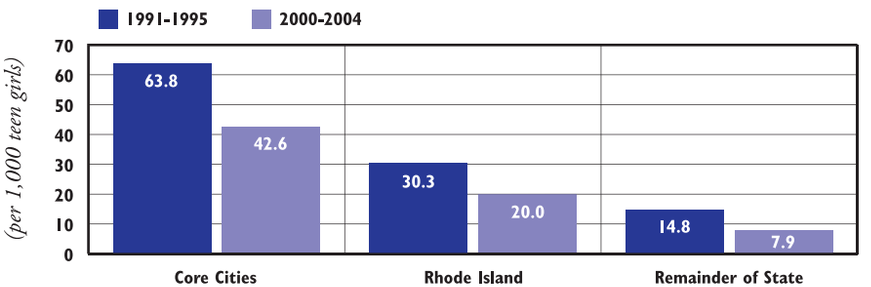
Of all births to Rhode Island teens ages 15 to 17 from 2000-2004, 74% occurred in the core cities. Between 2000 and 2004 in Rhode Island, 59% of pregnancies in girls ages 15 to 19 resulted in live births, 37% resulted in abortion, and 4% resulted in miscarriage.[11]

### Rhode Island Teen Birth Rates, 2000-2004

| Age | Births Per 1,000 Teen Girls |
|---|---|
| 15-17 | 20.0 |
| 18-19 | 44.9 |
| 15-19 | 31.7 |

Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2000-2004. Data for 2003-2004 are provisional.

### Births to Teens Ages 15-17, Core Cities, Rhode Island and Remainder of State, 1991-1995 and 2000-2004




Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1991-1995 and 2000-2004. Data for 2003-2004 are provisional.

◆ Over the past decade, teen birth rates for Rhode Island girls ages 15 to 17 declined in all geographic areas. The rate decreased by 34% for the state as a whole and by 33% for the core cities, compared to a 47% decrease in the remainder of the state. Despite the decreases, teen girls in the core cities give birth at five times the rate of girls of the same age in the remainder of the state.[12]

### Repeat Births to Teens, Rhode Island, 2000-2004

| Age | Total Number of Births | Number of Repeat Births | Percent |
|---|---|---|---|
| 12-14 | 106 | 1 | 1% |
| 15-17 | 1,976 | 178 | 9% |
| 18-19 | 3,936 | 997 | 25% |
| *Total* | *6,018* | *1,176* | *20%* |

Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2000-2004. Data for 2003-2004 are provisional.

◆ Between 2000 and 2004 in Rhode Island, one in five teen births (20%) was to a teen who was already a mother. For girls ages younger than 15, 1% of births were repeat births, for girls 15-17, 9% were repeat births and for girls ages 18-19, 25% were repeat births.[13] Repeat births can further impede a teen mother's ability to finish school and be employed.[14]

*Table 20.*

## Births to Teens, Ages 15-17, Rhode Island, 2000-2004

| CITY/TOWN | # OF TEEN GIRLS AGES 15-17* | # OF BIRTHS TO GIRLS AGES 15-17 | RATE PER 1,000 GIRLS AGES 15-17 |
|---|---|---|---|
| Barrington | 2,130 | 2 | 0.9 |
| Bristol | 1,860 | 12 | 6.5 |
| Burrillville | 1,785 | 11 | 6.2 |
| Central Falls | 1,875 | 118 | 62.9 |
| Charlestown | 670 | 7 | 10.4 |
| Coventry | 3,210 | 43 | 13.4 |
| Cranston | 6,890 | 93 | 13.5 |
| Cumberland | 3,125 | 26 | 8.3 |
| East Greenwich | 1,415 | 7 | 4.9 |
| East Providence | 4,565 | 43 | 9.4 |
| Exeter | 725 | 6 | 8.3 |
| Foster | 445 | 1 | NA |
| Glocester | 1,145 | 5 | 4.4 |
| Hopkinton | 870 | 7 | 8.0 |
| Jamestown | 565 | 3 | 5.3 |
| Johnston | 2,295 | 23 | 10.0 |
| Lincoln | 2,190 | 12 | 5.5 |
| Little Compton | 295 | 0 | NA |
| Middletown | 1,370 | 6 | 4.4 |
| Narragansett | 1,265 | 4 | 3.2 |
| New Shoreham | 80 | 0 | NA |
| Newport | 1,990 | 60 | 30.2 |
| North Kingstown | 2,660 | 13 | 4.9 |
| North Providence | 2,470 | 29 | 11.7 |
| North Smithfield | 1,015 | 1 | 1.0 |
| Pawtucket | 6,820 | 207 | 30.4 |
| Portsmouth | 1,680 | 9 | 5.4 |
| Providence | 17,055 | 845 | 49.5 |
| Richmond | 815 | 7 | 8.6 |
| Scituate | 1,215 | 6 | 4.9 |
| Smithfield | 1,750 | 8 | 4.6 |
| South Kingstown | 2,750 | 19 | 6.9 |
| Tiverton | 1,345 | 8 | 5.9 |
| Warren | 1,000 | 6 | 6.0 |
| Warwick | 7,910 | 66 | 8.3 |
| West Greenwich | 540 | 2 | 3.7 |
| West Warwick | 2,455 | 47 | 19.1 |
| Westerly | 2,170 | 24 | 11.1 |
| Woonsocket | 4,240 | 190 | 44.8 |
| *Core Cities* | *34,435* | *1,467* | *42.6* |
| *Remainder of State* | *64,215* | *509* | *7.9* |
| *Rhode Island* | *98,650* | *1,976* | *20.0* |

** Number of girls ages 15-17 according to Census 2000 multiplied by five.*

### Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2000-2004. Data for 2003–2004 are provisional.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

NA: Rates were not calculated for cities and towns with less than 500 teen girls ages 15-17, as rates for small denominators are statistically unreliable.

The denominator is the number of girls ages 15 through 17 according to Census 2000, multiplied by five to compute a rate over five years, 2000-2004.

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# Alcohol, Drug and Cigarette Use by Teens

## DEFINITION

*Alcohol, drug, and cigarette use by teens* is the percentage of middle school students and high school students who report having used alcohol, cigarettes or illegal drugs (such as marijuana, uppers, or downers) at least once in the 30 days prior to taking the School Accountability for Learning and Teaching (SALT) Student Survey during the 2004-2005 school year.

## SIGNIFICANCE

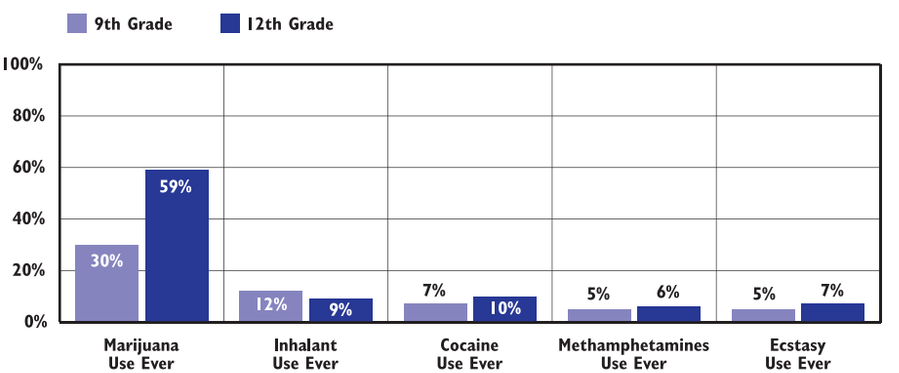
The use of substances threatens the health and safety of children, families and communities. For nearly a decade, the number of adolescents using tobacco and illegal drugs has been slowly decreasing both in Rhode Island and nationwide, while the age at first use has lowered.[1,2,3] The age when young people use alcohol, tobacco and illicit drugs for the first time is a predictor of later problems with alcohol and drugs, especially if use begins before the age of 15.[4]

Research shows that the key risk periods for alcohol, cigarette and other drug abuse are during major transitions in children's lives. These include the transition to middle school, which presents new academic and social situations, and the transition to high school, which presents additional social and emotional challenges, as well as greater exposure to drugs, substance abusers, and social activities involving drugs and alcohol.[5]

The risk for becoming a substance user involves the relationship between risk factors and protective factors, which vary in their effects by age, gender and race/ethnicity of the potential user. Risk factors include early aggressive behavior, lack of parental supervision, peer substance abuse, academic failure and poverty. Protective factors include a strong parent-child bond, parental involvement and consistent discipline, academic competence and a strong neighborhood attachment.[6]

Early intervention to prevent risk factors and build protective factors has a greater impact than interventions that occur later in a child's life. Family intervention can strengthen protective factors among young children by teaching parents better communication skills and appropriate discipline. School programs can begin to prevent substance abuse as early as pre-school by addressing risk factors such as aggressive behavior, poor social skills, and academic difficulties.[7]

**Illicit Drug Use Among Rhode Island High School Students, By Grade, 2005**




Source: 2005 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Office of Health Statistics.

◆ With the exception of inhalants, the reported use of marijuana, cocaine, ecstasy and methamphetamines generally increases with age among high school students in Rhode Island.[8]

◆ The statewide average for all grades for use of marijuana among high school students in Rhode Island ever in their lives was 43%, while 25% had used it in the past month. Ten percent report ever using inhalants (sniffing glue, breathing the contents of an aerosol spray can, and/or inhaling paints or sprays), 8% report ever using any form of cocaine, and 6% report using methamphetamines or ecstasy. Less than 4% report ever using heroin or steroids.[9]

◆ Although data for Rhode Island are not available, national studies have shown an increase in the abuse of controlled prescription medications among youth. In 2003, 9% of teens ages 12-17 reported abusing a controlled prescription drug at least once in the past year.[10] Approximately 10% of 12th graders report using Vicodin and 6% report using OxyContin in the past year.[11] Teens who abuse controlled prescription medications are much more likely to use alcohol, marijuana, and other drugs as well.[12]

*Table 21.*

## Student Reports of Alcohol, Drug and Cigarette Use by Student Grade Level, Rhode Island, 2004-2005

| SCHOOL DISTRICT | ALCOHOL USE | | DRUG USE | | CIGARETTE USE | |
|---|---|---|---|---|---|---|
| | MIDDLE SCHOOL | HIGH SCHOOL | MIDDLE SCHOOL | HIGH SCHOOL | MIDDLE SCHOOL | HIGH SCHOOL |
| Barrington | 12% | 42% | 4% | 24% | 5% | 20% |
| Bristol-Warren | 17% | 44% | 10% | 29% | 10% | 26% |
| Burrillville | 25% | 43% | 11% | 27% | 11% | 25% |
| Central Falls | 21% | 41% | 13% | 18% | 15% | 17% |
| Chariho | 17% | 46% | 10% | 30% | 12% | 25% |
| Coventry | 18% | 47% | 7% | 32% | 9% | 29% |
| Cranston | 20% | 41% | 9% | 23% | 10% | 20% |
| Cumberland | 16% | 49% | 8% | 31% | 9% | 24% |
| East Greenwich | 21% | 39% | 13% | 21% | 13% | 13% |
| East Providence | 25% | 46% | 12% | 32% | 15% | 27% |
| Exeter-West Greenwich | 21% | 38% | 10% | 25% | 9% | 13% |
| Foster-Glocester | 28% | 52% | 15% | 38% | 13% | 29% |
| Jamestown | 18% | NA | 11% | NA | 10% | NA |
| Johnston | 23% | 51% | 10% | 24% | 11% | 18% |
| Lincoln | 22% | 42% | 14% | 28% | 14% | 24% |
| Little Compton | 11% | NA | 2% | NA | 2% | NA |
| Middletown | 12% | 45% | 8% | 38% | 8% | 30% |
| Narragansett | 10% | 38% | 5% | 26% | 3% | 19% |
| New Shoreham | NA | 39% | NA | 21% | NA | 7% |
| Newport | 14% | 49% | 5% | 39% | 4% | 32% |
| North Kingstown | 15% | 43% | 7% | 32% | 9% | 24% |
| North Providence | 19% | 45% | 9% | 26% | 9% | 23% |
| North Smithfield | 18% | 42% | 10% | 29% | 11% | 23% |
| Pawtucket | 25% | 38% | 10% | 23% | 10% | 18% |
| Portsmouth | 10% | 52% | 4% | 32% | 4% | 22% |
| Providence | 20% | 35% | 9% | 19% | 8% | 16% |
| Scituate | 15% | 42% | 9% | 25% | 8% | 20% |
| Smithfield | 13% | 49% | 7% | 34% | 9% | 30% |
| South Kingstown | 9% | 44% | 5% | 34% | 3% | 26% |
| Tiverton | 20% | 48% | 11% | 36% | 8% | 27% |
| Warwick | 22% | 44% | 10% | 29% | 10% | 27% |
| West Warwick | 12% | 40% | 4% | 23% | 7% | 21% |
| Westerly | 12% | 43% | 7% | 26% | 6% | 24% |
| Woonsocket | 18% | 38% | 9% | 28% | 7% | 23% |
| *Core Cities* | *18%* | *40%* | *8%* | *25%* | *9%* | *21%* |
| *Remainder of State* | *17%* | *44%* | *9%* | *29%* | *9%* | *23%* |
| *Rhode Island* | *18%* | *42%* | *9%* | *28%* | *9%* | *22%* |

*NA = Community has no middle school or no high school*

*Data are for students reporting use in the 30 days prior to the date the SALT Survey was administered.*

### Sources of Data for Table/Methodology

Felner, R. (2005). *Rhode Island SALT Survey reports, student reports of health risk practices by grade level, school year 2004-2005.* Retrieved from Information Works at www.infoworks.ride.uri.edu. Data are for students who reported substance use in past 30 days.

The School Accountability for Learning and Teaching (SALT) Student Survey is administered during one 60-minute class period each school year. All students in grades 4-12 in Rhode Island complete the survey, with the exceptions of students who have been excused by their parents and students with Individual Education Programs (IEPs) who are unable to take the survey. Grades included in middle and high school vary by district. For the Rhode Island percentage, middle school includes grades 5-8 and high school includes grades 9-12. Results are available at www.infoworks.ride.uri/edu.

Response rates for each of these questions, for all districts and at all grade levels, ranged from 76% to 100%. Nationally, a response rate of 60% or greater is considered acceptable.

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# Additional Children's Health Issues

## Developmental Assets In Young People

◆ Children and adolescents in Rhode Island can reach their full potential through a combination of thriving (e.g., succeeding in school), being resilient (i.e., rebounding in the face of adversity) and avoiding the initiation of behaviors that might compromise their physical and/or mental health.[1]

◆ Adolescent risk behaviors such as substance use, violence toward themselves or others, eating disorders, gambling, and problems in school such as school failure and dropping out, can be lessened or prevented by protective factors, sometimes referred to as "developmental assets."[2]

◆ National research has shown that the more developmental assets young people have, the less likely they are to engage in the following eight types of substance use: using alcohol, smokeless tobacco, marijuana, inhalants or other illicit drugs, binge drinking, drinking and driving, and smoking cigarettes.[3]

◆ Students who report an increase in the number of assets between middle and high school show a significant decrease in substance use. Those who report a decrease in assets show an increase in substance use.[4]

◆ The average young person surveyed in the U.S. reports having 19 of the 40 assets.[5] Youth of all races and ethnicities benefit similarly from these assets, regardless of their socioeconomic status, although the importance of particular categories varies by race and ethnicity.[6] Assets promote positive development regardless of risk context; they are important to high-risk and to low-risk youth.[7]

◆ The development of opportunities in schools and communities that build assets can result in improvements to the overall health of young people in Rhode Island.

## Protective Factors Among Rhode Island High School Students, 2004-2005

◆ The School Accountability for Learning and Teaching (SALT) Student Survey assesses protective factors among Rhode Island's high school students, which vary by gender, ethnicity, grade level and economic status.[8]

| Caring School Climate | Total |
|---|---|
| Feels they can talk to a teacher or other staff member at school about academic issues most of the time or always | 48% |
| Feels they can talk to a teacher or other staff member at school about personal or family problems most of the time or always | 16% |
| **After School Supervision** | |
| Takes care of themselves after school for more than 3 hours 3 or more days per week without an adult present | 34% |
| **Academic Expectations** | |
| Thinks they will graduate from high school | 84% |
| Thinks they will go to college | 78% |
| **Constructive Use of Time** | |
| Participates in at least one extracurricular activity or program not including paid work in past year | 58% |
| **Homework** | |
| Spends at least one hour per week night doing homework | 40% |
| Parents often help students with their homework | 10% |
| Parents often make sure that students do their homework assignments | 32% |
| **Reading for Pleasure** | |
| Spends more than one hour per day reading | 10% |
| Have read 1-2 books in the past 3 months that weren't required by school | 36% |

Source: Rhode Island SALT Survey Reports, School Year 2004-2005. Rockland, IL: National Center on Public Education and Policy.

## Health Risk Behaviors Among Rhode Island Public High School Students, 2005

| Driving | Females | Males | Total |
|---|---|---|---|
| Never or rarely wear a seatbelt when riding in a car | 9% | 16% | 13% |
| Drove a vehicle when they had been drinking alcohol during the past 30 days | 7% | 15% | 11% |
| Rode in a vehicle during the past 30 days driven by someone who had been drinking alcohol | 26% | 31% | 29% |

| Sexual Behavior | Females | Males | Total |
|---|---|---|---|
| Ever had sexual intercourse | 45% | 48% | 47% |
| Had sexual intercourse for first time before age 13 | 2% | 9% | 6% |
| Did not use a condom during last sexual intercourse* | 41% | 27% | 34% |
| Used drugs or alcohol before last sexual intercourse* | 16% | 28% | 22% |

| Depression and Suicide | Females | Males | Total |
|---|---|---|---|
| Felt so sad or hopeless that they stopped doing some usual activities during the past 12 months | 34% | 17% | 26% |
| Seriously considered attempting suicide during the past 12 months | 17% | 11% | 14% |
| Attempted suicide during the past 12 months | 11% | 6% | 8% |

| Weapon Carrying | Females | Males | Total |
|---|---|---|---|
| Carried a gun, knife, or club at least once in the past 30 days | 4% | 20% | 12% |
| Carried a gun at least once in past 30 days | 1% | 8% | 4% |

Source: *2005 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Office of Health Statistics.*

* Question only asked for students who had sexual intercourse during the 3 months prior to the survey.

## School Based Health Centers, Rhode Island

### Access to Health Care in Schools

◆ School-based health centers (SBHCs) are clinical primary health care sites located within schools. SBHCs offer comprehensive health services including physical examinations, medication management, immunizations, care for chronic conditions, mental health services, substance abuse services, reproductive health care and dental care. SBHCs increase children's access to important preventive and treatment services and improve children's health status.[9]

◆ There are eight SBHCs in Rhode Island. The SBHCs are managed by community health centers and are located in Central Falls, Pawtucket, Providence, West Warwick and Woonsocket.[10]

### Use of SBHCs in Rhode Island, 2003-2004*

| | School Enrollment | SBHC Users | SBHC Visits |
|---|---|---|---|
| Central Falls/Pawtucket | 3,368 | 1,099 | 3,407 |
| Providence | 1,600 | 177 | 900 |
| Woonsocket | 2,709 | 991 | 4,273 |
| Total | 7,677 | 2,267 | 8,580 |

*Data were not available for one school served by the SBHC in Providence or for SBHCs in West Warwick for the 2003-2004 school year.

Source: *Rhode Island School Based Health Center Academic Year 2003-2004 Centralized Data Reporting Pilot (CDRP),* Rhode Island Department of Health, Data and Evaluation Unit, Division of Family Health.

◆ Young people use the SBHCs for a wide range of health care issues. The most common health service provided at all SBHCs during the 2003-2004 school year were routine child checkups and other primary preventive services. SBHCs also provided behavioral health services; counseling and help with depressive disorders were among the top five most common procedures provided.[11]

### References


[1] Benson, P. (2001). *Building developmental assets: A new strategy for preventing high risk behavior.* Mounds View, MN: Central Center for the Application of Prevention Technologies.

[2,3,4,7] Benson, P.L., Roehlkepartain, E.C., & Sesma, A. (2004). Tapping the power of community: Building assets to strengthen substance abuse prevention. *Search Institute Insights & Evidence,* 2(1), 1-14. Minneapolis, MN: Search Institute.

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[6] Sesma, A. & Roehlkepartain, E.C. (2003). Unique strengths, shared strengths: Developmental assets among youth of color. *Search Institute Insights & Evidence,* 1(2), 1-13. Minneapolis, MN: Search Institute.


*(continued on page 148)*

# Safety

## The Rider

A boy told me
if he roller-skated fast enough
his loneliness couldn't catch up to him.

the best reason I ever heard
for trying to be a champion.

What I wonder tonight
pedaling hard down King William Street
is if it translates to bicycles.

A victory! To leave your loneliness
panting behind you on some street corner
while you float free into a cloud of sudden azaleas,
pink petals that have never felt loneliness,
no matter how slowly they fell.

*Naomi Shihab Nye*

# Child Deaths

### DEFINITION

*Child deaths* are the number of deaths from all causes to children ages 1 to 14, per 100,000 children. The data are reported by place of residence, not place of death.

### SIGNIFICANCE

The child death rate is a reflection of the physical, mental and emotional health of children, the dangers to which children are exposed in the community, access to and use of safety devices and practices (such as bicycle helmets and smoke alarms), and the level of adult supervision children receive.[1,2] In the United States, the child death rate has steadily declined for all children due to medical advances and a drop in motor vehicle accidents, the leading cause of injury among children.[3]

Nationally, child injuries and deaths disproportionately affect poor children, younger children, males and minorities.[4] Children living in poverty are at the greatest risk for injury and death. According to research, low-income children are four times more likely to drown, five times more likely to die in a fire and twice as likely to die in a motor vehicle crash.[5] The accidental injury death rates for Black and Native American children under age 14 are one and a half times higher than the rates for White children.[6]

Many of the injuries that do not result in death are extremely costly both financially and in terms of loss in quality of life.[7]

In Rhode Island, between 2000 and 2004 there were 132 deaths of children ages 1 to 14. Of these deaths, 84 (64%) were due to disease, 34 (26%) were due to unintentional injuries, 9 (7%) were due to intentional injuries (7 homicides and 2 suicides) and 5 (4%) were due to other causes.[8] Unintentional injuries are the leading cause of death for children ages 1 to 14 in Rhode Island, more than from any one single disease.[9] Between 2000 and 2004, Rhode Island had a child death rate of 13.8 per 100,000 children ages 1 to 14.[10]

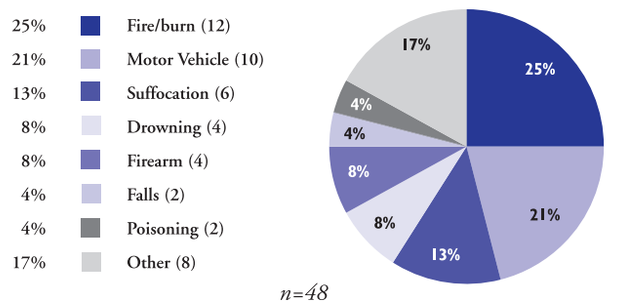
**Child Death Rate**
**(per 100,000 Children Ages 1-14)**

| | 2000 | 2002 |
|---|---|---|
| **RI** | 17 | 14 |
| **US** | 22 | 21 |
| **National Rank*** | | *3rd* |
| **New England Rank**** | | *3rd* |

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: *KIDS COUNT data book: State profiles of child well-being 2005.* (2005). Baltimore, MD: The Annie E. Casey Foundation.

**Child Deaths Due to Injury, By Cause, Rhode Island, 2000-2004**




*n=48*

Source: Rhode Island Department of Health, Maternal and Child Health Database, 2000-2004.

◆ Between 2000 and 2004, 48 children died as a result of injury. Of these, 81% (39) of deaths were caused by unintentional or undetermined injuries. Nineteen percent of child deaths by injury were attributed to homicide (7) or suicide (2).[11]

◆ Nationally, motor vehicle accidents are the most common cause of injury deaths to children under age 14.[12] In Rhode Island, between 2000 and 2004, motor vehicle accidents caused 21% of the unintentional injuries that resulted in child deaths, the second leading cause of injury deaths to children ages 1 to 14 during this time period.[13]

◆ According to safety experts, 90% of unintentional injuries are preventable. Effective safety products and safe environments can significantly reduce child injury and death. Child restraints in cars, adhering to traffic laws, wearing bicycle helmets and possessing smoke alarms with batteries checked monthly are a few precautions that can be taken to prevent accidental childhood injury and death.[14]

**References**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[4,12] *Report to the nation: Trends in unintentional childhood injury mortality, 1987-2000.* (2003). Washington, DC: National SAFE KIDS Campaign.

[8,9,11,13] Rhode Island Department of Health, Maternal and Child Health Database, 2000-2004.

[10] Rhode Island KIDS COUNT calculation using the U.S. Bureau of the Census, Population Estimates, 2000-2004.

[14] *KIDS COUNT indicator brief: Reducing the child death rate.* (2003). Baltimore, MD: The Annie E. Casey Foundation.

# Teen Deaths

## DEFINITION

*Teen deaths* are the number of deaths from all causes to teens ages 15 to 19, per 100,000 teens. The data are reported by place of residence, not place of death.

## SIGNIFICANCE

The main threats to adolescents' health and safety are risk behaviors, including substance abuse and violence. Teens' emotional and behavioral health further impacts their safety. Risk factors for teens include poverty, diminished economic opportunity, neighborhood violence and academic failure. Important factors which protect against risk behaviors are engagement in school and the presence of strong positive relationships with parents, family or other caring adults.[1,2]

According to the *2005 Rhode Island Youth Risk Behavior Survey,* Rhode Island high school students are exposed to numerous risks and frequently engage in risk behaviors. Students reported that at least once during the 12 months preceding the survey, 6% did not go to school because they felt unsafe, 5% of students were injured in a physical fight requiring treatment by a health professional and 10% of students were physically hurt by a boyfriend or girlfriend. Other risk behaviors reported by youth included, 8% of students attempted suicide during the 12 months preceding the survey, 29% had ridden in a vehicle driven by someone who had been drinking, and 13% never or rarely had worn a seatbelt when riding in a car.[3]

Between 2000 and 2004 there were 186 deaths of teens ages 15 to 19 in Rhode Island, a rate of 51.9 per 100,000 teens.[4,5] Of these, 49 (26%) were due to disease, 49 (26%) were due to intentional injury, 80 (43%) were due to unintentional injuries and 8 (4%) were undetermined. Of the intentional injuries, 28 were homicides and 21 were suicides. Eighty-three percent of the unintentional deaths involved motor vehicles.[6]

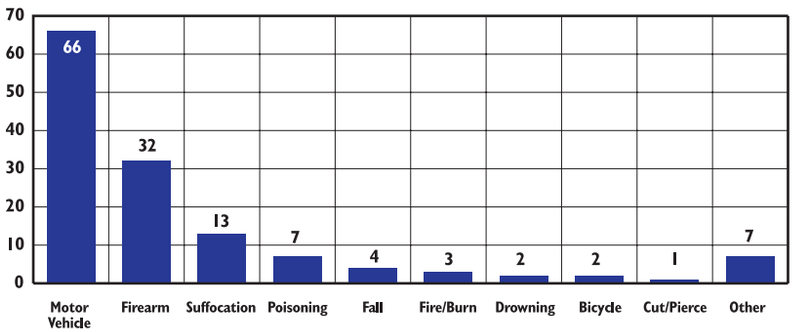
**Teen Deaths by Accident, Homicide and Suicide**
**(deaths per 100,000 Children Ages 15-19)**

| | 2000 | 2002 |
|---|---|---|
| **RI** | 52 | 52 |
| **US** | 67 | 68 |
| **National Rank*** | | *7th* |
| **New England Rank**** | | *4th* |

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: *KIDS COUNT Data Book: State Profiles in Child Well-Being 2005.* (2005). Baltimore, MD: The Annie E. Casey Foundation.

**Injury Deaths by Cause, Teens Ages 15 to 19, 2000-2004**




*n=137*

Source: Rhode Island Department of Health, Maternal and Child Health Database, 2000-2004.

◆ Between 2000 and 2004, 137 teens died as a result of injury. Of these, 64% (88) of deaths were caused by unintentional or undetermined injuries. Twenty-six percent of teen deaths by injury were attributed to homicide (28) or suicide (21).[7]

◆ Protective factors, those individual and environmental factors that can shield teens from the effects of risk behaviors, are important measures in reducing the teen death rate. Examples of protective factors are parental involvement in daily life and other support systems such as friends, religious groups and extracurricular activities. Expanding access to family mental health services is another protective factor that can help teens to manage their response to conflict and their ability to manage stress.[8,9]

**References**


[1,8] Center for Disease Control & Prevention. (n.d.). *Youth violence: Fact sheet.* Retrieved January 14, 2005 from www.cdc.gov/ncipc/factsheets/vvfacts.htm

[2,9] *KIDS COUNT indicator brief: Reducing the teen death rate.* (2003). Baltimore,MD: The Annie E. Casey Foundation.

[3] *2005 Rhode Island Youth Risk Behavior Survey,* Rhode Island Department of Health, Office of Health Statistics.

[4,6,7] Rhode Island Department of Health, Hospital Discharge Database, 2000-2004.

[5] Rhode Island KIDS COUNT calculation using the U.S. Bureau of the Census, Population Estimates, 2000-2004.

# Gun Violence

### DEFINITION

*Gun violence* is the number of firearm-related deaths and injuries to Rhode Island children and youth under 20 years of age. The data are reported by place of residence, not place of death or hospitalization.

### SIGNIFICANCE

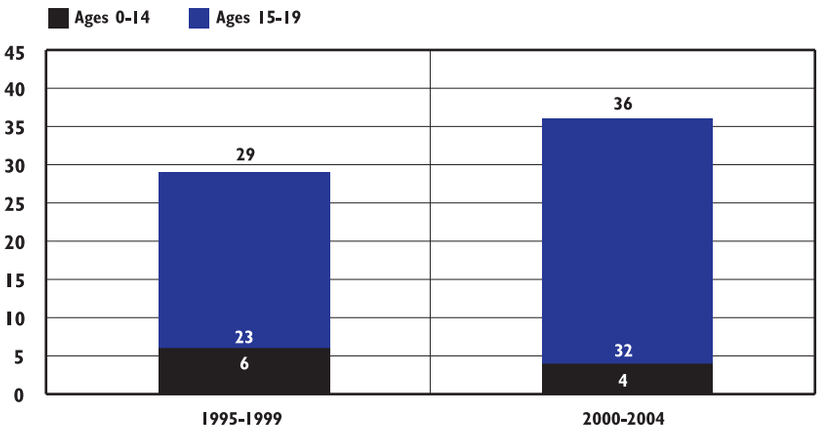
Gun violence affects all children and youth, not only those who are victims and perpetrators. Gun violence threatens the psychological, emotional and social well-being of individuals and communities.[1]

In the late 1980s and early 1990s the accessibility of handguns became a major safety concern for children and youth in the United States. Teen homicides are more likely committed with a gun compared to homicides of other aged persons.[2] The youth gun violence epidemic peaked in 1994, when 5,833 young people under age 20 died from firearm injuries.[3] Since the 1990s, homicide victimization rates and offender rates for children under age 17 have declined dramatically in the U.S.[4] Between 1994 and 2002, the number of homicides committed by youth with a gun decreased 77% for children age 14 and under, 72% for youth ages 14 to 17 and 35% for youth ages 18 to 24.[5] Up until age 17, the percentage of homicide victims killed with a gun increases with age. The percentage decreases thereafter.[6]

The gun death rate is still a cause of concern for children. Nationally, in 2002, youth ages 15 to 24 were at risk for death by firearms with a death rate of 16.7 per 100,000 residents.[7] The likelihood of being a victim of gun violence is linked to gender and race. In the U.S., males ages 15 to 24 are more than eight times as likely as females ages 15 to 24 to die as a result of a firearm.[8] Black (87.1), Hispanic (32.1) and Native American (30.0) males ages 15 to 24 had a disproportionately higher firearm-related death rate per 100,000 than their White (15.6) or Asian (11.7) male counterparts.[9]

Factors that place young people at risk for violent perpetration include a history of early aggression, neighborhood violence, poor supervision, exposure to violence in the home, parental drug/alcohol abuse, association with peers engaged in high-risk behavior, low commitment to school, diminished economic opportunity, high levels of transience and family disruption.[10]

### Gun Deaths, Children Ages 0-14 and 15-19, Rhode Island, 1995-2004




Source: Centers for Disease Control and Prevention, Rhode Island Injury Mortality Statistics, 1993-1996. Rhode Island Department of Health, Office of Health Statistics, 1995-2004.

◆ Rhode Island's trend in gun deaths among youth is disproportionately driven by gun death rates among teens ages 15 to 19. Between 2000 and 2004 in Rhode Island, 89% of youth gun deaths were to teens ages 15 to 19, and 11% were to children under the age of 15.[11]

### Gun-Related Hospitalizations

◆ There were 70 gun-related hospitalizations between 2000 and 2004 for children under age 20.[12] Of the 70 admissions, seven victims were younger than age 15 and 63 were between the ages of 15 to 19. Seventy-nine percent (55) of the 70 hospitalizations were victims of assault, 17% (12) were victims of unintentional injuries, 3% (2) were hospitalized for a self-inflicted firearm injury, and 1% (1) were undetermined.[13]

◆ Of the youth in Rhode Island hospitalized for gun-related injuries between 2000 and 2004, 77% were residents of the core cities (64% from Providence, 6% from Central Falls, 6% from Pawtucket and 1% from Newport).[14]

## Preventing Youth Gun Violence

*No single policy or effort will end youth gun violence. However, several strategies implemented simultaneously can mitigate the number of instances and the lethality of gun violence among children and youth.*

◆ Reduce the exposure of children to guns in the home by educating parents to the risks that guns pose to their children and increasing awareness of safety measures. The best way to prevent firearm injuries among children is to remove guns from the home or store guns properly and separate from their ammunition.[15]

◆ Reduce children's exposure to guns in the media by increasing parental monitoring of programming and limiting the time children spend watching television, playing video games and accessing the computer.[16]

◆ Engage communities in antiviolence initiatives, community revitalization and public awareness campaigns to change youth attitudes toward guns. Important in the community approach is a partnership with law enforcement to communicate social norms against youth gun carrying and gun violence.[17]

◆ Some injury prevention experts believe that changing the design of guns and requiring product safety features could reduce unintentional injuries among children and youth.[18] One study found that incorporating three key safety devices on firearms (personalization devices, loaded chamber indicators and magazine safeties) could have prevented 44% of deaths.[19]

## Guns in the Home

◆ Research shows a strong correlation between firearm availability and firearm-related deaths and injuries among children and teens.[20] The availability of guns in the home significantly increases the risk of suicide and unintentional injury for children under 20 years of age. More than 75% of the guns used in youth suicide attempts and unintentional injures are stored in the residence of the victim, a relative or a friend.[21]

◆ Research finds that in homes with guns, keeping a gun locked and unloaded and storing ammunition locked and in a separate location reduces gun injuries to children and teenagers.[22]

◆ More than one in three (35%) of American households with children under 18 years of age have at least one firearm and that 43% of those homes had at least one unlocked firearm.[23]

◆ Rhode Island is one of five states with the lowest levels of gun ownership. Children living in states with the highest level of gun ownership are 3 times more likely to die from homicide, 7 times more likely to die from firearm suicide and 16 times more likely to die from unintentional firearm injury as those living in states with the lowest level of gun ownership.[24]

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# Homeless Children

### DEFINITION

*Homeless children* is the number of Rhode Island children under 13 years old who received emergency housing services at emergency homeless shelters and domestic violence shelters between July 1, 2004 and June 30, 2005.

