2011 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. Rhode Island KIDS COUNT appreciates the generous support of The Rhode Island Foundation, United Way of Rhode Island, The Annie E. Casey Foundation, Prince Charitable Trusts, Hasbro Children's Fund, CVS Caremark, David and Lucile Packard Foundation, Nellie Mae Education Foundation, The Pew Charitable Trusts, Birth to Five Policy Alliance, Voices for America's Children, America's Promise Alliance, Neighborhood Health Plan of Rhode Island, Blue Cross & Blue Shield of Rhode Island, UnitedHealthcare, Citizens Bank Foundation, and Amica Companies 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 *2011 Rhode Island Kids Count Factbook* are available for $20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the *2011 Factbook*, please contact:

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Overview

This Place

by Eloise Greenfield

There is this place I know
where children go to find
their deepest feelings
they look behind the trees
for hiding wants and angers
bashful joys
this place is quiet
no shouts may enter
no rolling laughter
but only silent tears
to carry the feelings
forward in waves
that wash the children
whole

The *2011 Rhode Island Kids Count Factbook* is the seventeenth 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 *2011 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 15% or more 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 *2011 Rhode Island Kids Count Factbook* examines sixty-seven 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 *2011 Rhode Island Kids Count Factbook* reflects these interrelationships and builds a framework to guide policy, programs and individual service on behalf of children.

Family Economic Security

Children most at risk of not achieving their full potential are children in poverty. Rhode Island's child poverty rate was 16.9% in 2009. There were 38,604 Rhode Island children living in families with incomes below the federal poverty threshold between 2007 and 2009. Many families with incomes above the poverty level also have a difficult time meeting the high costs of housing, utilities, food, child care and health care. Child care subsidies, health insurance, affordable housing and tax policies that support working families are important tools to ensure the economic well-being of Rhode Island families and to improve child outcomes.

Early Investments Count

Improving outcomes for children of all ages requires investments in young children and their families. Yet, most resources are directed toward crisis intervention after children, youth, families and communities are already in trouble. Many of the difficult and costly problems faced by adolescents can be prevented by providing children with a better start in life. Access to health insurance, quality health care, home visiting for high-risk families and high-quality child care, Head Start and pre-kindergarten programs are critical public policy investments that have proven impacts on the long-term educational achievement and healthy development of children and youth.

Educational Attainment for All Children

Improving student achievement and high school graduation rates in Rhode Island will require focused leadership to ensure that all young children have access to the high quality early learning experiences, health care and developmental services needed for school readiness. Schools and community leaders can implement comprehensive, evidence-based strategies from birth through third grade that lead to proficiency in reading and math, maintain high academic standards across the curriculum at all grades, and ensure that all youth graduate from high school with the skills they need to succeed in college and the workforce. Research shows that disparities in student achievement can be closed when all children – regardless of race, ethnicity, family or community income level – attend schools with rigorous academic standards, effective teachers and high expectations for all students.

Family and Community

Ring Around the World

by Annette Wynne

Ring around the world
Taking hands together
All across the temperate
And the torrid weather.
Past the royal palm-trees
By the ocean sand
Make a ring around the world
Taking each other's hand;
In the valleys, on the hill,
Over the prairie spaces,
There's a ring around the world
Made of children's friendly faces.

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

According to the American Community Survey conducted by the U.S. Census Bureau, there were 1,053,209 Rhode Island residents in 2009. Children under age 18 made up 22% (226,763) of the Rhode Island population, a decrease of 9% from 2000.[1,2] Between 2007 and 2009, there were 124,491 households with children under age 18 in Rhode Island, representing almost one-third (31%) of all households.[3] Twenty-six percent of Rhode Island children were under age five, 27% were ages five to nine, 28% were ages 10 to 14, and 18% were ages 15 to 17.[4]

In Rhode Island between 2007 and 2009, 141,866 (62%) children under age 18 lived in a married-couple household with their parents, 68,360 (30%) children lived in a single-parent household, and 15,160 (7%) children lived with relatives, including grandparents and other relatives. A total of 3,528 (2%) children lived with a foster family or other non-relative head of household. There were 819 (less than 1%) children and youth under age 18 who lived in group quarters and 112 (less than 1%) youth who were householders, spouses or unmarried partners.[5]

Since 2000, the number of Rhode Island children under age 18 living in a two-parent household decreased by 9%, while the number of children under age 18 living with a grandparent or other relative increased by 15%. The number of children under age 18 living in single-parent households has increased by 2% since 2000.[6,7]

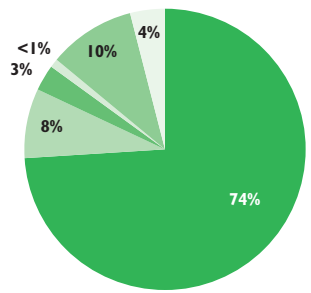
Rhode Island's children are diverse in race, ethnic background, language and country of origin. Between 2007 and 2009, there were 8,757 foreign-born children under age 18 living in Rhode Island, representing 4% of the child population.[8] Of all Rhode Island children ages five to 17, 78% speak only English at home, 15% speak Spanish, 5% speak other Indo-European languages, 2% speak an Asian or other Pacific Island language and less than 1% speak some other language at home.[9]

Sexual identity is another important facet of diversity among youth. According to the *2009 Youth Risk Behavior Survey*, 6.4% of Rhode Island high school students described themselves as lesbian, gay or bisexual. This does not include students who responded "not sure" when asked about their sexual identity.[10]

Rhode Island Children Under Age 18, 2007-2009

By Race/Ethnicity*

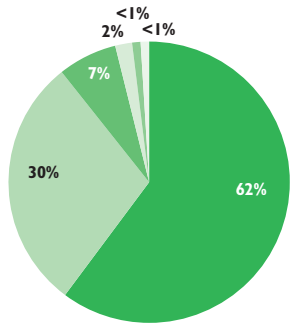
74%	White
8%	Black
3%	Asian
<1%	American Indian and Alaska Native
10%	Some Other Race
4%	Two or More Races



n= 229,845

By Family Structure

62%	Married Couple**
30%	Single Parent**
7%	Other Relatives
2%	Foster Family or Other Unrelated Household
<1%	Group Quarters
<1%	Child is Head of Household



n= 229,845

**Hispanic children may be included in any race category. Of Rhode Island's 229,845 children, 44,409 (19%) were Hispanic.*

Source: U.S. Census Bureau, American Community Survey, 2007-2009. B01001, C01001A, C01001B, C01001C, C01001D, C01001F, and C01001G.

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

Source: U.S. Census Bureau, American Community Survey, 2007-2009. Tables B09001, B09002 and B09006.

◆ **Between 2007 and 2009, 65% of children in Rhode Island lived in owner-occupied housing units and 35% lived in renter-occupied units.**[11]

◆ **Of children ages three to 17 enrolled in school in Rhode Island between 2007 and 2009, 83% were enrolled in public schools and 17% were enrolled in private schools.**[12]

◆ **In 2009, 5% of Rhode Island children had at least one specified disability, including either a long-lasting physical condition or difficulty completing educational or daily life tasks.**[13]

Table 1.

Child Population, Rhode Island, 1990 and 2000

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. Census Bureau, American Community Survey, 2009. Table S0201: Rhode Island Selected Population Profile.

[2] U.S. Census Bureau, Census 2000 Summary File 1. Table DP-1: Rhode Island Profile of General Demographic Characteristics.

[3] U.S. Census Bureau, American Community Survey, 2007-2009. Table S1101: Rhode Island Households and Families.

[4] U.S. Census Bureau, American Community Survey, 2007-2009. Table B01001.

[5,6] U.S. Census Bureau, American Community Survey, 2007-2009. Tables B09001, B09002 & B09006.

[7] U.S. Census Bureau, Census 2000 Supplementary Survey. Table P013.

[8] U.S. Census Bureau, American Community Survey, 2007-2009. Table B05003.

[9] U.S. Census Bureau, American Community Survey, 2007-2009, Table B16007.

[10] Rhode Island Department of Health, *2009 Youth Risk Behavior Survey.*

[11,12] U.S. Census Bureau, American Community Survey, 2007-2009. Table S0901: Rhode Island Children Characteristics.

[13] U.S. Census Bureau, American Community Survey, 2009. Table S0901: Rhode Island Children Characteristics.

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 U.S. Census Bureau, there were 210,226 children living with one or more of their parents in Rhode Island between 2007 and 2009. Of these, 33% (68,360) were living with an unmarried parent, an increase from 27% of children in 2000.[1,2]

Children living in single-parent families are more likely to live in poverty than children living in two-parent families. Single-parent families have only one potential wage earner, compared with the two potential wage earners in a two-parent family.[3]

Between 2007 and 2009 in Rhode Island, 79% of children living in poverty were living in single-parent families. Children in single-parent families in Rhode Island were nearly eight times more likely to be living in poverty than those in married-couple families. Between 2007 and 2009 in Rhode Island, 39% of children in single-parent households lived in poverty, compared to 5% of children in married-couple households.[4]

The financial barriers facing many single-parent families explain some of the differences in well-being between the children in single-parent households and those in two-parent households. Children who grow up in single-parent families (whether they were due to divorce or the parents never having been married) are at increased risk for low academic achievement and low levels of social and emotional well-being. As adults, they earn less income and are more likely to have non-marital births (among daughters), be depressed, have discordant marriages and get divorced. Parenting quality is a good predictor of children's well-being, regardless of whether they grow up with one or two parents.[5]

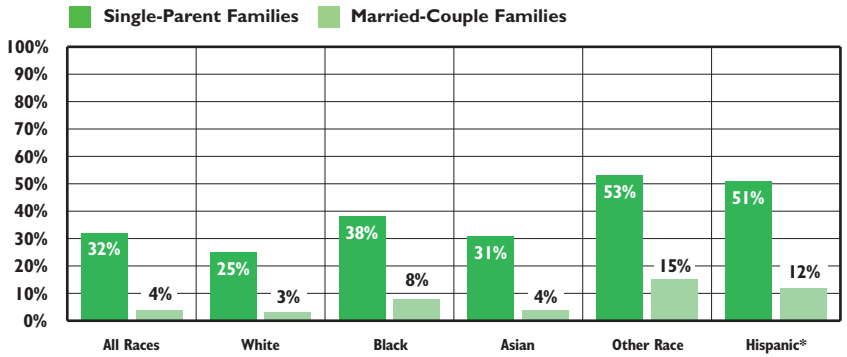
Single-Parent Families

	2000	2009
RI	32%	36%
US	31%	34%
National Rank*		*38th*
New England Rank**		*6th*

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

Source: Annie E. Casey Foundation KIDS COUNT Data Center. (n.d.). *Comparisons by topic: Children in single-parent families, 2000 and 2009.* Retrieved January 24, 2011, from www.kidscount.org/data center

Families With Children Under Age 18 and Income Below the Poverty Threshold by Race & Ethnicity, Rhode Island, 2007-2009



Source: U.S. Census Bureau, American Community Survey, 2007-2009. Tables B17010, B17010A, B17010B, C17010D, C17010F, B17010I. *Hispanics may be in any race category.

◆ **Hispanic single-parent families in Rhode Island are twice as likely as White single-parent families to live in poverty. Hispanic, Other race and Black married-couple families are more likely than White and Asian married-couple families in Rhode Island to live in poverty.[6]**

Economic Well-Being and Family Structure

◆ **Economic status during early childhood can have a profound effect on children's health and development. Stable family structure is strongly correlated with economic well-being. Married-parent families have the highest economic status, followed by cohabiting-parent families and then by single-parent families. Entering marriages or cohabiting relationships (especially with the child's biological father) is associated with increased economic status. Divorces and exits from cohabiting relationships are associated with declines in economic well-being.[7]**

◆ **Approximately one-third (35%) of unmarried parenting couples still live together five years after the child's birth and less than half of them are married at that time.[8]**

◆ **Twenty-eight percent of unmarried women who gave birth in the U.S. between June 2007 and June 2008 lived with a cohabiting partner. This was the first time the U.S. Census Bureau reported on births to women in cohabitating relationships.[9]**

Table 2.

Children's Living Arrangements, Rhode Island, 2000

CITY/TOWN	ALL CHILDREN LIVING IN FAMILY HOUSEHOLDS	NUMBER OF CHILDREN UNDER AGE 18			
		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 Census 2000. 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 also may include others not related to the householder.

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2000.

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

References

[1] U.S. Census Bureau, American Community Survey, 2007-2009. Table B09002.

[2] U.S. Census Bureau, 2000 Supplementary Survey Summary Tables. Table P013.

[3] Thomas, A. & Sawhill, I. (2005). For love and money? The impact of family structure on family income. *The Future of Children: Marriage and Child Wellbeing, 15*(2), 57-74.

[4] U.S. Census Bureau, American Community Survey, 2007-2009. Table B17006.

[5] Amato, P. R. (2005). The impact of family formation change on the cognitive, social, and emotional well-being of the next generation. *The Future of Children: Marriage and Child Wellbeing, 15*(2), 75-96.

[6] U.S. Census Bureau, American Community Survey, 2007-2009. Tables B17010, B17010A, B17010B, C17010D, C17010F, B17010I.

[7] Meadows, S. O., McLanahan, S. S. & Knab, J. T. (2009). *Economic trajectories in non-traditional families with children* (WP09-10-FF). Santa Monica, CA: RAND Labor and Population.

[8] *Fragile families and child wellbeing study: Fact sheet.* Retrieved January 24, 2011, from www.fragilefamilies.princeton.edu

[9] U.S. Census Bureau. *Census Bureau reports nearly 1 in 3 unmarried women who give birth cohabit* (Press release). Retrieved November 4, 2010, from www.census.gov

Grandparents Caring for Grandchildren

DEFINITION

Grandparents caring for grandchildren is the percentage of family households in which a grandparent is financially responsible for food, shelter, clothing, child care, etc. for any or all grandchildren under age 18 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, and/or has a substance abuse problem.[1]

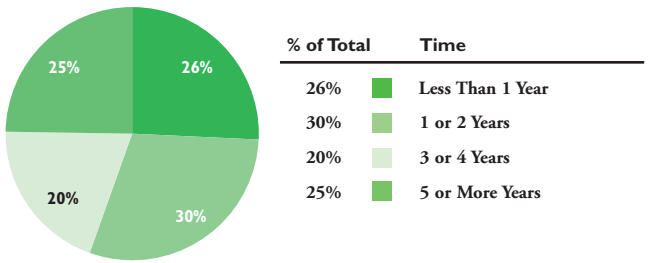
Grandparents living on a fixed income may be at greater risk of poverty after they become financially responsible for their grandchildren.[2] Eighteen percent of grandparent caregivers live below the poverty line compared to 8% of the population age 50 and over.[3]

Compared to non-relative foster parents, relative caregivers, such as grandparents, receive less monitoring and support from child welfare agencies. Relative caregivers are more likely to have lower incomes and have more children in the home.[4] Grandparent caregivers in particular may have limited legal and economic resources, and most have informal custody arrangements and are not involved with a child welfare agency.[5]

Grandparent caregivers may not receive the support or services that they need and for which they are eligible. This may be because grandparents lack information about programs such as cash assistance and Medicaid or because grandparents may feel that there is stigma attached to receiving assistance.[6,7] Nearly all children in kinship care are eligible for child-only Temporary Assistance for Needy Families (TANF) payments (cash assistance) regardless of their household's income level, yet children in informal custody arrangements are much less likely to receive these payments.[8] Nationally, 30% of relative caregivers receive TANF or other public financial assistance.[9] Some grandparents and relative caregivers who apply for these funds may be mistakenly denied benefits.[10]

Grandparent caregivers are at risk for poor physical and mental health.[11] They may face legal barriers when enrolling children in school and/or when seeking health insurance or medical care for the children.[12] Many children in relative care do not obtain permanent status such as adoption or guardianship, often because their caregivers do not want to pursue the required legal process in order to avoid strain on family relationships.[13] Grandparents make up the largest percentage of relative caregivers, but other relative caregivers (including aunts, uncles, cousins and siblings) may face similar obstacles.[14]

Rhode Island Grandparents Financially Responsible for Their Grandchildren, by Length of Time Responsible, 2007-2009



n = 4,729

Source: U.S. Census Bureau, American Community Survey, 2007-2009. Table B10050.

◆ **Between 2007 and 2009, 45% of the 4,729 Rhode Island grandparents who were financially responsible for their grandchildren had been responsible for the children for three or more years.[15] During this period, there were a total of 11,426 children living in households headed by grandparents, though not all grandparents were financially responsible for their grandchildren. An additional 3,734 children lived in households headed by other relatives. Approximately 7% of all children living in Rhode Island lived in a household headed by a relative other than a parent.[16]**

◆ **Children in informal kinship care (i.e., placed with relatives without the involvement of a child welfare agency) are twice as likely to live in poverty as children living with their parents. Nationally, nearly one-third (31%) of children in private kinship care live in poverty, and 17% have no health insurance.[17]**

◆ **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. On December 31, 2010 in Rhode Island, there were 591 children under age 19 in DCYF care who were in out-of-home placements with a grandparent or other relative. These children made up 27% of all children in out-of-home placements in Rhode Island.[18]**

◆ **The federal *Fostering Connection to Success and Increasing Adoptions Act*, which became law in 2008, helps children and youth in foster care establish permanent families through subsidized guardianship and adoption. Rhode Island was the first state to be granted approval for the new kinship-guardianship assistance program to enable children in the care of grandparents and other relatives to exit foster care into permanency.[19,20]**

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%
Burrillville	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%
Narragansett	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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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 fewer than 12 years of education.

SIGNIFICANCE

Maternal marriage status, age and education level at birth influence the likelihood that a child will live in poverty and predict many developmental vulnerabilities. When a child is born to a teenage, unmarried mother who has not graduated from high school, he or she is nine times more likely to grow up in poverty than a child born to a married woman over age 20 with a high school diploma.[1]

Most children facing these three economic and social risk factors at birth continue to face great challenges throughout childhood. Teen mothers often have difficulty completing high school, are likely to remain unmarried and a majority will remain persistently low-income.[2,3] Children born to mothers under age 20 are more likely to suffer abuse and neglect and are less likely to be ready for school at kindergarten entry, to perform well in school and to complete high school themselves.[4,5]

Brain development proceeds rapidly during the infant and toddler years. By age three, a child's brain has grown to 90% of its adult size and the foundation of many cognitive structures and systems are in place.[6] Healthy brain development depends on attentive, nurturing caregiving in infancy.[7] Research shows that there is a negative impact on brain development when young children do not have consistent, supportive relationships with caregivers and are exposed to "toxic stress" associated with extreme poverty, family chaos, chronic neglect and/or abuse, severe maternal depression, parental substance abuse and repeated exposure to violence at home or in their communities.[8]

Providing early and intensive support to families with multiple risk factors can help parents develop critical nurturing skills during the prenatal, infancy and toddler periods and improve child development outcomes.[9] Cost-benefit studies show that effective interventions for at-risk young children and their families can yield up to a $17.00 return on every $1.00 invested.[10] Economists and scientists agree that improving the social and cognitive environments of disadvantaged young children is the most cost-effective strategy for reducing child abuse and neglect, promoting school readiness and strengthening the future workforce.[11]

Infants Born With Identified Risk Factors, Rhode Island, 2010

	# OF BIRTHS	# BORN AT RISK*	# BORN AT HIGHEST RISK**
Central Falls	349	314 (90%)	21 (6%)
Newport	266	169 (64%)	11 (4%)
Pawtucket	934	675 (72%)	55 (6%)
Providence	2,680	2,089 (78%)	191 (7%)
West Warwick	372	236 (63%)	18 (5%)
Woonsocket	556	424 (76%)	57 (10%)
Core Cities	*5,157*	*3,907 (76%)*	*353 (7%)*
Remainder of State	*5,682*	*2,937(52%)*	*115 (2%)*
Rhode Island	*10,839*	*6,844 (63%)*	*468 (4%)*

** Births that are identified as "risk positive" by the Rhode Island Department of Health's Newborn Risk Assessment Program. These numbers cannot be compared to data in previous Factbooks. See note on page 15.*

*** Births to mothers who were under age 20, single and without a high school diploma.*

Source: Rhode Island Department of Health, KIDSNET Database, 2010.