### SIGNIFICANCE

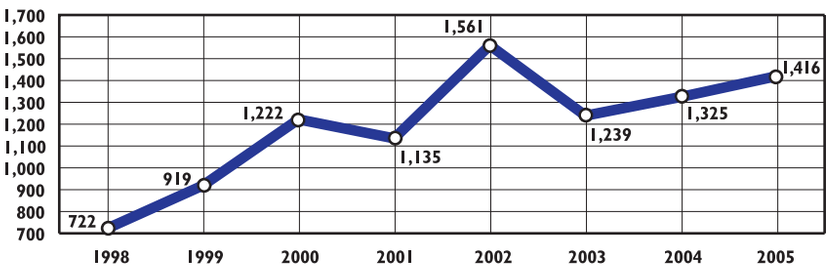
Poverty, low wages, unemployment, lack of affordable housing, mental illness or substance abuse, domestic violence and prisoner reentry are factors in family homelessness.[1,2] With a large percentage of family income going toward rent, any interruption in income or unexpected expense can place families at risk of homelessness.[3]

Compared to their peers, homeless children are more likely to get sick; develop mental health problems, such as anxiety and depression; have academic problems, including high rates of school mobility and higher rates of learning disabilities diagnoses; and be victims of violence and exhibit delinquent and aggressive.[4,5] Homeless children go hungry at twice the rate of other children and are more likely to experience illnesses such as stomach problems, ear infections and asthma.[6] Infants, toddlers and preschoolers who are homeless develop more slowly and are more apt to have one or more developmental delays than their poor, but housed counterparts.[7]

In 2005 in the U.S., the average increase in requests for emergency shelter by homeless families with children was 5%.[8] On average, 32% of the shelter requests by homeless families in the U.S. are estimated to have gone unmet, largely because of limited resources.[9] Nationally, 57% of cities surveyed stated that homeless families risked being broken up in order to be accommodated in the emergency shelter.[10]

In 2005 in Rhode Island, 809 families sought emergency shelter. Seventy-eight percent of these families were female-headed families.[11] Between July 1, 2004 and June 30, 2005, 1,717 children under age 18 received shelter from Rhode Island's emergency shelter system, an increase of 15% from the year before.[12] Nearly half, 769 (45%) were age 5 or under, 647 (38%) were ages 6 to 12, and 301 (18%) were ages 13 to 17.[13] Youth between the ages of 13 and 17 are only admitted into the emergency shelter system with adult supervision.

### Children Under Age 13 Living in Shelters, Rhode Island, 1998 – 2005




Source: Rhode Island Emergency Shelter Information Project 1998 – 2005. Providence, RI: Emergency Food and Shelter Board.

◆ In Rhode Island, 1,416 children under age 13 received emergency housing in a homeless shelter or a domestic violence shelter in 2005. This is the second highest number of young children receiving emergency shelter since 1998.[14]

### Homeless Children and Education

◆ Homelessness can negatively impact a child's education. Barriers, such as the lack of immunization records, a delay in the transfer of school records, lack of transportation, and both residency and guardianship requirements, prevent homeless children from enrolling in school. For those homeless children who are enrolled in school, regular attendance is a problem. Nationally, 87% of homeless children are enrolled in school, while 77% attend regularly.[15]

◆ Homeless families move often for reasons that may include: escape from abusive partners, the search for stable employment or affordable housing, and time limits on shelter stays. With each move, a child's education is disrupted, and an estimated 3-6 months of education is lost.[16]

◆ The McKinney-Vento Homeless Assistance Act of 2002 requires each school district to identify homeless children and remove policies and practices that act as barriers to school enrollment, attendance and success for homeless children. Children are allowed to remain enrolled in their school of origin during homelessness and should receive assistance from the school district in obtaining immunization records. Transportation to and from school is provided by the district.[17]

## DEFINITION

*Homeless youth* is the number of Rhode Island youth ages 13 to 17 who are homeless or at risk for homelessness, have run away from home or have been thrown out of their homes and are not allowed to return.

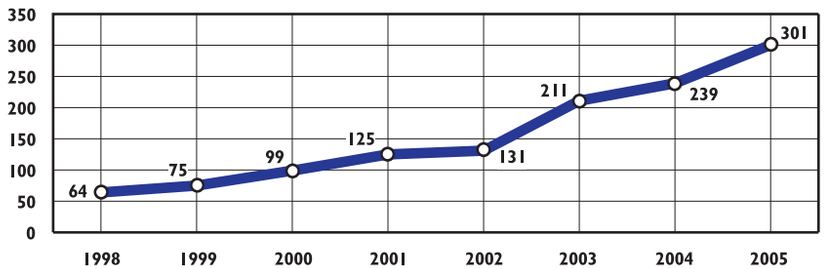
## SIGNIFICANCE

Homelessness among youth has a number of causes, including family problems (such as strained relationships and physical abuse), family homelessness and residential instability resulting from foster care and institutional placements.[1] Nationally, 46% of callers to the National Runaway Switchboard identified themselves as victims of problematic family dynamics or abuse.[2] Some runaway youth are considered to be throw-aways who were told or forced to leave a household, or were abandoned by their parents or guardians.[3]

It is often difficult for homeless youths to obtain food, clothing and medical care, as well as find the means to continue their education and maintain personal hygiene. While living on the streets, homeless youth are at a high risk of both physical and sexual assault, and highly susceptible to sexual exploitation as a means of their obtaining basic needs. Consequently, homeless youth face an increased risk of contracting AIDS/HIV.[4,5]

Although estimates vary, it is projected that there are between 1 million and 1.3 million U.S. youth who run away from home each year.[6]

**Homeless/Runaway/Throwaway Youth Ages 13-17 in Rhode Island's Emergency Shelter System, 1998-2005**




Source: Rhode Island Emergency Shelter Information Project, 1998 – 2005. Providence, RI: Emergency Food and Shelter Board.

◆ **Between July 1, 2004 and June 30, 2005, 301 youth entered the Rhode Island Emergency Shelter system accompanied by a parent or another adult. This is an increase of 370% since 1998. This is an underestimate of homeless youth in the state because the Emergency Shelter system in Rhode Island does not accept unaccompanied children over the age of 12 and does not have an overnight shelter for runaway youth.**[7]

◆ **During 2005, 178 youth ages 13 to 17 accessed crisis management services offered by Crossroads Rhode Island, and 1,286 calls were made to the Crossroads SAFELINE for runaway youth.**[8] **In 2005 the National Runaway Switchboard received 192 calls, and the Covenant House hotline documented 1,768 crisis calls from Rhode Island.**[9,10]

◆ **As of December 31, 2005, there were 102 individuals under age 19 in the Department of Children, Youth and Families care who were classified as unauthorized absence/runaways.**[11]


**References for Homeless Children Indicator**

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**References for Homeless Youth Indicator**

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[8] Crossroads Rhode Island, Year End Reports, 2005.

[9] National Runaway Switchboard, Region 1 Statistics, 2005.

[10] Covenant House, Year End Nine-line Statistics, FY2005.

[11] Rhode Island Department of Children, Youth and Families, December 2005.

# Juveniles Referred to Family Court

### DEFINITION

*Juveniles referred to Family Court* is the percentage of youth ages 10 to 17 referred to Rhode Island Family Court for all wayward and delinquent offenses.

### SIGNIFICANCE

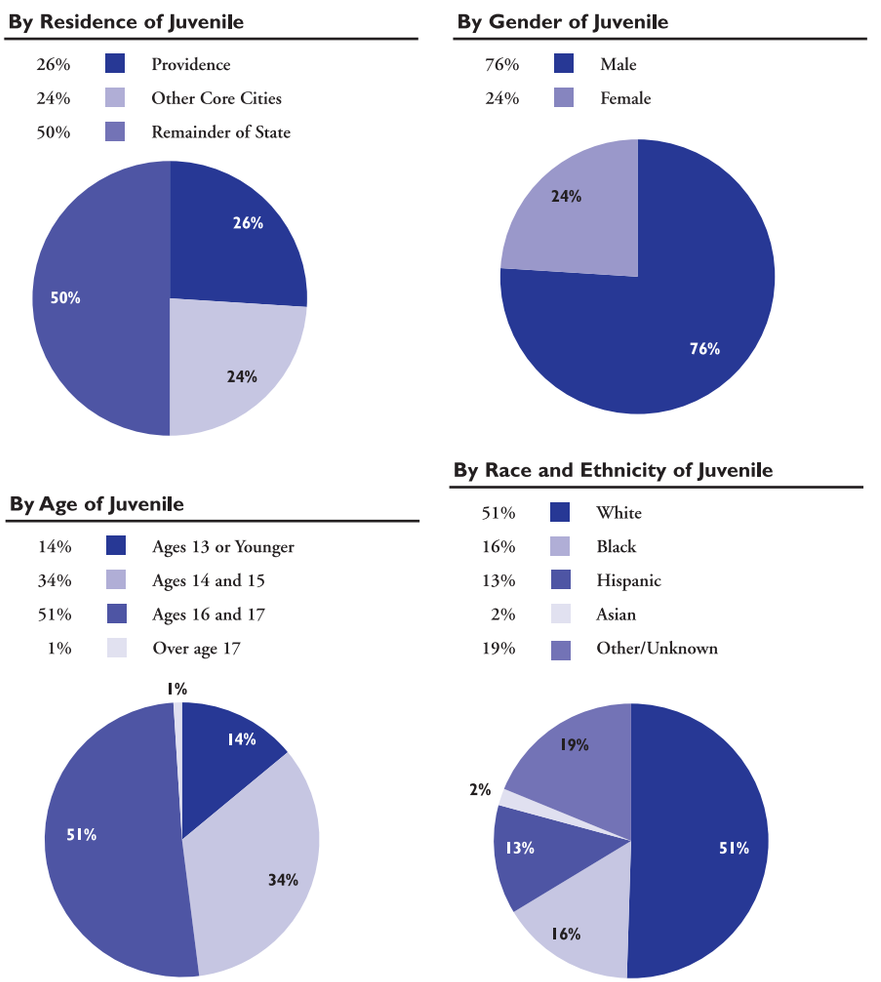
Risk factors for juvenile delinquency and involvement in the juvenile justice system include early antisocial behavior, poor cognitive development, inadequate parenting skills, child maltreatment, exposure to family violence, association with other high risk youth, poor academic performance, and family poverty.[1] During 2005 in Rhode Island, 5,188 youth (4% of all youth between ages 10 and 17) were referred to Family Court for 8,747 wayward and delinquent offenses.[2,3] Of these, 510 (6%) involved violent offenses, an increase from 417 violent offenses in 2004.[4,5]

The Rhode Island Family Court has jurisdiction over all juvenile offenders referred for wayward and delinquent offenses. All referrals to Family Court are from state and local law enforcement agencies, except for truancy cases which are referred by local school departments.[6,7] Approximately one quarter of all cases referred to Family Court are diverted instead of proceeding to a formal court hearing.[8] Juveniles who commit crimes involving drugs may be referred by the Family Court to the Juvenile Drug Court, rather than proceeding through the regular juvenile court system. Juveniles referred to the Drug Court undergo a six-to-twelve-month program that includes intensive court supervision, drug treatment, and educational and employment services.[9]

Rhode Island Family Court also administers 28 Juvenile Hearing Boards that serve 30 communities.[10] Comprised of volunteer community members, these Boards permit the diversion of juveniles accused of status offenses or misdemeanors. Sanction options in this diversion process include community service, restitution, counseling, and/or completion of a community-based program.[11] A total of 935 cases were heard before Juvenile Hearing Boards in 2004.[12]

Seven percent of juveniles referred to Family Court for wayward and delinquent violations in 2005 had been referred to Family Court at least twice before.[13] Prevention and early intervention programs are the most cost-effective approaches to reducing delinquency and recidivism. Successful programs are research-based, and involve staff who work with youth and their families; offer a wide range of community-based sanctions for non-violent offenders; ensure intensive interventions for youth at risk for becoming chronic offenders; and provide high quality, coordinated mental health, substance abuse treatment, educational, and career development services.[14]

**Juvenile Wayward/Delinquent Offenses Referred to Family Court, Rhode Island, 2005**




*n=8,747 offenses*

** Total exceeds 100% due to rounding.*

Source: Rhode Island Family Court, Juvenile Offense Report, 2005.

## Juvenile Wayward/Delinquent Offenses Referred to Family Court, by Type of Offense, Rhode Island, 2005

| | | | |
|---|---|---|---|
| 25% | Property Crimes | 8% | Traffic Offenses |
| 17% | Status Offenses* | 6% | Violent Crimes |
| 16% | Disorderly Conduct | 4% | Weapons Offenses |
| 10% | Simple Assault | 5% | Other** |
| 10% | Alcohol and Drug Offenses | | |

*n=8,747*

**Status offenses are age-related acts that would not be punishable if the offender were an adult, such as truancy and disobedient conduct.*

***Other includes offenses such as conspiracy, crank/obscene phone calls and computer crimes.*

Source: Rhode Island Family Court, Juvenile Offense Reports for 2005. Total exceeds 100% due to rounding.

## Mental Health and Substance Abuse Treatment Needs of Youth in the Juvenile Justice System

◆ The rates of mental health disorders among youth in the juvenile justice system are much higher than youth in the general population. Two-thirds of youths in juvenile justice custody in the U.S. meet the criteria for one or more mental disorders and at least one in five has mental health problems that are serious enough to interfere with their functioning.[15,16]

◆ Four out of every five young people in the U.S. juvenile justice system have been affected by substance use in some way, either by committing their crime while under the influence of alcohol or drugs, testing positive for drugs upon arrest, being arrested for alcohol and/or drug offenses, reporting that they have substance abuse problems, or some combination of the above. Only 3.6% receive any treatment after arrest.[17]

◆ On December 1, 2005, 33% (66) of male juveniles at the Rhode Island Training School were in the residential substance abuse treatment program. Approximately 16% (33) of youth were receiving monthly psychotropic medications during 2005 and as of December 1, 2005, approximately 30-35 youth were being seen by the Training School's psychiatrist for medication management or behavioral health issues.[18]

## Juveniles Tried as Adults

◆ When a juvenile has committed a heinous and/or premeditated felony offense or has a history of felony offenses, the Attorney General may request that the Family Court Judge waive jurisdiction so that the juvenile may be tried as an adult in Superior Court. Waiver is mandatory for juveniles age 17 or older who are charged with murder, first degree sexual assault or assault with intent to commit murder.[19]

◆ In 2005, the Attorney General's Office filed 14 motions to waive jurisdiction to try juveniles as adults. Three of these were mandatory waivers. Four motions were waived voluntarily, two were withdrawn, and one was waived after a hearing. In January 2006, there were six motions pending before the Family Court.[20]

◆ A juvenile may also be "certified" allowing a court to sentence the juvenile beyond age 21 if there is otherwise an insufficient period of time in which to accomplish rehabilitation. While the child is a minor, the sentence is served at the Training School. The youth is transferred to an adult facility upon reaching age 21, if the court deems appropriate. There was one discretionary certification pending in January 2006.[21,22]

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*(continued on page 148)*

# Juveniles at the Training School

## DEFINITION

*Juveniles at the Training School* is the number of juveniles up to age 21 who were in the care and custody of the Rhode Island Training School at any time during the 2005 calendar year. The total includes youth who spent time at the Training School and/or in other community placements while in the care and custody of the Training School.

## SIGNIFICANCE

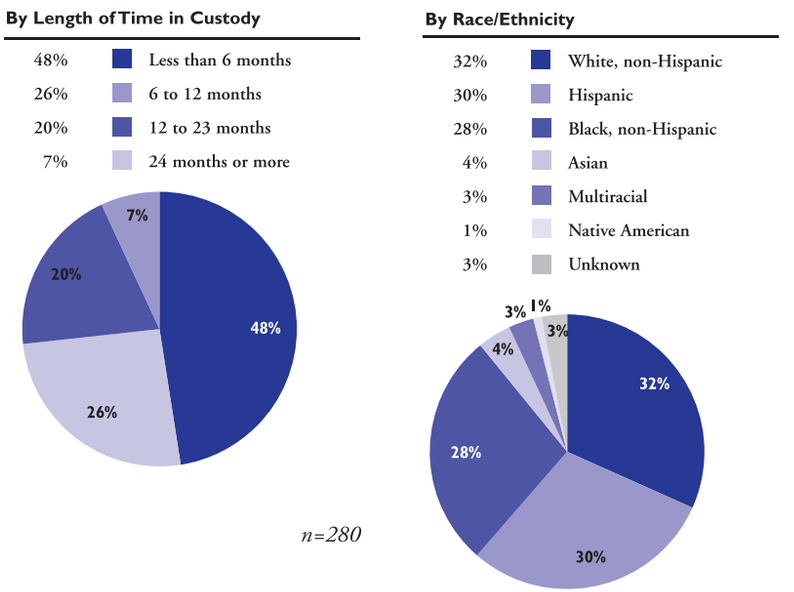
The juvenile justice system has three primary obligations: to identify and respond to the needs of the young people in its care; to protect youth from legal jeopardy; and to keep the public safe from youth who will harm others.[1] Early antisocial behavior, poor cognitive development, inadequate parenting skills, child maltreatment, exposure to family violence, association with other high risk youth, poor academic performance, and family poverty are associated with risk for involvement with the juvenile justice system.[2]

Nationwide, only a fraction of incarcerated youth are violent and dangerous. Most are incarcerated for drug and property offenses that could be addressed through diversion programs. For all crimes, Black juveniles are arrested one and a half times more often than White juveniles and are incarcerated five times more often.[3,4]

Research indicates that alternatives to incarcerating youth are more successful in preventing recidivism, more cost-effective, and can lessen the disproportionate confinement of youth of color. Successful efforts are comprehensive, community-based and family-focused, with intensive treatment and transition services for reintegration into the community.[5,6,7] For some youth, community-based alternatives such as community service, restitution or diversion to behavioral health treatment are more effective at reducing re-offending than incarceration.[8,9]

The Department of Children, Youth and Families operates the Rhode Island Training School for Youth, the state's residential detention facility for adjudicated youth and youth awaiting trial. A total of 1,029 youth (85% male and 15% female) were in the care and custody of the Training School at some point during calendar year 2005. Twenty-one percent were under age 16, 46% were ages 16-17, and 33% were ages 18-23. Of youth at the training school at some point during 2005, 23% had been admitted previously.[10] On December 31, 2005, there were 208 youth on the grounds at the Training School, 24 over capacity. An additional 43 were awaiting trial. One hundred thirty-two (132) adjudicated youth were living in temporary home or community placements and 12 youth were classified as runaways.[11]

### Adjudicated Juveniles at the Rhode Island Training School for Youth, 2005




### Risk Factors for Youth at the Rhode Island Training School

◆ Forty-seven percent (132) of the adjudicated youth within the care and custody of the Training School on December 31, 2005 had at some point in their childhood been victims of documented child abuse or neglect.[12]

◆ On December 1, 2005, approximately 12% of youth were receiving psychiatric care and 33% (66) of males were in the residential substance abuse treatment program at the Training School.[13]

## Education and the Training School

◆ Based on a random review of 55 records of adjudicated students who had been at the Training School for at least one month on December 1, 2005, 44% had passed all classes, 15% had failed all classes and 20% had mixed grades (passing some classes, failing others) before entering the Training School. Twenty two percent had no records available.[14]

◆ Although the average age of the 164 students who took an assessment exam on December 23, 2005 was reported to be 16.3, their average self-reported current grade was 9.8, their average reading grade level as tested was 6.3, and their average math grade level as tested was 6.2.[15]

◆ On December 1, 2004, 52% of adjudicated students were receiving special education services, more than twice the 2005 state rate of 21%.[16,17] Most of the Training School students receiving special education services were receiving such services due to behavior disorders (67%) and learning disabilities (27%).[18]

*Table 22.*

**Youth at the Rhode Island Training School, 2005**

| CITY/TOWN | TOTAL POPULATION AGES 13-21 | NUMBER OF YOUTH |
|---|---|---|
| Barrington | 2,009 | 7 |
| Bristol | 3,525 | 5 |
| Burrillville | 2,067 | 6 |
| Central Falls | 2,625 | 42 |
| Charlestown | 755 | 9 |
| Coventry | 3,688 | 17 |
| Cranston | 8,499 | 68 |
| Cumberland | 3,325 | 12 |
| East Greenwich | 1,397 | 1 |
| East Providence | 5,092 | 33 |
| Exeter | 730 | 1 |
| Foster | 512 | 3 |
| Glocester | 1,251 | 4 |
| Hopkinton | 912 | 2 |
| Jamestown | 536 | 1 |
| Johnston | 2,624 | 11 |
| Lincoln | 2,260 | 16 |
| Little Compton | 351 | 0 |
| Middletown | 1,647 | 7 |
| Narragansett | 2,798 | 7 |
| New Shoreham | 70 | 0 |
| Newport | 3,755 | 25 |
| North Kingstown | 2,773 | 10 |
| North Providence | 3,045 | 18 |
| North Smithfield | 1,073 | 5 |
| Pawtucket | 8,298 | 106 |
| Portsmouth | 1,723 | 9 |
| Providence | 33,871 | 349 |
| Richmond | 783 | 1 |
| Scituate | 1,155 | 0 |
| Smithfield | 3,890 | 6 |
| South Kingstown | 6,532 | 9 |
| Tiverton | 1,523 | 10 |
| Warren | 1,208 | 5 |
| Warwick | 8,863 | 40 |
| West Greenwich | 599 | 4 |
| West Warwick | 3,177 | 36 |
| Westerly | 2,414 | 8 |
| Woonsocket | 5,034 | 62 |
| *Out of State* | *NA* | *70* |
| *Unknown* | *NA* | *4* |
| *Core Cities* | *56,760* | *620* |
| *Remainder of State* | *79,629* | *409* |
| *Rhode Island* | *136,389* | *1,029* |

### Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST).

Data are for 1,029 youth who passed through the Training School during calendar year 2005.

While there is no statutory lower age limit for sentencing, adjudicated children under the age of 13 typically do not serve sentences at the Training School.

An "out-of-state" designation is given to youth whose parent(s) have an address on file that is outside of Rhode Island or to a youth who live in another state, but commits a crime in Rhode Island and is sentenced to the Training School.

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[17] Rhode Island Department of Elementary and Secondary Education, Office of Special Education, 2006.

# Children of Incarcerated Parents

## DEFINITION

*Children of incarcerated parents* are the number of children reported by a parent serving a sentence at the Rhode Island Department of Corrections as of December 31, 2005 per 1,000 children under age 18. The data are reported by the place of the parent's last residence before entering prison.

## SIGNIFICANCE

In the United States, 1.5 million children had a parent incarcerated in state or federal prison. Nationwide, 22% of minor children with a parent in prison were under five years of age.[1] Young children are particularly at risk by having an incarcerated parent. The quality of a young child's attachment to their parent is adversely affected, often leading to anxiety, withdrawal, and depression. Young children with incarcerated parents are also more likely to exhibit externalizing behaviors such as aggression and hostility toward caregivers.[2]

As a result of parental incarceration, and the crimes and arrests that often precede it, most children experience disruption in their homes, a series of temporary caregivers or placements in foster care, financial hardship and lack of contact with their parents.[3] Children of incarcerated parents are at greater risk for poor academic achievement, substance abuse, impaired emotional, behavioral and psychological development, depression, criminal behavior and incarceration.[4,5,6]

Nationally and in Rhode Island, women prisoners are the fastest growing group in the prison population.[7,8] In Rhode Island over the last 30 years the female inmate population increased 1140%, compared to 440% for males.[9] Despite this increase, women comprise only 5% of the total inmate population. The increase is partly due to stricter sentencing guidelines and mandatory sentences, particularly for drug-related offenses.[10,11] In Rhode Island, fathers are more likely than mothers to be in prison for violent crimes, whereas mothers are more likely to be in prison for drug-related offenses.[12]

Despite the large and increasing numbers of incarcerated parents, the children they leave behind remain a hidden population with little attention paid to their special needs. The children's care arrangements are often handled informally by family members, so they rarely come to the attention of a child welfare agency. Nationally, only 10% of mothers and 2% of fathers in state prison reported their child lived in a foster home. A greater proportion of incarcerated parents report that their child lived with either the other parent or with a grandparent or relative caregiver.[13]

### Parents at the Rhode Island Department of Corrections, 2005

| | INMATES SURVEYED | # REPORTING CHILDREN | % REPORTING CHILDREN | # OF CHILDREN REPORTED |
|---|---|---|---|---|
| Awaiting Trial | 695 | 385 | 55% | 802 |
| Serving a Sentenced | 2,766 | 1,443 | 52% | 3,099 |
| Total Inmates | 3,461 | 1,828 | 53% | 3,901 |

◆ Of the 3,461 total inmates awaiting trial or serving a sentence who were surveyed as of December 31, 2005, 1,828 inmates reported having 3,901 children.

◆ Of the 1,828 parents incarcerated in 2005, including those awaiting trial in Rhode Island, 49% were White, 30% were Black and 20% were Hispanic.

◆ Of the 90 sentenced women with children, 47% were serving a sentence for a nonviolent offense, 21% for a drug offense, 28% had committed violent offenses and 4% were serving sentences for breaking and entering. Of the 1,353 sentenced men with children, 41% were serving sentences for violent offenses, 19% for nonviolent offencses, 18% for drug offenses, 8% for breaking and entering and 13% for sex offenses or unknown offenses.

Source: Rhode Island Department of Corrections, December 31, 2005

### Prisoner Reentry in Rhode Island

◆ Ex-offenders face barriers to earning a living, including limited work histories, a lack of skills and credentials, and discrimination by potential employers.[16] A recent Rhode Island study found a cyclical relationship between incarceration, housing instability and the risk factors that may lead to prison or recidivism within the correctional system.[17]

◆ Upon release from prison, a successful transition to the community requires that ex-offenders enhance their education, find stable employment, suitable housing and health care, as well as receive other supportive services to restore the parent-child relationship.[17,18]

*Table 23.*

## Children of Incarcerated Parents, Rhode Island, 2005

| CITY/TOWN | # OF INCARCERATED PARENTS | # OF CHILDREN REPORTED* | 2000 TOTAL POPULATION UNDER AGE 18 | RATE PER 1,000 CHILDREN |
|---|---|---|---|---|
| Barrington | 0 | 0 | 4,745 | NA |
| Bristol | 9 | 20 | 4,399 | 4.5 |
| Burrillville | 4 | 8 | 4,043 | 2.0 |
| Central Falls | 38 | 74 | 5,531 | 13.4 |
| Charlestown | 3 | 6 | 1,712 | 3.5 |
| Coventry | 24 | 49 | 8,389 | 5.8 |
| Cranston | 70 | 139 | 17,098 | 8.1 |
| Cumberland | 16 | 30 | 7,690 | 3.9 |
| East Greenwich | 5 | 12 | 3,564 | 3.4 |
| East Providence | 40 | 83 | 10,546 | 7.9 |
| Exeter | 3 | 9 | 1,589 | 5.7 |
| Foster | 4 | 9 | 1,105 | 8.1 |
| Glocester | 5 | 11 | 2,664 | 4.1 |
| Hopkinton | 6 | 12 | 2,011 | 6.0 |
| Jamestown | 3 | 5 | 1,238 | 4.0 |
| Johnston | 28 | 65 | 5,906 | 11.0 |
| Lincoln | 3 | 11 | 5,157 | 2.1 |
| Little Compton | 0 | 0 | 780 | NA |
| Middletown | 7 | 11 | 4,328 | 2.5 |
| Narragansett | 8 | 24 | 2,833 | 8.5 |
| New Shoreham | 1 | 3 | 185 | 16.2 |
| Newport | 45 | 99 | 5,199 | 19.0 |
| North Kingstown | 13 | 20 | 6,848 | 2.9 |
| North Providence | 23 | 44 | 5,936 | 7.4 |
| North Smithfield | 0 | 0 | 2,379 | NA |
| Pawtucket | 102 | 220 | 18,151 | 12.1 |
| Portsmouth | 3 | 5 | 4,329 | 1.2 |
| Providence | 521 | 1,136 | 45,277 | 25.1 |
| Richmond | 2 | 4 | 2,014 | 2.0 |
| Scituate | 6 | 13 | 2,635 | 4.9 |
| Smithfield | 5 | 9 | 4,019 | 2.2 |
| South Kingstown | 12 | 20 | 6,284 | 3.2 |
| Tiverton | 8 | 10 | 3,367 | 3.0 |
| Warren | 5 | 11 | 2,454 | 4.5 |
| Warwick | 55 | 112 | 18,780 | 6.0 |
| West Greenwich | 2 | 2 | 1,444 | 1.4 |
| West Warwick | 44 | 98 | 6,632 | 14.8 |
| Westerly | 18 | 37 | 5,406 | 6.8 |
| Woonsocket | 76 | 168 | 11,155 | 15.1 |
| *Unknown Residence* | *159* | *360* | *NA* | *NA* |
| *Out of State Residence*** | *67* | *150* | *NA* | *NA* |
| *Core Cities* | *826* | *1,795* | *91,945* | *19.5* |
| *Remainder of State* | *391* | *794* | *155,877* | *5.1* |
| *Rhode Island* | *1,443* | *3,099* | *247,822* | *12.5* |

### Note to Table

Due to a change in methodology, Children of Incarcerated Parents in this Factbook cannot be compared with Factbooks previous to 2005. The current rate of children of incarcerated parents is based upon the sentenced population. Previous Factbooks based the rate on a combination of the sentenced and awaiting trial population. The awaiting trial population is constantly changing and the length of stay at the Rhode Island Department of Corrections is significantly less than for those already sentenced.

### Source of Data for Table/Methodology

Rhode Island Department of Corrections, December 31, 2005. Offenders who were on Home Confinement are excluded from this analysis.

*Data on the number of children are self-reported by the incarcerated parents and may include some children over age 18. Nationally and in Rhode Island, much of the existing research has relied upon self-reporting by incarcerated parents or caregivers.

**Data on Out-of-State Residence reports on those inmates who are under jurisdiction in Rhode Island, but report an out-of-state address. Inmates who were from another state's jurisdiction, but serving time in Rhode Island are excluded from this analysis.

Core cities include: Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

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*(continued on page 148)*

# Children Witnessing Domestic Violence

### DEFINITION

*Children witnessing domestic violence* is the percentage of reported domestic violence incidents in which children under age 18 were present in the home. The data are based on police reports of domestic violence in 2004. Domestic violence is the use of physical force, or threat of force, against a current or former partner in an intimate relationship, resulting in fear and emotional and/or physical suffering.

### SIGNIFICANCE

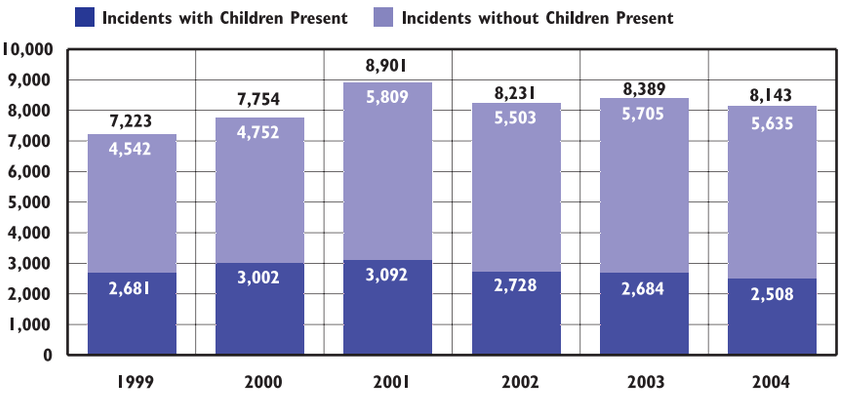
National research indicates that millions of children are exposed to domestic violence each year.[1] National surveys of mothers indicate that 80% to 90% of children in homes where there is domestic violence are aware of the abuse.[2] In Rhode Island in 2004, police reports indicate that children were present in 31% of domestic violence incidents reported.[3]

Children are exposed to domestic violence in several ways. They may witness or hear violent events, become directly involved by trying to intervene, or experience the aftermath of violence by seeing their parent's emotional and physical injuries or damage done to their homes.[4] Children who are exposed to domestic violence are much more likely to be victims of child abuse and neglect. Child maltreatment and domestic violence occur in an estimated 30% to 60% of families where there is some form of family violence.[5] It is more likely that children are abused in families in which the violence against the mother is more frequent.[6]

Exposure to violence in the home can affect brain development and impairs cognitive, academic and social functioning.[7] Children who witness domestic violence are more likely to be aggressive and to have behavioral problems. They are more prone to depression, anxiety, fear, phobias, sleep disruption and low self-esteem.[8] Although many children experience these negative effects as a result of exposure to domestic violence, some children emerge from the experience relatively unscathed. A child's age and temperament, the severity and frequency of the violence, and the availability of adults who can emotionally protect or sustain the child greatly affect the child's response.[9]

The effects of exposure to domestic violence can last into adulthood. For males, growing up in a violent home is the strongest predictor of becoming a batterer in the teen and adult years. Both men and women who grow up in violent homes are at increased risk for depression and other trauma-related symptoms.[10]

**Domestic Violence Incidents, Rhode Island 1999-2004**




Source: Rhode Island Supreme Court Domestic Violence Training Unit, 1999-2004. Includes domestic violence reports from local police and Rhode Island State Police.

◆ The number of domestic violence incidents reported to Rhode Island police peaked at 8,901 in 2001 and has since declined to 8,143 reported in 2004. The number of reported incidents with children present followed a similar pattern, with a high of 3,092 in 2001 and a decline to 2,508 in 2004.

◆ Rhode Island's statewide network of six shelters and advocacy programs provides services to victims of domestic violence, including shelter, advocacy, counseling and education. During 2005, 248 women and 244 children spent time in a domestic violence shelter. Rhode Island's domestic violence agencies provided services including therapy, individual counseling, expressive arts therapy and child care to 795 children. The shelters also provide school-based domestic violence prevention programs.[11]

◆ Effective responses for children who have witnessed domestic violence are comprised of collaborative relationships and integrative practice approaches among child protective services caseworkers and community organizations, including domestic violence agencies, police departments, physical and mental health care providers, early childhood programs and schools, and faith groups.[12]

# Children Witnessing Domestic Violence

## Children and Domestic Violence in Rhode Island

◆ Rhode Island police officers use special reporting forms to document children's exposure to violence. The attending officer may check any combination of three boxes on the form: Were children present during the incident? Did children witness the incident? Did children hear the incident?[13]

◆ In 2004, police officers reported that in 1,897 incidents the children saw their parent being abused and in 2,072 incidents the children heard (but did not see) their parent being abused.[14]

◆ Table 24 under-represents the number of incidents of domestic violence in which a child was present because police reports are not fully completed in all cases. Additionally, many cases of domestic violence are never reported to police.

◆ Table 24 underestimates the total number of children who experienced domestic violence in their homes, because more than one child may be present at an incident.

*Table 24.*

**Domestic Violence Incidents with Children Present, Rhode Island, 2004**

| CITY/TOWN | TOTAL NUMBER OF DOMESTIC VIOLENCE INCIDENT REPORTS | TOTAL NUMBER OF INCIDENTS IN WHICH A CHILD WAS PRESENT | % OF INCIDENTS WITH CHILDREN PRESENT |
|---|---|---|---|
| Barrington | 56 | 21 | 38% |
| Bristol | 164 | 47 | 29% |
| Burrillville | 65 | 22 | 34% |
| Central Falls | 243 | 73 | 30% |
| Charlestown | 31 | 15 | 48% |
| Coventry | 198 | 60 | 30% |
| Cranston | 531 | 165 | 31% |
| Cumberland | 117 | 41 | 35% |
| East Greenwich | 38 | 10 | 26% |
| East Providence | 236 | 107 | 45% |
| Exeter | NA | NA | NA |
| Foster | 6 | 1 | 17% |
| Glocester | 81 | 35 | 43% |
| Hopkinton | 16 | 9 | 56% |
| Jamestown | 13 | 6 | 46% |
| Johnston | 344 | 92 | 27% |
| Lincoln | 173 | 56 | 32% |
| Little Compton | 6 | 0 | 0% |
| Middletown | 134 | 45 | 34% |
| Narragansett | 107 | 21 | 20% |
| New Shoreham | 5 | 0 | 0% |
| Newport | 451 | 100 | 22% |
| North Kingstown | 223 | 62 | 28% |
| North Providence | 273 | 88 | 32% |
| North Smithfield | 68 | 16 | 24% |
| Pawtucket | 849 | 255 | 30% |
| Portsmouth | 164 | 44 | 27% |
| Providence | 1,430 | 469 | 33% |
| Richmond | 15 | 9 | 60% |
| Scituate | 28 | 17 | 61% |
| Smithfield | 186 | 65 | 35% |
| South Kingstown | 131 | 43 | 33% |
| Tiverton | 144 | 39 | 27% |
| Warren | 153 | 45 | 29% |
| Warwick | 418 | 130 | 31% |
| West Greenwich | 10 | 2 | 20% |
| West Warwick | 248 | 74 | 30% |
| Westerly | 148 | 46 | 31% |
| Woonsocket | 534 | 153 | 29% |
| *Rhode Island State Police* | *106* | *25* | *24%* |
| *Core Cities* | *3,755* | *1,124* | *30%* |
| *Remainder of State* | *4,282* | *1,359* | *32%* |
| *Rhode Island* | *8,143* | *2,508* | *31%* |

### Source of Data for Table/Methodology

The number of domestic violence incident reports and the number of incidents in which children were present are based on the Domestic Violence and Sexual Assault/Child Molestation Reporting Forms received by the Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit between January 1, 2004 and December 31, 2004.

Reports of domestic violence in Exeter are included in the Rhode Island State Police numbers.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

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[13] Domestic Violence and Sexual Assault Reporting Form.

# Child Abuse and Neglect

## DEFINITION

*Child abuse and neglect* is the total number of indicated investigations of child abuse and neglect per 1,000 children. "Indicated investigation" means that credible evidence exists that child abuse and/or neglect occurred following an investigation of an abuse report. An indicated investigation can involve more than one child and multiple allegations (claims) of different forms of abuse. Child abuse includes physical, sexual and emotional abuse. Child neglect includes emotional, educational and medical neglect.

## SIGNIFICANCE

Preventing child abuse and neglect is critical to helping children grow into strong, healthy, productive adults and good parents. Children are at increased risk for maltreatment if their parents or caregivers are overwhelmed by multiple problems such as inadequate income, lack of a job, emotional stress, isolation from extended family or friends, drug and/or alcohol abuse, mental illness, or domestic violence.[1,2] Child abuse and neglect is linked to increases in low academic achievement, juvenile delinquency, substance abuse, suicide, behavioral, emotional and mental health problems, teenage pregnancy, adult criminality and increased likelihood of becoming an adult victim of physical or sexual abuse.[3,4,5]

Many abusive parents lack essential parenting skills and are struggling with a combination of social and economic issues. Preventing child abuse and neglect requires family support systems such as access to high quality child care, as well as parenting education and counseling for substance abuse and mental health problems.[6] Families benefit from access to community-based, comprehensive services that are able to flexibly respond to their needs.[7]

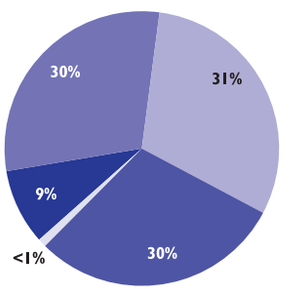
Responding to reports of child abuse and neglect and ensuring child safety in crisis situations are important functions of child protection systems. Maintaining the capacity to focus on prevention is equally critical and frequently more cost-effective. The absence of appropriate lower-cost placements and community-based family supports and early interventions contributes to a disproportionate share of the budget of the Department of Children, Youth and Families (DCYF) being spent on high-end costs such as psychiatric hospitalization, juvenile corrections, and residential treatment.[8,9,10]

In 2005 in Rhode Island, there were 2,260 indicated investigations of child abuse and neglect involving 3,125 children.[11]

## Child Abuse and Neglect, Rhode Island, 2005

### By Age of Victim

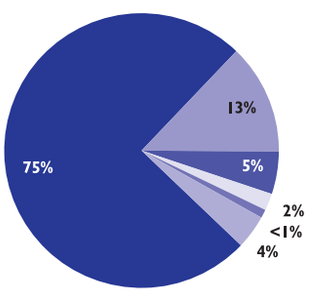
| | |
|---|---|
| 9% | Under Age 1 |
| 30% | Ages 1 to 5 |
| 31% | Ages 6 to 11 |
| 30% | Ages 12 and Older |
| <1% | Unknown |




*(n=3,125)**

### By Type of Abuse

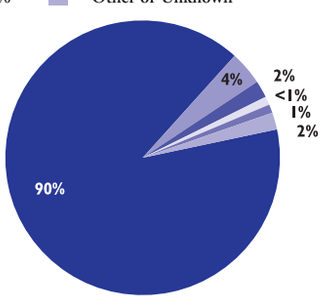
| | |
|---|---|
| 75% | Neglect |
| 13% | Physical Abuse |
| 5% | Sexual Abuse |
| 2% | Medical Neglect |
| <1% | Emotional Abuse |
| 4% | Other |




*(n=3,776)***

### By Relationship of Perpetrator to Victims

| | |
|---|---|
| 90% | Parents |
| 4% | Relatives/Household Members |
| 2% | Child Care Providers |
| <1% | Foster Parents |
| 1% | Residential Facility Staff |
| 2% | Other or Unknown |




*(n=3,733)****

*Notes on Pie Charts*

*All data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2005. Numbers may not add to 100 due to rounding.*

** These data reflect an unduplicated count of child victims. The number of victims is higher than the number of indicated investigations. One indicated investigation can involve more than one child victim.*

***This number is greater than the unduplicated count of child victims because children often experience more than one maltreatment event and/or more than one type of abuse. Within each type of abuse, the number of child victims is unduplicated.*

****Perpetrators can abuse more than one child and can abuse a child more than once. This number is a duplicated count of perpetrators based on their number of victims.*

## DCYF (CANTS)* Hotline Calls for Reports of Abuse and/or Neglect, Investigations, and Indicated Cases, Rhode Island, 1996-2005

| YEAR | TOTAL NUMBER UNDUPLICATED CHILD MALTREATMENT REPORTS | NUMBER OF COMPLETED INVESTIGATIONS | NUMBER OF INDICATED CASES |
|---|---|---|---|
| 1996 | 13,098 | 8,398 | 2,541 |
| 1997 | 12,437 | 8,485 | 2,577 |
| 1998 | 12,674 | 8,463 | 2,459 |
| 1999 | 13,519 | 7,882 | 2,628 |
| 2000 | 13,580 | 7,635 | 2,234 |
| 2001 | 13,804 | 7,479 | 2,261 |
| 2002 | 14,545 | 7,254 | 2,209 |
| 2003 | 13,651 | 6,847 | 2,126 |
| 2004 | 13,341 | 6,890 | 2,095 |
| 2005 | 13,144 | 7,188 | 2,260 |

◆ Between 1996 and 2005 the percentage of child maltreatment reports for which there were completed investigations declined from 64% to 55% while the percentage of investigations that were indicated remained fairly stable.

◆ In 2005, 55% of reports resulted in completed investigations and 31% of completed investigations were indicated. An indicated investigation is one in which there is credible evidence that child abuse and/or neglect occurred.

◆ During 2005, among the 13,144 maltreatment reports, 4,583 were classified as "early warnings", that is, instances where an essential criterion for investigation is not present. Criteria for investigation include that the victim is a minor, the alleged perpetrator is living in the home or responsible for the child's welfare, there is harm or risk of harm alleged and there is a specific incident or pattern of incidents suggesting that harm can be identified.

** One investigation can be generated by multiple hotline calls. Investigations can result in a finding of indicated, unfounded or unable to complete (as when essential party cannot be found).*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 1996-2005.

## Rhode Island Child Deaths Due to Child Abuse and/or Neglect*

| YEAR | NUMBER OF DEATHS | YEAR | NUMBER OF DEATHS |
|---|---|---|---|
| 1996 | 4 | 2001 | 5 |
| 1997 | 2 | 2002 | 1 |
| 1998 | 3 | 2003 | 4 |
| 1999 | 3 | 2004 | 3 |
| 2000 | 3 | 2005 | 4 |
| *Total 1996-2000* | *15* | *Total 2001-2005* | *17* |

** Based on Rhode Island Department of Children, Youth and Families determination of death due to child abuse or neglect by parent or caretaker.*

◆ Between 1996 and 2005, 32 children died as a result of injuries due to abuse by a parent or caretaker.

◆ During 2004, there were 22 children hospitalized with the diagnosis of child abuse or neglect, down from 28 in 2003 and 39 in 2002. The average over five years (2000-2004) was 28 hospitalizations annually.

Source: Rhode Island Department of Health, Hospital Discharge Database, 1996-2005.

## Child Abuse and Neglect in Rhode Island Communities

◆ In 2005, the rate of indicated investigations of child abuse and neglect per 1,000 indicated investigations was higher in each core city than for the state as a whole. In 2005, the six core cities had the highest rates of child abuse and neglect among Rhode Island communities.

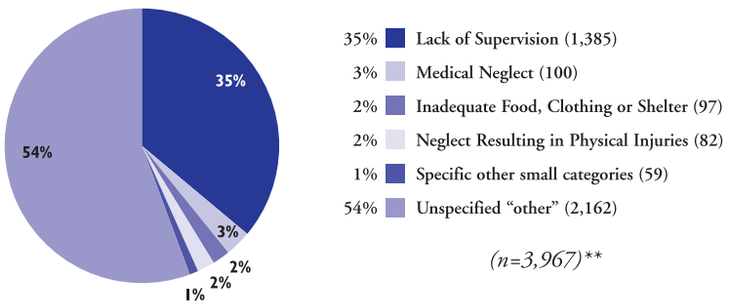
◆ In 2005, 59% of indicated investigations of child abuse and neglect occurred in core cities, which contain 39% of the state's population under age 21.

◆ Woonsocket has consistently had the highest rate of indicated investigations of child abuse and neglect in the state.

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2005.

# Child Abuse and Neglect

## Child Neglect, by Nature of Neglect, Rhode Island, 2005




*(n=3,967)***

◆ In Rhode Island in 2005, of the 3,967 indicated allegations (confirmed claims) of neglect, 35% involved lack of supervision, highlighting the potential importance of adequate capacity, affordability and quality of child care, preschool and other early childhood programs.

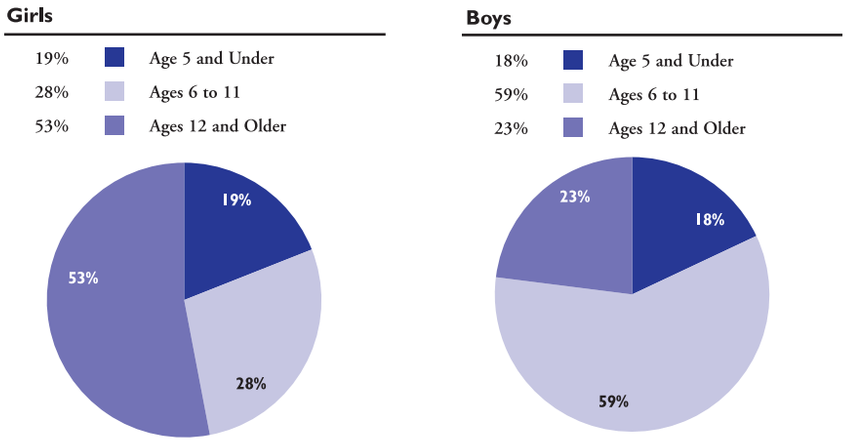
◆ The single largest category of neglect (54%) falls under other. These are instances of neglect that do not fit into any of the other specified categories.

◆ The specific small categories of less than 1% each include: abandonment (21), tying and confinement (11), failure to thrive (8), educational neglect (7), emotional neglect (5), excessive/inappropriate discipline (4) and poisoning (2).

*** The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation. Numbers do not include indicated allegations of institutional neglect.*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2005.

## Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2005




*(n=175)* *(n=66)*

◆ In Rhode Island in 2005, there were 241 indicated allegations (confirmed claims) of sexual abuse. Some children were victims of sexual abuse more than once.

◆ In 73% (175) of the 241 indicated allegations of sexual abuse the victim was a female. Fifty-five percent of the victims (47% of girls and 77% of boys) were under age 12.

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2005.

## Preventing Child Abuse and Neglect

◆ Research shows that coaching at-risk parents in parenting skills, treating parents with alcohol and drug use problems and providing mental health services to depressed parents can prevent child abuse and neglect.[12]

◆ Studies show that high quality early care and education programs that involve parents in the classroom, provide vocational and educational training and home visits can reduce maltreatment of children under age 17.[13]

*Table 25.* **Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2005**

| CITY/TOWN | TOTAL POPULATION OF CHILDREN UNDER AGE 21 | # OF INDICATED INVESTIGATIONS OF CHILD ABUSE/NEGLECT | INDICATED INVESTIGATIONS PER 1,000 CHILDREN |
|---|---|---|---|
| Barrington | 5,211 | 6 | 1.2 |
| Bristol | 6,294 | 27 | 4.3 |
| Burrillville | 4,646 | 26 | 5.6 |
| Central Falls | 6,443 | 99 | 15.4 |
| Charlestown | 1,952 | 12 | 6.1 |
| Coventry | 9,438 | 56 | 5.9 |
| Cranston | 19,854 | 116 | 5.8 |
| Cumberland | 8,595 | 32 | 3.7 |
| East Greenwich | 3,861 | 11 | 2.8 |
| East Providence | 12,060 | 71 | 5.9 |
| Exeter | 1,790 | 8 | 4.5 |
| Foster | 1,234 | 3 | 2.4 |
| Glocester | 2,998 | 13 | 4.3 |
| Hopkinton | 2,255 | 6 | 2.7 |
| Jamestown | 1,354 | 4 | 3.0 |
| Johnston | 6,729 | 36 | 5.3 |
| Lincoln | 5,720 | 33 | 5.8 |
| Little Compton | 874 | 2 | 2.3 |
| Middletown | 4,757 | 18 | 3.8 |
| Narragansett | 3,897 | 14 | 3.6 |
| New Shoreham | 203 | 0 | 0.0 |
| Newport | 7,046 | 82 | 11.6 |
| North Kingstown | 7,561 | 31 | 4.1 |
| North Providence | 6,854 | 51 | 7.4 |
| North Smithfield | 2,674 | 8 | 3.0 |
| Pawtucket | 20,870 | 220 | 10.5 |
| Portsmouth | 4,726 | 11 | 2.3 |
| Providence | 62,125 | 578 | 9.3 |
| Richmond | 2,221 | 5 | 2.3 |
| Scituate | 2,944 | 14 | 4.8 |
| Smithfield | 6,112 | 15 | 2.5 |
| South Kingstown | 10,393 | 30 | 2.9 |
| Tiverton | 3,806 | 31 | 8.1 |
| Warren | 2,809 | 22 | 7.8 |
| Warwick | 21,330 | 130 | 6.1 |
| West Greenwich | 1,606 | 9 | 5.6 |
| West Warwick | 7,746 | 103 | 13.3 |
| Westerly | 6,094 | 54 | 8.9 |
| Woonsocket | 12,792 | 212 | 16.6 |
| *Out of State/Unknown* | *NA* | *61* | *NA* |
| *Core Cities* | *117,022* | *1,294* | *11.1* |
| *Remainder of State* | *182,852* | *905* | *4.9* |
| *Rhode Island* | *299,874* | *2,260* | *7.5* |

### Source of Data for Table/Methodology

Data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), number of reports (indicated investigations) for the period January 1, 2005 to December 31, 2005.

An indicated investigation is an investigated report of child abuse and neglect for which credible evidence exists that child abuse and/or neglect occurred. An indicated investigation can involve more than one child and multiple allegations. City/town reports of indicated investigations omit certain investigations, particularly those where there are data entry errors affecting location. For this reason, the city/town table of indicated investigations reports fewer indicated investigations than does the chart with reports/investigations and indicated cases.

The denominator is the number of children under the age of 21 according to the U.S. Census 2000.

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# Children in Out-of-Home Placement

### DEFINITION

*Children in out-of-home placement* is the number of children who have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families (DCYF) while awaiting permanent placement. Out-of-home placements include relative, non-relative and private agency foster homes, placements with step parents, group homes, shelter care, residential treatment, and medical facilities. Permanent placement includes reunification with the family, adoption or guardianship.

### SIGNIFICANCE

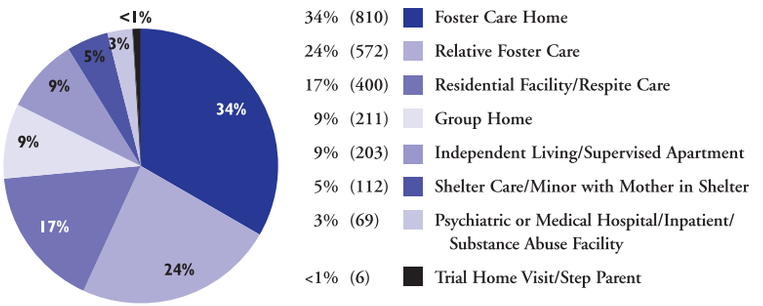
Children need stability, permanency and safety in order to develop and flourish. Removal from the home may be necessary for the child's safety and well-being; however, it is disruptive and compromises a child's developmental progress.[1] Children who have been abused or neglected are particularly in need of a safe, stable and permanent environment which provides for their well-being. Yet Rhode Island children in out-of-home care frequently experience multiple placements, lose contact with family members, and often have their educational, physical, and mental health needs overlooked.[2]

Long-term stays in out-of-home placement can negatively affect children, causing emotional, behavioral or educational problems that adversely affect their future well-being and self-sufficiency.[3] Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than nearly any other group of children.[4,5] Older children may remain in care until adulthood.

Effective strategies to promote the optimal development of children in out-of-home placements include: assessment on system entry; a comprehensive care plan to immediately address physical, mental, emotional, behavioral and educational needs; family involvement; training for caregivers; coordinated services and funding strategies; and a managed care model to address the complex needs of children in the child welfare system.[6,7]

National research indicates youth in state custody have high aspirations, including earning a college education, but experience serious educational difficulties. Adequate remedial and special education services are needed to ensure each youth maximizes his or her potential and is prepared for the employment market.[8]

### Children in Out-of Home Placement, December 2005




*n = 2,383*

◆ As of December 31, 2005, there were 2,383 children under age 21 in the care of DCYF who were in out-of-home placements. Almost three in five of children in out-of-home placements lived in foster care homes, with 41% of these children placed with relatives.[9]

◆ The total caseload of DCYF on December 31, 2005 was 7,886 including: 2,926 children living in their homes under DCYF supervision; 2,129 children living in adoption placements, most receiving subsidized adoption supports; 200 children/youth in detention at the Training School or in prison; 23 children in out-of-state placements/placements with another agency; and 14 children in the Job Corps or other placements. An additional 102 children and youth in the care of DCYF were classified as unauthorized absence/runaways and 176 children living with relatives received services from DCYF.*[10]

** In these cases, the relative caring for the child initiated contact with DCYF to receive assistance from the agency. The child was never removed or needed to be removed from the home. The relative does not receive any monetary payments from DCYF to care for the child.*

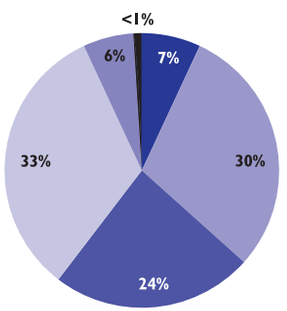
### Night-to-Night Placements

◆ Night-to-night placements refer to the temporary nightly placement of youths under the care of DCYF who are awaiting longer-term placements. Night-to-night placements are the subject of prolonged litigation between DCYF and the Office of the Child Advocate.[11] In 2005, there were 50 children placed in night-to-night placements for a total of 75 bed nights.[12] This is an increase in night-to-night placements since 2004, when only 13 children were placed in night-to-night.[13]

## Children in Foster Care Homes, Rhode Island, 2006

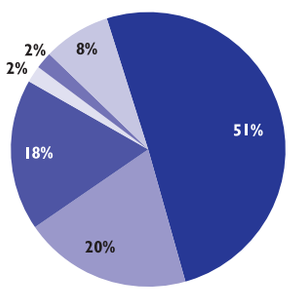
**By Age**

| | |
|---|---|
| 7% (93) | Under Age 1 |
| 30% (409) | Ages 1 to 5 |
| 24% (328) | Ages 6 to 11 |
| 33% (453) | Ages 12 to 17 |
| 6% (80) | Ages 18 and over |
| <1% (2) | Unknown |




**By Race and Ethnicity**

| | |
|---|---|
| 51% (693) | White/non-Hispanic |
| 20% (271) | Hispanic |
| 18% (242) | Black |
| 2% (23) | Asian |
| 2% (23) | American Indian/Alaskan/ Pacific Islander |
| 8% (113) | Unknown/Multiracial/Other |




*n = 1,365*

◆ As of January 2, 2006, there were 1,365 children in foster care homes. Of these, 576 (42%) were in relative foster homes, 500 (37%) were in non-relative foster homes, 289 (21%) were placed by private agencies. There is an ongoing shortage of foster parents in Rhode Island and nationally, especially parents of color.[14,15]

◆ As of January 2, 2006, six Rhode Island children were in respite care. Of the children in respite care, four were female and two were male.[16]

## Safety, Permanency and Well-Being

◆ The Adoption and Safe Families Act of 1997 (ASFA) recognizes that the broad goals of child protection systems are child safety, permanency and well-being. Preventing the recurrence of abuse or neglect, ensuring the safety of children in out-of-home placements and maximizing the stability of placements are the paramount concerns which the Act seeks to address.[17]

◆ Of the 1,554 Rhode Island children who were victims of abuse or neglect during fiscal year 2005 (whether or not they were removed from the home), 9% (138) experienced one or more recurrences of abuse or neglect within 6 months, up from 8% in fiscal year 2004. The national standard is 6% or fewer.[18]

◆ In federal fiscal year 2005, 15% of the 1,730 children who had been in out-of-home care for less than one year had experienced 3 or more placements, up from 14% in fiscal year 2004. Three or more placements were experienced by 33% of children who had been in care between 12 and 23 months, down from 37% in fiscal year 2004; 54% of children who had been in care for 24-35 months experienced three or more placements (compared with 50% in fiscal year 2004).[19]

◆ Research shows disparate treatment of children of color as they enter the foster care system and while they are in the system. Black and Hispanic families are more likely than non-Hispanic White families under similar circumstances to be reported for child abuse and neglect and to have their children removed and placed in foster care. Once in foster care, children of color are more likely than non-Hispanic White children to remain there for longer periods of time, to receive fewer familial visits, fewer contacts with caseworkers, fewer written case plans, and fewer developmental or psychological assessments.[20]

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*(continued on page 148)*

# Adoption and Permanency

### DEFINITION

*Adoption and permanency* is the percentage of children in out-of-home care who transition to a permanent placement through adoption, reunification or guardianship. Data are for all children who were in out-of-home placement during federal Fiscal Year 2005.

### SIGNIFICANCE

The uncertainty of multiple, prolonged or unstable out-of-home placements has negative effects on children's emotional well-being, identity formation, and sense of belonging, impacting behavior, academic achievement and long term self-sufficiency.[1,2] Youth who age out of care without finding a permanent placement or who spend significant parts of their adolescence in foster care suffer disproportionately from poverty, have higher rates of special education needs, unemployment, academic failure, incarceration and premature parenting.[3,4]

One of the goals of the federal Adoption and Safe Families Act of 1997 (ASFA) is to ensure that children exit out-of-home placement to permanent placement, i.e. reunification, adoption or guardianship, as quickly as possible without jeopardizing the child's safety. Effectiveness in achieving permanency must include the interrelated measures of how quickly permanency is achieved, the proportion of children for whom it is achieved, and the lasting success of the permanent placements.[5] In addition, attention is being paid to the long-term personal, social, academic and economic outcomes for children who leave the child welfare system.[6,7]

National experience indicates that particular attention must be paid to populations of children for whom permanency may be more difficult to achieve. This includes males, older children, children with disabilities and minority children.[8,9] Planning for permanency requires a mix of family-centered and legal strategies designed to ensure that children and youth have safe, caring, stable and lifelong families in which to grow up.[10,11,12,13]

In 2004, the U.S. Department of Health and Human Services conducted a Child and Family Services Review for the State of Rhode Island and determined that the Rhode Island Department of Children, Youth and Families needed to improve on 37 of a possible 45 items examined. Rhode Island's Program Improvement Plan outlines strategies for improving services provided to children and families. Target goals for improvements in foster care placement stability, foster care reentry and time to adoption, among others, are projected to be met by August 2007.[14]

### Percentage of Children in Out-of-Home Care Exiting Care to a Permanent Placement, Rhode Island, FY 2005*

| | ALL EXITS | WITH DISABILITY | OVER AGE 12 AT ENTRY |
|---|---|---|---|
| Adoption | 18% | 22% | 1% |
| Guardianship | 2% | <1% | 1% |
| Reunification | 67% | 56% | 73% |
| Other | 14% | 22% | 25% |
| *Total Number* | *1,192* | *417* | *529* |

Source: The Consultation Center, Yale University School of Medicine, for the U.S. Department of Health and Human Services. (2005). *Rhode Island program improvement plan child welfare outcomes annual file (10/1/2004 to 9/30/2005).* (AFCARS Annual Foster Care Database, FY 2005). May not total 100% due to rounding.

◆ In FY 2005 there were 3,435 children in foster care. Of these, 1,192 children exited care. Of the children who exited care, 86% exited to a permanent placement (adoption, guardianship or reunification). Children exiting to a permanent placement account for 30% of all children in out-of-home placement.[15]

### Children Aging Out of Foster Care**

◆ Children who do not exit care promptly may eventually "age out," never having gained a permanent placement. In FY 2005, 90 Rhode Island children exited out-of-home placement to emancipation. Of these, 78% were older than age 12 at entry into care.[16]

◆ Youth who age out of foster care experience high rates of poverty, homelessness, unemployment, incarceration and poor health. Research indicates that specialized mental health services and transition systems that extend beyond the age of discharge are crucial for the success of these youth.[17]

◆ Youth who receive more training and services, have real work experience and have positive support systems prior to exiting foster care experience better outcomes after exiting foster care.[18]

**Throughout this indicator, fiscal year refers to federal Fiscal Year, October 1st - September 30th. Permanent placement indicates adoption, reunification or guardianship.*

*** Foster care refers to all out-of-home placements, consistent with language used in federal reports.*

## Length of Time to Adoption or Reunification, Rhode Island, FY 2000 and 2005

| | ADOPTION | | REUNIFICATION | |
|---|---|---|---|---|
| | 2000 | 2005 | 2000 | 2005 |
| Less than 24 months | 38% | 49% | 83% | 92% |
| More than 24 months | 61% | 51% | 10% | 8% |

◆ The percentage of children in the Rhode Island child welfare system who are adopted in less than 24 months increased from 38% in FY 2000 to 49% in FY 2005.

◆ The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in less than 24 months increased from 83% in FY 2000 to 92% of children in FY 2005.

Source: The Consultation Center, Yale University School of Medicine, for the U.S. Department of Health and Human Services. (2005). *Rhode Island program improvement plan child welfare outcomes annual file (10/1/2004 to 9/30/2005).* (AFCARS Annual Foster Care Database, FY 2005).

## Children Re-Entering Foster Care after Prior Episode, FY 2000-2005

◆ Success in reducing the duration in temporary placement must be measured in conjunction with rates of re-entry into the system (i.e., the failure rate of the permanent placement). In FY 2005, 31% of children in Rhode Island who entered out-of-home placement were re-entering after a prior episode, down from 32% in FY 2000.[19]

◆ The majority of child maltreatment cases involve neglect. The greatest contributors to neglect are poverty, parental substance abuse and/or mental illness. Achieving timely and successful reunification requires access to substance abuse and mental health treatment.[20]

◆ Parents striving for reunification with their children may also require in-home services, parenting skills training, assistance in meeting basic needs (e.g., food, housing, income), child care and specific strategies to decrease isolation and strengthen community supports.[21]

## Adoptions of Children in DCYF Care, 2005

◆ In calendar year 2005, 230 children in the care of DCYF were adopted in Rhode Island. Of these children, 51% were White, 14% were Black, 19% were Hispanic and 16% were of another racial or ethnic group or of unknown race or ethnicity.

◆ Of the children adopted, 57% were under age 6, 28% were between age 6 and 11 and 15% were age 12 or older.

◆ As of December 31, 2005, 231 children in the care of DCYF were awaiting adoption. Of these children, 45% were White, 22% were Black, 22% were Hispanic and 11% were of another racial or ethnic group or of unknown race or ethnicity.

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2005.

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# Education

## Flowering Umbrellas

Umbrellas are folded up like buds.
But umbrella buds don't open in the sun.
They flower in the rain instead
In all kinds of colours: black, green, and red,
Brown and white, and checked and striped.
Outside the school in the rain mothers stand
With umbrella flowers growing from their hands.

*Stanley Cook*

# Infants Born at Highest Risk

### DEFINITION

*Infants born at highest risk* is the percentage of babies born to Rhode Island women who were under age 20, unmarried and had less than 12 years of education. Data are for 2004.

### SIGNIFICANCE

Maternal marriage status, age, and education level at birth are strongly related to the likelihood that a child will live in poverty and predicts many developmental vulnerabilities. The poverty rate for children born to a teenaged, unmarried mother who did not graduate from high school is 78%. In contrast, the poverty rate for children born to married women over age 20 with a high school diploma is just 9%.[1]

Most children facing these three economic and social risk factors at birth continue to face great challenges throughout childhood. Less than one-third of teen mothers ever go on to earn a high school diploma and only 1.5% earn a college degree by age 30.[2] Young mothers without a high school diploma are very likely to remain unmarried and a majority will be persistently low-income.[3] Children born to very young mothers are also less likely to be ready for school at kindergarten entry, more likely to perform poorly in school, and less likely to complete high school themselves.[4,5]

Many intervention programs have been designed to improve the life chances of babies and young children facing multiple social and economic risk factors. A national analysis of interventions indicated that the most effective interventions have common design characteristics including: individualized services, highly trained staff, high quality programming, adequate intensity and duration (i.e., "dosage"), early initiation of services (sometimes prenatally), trusting and continuous relationships between the service provider and the family, and a comprehensive, family-centered approach.[6] Cost-benefit studies show that providing effective, intensive interventions to at-risk children and their families can yield up to a $17.00 return on every $1.00 invested.[7] Programs designed to regularly visit families with significant social and economic risk factors during the first two to three years of life (including the Nurse-Family Partnership, Early Head Start and some of the more intensive, comprehensive family support models) have yielded promising long-term results including reduced rates of child abuse and neglect, fewer subsequent births, increased maternal employment, and improved child outcomes.[8,9]

## Infants Born with Identified Risk Factors, Rhode Island, 2004

| | # OF BIRTHS | # BORN AT HIGHEST RISK* | # BORN AT RISK** |
|---|---|---|---|
| Central Falls | 409 | 40 | 375 |
| Newport | 314 | 28 | 216 |
| Pawtucket | 1,115 | 71 | 916 |
| Providence | 2,938 | 268 | 2,543 |
| West Warwick | 387 | 18 | 253 |
| Woonsocket | 568 | 59 | 482 |
| Core Cities | 5,731 | 484 | 4,785 |
| Remainder of State | 6,595 | 150 | 3,572 |
| Rhode Island | 12,710 | 639 | 8,542 |

** births to mothers who were younger than 20, single, and without a high school degree*
*** births with at least one risk factor identified by the Rhode Island Department of Health's Newborn Risk Assessment Program.*

Source: Rhode Island Department of Health, KIDSNET database, 2004.

◆ There are three important social and economic risk factors present at birth that, when combined, strongly predict childhood poverty and poor education outcomes — having a mother who is younger than 20, unmarried, and without a high school degree.[10] Studies show that effective interventions targeting this population can improve child and family outcomes and yield a strong return on investment.[11]

## Rhode Island Newborn Risk Assessment Program

◆ The Rhode Island Department of Health screens all infants born in the state to identify numerous risks for poor developmental outcomes, such as: developmental disabilities, birth weights less than 3.3 lbs., Neonatal Intensive Care hospitalization greater than 48 hours, mother who is Hepatitis B surface antigen positive, mother with education less than 11th grade, mother younger than 19, mother older than 37, single mother, mother who has given birth more than 5 times and mother who has never given birth before. Additional risk factors assessed include: inadequate prenatal care, low Apgar scores, low birth weight for gestational age, parental characteristic indicating vulnerability (e.g. chronic illness), and the use of Medicaid/Rite Care health insurance.[12]

*Table 26.*

## Infants Born at Highest Risk, Rhode Island, 2004

| CITY/TOWN | NUMBER OF BIRTHS | BIRTHS TO MOTHERS WITHOUT A HIGH SCHOOL DEGREE | BIRTHS TO SINGLE MOTHERS | BIRTHS TO MOTHERS YOUNGER THAN AGE 20 | BIRTHS TO MOTHERS WITH ALL 3 RISK FACTORS | % BIRTHS WITH ALL 3 RISK FACTORS |
|---|---|---|---|---|---|---|
| Barrington | 142 | 2 | 10 | 2 | 2 | 1% |
| Bristol | 193 | 10 | 52 | 5 | 3 | 2% |
| Burrillville | 153 | 13 | 42 | 8 | 2 | 1% |
| Central Falls | 409 | 148 | 262 | 74 | 40 | 10% |
| Charlestown | 96 | 6 | 26 | 6 | 3 | 3% |
| Coventry | 347 | 22 | 93 | 22 | 9 | 3% |
| Cranston | 844 | 86 | 245 | 58 | 26 | 3% |
| Cumberland | 309 | 10 | 55 | 7 | 3 | 1% |
| East Greenwich | 122 | 4 | 12 | 1 | 1 | 1% |
| East Providence | 523 | 64 | 167 | 30 | 12 | 2% |
| Exeter | 49 | 1 | 10 | 2 | 0 | 0% |
| Foster | 49 | 4 | 10 | 3 | 1 | 2% |
| Glocester | 73 | 3 | 15 | 8 | 2 | 3% |
| Hopkinton | 120 | 9 | 35 | 11 | 5 | 4% |
| Jamestown | 47 | 1 | 5 | 1 | 1 | 2% |
| Johnston | 286 | 25 | 61 | 19 | 9 | 3% |
| Lincoln | 179 | 10 | 44 | 9 | 5 | 3% |
| Little Compton | 25 | 3 | 4 | 3 | 0 | 0% |
| Middletown | 197 | 9 | 50 | 9 | 3 | 2% |
| Narragansett | 98 | 4 | 20 | 6 | 2 | 2% |
| New Shoreham | 8 | 0 | 1 | 0 | 0 | 0% |
| Newport | 314 | 66 | 148 | 33 | 28 | 9% |
| North Kingstown | 280 | 11 | 52 | 15 | 8 | 3% |
| North Providence | 391 | 31 | 118 | 21 | 9 | 2% |
| North Smithfield | 87 | 5 | 12 | 3 | 2 | 2% |
| Pawtucket | 1115 | 244 | 606 | 135 | 71 | 6% |
| Portsmouth | 161 | 3 | 18 | 3 | 1 | 1% |
| Providence | 2,938 | 916 | 1,806 | 461 | 268 | 9% |
| Richmond | 73 | 6 | 14 | 4 | 2 | 3% |
| Scituate | 112 | 5 | 19 | 5 | 0 | 0% |
| Smithfield | 138 | 3 | 32 | 5 | 1 | 1% |
| South Kingstown | 244 | 10 | 54 | 2 | 0 | 0% |
| Tiverton | 60 | 3 | 13 | 2 | 1 | 2% |
| Warren | 90 | 11 | 29 | 7 | 5 | 6% |
| Warwick | 823 | 66 | 234 | 47 | 23 | 3% |
| West Greenwich | 47 | 1 | 4 | 2 | 1 | 2% |
| West Warwick | 387 | 55 | 147 | 31 | 18 | 5% |
| Westerly | 229 | 20 | 75 | 11 | 8 | 3% |
| Woonsocket | 568 | 177 | 332 | 84 | 59 | 10% |
| *Out-Of-State* | *871* | *38* | *129* | *23* | *9* | *1%* |
| *Unknown* | *384* | *21* | *64* | *17* | *5* | *1%* |
| *Core Cities* | *5,731* | *1,606* | *3,301* | *818* | *484* | *8%* |
| *Remainder of State* | *6,595* | *461* | *1,631* | *337* | *150* | *2%* |
| *Rhode Island* | *12,710* | *2,088* | *4,996* | *1,172* | *639* | *5%* |

### Source of Data for Table/Methodology

The Rhode Island Department of Health, KIDSNET database, 2004. Out-of-state infants were born at Rhode Island hospitals to mothers who resided out-of-state and are not included in the state total. Unknown refers to infants born to mothers whose residence was not recorded. Unknown residence infants are not included in the totals for the core cities or for the remainder of the state but are included in the state total.