◆ **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 under age 20, unmarried and without a high school diploma.[12] Studies show that effective interventions targeting this population can improve child and family outcomes and yield a strong return on investment.[13] In 2010 in Rhode Island, 468 (4%) babies were born to unmarried teen mothers without high school diplomas.[14]**

Nurse-Family Partnership

◆ **The Nurse-Family Partnership (NFP) program is an evidence-based home visiting model that has been replicated in 28 states. Nurses conduct a series of home visits with low-income, first-time mothers, starting during pregnancy and continuing through the child's second birthday.[15]**

◆ **NFP focuses on improving pregnancy outcomes, parenting skills, child development and the mother's self-sufficiency. The program has demonstrated numerous positive benefits for children and families, including reduced child abuse and neglect, fewer pre-term deliveries, fewer subsequent births, longer duration between births, lower rates of criminal behavior of mothers, and improved child language skills and academic achievement.[16]**

Table 4.

Infants Born at Highest Risk, Rhode Island, 2010

CITY/TOWN	TOTAL # OF BIRTHS	BIRTHS TO MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA	BIRTHS TO SINGLE MOTHERS	BIRTHS TO MOTHERS YOUNGER THAN AGE 20	BIRTHS TO MOTHERS WITH ALL 3 RISK FACTORS	% OF BIRTHS WITH ALL 3 RISK FACTORS
Barrington	101	1	14	4	0	0%
Bristol	178	10	63	8	2	1%
Burrillville	114	5	40	3	1	1%
Central Falls	349	125	264	54	21	6%
Charlestown	51	1	17	2	0	0%
Coventry	277	17	77	8	4	1%
Cranston	796	75	310	52	24	3%
Cumberland	294	11	78	15	4	1%
East Greenwich	94	2	21	4	2	2%
East Providence	516	42	207	33	13	3%
Exeter	64	7	20	4	3	5%
Foster	23	1	5	1	1	4%
Glocester	59	3	17	3	0	0%
Hopkinton	85	4	26	2	1	1%
Jamestown	17	1	5	1	1	6%
Johnston	234	22	93	16	7	3%
Lincoln	164	11	48	6	4	2%
Little Compton	15	0	3	0	0	0%
Middletown	158	9	52	5	3	2%
Narragansett	79	4	27	3	2	3%
New Shoreham	14	1	2	0	0	0%
Newport	266	36	131	22	11	4%
North Kingstown	204	8	67	7	1	0%
North Providence	289	16	118	14	5	2%
North Smithfield	79	3	25	2	1	1%
Pawtucket	934	189	572	90	55	6%
Portsmouth	120	1	27	3	1	1%
Providence	2,680	714	1,678	328	191	7%
Richmond	75	4	15	1	1	1%
Scituate	48	1	12	2	1	2%
Smithfield	113	0	21	2	0	0%
South Kingstown	185	12	58	5	4	2%
Tiverton	85	4	30	6	2	2%
Warren	91	10	33	6	4	4%
Warwick	803	60	260	34	14	2%
West Greenwich	54	2	10	1	0	0%
West Warwick	372	64	180	35	18	5%
Westerly	203	17	86	15	9	4%
Woonsocket	556	136	362	88	57	10%
Core Cities	*5,157*	*1,264*	*3,187*	*617*	*353*	*7%*
Remainder of State	*5,682*	*365*	*1,887*	*268*	*115*	*2%*
Rhode Island	*10,839*	*1,629*	*5,074*	*885*	*468*	*4%*

Source of Data for Table/Methodology

The Rhode Island Department of Health, KIDSNET Database, 2010. This table shows the number and percentage of all births with three risk factors that place a child at very high risk for poor developmental outcomes.

Note for chart on page 14: "Risk positive" births are infants born with *any one of the following risk factors:* developmental disabilities and certain other established conditions, birth weights less than 1500 grams (3.3 lbs), neonatal intensive care hospitalization greater than 48 hours, or mother is Hepatitis B surface antigen positive; **Or** infants born with *any two of the following risk factors:* caregiver's education less than 11th grade, mother's age less than 19, mother's age greater than 37, single caregiver, mother's number of live births greater than 5, no previous live birth to mother, parental characteristic indicating vulnerability (e.g. chronic illness), inadequate prenatal care, low birth weight for gestational age, low Apgar scores at birth, or low-income family (indicated by use of Medicaid/RIte Care health insurance).

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

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(continued on page 161)

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 an impact on his child's development, this indicator uses maternal education level because a significant number of birth records lack information on paternal education levels.

SIGNIFICANCE

Parental educational attainment can have an impact on many aspects of child well-being, including children's health and health-related behaviors, the level of education children will ultimately achieve, and their access to material, human and social resources. Children of parents with low levels of education are less likely to succeed in school and more likely to live in poverty and have poor health.[1,2]

There is a strong correlation between maternal education attainment and infant mortality. Nationally, and in Rhode Island, infant mortality rates increase as mother's education levels decrease.[3,4] In Rhode Island, the mortality rate of infants born to mothers with less than a high school diploma was 7.3 per 1,000 live births, compared to 4.4 per 1,000 live births for infants born to mothers with a bachelor's degree or higher.[5]

Children of more highly educated parents have greater academic skills at school entry than other children and outperform their peers in later grades. Increasing maternal education can improve children's school readiness, academic and language skills.[6] Increases in maternal education levels also have been associated with improvements in health and future earnings.[7,8]

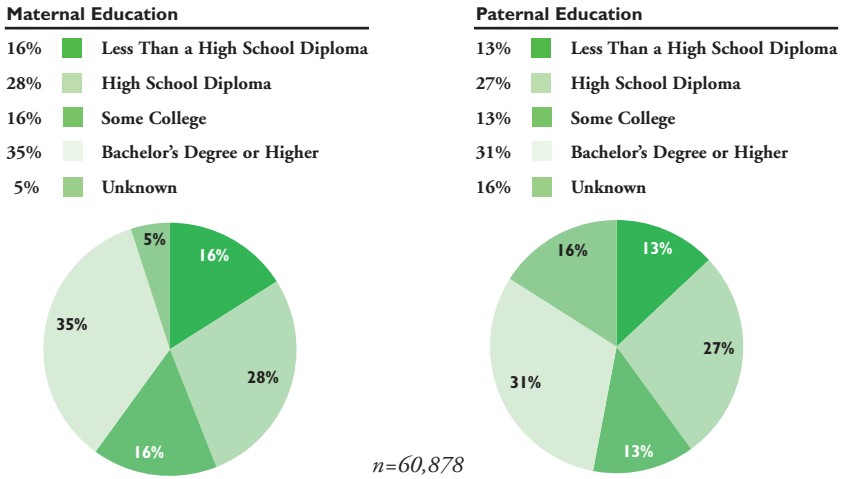
One of the best ways parents can raise their families' incomes is through higher education.[9] Women with bachelor's degrees in Rhode Island earn more than twice as much as those with less than a high school diploma.[10] Between 2005 and 2009, 16% of Rhode Island births were to mothers with less than a high school diploma and 35% were to mothers with a bachelor's degree or higher.[11] Educational attainment levels vary widely across Rhode Island.[12]

Births to Mothers With Less Than a High School Diploma

City/Town	% of Births
Central Falls	36%
Newport	13%
Pawtucket	21%
Providence	30%
West Warwick	14%
Woonsocket	24%
All Core Cities	26%
Remainder of State	7%
Rhode Island	16%

Source: Rhode Island Department of Health, Hospital Discharge Database, 2005-2009.

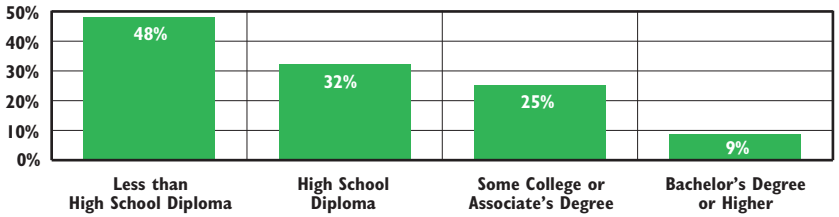
Births by Parental Education Levels, Rhode Island, 2005-2009



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2005-2009. Data for 2009 are provisional.

◆ **In Rhode Island between 2005 and 2009, 44% of all infants were born to mothers with a high school diploma or less, and 40% were born to fathers with a high school diploma or less.[13]**

Poverty Rates for Families Headed by Single Females by Educational Attainment, Rhode Island, 2007-2009



Source: U.S. Census Bureau, American Community Survey, 2007-2009. Table S1702.

◆ **The poverty rate among families headed by single females is directly correlated with the householder's education level. In Rhode Island between 2007 and 2009, the poverty rates for families headed by single females ranged from 48% for women with less than a high school diploma to 9% for those with a bachelor's degree or higher.[14]**

Table 5.

Births by Education Level of Mother, Rhode Island, 2005-2009

CITY/TOWN	TOTAL # OF BIRTHS	BACHELOR'S DEGREE OR ABOVE		SOME COLLEGE		HIGH SCHOOL DIPLOMA		LESS THAN HIGH SCHOOL DIPLOMA	
		N	%	N	%	N	%	N	%
Barrington	621	484	78%	63	10%	52	8%	6	1%
Bristol	885	439	50%	168	19%	196	22%	46	5%
Burrillville	739	274	37%	170	23%	210	28%	51	7%
Central Falls	1,965	148	8%	216	11%	755	38%	713	36%
Charlestown	340	178	52%	60	18%	78	23%	16	5%
Coventry	1,630	708	43%	348	21%	410	25%	119	7%
Cranston	4,208	1,829	43%	751	18%	1,093	26%	375	9%
Cumberland	1,721	981	57%	289	17%	315	18%	78	5%
East Greenwich	511	377	74%	54	11%	49	10%	12	2%
East Providence	2,600	947	36%	502	19%	759	29%	266	10%
Exeter	257	126	49%	46	18%	59	23%	17	7%
Foster	214	98	46%	39	18%	54	25%	14	7%
Glocester	403	204	51%	69	17%	95	24%	22	5%
Hopkinton	437	184	42%	82	19%	128	29%	32	7%
Jamestown	162	125	77%	17	10%	15	9%	1	1%
Johnston	1,373	538	39%	289	21%	405	29%	102	7%
Lincoln	924	465	50%	174	19%	183	20%	50	5%
Little Compton	123	80	65%	20	16%	18	15%	3	2%
Middletown	958	442	46%	196	20%	247	26%	41	4%
Narragansett	473	276	58%	83	18%	73	15%	21	4%
New Shoreham	49	23	47%	14	29%	9	18%	2	4%
Newport	1,485	674	45%	198	13%	323	22%	190	13%
North Kingstown	1,208	679	56%	179	15%	236	20%	62	5%
North Providence	1,588	631	40%	327	21%	438	28%	115	7%
North Smithfield	442	254	57%	77	17%	75	17%	26	6%
Pawtucket	5,535	1,196	22%	965	17%	1,872	34%	1,176	21%
Portsmouth	745	448	60%	126	17%	127	17%	18	2%
Providence	14,524	2,988	21%	1,814	12%	4,488	31%	4,410	30%
Richmond	429	230	54%	70	16%	85	20%	34	8%
Scituate	366	202	55%	69	19%	75	20%	10	3%
Smithfield	705	415	59%	119	17%	122	17%	24	3%
South Kingstown	1,125	706	63%	152	14%	180	16%	53	5%
Tiverton	609	282	46%	147	24%	131	22%	36	6%
Warren	526	224	43%	94	18%	141	27%	53	10%
Warwick	4,113	1,837	45%	791	19%	980	24%	328	8%
West Greenwich	245	116	47%	64	26%	48	20%	10	4%
West Warwick	2,006	592	30%	346	17%	701	35%	285	14%
Westerly	1,297	479	37%	279	22%	399	31%	119	9%
Woonsocket	3,332	483	14%	564	17%	1,281	38%	809	24%
Unknown	*5*	*2*	*NA*	*1*	*NA*	*1*	*NA*	*0*	*NA*
Core Cities	*28,847*	*6,081*	*21%*	*4,103*	*14%*	*9,420*	*33%*	*7,583*	*26%*
Remainder of State	*32,026*	*15,281*	*48%*	*5,928*	*19%*	*7,485*	*23%*	*2,162*	*7%*
Rhode Island	*60,878*	*21,364*	*35%*	*10,032*	*16%*	*16,906*	*28%*	*9,745*	*16%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2005-2009. Data for 2009 are provisional. Data are self-reported and reported by the mother's place of residence, not the place of the infant's birth.

Percentages may not sum to 100% for all cities, towns and the state because the number and percentage of births with unknown parental education levels are not included in this table. Between 2005 and 2009, maternal education levels were unknown for 2,831 births (5%).

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

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Racial and Ethnic Diversity

DEFINITION

Racial and ethnic diversity is the percentage of children under age 18 by racial and ethnic categories as defined by the 2000 U.S. Census. Racial and ethnic categories are chosen by the head of household or person completing the Census form.

SIGNIFICANCE

Racial and ethnic diversity has increased in the United States over the last several decades and is projected to rise in the future.[1] Minority children (all those except White, non-Hispanic children) accounted for 98% of the growth in the U.S. child population during the 1990s.[2] In 2009, 55% of all U.S. children were White non-Hispanic.[3] According to Census Bureau projections, the U.S. is becoming more racially and ethnically diverse. By 2030, more than half of all children in the United States will be children of color.[4]

In 2000, 73% of children in Rhode Island were White non-Hispanic, down from 84% in 1990. The number of minority children nearly doubled from about 37,000 in 1990 to about 68,000 in 2000. The number of White non-Hispanic children dropped by nearly 9,000 during the same period.[5,6]

Between 2007 and 2009 in Rhode Island, 74% of children under age 18 were White, 8% were Black or African American, 3% were Asian, less than 1% were Native American, 10% of children were identified as Some other race and 4% as Two or more races. Between 2007 and 2009, 19% of children living in Rhode Island were Hispanic.[7]

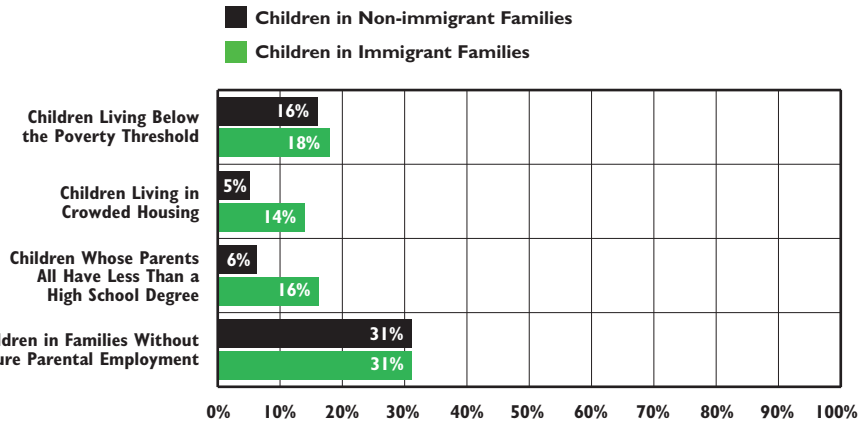
Minority children are concentrated in the Rhode Island's six core cities. Core cities are defined as cities in which 15% or more of the children live in poverty. More than half (58%) of children living in the core cities are minority children. More than three-quarters (78%) of all minority children in Rhode Island live in these six communities.[8]

Between 2007 and 2009, there were 8,757 foreign-born children living in Rhode Island, 29% of whom were naturalized U.S. citizens.[9] Of Rhode Island's immigrant children, 29% were born in Central or South America, 22% were born in the Caribbean, 15% were born in Africa, 18% were born in Asia, 9% were born in Europe, and 6% were born in North America (Canada, Bermuda or Mexico).[10]

Between 2007 and 2009, 22% of children between the ages of five and 17 living in Rhode Island spoke a language other than English at home, 93% of whom spoke English well or very well.[11]

Diversity presents both opportunities and challenges to schools, child care centers, health care providers, social service agencies and other community service providers, in terms of adapting current practices to meet the needs of a changing population.[12]

Characteristics of Children Living in Immigrant and Non-immigrant Families, Rhode Island, 2009



Source: The Annie E. Casey Foundation KIDS COUNT Data Center. Retrieved January 24, 2011, from www.kidscount.org/datacenter.

◆ **Twenty-four percent of children in Rhode Island live in immigrant families (either they are foreign-born or they have at least one parent who is foreign-born), similar to the U.S. rate of 23%.[13] Most immigrant families in Rhode Island are not new arrivals to the United States; 1% of children in Rhode Island immigrant families have parents who arrived in this country fewer than five years ago.[14] Ninety-seven percent of children in Rhode Island were born in the United States.[15]**

◆ **Sixteen percent of children in Rhode Island in non-immigrant families are poor, compared with 18% of children in immigrant families.[16] More than two-thirds (69%) of Rhode Island's poor children live in families with U.S.-born parents.[17]**

◆ **The social and economic well-being of immigrant children is influenced by their parents' proficiency in English. Limited English proficiency can be a barrier to employment opportunities, higher earnings, access to health care and parental engagement in schools.[18] Twenty-one percent of children in immigrant families in Rhode Island live in linguistically-isolated households, meaning no one over age 14 either speaks only English or speaks English "very well."[19]**

Table 6.

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

	UNDER AGE 18 BY RACE AND ETHNICITY								
CITY/TOWN	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.

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(continued on page 161)

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 well-being, health, safety and education.

SIGNIFICANCE

Rhode Island's children are diverse in racial and ethnic background. Between 2007 and 2009 in Rhode Island, 74% of children under age 18 were White, 8% were Black or African American, 3% were Asian, less than 1% were Native American, 10% of children were identified as Some other race, and 4% as Two or more races. Between 2007 and 2009, 19% of children living in Rhode Island were Hispanic.[1]

Children who live in poverty, especially those who experience poverty in early childhood and for extended periods of time, are more likely to have health, behavioral, educational and social problems.[2,3] Between 2007 and 2009, 17% of all Rhode Island children lived in poverty, 64% of whom were minorities.[4]

Black and Hispanic children are more likely than White children to live in neighborhoods that lack the resources needed for them to grow up healthy and successful, regardless of family income levels.[5] In 2000, more than three-quarters (78%) of Rhode Island's minority children lived in one of the six core cities (those cities with 15% or more of children living in poverty). In 2000, approximately three-quarters of the children in Providence (76%) and Central Falls (72%) were of minority racial and ethnic backgrounds. In several high-poverty neighborhoods of Providence, minority children accounted for more than 90% of all children in 2000.[6,7]

Residential segregation between Whites and Blacks has decreased in the U.S. since the 1960s, but high levels of residential segregation still exist, particularly in urban areas. Hispanic and Asian residential segregation from Whites has been increasing in recent years.[8] The Providence-New Bedford-Fall River metropolitan area was the fourth most segregated metropolitan area in the nation for Hispanics between 2005 and 2009.[9]

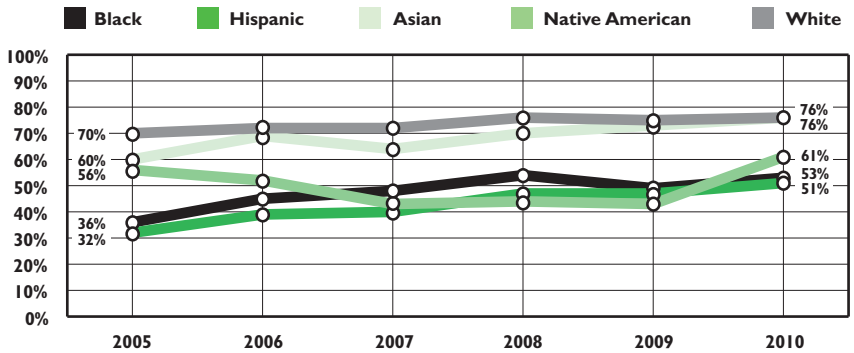
Even in good economic climates, minority families are less likely to be employed, have higher poverty rates and receive lower wages than White families. Minority families also face greater negative impacts during economic recessions and their recovery from economic downturns is slower than that of White families. Even when controlling for educational achievement, age and gender, minority workers have consistently higher unemployment rates than White workers.[10,11]

Residential Segregation and Its Impact on Education

◆ **As a result of significant residential segregation in the U.S., Black and Hispanic students are now more segregated from White students than at any point in the past four decades.[12] As a result, White students generally attend schools that are disproportionately White and low-poverty, while Black and Hispanic students attend schools that are disproportionately minority and high-poverty.[13]**

◆ **Most urban communities have high concentrations of poverty, which can be related to unequal educational opportunities. School district boundaries often determine access to challenging curricula, academic expectations, educator quality, facilities quality, adequacy of school funding, access to instructional supports (like technology) and school safety.[14,15]**

Racial and Ethnic Disparities in Fourth Grade Reading Proficiency Rates, Rhode Island, 2005-2010



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), 2005-2010.