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# Children Enrolled in Early Intervention

## DEFINITION

*Children enrolled in Early Intervention* is the percentage of children under age 3 who have an active Individual Family Service Plan through a Rhode Island Early Intervention provider during calendar year 2005.

## SIGNIFICANCE

During the first few years of life, children develop the linguistic, cognitive, emotional, social and behavioral capabilities that are the foundation for subsequent development.[1] The Individuals with Disabilities Education Act, Part C (IDEA, Part C) requires states to identify and provide appropriate early intervention services to children from birth through age 2 who are developmentally delayed or have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.[2] States may choose to serve children who are at risk of experiencing a substantial delay if early intervention services are not provided.[3]

Rhode Island's eligibility criteria for Early Intervention includes children with a diagnosed medical disorder bearing relatively well-known expectancy for developmental delay (single established condition) and children exhibiting or professionally determined to have a developmental delay in one or more areas of development (cognitive, physical, communication, social-emotional, and adaptive).[4] Children are also considered eligible for Rhode Island Early Intervention through a "multiple established conditions" category which includes children with a history of biological issues that could negatively impact the developing nervous system and/or early life experiences that indicate a high probability for atypical or delayed development.[5]

Young children with disabilities and/or developmental delays who receive Early Intervention services are better prepared for school and later life.[6]

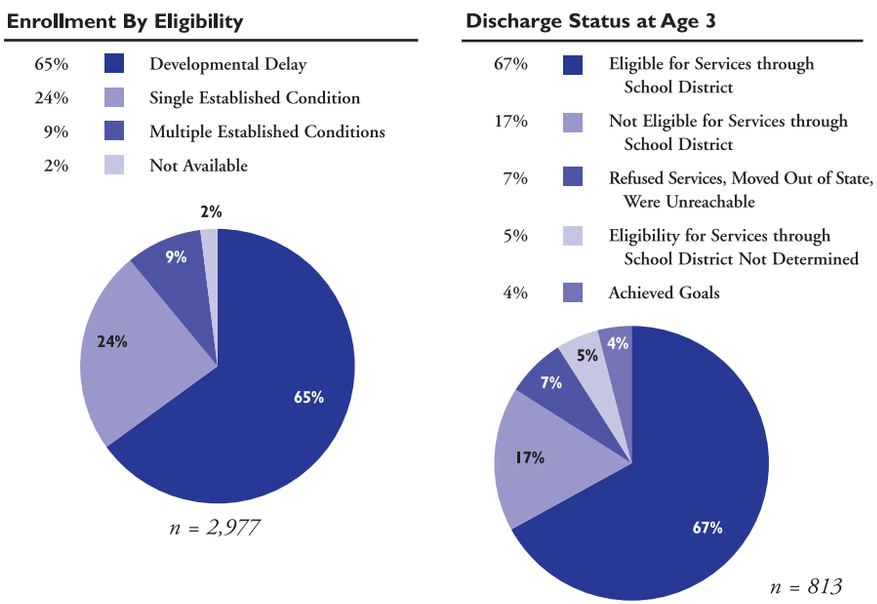
**% of Children Receiving Early Intervention Services, 2004**

| | Under Age 1 | Under Age 3 |
|---|---|---|
| RI | 1.8% | 3.6% |
| US | 0.9% | 2.3% |
| National Rank* | *3rd* | *6th* |
| New England Rank** | *2nd* | *2nd* |

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: Federal Resource Center for Special Education. (2005). *Infants and toddlers receiving Early Intervention services: Rank ordered tables, 2004* (State Performance Plan Resources and Materials). Retrieved February 15, 2006 from www.federalresourcecenter.org. (Data are point-in-time).

### Rhode Island Early Intervention, 2005




◆ In 2005 in Rhode Island, 2,977 children received Early Intervention services. This is 8% of the 37,775 Rhode Island children under age 3.[7] Twenty-nine percent of the children enrolled in Early Intervention were younger than age 1, 37% were age 1, and 34% were age 2.[8]

### Infants and Toddlers at Substantial Risk for Delay

◆ Early Intervention can also help infants and toddlers who are at very high risk for significant developmental problems as a result of having parents with drug or alcohol addiction, living in extreme poverty, or exposure to violence, abuse or neglect.[9] Recent changes to the federal legislation require states to refer children who have been involved in a substantiated case of child abuse or neglect and children who have been affected by illegal substance abuse to Early Intervention for an eligibility assessment.[10]

◆ In 2005, the Rhode Island Department of Children, Youth and Families referred 91 out of 672 children under age 3 with a substantiated case to Early Intervention for an assessment.[11]

*Table 27.* **Infants and Toddlers Enrolled in Early Intervention, by Eligibility, Rhode Island, 2005**

| CITY/TOWN | # OF CHILDREN UNDER AGE 3* | SINGLE ESTABLISHED CONDITION | DEVELOPMENTAL DELAY | MULTIPLE ESTABLISHED CONDITIONS | ELIGIBILITY INFORMATION NOT AVAILABLE | # OF CHILDREN ENROLLED IN EARLY INTERVENTION | % OF CHILDREN UNDER AGE 3 ENROLLED |
|---|---|---|---|---|---|---|---|
| Barrington | 570 | 8 | 28 | 6 | 2 | 44 | 8% |
| Bristol | 655 | 10 | 30 | 7 | 0 | 47 | 7% |
| Burrillville | 509 | 8 | 35 | 0 | 0 | 43 | 8% |
| Central Falls | 990 | 18 | 57 | 8 | 4 | 87 | 9% |
| Charlestown | 289 | 6 | 32 | 2 | 0 | 40 | 14% |
| Coventry | 1,243 | 29 | 85 | 10 | 0 | 124 | 10% |
| Cranston | 2,455 | 57 | 140 | 20 | 4 | 221 | 9% |
| Cumberland | 1,136 | 12 | 86 | 5 | 0 | 103 | 9% |
| East Greenwich | 384 | 9 | 28 | 1 | 0 | 38 | 10% |
| East Providence | 1,552 | 33 | 55 | 16 | 3 | 107 | 7% |
| Exeter | 187 | 2 | 13 | 0 | 0 | 15 | 8% |
| Foster | 113 | 2 | 7 | 2 | 0 | 11 | 10% |
| Glocester | 335 | 6 | 11 | 0 | 1 | 18 | 5% |
| Hopkinton | 282 | 5 | 22 | 0 | 0 | 27 | 10% |
| Jamestown | 132 | 3 | 10 | 0 | 0 | 13 | 10% |
| Johnston | 893 | 23 | 27 | 5 | 2 | 57 | 6% |
| Lincoln | 662 | 19 | 41 | 6 | 0 | 66 | 10% |
| Little Compton | 107 | 2 | 3 | 0 | 0 | 5 | 5% |
| Middletown | 700 | 9 | 28 | 1 | 0 | 38 | 5% |
| Narragansett | 403 | 0 | 27 | 2 | 0 | 29 | 7% |
| New Shoreham | 35 | 1 | 3 | 0 | 0 | 4 | 11% |
| Newport | 941 | 15 | 50 | 4 | 0 | 69 | 7% |
| North Kingstown | 1,034 | 19 | 78 | 1 | 1 | 99 | 10% |
| North Providence | 885 | 14 | 32 | 5 | 2 | 53 | 6% |
| North Smithfield | 337 | 6 | 31 | 0 | 0 | 37 | 11% |
| Pawtucket | 2,957 | 60 | 131 | 25 | 11 | 227 | 8% |
| Portsmouth | 583 | 10 | 30 | 2 | 0 | 42 | 7% |
| Providence | 7,642 | 154 | 292 | 85 | 13 | 544 | 7% |
| Richmond | 321 | 2 | 6 | 0 | 0 | 8 | 2% |
| Scituate | 371 | 8 | 29 | 2 | 0 | 39 | 11% |
| Smithfield | 499 | 7 | 19 | 0 | 0 | 26 | 5% |
| South Kingstown | 868 | 10 | 59 | 2 | 0 | 71 | 8% |
| Tiverton | 461 | 12 | 13 | 4 | 0 | 29 | 6% |
| Warren | 355 | 8 | 13 | 5 | 0 | 26 | 7% |
| Warwick | 2,714 | 63 | 156 | 14 | 2 | 235 | 9% |
| West Greenwich | 192 | 4 | 5 | 0 | 0 | 9 | 5% |
| West Warwick | 1,136 | 18 | 58 | 3 | 1 | 80 | 7% |
| Westerly | 827 | 11 | 47 | 4 | 0 | 62 | 7% |
| Woonsocket | 2,020 | 35 | 130 | 12 | 7 | 184 | 9% |
| *Core Cities* | *15,686* | *300* | *718* | *137* | *36* | *1,191* | *8%* |
| *Remainder of State* | *22,089* | *418* | *1,229* | *122* | *17* | *1,786* | *8%* |
| *Rhode Island* | *37,775* | *718* | *1,947* | *259* | *53* | *2,977* | *8%* |

**Population under age 3 is based on Census 2000 and may not reflect increases or decreases in population.*

### Source of Data for Table/Methodology

Rhode Island Department of Human Services, Center for Child and Family Health, children enrolled in Early Intervention in calendar year 2005.

The denominator is the number of children under age 3, according to Census 2000, Summary File 1.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

### References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# Children Enrolled in Early Head Start

### DEFINITION

*Children enrolled in Early Head Start* is the percentage of eligible children under age 3 enrolled in a Rhode Island Early Head Start program as of October 2005.

### SIGNIFICANCE

Early Head Start was established in 1994 to promote healthy prenatal outcomes for pregnant women, support the early care and education of infants and toddlers younger than age three and foster healthy familial relationships while building community resources.[1]

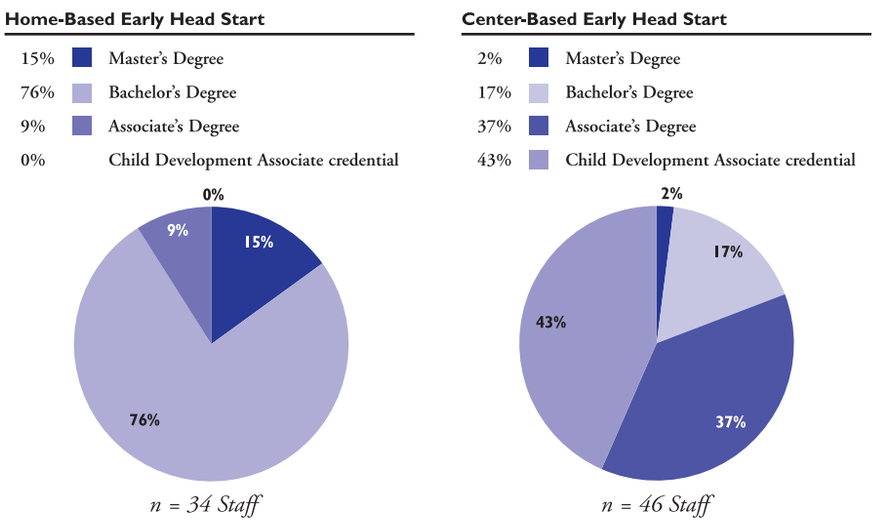
Children are eligible for Early Head Start if their families' incomes are below 100% of the federal poverty guidelines, the family receives Supplemental Security Income, is enrolled in the Family Independence Program or is using supportive services that are federal Temporary Assistance for Needy Families benefits (i.e. transportation vouchers, subsidized child care, or job training). Children in foster care and pregnant women who intend to enroll children after birth are also eligible to participate.[2,3]

There are three types of Early Head Start Programs: home-based, center-based and a combination of the two. Home-based programs use weekly home visits to support child development and the parent-child relationship and offer group activities two times per month. Center-based programs provide enrollment for children in an early care and education program and twice yearly home visits. Combination programs combine regular home visits with center-based programming. Nationally, 46% of Early Head Start programs are center-based, 43% are home-based, and the remainder are either combination or locally designed models.[4]

Pregnant women enrolled in Early Head Start are assessed for risks to a healthy pregnancy (e.g., late prenatal care, inadequate nutrition, environmental toxins and domestic violence). Pregnancy plans are developed to support prenatal health, the promotion of healthy behaviors and preparation for each baby's arrival.[5]

The National Evaluation of Early Head Start showed that the program produced significant cognitive and language development gains in participating children and more positive interaction with their parents. Early Head Start parents provided more emotional support and greater opportunities for language and learning to their children. Early Head Start mothers also have fewer subsequent births within two years of enrollment and are more likely to participate in education and job-training activities.[6]

### Staff Qualifications in Rhode Island Early Head Start Programs




Source: Head Start program reports to Rhode Island KIDS COUNT, October 2005.
*Percentages may not total 100% due to rounding.*

◆ Federal performance standards for Early Head Start require that teachers and teaching assistants in center-based programs must have, at a minimum, a Child Development Associate credential or its equivalent at the time of hire or within one year of hire.[7]

◆ Rhode Island's child care center regulations require a high school diploma for the lead teacher in an infant/toddler classroom. Teacher aides in child care centers need to be working toward a high school degree.[8]

### Early Head Start Programs in Rhode Island

◆ In October 2005 in Rhode Island, 7 pregnant women and 390 infants and toddlers were receiving Early Head Start services.[9]

◆ In 2005, there were 381 federally-funded Early Head Start slots in Rhode Island. Of these slots, 45% were center-based and 55% were home-based.[10] There are no Early Head Start slots in Pawtucket, Woonsocket or Washington County.

# Children Enrolled in Early Head Start

*Table 28.* **Percent of Eligible Children Under Age 3 Enrolled in Early Head Start, Rhode Island, 2005**

| CITY/TOWN | ESTIMATED ELIGIBLE CHILDREN UNDER AGE 3* | # OF CHILDREN ENROLLED IN EARLY HEAD START | % OF ELIGIBLE CHILDREN UNDER AGE 3 ENROLLED |
|---|---|---|---|
| Barrington | 13 | 1 | 8% |
| Bristol | 57 | 2 | 4% |
| Burrillville | 50 | 11 | 22% |
| Central Falls | 400 | 58 | 15% |
| Charlestown | 11 | 0 | 0% |
| Coventry | 72 | 26 | 36% |
| Cranston | 211 | 20 | 9% |
| Cumberland | 51 | 0 | 0% |
| East Greenwich | 28 | 1 | 4% |
| East Providence | 204 | 19 | 9% |
| Exeter | 26 | 0 | 0% |
| Foster | 0 | 1 | N/A |
| Glocester | 15 | 1 | 7% |
| Hopkinton | 17 | 0 | 0% |
| Jamestown | 0 | 0 | 0* |
| Johnston | 81 | 11 | 14% |
| Lincoln | 33 | 0 | 0% |
| Little Compton | 5 | 0 | 0% |
| Middletown | 40 | 17 | 43% |
| Narragansett | 22 | 0 | 0% |
| New Shoreham | 2 | 0 | 0% |
| Newport | 371 | 57 | 15% |
| North Kingstown | 114 | 0 | 0% |
| North Providence | 99 | 9 | 9% |
| North Smithfield | 26 | 1 | 4% |
| Pawtucket | 842 | 0 | 0% |
| Portsmouth | 33 | 2 | 6% |
| Providence | 3,092 | 40 | 1% |
| Richmond | 10 | 0 | 0% |
| Scituate | 17 | 1 | 6% |
| Smithfield | 6 | 3 | 50% |
| South Kingstown | 41 | 0 | 0% |
| Tiverton | 25 | 2 | 8% |
| Warren | 23 | 6 | 26% |
| Warwick | 188 | 45 | 24% |
| West Greenwich | 8 | 0 | 0% |
| West Warwick | 299 | 55 | 18% |
| Westerly | 77 | 0 | 0% |
| Woonsocket | 733 | 0 | 0% |
| *Homeless* | *NA* | *1* | *NA* |
| *Core Cities* | *5,737* | *210* | *4%* |
| *Remainder of State* | *1,605* | *179* | *11%* |
| *Rhode Island* | *7,342* | *390* | *5%* |

*Estimated Number Eligible is based on Census 2000 and may not reflect increases or decreases in eligible population.

### Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled by October, 2005.

The denominator is the estimated number of eligible children based on the number of children under age 3 in each community multiplied by the poverty rate for children under 5, according to Census 2000, Summary File 3 tables P87 and P8. This is an estimate of the eligible population and does not take into account any increases or decreases in the number of income eligible children since 2000. Children younger than age 3 are more likely to be poor than children ages 3 to 5. Thus, using the poverty rate for children under age 5 probably underestimates the numbers of children younger than age 3 below poverty (and eligible for Early Head Start).

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

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# Infant and Preschool Child Care

### DEFINITION

*Infant and preschool child care* is the number of regulated child care slots per 100 children under age 6. Regulated child care slots include licensed child care center slots and certified family child care home slots.

### SIGNIFICANCE

Child care, if high quality, provides a safe and nurturing learning environment for infants and young children. Research indicates that quality early care and education has long-lasting positive effects on how children learn, develop, cope with stress, and handle their emotions.[1]

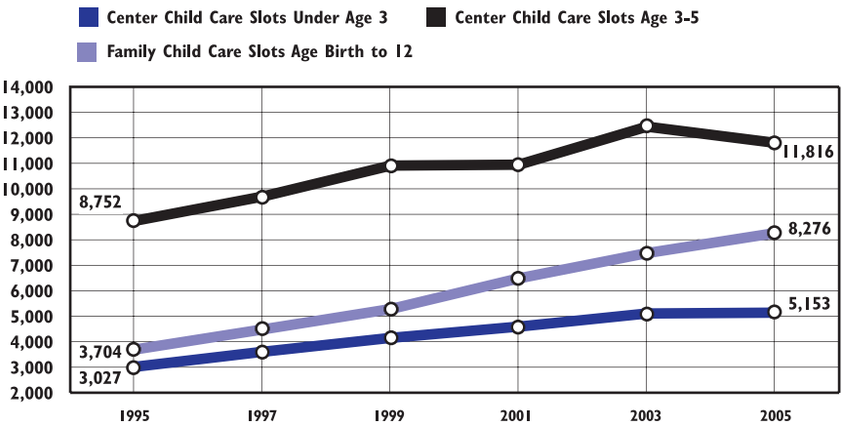
National data indicate that, on average, children under age 5 with an employed mother spend 28 hours per week in non-parental care, compared to 18 hours per week for children with mothers not in the workforce.[2]

Child care has become a fundamental need for Rhode Island families over the past two decades. In Rhode Island in 2004, 62% (41,937) of children under age 6 had all parents in the workforce, higher than the U.S. average of 60%.[3] In comparison, 71% of Rhode Island children ages 6 to 17 had all parents in the workforce.[4]

In 1997 Rhode Island passed legislation known as Starting RIght to improve low-income families' access to affordable quality child care. Since the passage of Starting RIght, Rhode Island has experienced significant growth in the availability of regulated child care.[5] The availability of stable child care is critical for Rhode Island's economy. When parents have difficulty finding and keeping child care, they miss work more frequently and are more likely to leave their jobs.[6]

Recent research shows that families using Rhode Island's child care subsidy program are increasingly more likely to choose licensed and certified care over non-certified care, even though subsidies are available for both options.[7] When the availability of child care is sufficient to meet demand and child care subsidies are accessible, families have more options and can make decisions based on the quality of the care.

### Infant and Preschool Child Care Capacity, Rhode Island, 1995 - 2005




◆ In 2005 in Rhode Island, there were 25,245 slots for children under age 6 in licensed child care centers and certified family child care homes, as compared with 15,483 slots in 1995. Since 1995, there has been a 63% increase in the availability of licensed and certified child care for children younger than age 6.[8]

◆ The number of slots in certified family child care homes has increased 123% since 1995. The largest increases in supply in center-based child care is for children under age 3. Since 1995, there has been an 70% increase in the supply of center-based slots for children under age 3 and a corresponding increase of 35% in center-based slots for children ages 3 to 5.[9]

### Latinos and Child Care

◆ National data indicate that Latino children under age 5 are less likely to be enrolled in center-based early care and education programs than other major racial/ethnic groups.[10] Immigrants from Central America and Mexico have particularly low rates of participation in a preschool or center.[11]

◆ In Rhode Island, 58% of all certified family child care home providers speak Spanish and 22% of all licensed centers have at least one staff member who speaks Spanish.[12]

*Table 29.*

## Child Care for Children Under Age 6, Rhode Island, 2005

| CITY/TOWN | # CHILD CARE CENTER SLOTS < AGE 3 | # CHILD CARE CENTER SLOTS AGES 3-5 | # CERTIFIED FAMILY CHILD CARE HOME SLOTS* | TOTAL REGULATED CHILD CARE SLOTS FOR CHILDREN < AGE 6 | POTENTIAL CHILDREN < AGE 6 IN NEED OF REGULATED CHILD CARE | SLOTS PER 100 CHILDREN < AGE 6 IN NEED OF REGULATED CHILD CARE |
|---|---|---|---|---|---|---|
| Barrington | 90 | 139 | 52 | 281 | 386 | 73 |
| Bristol | 33 | 108 | 47 | 188 | 447 | 42 |
| Burrillville | 33 | 107 | 46 | 186 | 408 | 46 |
| Central Falls | 92 | 186 | 268 | 546 | 520 | 105 |
| Charlestown | 23 | 35 | 17 | 75 | 170 | 44 |
| Coventry | 115 | 213 | 123 | 451 | 962 | 47 |
| Cranston | 50 | 904 | 647 | 1,601 | 1,799 | 89 |
| Cumberland | 95 | 161 | 183 | 439 | 912 | 48 |
| East Greenwich | 248 | 385 | 42 | 675 | 277 | 244 |
| East Providence | 217 | 643 | 145 | 1,005 | 1,168 | 86 |
| Exeter | 36 | 85 | 14 | 135 | 189 | 71 |
| Foster | 28 | 33 | 14 | 75 | 107 | 70 |
| Glocester | 42 | 25 | 42 | 109 | 264 | 41 |
| Hopkinton | 20 | 26 | 33 | 79 | 283 | 28 |
| Jamestown | 31 | 33 | 8 | 72 | 83 | 87 |
| Johnston | 180 | 387 | 145 | 712 | 702 | 101 |
| Lincoln | 121 | 139 | 31 | 291 | 565 | 52 |
| Little Compton | 0 | 0 | 0 | 0 | 53 | 0 |
| Middletown | 166 | 403 | 34 | 603 | 463 | 130 |
| Narragansett | 41 | 90 | 0 | 131 | 228 | 57 |
| New Shoreham | 12 | 22 | 0 | 34 | 27 | 126 |
| Newport | 115 | 188 | 27 | 330 | 615 | 54 |
| North Kingstown | 154 | 341 | 65 | 560 | 805 | 70 |
| North Providence | 79 | 191 | 170 | 440 | 662 | 66 |
| North Smithfield | 0 | 0 | 32 | 32 | 285 | 11 |
| Pawtucket | 298 | 823 | 610 | 1,731 | 2,103 | 82 |
| Portsmouth | 90 | 123 | 31 | 244 | 411 | 59 |
| Providence | 929 | 2,120 | 4,545 | 7,594 | 4,002 | 190 |
| Richmond | 14 | 19 | 34 | 67 | 255 | 26 |
| Scituate | 12 | 47 | 25 | 84 | 288 | 29 |
| Smithfield | 240 | 410 | 32 | 682 | 400 | 171 |
| South Kingstown | 157 | 335 | 105 | 597 | 590 | 101 |
| Tiverton | 25 | 117 | 47 | 189 | 358 | 53 |
| Warren | 43 | 130 | 37 | 210 | 325 | 65 |
| Warwick | 781 | 1,421 | 275 | 2,477 | 2,119 | 117 |
| West Greenwich | 119 | 183 | 0 | 302 | 173 | 175 |
| West Warwick | 150 | 368 | 97 | 615 | 737 | 83 |
| Westerly | 78 | 306 | 6 | 390 | 644 | 61 |
| Woonsocket | 196 | 570 | 247 | 1,013 | 1,100 | 92 |
| *Core Cities* | *1,780* | *4,255* | *5,794* | *11,829* | *9,077* | *130* |
| *Remainder of State* | *3,373* | *7,561* | *2,482* | *13,416* | *16,808* | *80* |
| *Rhode Island* | *5,153* | *11,816* | *8,276* | *25,245* | *25,885* | *98* |

### Source of Data for Table/Methodology

The denominator is the Census 2000 number of children under age 6 with both parents in the workforce, multiplied by 56.5% (the percentage of employed mothers using non-relative care, according to the Census Bureau's Survey of Income and Program Participation, Spring 1999). The number of regulated child care slots is the number of licensed child care center slots for children under age 6 and the number of certified family child care home slots, as of December 2005 (data provided by Options for Working Parents).

*Family child care slots are for children birth to 12 years old.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

### References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[3,4] U.S. Bureau of the Census, American Community Survey, 2004. Selected Economic Characteristics, United States and Rhode Island, 2004.

[5,12] Options for Working Parents, 2005.

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[10] National Child Care Information Center. (2004). *Hispanics and child care: The changing landscape.* Vienna, VA: U.S. Department of Health and Human Services, Child Care Bureau.

[8,9] Options for Working Parents, 1995, 1997, 1999, 2001, 2003 & 2005.

[11] Matthews, H. & Ewen, D. (2006). *Reaching all children?: Understanding early care and education participation among immigrant families.* Washington, DC: Center for Law and Social Policy.

# Accredited Early Care and Education

## DEFINITION

*Accredited early care and education* is the percentage of nationally-accredited private preschools approved by the Rhode Island Department of Elementary and Secondary Education, licensed child care centers and certified family child care homes as of January 2006. Child care centers and preschools are accredited by the National Association for the Education of Young Children (NAEYC). Family child care homes are accredited by the National Association for Family Child Care (NAFCC).

## SIGNIFICANCE

Research on early care and education reveals strong associations between the quality of the program and children's developing skills and well-being.[1] The quality of child care is a more important predictor of positive development than the hours in child care, the stability of child care or the type of child care.[2]

High-quality child care and early education is characterized by smaller numbers of children in a classroom or group, fewer children per adult, educated and experienced caregivers, nurturing and dependable relationships between staff and children, and safe and stimulating environments.[3] Staff educational qualifications are important. Children in preschool classrooms are better prepared for school when teachers have at least an associate's degree, and optimally, a bachelor's degree.[4,5]

Children from all backgrounds who have received high-quality early care and education score higher on tests of both cognitive and social skills in their early school years than children in poor quality care.[6,7] Low-income children, who receive high quality early education score significantly higher on tests of reading and math from the early grades through middle adolescence and are less likely to repeat a grade. They are more interested in learning and are stronger in reading, math, problem solving and working with others.[8,9]

The quality of child care can also influence a parent's employment and education. When parents are using higher quality child care, they are more likely to keep their jobs and work more hours.[10] Investments in high-quality early care and education programs consistently generate at least a 3 to 1 return on investment or better by reducing public education expenses, lowering criminal justice costs, increasing lifetime earnings of both the child and the parents, and reducing public welfare expenditures.[11]

### Staff Education Credential Requirements

| STAFF POSITION | RHODE ISLAND MINIMUM STANDARDS FOR LICENSING/CERTIFICATION | NATIONAL ACCREDITATION MINIMUM ACCREDITATION STANDARDS (2005) |
|---|---|---|
| Lead teacher in classroom | High School Diploma/GED | Child Development Associate Credential |
| Teacher aide in classroom | Pursuing a High School Diploma/GED | High School Diploma/GED |
| Family child care provider | None | High School Diploma/GED and 90 clock hours of training |

◆ As of January 1, 2006, NAEYC is phasing in more rigorous standards for accreditation including more advanced requirements for classroom staff education credentials. In 2006, at least 25% of lead teachers must have an associate's degree and 50% of teacher aides must have a Child Development Associate Credential. In 2010, at least 50% of lead classroom teachers will be required to have a minimum of an associate's degree. In 2015, 100% of lead teachers must have at least an associate's degree and 50% must have a baccalaureate degree. In 2020, 75% of lead teachers must have a baccalaureate degree to achieve accreditation.[12]

Sources: *Child day care center regulations for licensure.* (1993). Providence, RI: Rhode Island Department of Children, Youth and Families. *Family day care home regulation for certification.* (1990). Providence, RI: Rhode Island Department of Children, Youth and Families. *Accreditation criteria and procedures of the National Association for the Education of Young Children.* (1998). Washington, DC: National Association for the Education of Young Children. *Quality standards for NAFCC Accreditation.* (2005). Salt Lake City, UT: National Association for Family Child Care.

### Strategies to Improve the Quality of Child Care

◆ The quality of child care is strongly related to the wages, education and retention of teachers. Scholarship and compensation initiatives can improve child care workforce education and retention, particularly when professional development and education are linked to pay increases.[13]

◆ Twelve states have developed tiered quality rating systems to promote large-scale quality improvements among programs. Approximately half of the states have established subsidy systems that provide higher payments to child care programs that achieve specific levels of quality.[14]

◆ Enhancing the capacity of child care licensing agencies and making inspection and verified complaint data public has also been used as an effective strategy to improve the quality of child care.[15]

*Table 30.*

## Programs with NAEYC or NAFCC Accreditation, Rhode Island, 2005

| | PART-DAY PROGRAMS | | | FULL-DAY PROGRAMS | | | CERTIFIED FAMILY CHILD CARE HOMES | | |
|---|---|---|---|---|---|---|---|---|---|
| CITY/TOWN | NUMBER | NAEYC ACCREDITED | % NAEYC ACCREDITED | NUMBER | NAEYC ACCREDITED | % NAEYC ACCREDITED | NUMBER | NAFCC ACCREDITED | % NAFCC ACCREDITED |
| Barrington | 4 | 1 | 25% | 6 | 0 | 0% | 8 | 0 | 0% |
| Bristol | 2 | 0 | 0% | 5 | 1 | 20% | 7 | 0 | 0% |
| Burrillville | 1 | 1 | 100% | 3 | 0 | 0% | 7 | 0 | 0% |
| Central Falls | 0 | 0 | N/A | 4 | 0 | 0% | 43 | 0 | 0% |
| Charlestown | 2 | 0 | 0% | 2 | 0 | 0% | 3 | 0 | 0% |
| Coventry | 1 | 0 | 0% | 6 | 1 | 17% | 20 | 0 | 0% |
| Cranston | 8 | 1 | 13% | 25 | 1 | 4% | 98 | 1 | 1% |
| Cumberland | 4 | 0 | 0% | 4 | 0 | 0% | 30 | 1 | 3% |
| East Greenwich | 4 | 1 | 25% | 8 | 1 | 13% | 6 | 1 | 17% |
| East Providence | 2 | 0 | 0% | 17 | 2 | 12% | 24 | 0 | 0% |
| Exeter | 0 | 0 | N/A | 3 | 0 | 0% | 2 | 0 | 0% |
| Foster | 0 | 0 | N/A | 2 | 0 | 0% | 2 | 0 | 0% |
| Glocester | 1 | 1 | 100% | 2 | 0 | 0% | 7 | 0 | 0% |
| Hopkinton | 2 | 1 | 50% | 1 | 0 | 0% | 5 | 2 | 40% |
| Jamestown | 0 | 0 | N/A | 1 | 0 | 0% | 1 | 0 | 0% |
| Johnston | 1 | 0 | 0% | 12 | 2 | 17% | 21 | 0 | 0% |
| Lincoln | 1 | 1 | 100% | 4 | 0 | 0% | 5 | 0 | 0% |
| Little Compton | 1 | 0 | 0% | 1 | 0 | 0% | 0 | 0 | N/A |
| Middletown | 2 | 0 | 0% | 9 | 2 | 22% | 6 | 0 | 0% |
| Narragansett | 2 | 0 | 0% | 2 | 0 | 0% | 0 | 0 | N/A |
| New Shoreham | 0 | 0 | N/A | 1 | 0 | 0% | 0 | 0 | N/A |
| Newport | 3 | 0 | 0% | 3 | 0 | 0% | 3 | 0 | 0% |
| North Kingstown | 4 | 0 | 0% | 9 | 2 | 22% | 11 | 0 | 0% |
| North Providence | 2 | 0 | 0% | 8 | 2 | 25% | 26 | 0 | 0% |
| North Smithfield | 1 | 1 | 100% | 0 | 0 | N/A | 4 | 1 | 25% |
| Pawtucket | 4 | 1 | 25% | 15 | 1 | 7% | 98 | 1 | 1% |
| Portsmouth | 3 | 0 | 0% | 3 | 0 | 0% | 5 | 0 | 0% |
| Providence | 5 | 2 | 40% | 50 | 6 | 12% | 713 | 2 | <1% |
| Richmond | 0 | 0 | N/A | 3 | 0 | 0% | 4 | 0 | 0% |
| Scituate | 0 | 0 | N/A | 1 | 0 | 0% | 4 | 0 | 0% |
| Smithfield | 1 | 0 | 0% | 7 | 0 | 0% | 5 | 0 | 0% |
| South Kingstown | 4 | 0 | 0% | 8 | 3 | 38% | 16 | 0 | 0% |
| Tiverton | 0 | 0 | N/A | 2 | 0 | 0% | 7 | 0 | 0% |
| Warren | 1 | 0 | 0% | 3 | 0 | 0% | 5 | 0 | 0% |
| Warwick | 4 | 1 | 25% | 26 | 3 | 12% | 44 | 0 | 0% |
| West Greenwich | 1 | 0 | 0% | 3 | 1 | 33% | 0 | 0 | N/A |
| West Warwick | 3 | 0 | 0% | 7 | 1 | 14% | 17 | 0 | 0% |
| Westerly | 2 | 0 | 0% | 6 | 0 | 0% | 1 | 0 | 0% |
| Woonsocket | 2 | 0 | 0% | 13 | 5 | 38% | 38 | 0 | 0% |
| *Core Cities* | *17* | *3* | *18%* | *92* | *13* | *14%* | *912* | *3* | *<1%* |
| *Remainder of State* | *61* | *9* | *15%* | *193* | *21* | *11%* | *384* | *6* | *2%* |
| *Rhode Island* | *78* | *12* | *15%* | *285* | *34* | *12%* | *1,296* | *9* | *1%* |

### Source of Data for Table/Methodology

Number of accredited programs from National Association for the Education of Young Children, January 2006 and National Association for Family Child Care, January 2006. Total number of programs from Options for Working Parents, January 2006 and Rhode Island Department of Elementary and Secondary Education, January 2006.