◆ **Between 2005 and 2010, the percentage of Rhode Island fourth-graders reading proficiently increased among all racial and ethnic groups.[16]**

◆ **Minority students have lower rates of reading proficiency by fourth grade and are much less likely to graduate from high school, go to college and graduate from college than their White peers. Poverty has been shown to drive much of the difference in these outcomes due to a combination of school factors (rigor of curriculum, teacher quality, family involvement) and non-school factors (health status, family stress, access to out-of-school learning opportunities).[17,18,19,20,21,22,23]**

Economic Well-Being Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children in Poverty	12%	38%	30%	17%	30%	17%
Births to Mothers With <12 Years Education	14%	35%	22%	14%	31%	16%
% of Children With All Resident Parents in the Workforce	71%	48%	65%	54%	47%	68%
Median Family Income	$77,093	$35,635	$41,469	$66,175	$31,235	$70,835
Homeownership	67%	30%	36%	50%	28%	63%

Sources: *Children in Poverty* data are from the U.S. Census Bureau, American Community Survey, 2007-2009. Tables B17001, B17020A, B17020B, B17020C, B17020D & B17020I. *Maternal Education* data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2005-2009. *Parental Labor Force Participation* data are from the U.S. Census Bureau, Census 2000, Tables P46, PCT70A, PCT70B, PCT70C, PCT70D & PCT70H. *Median Family Income* data are from the U.S. Census Bureau, American Community Survey, 2007-2009, Tables B19113, B19113A, B19113B, B19113C, B19113D & B19113I. *Homeownership* data are from the U.S. Census Bureau, American Community Survey, 2007-2009, Tables B25003, B25003A, B25003B, B25003C, B25003D & B25003I. Hispanics also may be included in any of the race categories. All Census data refer only to those individuals who selected one race.

◆ **Between 2007 and 2009 in Rhode Island, 17% of all children, 38% of Hispanic children, 30% of Native American children, 30% of Black children, 17% of Asian children and 12% of White children in Rhode Island lived in families with incomes below the federal poverty level.[24]**

◆ **Between 2007 and 2009 in Rhode Island, White households were the most likely to own their homes whereas Native American and Hispanic households were the most likely to live in rental units.[25]**

◆ **In 2000, 71% of White children in Rhode Island had one or both of their resident parents in the workforce, compared to 65% of Black children, 54% of Asian children, 48% of Hispanic children and 47% of Native American children.[26]**

◆ **Education is essential for economic success. Adults with less than a high school diploma are at particular risk of living in poverty and other negative outcomes.[27] Hispanic, Black and Native American children in Rhode Island are all more likely than White and Asian children to be born to mothers with less than a high school diploma.[28]**

Health Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Women With Delayed Prenatal Care	13.1%	20.0%	22.5%	24.5%	22.6%	14.9%
Preterm Births	11.3%	13.2%	14.8%	13.0%	17.1%	11.8%
Low Birthweight Infants	7.4%	8.1%	10.6%	9.0%	13.6%	8.0%
Infant Mortality (per 1,000 births)	5.5	7.7	12.8	10.5	10.5	6.3
Asthma Hospitalizations (per 1,000 children)	1.3	3.4	5.7	1.1	NA	1.9
Births to Teens Ages 15 – 19 (per 1,000 teens)	26.8	102.5	74.9	24.4	96.3	30.3

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2005-2009 unless otherwise specified. Information is based on self-reported race and ethnicity. *Asthma Hospitalizations* data are from the Rhode Island Department of Health, Hospital Discharge Database, 2005-2009 and refer only to hospitalizations due to primary diagnoses of asthma. For *Asthma Hospitalizations* the denominators are the child population under age 18 by race from the U.S. Census Bureau, Census 2000, SF1. For *Births to Teens* the denominators are the female populations ages 15-19 by race from the U.S. Census Bureau, Census 2000, SF3. For all indicators other than *Asthma Hospitalizations*, Hispanics also may be included in any of the race categories. NA indicates that the rate was not calculated because the number was too small to calculate a reliable rate.

◆ **Although progress has been made on many health indicators across racial and ethnic populations, disparities still exist for a number of maternal and infant health outcomes in Rhode Island. Minority women are more likely than White women to receive delayed or no prenatal care and to have preterm births. Minority children are more likely to die in infancy than White children. Hispanics are the most likely to give birth as teenagers, followed by Native American and Black teens.[29]**

◆ **Black and Hispanic children in Rhode Island are more likely to be hospitalized as a result of asthma than White, Asian and Native American children.[30] Nationally, Blacks and Native Americans are the most likely of all racial and ethnic groups to have asthma.[31]**

◆ **Approximately one in ten children in the U.S. does not have health insurance coverage. White non-Hispanic children are much more likely to be insured (93%) than Hispanic children (80%) and Black children (88%). Only two-thirds of citizen children with non-citizen parents have health insurance. Approximately two-thirds of uninsured children in the U.S. are eligible for but not enrolled in public health insurance programs.[32]**

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 males ages 14-19)	1.7	10.3	19.4	2.7	0	4.0
Children of Incarcerated Parents (per 1,000 children)	7.8	18.1	72.4	3.5	15.8	12.5
Children in Out-of-Home Placement (per 1,000 children)	7.3	16.1	28.7	5.9	8.7	9.2

Sources: *Juveniles at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, January 1, 2011 (*includes only male adjudicated youth). *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, September 30, 2010 and reflect the race of the incarcerated parent (includes only the sentenced population). *Children in Out-of-Home Placement* data are from the Rhode Island Department of Children, Youth and Families, RICHIST Database, December 31, 2010. Population denominators used for *Children of Incarcerated Parents* are the populations under age 18 by race from the U.S. Census Bureau, Census 2000, SF1. Population denominators used for *Children in Out-of-Home Placement* are the populations under age 18 by race from the U.S. Census Bureau, Census 2000, SF3. The population denominators used for *Juveniles at the Training School* are the male populations ages 14-19 by race from the U.S. Census Bureau, Census 2000, SF3

◆ **Racial and ethnic minority youth continue to be disproportionately represented in the U.S. juvenile justice system. Minority youth (especially non-Hispanic Black youth) are treated more harshly than White youth for the same type and severity of offenses, including detention, processing, and incarceration in juvenile and adult correctional facilities.[33] Rhode Island's juvenile justice system has some of the widest residential placement disparities between White and minority youth in the nation.[34]**

◆ **Black and Hispanic children in Rhode Island are more likely than their Native American, White and Asian peers to be placed out-of-home through the child welfare system.[35] Nationally, minority children experience disparate treatment as they enter the foster care system and while they are in the system. Black, Hispanic and Native American children are more likely than non-Hispanic White children under similar circumstances to be placed in foster care, remain in placements for longer times, have less contact with child welfare staff and to have lower reunification rates.[36]**

◆ **Disproportionality in child welfare and juvenile justice systems are in part a reflection of differential poverty rates between minority and White communities. However, while addressing poverty through policies would reduce child maltreatment and juvenile offending rates, policies that work directly to reduce disparities are necessary as well.[37]**

Education Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
4th Grade Students Reading at or Above Proficiency	76%	51%	53%	76%	61%	69%
4th Grade Students at or Above Proficiency in Mathematics	71%	46%	44%	73%	47%	63%
Students Attending Schools Making Insufficient Progress	11%	41%	36%	25%	18%	20%
High School Graduation Rates	79%	66%	67%	81%	61%	76%
% of Adults Over Age 25 With a Bachelor's Degree or Higher	32%	12%	19%	47%	4%	30%

Sources: All data are from the Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year or the October 2010 NECAP (Reading Proficiency) unless otherwise noted. *Adult Educational Attainment* data are from the U.S. Census Bureau, American Community Survey, 2007-2009, Tables C15002, C15002A, C15002B, C15002C, C15002D & C15002I. All Census data refer only to those individuals who selected one race and Hispanics also may be included in any of the race categories

◆ **In Rhode Island, Hispanic, Black and Native American children are less likely to be proficient in reading and mathematics in fourth grade than White and Asian children.[38] Native American, Hispanic and Black adults living in Rhode Island are less likely to have a bachelor's degree than White or Asian adults.[39]**

◆ **Nationally, Black, Hispanic and Native American students are more likely than White students to be disciplined in school. Because schools tend to rely on disciplinary practices (such as out-of-school suspension and expulsion) that exclude students from school, the disproportionate use of these disciplinary practices may contribute to racial and ethnic gaps in school achievement.[40] In Rhode Island during the 2009-2010 school year, minority students received 48% of all disciplinary actions, although they made up only 32% of the student population.[41]**

◆ **According to the Rhode Island Department of Elementary and Secondary Education, during the 2009-2010 school year, Rhode Island's Hispanic and Black children were more than three times as likely as White children to attend schools making insufficient progress.[42]**

Rhode Island's Hispanic Children and Youth

◆ **In 2009, there were 45,268 Hispanic children under age 18 living in Rhode Island, up from 35,326 in 2000. Hispanic children made up 20% of Rhode Island's child population in 2009, compared with 14% in 2000.[43]**

◆ **In 2000, more than three-quarters (78%) of the Hispanic children in Rhode Island lived in Central Falls, Pawtucket and Providence.[44] While Providence has the largest Hispanic population overall, they are most densely concentrated in Central Falls.[45]**

Economics

◆ **Thirty-five percent of Rhode Island's Hispanic children were living in poverty in 2009, compared to the national rate of 31%.[46] The median family income for Hispanics in Rhode Island is $35,635, compared to $70,835 overall in Rhode Island.[47]**

Health

◆ **In Rhode Island between 2005 and 2009, 20.0% percent of Hispanic babies were born to women who received delayed or no prenatal care, compared with 14.9% of all babies in the state.[48]**

◆ **Hispanic female teens between the ages of 15 and 19 in Rhode Island have a birth rate that is more than three times higher than the overall teen birth rate in Rhode Island (102.5 per 1,000 Hispanic teens ages 15 to 19 compared to 30.3 per 1,000 for all teens ages 15 to 19).[49,50]**

Education

◆ **The high school graduation rate among Hispanic youth in the class of 2010 was 66%, lower than the overall Rhode Island high school graduation rate of 76%.[51]**

◆ **Hispanic immigrants in Rhode Island are less likely to have a high school diploma but more likely to have a college degree or higher than U.S.-born Hispanics.[52]**

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(continued on page 161)

Economic Well-Being

Home! You're Where It's Warm Inside

by Jack Prelutsky

Home! You're where it's warm inside,
Where my tears are gently dried,
Where I'm comforted and fed,
Where I'm forced to go to bed,
Where there's always love to spare;
Home! I'm glad that you are there.

Median Family Income

DEFINITION

Median family income is the dollar amount which divides Rhode Island families' income distribution into two equal groups – half with incomes above the median and half with incomes below the median. The numbers include only families with their "own children" under age 18, defined as never-married children who are related to the family head by birth, marriage, or adoption.

SIGNIFICANCE

Median family 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 2009, the median family income for Rhode Island families with their own children was $65,681.[1] Rhode Island had the 10th highest median family income nationally and the 4th highest in New England.[2]

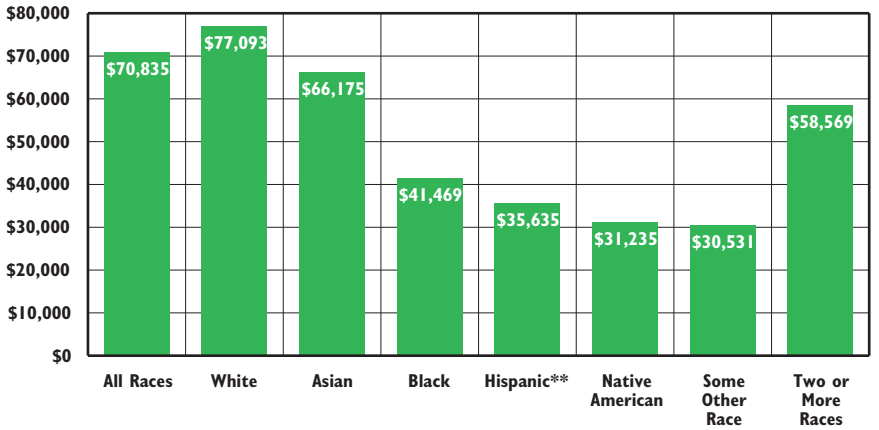
Between 2007 and 2009, Rhode Island's median income for families with their own children differed significantly by family type. The median family income for two-parent families ($89,744) was more than twice that of male-headed single-parent families ($39,646) and more than three times that of female-headed single-parent families ($24,370).[3]

Despite significant increases in worker productivity in the U.S. during the 2000s, the real incomes of most families remained stagnant or decreased.[4] Median incomes for working-age households (headed by someone under age 65) decreased by 7.8% between 2000 and 2009.[5]

Over the past 30 years, the income gap between the wealthiest families and low and middle-income families has tripled. The concentration of wealth among the richest 20% of families is now greater than at any time since 1928.[6] Several factors have contributed to this rising income inequality, including a minimum wage far below historic levels despite recent increases, the general stagnation of wages and compensation, the decline of unionization, high school graduates starting at lower wages and high school degrees bringing less and less value over time.[7]

The gap between the incomes of Rhode Island's richest and poorest families also is growing. In Rhode Island, the average income of the wealthiest 20% of families increased 44% or $43,438 during the past twenty years, while the average income of the poorest 20% of families remained essentially unchanged. The wealthiest 20% of families in Rhode Island have average incomes that are 7.5 times larger than the average incomes of the poorest 20% of families.[8] Connecticut is the only state where income inequality is growing faster than in Rhode Island.[9]

Median Family Income by Race and Ethnicity, Rhode Island, 2007-2009*



Source: U.S. Census Bureau, American Community Survey, 2007-2009. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113F, B19113G & B19113I. *Median Family Income by race and ethnicity includes all families because data for families with "own children" are not available by race and ethnicity. **Hispanics may be in any race category.

◆ **The median income for White families in Rhode Island is higher than that of Asian families, and much higher than that of Black, Native American and Hispanic families.[10]**

◆ **Intergenerational income mobility is influenced by race and ethnicity. National research shows that White children are more likely to move up the economic ladder, while middle-income Black children are more likely to fall into lower income brackets than their parents. In addition, 54% of Black children born into poor families stay in the lowest income levels compared to 31% of White children born into poor families.[11]**

◆ **According to the Poverty Institute's *2010 Rhode Island Standard of Need*, it costs a single-parent family with two young children $48,576 a year to pay basic living expenses, including housing, food, clothing, health care, child care and transportation. This family would need an annual income of $58,200 to meet this budget without government subsidies.[12]**

◆ **Income support programs (including RIte Care health insurance, child care subsidies, SNAP/food stamp benefits and the Earned Income Tax Credit) are critical for helping low and moderate-income working families make ends meet.[13]**

Table 7. **Median Family Income, Rhode Island, 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
Burrillville	$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 include households with both related and unrelated individuals. Median family income data include only households with children under age 18 who meet the U.S. Census Bureau's definition of a family. The U.S. 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 median household income data are 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.

References

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[3] U.S. Census Bureau, American Community Survey, 2007-2009. Table B19126.

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[10] U.S. Census Bureau, American Community Survey, 2007-2009. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113F, B19113G & B19113I.

[11] Isaacs, J. (2007). *Economic mobility of Black and White families: Executive summary.* Washington, DC: Economic Mobility Project.

[12,13] *The 2010 Rhode Island standard of need.* (2010). Providence, RI: The Poverty Institute.

Cost of Housing

DEFINITION

Cost of housing is the percentage of income needed by a very low-income family to cover the average cost of rent.[1] The U.S. Department of Housing and Urban Development (HUD) defines a very low-income family as family income less than 50% of the median family income. A cost burden exists when more than 30% of a family's monthly income is spent on housing.

SIGNIFICANCE

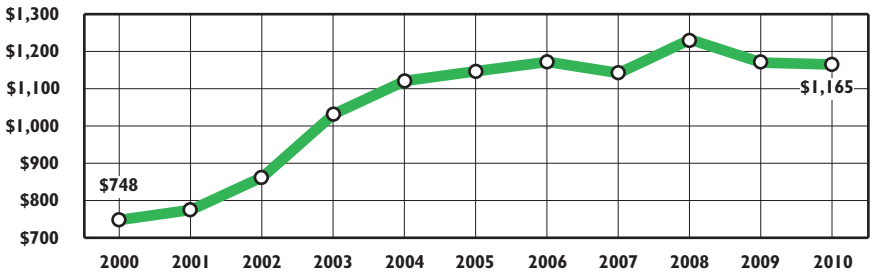
Inadequate, costly or crowded housing has a negative impact on children's health, safety and emotional well-being and on a family's ability to meet a child's basic needs. Children who live in families with cost burdens are more likely than other children to live in substandard or overcrowded housing and to move frequently, all of which have been linked to lower educational achievement.[2,3]

The growth in families' housing expenses has far outpaced income growth, both nationally and in Rhode Island.[4,5] Between 2005 and 2009, 42% of Rhode Island households (162,442 households) were cost-burdened, making Rhode Island the most housing cost-burdened state in New England.[6] In 2010, the area median income for families in Rhode Island was $73,029.[7] Families with this income can afford a median-priced, single family home in 24 of the 39 communities in the state.[8] In 2009, the median selling price of a single family home in Rhode Island was $199,900, 59% higher than in 1999 but 15% lower than 2008.[9,10] Between 2000 and 2010, the amount of income required to afford a two-bedroom home in Rhode Island increased by 65.6%, a higher increase than any other state except for Hawaii.[11]

In 2010, a worker would have to earn $22.40 an hour and work 40 hours a week year-round to be able to afford the average rent in Rhode Island without a cost burden. This hourly wage is more than three times the state's minimum wage of $7.40 per hour.[12] In 2010, Rhode Island required the 14th highest hourly wage to afford a two-bedroom home of any state.[13]

Federally funded Section 8 rental vouchers help some low-income families afford the high cost of housing; however, there are not enough vouchers to meet the need.[14] In 2006, Rhode Island voters approved a $50 million bond to create affordable apartments and houses throughout the state. All bond funds will be committed by July 2011, creating over 1,000 affordable homes in 31 communities.[15] Rhode Island is one of only nine states that does not have a dedicated funding source for affordable housing.[16]

Average Rent, Two-Bedroom Apartment, Rhode Island, 2000-2010



Source: Rhode Island Housing, Annual Rent Surveys, 2000-2010. The 2003-2010 rents include adjustments for the cost of heat, cooking fuel, electricity and hot water. All prior years' rents include adjustments for the cost of heat and hot water only. Adjustments for utilities for each year vary according to HUD annual utility allowances.

◆ **Between 2000 and 2010, the average cost of rent in Rhode Island increased by 56%, from $748 to $1,165.[17] The percentage of renters in Rhode Island who spent 30% or more of their household income on rent increased from 40% in 2002 to 50% in 2009. The percentage of homeowners who had a cost burden due to their mortgages also increased between 2002 and 2009, from 30% to 43%.[18,19]**

◆ **High energy costs put affordable housing even further out of reach for low-income families. Research shows that children in households experiencing energy shutoffs also are at risk of hunger, health and developmental problems.[20] Rhode Island state law prohibits utility shut-offs for protected customers (such as the unemployed and low-income families with children under age two) during the moratorium period from November 1 through April 15.[21] In 2010, 361 protected residential customers who used electric and 709 who used gas to heat their homes entered the moratorium period with their utilities shut off due to nonpayment, an increase of 35% and 49%, respectively, from 2009.[22]**

Foreclosures in Rhode Island

◆ **Rhode Island continues to have one of the highest foreclosure rates in the nation and the highest foreclosure rate in New England. Over one-third of Rhode Island foreclosures are multi-family rental units. When a multifamily unit is foreclosed, an average of two to three families lose their homes.[23] With the foreclosure crisis affecting millions of households across the country, researchers are beginning to examine the impact of foreclosures on children's emotional health, peer networks, school mobility, school absenteeism and educational achievement.[24]**

Table 8.

Cost of Housing for Very Low-Income Families, Rhode Island, 2010

CITY/TOWN	FAMILY INCOME: 2010 POVERTY LEVEL FAMILY OF THREE	FAMILY INCOME: 2010 VERY LOW-INCOME FAMILY	HOMEOWNERSHIP COSTS: TYPICAL MONTHLY HOUSING PAYMENT	HOMEOWNERSHIP COSTS: % INCOME NEEDED FOR HOUSING PAYMENT, VERY LOW-INCOME FAMILY	RENTAL COSTS: AVERAGE RENT 2-BEDROOM	RENTAL COSTS: % INCOME NEEDED FOR RENT POVERTY LEVEL FAMILY OF THREE	RENTAL COSTS: % INCOME NEEDED FOR RENT VERY LOW-INCOME FAMILY
Barrington	$18,310	$32,450	$2,143	79%	$1,260	83%	47%
Bristol	$18,310	$32,450	$1,645	61%	$1,209	79%	45%
Burrillville	$18,310	$32,450	$1,439	53%	$1,276	84%	47%
Central Falls	$18,310	$32,450	$634	23%	$933	61%	35%
Charlestown*	$18,310	$32,450	$1,815	67%	$1,025	67%	38%
Coventry	$18,310	$32,450	$1,325	49%	$1,081	71%	40%
Cranston	$18,310	$32,450	$1,323	49%	$1,197	78%	44%
Cumberland	$18,310	$32,450	$1,648	61%	$1,067	70%	39%
East Greenwich	$18,310	$32,450	$2,976	110%	$1,165	76%	43%
East Providence	$18,310	$32,450	$1,345	50%	$1,119	73%	41%
Exeter*	$18,310	$32,450	$1,957	72%	$1,025	67%	38%
Foster*	$18,310	$32,450	$1,820	67%	$1,025	67%	38%
Glocester*	$18,310	$32,450	$1,490	55%	$1,025	67%	38%
Hopkinton*	$18,310	$35,300	$1,737	59%	$977	64%	33%
Jamestown	$18,310	$32,450	$3,294	122%	$1,334	87%	49%
Johnston	$18,310	$32,450	$1,300	48%	$1,159	76%	43%
Lincoln	$18,310	$32,450	$1,732	64%	$1,133	74%	42%
Little Compton*	$18,310	$32,450	$2,770	102%	$1,025	67%	38%
Middletown	$18,310	$37,800	$2,001	64%	$1,265	83%	40%
Narragansett	$18,310	$32,450	$2,146	79%	$1,285	84%	48%
New Shoreham*	$18,310	$35,300	$3,640	124%	$977	64%	33%
Newport	$18,310	$37,800	$2,235	71%	$1,311	86%	42%
North Kingstown	$18,310	$32,450	$1,999	74%	$1,256	82%	46%
North Providence	$18,310	$32,450	$1,319	49%	$1,119	73%	41%
North Smithfield	$18,310	$32,450	$1,616	60%	$1,222	80%	45%
Pawtucket	$18,310	$32,450	$1,103	41%	$995	65%	37%
Portsmouth	$18,310	$37,800	$1,856	59%	$1,441	94%	46%
Providence	$18,310	$32,450	$697	26%	$1,086	71%	40%
Richmond*	$18,310	$32,450	$1,841	68%	$1,025	67%	38%
Scituate*	$18,310	$32,450	$1,900	70%	$1,025	67%	38%
Smithfield	$18,310	$32,450	$1,587	59%	$1,255	82%	46%
South Kingstown	$18,310	$32,450	$1,916	71%	$1,259	83%	47%
Tiverton	$18,310	$32,450	$1,498	55%	$920	60%	34%
Warren*	$18,310	$32,450	$1,617	60%	$1,025	67%	38%
Warwick	$18,310	$32,450	$1,178	44%	$1,130	74%	42%
West Greenwich*	$18,310	$32,450	$1,864	69%	$1,025	67%	38%
West Warwick	$18,310	$32,450	$1,126	42%	$1,069	70%	40%
Westerly	$18,310	$35,300	$1,812	62%	$1,109	73%	38%
Woonsocket	$18,310	$32,450	$1,161	43%	$974	64%	36%
Core Cities	*$18,310*	*$33,342*	*$1,159*	*42%*	*$1,061*	*70%*	*38%*
Remainder of State	*$18,310*	*$33,033*	*$1,865*	*68%*	*$1,194*	*78%*	*43%*
Rhode Island	*$18,310*	*$33,081*	*$1,757*	*64%*	*$1,165*	*76%*	*42%*

Source of Data for Table/Methodology

2010 poverty level for a family of three as reported in: *Federal Register, 75*(148), August 3, 2010. Pages 45628-45629.

A very low-income family as defined by HUD is a three-person family with income 50% of the median family income and is calculated separately for each of the three metropolitan areas comprising Rhode Island. Reported in Rhode Island Housing (June 26, 2010). *2010 Rhode Island income limits for low- and moderate-income households.* Retrieved February 3, 2011, from www.rhodeislandhousing.org/filelibrary/HUD_incomes_2010.pdf

Data on typical monthly housing payments are from: *HousingWorks RI 2010 fact book.* (2010). Providence, RI: HousingWorks RI. They are based on the median selling price of a single-family home using year-end 2009 data and calculated based on a 30-year mortgage at 5.04% with a 5.75% down payment.

Rhode Island Housing, *Rhode Island Rent Survey,* 2010. Average rents are based on a survey of rents in Rhode Island between January and December 2010. 2010 rents have been adjusted using the current U.S. Department of Housing and Urban Development (HUD) utility allowance of $254 for a two-bedroom apartment (includes heat, cooking fuel, electricity and hot water).

* Rhode Island Housing *2010 Rent Survey* data are not available for these communities. Average rent used for these communities is the HUD 2010 Fair Market Rent for the metropolitan area as reported by Rhode Island Housing.

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

The average rent calculated for the state as a whole, for the remainder of state and for the core cities do not include communities for which data from the Rent Survey were not available. Core cities and remainder of state rent averages are calculated using un-weighted community data, consistent with the Rhode Island Housing methodology for the Rhode Island average rent.

References

[1] All rents have been adjusted using the HUD utility allowances to include heat, cooking fuel, electricity and hot water.

(continued on page 161)

Homeless Children

DEFINITION

Homeless children is the number of children under age 18 who stayed at homeless shelters, domestic violence shelters or transitional housing facilities in Rhode Island with their families. This number does not include homeless and runaway youth who are unaccompanied by their families.

SIGNIFICANCE

Lack of affordable housing, unemployment, low-paying jobs, extreme poverty and decreasing government supports all contribute to the problem of family homelessness. Other causes of family homelessness include domestic violence, mental illness, substance abuse and the fraying of social support networks.[1,2,3,4] More than 80% of homeless mothers with children have experienced domestic violence.[5]

Compared to their peers, homeless children are more likely to become ill, develop mental health issues (such as anxiety, depression and withdrawal), experience significant educational disruption, and exhibit delinquent or aggressive behaviors. 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.[6,7]

Families who have experienced homelessness have higher rates of family separation than other low-income families, with children separated from their parents due to shelter rules, state intervention and parents' desires to protect their children from the homelessness experience. Homeless children are 12 times more likely to be placed in foster care than other children. Homelessness also can be a barrier to reunification for families. Studies suggest that more than 30% of children in foster care could return home if their parents had adequate housing.[8]

In Rhode Island, 1,150 children in homeless families made up more than one-quarter (27%) of the people who used emergency homeless shelters, domestic violence shelters and transitional housing in 2010. More than one-half (56%) of these children were under age six. Two-thirds (67%) lived in families that listed one of the core cities as their last permanent residence.[9]

In 2010, 688 families with children stayed at an emergency homeless shelter, domestic violence shelter or transitional housing facility. Several forces have contributed to the high number of families experiencing homelessness in Rhode Island.[10] In 2010, Rhode Island had the fourth highest unemployment rate in the country (11.6%) and the highest foreclosure rate in New England.[11,12] In 2010, the average rent for a two-bedroom apartment in Rhode Island was $1,165 or 91% of the monthly earnings of a full-time worker earning the minimum wage.[13,14]

Neighborhood Opportunities Program

◆ **Established in 2001, the Neighborhood Opportunities Program (NOP) was the first state-funded program for affordable housing in Rhode Island. When it began, the program subsidized both the development and operation of affordable housing. Since 2008, NOP funds have been used only to subsidize rents for families with very low incomes. Families generally pay 30% of their income and the subsidy makes up the difference between this amount and the total rent.[15]**

◆ **The Neighborhood Opportunities Program has helped thousands of homeless individuals and families move into affordable housing and prevented others from becoming homeless. Since the program began, NOP has contributed $44.7 million toward the development and operation of 1,202 homes in 27 cities and towns across Rhode Island.[16]**

Supporting Homeless Children in Schools

◆ **Family residential instability and homelessness contribute to poor educational outcomes for children. Homeless children are more likely to change schools, be absent from school and have lower reading and math scores than children who have housing.[17]**

◆ **The federal *McKinney-Vento Homeless Assistance Act* requires that states identify homeless children, allow them to enroll in school even if they lack required documents, allow them to stay in their "home school," provide transportation when needed and offer services to help them succeed in school.[18]**

◆ **The *McKinney-Vento Act* defines as homeless any child who does not have a "fixed, regular, and adequate nighttime residence."[19] During the 2009-2010 school year, Rhode Island public school personnel identified 996 children as homeless. Of these children, 44% (439) were living in shelters, 42% (421) were living with other families ("doubled up"), 10% (95) were living in hotels or motels, and 4% (41) were unsheltered.[20]**

◆ **Schools can support homeless families by identifying children and youth experiencing homelessness, ensuring that families and staff are aware of students' rights under the *McKinney-Vento Act*, developing relationships with community agencies serving homeless families, and helping homeless children get clothing, school supplies, tutoring and referrals to other services they may need to succeed in school.[21]**

Table 9.

Homeless Children Identified by Public Schools, Rhode Island, 2009-2010 School Year

SCHOOL DISTRICT	TOTAL ENROLLMENT	# OF CHILDREN IDENTIFIED AS HOMELESS BY PUBLIC SCHOOL PERSONNEL
Barrington	3,434	3
Bristol Warren	3,537	3
Burrillville	2,513	28
Central Falls*	2,862	28
Chariho	3,574	31
Coventry	5,401	8
Cranston	10,774	22
Cumberland	5,025	3
East Greenwich	2,393	0
East Providence	5,740	18
Exeter-West Greenwich	1,906	0
Foster	257	0
Foster-Glocester	1,383	2
Glocester	596	0
Jamestown	487	0
Johnston	3,200	0
Lincoln	3,355	6
Little Compton	317	0
Middletown*	2,361	83
Narragansett	1,467	5
New Shoreham	126	0
Newport*	2,106	22
North Kingstown*	4,456	189
North Providence	3,289	11
North Smithfield	1,829	2
Pawtucket*	8,838	34
Portsmouth	2,859	10
Providence*	23,847	203
Scituate	1,656	0
Smithfield	2,508	7
South Kingstown	3,581	24
Tiverton	1,966	2
Warwick*	10,507	66
West Warwick	3,594	49
Westerly	3,193	87
Woonsocket*	6,086	31
Charter Schools	*2,331*	*NA*
State-Operated Schools	*1,628*	*18*
UCAP	*136*	*0*
Core Cities	*47,333*	*367*
Remainder of State	*93,690*	*611*
Rhode Island	*145,118*	*996*

Table 10.

Sheltered Homeless Children, Rhode Island, 2010

CITY/ TOWN	2000 POPULATION UNDER AGE 18	ESTIMATED # OF HOMELESS CHILDREN BY LAST PERMANENT RESIDENCE**
Barrington	4,745	3
Bristol	4,399	3
Burrillville	4,043	0
Central Falls	5,531	56
Charlestown	1,712	3
Coventry	8,389	14
Cranston	17,098	29
Cumberland	7,690	0
East Greenwich	3,564	0
East Providence	10,546	17
Exeter	1,589	0
Foster	1,105	7
Glocester	2,664	0
Hopkinton	2,011	0
Jamestown	1,238	0
Johnston	5,906	0
Lincoln	5,157	0
Little Compton	780	0
Middletown	4,328	25
Narragansett	2,833	0
New Shoreham	185	0
Newport	5,199	29
North Kingstown	6,848	10
North Providence	5,936	3
North Smithfield	2,379	3
Pawtucket	18,151	121
Portsmouth	4,329	0
Providence	45,277	415
Richmond	2,014	0
Scituate	2,635	7
Smithfield	4,019	14
South Kingstown	6,284	7
Tiverton	3,367	0
Warren	2,454	36
Warwick	18,780	29
West Greenwich	1,444	0
West Warwick	6,632	10
Westerly	5,406	7
Woonsocket	11,155	138
Out of State	*NA*	*160*
Core Cities	*91,945*	*769*
Remainder of State	*155,877*	*219*
Rhode Island	*247,822*	*1,150*

Source of Data for Table/Methodology

Table 9.

Rhode Island Department of Elementary and Secondary Education, Public School Enrollment in grades pre-K to 12 on October 1, 2009.

Number of children identified as homeless by public school personnel includes children in pre-kindergarten through grade 12 who are identified by public school personnel as meeting the *McKinney-Vento* definition of homelessness, which includes any child who does not have a "fixed, regular, and adequate nighttime residence."

Charter schools reporting include Blackstone Valley Prep. State-operated Regional schools reporting include the Metropolitan Regional Career and Technical Center and the Rhode Island School for the Deaf.

NA indicates that the number was too small to report.

* The Central Falls, Middletown, Newport, North Kingstown, Pawtucket, Providence, Warwick and Woonsocket school districts received grants to identify and better serve homeless students.

Table 10.

U.S. Census Bureau, Census 2000 Summary File 1.

Rhode Island Emergency Shelter Information Project, 2010.

**The total number of children in shelters includes all children who stayed at homeless shelters and domestic violence shelters in Rhode Island. Because only homeless shelters that participate in the state's Homeless Management Information System (HMIS) provided data on the child's last permanent residence, the count of children by community was calculated by applying the percentage of children from each community reported by these agencies to the total number of homeless children reported by all agencies.

Estimated total number of children by last permanent residence includes children under age 18 who stayed at emergency homeless shelters, domestic violence shelters and transitional housing facilities in Rhode Island with their families in 2010. Data are not comparable with previous Factbooks because the data are for the calendar year and not the fiscal year and include only children physically located at the facilities, not children who resided elsewhere but received supportive services, as in past years.

Additional information on Methodology is on page 158.

References are on page 162.

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 increases family income and reduces poverty. Children with parents who have steady employment are more likely to have access to health care. Secure parental employment also is likely to improve family functioning by reducing the stress brought on by unemployment and underemployment of parents.[1] Among poor families, children with working parents are less likely to repeat a grade or be suspended or expelled from school than children with non-working parents.[2]

The U.S. seasonally-adjusted unemployment rate decreased during 2010, starting at 9.7% in January and ending at 9.4% in December. The U.S. unemployment rate in December 2010 was still nearly twice as high as in December 2007, at the start of the recession, when it was 5.0%.[3,4] Rhode Island's December 2010 unemployment rate was 11.5%, higher than the national level (9.4%).[5]

In 2010, 13% of children in Rhode Island had at least one unemployed parent.[6] Children with unemployed parents are at increased risk for homelessness, child abuse or neglect and failure to complete high school or college.[7]

Between 2007 and 2009, 70% of children under age six and 74% of children ages six to 17 in Rhode Island had all parents in the labor force.[8] In comparison, nationally, 63% of children under age six and 71% of children ages six to 17 had all parents in their family in the labor force.[9]

Even when families have adults with secure parental employment, low wages cause many families to remain in poverty. Nationally, nearly one in three (30%) working families with children is low income (10.0 million working families with a total of 22 million children).[10] Welfare reform aimed to transition welfare recipients to work, yet when these individuals enter the workforce, they tend to earn low wages and have limited benefits. In addition, despite gaining experience and seniority, many low-income workers never move out of low-wage jobs.[11]

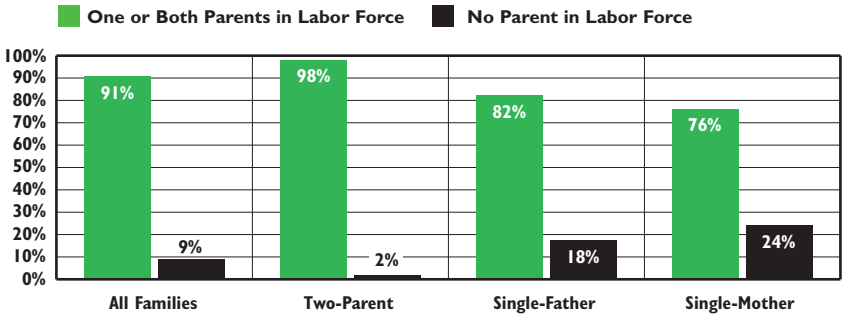
Children Living in Families Where No Parent Has Full-Time, Year-Round Employment, 2009

	2009
RI	31%
US	31%
National Rank*	*25th*
New England Rank**	*5th*

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

Source: The Annie E. Casey Foundation. (2009). KIDS COUNT Data Center.

Employment Status of Parents by Family Type, Rhode Island, 2007-2009



Source: U.S. Census Bureau, American Community Survey, 2007-2009. Table B23008.