Part-day programs are child care centers and preschool programs that operate for less than 7 hours a day. NAEYC accredited public schools are not included in the table. Programs that are not currently licensed or certified by the Rhode Island Department of Children, Youth and Families or approved by the Rhode Island Department of Elementary and Secondary Education are also not included. Programs operated for the U.S. military are not included in the table as they are not subject to state licensing.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

### References


[1,2] Shonkoff, J.P. & Phillips, D.A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development.* Washington, DC: National Academy Press.

[3] NICHD Study of Early Child Care Research Network. (2000). Characteristics and quality of child care for toddlers and preschoolers. *Applied Developmental Science,* 4, 116-135.

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[7] Carroll, J., Ochshorn, S., Kagan, S.L., & Fuller, B. (2004). *Effective investments in early care and education: What can we learn from research?* Denver, CO: National Conference of State Legislatures.


*(continued on page 149)*

# Children Enrolled in Head Start

### DEFINITION

*Children enrolled in Head Start* is the percentage of eligible 3 and 4 year old children enrolled in the Head Start preschool program as of October 2005.

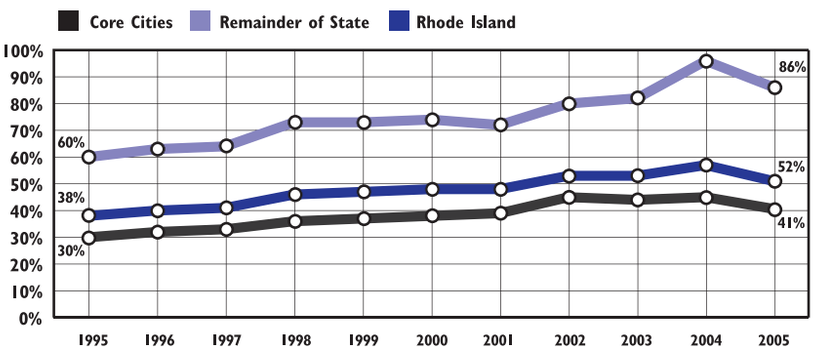
### SIGNIFICANCE

Head Start is a comprehensive early childhood program for low-income preschool children and their families. Children are eligible for Head Start if their family's income is below 100% of the federal poverty guidelines; the family receives Supplemental Security Income (SSI) or is enrolled in the Family Independence Program (FIP); or the family is using supportive services that are federal Temporary Assistance for Needy Families (TANF) benefits, such as transportation vouchers, subsidized child care, or job training. Children in foster care are also Head Start eligible. Up to 10% of the children served by Head Start can be in families that do not meet these eligibility guidelines, especially if the child has a special need.[1,2]

The Head Start program is designed to provide low-income children with the socialization and school-readiness skills they need to enter public schools on an equal footing with more economically advantaged children. Head Start performance standards require that programs deliver a high-quality early childhood education program; involve parents in program policy and planning; provide at least one nutritional meal per day; identify children's individual nutritional needs; ensure that each child has an ongoing source of health care; perform or obtain health, developmental and behavioral screenings; and make arrangements for mental health professionals to be available to identify mental health concerns and help locate needed treatment.[3]

Children in poor families are at greater risk for developmental delays and learning disabilities; have a greater prevalence of health and nutrition problems; and are more likely to have serious accidents, require special education, perform below grade level at school, drop out of school and earn less as adults.[4,5] A recent large-scale, randomized experimental evaluation of Head Start revealed that the program succeeds in narrowing the gap between disadvantaged children and other children in pre-reading skills (primarily letter recognition) by 45%.[6] The study also showed improvements among Head Start children in pre-writing and vocabulary skills as well as better access to dental care, better overall physical health, less hyperactivity, and fewer behavior problems than for similar children who were not enrolled in Head Start.[7] Other studies have shown several positive long-term improvements, including reduced rates of grade retention and need for special education services and increased rates of high school graduation.[8]

**Head Start Participation Rate, for Eligible Rhode Island 3 and 4 year olds, 1995 – 2005**




Source: Rhode Island Head Start program reports to Rhode Island KIDS COUNT, 1995 - 2005.

◆ In 2005, Head Start served 52% of the estimated 4,848 eligible children ages 3 and 4 in Rhode Island. In the core cities, 41% were enrolled in Head Start whereas 86% of the eligible children in the remainder of the state were served by Head Start.[9]

◆ In 2005, there were 253 fewer 3 and 4 year-old children enrolled in Head Start than in 2004. Rhode Island Head Start programs also served 224 5-year-old children in 2005.[10] The 2005 participation rate of 52% marks the first drop in a decade in the participation rate of children ages 3 and 4 eligible for Head Start.[11]

◆ Research shows that early education is most effective when teachers have a Bachelor's degree (B.A.) in early education.[12] In 2005 in Rhode Island, 20% of center-based Head Start teachers had a Child Development Associate credential, 42% had an Associates degree, and 38% had a B.A. or higher.[13]

◆ Under Starting RIght, Rhode Island's 1998 child care law, Comprehensive Child Care Services Programs were created to provide developmentally appropriate education and support services to children and families eligible for, but not receiving, Head Start services.[14] As of December 2005, 265 Head Start–eligible children were enrolled in the Comprehensive Child Care Services Programs. An additional 906 children were served in the centers.[15]

# Children Enrolled in Head Start

*Table 31.* **Children Ages 3 & 4 Enrolled in Head Start and Comprehensive Child Care Services, Rhode Island, 2005**

| CITY/TOWN | ESTIMATED ELIGIBLE CHILDREN AGED 3&4* | NUMBER OF CHILDREN ENROLLED IN HEAD START | % OF ELIGIBLE 3&4 YEAR OLDS ENROLLED | # OF CHILDREN ENROLLED IN THE COMPREHENSIVE CHILD CARE SERVICES PROGRAM |
|---|---|---|---|---|
| Barrington | 10 | 5 | 50% | 0 |
| Bristol | 54 | 23 | 43% | 1 |
| Burrillville | 35 | 37 | 100%* | 0 |
| Central Falls | 260 | 58 | 22% | 3 |
| Charlestown | 7 | 6 | 86% | 0 |
| Coventry | 45 | 30 | 67% | 1 |
| Cranston | 143 | 219 | 100%* | 4 |
| Cumberland | 32 | 8 | 25% | 0 |
| East Greenwich | 29 | 3 | 10% | 0 |
| East Providence | 134 | 115 | 86% | 2 |
| Exeter | 35 | 2 | 6% | 0 |
| Foster | 0 | 0 | NA | 0 |
| Glocester | 18 | 7 | 39% | 0 |
| Hopkinton | 19 | 5 | 26% | 0 |
| Jamestown | 0 | 1 | 100%* | 0 |
| Johnston | 55 | 46 | 84% | 1 |
| Lincoln | 24 | 3 | 13% | 0 |
| Little Compton | 3 | 2 | 67% | 0 |
| Middletown | 30 | 36 | 100%* | 0 |
| Narragansett | 18 | 10 | 56% | 0 |
| New Shoreham | 1 | 0 | 0% | 0 |
| Newport | 223 | 145 | 65% | 0 |
| North Kingstown | 85 | 26 | 31% | 0 |
| North Providence | 60 | 47 | 78% | 5 |
| North Smithfield | 13 | 4 | 31% | 0 |
| Pawtucket | 643 | 164 | 26% | 49 |
| Portsmouth | 24 | 13 | 54% | 0 |
| Providence | 1,919 | 784 | 41% | 179 |
| Richmond | 7 | 4 | 57% | 0 |
| Scituate | 6 | 0 | 0% | 0 |
| Smithfield | 5 | 10 | 100%* | 0 |
| South Kingstown | 33 | 26 | 79% | 0 |
| Tiverton | 12 | 33 | 100%* | 0 |
| Warren | 17 | 33 | 100%* | 0 |
| Warwick | 137 | 172 | 100%* | 10 |
| West Greenwich | 11 | 0 | 0% | 0 |
| West Warwick | 207 | 143 | 69% | 7 |
| Westerly | 51 | 68 | 100%* | 0 |
| Woonsocket | 443 | 238 | 54% | 3 |
| *Homeless* | *NA* | *1* | *NA* | *0* |
| *Core Cities* | *3,695* | *1,532* | *41%* | *241* |
| *Remainder of State* | *1,153* | *994* | *86%* | *24* |
| *Rhode Island* | *4,848* | *2,527* | *52%* | *265* |

### Note to Table

*Estimated Number Eligible is based on Census 2000 and may not reflect increases or decreases in eligible population.

### Source of Data for Table/Methodology

Rhode Island Head Start Programs, children enrolled as of October 2005. Comprehensive Child Care Services Program enrollment data provided by the Rhode Island Department of Human Services, children enrolled as of December 2005.

The denominator is the estimated number of eligible children based on the number of three and four-year-old children in each community multiplied by the poverty rate for children under 5 in that community, according to Census 2000, Summary File 3. This is an estimate of the eligible population and does not take into account any increases or decreases in the number of eligible children enrolled in Head Start since 2000. There is no available poverty rate by community for 3 and 4 year olds. Since children younger than 3 are more likely to be poor than children ages 3 to 5, using the poverty rate for children under 5 may over-estimate the number of children ages 3 and 4 in poverty (and eligible for Head Start) and underestimate the number of children younger than 3 in poverty (and eligible for Early Head Start).

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket.

### References


[1] *The future of children: Caring for infants and toddlers.* (2001). Los Altos, CA: The David and Lucille Packard Foundation.

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[6] *Placing the first-year findings of the national Head Start impact study in context.* (2005). Washington, DC: Society for Research in Child Development. Retrieved January 6, 2006, from http://www.srcd.org

[7] *Head Start impact study: First year findings (Executive Summary).* (2005). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Head Start Bureau.

[8] Barnett, W.S. (2002). *The battle over Head Start: What the research shows.* New Brunswick, NJ: National Institute for Early Education Research, Rutgers.

[9,11] Rhode Island Head Start Programs, children enrolled as of October 2005.

[10] Rhode Island Head Start Programs, children enrolled 1995 – 2005.

[12] *National Institute for Early Education Research fact sheet on Head Start teachers – July 2003.* (2003). New Brunswick, NJ: National Institute for Early Education Research, Rutgers. Retrieved January 6, 2006 from http://www.nieer.org

[13] Rhode Island Head Start Programs, staff education levels, October 2005.

[14] Rhode Island General Statute, 42-12-26.

[15] Rhode Island Department of Human Services, Office of Child Care, December 2005.

# Full-Day Kindergarten

### DEFINITION

*Full-day kindergarten* is the percentage of public school children enrolled in a full-day kindergarten program as of October 2005. Full-day kindergarten is defined as a kindergarten program that operates for at least six hours per day. The numbers do not include children enrolled in private kindergarten programs or in half-day kindergarten programs that offer after-school child care.

### SIGNIFICANCE

Children benefit academically from participating in full-day kindergarten. Those in full-day kindergarten are more likely to be ready for first grade than children in half-day kindergarten programs.[1] A recent study showed that, on average, the learning gains that students make in full-day kindergarten programs translate to a month of additional schooling over the course of a school year.[2] Full-day kindergarten programs can be especially beneficial to poor and minority children and can contribute significantly to closing the academic achievement gaps.[3]

With an estimated 69% of kindergarteners in the U.S. having attended center-based early education programs, kindergarten no longer serves as the entry-point to formal, full-day school for most young children.[4] Many parents favor full-day kindergarten as it provides continuity for children who are already accustomed to full-day preschool experiences and it reduces the number of transitions and disruptions their child must make each day.[5] Teachers in full-day kindergarten programs have more time to provide meaningful learning opportunities that encourage cognitive, physical and social-emotional development.[6,7]

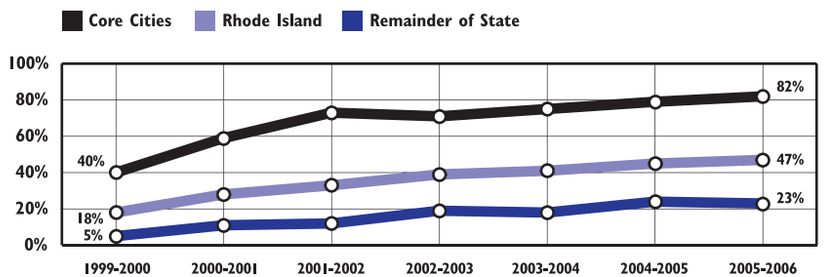
Nationally, enrollment in full-day kindergarten has been increasing steadily over the past 25 years. In 2004, 68% of the nation's public and private school kindergarteners were enrolled in a full-day program. In 1979, only 25% of kindergartners were in full-day programs.[8,9] Sending children to kindergarten is still optional for parents in most states; however, the vast majority of children enroll, with 98% of U.S. children attending at least half-day kindergarten before entering first grade.[10]

**Public School Kindergarteners in Full-Day Kindergarten, 2000 and 2004**

| | 2000 | 2004 |
|---|---|---|
| RI | 28% | 45% |
| US | 59% | 68% |

Sources: Rhode Island Department of Elementary and Secondary Education, October 2000 and 2004. U.S. Bureau of the Census, Current Population Survey, October 2000 and 2004. Table 4.

**Children in Full-Day Public Kindergarten Programs, Rhode Island, 1999-2006**




Source: Rhode Island Department of Elementary and Secondary Education, 1999-2000 through 2005-2006 school years.

◆ In Rhode Island in 2005-2006, 47% of the children who attended kindergarten were in a full day program.[11]

◆ As of the 2005-2006 school year, 12 school districts offered universal access to full-day kindergarten programs and another 9 school districts operated at least one full-day kindergarten classroom. All of Rhode Island independent charter school kindergarteners are in full-day programs.[12]

◆ The percentage of children participating in full-day kindergarten in the core cities has doubled, from 40% in 1999-2000 to 82% in 2005-2006.[13]

### State Kindergarten Policies

◆ Nine states require all school districts to offer full-day kindergarten and two states require that children attend full-day kindergarten.[14]

◆ Since 1984, 14 states, including Rhode Island, have raised the entrance age for kindergarten to ensure that more children are at least 5 years old upon entry.[15]

*Table 32.* **Children Enrolled in Full-Day Kindergarten Programs, Rhode Island, 1999-2000 and 2005-2006**

| SCHOOL DISTRICT | 1999-2000 SCHOOL YEAR | | | 2005-2006 SCHOOL YEAR | | |
|---|---|---|---|---|---|---|
| | TOTAL CHILDREN IN K PROGRAMS | CHILDREN IN FULL-DAY K | % OF CHILDREN IN FULL-DAY K | TOTAL CHILDREN IN K PROGRAMS | CHILDREN IN FULL DAY K | % CHILDREN IN FULL DAY K |
| Barrington | 214 | 0 | 0% | 228 | 16 | 7% |
| Bristol-Warren | 255 | 0 | 0% | 245 | 245 | 100% |
| Burrillville | 164 | 0 | 0% | 160 | 160 | 100% |
| Central Falls | 250 | 44 | 18% | 224 | 224 | 100% |
| Chariho | 292 | 0 | 0% | 226 | 0 | 0% |
| Coventry | 381 | 0 | 0% | 355 | 1 | <1% |
| Cranston | 737 | 0 | 0% | 617 | 0 | 0% |
| Cumberland | 373 | 0 | 0% | 265 | 18 | 7% |
| East Greenwich | 165 | 0 | 0% | 132 | 0 | 0% |
| East Providence | 443 | 0 | 0% | 364 | 51 | 14% |
| Exeter-W. Greenwich | 129 | 0 | 0% | 119 | 1 | 1% |
| Foster | 55 | 0 | 0% | 39 | 0 | 0% |
| Foster-Glocester | 0 | 0 | 0% | 0 | 0 | NA |
| Glocester | 124 | 0 | 0% | 94 | 0 | 0% |
| Jamestown | 59 | 0 | 0% | 47 | 47 | 100% |
| Johnston | 241 | 0 | 0% | 203 | 52 | 26% |
| Lincoln | 232 | 0 | 0% | 166 | 2 | 1% |
| Little Compton | 38 | 0 | 0% | 31 | 0 | 0% |
| Middletown | 258 | 211 | 82% | 183 | 183 | 100% |
| Narragansett | 125 | 0 | 0% | 101 | 100 | 99% |
| New Shoreham | 8 | 8 | 100% | 10 | 10 | 100% |
| Newport | 225 | 206 | 92% | 218 | 218 | 100% |
| North Kingstown | 313 | 0 | 0% | 294 | 63 | 21% |
| North Providence | 211 | 0 | 0% | 177 | 0 | 0% |
| North Smithfield | 122 | 55 | 45% | 119 | 119 | 100% |
| Pawtucket | 788 | 0 | 0% | 561 | 153 | 27% |
| Portsmouth | 214 | 0 | 0% | 158 | 2 | 1% |
| Providence | 2,117 | 1,431 | 68% | 1,891 | 1,890 | 100% |
| Scituate | 107 | 0 | 0% | 108 | 0 | 0% |
| Smithfield | 177 | 0 | 0% | 147 | 0 | 0% |
| South Kingstown | 278 | 0 | 0% | 199 | 23 | 12% |
| Tiverton | 144 | 0 | 0% | 124 | 0 | 0% |
| Warwick | 766 | 29 | 4% | 629 | 46 | 7% |
| West Warwick | 260 | 0 | 0% | 265 | 40 | 15% |
| Westerly | 282 | 10 | 4% | 204 | 204 | 100% |
| Woonsocket | 522 | 0 | 0% | 449 | 449 | 100% |
| *State Run Schools* | *NA* | *NA* | *NA* | *0* | *0* | *NA* |
| *Charter Schools* | *NA* | *NA* | *NA* | *230* | *230* | *100%* |
| *Core Cities* | *4,162* | *1,681* | *40%* | *3,608* | *2,974* | *82%* |
| *Remainder of State* | *6,907* | *313* | *5%* | *5,744* | *1,343* | *23%* |
| *Rhode Island* | *11,069* | *1,994* | *18%* | *9,582* | *4,547* | *47%* |

### Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education. Data are as of October for the 1999-2000 and 2005-2006 school years.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

Charter schools reported for this indicator are CVS Highlander Charter School, The Compass Charter School, International Charter School, Kingston Hill Academy, The Learning Community, and Paul Cuffee Charter School. The state-run schools are the Rhode Island School for the Deaf and Davies Career and Technical School.

### References


[1,3] *The progress of education reform 2004: Kindergarten.* (2004). Denver, CO: Education Commission of the States.

[2] Viadero, D. (2005). Full-day kindergarten produces more learning gains, study says. *Education Week,* 25 (8), 1,16.

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[7] Ackerman, D.J., Barnett, W.S. & Robin, K.B. (2005). *Making the most of kindergarten: Present trends and future issues in the provision of full-day programs.* New Brunswick, NJ: Rutgers University, National Institute on Early Education Research.

[8] U.S. Bureau of the Census, Current Population Survey, October 2004. Table 4.

[10,14,15] Kauerz, K. (2005). State kindergarten policies: Straddling early learning and early elementary school. *Beyond the Journal: Young Children on the Web.* Retrieved February 6, 2006 from www.naeyc.org

[11,12,13] Rhode Island Department of Elementary and Secondary Education, October 2005.

# Children Receiving Child Care Subsidies

### DEFINITION

*Children receiving child care subsidies* is the number of children receiving child care that is either fully or partially paid for with a child care subsidy from the Rhode Island Department of Human Services. Child care subsidies can be used for care by a child care center, family child care home, a relative or an in-home caregiver.

### SIGNIFICANCE

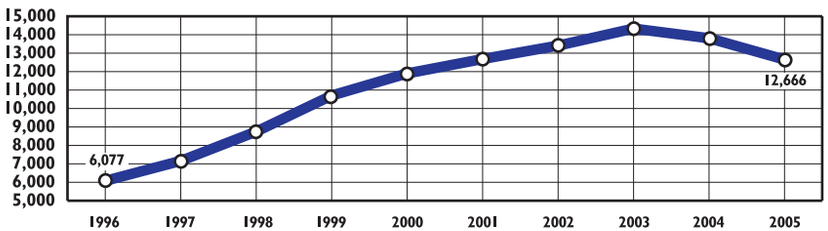
Families rely on child care to enable them to work and to provide the early education experiences needed to prepare their children for school. Yet the high cost of child care in the United States ($4,000 - $13,000 per child per year) puts quality care out of reach for many families, particularly low-income families.[1]

National studies have shown that child care subsidies increase the likelihood that low-income parents, particularly current or former welfare recipients, will be able to work and to remain employed.[2,3] Parents of children who receive child care subsidies are more likely to remain employed longer, increasing the likelihood of advancement, promotion, real wage growth and economic security.[4]

Since 2000, the number of children in low-income families has increased and thus an increasing number of families need help paying for child care.[5] The high cost of child care disproportionately affects the lowest income families. Nationally, families with earnings below the federal poverty threshold who pay for child care spend 18% of their earnings, low-income families spend 14% of their earnings and higher-income families spend 7% of their earnings for child care.[6] Nationally, only one out of seven children who are federally eligible for child care assistance receives it.[7]

Rhode Island is the only state that has a legal entitlement to a child care subsidy for income-eligible families. Working families with incomes up to 225% of the federal poverty guidelines ($45,000 for a family of four in 2006) are entitled to a child care subsidy for their children through age 15. Co-payments are required for families with income over the federal poverty guidelines. Reimbursement rates for child care providers who accept subsidies are set at the 75th percentile of the child care market rate in order to provide low-income families with access to a wide range of the child care options that exists, including high quality care.[8,9]

### Child Care Subsidies, Rhode Island, 1996-2005




Source: Rhode Island Department of Human Services, December 1996-December 2005.

◆ The number of children receiving child care subsidies increased steadily from 6,077 in December of 1996 to 14,333 in 2003. At 12,666 in 2005, there has been a 12% decrease since 2003 in the number of children receiving child care subsidies.[10]

◆ In 2005, 67% of Rhode Island families receiving child care subsidies chose licensed child care centers, 30% chose certified family child care homes and 3% chose a relative, friend or neighbor for their child care arrangements.[11]

◆ In December 2005, 79% of all child care subsidies in Rhode Island were being used by low-income working families not receiving cash assistance and 15% by families receiving cash assistance through the Family Independence Program (FIP) and engaged in education, training or employment. Another 6% of child care subsidies were being used for children in the care of the Department of Children, Youth and Families.[12]

### Average Annual Cost for Full-Time Child Care, Rhode Island, 2004

| PROGRAM TYPE | COST PER CHILD |
|---|---|
| Child Care Center (infant care) | $9,912 |
| Child Care Center (preschool care) | $8,178 |
| Family Child Care Home (preschool care) | $7,820 |
| School-Age center-based program (child age 6-12) | $6,515 |

Source: Rhode Island KIDS COUNT calculations based on average weekly rates from Bodah, M.M. (2004). *Statewide survey of childcare rates in Rhode Island.* Kingston, RI: University of Rhode Island, Charles T. Schmidt, Jr. Labor Research Center.

*Table 33.*

## Child Care Subsidies, Rhode Island, 2005

| CITY/TOWN | SUBSIDY USE BY CHILD RESIDENCE: ENROLLED IN FIP | NOT ENROLLED IN FIP | TOTAL CHILD CARE SUBSIDIES | SUBSIDY USE BY PROGRAM LOCATION: UNDER AGE 3 | AGES 3–5 | AGES 6–11 | AGES 12–15* | TOTAL CHILD CARE SUBSIDIES |
|---|---|---|---|---|---|---|---|---|
| Barrington | 1 | 15 | 16 | 3 | 9 | 34 | 2 | 48 |
| Bristol | 6 | 41 | 47 | 6 | 12 | 14 | 0 | 32 |
| Burrillville | 11 | 35 | 46 | 20 | 30 | 45 | 0 | 95 |
| Central Falls | 82 | 441 | 523 | 124 | 181 | 166 | 11 | 482 |
| Charlestown | 2 | 27 | 29 | 9 | 11 | 12 | 0 | 32 |
| Coventry | 24 | 201 | 225 | 38 | 75 | 83 | 2 | 198 |
| Cranston | 81 | 604 | 685 | 222 | 269 | 269 | 43 | 803 |
| Cumberland | 18 | 109 | 127 | 38 | 39 | 50 | 2 | 129 |
| East Greenwich | 8 | 19 | 27 | 27 | 37 | 12 | 0 | 76 |
| East Providence | 63 | 373 | 436 | 107 | 165 | 208 | 19 | 499 |
| Exeter | 3 | 8 | 11 | 3 | 9 | 4 | 0 | 16 |
| Foster | 0 | 13 | 13 | 4 | 7 | 13 | 0 | 24 |
| Glocester | 11 | 26 | 37 | 13 | 15 | 4 | 0 | 32 |
| Hopkinton | 3 | 17 | 20 | 3 | 6 | 9 | 0 | 18 |
| Jamestown | 4 | 3 | 7 | 0 | 4 | 3 | 0 | 7 |
| Johnston | 13 | 130 | 143 | 47 | 74 | 58 | 1 | 180 |
| Lincoln | 17 | 76 | 93 | 67 | 96 | 66 | 2 | 231 |
| Little Compton | 0 | 8 | 8 | 0 | 0 | 0 | 0 | 0 |
| Middletown | 12 | 82 | 94 | 92 | 124 | 28 | 4 | 248 |
| Narragansett | 8 | 43 | 51 | 8 | 15 | 21 | 2 | 46 |
| New Shoreham | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Newport | 62 | 235 | 297 | 40 | 59 | 81 | 6 | 186 |
| North Kingstown | 39 | 173 | 212 | 32 | 64 | 81 | 3 | 180 |
| North Providence | 22 | 196 | 218 | 42 | 88 | 92 | 9 | 231 |
| North Smithfield | 1 | 15 | 16 | 2 | 5 | 9 | 0 | 16 |
| Pawtucket | 209 | 1,075 | 1,284 | 300 | 420 | 407 | 46 | 1,173 |
| Portsmouth | 6 | 28 | 34 | 8 | 10 | 14 | 2 | 34 |
| Providence | 935 | 4,253 | 5,188 | 1,314 | 1,675 | 1,918 | 369 | 5,276 |
| Richmond | 4 | 19 | 23 | 5 | 11 | 3 | 0 | 19 |
| Scituate | 5 | 31 | 36 | 1 | 4 | 4 | 0 | 9 |
| Smithfield | 4 | 31 | 35 | 23 | 40 | 12 | 2 | 77 |
| South Kingstown | 21 | 73 | 94 | 33 | 49 | 30 | 1 | 113 |
| Tiverton | 3 | 39 | 42 | 0 | 15 | 22 | 0 | 37 |
| Warren | 10 | 55 | 65 | 17 | 20 | 29 | 2 | 68 |
| Warwick | 80 | 520 | 600 | 220 | 335 | 326 | 34 | 915 |
| West Greenwich | 1 | 8 | 9 | 21 | 26 | 7 | 1 | 55 |
| West Warwick | 36 | 330 | 366 | 58 | 123 | 123 | 4 | 308 |
| Westerly | 18 | 109 | 127 | 25 | 41 | 44 | 3 | 113 |
| Woonsocket | 122 | 499 | 621 | 125 | 186 | 255 | 28 | 594 |
| *DCYF* | *NA* | *NA* | *749* | *NA* | *NA* | *NA* | *NA* | *NA* |
| *Out-Of-State* | *NA* | *NA* | *NA* | *24* | *34* | *6* | *2* | *66* |
| *Core Cities* | *1,446* | *6,833* | *8,279* | *1,961* | *2,644* | *2,950* | *464* | *8,019* |
| *Remainder of State* | *499* | *3,127* | *3,626* | *1,160* | *1,739* | *1,612* | *136* | *4,581* |
| *Rhode Island* | *1,945* | *9,960* | *12,654* | *3,121* | *4,383* | *4,562* | *600* | *12,666* |

*FIP is the Family Independence Program*

### Notes to Table

*Of these, 47 subsidies were used by youth over age 14. This small number of subsidies for older youth is due in part to the fact that many out-of-school time programs serving older youth do not require certification as child care providers.

### Source of Data for Table/Methodology

The Rhode Island Department of Human Services, INRHODES Database, December 2005. DCYF is the number of children in the care of the Department of Children, Youth and Families who are receiving child care subsidies. The subsidy use by child residence and the subsidy use by program location do not match as the InRhodes Database is a live system and reports run on different days can have slight variation.

Parents who are working and are enrolled in the Family Independence Program (FIP) can claim a "child care disregard." When DHS calculates cash benefits levels based on monthly income, the child care disregard allows families to not count or "disregard" and designate for child care expenses up to $200 of their monthly income for children under 2 years of age and up to $175 for children two years and older. The child care disregard is a form of subsidy not included in this table. In 2005, families of 124 children used child care disregards.

The average annual cost for full-time child care was determined by multiplying the average weekly tuition rate by 52 weeks (for infants and preschoolers). For school-age children, the annual cost was determined by multiplying the average weekly tuition for before and after school care by 39 weeks and adding 3 weeks of average school vacation tuition and 10 weeks of average summer vacation tuition.

### References

[1] National Association of Child Care Resource & Referral Agencies. (n.d.) *Get the Facts: Child care in America.* Retrieved February 1, 2006 from www.naccrra.net

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*(continued on page 149)*

# School-Age Child Care

### DEFINITION

*School-age child care* is the number of licensed child care programs and slots for children ages 6 to 12. These numbers do not include certified family child care home slots, informal child care arrangements, and community programs for youth ages 6 to 12 that do not require licensing by the state.

### SIGNIFICANCE

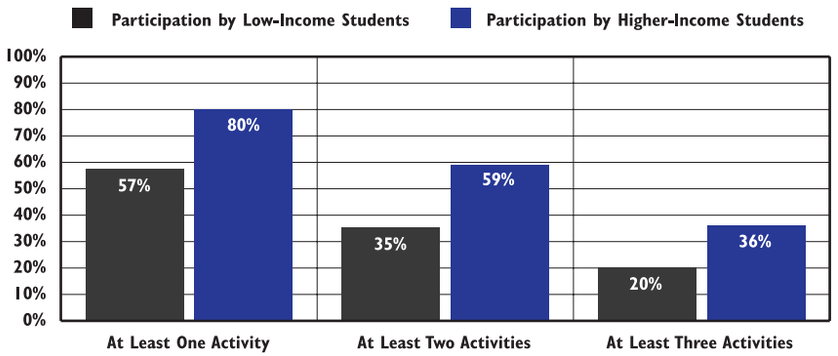
Many children are without adult supervision during the hours before and after school. Many parents need care for their school-age children during work hours.[1] Research found that children spend 20% of their waking hours in school. The gap between parents' work schedules and students' school schedules can amount to 20-25 or more hours per week.[2] Children who are without adult supervision when school is out are at significantly greater risk of truancy from school, emotional stress, receiving poor grades, substance use, and being victims of crime.[3,4]

When school is out, children and young adolescents need a safe place that does not simply duplicate the school day. They need access to a wide variety of enriching and challenging activities, such as homework and reading help, sports, music, theater, art and need the opportunity to build meaningful relationships with caring adults and their peers.[5,6] Programs for older youth can be particularly successful if youth are seen as a resource and given opportunities to contribute to the community.[7]

Children in high quality, well-designed after-school programs and extracurricular activities have better peer relations, emotional adjustment, social skills, schoolwork habits, grades, and conduct in school than children who do not. They are less likely to use drugs or become teen parents.[8] Their parents are more likely to be involved in school activities. Yet, many programs are of poor quality due to a lack of resources, staff turnover, and inappropriate space. Resources are particularly scarce in low-income communities where they are needed most.[9]

During the 2004-2005 school year, 17% of Rhode Island school children in grades 5 through 8 were home after school without adult supervision for more than three hours on at least three days per week. An additional 4% were home alone one to two days per week for more than three hours.[10] Being home alone for three hours or more on even one day places children at higher risk than children who are home alone more frequently but for fewer than three hours.[11]

### Middle School Students Participation in Extracurricular Activities, Rhode Island, 2004-2005




Source: Felner, R. PhD. (2005). *SALT Survey Reports, School Year 2004-2005.* Rockland, IL: University of Rhode Island, National Center on Public Education and Policy. Low-income students are those receiving free or reduced price lunch.

◆ Nationally and in Rhode Island, middle school students from low-income families are less likely to participate in extracurricular activities and programs than students from higher income families.[12,13]

◆ Low-income children and children in urban or high-crime neighborhoods are most at risk when they spend time caring for themselves and are most likely to benefit from high quality after-school programming.[14] Students who are low-income, have poor school attendance, limited English proficiency and low test scores, gain the most from participating in after school programs.[15]

### Child Care Availability for School-Age Children During the Summer

◆ Nationally, children spend more time in self-care during the summer than during the school year. During the summer, children spend 10.3 hours per week in self-care, compared to 4.8 hours per week on average during the school year.[16]

◆ In 2005, in Rhode Island, there were 146 programs (with 8,955 slots), providing care for children ages 6 to 12 during the summer. There were more than 11 school age children (ages 6 to 12) per slot available during the summer.[17]

*Table 34.* **Licensed School-Age Child Care for Children Ages 6 to 12, Rhode Island, 2005**

| CITY/TOWN | NUMBER OF CHILDREN AGES 6 TO 12 | PROGRAMS | SLOTS |
|---|---|---|---|
| Barrington | 2,064 | 9 | 379 |
| Bristol | 1,784 | 2 | 176 |
| Burrillville | 1,672 | 3 | 213 |
| Central Falls | 2,190 | 6 | 469 |
| Charlestown | 717 | 2 | 58 |
| Coventry | 3,431 | 6 | 384 |
| Cranston | 7,115 | 21 | 773 |
| Cumberland | 3,135 | 5 | 210 |
| East Greenwich | 1,581 | 2 | 92 |
| East Providence | 4,292 | 15 | 766 |
| Exeter | 684 | 4 | 130 |
| Foster | 489 | 2 | 53 |
| Glocester | 1,105 | 3 | 111 |
| Hopkinton | 802 | 2 | 92 |
| Jamestown | 576 | 1 | 50 |
| Johnston | 2,490 | 7 | 192 |
| Lincoln | 2,206 | 4 | 255 |
| Little Compton | 322 | 1 | 26 |
| Middletown | 1,787 | 7 | 245 |
| Narragansett | 1,144 | 1 | 60 |
| New Shoreham | 69 | 1 | 36 |
| Newport | 2,056 | 9 | 435 |
| North Kingstown | 2,823 | 7 | 247 |
| North Providence | 2,444 | 3 | 160 |
| North Smithfield | 988 | 1 | 100 |
| Pawtucket | 7,477 | 10 | 868 |
| Portsmouth | 1,839 | 2 | 92 |
| Providence | 18,592 | 38 | 3,001 |
| Richmond | 830 | 2 | 64 |
| Scituate | 1,102 | 2 | 68 |
| Smithfield | 1,653 | 7 | 357 |
| South Kingstown | 2,630 | 6 | 263 |
| Tiverton | 1,452 | 3 | 103 |
| Warren | 1,032 | 2 | 92 |
| Warwick | 7,630 | 24 | 1,298 |
| West Greenwich | 592 | 2 | 36 |
| West Warwick | 2,618 | 7 | 378 |
| Westerly | 2,160 | 7 | 270 |
| Woonsocket | 4,373 | 12 | 656 |
| *Core Cities* | *37,306* | *82* | *5,807* |
| *Remainder of State* | *64,640* | *166* | *7,451* |
| *Rhode Island* | *101,946* | *248* | *13,258* |

### Source of Data for Table/Methodology

The number of children ages 6 to 12 years old are from the U.S. Census Bureau, Census 2000 Summary File 1, P.14.