◆ **The majority of children living in Rhode Island between 2007 and 2009 had one or both parents in the labor force. Children living with a single parent were 13 times more likely than children living in a two-parent family to have no parents in the labor force. Of children in two-parent families, 70% had both parents in the labor force.[12]**

◆ **Between 2007 and 2009, there were 20,244 Rhode Island children in families with no parent in the labor force. Children in families with a single parent represented 87% (17,626) of families with no employed parents.[13]**

◆ **Between 2007 and 2009, 13% (2,751) of Rhode Island families with incomes below the federal poverty threshold had at least one adult with full-time, year-round employment.[14] Between 1998 and 2008, the percentage of Rhode Island children living in low-income families (below 200% of the federal poverty threshold) with no employed parents fell from 34% to 25%.[15]**

◆ **According to the Poverty Institute's *2010 Rhode Island Standard of Need*, a single parent with two children who works full-time year-round at a minimum wage job and who receives all public benefits for which the family is eligible (SNAP/food stamp benefits, the Earned Income Tax Credit (EITC), child care subsidies and health insurance), will still be $170 short of affording basic expenses each month.[16]**

Barriers to Secure Employment for Low-Income Families

◆ There are many barriers to employment for those leaving welfare for work. Research shows that welfare leavers who return to welfare after working are much more likely to be in poor health, to have low levels of education and to have young children than those who remain employed.[17]

◆ Poor health or a disability may make it difficult for parents to secure or sustain employment. One national study found that 13% of low-income working mothers had some type of disability and that 6% had a severe disability. The same study found that 16% of low-income working mothers had a child with a disability and that 9% had a child with a severe disability. The rates for higher income mothers were significantly lower.[18]

◆ Low-income workers are less likely to have benefits, such as paid time off and flexible work schedules, that would allow them to address the needs of sick children. In the United States, more than half of working parents with below-poverty incomes lack paid leave.[19] Even when they work full-time, year-round, women earn less than male workers and are less likely to have paid time off.[20]

◆ Limited education also can be a barrier to sustained employment. In Rhode Island, 34% of low-income working families include a parent without a high school diploma or GED. Rhode Island ranks 44th (1st is best) in the U.S. on this measure.[21]

◆ Having access to work supports, such as health insurance, SNAP/food stamp benefits and child care subsidies can facilitate steady employment over time. People who leave welfare and use these kinds of transitional support services are much less likely to return to welfare.[22]

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Secure Employment and Child Care

◆ Research shows a link between adequate child care availability and sustained maternal labor force participation.[23] Low-income working mothers who do not have regular child care arrangements for their preschool children have lower job retention than mothers with regular care arrangements.[24]

◆ Low-income parents are less likely to use paid child care than higher-income parents. When they do pay for child care, they spend a higher proportion of their income than higher-income parents.[25]

◆ In Rhode Island, child care assistance is guaranteed to all income-eligible working families. During the 2007 legislative session, eligibility for child care was rolled back from 225% to 180% of the federal poverty level ($32,958 for a family of three in 2010).[26,27]

Rhode Island Earned Income Tax Credit (EITC)

◆ Earned Income Tax Credits (EITCs) provide tax reductions and wage supplements for low- and moderate-income working families. EITCs reduce child poverty, decrease taxes and increase work incentives for families struggling to make ends meet. The federal EITC is the nation's most effective antipoverty program for working families, lifting 6.5 million people – roughly half of whom are children – out of poverty each year.[28]

◆ In 2009, the *American Recovery and Reinvestment Act* (ARRA) expanded the federal EITC, providing an additional estimated $3.4 billion in benefits to families.[29] These expansions were set to expire in December of 2010, but have been extended through 2012 with the federal *Tax Relief, Unemployment Insurance Reauthorization and Job Creation Act of 2010.*[30,31]

◆ State EITCs can supplement the federal EITC to further support working families. Currently, Rhode Island offers a partially-refundable state EITC equal to 25% of the federal EITC, with 15% of this being refundable (i.e., 3.75% of the federal EITC). Of the 24 states offering EITCs, Rhode Island is the only state with a partially refundable credit.[32]

Children Receiving Child Support

DEFINITION

Children receiving child support is the percentage of parents who make child support payments on time and in full as indicated in the Rhode Island Office of Child Support Services system. 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 and medical support require establishment of paternity.

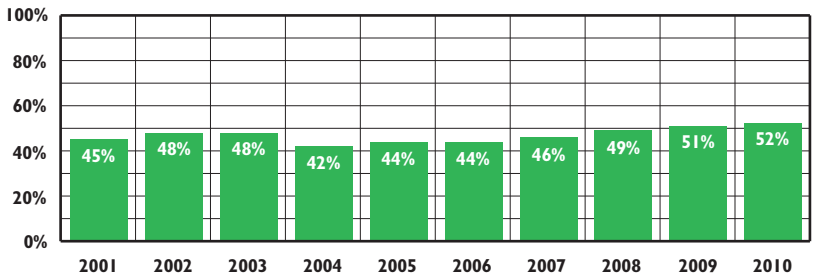
SIGNIFICANCE

Child support is a major part of the safety net for children and families. One in four U.S. children (17 million) receives child support services.[1] Child support provides a mechanism for non-custodial parents (usually fathers) to contribute to the financial and medical support of their children. Child support programs can promote family self-sufficiency and child well-being by helping custodial parents locate the non-custodial parent, establishing paternity, establishing support orders, collecting support payments and providing non-custodial parents with services, such as reviews of their support orders when the non-custodial parent's economic situation changes.[2]

The receipt of child support payments can significantly improve the economic well-being of a child growing up in a family with a non-resident parent. For poor families that receive child support, these payments represent more than a third (38%) of their income. Custodial parents who receive steady child support payments are less likely to receive cash assistance and more likely to find work more quickly and stay employed longer than those who do not.[3,4]

For many families, even when a child support order is in place, payments can be unreliable.[5] Low-income, non-custodial parents often are poor themselves and have limited ability to provide financial support to their children.[6] Fatherhood programs that target low-income, non-custodial parents and provide a combination of job skills training and employment assistance, parenting skills, and links to the child support system have been shown to increase child support payments.[7] Non-custodial fathers who pay regular child support are more involved with their children, providing them with emotional and financial support. Research also shows that the receipt of regular child support payments can have a positive effect on children's academic achievement.[8]

Non-Custodial Parents With Court Orders Who Pay Child Support On-Time and in Full, Rhode Island, 2001–2010



Sources: Rhode Island Department of Administration, Office of Child Support Enforcement, 2001-2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005-2010.

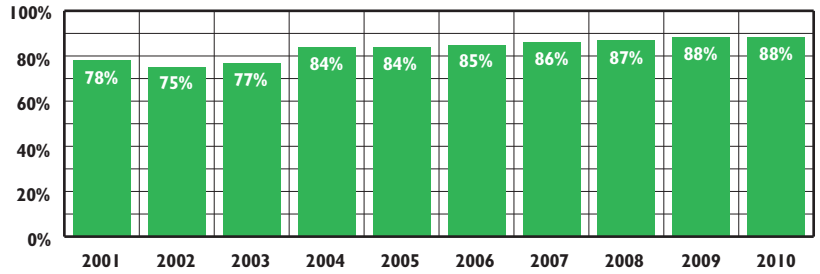
◆ **As of December 1, 2010, there were 84,862 children in Rhode Island's Office of Child Support Services system. Over half (56%) of the children with a known Rhode Island residence lived in the six core cities. Fifty-two percent (52%) of non-custodial parents under court order in Rhode Island were making child support payments on time and in full.[9]**

◆ **In 2010, the Rhode Island Office of Child Support Services collected $84.0 million in child support, a $2.5 million increase over the previous year. Collections go towards both child support and medical support. Eighty-six percent ($72.1 million) of the funds collected were distributed directly to families and the remainder was used to reimburse the state and federal governments for cash assistance (RI Works) and RIte Care costs.[10]**

◆ **The Office of Child Support Services is a cost-effective program. In Federal Fiscal Year (FFY) 2009, the Rhode Island Office of Child Support Services collected $7.87 for every $1.00 Rhode Island spent.[11]**

◆ **During FFY 2010, there were 10,966 court orders for medical insurance and 10,236 orders to pay for medical coverage. A total of $4.0 million in payments (known as "cash medical") was retained by the state to offset the cost of RIte Care, while approximately $1.3 million was disbursed directly to families to offset the cost of private health insurance coverage or other medical expenses.[12]**

Rhode Island Children in the Office of Child Support Services System With Paternity Established, 2001-2010



Sources: Rhode Island Department of Administration, Office of Child Support Enforcement, 2001-2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005-2010. Includes all children in the child support system -- private, interstate, and IV-D cases (i.e., those cases that received assistance with child support because they were receiving RI Works, RIte Care or child care assistance benefits).

◆ **The percentage of children in the Rhode Island child support system with paternity established increased from 78% of children in 2001 to 88% of children in 2010.[13]**

◆ **Despite increases in the percentage of children with paternity established, in FFY 2009, Rhode Island had the lowest rate of court orders for child support established in New England (Vermont – 89%; Maine – 89%; New Hampshire – 85%; Massachusetts – 81%; Connecticut – 72%; Rhode Island – 64%).[14]**

◆ **In FFY 2009, Rhode Island had the highest case/staff ratio in New England, more than three times that of the lowest state (VT). In recent years, the Office of Child Support Services has faced major staff reductions, losing close to one-third of its staff and affecting the Office's ability to establish court orders for child support.[15,16]**

References

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[3,5] U.S. Census Bureau, Statistical Abstract of the United States: 2011. Table 566.

[4,6,8] Turetsky, V. (2005). *The Child Support Enforcement Program: A sound investment in improving children's chances in life.* Retrieved January 26, 2011, from www.clasp.org

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Child Support and Rhode Island Works

◆ **As of December 1, 2010, Rhode Island's Office of Child Support Services system included 9,002 children enrolled in Rhode Island Works (RI Works).[17]**

◆ **In 2010, the average child support obligation for children enrolled in RI Works was $256 per month, compared to an average child support obligation of $362 per month for children in non-RI Works families.[18] Calculations for child support payments are based on both parents' incomes, so it is expected that the average child support obligation for children enrolled in RI Works would be lower.**

◆ **In 2010, Rhode Island's Office of Child Support Services collected $5.0 million in child support for children enrolled in RI Works. The federal and state governments retained $4.6 million, and the remaining $477,428 was passed through to families.[19]**

◆ **In Rhode Island, only the first $50 of child support paid on time each month on behalf of a child receiving RI Works cash assistance (called a "pass-through" payment) goes to the custodial parent caring for the child.[20] The remainder of the payment is retained by the federal and state governments as reimbursement for assistance received through RI Works. In FFY 2010 in Rhode Island, an average of 825 families received at least one "pass-through" payment each month.[21]**

◆ **In October 2008, a federal policy change went into effect which provides states the option to increase the amount of money passed through to children. States that pass through up to $100 per month for one child and up to $200 per month for two or more children and that disregard this income in calculating eligibility for cash assistance do not have to reimburse the federal government for its share of the child support collected.[22] Since this federal policy change went into effect, a number of states have increased the amount they pass through to children. Rhode Island has not implemented this option.[23]**

◆ **More generous child support "pass-through" policies for families receiving cash assistance would provide a greater incentive for custodial parents to seek child support and for noncustodial parents to make regular payments because more of the child support payment would go to the child. Increased "pass-throughs" could therefore increase total child support collections, increase family income, potentially reduce the amount of other benefits and ultimately decrease costs to federal and state governments.[24,25]**

Children in Poverty

DEFINITION

Children in poverty is the percentage of children under age 18 who are living in households with incomes below the poverty threshold, as defined by the U.S. Census Bureau. 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 who experience poverty in early childhood and for extended periods of time, are more likely to have health and behavioral problems, experience difficulty in school, become teen parents and earn less or be unemployed as adults.[1,2,3] Children in low-income communities are more likely to attend schools that lack resources and rigor, are less likely to be enrolled in a preschool, and have fewer opportunities to participate in extracurricular activities.[4,5,6]

Nationally and in Rhode Island, minority children are more likely to grow up poor than White children. Children under age six, who have single parents, whose parents have low educational levels, or whose parents work part-time or are unemployed are all at increased risk of living in poverty.[7,8]

In 2010, the federal poverty threshold was $17,607 for a family of three with two children and $22,162 for a family of four with two children.[9] The federal poverty threshold underestimates the number of families who struggle to meet basic needs, has not been adjusted to address changes in family spending patterns (e.g., the rising costs of housing, child care, medical care and transportation), and does not consider geographic variations in the cost of living.[10,11] A new Supplemental Poverty Measure will be released in the fall of 2011. This new measure will not replace the official measure but will provide policy makers with a new way to evaluate the effects of anti-poverty policies.[12]

According to the *2010 Rhode Island Standard of Need*, a single-parent family with two children would need $48,576 a year to meet their basic living expenses. This is more than twice the federal poverty level for a family of three. Work supports, such as subsidized child care, health care (RIte Care), food assistance and tax credits, can help poor and low-income families meet their basic needs.[13]

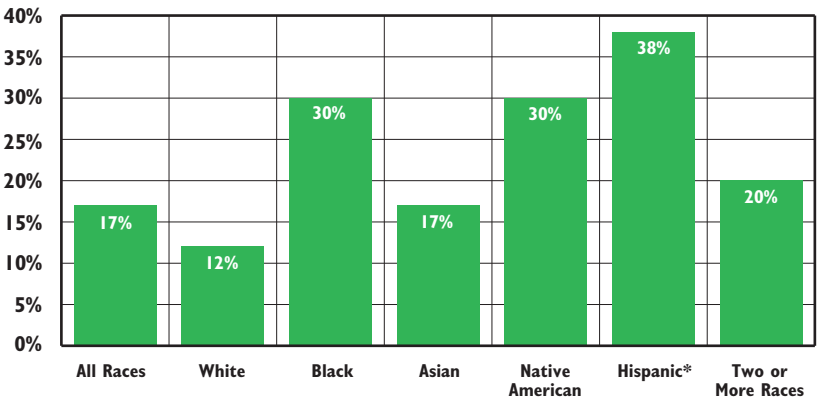
Children in Poverty

	2006	2007	2008	2009
RI	15.1%	17.5%	15.5%	16.9%
US	18.3%	18.0%	18.2%	20.0%
National Rank*				*19th*
New England Rank**				*5th*

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

Source: U.S. Census Bureau, American Community Survey, 2006-2009. Table R1704.

Children in Poverty, by Race and Ethnicity, Rhode Island, 2007-2009



Source: U.S. Census Bureau, American Community Survey, 2007-2009. Tables B17001, B17020A, B17020B, B17020C, B17020D, B17020G and B17020I. *Hispanic children may be included in any race category.

◆ **Between 2007 and 2009, 17.1% (38,604) of Rhode Island's 226,324 children under age 18 with known poverty status lived in households with incomes below the federal poverty threshold.[14]**

◆ **In Rhode Island as well as in the United States as a whole, children who are racial and ethnic minorities are more likely to live in families with incomes below the federal poverty threshold. Between 2007 and 2009, about one in three Hispanic (38%), Black (30%) and Native American (30%) children in Rhode Island lived in poverty, compared to 17% of Asian children and 12% of White children.[15]**

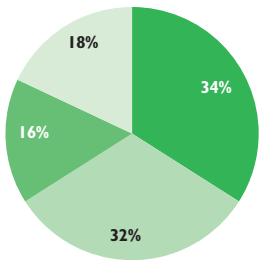
◆ **While Native American, Black, and Asian children in Rhode Island are more likely to experience poverty than White children, children from these groups represent less than one-fifth (18%) of all children living in poverty in Rhode Island. Between 2007 and 2009, of all children living in poverty in Rhode Island, more than half (51%) were White, 14% were Black, 3% were Asian, 1% were Native American, 26% were Some other race and 5% were Two or more races.[16]**

◆ **Between 2007 and 2009, 43% of Rhode Island's poor children were Hispanic. Hispanic children may be included in any race category. The Census Bureau asks about race separately from ethnicity, and the majority of families who identify as Some other race also identify as Hispanic.[17]**

Rhode Island's Poor Children, 2007-2009

By Age

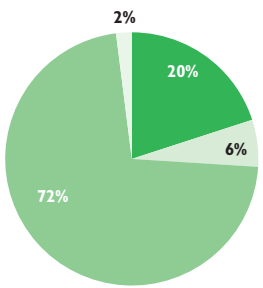
34%	Ages 5 and Younger
32%	Ages 6 to 11
16%	Ages 12 to 14
18%	Ages 15 to 17



n = 38,604

By Family Structure

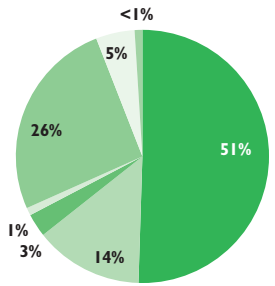
20%	Married Couple Family
6%	Unmarried Male Householder
72%	Unmarried Female Householder
2%	Not in Related-Family Households



n = 38,604

By Race*

51%	White
14%	Black
3%	Asian
1%	Native American
26%	Some Other Race
5%	Two or More Races
<1%	Unknown



n = 38,604

**Hispanic children may be included in any race category. Between 2007 and 2009, 16,598 (43%) of Rhode Island's 38,604 poor children were Hispanic.*

Source: U.S. Census Bureau, American Community Survey, 2007-2009. Tables B17001, B17006, B17020A, B17020B, B17020C, B17020D, B17020F, B17020G & B17020I. Population includes children for whom poverty status was determined. Percentages may not sum to 100% due to rounding.

Children Living in Extreme Poverty

◆ Families with incomes below 50% of the federal poverty threshold are considered to be in extreme poverty. In 2010, the extreme poverty level was $8,804 for a family of three with two children and $11,081 for a family of four with two children.[18] Of the 38,604 children living below the poverty threshold in Rhode Island from 2007 to 2009, almost half (46%) lived in extreme poverty. In total, an estimated 7.8% (17,598) of all children in Rhode Island lived in extreme poverty.[19]

◆ From the start of the recession in December 2007 through December 2009, the percentage of people in extreme poverty in the U.S. grew to its highest level on record. The Temporary Assistance to Needy Families (TANF) program has become less effective as a safety net for very poor families with children. Although Rhode Island's unemployment rate was among the highest in the nation during the recession, the state experienced the largest decline in its TANF caseload (29%) in the U.S. due to new policies implemented when the state's TANF program changed from the Family Independence Program to Rhode Island Works.[20]

Young Children Under Age Six in Poverty in Rhode Island

◆ Children under age six are at higher risk of living in poverty than any other age group.[21] Increased exposure to risk factors associated with poverty interferes with young children's emotional and intellectual development. Risk factors associated with poverty include inadequate nutrition, exposure to environmental toxins, unstable housing, maternal depression, trauma and abuse, lower quality child care and parental substance abuse.[22,23]

◆ Between 2007 and 2009, 18% (13,156) of Rhode Island children under age six lived below the poverty threshold, somewhat lower than the national rate of 22%, and almost half (43%) of Rhode Island children under age six who were living in poverty lived in extreme poverty.[24]

◆ As of December 1, 2010, there were 2,777 children under age three and 1,817 children ages three to five in families receiving cash assistance (RI Works). Children under age six made up 50% of children receiving cash assistance in Rhode Island.[25]

◆ In 2010, 48% of all child victims of neglect (which is often linked with family poverty) in Rhode Island were children under the age of six.[26]

Children in Poverty

Financial Asset Building

◆ For working poor families, having assets such as checking and savings accounts provides families the ability to conduct basic financial transactions, manage financial emergencies related to unemployment and illness, and invest in education and training.[27,28]

◆ Many low-income families lack knowledge about or access to traditional banks and instead rely on cash transactions or alternative financial services, such as check-cashing stores, payday lenders, rent-to-own stores and refund anticipation loans. These families pay high fees for financial transactions and high interest rates on loans, are more vulnerable to loss or theft, and often struggle to build credit histories and achieve economic security.[29,30]

◆ In Rhode Island, 6.2% of households do not have a checking or savings account. Among the poorest households, those with incomes less than $15,000, almost one in three households (31.2%) have no bank account, a rate that is higher than the U.S. as a whole (27.1%) and higher than any other state in New England.[31]

◆ 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 support low-income families in using traditional banking institutions and increase their savings.[32]

◆ State and federal policies that protect families from predatory mortgage lending and payday lending and expand cost-effective and safe financial services would allow families to keep more of their earnings, save and invest more and could ultimately promote a more stable workforce and stronger communities.[33,34,35]

◆ Many public assistance programs have eligibility provisions that limit the amount of assets and/or the value of vehicles a family can own. Such policies discourage families from saving and building the assets they need to improve their economic security.[36]

◆ Rhode Island currently has a $1,000 asset limit to qualify for and retain RI Works cash assistance and is one of only eight states with such a restrictive asset limit. Under Rhode Island law, the value of one vehicle for each adult household member (not to exceed two vehicles per household) does not count toward the family's asset limit.[37]

Building Blocks of Economic Security

Income Supports

◆ During the recession, a combination of existing income support programs and temporary expansions implemented as part of the federal *American Recovery and Reinvestment Act*, kept many families from falling into poverty. Income supports can be cash payments, such as Rhode Island Works; tax credits including the Earned Income Tax Credit and the Child Tax Credit; and "near-cash" benefits, such as food, child care and housing assistance that are not provided in cash but which are used to pay regular monthly bills.[38]

Access to Health Care

◆ Families with incomes below the poverty level are much less likely to receive health insurance through an employer than higher-income workers. Some low-income workers are ineligible because they work part-time or are recent hires, while others cannot afford to pay their share of the insurance premium.[39] Children with health insurance (public or private) are more likely to have a regular and accessible source of health care.[40]

Affordable Quality Child Care

◆ High quality, affordable child care helps parents maintain employment and supports children's development.[41] On average, families living below the poverty threshold spend 32% of their monthly income on child care, compared to 7% for families with incomes twice or more than the federal poverty threshold. Child care subsidies can help poor families afford the cost of child care.[42]

Educational Attainment

◆ Seventy-six percent of Rhode Island children whose parents lack a high school diploma and 65% of children whose parents have only a high school diploma live in low-income families.[43] The share of jobs that require a college degree has increased in recent decades and is expected to increase further. By 2018, 61% of the jobs in Rhode Island will require postsecondary training beyond high school.[44]

Affordable Housing

◆ In 2010, the average rent for a two-bedroom apartment in Rhode Island was $1,165.[45] In Rhode Island, a family of three with an income at the federal poverty level would need to spend 76% of its income on rent to pay this amount, well above the recommended percentage of 30%.[46] Housing vouchers can help families afford the high cost of housing, but there are not enough vouchers to meet the need.[47]

Table 11. **Children Living Below the Federal Poverty Threshold, Rhode Island, 2000**

	CHILDREN UNDER AGE SIX LIVING IN EXTREME POVERTY		CHILDREN UNDER AGE SIX LIVING BELOW POVERTY		CHILDREN UNDER AGE 18 LIVING IN EXTREME POVERTY		CHILDREN UNDER AGE 18 LIVING BELOW POVERTY	
CITY/TOWN	#	%	#	%	#	%	#	%
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	0%	0	0%	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	0%	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	0%	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. Census Bureau, 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.