Programs and slots data are from Options for Working Parents, Greater Providence Chamber of Commerce. Numbers of licensed school-age child care programs and slots for children ages 6 to 12 are as of December 2005. These numbers do not include certified family child care home slots, informal child care arrangements, and community programs for youth ages 6 to 12 that do not require licensing by the state. Licensed school-age child care programs also provide services to 5 year old children who are enrolled in Kindergarten.

### References


[1] *Making the case. A fact sheet on children and youth in out-of-school time.* (January 2003). Wellesley, MA: National Institute on Out-of-School Time, Center for Research on Women, Wellesley College.

[2,4] *Fact sheet on school-age children's out-of-school time.* (March 2001). Wellesley, MA: National Institute on Out-of-School Time, Center for Research on Women, Wellesley College.

[3] Capizzano, J., Tout, K., Vandivere, S., & Zaslow, M. (2003). *Left unsupervised: A look at the most vulnerable children* (Research Brief). Washington, DC: Child Trends.

[5] *Making an impact on out-of-school time.* (June 2000). Wellesley MA: National Institute on Out-of-School Time, Center for Research Women, Wellesley College.

[6,7] Hall, G., Tolman, J., Wilson, A., & Yohalem, N. (2003). *How after-school programs can most effectively promote positive youth development as a support to academic achievement.* Wellesley, MA: National Institute on Out-of-School Time.

[8] Chaplin, D., & Puma, M. (2003). *What "extras" do we get with extracurriculars? Technical research considerations.* Washington, DC: The Urban Institute.

[9] Office of Elementary and Secondary Education. (April 2000). *Working for children and families: Safe and smart after-school programs.* Washington, DC: U.S. Department of Education, U.S. Department of Justice.

[10,13] Felner, R. (2005). *SALT survey reports, school year 2004-2005.* Rockland, IL: University of Rhode Island, National Center on Public Education and Policy.

[11,15] Miller, B. (May 2003). *Critical hours: Afterschool programs and educational success.* Brookline, MA: Nellie Mae Education Foundation.

[12] U.S. Department of Education, National Center for Education Statistics. *Before- and After- school Care, Programs, and Activities of Children in Kindergarten Through Eight Grade: 2001,* NCES 2004-008, by Brian Kleiner, Mary Jo Nolin, and Chris Chapman. Project Officer: Chris Chapman. Washington, DC: 2004.

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[16] Capizzano, J., Adelman, S. & Stagner, M. (June 2002). *What happens when the school year is over? The use and cost of childcare for school-age children during the summer months.* Washington, DC: Urban Institute.

[17] Options for Working Parents, Greater Providence Chamber of Commerce, 1995 and 2005.

# English Language Learners

### DEFINITION

*English language learners* is the percentage of all public school children (pre-Kindergarten through grade 12) who are receiving English as a Second Language services or Bilingual Education services in Rhode Island public elementary and secondary schools. The term "Limited English Proficient students" has been replaced by the term "English language learners" in the education community.

### SIGNIFICANCE

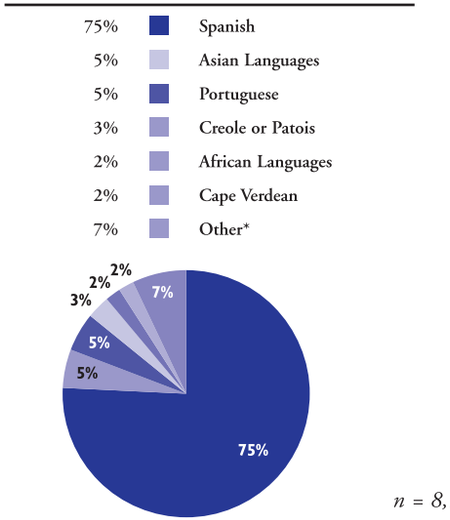
Children of recent immigrants are at very high risk for difficulties at school. They face multiple risk factors including poverty, low educational level of parents, and discrimination based on race, ethnic background, culture, or language.[1] Children who speak languages other than English at home and who also have difficulty speaking English face greater challenges progressing in school and face barriers in the workforce as adults.[2]

Adults who report that they have some difficulty with English are twelve times as likely to have completed less than five years of schooling and half as likely to have graduated from high school as primary English speakers. Children who live in households in which adults have difficulty speaking English are 50% more likely to live in poverty.[3] Children of immigrants are more likely to be concentrated in under-resourced schools in high poverty communities.[4] In the 2004-2005 school year in Rhode Island, 6,826 (83%) English language learner students lived in low-income families.[5]

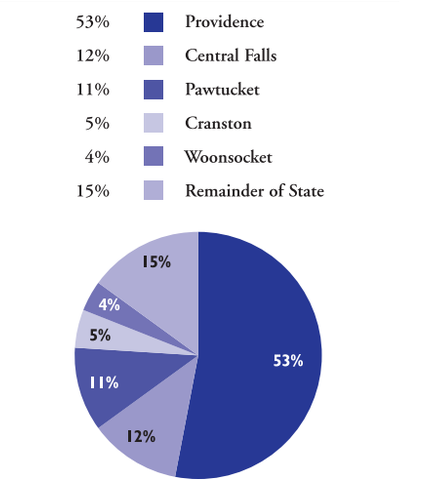
In Rhode Island in 2004, 5% of children ages 5-17 were foreign born.[6] The largest numbers of foreign born children ages 5-17 originate from Latin America (45%), Asia (23%), and Africa (13%).[7] Immigrant students may enter school after extended absences from formal education and with deficits in basic language and literacy skills.

Schools play a critical role in helping children to transition to the culture of the United States and in providing an education that supports academic success for children with a primary language other than English.[8] Rhode Island schools are legally mandated to provide programs to English language learners that are comparable in structure and content to instruction provided to English proficient students. Programs must focus on full English language literacy and all programs must have a process for evaluating the adequate yearly progress of each English language learner, including those who have left the English as a Second Language system.[9]

**English Language Learners, by Language, Rhode Island, 2005**




**English Language Learners, by Community, Rhode Island, 2005**




*n = 8,180*

** Includes French, Arabic, German, Danish, Italian, and others.*

Source: Rhode Island Department of Elementary and Secondary Education, 2004-2005.

◆ In Rhode Island, the number of English language learners decreased from 8,925 students in 2003-2004 to 8,180 students in 2004-2005. Eighty-two (82%) percent of all English language learners live in the core cities, with the majority residing in Providence, Central Falls and Pawtucket.[10]

◆ In Rhode Island, 18% of all English language learners are in high school.[11] English language learners who are older students face unique challenges to learn English and study the material required to graduate and go on to college.[12,13] As a result, dropout rates are significantly higher for immigrant youth who are English Language Learners than their English speaking peers.[14]

◆ Examples of promising practices to improve the achievement of older youth who are English Language Learners include: programs that provide intensive language development and academic and cultural orientation, a five-year high school plan for immigrant students arriving too late to complete requirements in four years or who need additional English language skills.[15]

*Table 35.*

## English Language Learners, Rhode Island, 2004-2005

| SCHOOL DISTRICT | TOTAL NUMBER OF STUDENTS | NUMBER OF ENGLISH LANGUAGE LEARNERS (ELL) | | | | | % OF TOTAL DISTRICT |
|---|---|---|---|---|---|---|---|
| | | PRE K AND K | ELEMENTARY GRADES 1-5 | MIDDLE GRADES 6-8 | HIGH GRADES 9-12 | TOTAL ELL | |
| Barrington | 3,340 | 3 | 7 | 2 | 0 | 12 | <1% |
| Bristol-Warren | 3,568 | 8 | 81 | 20 | 10 | 119 | 3% |
| Burrillville | 2,504 | 1 | 2 | 0 | 2 | 5 | <1% |
| Central Falls | 3,595 | 44 | 395 | 241 | 262 | 942 | 26% |
| Chariho | 3,735 | 0 | 5 | 1 | 5 | 11 | <1% |
| Coventry | 5,650 | 2 | 11 | 1 | 2 | 16 | <1% |
| Cranston | 10,746 | 32 | 228 | 126 | 60 | 446 | 4% |
| Cumberland | 5,191 | 4 | 65 | 9 | 3 | 81 | 2% |
| East Greenwich | 2,415 | 0 | 11 | 2 | 9 | 22 | 1% |
| East Providence | 5,868 | 50 | 88 | 20 | 36 | 194 | 3% |
| Exeter-W. Greenwich | 2,083 | 1 | 4 | 2 | 2 | 9 | <1% |
| Foster | 310 | 0 | 0 | 0 | 0 | 0 | 0% |
| Foster-Glocester | 1,690 | 0 | 0 | 0 | 0 | 0 | 0% |
| Glocester | 722 | 0 | 0 | 0 | 0 | 0 | 0% |
| Jamestown | 513 | 3 | 3 | 3 | 0 | 9 | 2% |
| Johnston | 3,286 | 0 | 20 | 13 | 10 | 43 | 1% |
| Lincoln | 3,380 | 4 | 19 | 1 | 3 | 27 | 1% |
| Little Compton | 304 | 0 | 0 | 0 | 0 | 0 | 0% |
| Middletown | 2,530 | 1 | 5 | 1 | 3 | 10 | <1% |
| Narragansett | 1,635 | 2 | 13 | 0 | 0 | 15 | 1% |
| New Shoreham | 136 | 1 | 2 | 0 | 2 | 5 | 4% |
| Newport | 2,548 | 0 | 59 | 22 | 6 | 87 | 3% |
| North Kingstown | 4,551 | 8 | 18 | 8 | 11 | 45 | 1% |
| North Providence | 3,381 | 3 | 30 | 7 | 13 | 53 | 2% |
| North Smithfield | 1,871 | 2 | 1 | 0 | 3 | 6 | <1% |
| Pawtucket | 9,157 | 83 | 386 | 210 | 238 | 917 | 10% |
| Portsmouth | 2,892 | 0 | 0 | 0 | 0 | 0 | 0% |
| Providence | 26,442 | 405 | 2,521 | 738 | 705 | 4,369 | 17% |
| Scituate | 1,756 | 0 | 0 | 0 | 0 | 0 | 0% |
| Smithfield | 2,588 | 4 | 8 | 0 | 0 | 12 | <1% |
| South Kingstown | 3,937 | 1 | 7 | 4 | 1 | 13 | <1% |
| Tiverton | 2,093 | 0 | 0 | 0 | 0 | 0 | 0% |
| Warwick | 11,510 | 8 | 37 | 11 | 6 | 62 | 1% |
| West Warwick | 3,673 | 6 | 22 | 16 | 17 | 61 | 2% |
| Westerly | 3,623 | 4 | 29 | 14 | 13 | 60 | 2% |
| Woonsocket | 6,626 | 40 | 191 | 43 | 38 | 312 | 5% |
| *Charter Schools* | *1,410* | *38* | *139* | *4* | *0* | *181* | *13%* |
| *State Run Schools* | *1,293* | *0* | *0* | *0* | *36* | *36* | *3%* |
| *Core Cities* | *52,040* | *578* | *3,574* | *1,270* | *1,266* | *6,688* | *13%* |
| *Remainder of State* | *97,810* | *142* | *694* | *245* | *194* | *1,275* | *1%* |
| *Rhode Island* | *152,554* | *758* | *4,407* | *1,519* | *1,496* | *8,180* | *5%* |

### Sources of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2004-2005 school year. Total number of English language learners is the number of students in each district who were actively enrolled in English as a Second Language (ESL) or Bilingual Education Programs in the 2004-2005 school year. Students who are not yet fully English proficient but have exited the ESL or bilingual program to regular education are not included in these numbers.

Due to a change in methodology, the percentage of English language learners by district cannot be compared with percentages given in Factbooks previous to the 2004 Factbook. This year's "% of Total District" was based on the total number of English language learners divided by the "average daily membership" as of June 2004.

State operated schools include: Davies Career and Technical School and the Metropolitan Career Technical Center. Charter schools include: CVS Highlander, Paul Cuffee Charter School, Kingston Hill Academy, International Charter, Blackstone Academy, The Compass School and Beacon Charter School.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

### References


[1] *Information works! Measuring Rhode Island schools for change.* (2003). Providence RI: Rhode Island Department of Elementary and Secondary Education and University of Rhode Island, National Center on Public Education and Social Policy.

[2] Federal Interagency Forum of Child and Family Statistics. *America's children: Key national indicators of well-being 2003.* (2003). Washington, DC: Government Printing Office.

[3] Crawford, J. (1997). *Best evidence: Research foundations for the Bilingual Education Act.* Washington DC: National Clearinghouse for Bilingual Education.

[4,8] Ruiz-de-Velasco, J. & Fix, M. (2001). *Overlooked and underserved: Immigrant students in U.S. secondary schools.* Washington, DC: The Urban Institute.

[5,10,11] Rhode Island Department of Elementary and Secondary Education, 2004-2005.

[6] U.S. Bureau of the Census, American Community Survey, 2004, Supplementary Survey Table B06001.


*(continued on page 149)*

# Children Enrolled in Special Education

### DEFINITION

*Children enrolled in special education* is the percentage of children ages 3 to 21 who are enrolled in special education in Rhode Island elementary and secondary schools.

### SIGNIFICANCE

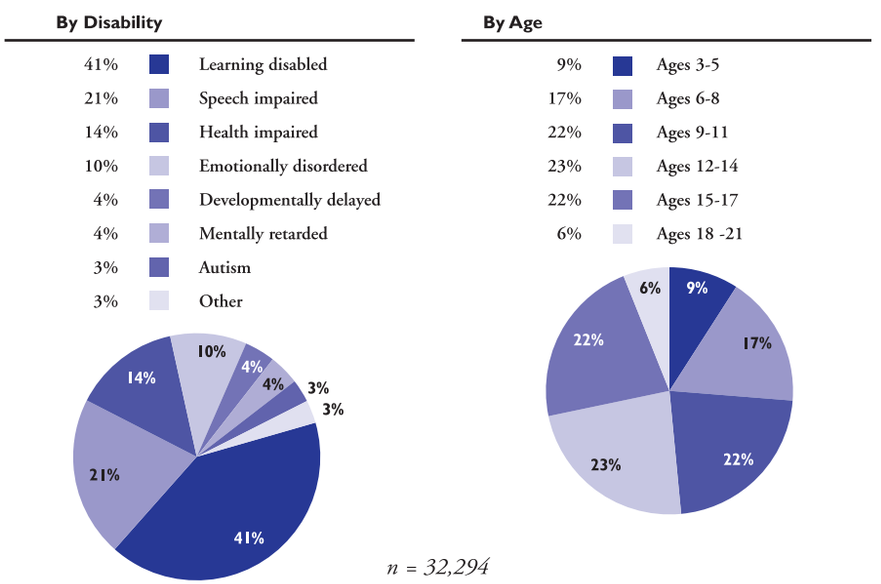
Special education and related services are important resources for improving long-term outcomes for children with special needs, such as improving student achievement and graduation rates, increasing participation in postsecondary education and increasing wages.[1,2] The federal No Child Left Behind Act requires states, districts and schools to demonstrate adequate yearly progress towards proficiency in reading and math by all students, including students with disabilities. This provision is intended to increase expectations and accountability so that more students with disabilities achieve grade-level standards.[3]

The federal Individuals with Disabilities Education Act (IDEA) mandates that local school districts identify and provide multidisciplinary evaluations for students ages 3 to 21 whom they have reason to believe are students with disabilities. Once found eligible for special education, a student must be provided with an Individualized Education Plan (IEP) laying out goals, outlining specific steps for achieving the goals and providing services for the student based on their individual needs. Services described in the IEP must be provided in the least restrictive environment, i.e. to the extent appropriate, the child should receive special services in a setting that is integrated with other children with and without disabilities.

The percentage of students identified for special education services in Rhode Island has increased substantially over the past twenty years.[4] In the 2003-2004 school year (the most recent year national data were tabulated), Rhode Island had the highest percentage of public school students identified as disabled and receiving special education services under IDEA in the nation.[5] Between the 1992-1993 and 2004-2005 school years, special education enrollment in Rhode Island increased from 16% to 21% of all enrolled students.[6]

In 2002, the President's Commission on Excellence in Special Education called for reform of the national special education system by increasing efforts to identify problems earlier and to provide swift intervention to prevent school failure.[7]

**Special Education Enrollment, Rhode Island, 2004-2005**




Source: Rhode Island Department of Elementary and Secondary Education, Office of Special Education, 2004-05 school year.

◆ Students with learning disabilities and students with speech/language impairments accounted for nearly two-thirds (62%) of special education enrollment in 2004-05.[8]

◆ In 2005, children between the ages of 3 and 8 years old accounted for more than one-quarter of all children enrolled in special education.[9]

◆ IDEA requires students with disabilities to be included in general state and district assessments to the extent possible allowed by the students' disabilities.[10] In Rhode Island, the participation and performance of students enrolled in special education on the state assessments has improved over time. From 2002 to 2004, the participation of students with disabilities on the state assessment increased an average of 15% and their performance increased an average of 8%.[11]

◆ Rhode Island met all of its No Child Left Behind targets for students with disabilities. However, students with disabilities continue to achieve at lower levels than non-disabled students on the state assessments.[12]

# Children Enrolled in Special Education

*Table 36.*

## Children and Youth in Special Education, by Primary Disability, Ages 3-21, Rhode Island, 2004-2005

| SCHOOL DISTRICT | TOTAL # OF STUDENTS | EMOTIONAL DISTURBANCE | MENTALLY RETARDED | AUTISM | HEALTH IMPAIRED | LEARNING DISABLED | SPEECH DISORDER | DEVELOP-MENTALLY DELAYED | OTHER | TOTAL STUDENTS WITH DISABILITIES | % STUDENTS IN SPECIAL EDUCATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Barrington | 3,338 | 52 | 13 | 26 | 122 | 195 | 150 | 18 | 23 | 599 | 18% |
| Bristol-Warren | 3,572 | 62 | 43 | 27 | 33 | 257 | 141 | 21 | 19 | 603 | 17% |
| Burrillville | 2,522 | 79 | 22 | 26 | 110 | 164 | 140 | 18 | 13 | 572 | 23% |
| Central Falls | 3,734 | 100 | 50 | 14 | 96 | 509 | 130 | 55 | 23 | 977 | 26% |
| Chariho | 3,730 | 42 | 22 | 26 | 45 | 213 | 193 | 37 | 17 | 595 | 16% |
| Coventry | 5,638 | 76 | 40 | 22 | 65 | 702 | 131 | 31 | 31 | 1,098 | 19% |
| Cranston | 10,639 | 162 | 50 | 54 | 312 | 1,244 | 403 | 103 | 50 | 2,378 | 22% |
| Cumberland | 5,253 | 125 | 26 | 49 | 316 | 347 | 281 | 52 | 32 | 1,228 | 23% |
| East Greenwich | 2,410 | 30 | 6 | 22 | 97 | 95 | 122 | 10 | 17 | 399 | 17% |
| East Providence | 5,876 | 180 | 57 | 32 | 376 | 537 | 311 | 32 | 41 | 1,566 | 27% |
| Exeter-W. Greenwich | 2,116 | 32 | 13 | 11 | 116 | 121 | 105 | 7 | 9 | 414 | 20% |
| Foster | 321 | 0 | 0 | 1 | 4 | 12 | 30 | 0 | 2 | 49 | 15% |
| Foster-Glocester | 1,675 | 14 | 13 | 7 | 20 | 71 | 49 | 0 | 3 | 177 | 11% |
| Glocester | 731 | 2 | 8 | 5 | 13 | 38 | 83 | 6 | 6 | 161 | 22% |
| Jamestown | 733 | 5 | 3 | 16 | 38 | 45 | 22 | 2 | 1 | 132 | 18% |
| Johnston | 3,387 | 83 | 21 | 29 | 205 | 323 | 178 | 38 | 26 | 903 | 27% |
| Lincoln | 3,384 | 52 | 15 | 24 | 150 | 232 | 147 | 33 | 18 | 671 | 20% |
| Little Compton | 434 | 4 | 1 | 1 | 8 | 39 | 26 | 0 | 3 | 82 | 19% |
| Middletown | 2,474 | 47 | 7 | 18 | 87 | 255 | 159 | 2 | 14 | 589 | 24% |
| Narragansett | 1,660 | 21 | 2 | 11 | 41 | 100 | 111 | 19 | 9 | 314 | 19% |
| New Shoreham | 136 | 0 | 1 | 1 | 1 | 6 | 12 | 1 | 0 | 22 | 16% |
| Newport | 2,539 | 69 | 10 | 26 | 22 | 381 | 117 | 49 | 21 | 695 | 27% |
| North Kingstown | 4,367 | 54 | 20 | 20 | 73 | 375 | 216 | 26 | 28 | 812 | 19% |
| North Providence | 3,384 | 90 | 24 | 17 | 181 | 175 | 145 | 27 | 23 | 682 | 20% |
| North Smithfield | 1,888 | 19 | 8 | 10 | 49 | 152 | 95 | 19 | 11 | 363 | 19% |
| Pawtucket | 9,439 | 212 | 116 | 65 | 173 | 695 | 330 | 121 | 37 | 1,749 | 19% |
| Portsmouth | 2,800 | 46 | 11 | 33 | 87 | 174 | 222 | 1 | 13 | 587 | 21% |
| Providence | 27,087 | 707 | 365 | 56 | 209 | 2,748 | 972 | 149 | 47 | 5,253 | 19% |
| Scituate | 1,765 | 10 | 2 | 12 | 37 | 71 | 143 | 10 | 2 | 287 | 16% |
| Smithfield | 2,586 | 10 | 12 | 14 | 69 | 122 | 117 | 10 | 11 | 365 | 14% |
| South Kingstown | 4,072 | 77 | 19 | 38 | 161 | 298 | 244 | 28 | 30 | 895 | 22% |
| Tiverton | 2,106 | 36 | 5 | 19 | 43 | 241 | 145 | 5 | 19 | 513 | 24% |
| Warwick | 11,526 | 170 | 69 | 70 | 566 | 1,001 | 433 | 200 | 70 | 2,579 | 22% |
| West Warwick | 3,676 | 121 | 32 | 12 | 36 | 386 | 235 | 42 | 27 | 891 | 24% |
| Westerly | 3,648 | 95 | 9 | 23 | 95 | 204 | 178 | 39 | 17 | 660 | 18% |
| Woonsocket | 6,624 | 225 | 134 | 37 | 377 | 542 | 309 | 71 | 49 | 1,744 | 26% |
| *Charter Schools* | *1,293* | *13* | *1* | *1* | *14* | *78* | *63* | *1* | *3* | *174* | *13%* |
| *State Operated Schools* | *1,410* | *26* | *0* | *1* | *35* | *147* | *6* | *0* | *84* | *299* | *21%* |
| *UCAP* | *NA* | *0* | *0* | *0* | *13* | *0* | *0* | *0* | *0* | *13* | *NA* |
| *DCYF** | *NA* | *167* | *2* | *0* | *5* | *28* | *1* | *0* | *1* | *204* | *NA* |
| *Core Cities* | *53,099* | *1,434* | *707* | *210* | *913* | *5,261* | *2,093* | *487* | *204* | *11,309* | *21%* |
| *Remainder of State* | *98,170* | *1,675* | *542* | *664* | *3,520* | *7,809* | *4,732* | *795* | *558* | *20,295* | *21%* |
| *Rhode Island* | *153,973* | *3,315* | *1,252* | *876* | *4,500* | *13,323* | *6,895* | *1,283* | *850* | *32,294* | *21%* |

### Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2004-2005 school year. Office of Special Populations, June 30, 2005.

The denominator (number of students) is the "resident average daily membership" provided by the RI Department of Elementary and Secondary Education. For regional school districts, state-run schools, and independent charter schools, a measure provided by the Rhode Island Department of Elementary and Secondary Education equivalent to resident average daily membership was used.

"Other" includes deaf and blind, visually impaired or blind, hearing impaired, multi-handicapped, orthopedically impaired and traumatic brain injury. Prior to 2002-2003, the category "emotionally disordered" was called "behaviorally disordered."

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

Independent charter schools reported for this indicator are Beacon Charter School, Blackstone Academy, Compass School, CVS Highlander Charter School, International Charter School, Kingston Hill Academy, and Paul Cuffee Charter School. State-Operated schools reported for this indicator are William M. Davies Career & Technical High School, Metropolitan Career & Technical Center, Rhode Island School for the Deaf, and Rhode Island Department of Corrections.

"DCYF" refers to children in the care and custody of the Department of Children, Youth and Families, specifically those who are at the Training School or who are in out-of-home placement in residential facilities. This category does not include children in foster care.

Children attending schools out-of-district (e.g., when no appropriate placement exists in the district) are listed under the district in which the student resides.

### References

[1,10] *Twenty-five years of educating children with disabilities.* (2001). Washington, DC: American Youth Policy Forum and Center on Education Policy.

*(continued on page 149)*

# Student Mobility

### DEFINITION

*Student mobility* is the number of students who either enrolled in or withdrew from Rhode Island public schools during the school year divided by the total school enrollment numbers.

### SIGNIFICANCE

Families move for a variety of reasons that may include changes in household structure, parental employment status, an inability to pay the rent, dissatisfaction with neighborhood conditions or a desire to improve overall quality of family life.[1]

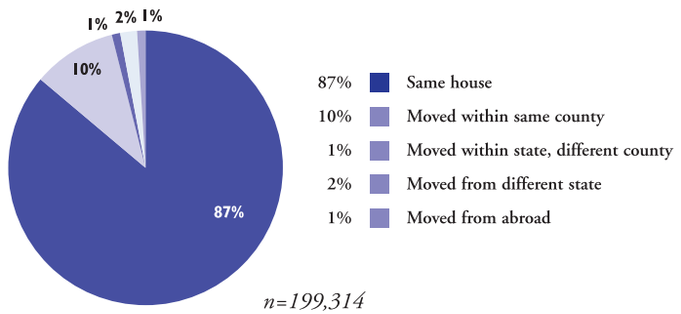
One in six third-grade students in the U.S. had attended at least three schools since the beginning of the first grade.[2] Student mobility affects both the student and the classroom of which he or she is a member. Changing schools causes a disruption in a child's learning experience and may accentuate learning difficulties if the classroom a child enters is at a different point in the curriculum than the classroom the child left.[3] Teachers in schools with highly mobile students are more likely to have problems accurately assessing the needs of new children, determining their past educational experiences and being able to build on students' previously developed knowledge and skill sets.[4]

Research shows that frequent moves can have a negative effect on school performance. Strong evidence exists that mobility during both elementary and high school can decrease student test scores and grade point averages, increase the chance of grade retention and reduce the chance that a student will graduate.[5,6,7] Mobility also has a strong relationship to child well-being. Frequent moves are correlated with negative outcomes such as delinquency, depression, anti-social behavior and teen births.[8]

Nationally, children under age five, children of color, and children living in low-income households or renter households have higher rates of mobility.[9,10] Children who are English Language Learners (ELL) are more than twice as likely to change schools frequently as those who are non-ELL students.[11]

The overall school mobility rate for Rhode Island was 16% for the 2004-2005 school year. There was significant variation across school districts, from a high of 31% in Providence to a low of 3% in Little Compton. The core cities have a significantly higher mobility rate (27%) than schools in the remainder of the state (10%).[12]

### Residence in the Previous Year for Children Ages 5 to 19, Rhode Island, 2004




Source: U.S. Bureau of the Census, American Community Survey, 2004. Table B07001.

◆ In 2004 in Rhode Island, 14% of children ages 5 to 19 changed residency at least once during the previous year. The majority of those moved within the same county.[13]

◆ Individuals living below the federal poverty threshold were more likely to change residency in Rhode Island in 2004. For the population age 1 year and older, 22% of the population living below the poverty threshold moved within the same county or within the state, compared to only 8% of the population living above the poverty threshold.[14]

### Mobility and Education Outcomes in Rhode Island

◆ In Rhode Island, students who move are absent more often than students who do not move. Thirty-one percent of students who did not move missed 16 or more days of school, compared to 42% of students who moved at least once during the same period.[15]

◆ Children who move perform worse on standardized tests than children who have not experienced mobility. The more frequent the number of moves the worse the performance. Sixty-six percent of children who have not moved met the 4th Grade Reading Standards, as opposed to 59% of students who moved once, 56% of students who moved twice, and 48% of students who moved three or more times.[16]

*Table 37.*

## School Mobility Rate by District, Rhode Island, School Year 2004-2005

| CITY/TOWN | TOTAL ENROLLMENT | ENROLLED WHOLE YEAR | CHILDREN ENROLLED & EXITED DURING YEAR | STABILITY RATE | MOBILITY RATE |
|---|---|---|---|---|---|
| Barrington | 3,630 | 3,355 | 284 | 92% | 8% |
| Bristol-Warren | 3,781 | 3,445 | 346 | 91% | 9% |
| Burrillville | 2,655 | 2,420 | 249 | 91% | 9% |
| Central Falls | 4,048 | 3,143 | 990 | 78% | 24% |
| Chariho | 4,081 | 3,679 | 422 | 90% | 10% |
| Coventry | 5,990 | 5,598 | 414 | 93% | 7% |
| Cranston | 11,697 | 10,541 | 1,221 | 90% | 10% |
| Cumberland | 5,499 | 5,161 | 355 | 94% | 6% |
| East Greenwich | 2,532 | 2,398 | 135 | 95% | 5% |
| East Providence | 6,302 | 5,722 | 607 | 91% | 10% |
| Exeter-West Greenwich | 2,205 | 2,099 | 117 | 95% | 5% |
| Foster | 336 | 319 | 17 | 95% | 5% |
| Foster-Glocester | 1,738 | 1,662 | 81 | 96% | 5% |
| Glocester | 791 | 741 | 53 | 94% | 7% |
| Jamestown | 540 | 510 | 32 | 94% | 6% |
| Johnston | 3,549 | 3,097 | 482 | 87% | 13% |
| Lincoln | 3,575 | 3,394 | 188 | 95% | 5% |
| Little Compton | 333 | 324 | 9 | 97% | 3% |
| Middletown | 3,134 | 2,351 | 800 | 75% | 26% |
| Narragansett | 1,704 | 1,591 | 124 | 93% | 7% |
| New Shoreham | 157 | 129 | 30 | 82% | 19% |
| Newport | 3,141 | 2,326 | 847 | 74% | 27% |
| North Kingstown | 4,867 | 4,504 | 385 | 93% | 8% |
| North Providence | 3,910 | 3,285 | 456 | 88% | 12% |
| North Smithfield | 1,959 | 1,815 | 165 | 93% | 8% |
| Pawtucket | 10,748 | 8,430 | 2,517 | 78% | 23% |
| Portsmouth | 3,127 | 2,869 | 289 | 92% | 9% |
| Providence | 31,789 | 22,916 | 9,713 | 72% | 31% |
| Scituate | 1,865 | 1,757 | 112 | 94% | 6% |
| Smithfield | 2,764 | 2,615 | 158 | 95% | 6% |
| South Kingstown | 4,268 | 3,905 | 385 | 91% | 9% |
| Tiverton | 2,236 | 2,092 | 153 | 93% | 7% |
| Warwick | 12,687 | 11,188 | 1,659 | 88% | 13% |
| West Warwick | 4,252 | 3,481 | 837 | 82% | 20% |
| Westerly | 4,162 | 3,457 | 735 | 83% | 18% |
| Woonsocket | 7,474 | 5,981 | 1,619 | 80% | 22% |
| *Core Cities* | *61,452* | *46,277* | *16,523* | *75%* | *27%* |
| *Remainder of State* | *106,074* | *96,023* | *10,463* | *91%* | *10%* |
| *Rhode Island* | *167,526* | *142,300* | *26,986* | *85%* | *16%* |

### Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2004-2005 School Year.

Mobility rates are calculated by adding all children who entered any school within the school district to all those who withdrew from a school in the district and dividing the total by the total enrollment for that school district. Stability rate measures the number of children who attended the same school the entire school year in a school district. The stability rate is calculated by dividing the number of children enrolled the whole year at the same school in the school district by total enrollment for that school district.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

### References


[1] *Why people move: Exploring the March 2000 Current Population Survey: March 1999 to March 2000.* (2001). Washington, DC: U.S. Bureau of the Census.

[2,4,11] *Elementary school children: Many change school frequently, harming their education.* (1994). Washington, DC: U.S. General Accounting Office.

[3] Kerbow, D. (October 1996). *Patterns of urban student mobility and local school reform: A technical report.* Baltimore, MD: Johns Hopkins University, Center for the Social Organization of Schools.

[5,8] Scanlon, E., & Devine, K. (2001). Residential mobility and youth well-being: Research, policy and practice Issues. *Journal of Sociology and Social Welfare,* XXVIII(1), 119-138.

[6] Rumberger, R. W. (June 2002) Student mobility and academic achievement. *Eric Digest (EDO-PS-02-1).* Champaign, IL: University of Illinois.

[7] *Kids Mobility Project report.* (2002). Minneapolis, MN: Family Housing Fund.

[9] *Geographical mobility - population characteristics: March 1999 to March 2000.* (2001). Washington, DC: U.S. Bureau of the Census.

[10] *Trends in the well-being of America's children and youth.* (2002). Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

[12] Rhode Island Department of Elementary and Secondary Education, 2004-2005 academic year.

[13] U.S. Bureau of the Census, American Community Survey, 2004. Table B07001.

[14] U.S. Bureau of the Census, American Community Survey, 2004. Table B07012.

[15,16] *Development and use of neighborhood health analysis: Residential mobility in context.* (October 30, 2002). Providence, RI: The Providence Plan. Data represents the Providence Plan's analysis of data from the Providence School Department student enrollment databases, the Rhode Island Department of Elementary and Secondary Education standardized test scores and the Rhode Island Department of Health Kidsnet databases.

# Fourth-Grade Reading Skills

## DEFINITION

*Fourth-grade reading skills* is the percentage of fourth-grade students who scored at or above the proficiency level for reading in the *New Standards English Language Arts Reference Exam* in 2004. The exam measures reading and writing skills. Data from the two reading subtests are reported here: *Basic Understanding* focuses on the student's ability to comprehend text, and *Analysis and Interpretation* focuses on the student's ability to correctly interpret and analyze text.

*In 2005, Rhode Island began transitioning to a new student assessment system. The results from this new test will not be available until spring 2006.*

## SIGNIFICANCE

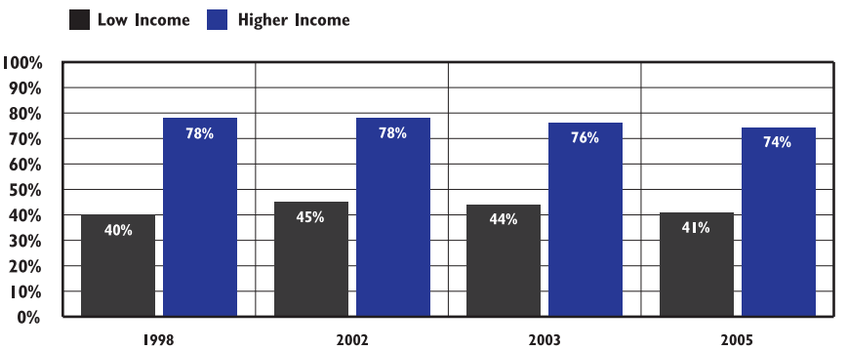
Reading proficiency is fundamental to the development of academic competencies and basic life skills. Students with poor reading skills will experience difficulty completing academic coursework, graduating from high school and later in life, can experience difficulty finding and maintaining employment.[1]

Literacy begins long before children encounter formal school instruction in writing and reading. Reading to young children at home, allowing the child to read out loud, and encouraging conversation correlate with advanced literacy development and reading achievement.[2,3,4] Participation in high-quality pre-schools can also boost language and literacy skills by helping children learn, think, and talk about new areas of knowledge; by integrating reading, letters, sounds, and storytelling into everyday activities; and offering opportunities to play in ways that build awareness of the sounds and structure of language.[5]

When students continue to have difficulty reading beyond third grade, they can face tremendous difficulty catching up. Older students can learn to read when they attend schools that identify reading difficulties early and intervene quickly to teach the foundation skills students have missed, providing many opportunities to practice reading with meaningful, age-appropriate books.[6]

In 2004, 73% of Rhode Island fourth graders scored at or above proficiency in *Basic Understanding* and 62% scored at or above proficiency in *Analysis and Interpretation.* All of Rhode Island's core cities had reading proficiency levels below the state rates except West Warwick which exceeded the state rate for *Basic Understanding* by one percentage point.[7]

**Rhode Island Public School 4th Grade Reading Proficiency, Percentage At or Above Basic Understanding by Income Status**




Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2005 Reading Assessment.