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

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(continued on page 163)

Children in Families Receiving Cash Assistance

DEFINITION

Children in families receiving cash assistance is the percentage of children under age 18 who were living in families receiving cash assistance through the Rhode Island Works Program (RI Works). These data measure the number of children and families enrolled in RI Works at a single point in time. Children and families who participated in the program at other points in the year but who were not enrolled on that day are not included.

SIGNIFICANCE

The Rhode Island Works Program (RI Works) replaced the Family Independence Program (FIP), effective July 1, 2008. The goal of RI Works is to help families successfully transition to work by providing cash assistance and work supports, including employment services, SNAP benefits, health insurance and subsidized child care. Children and families qualify for cash assistance based on their income, resources and the number of people in their families.[1]

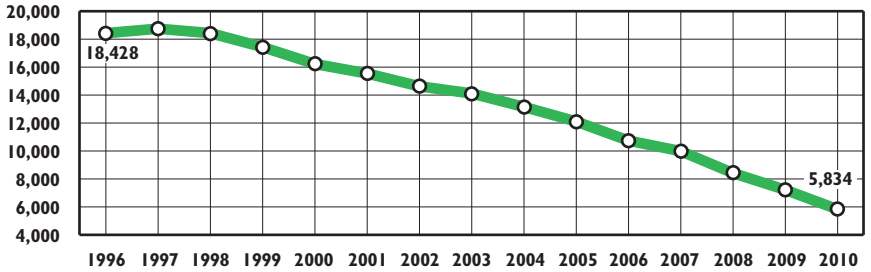
RI Works cash assistance recipients must participate in an employment plan focused on supporting rapid entrance or re-entrance into the workforce, unless they meet specific criteria for an exemption. Most plans begin with job search and placement and job skills development. If the parent is not successful in finding work, plans also may include work experience, literacy and GED programs, English-language programs or vocational education.[2]

RI Works provides a safety net for some children whose parents are unable to work due to a disability and can function as an unemployment system for parents who do not have sufficient earnings or work experience to qualify for unemployment benefits. RI Works also provides time-limited supplementary cash assistance to very low-income working families.[3] In December 2010, the average hourly wage of parents enrolled in RI Works and working was $9.37 per hour.[4]

RI Works connects families to the Office of Child Support Services, which assists families in establishing paternity (when applicable), identifying and locating non-custodial parents and obtaining child support payments from non-custodial parents.[5] In Rhode Island, the first $50 of child support paid on time each month on behalf of a child enrolled in RI Works goes to the custodial parent caring for the child.[6] The balance is shared by the state and federal governments as reimbursement for assistance received through RI Works.[7]

The maximum monthly RI Works benefit for a family of three is $554 per month.[8] Families receiving the maximum monthly cash benefit have incomes that are less than one-half the federal poverty level and are living in extreme poverty.[9]

Cash Assistance* Caseload, Rhode Island, 1996 – 2010



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1996 – 2010. Cases can be child-only or whole families and multiple people can be included in one case. **The Rhode Island cash assistance program was called Aid to Families with Dependent Children (AFDC) until May 1, 1997, then called the Family Independence Program (FIP) until July 1, 2008, when it became the Rhode Island Works Program (RI Works).*

◆ **Between 1996 and 2010, the Rhode Island cash assistance caseload decreased by 68% from 18,428 cases to 5,834 cases. In just one year, from 2009 to 2010, the caseload decreased by 19% or 1,390 cases.[10]**

◆ **A large part of the recent decline in the caseload is the result of policies implemented when the program changed from FIP to RI Works in 2008. These policies included new time limits – a 48-month lifetime limit for benefits and a new periodic time limit that limits assistance to no more than 24 months of assistance in any 60-month period. Other policy changes that have resulted in a decreasing caseload include closing child-only cases when parents reach their time limit and limiting eligibility for legal permanent residents to those who have had that status for five years.[11]**

◆ **During the deepest part of the recession, from December 2007 to December 2009, Rhode Island experienced the nation's largest cash assistance caseload decline (29%) despite having a peak unemployment rate of 12.7%, the third highest in the nation.[12]**

◆ **In December 2010, there were 3,923 adults and 9,155 children under age 18 enrolled in RI Works. More than two-thirds (70%) of RI Works beneficiaries were children, and half (50%) of the children enrolled in RI Works were under the age of six.[13]**

◆ **The high rates of unemployment in Rhode Island coupled with shorter time limits for cash assistance leaves many families with children experiencing deep poverty, hardship and homelessness. There are currently no Rhode Island general revenue funds devoted to a cash assistance safety net for children and families.**

RI Works Policies

Work Requirements

◆ Single-parent families must participate in a work activity for a minimum of 20 hours per week if they have a child under age six and a minimum of 30 hours per week if their youngest child is age six or older. Single parents can combine 10 hours of job skills training, education that is directly related to employment, or a GED program with 20 hours of work to reach the 30-hour work requirement.[14]

Time Limits

◆ The lifetime limit for RI Works is 48 months. Families also are limited to no more than 24 months of cash assistance in a 60-month period. All cash assistance issued in Rhode Island or any other state since May 1997 counts toward the lifetime limit, while assistance received since July 1, 2008 counts toward the 24-month periodic time limit.[15]

Hardship Extensions

◆ Families can apply for hardship extensions that allow them to continue receiving cash assistance after reaching the time limit if the parent has a documented significant disability, is caring for a significantly disabled family member, is unable to pursue employment due to domestic violence, is homeless or is unable to work because of "a critical other condition or circumstance."[16] There is no limit on the total time a family can receive a hardship extension.[17,18]

Child-Only Cases

◆ Child-only cases are those that receive assistance for only the children in the family because the child's parent is ineligible. Child-only cases include children living with a non-parent or a parent who is disabled and receiving Supplemental Security Income.[19]

Sanctions

◆ If a parent misses a required appointment, refuses or quits a job or in some other way fails to comply with an employment plan and is not able to establish "good cause" (e.g., lack of child care, illness, a family crisis or other allowed circumstance), the family's cash benefit is reduced. If benefits are reduced for a total of three months (consecutive or not) due to non-compliance, the family's case is closed and the entire family loses the RI Works benefit. Benefits can be restored in the month after the parent comes into compliance.[20]

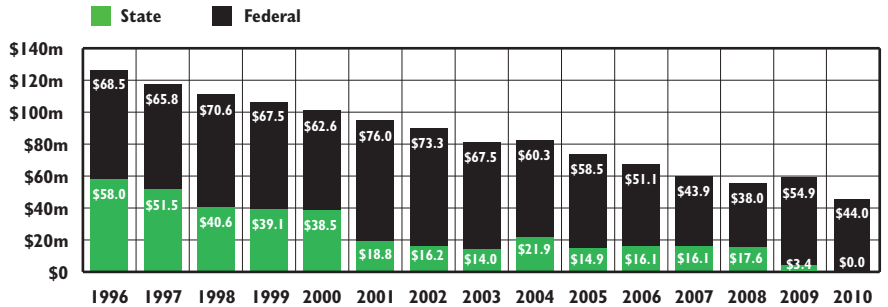
RI Works by Case Type, 2010

	Number	Percentage
Child-only cases	2,318	40%
Cases with adults required to engage in a work activity	2,706	46%
Cases with adults exempt from a work activity*	810	14%
Total RI Works caseload	*5,834*	

Source: Rhode Island Department of Human Services, InRhodes Database, 2010

**RI Works regulations require that all parents and caretaker relatives included in the cash assistance grant participate in a work activity unless they receive a temporary exemption. Exemptions from work activities include: caring for a disabled spouse or child (57), in third trimester of pregnancy (337) and youngest child under age one (416).*

Rhode Island Cash Assistance Expenditures, State Fiscal Years 1996-2010

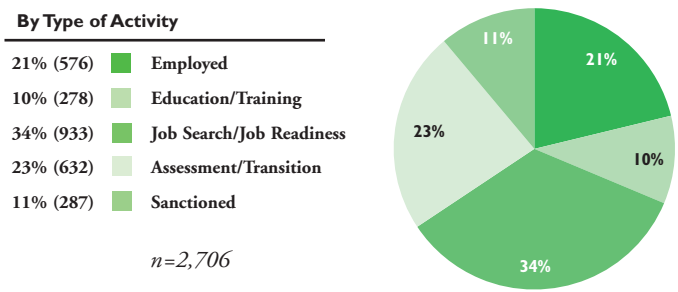


Source: Rhode Island Department of Human Services, *Family Independence Program 2007 Annual Report.* (FY 1996-2001); House Fiscal Advisory Staff. (2004-2010). *Budget as enacted: Fiscal Years 2005-2011.* (FY 2002-2010). Fiscal years 2002-2009 are funds spent and FY 2010 is final budget.

◆ In State Fiscal Year 2010, for the first time, no general revenue was allocated for cash assistance. State general revenue spending for cash assistance has been decreasing steadily over the past 14 years. The cash assistance program is now entirely supported by federal Temporary Assistance to Need Families (TANF) block grant funds. The total federal TANF expenditures for cash assistance in Rhode Island decreased by 36% between 1996 and 2010, from $68.5 million to $44.0 million.[21,22]

Children in Families Receiving Cash Assistance

Activities of Families Enrolled in the RI Works Program, December 2010



Source: Rhode Island Department of Human Services, InRhodes Database, December 2010.

◆ As of December 2010, 21% of families that were required to engage in work-related activities were employed, down from 38% in December 2007, when the recession began.[23,24] During this same period, from December 2007 through December 2010, the unemployment rate in Rhode Island has grown from 6.0% to 11.5%, though it has moderated somewhat from its December 2009 high of 12.7%.[25]

◆ Parents with limited literacy or English-language skills can participate in a six-month basic education and work skills program. Parents also can receive up to one year of vocational education.[26] As of December 2010, 10% of families were participating in education or training programs.[27]

◆ One-third (34%) of families were participating in job search/job readiness activities, including job search and job skills development programs delivered in partnership with the Rhode Island Department of Labor and Training, primarily through their netWORKri one-stop career center locations, and vocational rehabilitation services delivered by the Office of Rehabilitation Services. Almost one-quarter of families (23%) were in assessment or transition, which includes preparing an employment plan, receiving educational or vocational assessments, or waiting to begin an education program or job.[28,29]

◆ Slightly more than 1 in 10 families (11%) required to engage in a work-related activity were sanctioned, meaning they lost benefits due to non-compliance with their employment plan.[30]

Support for Young Parents

◆ A child is nine times more likely to grow up in poverty if that child's mother gave birth as a teen, the parents were unmarried when the child was born and the mother did not receive a high school diploma or GED.[31]

◆ RI Works provides additional support to young parents. Parents who are under age 20 and do not have a high school diploma or GED receive mandatory parenting skills training and are supported in completing their high school education while enrolled in RI Works. In addition, pregnant or parenting teens under the age of 18 are required to live with their parent or relative or in an adult-supervised setting if it is not possible to live at home.[32]

◆ In December 2010, there were 444 families with a head of household under the age of 21 enrolled in RI Works, representing 8% of the total caseload and 13% of the caseload when child-only families are excluded. Eight of these families were headed by a teen mother under the age of 18.[33]

Support for Individuals with Disabilities and Their Families

◆ Nationally, more than one-quarter (27%) of cash assistance recipients have physical, mental or emotional problems that keep them from working or limit the type or amount of work they can do, compared to 6% of all low-income single mothers.[34]

◆ Under RI Works, parents with disabilities are not exempt from work requirements. Parents who report having a disability and who are not receiving SSI may be referred to the Office of Rehabilitation Services for further assessment, vocational rehabilitation services and help applying for SSI.[35]

◆ As of December 1, 2010, 1,047 families had hardship extensions, 206 for a physical or mental disability, 29 to care for a disabled family member, 22 who were unable to work due to a domestic violence situation, 11 for homelessness and 779 for another reason (e.g., because they were unable to find work due to the recession).[36]

◆ Families that include children with disabilities face special challenges, including difficulty finding appropriate child care. Parents may need to miss work to provide for their children's special needs and missing work puts them at risk of being sanctioned.[37]

Education and Training Supporting Employment

◆ Twenty percent of Rhode Island's adult working age population (ages 16-64) that is not enrolled in school lacks a high school diploma, has limited English-language skills or faces both of these obstacles to success in the labor market.[38]

◆ Projections suggest that adults who drop out of high school will qualify for only 10% of jobs in 2018, while 63% of jobs in the U.S. and 61% of the jobs in Rhode Island will require postsecondary education, up from 28% in 1973.[39] Between 2007 and 2009, the unemployment rate for Rhode Islanders without high school diplomas (11.5%) was one and a half times higher than it was for those with high school degrees (7.7%).[40]

◆ Parents enrolled in RI Works face significant barriers to success in the labor market. Almost one-half of the parents (44%) enrolled in RI Works report not finishing high school.[41] Among a recently tested group of parents receiving cash assistance, almost one-third (29%) tested at or below the 6th grade reading level. More than half (58%) of native Spanish speakers enrolled in RI Works tested at or below the 6th grade reading level on a Spanish-language version of the test.[42]

◆ Research suggests that cash assistance recipients who receive more than a year of postsecondary education or training increase their chances of obtaining and retaining employment. Helping cash assistance recipients develop career pathways, rather than taking any available job, also can help them become self-sufficient.[43]

Source of Data for Table/Methodology

Rhode Island Department of Human Services, InRhodes Database, December 2010. The denominator is the total number of children under age 18 from U.S. Census Bureau, Census 2000. Summary File 1, Table P12.

Communities may have more families than children receiving cash assistance because a pregnant woman without children is eligible if in the final trimester of her pregnancy.

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

References

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[4,8,10,13,23,27,28,30,33,36,41] Rhode Island Department of Human Services, InRhodes Database, December 1996-2010.

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[7] Rhode Island Department of Human Services, Office of Child Support Services, 2011.

(continued on page 163)

Table 12. **Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 1, 2010**

CITY/TOWN	# OF CHILDREN UNDER AGE 1	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,745	6	8	<1%
Bristol	4,399	37	62	1%
Burrillville	4,043	24	35	1%
Central Falls	5,531	271	439	8%
Charlestown	1,712	11	10	1%
Coventry	8,389	60	89	1%
Cranston	17,098	303	449	3%
Cumberland	7,690	61	100	1%
East Greenwich	3,564	24	29	1%
East Providence	10,546	138	187	2%
Exeter	1,589	10	20	1%
Foster	1,105	7	10	1%
Glocester	2,664	13	15	1%
Hopkinton	2,011	11	13	1%
Jamestown	1,238	2	2	<1%
Johnston	5,906	99	136	2%
Lincoln	5,157	38	51	1%
Little Compton	780	2	2	<1%
Middletown	4,328	41	51	1%
Narragansett	2,833	22	40	1%
New Shoreham	185	1	2	1%
Newport	5,199	167	266	5%
North Kingstown	6,848	69	111	2%
North Providence	5,936	117	170	3%
North Smithfield	2,379	21	29	1%
Pawtucket	18,151	547	797	4%
Portsmouth	4,329	23	28	1%
Providence	45,277	2,555	4,262	9%
Richmond	2,014	11	21	1%
Scituate	2,635	14	19	1%
Smithfield	4,019	14	23	1%
South Kingstown	6,284	43	65	1%
Tiverton	3,367	51	71	2%
Warren	2,454	28	39	2%
Warwick	18,780	220	283	2%
West Greenwich	1,444	5	8	1%
West Warwick	6,632	161	222	3%
Westerly	5,406	66	105	2%
Woonsocket	11,155	541	886	8%
Core Cities	*91,945*	*4,242*	*6,872*	*7%*
Remainder of State	*155,877*	*1,592*	*2,283*	*1%*
Rhode Island	*247,822*	*5,834*	*9,155*	*4%*

Children Receiving SNAP Benefits

DEFINITION

Children receiving SNAP benefits is the number of children under age 18 who participated in the Supplemental Nutrition Assistance Program (SNAP) in 2010 and the percentage change between 2005 and 2010 in the number of children under age 18 participating.

SIGNIFICANCE

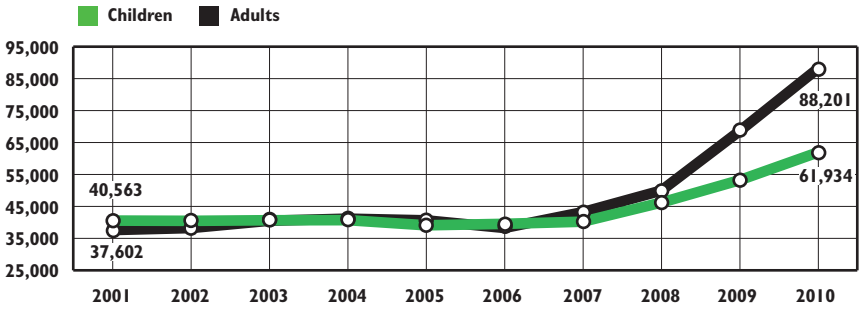
Hunger and lack of regular access to sufficient food are linked to serious physical, psychological, emotional and academic problems in children and can interfere with their growth and development.[1,2,3] The Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, helps low-income individuals and families obtain better nutrition through monthly benefits they can use to purchase food at retail stores and some farmers' markets.[4] Children who receive SNAP benefits are 26% less likely to go hungry than eligible children who are not enrolled.[5]

In the past, SNAP had been available to households with gross incomes below 130% of the federal poverty level, net incomes below 100% of the federal poverty level and no more than $2,000 in resources.[6] In April 2009, Rhode Island implemented expanded categorical eligibility, an option encouraged by the U.S. Department of Agriculture (USDA), which allowed Rhode Island to increase the gross income limit and remove the resource limit for most applicants.[7,8] The gross income limit for Rhode Island is now 185% of the federal poverty level ($2,823 per month for a family of three). Households must still meet the net income limit of 100% of the federal poverty level after allowable deductions, which include deductions for housing costs and child care.[9,10]

Purchasing food using SNAP benefits helps many low-income families bridge the gap between what they earn and their basic living expenses. In 2010, a Rhode Island family of three with one full-time, year-round worker making the minimum wage had only 76% of the income needed to meet basic expenses. If the same family received SNAP benefits, they would be able to meet 93% of their basic needs.[11] In 2010, the average monthly SNAP benefit for a family of three in Rhode Island was $383.[12]

SNAP is an important anti-hunger program that helps individuals and families purchase food when they have limited income, face unemployment or reduced work hours, or experience a crisis. SNAP is one of the fastest and most effective forms of economic stimulus because it moves money into the local economy quickly.[13]

Participation in the Supplementary Nutrition Assistance Program, Children and Adults, Rhode Island, 2001-2010



Source: Rhode Island Department of Human Services, InRhodes Database, 2001–2010. Data represent children under age 18 and adults who participated in SNAP during the month of October.