◆ The National Assessment of Educational Progress (NAEP) Reading Assessment is a nationally representative assessment of students' achievement. The NAEP has three reading achievement levels: Basic, Proficient and Advanced. Fourth graders performing at the Basic level should have a general understanding of the meaning of what they read, make obvious associations between the text and their own experiences, and expand ideas in the text by making simple inferences.[8]

◆ In Rhode Island between 1998-2005, the percentage of higher income fourth-graders achieving at or above basic understanding was consistently higher than that of low-income fourth-graders. In 2005, 41% of low-income fourth-graders scored at or above basic understanding compared to 74% of higher-income fourth-graders.[9]

◆ The level and content of students' knowledge, as well as their ability to think, learn, and communicate, influence their capability to thrive in the labor market as adults. Students with high test scores are more likely to be employed and to earn more than students with lower test scores.[10]

*Table 38.*

## Fourth-Grade Reading Proficiency, Rhode Island, 2003-2004

| SCHOOL DISTRICT | COMMUNITY CONTEXT | | | | % OF 4TH GRADE STUDENTS MEETING OR EXCEEDING STANDARDS FOR BASIC UNDERSTANDING | % OF 4TH GRADE STUDENTS MEETING OR EXCEEDING STANDARDS FOR ANALYSIS & INTERPRETATION |
|---|---|---|---|---|---|---|
| | % ADULTS COMPLETING HIGH SCHOOL | % CHILDREN IN POVERTY | % LIMITED ENGLISH PROFICIENCY | # OF ELIGIBLE 4TH GRADE TEST TAKERS | | |
| Barrington | 92% | 2% | <1% | 279 | 93% | 85% |
| Bristol-Warren | NA | 8% | 3% | 267 | 80% | 72% |
| Burrillville | 80% | 5% | <1% | 170 | 80% | 69% |
| Central Falls | 49% | 36% | 28% | 274 | 50% | 42% |
| Chariho | NA | 4% | <1% | 287 | 83% | 69% |
| Coventry | 83% | 6% | <1% | 462 | 84% | 69% |
| Cranston | 79% | 8% | 4% | 851 | 85% | 75% |
| Cumberland | 81% | 3% | 2% | 439 | 84% | 73% |
| East Greenwich | 93% | 4% | 1% | 215 | 91% | 84% |
| East Providence | 71% | 9% | 4% | 472 | 76% | 63% |
| Exeter-W. Greenwich | NA | 4% | <1% | 160 | 84% | 61% |
| Foster | 88% | 6% | 0% | 70 | 76% | 69% |
| Foster-Glocester | NA | 4% | 0% | 0 | NA | NA |
| Glocester | 87% | 8% | 0% | 141 | 83% | 77% |
| Jamestown | 93% | 2% | 2% | 56 | 80% | 75% |
| Johnston | 78% | 9% | 1% | 259 | 75% | 67% |
| Lincoln | 82% | 6% | 1% | 275 | 81% | 72% |
| Little Compton | 91% | 1% | 0% | 38 | 87% | 68% |
| Middletown | 91% | 8% | 2% | 204 | 79% | 69% |
| Narragansett | 91% | 7% | 1% | 142 | 85% | 80% |
| New Shoreham | 95% | 8% | 4% | 5 | 100% | 100% |
| Newport | 87% | 22% | 4% | 196 | 65% | 53% |
| North Kingstown | 92% | 7% | 1% | 359 | 87% | 83% |
| North Providence | 77% | 9% | 2% | 240 | 80% | 65% |
| North Smithfield | 82% | 2% | <1% | 144 | 81% | 65% |
| Pawtucket | 66% | 21% | 9% | 815 | 66% | 53% |
| Portsmouth | 91% | 3% | 0% | 254 | 84% | 75% |
| Providence | 66% | 36% | 18% | 2,272 | 47% | 35% |
| Scituate | 87% | 4% | <1% | 137 | 88% | 81% |
| Smithfield | 85% | 4% | <1% | 222 | 89% | 81% |
| South Kingstown | 91% | 4% | 1% | 328 | 85% | 81% |
| Tiverton | 80% | 3% | 0% | 161 | 76% | 62% |
| Warwick | 85% | 7% | 1% | 879 | 82% | 73% |
| West Warwick | 76% | 15% | 2% | 324 | 74% | 57% |
| Westerly | 82% | 7% | 2% | 288 | 80% | 71% |
| Woonsocket | 64% | 27% | 4% | 540 | 64% | 48% |
| *Charter Schools* | *NA* | *NA* | *10%* | *76* | *72%* | *58%* |
| *Core Cities* | *NA* | *30%* | *14%* | *4,421* | *56%* | *43%* |
| *Remainder of State* | *NA* | *6%* | *1%* | *7,804* | *83%* | *73%* |
| *Rhode Island* | *78%* | *15%* | *6%* | *12,301* | *73%* | *62%* |

### Source of Data for Table/Methodology

% children in poverty is from the U.S. Bureau of the Census, Small Area Income and Population Estimates, Children Ages 5-17, 2003. % of adults completing high school or higher is from Census 2000. All other data are from the Rhode Island Department of Elementary and Secondary Education, 2003-2004 school year.

Data on Fourth-Grade Reading Skills in Rhode Island are not available for the 2004-2005 school year. In 2005, the Rhode Island Department of Elementary and Secondary Education transitioned to a new student assessment system. The results from this new test will not be available until spring 2006.

All students eligible to take the test, whether or not they actually took the test, are counted in the district's or school's proficiency rate. All enrolled students are eligible unless their IEP specifically exempts them or unless they are Beginning English Language Learners. Prior to 2000, the proficiency rates were computed differently.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

Independent charter schools reported for this indicator are the Compass School, CVS Highlander Charter School, International Charter School, and Paul Cuffee Charter School.

### References


[1] Child Trends Data Bank. Division A: Educational achievement in *Clark Youth Development Outcomes Compendium.* (2001). Washington, DC: Child Trends.

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# Math Skills

### DEFINITION

*Math Skills* is the percentage of fourth- and eighth-grade students who scored at or above the proficiency level for math on the *New Standards Reference Exam* in 2004. The exam consists of three parts: *Skills, Concepts and Problem Solving*. Reported here are the overall score on the exam and data from the *Problem Solving* sub-test.

*In 2005, Rhode Island began transitioning to a new student assessment system. The results from this new test will not be available until spring 2006.*

### SIGNIFICANCE

The ability to understand and use mathematics is critical in life. Students must rely on math skills not only for advanced education, but also in the course of daily activities.[1] Schools in Rhode Island typically teach mathematics every year through eighth grade and require students to take three years of mathematics to graduate from high school.[2]

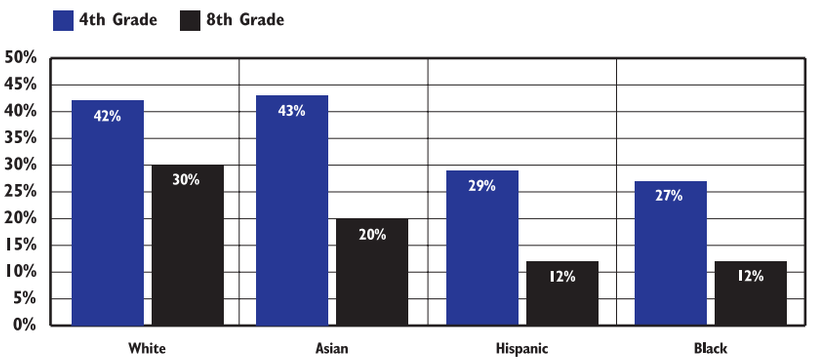
State, national and international assessments show that U.S. students may fare well when asked to perform straightforward computational procedures, but tend to have a limited understanding of basic mathematical concepts and skills needed to solve simple problems. Performance in mathematics, while generally low, has been improving over the past decade.[3]

Family risk factors, such as poverty and low maternal education, negatively impact achievement in mathematics.[4] Students with a poor understanding of mathematics will have fewer opportunities to pursue higher levels of education and secure high-level employment.[5]

Frequent engagement in classroom activities, such as doing math problems from a textbook everyday, talking to others about how to solve math problems and using a calculator, are associated with higher scores on assessments.[6] Students' achievement in math is highest when they are taught by teachers with strong backgrounds and training in math.[7]

Nationally, one in four elementary and middle school students are proficient in math, with gaps in performance existing between low-income children and higher income children.[8] In Rhode Island in 2004, 35% of low-income fourth-grade students were proficient in math compared to 51% of fourth-grade students statewide. Nineteen percent of low-income eighth-grade students were proficient in math compared to 40% of eighth-graders statewide.[9]

**4th and 8th Grade Math Proficiency in Public Schools, by Race and Ethnicity, Core Cities, 2003-2004**




Source: Rhode Island Department of Elementary and Secondary Education, *New Standards Mathematics Reference Exam* at Grades 4 and 8, 2003-2004 School year.

◆ In 2004, 51% of Rhode Island fourth graders and 40% of eighth graders scored at or above proficiency in math. In the six core cities, all races of fourth and eighth grade students scored below the state average. Black and Hispanic students scored lower than their White and Asian counterparts.[10]

◆ In Rhode Island in the 2003-2004 school year all races experienced decreases in math proficiency between fourth and eighth grade. Hispanic, Black and Asian students experienced a decline almost twice that of White students. This decline in performance between fourth and eighth grades was consistent across economic status and presence of a disability.[11]

◆ In Rhode Island in 2004, only 33% of fourth-grade students with disabilities were proficient in math and only 15% of eighth-grade students with disabilities were proficient in math.[12]

◆ Math proficiency for all students requires that changes be made in curriculum, instructional materials, assessments, classroom practice, teacher preparation and professional development.[13]

*Table 39.*

## Fourth and Eighth Grade Math Proficiency, Rhode Island 2004

| SCHOOL DISTRICT | FOURTH GRADE NUMBER OF TEST TAKERS | FOURTH GRADE % MEETING OR EXCEEDING STANDARDS FOR MATH PROFICIENCY | FOURTH GRADE % MEETING OR EXCEEDING STANDARDS FOR PROBLEM SOLVING | EIGHTH GRADE NUMBER OF TEST TAKERS | EIGHTH GRADE % MEETING OR EXCEEDING STANDARDS FOR MATH PROFICIENCY | EIGHTH GRADE % MEETING OR EXCEEDING STANDARDS FOR PROBLEM SOLVING |
|---|---|---|---|---|---|---|
| Barrington | 279 | 70% | 65% | 243 | 76% | 71% |
| Bristol Warren | 266 | 62% | 52% | 323 | 45% | 38% |
| Burrillville | 151 | 56% | 35% | 210 | 43% | 34% |
| Central Falls | 279 | 34% | 23% | 295 | 17% | 11% |
| Chariho | 286 | 64% | 50% | 291 | 58% | 55% |
| Coventry | 460 | 72% | 67% | 483 | 58% | 58% |
| Cranston | 861 | 65% | 55% | 924 | 48% | 43% |
| Cumberland | 439 | 56% | 40% | 447 | 48% | 37% |
| East Greenwich | 214 | 55% | 38% | 231 | 75% | 73% |
| East Providence | 472 | 54% | 40% | 547 | 32% | 24% |
| Exeter-West Greenwich | 160 | 50% | 34% | 207 | 56% | 52% |
| Foster | 70 | 65% | 50% | NA | NA | NA |
| Foster-Glocester | NA | NA | NA | 269 | 50% | 40% |
| Glocester | 141 | 53% | 30% | NA | NA | NA |
| Jamestown | 56 | 53% | 34% | 69 | 70% | 65% |
| Johnston | 258 | 63% | 53% | 275 | 45% | 36% |
| Lincoln | 275 | 59% | 44% | 320 | 45% | 35% |
| Little Compton | 38 | 80% | 76% | 47 | 49% | 53% |
| Middletown | 205 | 62% | 55% | 205 | 47% | 40% |
| Narragansett | 142 | 58% | 40% | 135 | 63% | 58% |
| New Shoreham | 5 | NA | 80% | 19 | 58% | 47% |
| Newport | 200 | 45% | 35% | 198 | 37% | 32% |
| North Kingstown | 364 | 70% | 60% | 352 | 61% | 54% |
| North Providence | 242 | 50% | 33% | 314 | 35% | 25% |
| North Smithfield | 144 | 41% | 18% | 133 | 46% | 41% |
| Pawtucket | 816 | 39% | 25% | 890 | 21% | 15% |
| Portsmouth | 254 | 65% | 51% | 248 | 49% | 40% |
| Providence | 2,248 | 28% | 17% | 2,223 | 13% | 9% |
| Scituate | 137 | 69% | 64% | 177 | 66% | 63% |
| Smithfield | 222 | 60% | 42% | 230 | 54% | 45% |
| South Kingstown | 327 | 64% | 49% | 347 | 60% | 54% |
| Tiverton | 160 | 55% | 34% | 206 | 52% | 42% |
| Warwick | 875 | 64% | 50% | 988 | 45% | 35% |
| West Warwick | 322 | 43% | 30% | 292 | 47% | 38% |
| Westerly | 289 | 64% | 52% | 323 | 46% | 37% |
| Woonsocket | 545 | 38% | 25% | 517 | 17% | 9% |
| *Charter Schools* | *76* | *NA* | *13%* | *37* | *NA* | *11%* |
| *Core Cities* | *4,410* | *33%* | *22%* | *4,415* | *19%* | *13%* |
| *Remainder of State* | *7,792* | *62%* | *48%* | *8,563* | *50%* | *43%* |
| *Rhode Island** | *12,202* | *51%* | *39%* | *12,978* | *40%* | *33%* |

**This total excludes Charter Schools because the number of students meeting or exceeding standards for math proficieny was not available.*

### Source of Data for Table/Methodology

All data are from the Rhode Island Department of Elementary and Secondary Education, *New Standards Mathematics Reference Exam* at Grades 4 and 8, 2003-2004 School year.

Data on Math Skills in Rhode Island are not available for the 2004-2005 school year. In 2005, the Rhode Island Department of Elementary and Secondary Education transitioned to a new student assessment system. The results from this new test will not be available until spring 2006.

Charter Schools are Blackstone Academy, Compass Charter School, CVS Highlander School, International Charter School and the Paul Cuffee Charter School.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

### References


[1,6] U.S. Department of Education. Office of Educational Research and Improvement. National Center for Education Statistics. *The nation's report card: Mathematics 2000*, NCES 2001-517, by J.S. Braswell, A.D. Lutkus, W.S. Grigg, S.L. Santapau, B.S.-H. Tay-Lim, and M.S. Johnson, Washington, DC: 2001.

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[7,8] Haycock, K. (2002). Still at risk. *Thinking K-16,* 6(1), 3. Washington, DC: The Education Trust, Inc.

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# High Performing Schools

## DEFINITION

*High performing schools* is the percentage of schools in Rhode Island that are classified as high performing by the Rhode Island Department of Elementary and Secondary Education through the Rhode Island School and District Performance and Accountability System. A school is classified as high performing if 95% of students participated in testing, and test score targets and the attendance/graduation rate targets for the year 2011 have already been met.[1]

*In 2005, Rhode Island began transitioning to a new student assessment system, and therefore, the Rhode Island Department of Education only issued classifications for high schools and 6 early-grade schools (highest grade of 1).*[2]

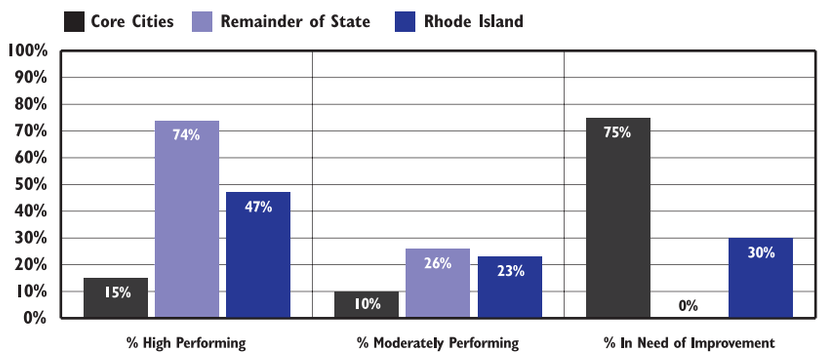
## SIGNIFICANCE

School accountability systems that regularly measure student and school performance and provide incentives and/or consequences can lead to improved instruction and student learning.[3,4,5,6] The standards-based education movement has four cornerstones: making learning goals explicit, ensuring teachers are prepared to teach to the standards, providing the necessary resources, and developing tests and implementing accountability systems closely aligned with the learning goals to measure progress and encourage school improvement.[7] Accountability systems are unproductive without deliberate interventions to improve teacher quality and to provide extra resources to students at risk of failure.[8]

Reading and mathematical skills, as well as the ability to reason and communicate effectively, are factors that affect a student's ability to succeed in the labor market. On average, students with higher test scores earn more and are unemployed less often than students with lower test scores.[9]

Schools serving low-income and educationally disadvantaged students can achieve high standards for student performance. High poverty schools that are successful at raising student achievement regularly communicate high expectations for students and staff, nurture positive relationships among adults and students, have a strong focus on academics, use student assessments to individualize instruction, make decisions collaboratively, employ enthusiastic and diligent teachers, and effectively select, cultivate, and use personnel.[10]

**2005 Rhode Island High School Classifications**




Source: Rhode Island Department of Education, 2005. (The 4 state operated high schools and 2 independent charter high schools are only included in the calculations for the state as a whole.)

◆ In 2005 a total of 27 high schools (47%) across Rhode Island were classified as high performing. Three of these high schools were operated by or affiliated with core city school districts (Classical High School, Textron/Chamber of Commerce Academy, and Times2 Academy).[11]

◆ High schools are moderately performing if they have met all of their current year targets including a graduation rate of at least 75.3%.[12] In 2005, there were 13 high schools (23%) classified as moderately performing.[13]

◆ High schools are in need of improvement if they missed current school-level proficiency targets, graduation rate targets, or proficiency targets for any of the 8 disaggregated subgroups of students: Asian, Black, Hispanic, Native American, White, students in poverty, students with disabilities and English Language Learners (ELL).[14] In 2005, 17 Rhode Island high schools (30%) were classified as in need of improvement. All 17 of these schools were also classified as making insufficient progress. Fifteen of the high schools were operated by core city school districts. The remainder were operated by the state (Rhode Island School for the Deaf and the Rhode Island Training School).[15]

## School Performance, Rhode Island District Profile 2004

*Table 40.*

| DISTRICT | TOTAL # OF SCHOOLS | HIGH PERFORMING SCHOOLS | MODERATELY PERFORMING SCHOOLS | SCHOOLS IN NEED OF IMPROVEMENT | | % HIGH PERFORMING SCHOOLS | % SCHOOLS IN NEED OF IMPROVEMENT |
|---|---|---|---|---|---|---|---|
| | | | | MAKING PROGRESS | INSUFFICIENT PROGRESS | | |
| Barrington | 6 | 6 | 0 | 0 | 0 | 100% | 0% |
| Bristol-Warren | 9 | 5 | 1 | 1 | 2 | 56% | 33% |
| Burrillville | 5 | 3 | 0 | 2 | 0 | 60% | 40% |
| Central Falls | 7 | 1 | 0 | 4 | 2 | 14% | 86% |
| Chariho | 7 | 6 | 0 | 0 | 1 | 86% | 14% |
| Coventry | 9 | 7 | 1 | 1 | 0 | 78% | 11% |
| Cranston | 25 | 19 | 6 | 0 | 0 | 76% | 0% |
| Cumberland | 8 | 5 | 2 | 1 | 0 | 63% | 13% |
| East Greenwich | 6 | 6 | 0 | 0 | 0 | 100% | 0% |
| East Providence | 11 | 3 | 6 | 1 | 1 | 27% | 18% |
| Exeter-W. Greenwich | 5 | 3 | 1 | 1 | 0 | 60% | 20% |
| Foster | 1 | 1 | 0 | 0 | 0 | 100% | 0% |
| Foster-Glocester | 2 | 2 | 0 | 0 | 0 | 100% | 0% |
| Glocester | 2 | 2 | 0 | 0 | 0 | 100% | 0% |
| Jamestown | 2 | 2 | 0 | 0 | 0 | 100% | 0% |
| Johnston | 9 | 6 | 2 | 1 | 0 | 67% | 11% |
| Lincoln | 8 | 4 | 1 | 1 | 2 | 50% | 38% |
| Little Compton | 1 | 1 | 0 | 0 | 0 | 100% | 0% |
| Middletown | 5 | 5 | 0 | 0 | 0 | 100% | 0% |
| Narragansett | 3 | 3 | 0 | 0 | 0 | 100% | 0% |
| New Shoreham | 1 | 1 | 0 | 0 | 0 | 100% | 0% |
| Newport | 8 | 1 | 7 | 0 | 0 | 13% | 0% |
| North Kingstown | 10 | 8 | 1 | 0 | 1 | 80% | 10% |
| North Providence | 9 | 2 | 5 | 1 | 1 | 22% | 22% |
| North Smithfield | 4 | 3 | 0 | 0 | 1 | 75% | 25% |
| Pawtucket | 15 | 3 | 3 | 3 | 6 | 20% | 60% |
| Portsmouth | 5 | 5 | 0 | 0 | 0 | 100% | 0% |
| Providence | 45 | 2 | 5 | 9 | 29 | 4% | 84% |
| Scituate | 5 | 5 | 0 | 0 | 0 | 100% | 0% |
| Smithfield | 6 | 5 | 1 | 0 | 0 | 83% | 0% |
| South Kingstown | 9 | 7 | 0 | 0 | 2 | 78% | 22% |
| Tiverton | 5 | 4 | 1 | 0 | 0 | 80% | 0% |
| Warwick | 26 | 19 | 6 | 0 | 1 | 73% | 4% |
| West Warwick | 6 | 1 | 2 | 1 | 2 | 17% | 50% |
| Westerly | 7 | 7 | 0 | 0 | 0 | 100% | 0% |
| Woonsocket | 12 | 3 | 5 | 1 | 3 | 25% | 33% |
| *Charter Schools* | *7* | *2* | *5* | *0* | *0* | *29%* | *0%* |
| *State Run Schools* | *3* | *0* | *3* | *0* | *0* | *0%* | *0%* |
| *RITS* | *1* | *0* | *0* | *0* | *1* | *0%* | *100%* |
| *UCAP* | *1* | *0* | *1* | *0* | *0* | *0%* | *0%* |
| *Core Cities* | *93* | *11* | *22* | *18* | *42* | *12%* | *65%* |
| *Remainder of State* | *211* | *155* | *34* | *10* | *12* | *73%* | *10%* |
| *Rhode Island* | *316* | *168* | *65* | *28* | *55* | *53%* | *26%* |

### Source of Data for Table/Methodology

All data are from the Rhode Island Department of Elementary and Secondary Education. School classification data from 2004 is presented in the adjoining city/town table below. In 2005, Rhode Island began transitioning to a new student assessment system, and therefore, the Rhode Island Department of Education only issued classifications for high schools and 6 early-grade schools (highest grade of 1). High School classification data from 2005 is presented on the previous page.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

2004 independent charter schools are Beacon Charter School, Blackstone Academy, the Compass Charter School, CVS Highlander Charter School, the International Charter School, Kingston Hill Academy, and Paul Cuffee Charter School. In 2005, only Beacon Charter School and Blackstone Academy received school classifications as independent charter schools.

2004 state-operated schools are the William M. Davies Career and Technical High School, the Metropolitan Career and Technical Center, and the Rhode Island School for the Deaf. In 2005, all 3 state-operated schools received school classifications along with the Rhode Island Training School.

### References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*continued on page 149*

# School Attendance

### DEFINITION

*School attendance* is the average daily attendance of public school students in each school district in Rhode Island for elementary school (grades 1-5), middle school (grades 6-8), and high school (grades 9-12). Public school students in pre-school, kindergarten, and un-graded classrooms are not included.

### SIGNIFICANCE

An important aspect of students' access to education is the amount of time actually spent in the classroom. When students are absent from school they forgo opportunities to learn.[1] Truancy, or unexcused absences from school, among teens is linked to delinquent behavior. Youth who are truant are at risk of substance abuse, gang or criminal activity and incarceration.[2] Gradual alienation and disengagement from school are predicators of poor attendance that can lead to a student dropping out permanently.[3]

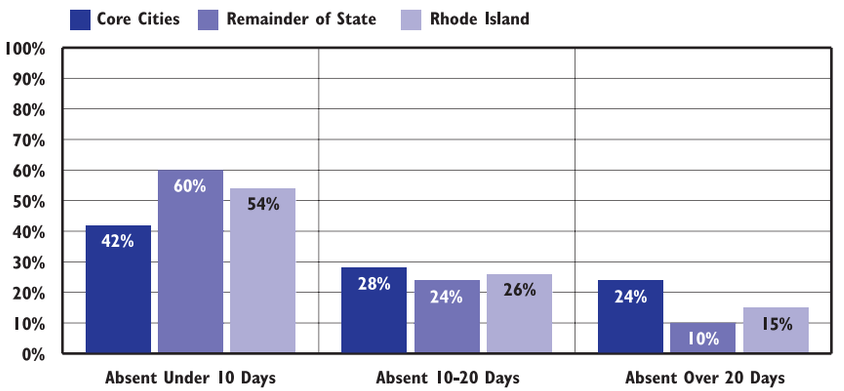
Several factors contribute to students not attending school. Students' reasons for not attending school include repeated suspensions, poor achievement, concerns for safety, non-positive relationships with peers and administrators, and negative perceptions of school.[4] Nationally, the tendency to miss school increases notably by grade level. Over the past two decades, twelfth graders have reported a declining interest in school.[5]

Student absenteeism places individual children at risk for school failure. Truancy is rarely a reflection of the child alone and is often an early indication that the family needs help.[6] Teens who live in more affluent families and those who live with both parents have higher education aspirations and expectations, are more engaged in school, do better academically and are more likely to continue their schooling than their peers in less well-off families and those in single-parent families.[7]

Problems with student attendance create a climate of instability in schools. In schools where truancy rates are low, there is less disruption and violence. Teachers are more committed to students and are more likely to interact and engage with the entire class. Students are less likely to miss school when they are engaged and have a sense of belonging due to established relationships with both their teachers and classmates.[8]

Students are very aware of whether their teachers have high or low expectations for them and often their achievement levels are strongly linked to those expectations. The relationships between students and their teachers are critical in shaping the climate of the school. All students, regardless of age, will do better when relationships are respectful, behavior is not disruptive and teachers are invested in the student's success.[9]

### School Attendance, Core Cities and Rhode Island, by the Number of School Days Missed, 2004-2005




Source: Rhode Island Department of Elementary and Secondary Education. 2004-2005. *Percentages do not add to 100% as averages are used to calculate attendance rates.*

◆ Nearly one out of four (24%) students in the core cities missed over 20 days of school, compared to one out of ten (10%) students in the remainder of Rhode Island and nearly one out of seven (15%) students statewide.[10]

◆ With 15,145 high school students in the core cities, improving the core cities' attendance rate from 85% to 92% would mean that 1,090 more students would be attending high school in the core cities each day of the school year.[11]

### Programs to Increase School Attendance

◆ Research shows that youth who participate in mentoring programs have fewer unexcused absences and better attitudes toward school than youth who do not participate.[12]

◆ Effective truancy reduction strategies include clear, consistently enforced school policies; school reorganization to support students' engagement in learning and attachment to school; effective communication between the school and the parent; family counseling programs; and collaboration between the school and community partners.[13]

*Table 41.*

## School Attendance Rates, Rhode Island, 2004-2005

| SCHOOL DISTRICT | GRADES 1-5 AVERAGE DAILY ATTENDANCE | GRADES 1-5 TOTAL # OF STUDENTS | GRADES 1-5 ATTENDANCE RATE | GRADES 6-8 AVERAGE DAILY ATTENDANCE | GRADES 6-8 TOTAL # OF STUDENTS | GRADES 6-8 ATTENDANCE RATE | GRADES 9-12 AVERAGE DAILY ATTENDANCE | GRADES 9-12 TOTAL # OF STUDENTS | GRADES 9-12 ATTENDANCE RATE |
|---|---|---|---|---|---|---|---|---|---|
| Barrington | 1,212 | 1,262 | 96% | 835 | 869 | 96% | 1,022 | 1,079 | 95% |
| Bristol-Warren | 1,221 | 1,287 | 95% | 785 | 833 | 94% | 1,103 | 1,217 | 91% |
| Burrillville | 787 | 827 | 95% | 617 | 651 | 95% | 787 | 834 | 94% |
| Central Falls | 1,360 | 1,454 | 94% | 798 | 870 | 92% | 859 | 993 | 87% |
| Chariho | 1,327 | 1,384 | 96% | 893 | 936 | 95% | 1,158 | 1,237 | 94% |
| Coventry | 2,061 | 2,144 | 96% | 1,354 | 1,418 | 95% | 1,710 | 1,874 | 91% |
| Cranston | 3,941 | 4,129 | 95% | 2,561 | 2,714 | 94% | 3,199 | 3,564 | 90% |
| Cumberland | 2,030 | 2,103 | 97% | 1,241 | 1,292 | 96% | 1,441 | 1,565 | 92% |
| East Greenwich | 940 | 975 | 96% | 631 | 657 | 96% | 687 | 729 | 94% |
| East Providence | 2,091 | 2,197 | 95% | 1,402 | 1,494 | 94% | 1,758 | 1,974 | 89% |
| Exeter-W. Greenwich | 740 | 769 | 96% | 484 | 503 | 96% | 702 | 745 | 94% |
| Foster | 279 | 294 | 95% | NA | NA | NA | NA | NA | NA |
| Foster-Glocester | NA | NA | NA | 665 | 701 | 95% | 907 | 990 | 92% |
| Glocester | 641 | 674 | 95% | NA | NA | NA | NA | NA | NA |
| Jamestown | 230 | 241 | 95% | 196 | 204 | 96% | NA | NA | NA |
| Johnston | 1,275 | 1,344 | 95% | 797 | 861 | 93% | 790 | 891 | 89% |
| Lincoln | 1,299 | 1,327 | 98% | 831 | 864 | 96% | 982 | 1,054 | 93% |
| Little Compton | 166 | 174 | 95% | 99 | 106 | 93% | NA | NA | NA |
| Middletown | 951 | 992 | 96% | 574 | 599 | 96% | 672 | 717 | 94% |
| Narragansett | 586 | 610 | 96% | 386 | 403 | 96% | 486 | 512 | 95% |
| New Shoreham | 57 | 62 | 92% | 27 | 29 | 93% | 32 | 35 | 91% |
| Newport | 939 | 991 | 95% | 579 | 632 | 92% | 637 | 750 | 85% |
| North Kingstown | 1,646 | 1,707 | 96% | 1,071 | 1,124 | 95% | 1,392 | 1,541 | 90% |
| North Providence | 1,147 | 1,202 | 95% | 869 | 915 | 95% | 1,078 | 1,170 | 92% |
| North Smithfield | 671 | 697 | 96% | 471 | 492 | 96% | 472 | 500 | 94% |
| Pawtucket | 3,535 | 3,729 | 95% | 2,311 | 2,470 | 94% | 2,191 | 2,477 | 88% |
| Portsmouth | 1,066 | 1,110 | 96% | 628 | 659 | 95% | 978 | 1,039 | 94% |
| Providence | 9,725 | 10,524 | 92% | 5,731 | 6,427 | 89% | 6,483 | 7,861 | 82% |
| Scituate | 650 | 676 | 96% | 435 | 460 | 95% | 517 | 551 | 94% |
| Smithfield | 928 | 963 | 96% | 666 | 698 | 95% | 790 | 849 | 93% |
| South Kingstown | 1,353 | 1,409 | 96% | 997 | 1,040 | 96% | 1,253 | 1,330 | 94% |
| Tiverton | 752 | 713 | 105% | 493 | 532 | 93% | 682 | 748 | 91% |
| Warwick | 4,165 | 4,366 | 95% | 2,716 | 2,862 | 95% | 3,550 | 3,865 | 92% |
| West Warwick | 1,420 | 1,495 | 95% | 869 | 936 | 93% | 1,001 | 1,112 | 90% |
| Westerly | 1,294 | 1,352 | 96% | 812 | 856 | 95% | 1,085 | 1,164 | 93% |
| Woonsocket | 2,506 | 2,674 | 94% | 1,434 | 1,563 | 92% | 1,677 | 1,956 | 86% |
| *Charter Schools* | *680* | *714* | *95%* | *114* | *120* | *95%* | *208* | *240* | *87%* |
| *State Operated* | *24* | *25* | *96%* | *27* | *29* | *93%* | *1,227* | *1,335* | *92%* |
| *UCAP* | *NA* | *NA* | *NA* | *122* | *136* | *90%* | *1* | *1* | *100%* |
| *Core Cities* | *19,485* | *20,867* | *93%* | *11,722* | *12,898* | *91%* | *12,848* | *15,149* | *85%* |
| *Remainder of State* | *35,506* | *36,990* | *96%* | *23,536* | *24,772* | *95%* | *29,238* | *31,780* | *92%* |
| *Rhode Island* | *55,695* | *58,596* | *95%* | *35,521* | *37,955* | *94%* | *43,522* | *48,505* | *90%* |

### Note to Table

Attendance rates are calculated by dividing "the average daily attendance" by the "average daily membership," as of September 2005. Both measures are provided by the Rhode Island Department of Elementary and Secondary Education.

### Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2004-2005 school year.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

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[10,11] Rhode Island Department of Elementary and Secondary Education, 2004-2005 school year.

[12] Jekielek, S.M., Moore, K.A., Hair, E.C. & Scarupa, H.J. (2002). Mentoring: A promising strategy for youth development. *Child Trends Research Brief.* Washington, DC: Child Trends.

# Suspensions

### DEFINITION

*Suspensions* is the rate of infractions and disciplinary actions per 100 students in kindergarten through twelfth grade in Rhode Island public schools. It does not reflect the total number of students disciplined because each student can receive more than one disciplinary action during the school year. Disciplinary actions include in-school suspensions, out-of-school suspensions, and alternative program placements. Data are for the 2004-2005 school year.