◆ **In October 2010, in Rhode Island, there were 88,201 adults and 61,934 children enrolled in SNAP. More than one-third (38%) of the children enrolled in SNAP were under the age of six.[14]**

◆ **Since 2005, the number of Rhode Island children receiving SNAP benefits during the month of October has increased by almost 23,000 from 39,087 in 2005 to 61,934 in 2010, while the number of participating adults has more than doubled from 40,637 in 2005 to 88,201 in 2010.[15]**

Food Insecurity in Rhode Island

◆ **The USDA defines food insecurity as not always having access to enough food for an active, healthy life. Between 2007 and 2009, 13.7% of Rhode Island households and 13.5% of United States households were food insecure. In 2009, more than one in every five (21.3%) U.S. households with children were food insecure, while one-half (50.7%) of U.S. households with children with incomes below the poverty level experienced food insecurity.[16]**

◆ **Over the past three years, the number of Rhode Islanders who receive emergency food assistance from food pantries and soup kitchens each month has grown by 17,000. These programs now feed 55,000 people each month, and four out of 10 of the households served include children. In 2009, over one-half (57%) of Rhode Islanders who accessed emergency food assistance also received SNAP benefits, up from 35% in 2006.[17]**

SNAP Participation in Rhode Island

◆ Between October 1, 2005 and October 1, 2010, the number of Rhode Island children receiving SNAP benefits increased by 70% from 35,168 to 59,652. SNAP participation rates among children increased by 49% in the core cities and more than doubled in the remainder of the state.[18]

◆ Since 2005, Rhode Island has implemented a number of strategies to improve access to SNAP benefits including implementing "expanded categorical eligibility" so more families qualify, developing a web-based screening tool and an on-line SNAP application, conducting telephone interviews so applicants do not need to apply in person, and requiring less frequent recertification.[19,20]

◆ Simplifying applications, reducing documentation requirements, improving communication (i.e., phone systems and notices), extending hours of operation, and hiring more workers so that caseloads are reduced and applications can be processed in a timely fashion are additional strategies that could be implemented to further increase access.[21]

Table 13. **Children Under Age 18 Receiving SNAP Benefits, Rhode Island, October 1, 2005, 2009 and 2010**

CITY/TOWN	NUMBER PARTICIPATING IN 2005	NUMBER PARTICIPATING IN 2009	NUMBER PARTICIPATING IN 2010	% CHANGE IN NUMBER PARTICIPATING FROM 2005 TO 2010
Barrington	28	85	113	304%
Bristol	160	363	456	185%
Burrillville	186	456	458	146%
Central Falls	2,038	2,917	3,270	60%
Charlestown	99	152	206	108%
Coventry	381	772	1,006	164%
Cranston	1,547	2,857	3,418	121%
Cumberland	253	617	788	211%
East Greenwich	81	190	185	128%
East Providence	914	1,688	1,971	116%
Exeter	44	86	106	141%
Foster	34	79	79	132%
Glocester	61	158	159	161%
Hopkinton	84	209	235	180%
Jamestown	21	40	35	67%
Johnston	398	839	1,008	153%
Lincoln	195	551	585	200%
Little Compton	9	46	42	367%
Middletown	149	392	436	193%
Narragansett	87	218	278	220%
New Shoreham	3	5	7	133%
Newport	884	1,202	1,386	57%
North Kingstown	385	634	798	107%
North Providence	420	907	1,169	178%
North Smithfield	51	213	187	267%
Pawtucket	3,795	5,790	6,396	69%
Portsmouth	91	237	277	204%
Providence	16,767	20,771	22,933	37%
Richmond	51	125	138	171%
Scituate	39	149	162	315%
Smithfield	52	210	229	340%
South Kingstown	270	457	498	84%
Tiverton	108	321	373	245%
Warren	258	373	430	67%
Warwick	1,136	2,295	2,367	108%
West Greenwich	22	79	74	236%
West Warwick	851	1,472	1,699	100%
Westerly	383	815	848	121%
Woonsocket	2,833	4,696	4,847	71%
Core Cities	*27,168*	*36,848*	*40,531*	*49%*
Remainder of State	*8,000*	*16,618*	*19,121*	*139%*
Rhode Island	*35,168*	*53,466*	*59,652*	*70%*

Note to Table

In 2008, the Food Stamp Program was renamed the Supplemental Nutrition Assistance Program (SNAP).

Source of Data for Table/Methodology

Supplemental Nutrition Assistance Program (SNAP) data are from the Rhode Island Department of Human Services, InRhodes Database, October 1, 2005, 2009 and 2010.

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 1st, rather than data based on participation for the entire month.

Due to changes in Rhode Island's SNAP eligibility criteria (e.g., implementation of expanded categorical eligibility) many children in families with gross incomes up to 185% of the federal poverty level are now eligible for SNAP. For this reason, 2000 Census data on the number of children in families with incomes below 130% of the federal poverty level no longer provides an accurate estimate of the number of income-eligible children, and this year's Factbook does not present participation rates. Instead, the number of children participating in 2005 is presented as a baseline and data for 2009 and 2010 are presented for comparison. Due to this change in methodology, *Children Receiving SNAP Benefits* cannot be compared with Factbooks prior to 2010.

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

References

[1] *Reading, writing and hungry: The consequences of food insecurity on children, and on our nation's economic success: Issue brief #8.* (2008). Washington, DC: Partnership for America's Economic Success.

[2] Cook, J. T., March, E. L., & Ettinger de Cuba, S. (2009). *Even very low levels of food insecurity found to harm children's health: Children's HealthWatch policy action brief.* Boston, MA: Children's Health Watch.

[3] National Anti-Hunger Organizations. (2009). *NAHO roadmap to end childhood hunger in America by 2015.* Retrieved January 22, 2010, from www.hungersolutions.org

(continued on page 164)

Women and Children Participating in WIC

DEFINITION

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

SIGNIFICANCE

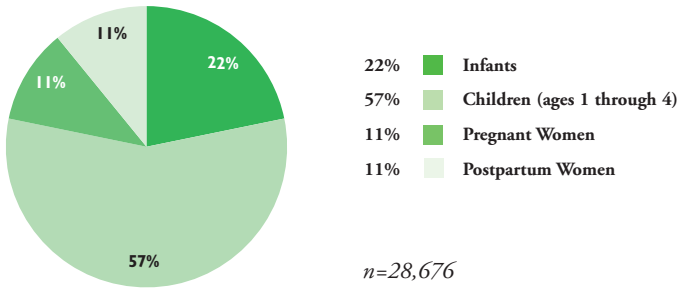
The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a preventive program that provides participants with nutritious food, nutrition education, screening and referrals to health care and social services. WIC is a federally-funded program that serves pregnant, postpartum and breastfeeding women, infants, and children under five years of age with household incomes below 185% of the federal poverty level. In addition, any individual who participates in SNAP (formerly the Food Stamp Program), RIte Care, Medicaid, or the Rhode Island Works Program or who is a member of a family in which a pregnant woman or infant receives Medicaid benefits, is automatically income-eligible for WIC. Participants must have a specified nutritional risk, such as anemia, high-risk pregnancy, abnormal growth, or be in need of supplemental foods for their diet.[1,2]

Compared to children who receive WIC benefits, young children who are eligible for WIC but not enrolled are more likely to be in poor health, have developmental delays and experience food insecurity (i.e., live in families that do not always have enough food for an active, healthy life).[3] Food insecurity in early childhood can lead to impaired cognitive and social-emotional development, limiting school achievement.[4] Pregnant women also have special nutritional needs that influence pregnancy outcomes and the health of their children.[5]

WIC participation has been shown to reduce infant mortality, improve birth outcomes (including reducing the likelihood of low birthweight and prematurity), protect against underweight and poor nutrition in infants, increase immunization rates, improve cognitive development, and increase the likelihood of having a source of regular medical care. WIC promotes breastfeeding as the optimal method of infant feeding.[6] In Rhode Island, 19% of WIC infants were breastfed in Federal Fiscal Year 2010.[7]

In 2009, Congress revised appropriations to enhance the WIC food package by improving the health and nutritional value of the foods in the program and increasing participants' access to a wider variety of fruits, vegetables and other foods.[8]

Women, Infants and Children Enrolled in WIC, Rhode Island, July 2010



Source: Rhode Island Department of Health, Center for Health Data and Analysis, WIC Program, July 2010. Totals may not sum to 100% due to rounding.

◆ **Infants and children ages one through four comprised more than three-quarters of the population being served by WIC in July 2010 in Rhode Island. Women accounted for 22% (11% pregnant and 11% postpartum) of the population being served.[9]**

◆ **In July 2010, 68% of WIC participants in Rhode Island were White, 17% were Black or African American, 3% were Asian, and 11% identified as other races or more than one race. Thirty-nine percent of WIC participants identified as Hispanic or Latino. Hispanics are included in the racial groups above.[10]**

◆ **Four of the six core cities – Central Falls (79%), Pawtucket (75%), Providence (78%) and Woonsocket (74%) – had WIC participation rates equal to or exceeding the statewide enrollment rate of 72% in 2010.[11]**

◆ **WIC is not an entitlement program. Congress determines funding annually and WIC is not funded at a level that is sufficient to serve all eligible women, infants, and children.[12,13] Rhode Island received $25.1 million dollars in federal funding for WIC during Federal Fiscal Year 2010.[14]**

◆ **The WIC Farmers' Market Nutrition Program improves participants' intake of fresh fruits and vegetables by enabling participants to purchase produce at authorized local farmers' markets using WIC benefits.[15] In Rhode Island, 68 farmers' markets provided fresh produce to 18,100 WIC participants during the Farmers' Market Nutrition Program during Federal Fiscal Year 2010.[16]**

Table 14. **Women, Infants and Children Participating in WIC, Rhode Island, July 2010**

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER PARTICIPATING	% OF ELIGIBLE PARTICIPATING
Barrington	117	53	45%
Bristol	385	258	67%
Burrillville	368	233	63%
Central Falls	2,089	1,660	79%
Charlestown	142	71	50%
Coventry	721	426	59%
Cranston	2,239	1,651	74%
Cumberland	539	320	59%
East Greenwich	149	96	64%
East Providence	1,471	1,069	73%
Exeter	97	58	60%
Foster	82	49	60%
Glocester	130	64	49%
Hopkinton	200	128	64%
Jamestown	26	10	38%
Johnston	670	530	79%
Lincoln	436	148	34%
Little Compton	40	22	55%
Middletown	392	307	78%
Narragansett	196	108	55%
New Shoreham	19	7	37%
Newport	934	631	68%
North Kingstown	507	261	51%
North Providence	835	511	61%
North Smithfield	157	112	71%
Pawtucket	4,518	3,380	75%
Portsmouth	199	121	61%
Providence	13,715	10,759	78%
Richmond	114	58	51%
Scituate	109	71	65%
Smithfield	153	84	55%
South Kingstown	435	271	62%
Tiverton	293	181	62%
Warren	300	209	70%
Warwick	1,734	1,135	65%
West Greenwich	79	71	90%
West Warwick	1,235	808	65%
Westerly	662	369	56%
Woonsocket	3,012	2,237	74%
Unknown	*579*	*139*	*NA*
Core Cities	*25,503*	*19,475*	*76%*
Remainder of State	*13,996*	*9,062*	*65%*
Rhode Island	*40,078*	*28,676*	*72%*

Source of Data for Table/Methodology

Rhode Island Department of Health, WIC Program, July 2010.

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

Note: Due to a change in methodology, WIC participation rates in this Factbook cannot be compared with previous Factbooks. Data are now reported for a single day in July rather than September 30 as they had been previously. Additionally, since 2007, the "estimated number eligible" is based on calculations done by the Rhode Island Department of Health to determine the number of pregnant and postpartum women, infants and children under age five who live in families with an income less than 185% of the federal poverty level. In previous years, the "estimated number eligible" was based on 2000 Census data (2005 and 2006 Factbooks) and 1990 Census data (all Factbooks prior to 2005).

References

[1,12] Food and Nutrition Service. (2009). *WIC: The special supplemental nutrition program for women, infants and children (Nutrition Program Facts).* Retrieved January 4, 2011, from www.fns.usda.gov/wic/wic-fact-sheet.pdf

[2,13] Food Research & Action Center. (n.d.) *Child nutrition fact sheet: Women, Infants and Children (WIC).* Retrieved January 4, 2011, from frac.org/newsite/wp-content/uploads/2009/09/cnwic.pdf

[3] Jeng, K., March, E., Cook, J., & Ettinger de Cuba, S. (2009). *Feeding our future: Growing up healthy with WIC.* Boston, MA: Children's Health Watch.

[4] *Reading, writing and hungry: The consequences of food insecurity on children, and on our nation's economic success.* (2008). Washington, DC: Partnership for America's Economic Success.

[5] The National Women's Health Information Center. *Frequently asked questions about pregnancy and a healthy diet.* (2005). Washington, DC: U.S. Department of Health and Human Services, Office of Women's Health.

[6] Food and Nutrition Service. (2009). *How WIC helps.* Retrieved December 14, 2010, from www.fns.usda.gov/wic/aboutwic/howwichelps.htm

(continued on page 164)

Children Participating in School Breakfast

DEFINITION

Children participating in school breakfast is the percentage of low-income 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

The School Breakfast program is a key component of eliminating child hunger, and has been an important resource for children in unemployed and low-income working families during the recession.[1] School breakfast programs offer nutritious meals and large proportions of the daily dietary intake of participating children.[2] Students who participate in breakfast programs have higher standardized test scores, fewer absences, reduced tardiness, improved attentiveness, better behavior and lower risks of obesity.[3]

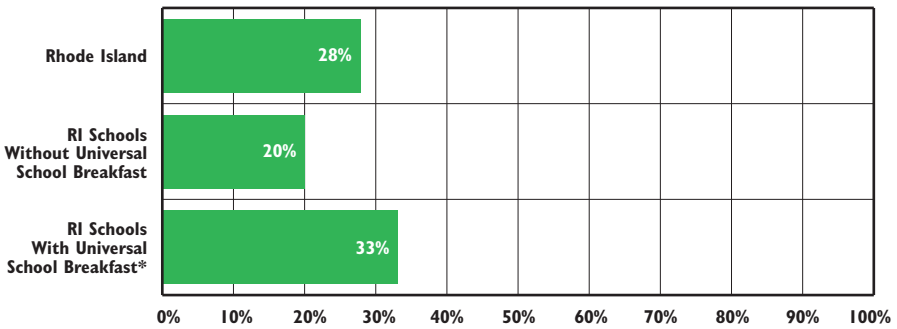
Food-insecure families often do not have sufficient food to provide nutritious breakfasts every morning, and children in these families are at risk of falling behind their peers physically, cognitively, academically, emotionally and socially.[4,5] Children who suffer from under-nutrition or food insecurity are more likely than their peers to have poor health, be absent from school, be overweight or obese, show aggression and anxiety, and need special education services.[6,7] Nationally, kindergartners in households experiencing food insecurity are more likely to be chronically absent than their peers in food-secure households.[8] Risk factors for food insecurity in Rhode Island include being unemployed, living in poverty, being of Hispanic ethnicity, having children under age six, being a single parent and not finishing high school.[9]

Rhode Island state law requires all public schools to provide students with access to school breakfast, although higher-income parents may be required to pay for some share of the costs. Rhode Island receives more than $5.5 million annually in federal funds for the School Breakfast Program, which flow directly into the state's economy.[10]

If Rhode Island increased low-income student participation in the School Breakfast Program from 39% to 60% of School Lunch Program Participation, the state would receive $2.6 million additional federal funds to support the School Breakfast Program.[11]

During the 2009-2010 school year, 39 low-income students participated in the School Breakfast Program for every 100 low-income students that participated in the School Lunch Program. Rhode Island ranks 40th in the U.S. for participation in the School Breakfast Program when participation is analyzed as the ratio of low-income students in the School Breakfast Program to low-income students in the School Lunch Program, up from 41st last year.[12]

Low-Income Children Participating in the School Breakfast Program, Rhode Island, October 2010



** Includes all schools in Central Falls, Pawtucket, Providence and Woonsocket that offer universal breakfast throughout the district, as well as selected schools in East Providence and Newport.*

Source: Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, Office of Finance and Office of Network & Information Systems, October 2010.

◆ **In 2010, the percentage of low-income students participating in School Breakfast Programs in schools offering universal school breakfast in Rhode Island was 33%, compared with 20% of low-income students participating in non-universal programs in the remainder of the state.[13]**

◆ **Universal School Breakfast Programs, which provide free breakfast to all children regardless of income, increase school breakfast participation and can reduce administrative costs. When schools offer breakfast in the classroom at the start of the school day, participation rates increase even more.[14]**

◆ **During the 2010-2011 school year, 16 of the 22 school districts in Rhode Island with severe need schools (schools in which 40% or more of students qualify for free or reduced price schools meals) did not offer universal school breakfast.[15] Universal classroom breakfast programs are key to increasing school breakfast participation among low-income students.[16]**

◆ **Each day a low-income student does not participate in the School Breakfast Program in a severe-needs school, the district loses $1.76 in federal nutrition funding for each student who would have received a free breakfast and $1.46 for each student who would have received a reduced-price breakfast.[17]**

Table 15. **Children Participating in School Breakfast, Rhode Island, October 2010**

SCHOOL DISTRICT	OCTOBER 2010 ENROLLMENT	DISTRICT-WIDE AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL CHILDREN PARTICIPATING IN BREAKFAST	# OF LOW-INCOME STUDENTS	LOW-INCOME AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL LOW-INCOME CHILDREN PARTICIPATING IN SCHOOL BREAKFAST
Barrington	3,477	15	<1%	154	8	5%
Bristol Warren	3,622	314	9%	1,155	175	15%
Burrillville	2,498	223	9%	940	156	17%
Central Falls	3,579	1,480	41%	2,448	1,058	43%
Chariho	3,647	156	4%	799	117	15%
Coventry	5,425	457	8%	1,409	328	23%
Cranston	11,234	1,275	11%	4,212	884	21%
Cumberland	4,988	325	7%	1,114	261	23%
East Greenwich	2,466	37	2%	167	25	15%
East Providence	5,410	469	9%	2,360	399	17%
Exeter-West Greenwich	1,800	65	4%	265	45	17%
Foster	225	22	10%	46	17	37%
Foster-Glocester	1,429	31	2%	207	16	7%
Glocester	541	73	14%	113	68	60%
Jamestown	485	2	<1%	26	2	8%
Johnston	3,301	286	9%	1,334	246	18%
Lincoln	3,363	269	8%	886	247	28%
Little Compton	311	46	15%	48	17	34%
Middletown	2,429	142	6%	632	115	18%
Narragansett	1,412	58	4%	271	45	17%
New Shoreham	128	16	13%	16	8	52%
Newport	2,322	488	21%	1,435	472	33%
North Kingstown	4,438	263	6%	822	239	29%
North Providence	3,762	341	9%	1,438	246	17%
North Smithfield	1,775	91	5%	281	50	18%
Pawtucket	9,620	2,045	21%	6,778	1,690	25%
Portsmouth	2,585	88	3%	362	48	13%
Providence	28,204	8,926	32%	22,962	7,780	34%
Scituate	1,657	16	1%	248	10	4%
Smithfield	2,516	87	4%	351	54	15%
South Kingstown	3,475	141	4%	657	116	18%
Tiverton	1,918	102	5%	443	71	16%
Warwick	10,252	493	5%	3,235	437	14%
West Warwick	3,874	532	14%	1,612	456	28%
Westerly	3,211	440	14%	1,069	335	31%
Woonsocket	6,401	1,926	30%	4,155	1,495	36%
Charter Schools	*3,708*	*1,208*	*33%*	*2,164*	*894*	*41%*
State-Operated Schools	*3,043*	*1,005*	*33%*	*1,547*	*639*	*41%*
Core Cities	*54,000*	*15,396*	*29%*	*39,390*	*13,373*	*34%*
Remainder of State	*93,780*	*6,345*	*7%*	*25,060*	*4,362*	*17%*
Rhode Island	*154,531*	*23,955*	*16%*	*68,170*	*19,268*	*28%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, Office of Finance and Office of Network & Information Systems, October 2010.