### SIGNIFICANCE

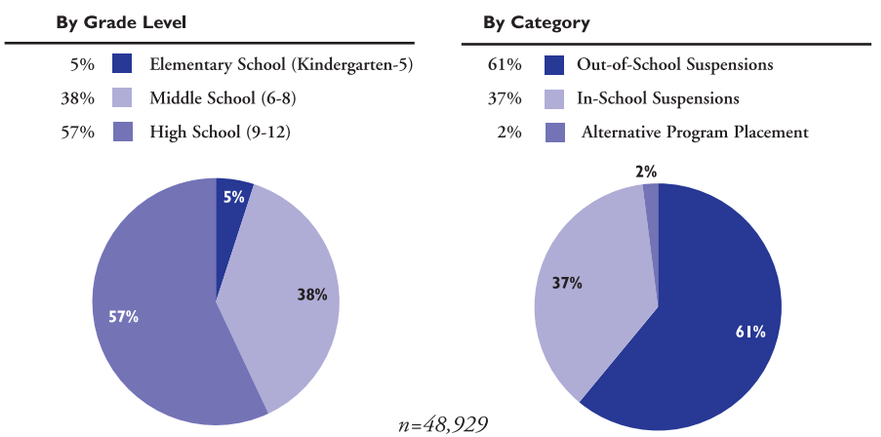
Effective school disciplinary practices ensure the safety and dignity of students and educators, preserve the integrity of the learning environment, and address the causes of student misbehavior in order to encourage positive behavior and improve long-term outcomes.[1] Out-of-school suspension is one of the most widely used disciplinary techniques, both nationally and in Rhode Island. Suspension may be used for relatively minor offenses, such as attendance infractions and disrespect, as well as for the most serious and dangerous offenses, such as drug-related offenses, weapon possession and assault.[2,3]

Research has called into question the effectiveness and long-term outcomes of excluding students from school. Suspension often does not deter students from repeating negative behaviors. Studies show that up to 40% of school suspensions are for repeat offenders and that, for at-risk students, suspension is a predictor of further suspension.[4] Suspended students are also more likely to have poor academic performance and to drop out of school.[5,6] The psychological and behavioral consequences of exclusion from school include the student's further disempowerment and alienation from peers and teachers.[7,8]

During the 2004-2005 school year in Rhode Island, 48,929 disciplinary actions were attributed to 18,319 students.[9] The total number of disciplinary actions is more than twice the number of students disciplined because some students were disciplined multiple times.

Low-income and minority students are at increased risk for school suspension and for disproportionately severe disciplinary action in response to relatively minor offenses.[10,11] In Rhode Island in the 2004-2005 school year, 52% of disciplinary actions were to students in the core cities. Of the 18,319 students disciplined, 51% (9,312) were students in the core cities.[12] Of all disciplinary actions, 16,880 (34%) were attributed to 5,536 students enrolled in special education, accounting for 30% of the students disciplined.[13]

**Disciplinary Actions, Rhode Island Schools, 2004-2005**




**Disciplinary Actions, Rhode Island Public Schools, 2004-2005**

| By Type of Infraction | # | % | By Type of Infraction | # | % |
|---|---|---|---|---|---|
| Attendance Offenses | 17,130 | 35% | Assault | 1,950 | 4% |
| Disorderly Conduct | 8,497 | 17% | Harassment/Intimidation/Threat | 1,757 | 4% |
| Insubordination/Disrespect | 7,035 | 14% | Alcohol/Drug/Tobacco Offenses | 1,006 | 2% |
| Other Offenses* | 4,401 | 9% | Arson/Larceny/Theft/Vandalism | 804 | 2% |
| Fighting | 3,345 | 7% | Weapon Possession | 333 | 1% |
| Obscene/Abusive Language | 2,671 | 5% | *Total* | *48,929* | *100%* |

**Examples of other offenses include forgery, trespassing and communication/electronic devices, etc.*

Source: Rhode Island Department of Elementary and Secondary Education, 2004-2005 school year.

◆ Students who are suspended are more likely to have a history of poor behavior, academic achievement below grade level, grade repetition, mobility between schools, and attendance at schools with high rates of suspension.[14]

◆ In Rhode Island in 2004-2005, 12% of the student population was suspended at least once.[15]

*Table 42.* **Disciplinary Actions, Rhode Island School Districts, 2004-2005**

| SCHOOL DISTRICT | TOTAL # OF STUDENTS ENROLLED | TYPE OF DISCIPLINARY ACTION: SUSPENDED OUT-OF-SCHOOL | SUSPENDED IN-SCHOOL | ALTERNATE PROGRAM PLACEMENT | TOTAL DISCIPLINARY ACTIONS | ACTIONS PER 100 STUDENTS |
|---|---|---|---|---|---|---|
| Barrington | 3,325 | 80 | 24 | 0 | 104 | 3 |
| Bristol Warren | 3,554 | 493 | 1,232 | 0 | 1,725 | 49 |
| Burrillville | 2,478 | 280 | 685 | 0 | 965 | 39 |
| Central Falls | 3,551 | 644 | 642 | 0 | 1,286 | 36 |
| Chariho | 3,707 | 314 | 0 | 0 | 314 | 8 |
| Coventry | 5,591 | 593 | 6 | 35 | 634 | 11 |
| Cranston | 10,701 | 2,618 | 0 | 0 | 2,618 | 24 |
| Cumberland | 5,134 | 665 | 827 | 0 | 1,492 | 29 |
| East Greenwich | 2,409 | 95 | 20 | 0 | 115 | 5 |
| East Providence | 5,829 | 770 | 1 | 0 | 771 | 13 |
| Exeter-West Greenwich | 2,070 | 302 | 0 | 0 | 302 | 15 |
| Foster | 310 | 0 | 0 | 0 | 0 | 0 |
| Foster-Glocester | 1,690 | 520 | 0 | 0 | 520 | 31 |
| Glocester | 717 | 9 | 0 | 0 | 9 | 1 |
| Jamestown | 498 | 11 | 35 | 0 | 46 | 9 |
| Johnston | 3,265 | 739 | 1,718 | 1 | 2,458 | 75 |
| Lincoln | 3,341 | 364 | 139 | 555 | 1,058 | 32 |
| Little Compton | 304 | 0 | 0 | 0 | 0 | 0 |
| Middletown | 2,505 | 429 | 127 | 0 | 556 | 22 |
| Narragansett | 1,619 | 115 | 201 | 0 | 316 | 20 |
| New Shoreham | 136 | 0 | 0 | 0 | 0 | 0 |
| Newport | 2,525 | 1,143 | 749 | 0 | 1,892 | 75 |
| North Kingstown | 4,533 | 493 | 46 | 1 | 540 | 12 |
| North Providence | 3,359 | 542 | 731 | 0 | 1,273 | 38 |
| North Smithfield | 1,821 | 223 | 0 | 0 | 223 | 12 |
| Pawtucket | 9,113 | 1,518 | 865 | 0 | 2,383 | 26 |
| Portsmouth | 2,888 | 4 | 15 | 33 | 52 | 2 |
| Providence | 26,337 | 9,051 | 3,104 | 0 | 12,155 | 46 |
| Scituate | 1,748 | 112 | 2 | 0 | 114 | 7 |
| Smithfield | 2,574 | 247 | 0 | 2 | 249 | 10 |
| South Kingstown | 3,898 | 741 | 10 | 0 | 751 | 19 |
| Tiverton | 2,093 | 357 | 1,082 | 11 | 1,450 | 69 |
| Warwick | 11,418 | 2,102 | 2,062 | 0 | 4,164 | 36 |
| West Warwick | 3,651 | 1,065 | 1,206 | 344 | 2,615 | 72 |
| Westerly | 3,591 | 368 | 0 | 0 | 368 | 10 |
| Woonsocket | 6,590 | 2,539 | 2,394 | 3 | 4,936 | 75 |
| *Charter Schools* | *1,293* | *145* | *14* | *0* | *159* | *12* |
| *State-Operated* | *1,398* | *190* | *19* | *2* | *211* | *15* |
| *UCAP* | *137* | *66* | *27* | *12* | *105* | *77* |
| *Core Cities* | *51,766* | *15,960* | *8,960* | *347* | *25,267* | *49* |
| *Remainder of State* | *97,112* | *13,586* | *8,963* | *638* | *23,187* | *24* |
| *Rhode Island* | *151,706* | *29,947* | *17,983* | *999* | *48,929* | *32* |

* Total number of suspensions includes two suspension to two students enrolled in pre-kindergarten

### Notes to Table

The suspension rate per 100 students is based on the total disciplinary actions for the school district at all grade levels divided by the "average daily membership," as of June 2005.

Total disciplinary actions is the number of incidents resulting in suspension - either in-school or out-of-school, or placement of the student in an alternate program. The rate does not signify the number of students out of every 100 disciplined, but the number of disciplinary actions assigned per 100 students.

The type of infraction resulting in disciplinary action varies according to school district policy. The type of disciplinary action used for each type of infraction also varies according to school district policy.

State-Operated schools include the Metropolitan Career Technical Center, Rhode Island School for the Deaf and William M. Davies Career Technical High. Charter schools include: Beacon Charter School, Blackstone Academy, CVS Highlander, International Charter, Paul Cuffee Charter School.

### Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2004-2005 school year.

The denominator (number of students in kindergarten through 12th grade) is the "average daily membership" as calculated by the RI Department of Elementary and Secondary Education.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket.

### References

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*(continued on page 149)*

# High School Graduation Rate

### DEFINITION

*High school graduation rate* is the number of 2005 graduates divided by the estimated size of the twelfth grade class if no students had dropped out.

### SIGNIFICANCE

High school graduation is the minimum requisite for college and most employment. The path to high school graduation begins early; research indicates that children who attend quality preschool programs are more likely to graduate from high school.[1]

Several factors contribute to a student's decision to leave school. Repeating one or more grades, ongoing patterns of absenteeism, suspensions, poor grades, and poor achievement on tests are linked to dropping out. Youth who move are more likely to drop out than those with stable housing.[2] Student achievement and graduation rates can be improved when schools have high expectations for all students and teachers, provide opportunities for youth to form close relationships with mentoring adults, use innovative and creative curricula and teaching methods, and encourage partnerships between parents, communities and schools.[3]

Students can benefit from access to a broad range of community supports that address academic issues, health problems, nutrition, neighborhood violence, conflicts at home and other factors that can disrupt school performance.[4] Nationally, low-income students are six times more likely to drop out than high-income students.[5]

Young adults who drop out of school are three times more likely to be unemployed or earn lower wages than those with a high school degree.[6] In Rhode Island in 2004, adults without a high school diploma earned a median income of $21,562 compared to $28,819 for people with a high school degree or equivalent.[7]

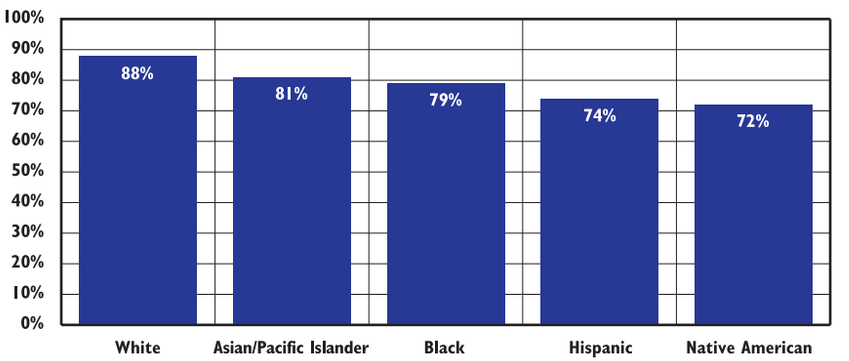
**Percent of Teens Who are High School Dropouts, Ages 16-19**

| | 2000 | 2004 |
|---|---|---|
| RI | 10% | 9% |
| US | 11% | 8% |
| National Rank* | | *37th* |
| New England Rank** | | *6th* |

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: *KIDS COUNT DATA BOOK: State Profiles of Child Well-Being 2005.* (2005). Baltimore, MD: The Annie E. Casey Foundation.

**High School Graduation Rates in Rhode Island by Race, 2004-2005**




Source: Rhode Island Department of Elementary and Secondary Education, 2004-2005.

◆ In 2005, in Rhode Island, 85% of all students graduated from high school, including, 88% of White students, 81% of Asian Pacific Islander students, 79% of Black students, 74% of Hispanic students and 72% of Native American students.[8]

### High School Graduation Rates for Youth with Disabilities

◆ Although nationally the graduation rate of students with disabilities has increased steadily, students with disabilities achieve at significantly lower levels and are twice as likely to dropout of school than their non-disabled peers.[9]

◆ Nationally, the graduation rate of minority students with disabilities is lower than the graduation rate of non-disabled minority students.[10]

◆ In Rhode Island, the high school graduation rate in 2004-2005 for students with disabilities was 73%, compared to 85% for all students.[11,12]

◆ Some approaches to increase the high school graduation rate of students with disabilities include high-quality vocational training, monitoring student behavior, building relationships with caring adults and other students and teaching problem solving skills.[13]

*Table 43.*

## High School Graduation Rate, Rhode Island, 2004-2005

| SCHOOL DISTRICT | COMMUNITY CONTEXT | | | | | | |
|---|---|---|---|---|---|---|---|
| | % CHILDREN IN POVERTY | % ADULTS COMPLETING HIGH SCHOOL | NUMBER OF STUDENTS ENROLLED | % ENGLISH LANGUAGE LEARNERS | % MINORITY ENROLLMENT | % OF STUDENTS TAKING THE SAT | 2004 GRADUATION RATE |
| Barrington | 3% | 92% | 3,415 | <1% | 4% | 87% | 96% |
| Bistol-Warren | 10% | NA | 3,626 | 3% | 4% | 57% | 80% |
| Burrillville | 5% | 80% | 2,537 | <1% | 4% | 51% | 78% |
| Central Falls | 35% | 49% | 3,656 | 26% | 79% | 34% | 63% |
| Chariho | 5% | NA | 3,880 | <1% | 4% | 59% | 89% |
| Coventry | 7% | 83% | 5,766 | <1% | 3% | 58% | 89% |
| Cranston | 8% | 79% | 11,099 | 4% | 20% | 55% | 88% |
| Cumberland | 3% | 81% | 5,299 | 2% | 7% | 63% | 93% |
| East Greenwich | 4% | 93% | 2,465 | 1% | 7% | 87% | 98% |
| East Providence | 10% | 71% | 6,048 | 3% | 20% | 54% | 84% |
| Exeter-W. Greenwich | 4% | NA | 2,161 | <1% | 4% | 56% | 96% |
| Foster | 8% | 88% | 332 | 0% | 5% | NA | NA |
| Foster-Glocester | 5% | NA | 1,683 | 0% | 2% | 59% | 95% |
| Glocester | 9% | 87% | 760 | 0% | 4% | NA | NA |
| Jamestown | 3% | 93% | 523 | 2% | 4% | NA | NA |
| Johnston | 9% | 78% | 3,268 | 1% | 11% | 54% | 87% |
| Lincoln | 7% | 82% | 3,575 | 1% | 7% | 67% | 100% |
| Little Compton | 1% | 91% | 327 | 0% | 0% | NA | NA |
| Middletown | 9% | 90% | 2,566 | <1% | 14% | 62% | 95% |
| Narragansett | 8% | 91% | 1,639 | 1% | 7% | 72% | 89% |
| New Shoreham | 11% | 95% | 140 | 4% | 12% | 63% | 100% |
| Newport | 23% | 87% | 2,608 | 3% | 41% | 61% | 79% |
| North Kingstown | 8% | 92% | 4,714 | 1% | 2% | 76% | 97% |
| North Providence | 9% | 77% | 3,533 | 2% | 17% | 48% | 94% |
| North Smithfield | 2% | 82% | 1,836 | <1% | 2% | 65% | 98% |
| Pawtucket | 21% | 66% | 9,476 | 10% | 52% | 46% | 71% |
| Portsmouth | 3% | 91% | 3,061 | 0% | 6% | 69% | 97% |
| Providence | 36% | 66% | 26,741 | 17% | 86% | 49% | 75% |
| Scituate | 5% | 87% | 1,818 | 0% | 1% | 56% | 87% |
| Smithfield | 5% | 85% | 2,669 | <1% | 2% | 68% | 93% |
| South Kingstown | 5% | 91% | 4,072 | <1% | 12% | 75% | 94% |
| Tiverton | 3% | 80% | 2,177 | 0% | 2% | 67% | 93% |
| Warwick | 8% | 85% | 11,892 | 1% | 8% | 55% | 89% |
| West Warwick | 17% | 76% | 3,790 | 2% | 14% | 40% | 66% |
| Westerly | 9% | 82% | 3,623 | 2% | 10% | 56% | 91% |
| Woonsocket | 27% | 64% | 6,821 | 5% | 38% | 35% | 70% |
| *Charter Schools* | *NA* | *NA* | *1,314* | *13%* | *66%* | *0%* | *NA* |
| *State Operated* | *NA* | *NA* | *1,449* | *3%* | *53%* | *0%* | *NA* |
| *UCAP* | *NA* | *NA* | *139* | *NA* | *86%* | *NA* | *NA* |
| *Core Cities* | *30%* | *NA* | *53,092* | *13%* | *66%* | *46%* | *72%* |
| *Remainder of State* | *7%* | *NA* | *100,504* | *1%* | *9%* | *62%* | *91%* |
| *Rhode Island* | *15%* | *78%* | *156,498* | *5%* | *29%* | *56%* | *85%* |

### Source of Data for Table/Methodology

% children in poverty is from the U.S. Bureau of the Census, Small Area Income and Population Estimates, Children Ages 5-17, 2001. % of adults completing high school or higher is from Census 2000. All other data are from the Rhode Island Department of Elementary and Secondary Education, 2004-2005 school year.

The denominator for the indicator is the sum of 2005 graduates plus the number of grade 9 dropouts in 2001-02 plus the number of grade 10 dropouts in 2002-03 plus grade 11 dropouts in 2003-04 plus grade 12 dropouts in 2004-05.

NA: Community has a regional high school.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

### References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[3,6] *KIDS COUNT data book: State profiles of child well-being, 2004.* (2004). Baltimore, MD: The Annie E. Casey Foundation.

[5] Kaufman, P., Alt, M.N., & Chapman, C. (2004). *Dropout rates in the United States: 2001.* (NCES 2005-046). U.S. Department of Education. National Center for Education Statistics. Washington, DC: U.S. Government Printing Office.

[7] U.S. Bureau of the Census, American Community Survey, 2004, Supplementary Survey Table B20004.

[8,11] Rhode Island Department of Elementary and Secondary Education, 2004-2005 school year.

[9,10,13] *Twenty-five years of educating children with disabilities: The good news and the work ahead* (2001). Washington, DC: American Youth Policy Forum and Center on Education Policy

[12] *2005 Annual performance report: Improving results for children with disabilities* (2005). Retrieved February 14, 2006 from Rhode Island Department of Elementary and Secondary Education, Office of Special Needs Website: www.ridoe.net/Special_needs/Default.htm

# Teens Not in School and Not Working

### DEFINITION

*Teens not in school and not working* is the percentage of teens ages 16 to 19 who are not enrolled in school, not in the Armed Forces, and not employed. This indicator includes recent high school graduates who are unemployed and teens who have dropped out of high school and are jobless.

### SIGNIFICANCE

Improving educational and employment opportunities is especially important for disadvantaged and minority youth in urban settings.[1] Youth living in economically disadvantaged families are six times more likely to drop out of high school than their more affluent peers.[2] Caring parent-child interactions, positive peer influences, and support from siblings, teachers and mentors can greatly influence a teen's choices and attitudes.[3] Mentoring can have a particularly beneficial impact on an adolescent's development. Mentored youth are likely to have fewer absences from school, better attitudes towards school, less drug and alcohol use, and improved relationships with their parents.[4]

Dropping out of school and not becoming part of the workforce places teens at a significant disadvantage as they transition from adolescence to adulthood. These adolescents have a difficult time getting connected to the job market as young adults and have a less stable employment history than their peers who stayed in school or secured jobs.[5] Unemployed and undereducated youth are at risk for earning low wages, being imprisoned, living in under-resourced neighborhoods, and are at an increased risk of needing public assistance as adults.[6,7]

In 2004, 9% of Rhode Island teens ages 16 to 19 were neither in school nor working, a 29% increase from 7% of youth in 2000. This represents an increase of more than 900 young adults that were disconnected from school systems and/or the labor market.[8,9]

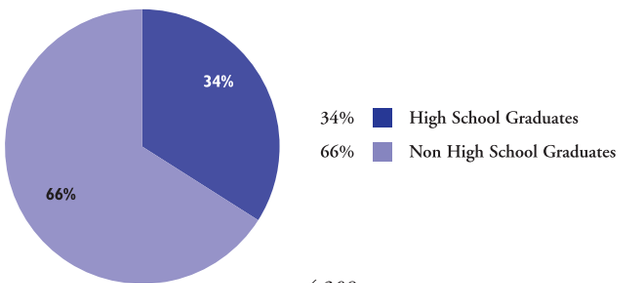
**Teens Not in School and Not Working 1990 and 2000**

| | 2000 | 2004 |
|---|---|---|
| RI | 7% | 9% |
| US | 9% | 9% |
| National Rank* | | *27th* |
| New England Rank** | | *5th* |

**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: U.S. Bureau of the Census, American Community Survey, 2000, Supplementary Survey Table PCT036 and American Community Survey 2004, Table B14005. Tied with Massachusetts.

**Rhode Island Teens Ages 16-19 Not in School and Not Working by Education, 2004**




*n= 4,308*

◆ In 2004, there were 4,308 youth ages 16-19 not in school and not working in Rhode Island. Two-thirds of these youth had not graduated from high school.

◆ In 2004, females represented 53% of the youth not in school and not working, while males accounted for 47% of the population.

Source: U.S. Bureau of the Census, American Community Survey, 2004. Table B14005. May include some youth who are in the Armed Forces.

### America's Disconnected Youth

◆ Black, non-Hispanic and Hispanic youth are more likely than White, non-Hispanic youth to be not in school and not working. In 2004, 12% of Hispanic youth and 10% of Black youth were not in school and not working compared to 6% of White youth.[10]

◆ Research shows that youth employed while in school, particularly Black, Hispanic and economically disadvantaged youths, are less likely to drop out of high school than youth who do not work during their high school years.[11]

# Teens Not in School and Not Working

*Table 44.* **Teens Not in School and Not Working, Ages 16-19, Rhode Island, 2000**

| CITY/TOWN | TOTAL NUMBER OF TEENS AGES 16-19 | JOBLESS HIGH SCHOOL GRADUATES | JOBLESS NON-HIGH SCHOOL GRADUATES | TOTAL NUMBER OF JOBLESS TEENS | % OF TEENS WHO ARE JOBLESS |
|---|---|---|---|---|---|
| Barrington | 816 | 7 | 11 | 18 | 2.2% |
| Bristol | 1,701 | 0 | 23 | 23 | 1.4% |
| Burrillville | 980 | 3 | 14 | 17 | 1.7% |
| Central Falls | 1,082 | 66 | 112 | 178 | 16.5% |
| Charlestown | 320 | 0 | 0 | 0 | 0.0% |
| Coventry | 1,632 | 9 | 50 | 59 | 3.6% |
| Cranston | 4,233 | 304 | 329 | 633 | 15.0% |
| Cumberland | 1,449 | 67 | 28 | 95 | 6.6% |
| East Greenwich | 636 | 0 | 0 | 0 | 0.0% |
| East Providence | 2,068 | 75 | 55 | 130 | 6.3% |
| Exeter | 251 | 5 | 0 | 5 | 2.0% |
| Foster | 232 | 0 | 0 | 0 | 0.0% |
| Glocester | 551 | 5 | 10 | 15 | 2.7% |
| Hopkinton | 402 | 4 | 16 | 20 | 5.0% |
| Jamestown | 267 | 0 | 5 | 5 | 1.9% |
| Johnston | 1,080 | 33 | 17 | 50 | 4.6% |
| Lincoln | 974 | 0 | 26 | 26 | 2.7% |
| Little Compton | 175 | 0 | 16 | 16 | 9.1% |
| Middletown | 713 | 37 | 18 | 55 | 7.7% |
| Narragansett | 739 | 9 | 12 | 21 | 2.8% |
| New Shoreham | 26 | 0 | 0 | 0 | 0.0% |
| Newport | 1,740 | 31 | 100 | 131 | 7.5% |
| North Kingstown | 1,159 | 13 | 0 | 13 | 1.1% |
| North Providence | 1,262 | 22 | 38 | 60 | 4.8% |
| North Smithfield | 494 | 0 | 0 | 0 | 0.0% |
| Pawtucket | 3,684 | 203 | 292 | 495 | 13.4% |
| Portsmouth | 736 | 0 | 12 | 12 | 1.6% |
| Providence | 15,673 | 420 | 1,138 | 1,558 | 9.9% |
| Richmond | 326 | 16 | 0 | 16 | 4.9% |
| Scituate | 604 | 44 | 17 | 61 | 10.1% |
| Smithfield | 1,904 | 11 | 11 | 22 | 1.2% |
| South Kingstown | 3,532 | 8 | 11 | 19 | 0.5% |
| Tiverton | 769 | 23 | 22 | 45 | 5.9% |
| Warren | 507 | 33 | 33 | 66 | 13.0% |
| Warwick | 3,843 | 60 | 130 | 190 | 4.9% |
| West Greenwich | 300 | 0 | 0 | 0 | 0.0% |
| West Warwick | 1,341 | 47 | 73 | 120 | 8.9% |
| Westerly | 1,029 | 24 | 23 | 47 | 4.6% |
| Woonsocket | 2,179 | 75 | 181 | 256 | 11.7% |
| *Core Cities* | *25,699* | *842* | *1,896* | *2,738* | *10.7%* |
| *Remainder of State* | *35,710* | *812* | *927* | *1,739* | *4.9%* |
| *Rhode Island* | *61,409* | *1,654* | *2,823* | *4,477* | *7.3%* |

### Sources of Data for Table/Methodology

U.S. Bureau of the Census, Census 2000.

Core Cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

The denominator is the number of teens ages 16 to 19 according to the Census 2000.

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# Methodology and Acknowledgements

# Methodology

The *2006 Rhode Island KIDS COUNT Factbook* examines 60 indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety and Education. The information on each indicator is organized as follows:

- ***Definition:*** A description of the indicator and what it measures.
- ***Significance:*** The relationship of the indicator to child and family well-being.
- ***Sidebars:*** Current state and national data and information related to the indicator.
- ***National Rank and New England Rank:*** For those indicators that are included in the Annie E. Casey Foundation's KIDS COUNT publications, the Factbook highlights Rhode Island's rank among the 50 states, as well as trends since 1996. The New England Rank highlights Rhode Island's rank among the 6 New England states – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. Data are from the *KIDS COUNT Data Book, State Profiles of Child Well-Being 2005,* unless otherwise noted. Data from this publication comes from different data sources depending on the indicator.
- ***City/Town Tables:*** Data presented for each of Rhode Island's cities and towns, the state as a whole and the core cities.
- ***Core Cities Data:*** Six core cities are identified as Rhode Island communities in which more than 15% of the children live below the poverty threshold according to the 2000 Census. They include: Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.
- ***Most Recent Available Data:*** The 2006 Factbook uses the most current, reliable data available for each indicator.
- ***New Indicators:*** One new indicator has been added to the 59 indicators included in the *2005 Rhode Island KIDS COUNT Factbook:* "Infants Born at Highest Risk"

### Numbers

The most direct measure of the scope of a problem is the count of the number of events of concern during a specified time period - e.g., the number of child deaths between 2000 and 2004. Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to compare the severity of the problem from one geographic area to another or to compare the extent of the problem in your state with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born with low birthweight.

### Rates and Percentages

A rate is a measure of the frequency of an event - e.g., out of every 1,000 live births, how many infants will be breastfed. A percentage is another measure of frequency - e.g., out of every 100 births, how many will be born low birthweight. Rates and percentages take into account the total population of children eligible for an event. They are useful in comparing the severity of the problem from one geographic area to another, to compare with state or national standards or to look at trends over time.

### Sources of Data and Methodology for Calculating Rates and Percentages

For each indicator, the source of information for the actual number of events of interest (the "numerator") are identified within the Source of Data/Methodology section next to the table for that indicator. For each indicator that uses a rate or a percent, the methodology used to estimate the total number of children eligible for the indicator of interest (i.e., the "denominator") is also noted within the Source of Data/Methodology section. Rates and percentages were not calculated for cities and towns with small denominators (less than 500 for delayed prenatal care, low birthweight infants, and infant mortality rates and less than 100 for births to teens). Rates and percentages for small denominators are statistically unreliable. "NA" is noted in the indicator table when this occurs. In the indicator for child deaths and teen deaths, the indicator events are rare; in these instances, city and town rates are not calculated, as small numbers make these rates statistically unreliable.

### Census Data

General information on state population is taken from four sources: Census 2000, the Current Population Survey, Population Estimates and the American Community Survey. In all city/town tables that require population statistics, data is from Census 2000 as is stated in Source sections. Throughout the text portions of each indicator, all three sources are used and the relevant citation provides clarification on which source data come from. In instances where Census 2000 data is used in a denominator, caution should be taken when comparing new rates with those for past years as the population numbers have changed. Finally, because of improved accuracy of the Current Population Survey, three-year averages

have replaced the five-year averages used in previous Factbooks. Whenever possible, Census data are updated to 2004 using the American Community Survey conducted by the U.S. Bureau of the Census.

### State Run and Charter Schools

The state run schools and charter schools included in each table are listed in the Source/Methodology Section next to the table. Charter schools include only independently-run charter schools and not those affiliated with a district. Textron/Chamber of Commerce Academy, Times2 Academy and the New England Laborers'/Cranston Public Schools Construction Career Academy are all district-affiliated charter schools, and consequently their data are reported within district categories instead of the charter school category.

The Urban Collaborative Accelerated Program is listed separately when data are available. RITS is the Rhode Island Training School for Youth, Rhode Island's state owned and operated juvenile correctional facility.

### Methodology for Childhood Immunizations

Due to continual updates and revisions of the required immunizations series for children by the Advisory Committee on Immunization Practices (ACIP), caution should be used when comparing reported data between *Factbooks* of different years. Childhood immunizations is the percentage of children ages 19 months-35 months who received the entire 4:3:1:3:3:1 series in 2004. In 2003 the required series was 4:3:1:3:3 and in 1995 it was 4:3:1.

### Methodology for Children with Asthma

Data in the *2005* and *2006 Factbooks* cannot be compared with previous Factbooks. Previously, asthma hospitalization data included only those cases in which asthma was the primary cause of hospitalization. Data for 1999-2004 include cases in which asthma was listed as the primary or other cause of hospitalization.

### Methodology for Fourth Grade Reading Skills

As of 2000, the manner in which reading scores are calculated changed. In the past, a student was counted as a test taker only if they actually took the test and completed enough of it for a score to be calculated. As of 1999-2000, all students eligible to take the test are counted, whether or not they take the test or score. All students are eligible unless their IEP specifically exempts them or unless they are Beginning English Language Learners. As a result, overall proficiency rates, as reported here, are lower than they were under the previous system of scoring. For instance, in 1999, under the previous system of scoring, 84% of fourth graders were proficient in basic understanding and 69% in interpretation and analysis.

### Methodology for English Language Learners

Due to a change in methodology, English Language Learners (ELL) cannot be compared with Factbooks previous to 2004. The percentage of ELL is based on the total number of public school children receiving English as a Second Language or Bilingual Education services divided by the "average daily membership," as of June 2005. Using "average daily membership" in the denominator accounts for the mobility of students throughout the course of the academic year.

### Methodology for High Performing Schools

Rhode Island's public school accountability plan specifies a timeline for bringing all students to proficiency by the year 2014. Students are tested in *English Language Arts* and *Mathematics* in grades 3 through 8 plus a high school grade. Schools and districts are classified based on student scores on these tests and test participation rates either over the past 3 years or in the most recent year, whichever is higher. The state has set five equal intermediate goals from the baseline year (2002) to the year 2014 when all schools are expected to meet the goal of 100% proficiency. The first incremental step up in target scores went into effect in 2005. The next is scheduled for 2008.

Schools are measured by the performance of all students on the *English Language Arts* and *Mathematics* tests in the aggregate and by specific disaggregated groups: race/ethnicity (Asian, Black, Hispanic, Native American, White), economic disadvantage (school lunch status), special needs (IEP), and limited English proficiency. There must be at least 45 students within each disaggregated group across a 3 year span in order to use the data for school classification. Other factors which influence school classification include test participation rate (target: 95%) and meeting target attendance (for elementary and middle schools) or graduation (for high schools) rates.

If a school has met all targets for all groups and its graduation/attendance rate and its scores for the school as a whole are above the target goals for the year 2011, the school is classified as *high performing*. Schools that have met all targets for the current year are classified as *moderately performing*. Schools that fail to meet targets for the current year are classified as *in need of improvement*. A school that meets its aggregate targets and misses other targets may meet the

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# Methodology

criteria for being classified as high performing or moderately performing but with an added notation of "with caution" or "safe harbor."

A school that makes significant progress in closing achievement gaps (defined as decreasing the gap between an index score of 100 and its previous year's score by at least 10%) even if it doesn't meet current year targets qualifies for the "safe harbor provision" and avoids the *in need of improvement* classification. If a high performing or moderately performing school misses only one target or misses both *English Language Arts and Mathematics* targets for only one student group, it is given a "with caution" status for one year only rather than moved down in classification. Other schools are classified as "improving," "sustaining" or "making insufficient progress" based on their scores relative to previous years.

### Methodology for School Attendance

Due to a change in methodology, School Attendance Rates cannot be compared with Factbooks previous to 2004. The attendance rates are based on the "average daily attendance" divided by the "average daily membership," as of June 2005. Using "average daily membership" in the denominator is a more accurate reflection of the mobility of students throughout the course of the academic year.

### Methodology for Suspensions

Due to a change in methodology, Suspensions cannot be compared with Factbooks previous to 2004. The suspension rate per 100 students is based on the total disciplinary actions for the school district at all grade levels divided by the "average daily membership," as of June 2005. Using "average daily membership" in the denominator is a more accurate reflection of the mobility of students throughout the course of the academic year.

### Methodology for High School Graduation

Due to a change in methodology, High School Graduation Rates in this Factbook cannot be compared with Factbooks previous to 2004. The Rhode Island Department of Elementary and Secondary Education had changed its method for calculating graduation rates to conform to the National Center for Education Statistics definition. The High School Graduation rate is the sum of 2005 graduates plus the number of grade 9 dropouts in 2000-01 plus the number of grade 10 dropouts in 2001-02 plus grade 11 dropouts in 2002-03 plus grade 12 dropouts in 2003-04.

### Limitations of the Data

In any data collection process there are always concerns about the accuracy and completeness of the data being collected. All data used in the 60 indicators were collected through routine data collection systems operated by different federal and state agencies. We do not have estimates of the completeness of reporting to these systems.

### Family Income Levels Based on the Federal Poverty Measures

The poverty thresholds are the original version of the federal poverty measure. They are updated each year by the Census Bureau. The thresholds are used mainly for statistical purposes — for instance, estimating the number of children in Rhode Island living in poor families. The poverty threshold is adjusted upward based on family size and whether or not household members are children, adults or 65 years and over. The 2005 federal poverty threshold for a family of three with two children is $15,735 and $19,806 for a family of four with two children.

The poverty guidelines are the other version of the federal poverty measure. They are issued each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for use for administrative purposes such as determining financial eligibility for certain federal programs. Often, government assistance programs, including many of those administered by Rhode Island use the federal poverty guidelines to determine income eligibility. The figures are adjusted upward for larger family sizes.

### Family Income Levels Based on the Federal Poverty Guidelines

| 2006 Federal Poverty Guidelines | Annual Income Family of Three | Annual Income Family of Four |
|---|---|---|
| 50% | $8,300 | $10,000 |
| 100% | $16,600 | $20,000 |
| 130% | $21,580 | $26,000 |
| 185% | $30,710 | $37,000 |
| 200% | $33,200 | $40,000 |
| 225% | $37,350 | $45,000 |
| 250% | $41,500 | $50,000 |

Source: U.S. Department of Health and Human Services. (2006). 2006 Federal Poverty Guidelines. *Federal Register*, 71(15), 3848-3849.

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[14,15] Rhode Island Housing and Mortgage Finance Corporation, 2005.

[16] New England Gas, 2005, and Narragansett Electric, 2005. This number does not include those that heat with oil and consequently underestimates the number of individuals who went into the heating season without adequate resources to heat their homes.

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