Charter schools include Beacon Charter School, Blackstone Academy Charter School, The Compass School, Highlander Charter School, Blackstone Valley Prep, International Charter School, Kingston Hill Academy, The Learning Community Charter School, NEL/CPS Construction Career Academy, Paul Cuffee Charter School, the Segue Institute for Learning, Textron Chamber of Commerce Academy and Times2 Academy. State-operated schools include The Rhode Island Training School operated by DCYF, Metropolitan Regional Career and Technical Center, Rhode Island School for the Deaf and William M. Davies Jr. Career & Technical High School.

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

"District-Wide Average Daily Participation in Breakfast" is the average number of students who ate breakfast in school per school day during October 2010. "Number of Low-Income Students" is the number of students eligible for and enrolled in free or reduced-price meals during October 2010. "Low-Income Average Daily Participation in Breakfast" is the average number of students eligible for and enrolled in free or reduced-price meals who ate breakfast in school per school day during October 2010.

To participate in the Reduced-Price Breakfast Program, students' household income must fall between 130% and 185% of the federal poverty guideline. For the Free Breakfast Program, household income must fall below 130% of the federal poverty guideline. Children in foster care, households receiving Food Stamp/SNAP Benefits and households participating in the Rhode Island Works Program are automatically eligible for free meals.

References

[1,3,4,11,12,17] *School breakfast scorecard: School year 2009-2010.* (2011). Washington, DC: Food Research and Action Center.

[2] Potamites, E. & Gordon, A. (2010). *Children's food security and intakes from school meals.* Princeton, NJ: Mathematica Policy Research, Inc.

(continued on page 164)

Health

In Time of Silver Rain

by Langston Hughes

In time of silver rain
The earth
Puts forth new life again,
Green grasses grow
And flowers lift their heads,
And over all the plain
The wonder spreads
        Of life,
        Of life,
        Of life!

In time of silver rain
The butterflies
Lift silken wings
To catch a rainbow cry,
And trees put forth
New leaves to sing
In joy beneath the sky
As down the roadway
Passing boys and girls
Go singing, too,
In time of silver rain
        When spring
        And life
        Are new.


Milk

Children's Health Insurance

DEFINITION

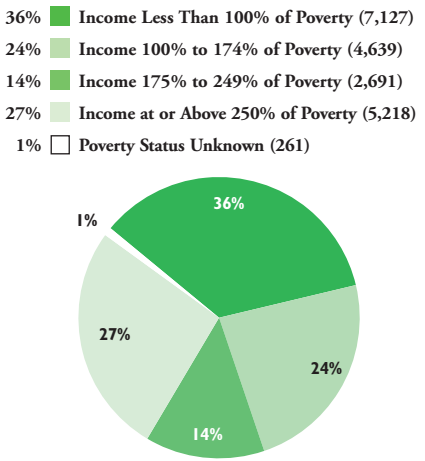
Children's health insurance is the percentage of children under age 19 who were covered by any kind of private or public health insurance, including Medicaid.

SIGNIFICANCE

Children who have health insurance coverage are healthier and have fewer preventable hospitalizations. They are more likely to receive preventive care, be screened for developmental milestones, miss fewer days of school, and get medical treatment for common illnesses, chronic conditions and emergencies.[1,2] Uninsured children are less likely to have a usual place for health care than children with coverage, and they have fewer visits to doctors and dentists.[3] Insurance coverage for parents increases the likelihood that children receive preventive care, reduces unmet health needs and improves health care access for both children and parents.[4,5]

Medicaid and the Children's Health Insurance Program (CHIP) provide low-income children with affordable, comprehensive health benefits.[6] RIte Care/RIte Share, Rhode Island's Medicaid/CHIP 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, 2010, 72% (81,798) of RIte Care members who qualified based on family income were children under age 19.[7] There were 41,991 low-income parents enrolled in RIte Care as of December 31, 2010.[8] RIte Care enrollment rose from 111,646 in December 2009 to 114,176 in December 2010, but remains below the peak of 120,049 in December 2004.[9,10,11]

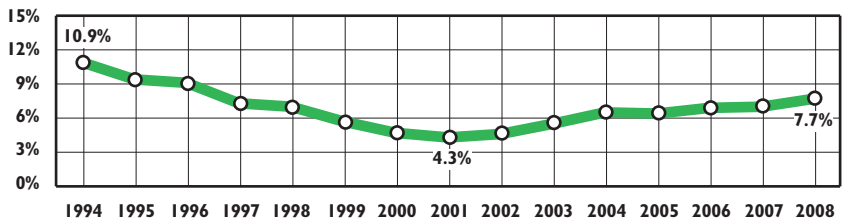
Children Under Age 19 Without Health Insurance, by Poverty Level, Rhode Island, 2007-2009*



n = 19,675

Source: Population Reference Bureau analysis of U.S. Census Bureau, Current Population Survey data, 2007-2009 three-year average. 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. Totals may not sum to 100% due to rounding.

Children Without Health Insurance, Rhode Island, 1993-2009



Source: U.S. Census Bureau, Current Population Survey, 1993-2009, three-year averages (labeled by the mid-point year), compiled by Rhode Island KIDS COUNT. Data are for children under 18 years of age.

◆ **Between 2007 and 2009, 7.7% of Rhode Island's children under age 18 were uninsured, compared to 10.3% of children in the U.S. Rhode Island ranks 19th best in the U.S., with 92.3% of children with health insurance, down from 2nd in 2002 and 2003. The majority of children in Rhode Island are covered by private health insurance, most of which is obtained through their parents' employers.[12]**

◆ **Approximately 73% (14,457) of the estimated 19,675 uninsured children in Rhode Island were eligible for RIte Care based on their family incomes but were not enrolled. Between 2007 and 2009, an estimated 5,218 uninsured children lived in Rhode Island families with incomes above 250% of the federal poverty level ($46,325 for a family of three in 2011), the limit for RIte Care eligibility.[13,14]**

◆ **Employer-sponsored health insurance (ESI) has eroded in Rhode Island, especially during the recession. Between 2007 and 2009, 64.4% of children were covered by ESI, down from 70.5% for the three-year period from 2000 to 2002, a decrease of 9%.[15]**

◆ **The RIte Share premium assistance program helps low-income families to afford the cost of employer-sponsored coverage. As of December 31, 2010, 8,351 children and 3,396 parents (11,747 total) were enrolled in RIte Share.[16]**

◆ **The federal *Patient Protection and Affordable Care Act* (ACA) will improve health coverage options for children, young adults and parents in public programs and those with commercial coverage. From initial provisions that took effect upon enactment in 2010 to full implementation of the law in 2014, states will have the opportunity to implement reforms that will address coverage options, affordability, payment models and the health care delivery system.[17,18,19]**

Table 16. **Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2010**

CITY/TOWN	RIte Care RI Works	RIte Care Not RI Works	SSI	Katie Beckett Provision	Adoption Subsidy	Foster Care	Total
Barrington	12	246	7	39	12	13	329
Bristol	102	669	20	14	34	33	872
Burrillville	87	732	43	23	58	67	1,010
Central Falls	800	3,284	295	3	27	17	4,426
Charlestown	30	361	10	9	19	1	430
Coventry	156	1,446	66	65	98	60	1,891
Cranston	779	4,465	253	115	158	124	5,894
Cumberland	185	1,044	79	64	62	22	1,456
East Greenwich	44	229	13	43	17	6	352
East Providence	428	2,524	151	44	83	61	3,291
Exeter	32	160	14	4	14	34	258
Foster	20	136	9	5	14	10	194
Glocester	23	270	23	10	47	39	412
Hopkinton	24	410	25	8	15	12	494
Jamestown	5	55	7	6	4	2	79
Johnston	221	1,396	83	30	38	44	1,812
Lincoln	104	840	67	35	44	33	1,123
Little Compton	7	68	1	3	0	6	85
Middletown	96	635	38	22	22	41	854
Narragansett	55	343	23	21	19	67	528
New Shoreham	4	26	0	3	0	2	35
Newport	486	1,305	111	4	24	59	1,989
North Kingstown	187	964	57	47	25	37	1,317
North Providence	265	1,570	128	21	51	66	2,101
North Smithfield	62	282	35	19	26	35	459
Pawtucket	1,499	7,389	550	31	106	167	9,742
Portsmouth	45	445	26	35	14	54	619
Providence	6,997	21,040	1,940	50	800	631	31,458
Richmond	24	235	7	13	19	31	329
Scituate	34	296	10	24	27	15	406
Smithfield	55	407	20	26	16	26	550
South Kingstown	103	720	61	39	43	21	987
Tiverton	98	543	33	14	18	16	722
Warren	78	548	29	19	28	19	721
Warwick	515	3,467	201	143	202	139	4,667
West Greenwich	13	132	7	9	13	11	185
West Warwick	410	1,944	126	21	60	42	2,603
Westerly	155	1,174	72	30	24	16	1,471
Woonsocket	1,570	4,163	539	27	110	96	6,505
Out of State/Unknown	*6*	*19*	*20*	*0*	*0*	*0*	*45*
Core Cities	*11,762*	*39,125*	*3,561*	*136*	*1,127*	*1,012*	*56,723*
Remainder of State	*4,048*	*26,838*	*1,618*	*1,002*	*1,264*	*1,163*	*35,933*
Rhode Island	*15,816*	*65,982*	*5,199*	*1,138*	*2,391*	*2,175*	*92,701*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, MMIS Database, December 31, 2010.

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

From September 2003-March 2004, children with special health care needs were voluntarily transitioned from fee-for-service Medical Assistance to managed care RIte Care. From October 2008-December 2008, all children with special health care needs who had remained in fee-for-service Medical Assistance were required to transition to RIte Care managed care. Since October 2008, all new children with special health care needs are required to enroll in RIte Care managed care. Children with special health care needs who have been and will be transitioned into RIte Care included those who qualify for Medical Assistance because they receive SSI, adoption subsidies, or qualify for the Katie Beckett provision. Certain groups of children, including those with commercial health insurance, have been exempted from both transitions to RIte Care and thus will remain in fee-for-service. The columns "SSI, Katie Beckett and Adoption Subsidy" include children in fee-for-service Medicaid and RIte Care managed care as of December 31, 2010.

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

* Beginning with the 2009 Factbook, Current Population Survey (CPS) data are labeled to reflect actual years of coverage. CPS data are collected in March and released in August in the year following the one to which the data refer (i.e., data referring to coverage in 2009 are collected in March 2010 and released in August 2010). In previous Factbooks, Current Population Survey (CPS) data were labeled by the years in which the data were released.

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[2] *America's uninsured crisis: Consequences for health and health care.* (2009). Washington, DC: National Academies Press, Institute of Medicine.

(continued on page 164)

Childhood Immunizations

DEFINITION

Childhood immunizations is the percentage of children ages 19 months to 35 months who have received the entire 4:3:1:0:3:1:4 Series of vaccinations as recommended by the Advisory Committee on Immunization Practices (ACIP). In 2009, the modified Series includes 4 doses of diphtheria, tetanus and pertussis (DTaP); 3 doses of polio; 1 dose of measles, mumps, rubella (MMR); 0 doses of Haemophilus influenzae type b (Hib); 3 doses of hepatitis B vaccines; 1 dose of varicella (chickenpox); and 4 doses of pneumococcal conjugate vaccine (PCV).

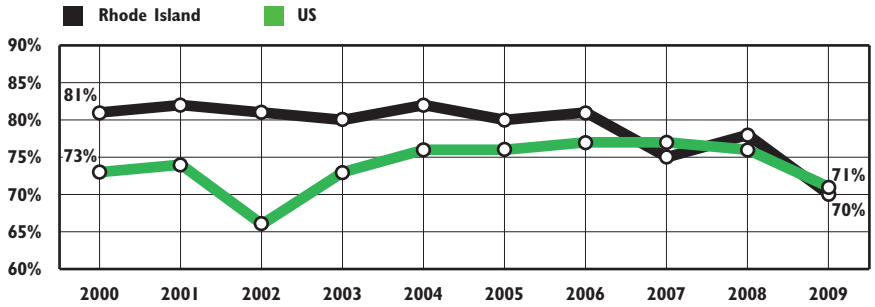
SIGNIFICANCE

Adequate immunization protects children against a number of 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 it is later exposed to disease.[2] Individuals benefit from immunization because it can improve quality of life and productivity and prevent illness and death. Society benefits from the creation and maintenance of community immunity, prevention of disease outbreaks and reduction of health-related costs.[3,4] Although many of the diseases against which children are vaccinated are rare, it is important to continue to immunize them until the diseases are completely eradicted.[5]

Vaccines are an extremely cost-effective tool in preventing disease. Every dollar spent on routine childhood immunization saves $5 in direct costs and $11 in additional societal costs.[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] Current policy challenges include the rising number and cost of vaccines, increasing complexity of vaccine administration, and insufficient payment for public and private providers to purchase and administer childhood vaccines.[8,9]

Rhode Island purchases vaccines for all children and distributes them to health care providers. In order to ensure that vaccines reach all children, the Rhode Island Department of Health works with health care providers to maintain and share KIDSNET immunization data for children from birth to age 18.[10,11] In accordance with national recommendations, Rhode Island requires vaccination against the following diseases prior to entry into child care, preschool, 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 disease.[12]

Fully Immunized Children*, Ages 19 Months to 35 Months, Rhode Island and United States, 2000-2009



**Fully immunized children received the 4:3:1:3:3 series from 2000 to 2001; the 4:3:1:3:3:1 series from 2002 to 2007; and the 4:3:1:0:3:1:4 series in 2008 and 2009.*

Source: Centers for Disease Control and Prevention, *National Immunization Survey*, 2000-2009.

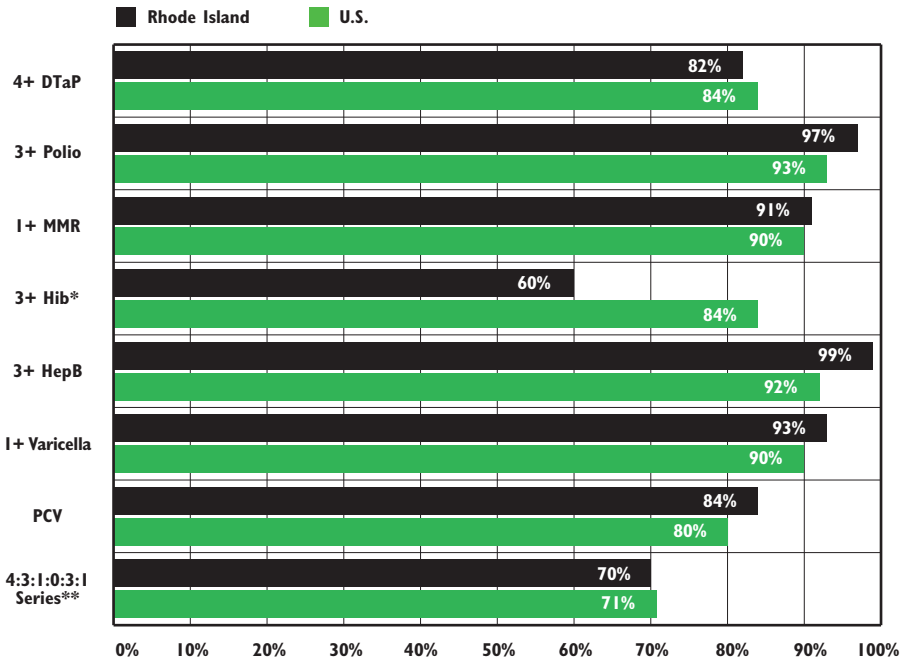
◆ **In 2009 in Rhode Island, 70% of children ages 19 months to 35 months were fully immunized, comparable to the U.S. rate of 71%.[13]**

◆ **In 2009, the definition of "fully immunized" was modified to include children who had received the 4:3:1:0:3:1:4 series. Due to changes in measurement of the Hib vaccine and vaccine shortages between December 2007 and September 2009, Hib is excluded from the series. Four doses of pneumococcal conjugate vaccine (PCV) were added to the series.[14]**

◆ **In 2009, the U.S. rate for fully immunized children ages 19 months to 35 months ranged from 67% for children living below the federal poverty level to 72% for children living at or above the federal poverty level. The 2009 U.S. rate was 63% for Asian children, 64% for Black children, 72% for Hispanic children and 72% for White children.[15]**

◆ **Concerns about vaccine safety have resulted in some parents refusing to have their children immunized, contributing to the number of children who are under-immunized in the U.S.[16,17] As required by the *National Childhood Vaccine Injury Act*, families must be provided with informational materials about each vaccine and given the opportunity to clarify issues or concerns with their healthcare provider.[18,19] During the 2009-2010 school year, 264 Rhode Island children were exempt from receiving one or more vaccines for medical, religious or personal reasons.[20]**

Vaccination Coverage Among Children, Ages 19 Months to 35 Months, Rhode Island and United States, 2009



**Hib vaccine shortage started in December 2007 and lasted until September 2009.*

*** The modified 4:3:1:0:3:1:4 Series excluded Hib and added 4 doses of PCV.*

Source: Centers for Disease Control and Prevention, *National Immunization Survey*, 2009.

◆ **In 2009, Rhode Island had the highest vaccination rate in the nation for two vaccines, 3+ HepB and Rotavirus. Rhode Island ranks 26th in the U.S. for the completion of the modified Series (which excluded Hib and added 4 doses of PCV).[21]**

Immunizations for Elementary and Middle School Students

◆ **The 2009-2010 *Rhode Island School Immunization Assessment* analyzed 2,687 randomly selected health records from students at kindergarten entry (5-7 years of age) and middle school entry (11-13 years of age) across 130 randomly selected public and private schools. Entering kindergarteners had between 87% and 93% and entering middle school students had between 69% and 96% of the five immunizations needed for school entry.[22]**

Adolescent Immunization

◆ **According to the 2009 *National Immunization Survey–Teen*, Rhode Island adolescents ranked second best in the U.S. for four immunizations (2+Varicella, 1+Td or Tdap, 1+MenACWY and 1+HPV), third for 2+MMR, fifth for 1+ Varicella, ninth for 3+HepB and 18th for 1+Tdap. In 2009, 97% of Rhode Island adolescents had received the 2+MMR, 94% had received the 3+HepB and 97% had received the 1+Varicella vaccines, compared with rates below 90% in the U.S. as a whole for these three vaccines.[23]**

◆ **To ensure that all high school seniors are fully vaccinated before beginning college or work, the Rhode Island Immunization Program runs the *Vaccinate Before You Graduate (VBYG)* program in high schools throughout the state. The program informs parents and students of the importance of immunization and holds vaccination clinics throughout the year at each participating school. The immunizations are funded by the state's Vaccines for Children program and are offered at no cost to students.[24]**

◆ **During the 2009-2010 school year, 71 schools participated in VBYG. All of the 2,293 students enrolled in the program received at least one immunization and 88% completed all immunizations for which they were enrolled. The shots administered included Hepatitis A and B, MMR, DTaP, meningococcal (MCV4), varicella (chicken pox), polio, influenza, Tetanus/Diphtheria (TD), and the human papilloma virus vaccine (HPV).[25]**

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(continued on page 164)

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 who had received dental services at any point during the previous State Fiscal Year.

SIGNIFICANCE

Dental caries (tooth decay) is a common chronic disease among children. Children with untreated dental problems can have dental pain, difficulty eating and speaking, overuse of emergency rooms and lost school time.[1,2]

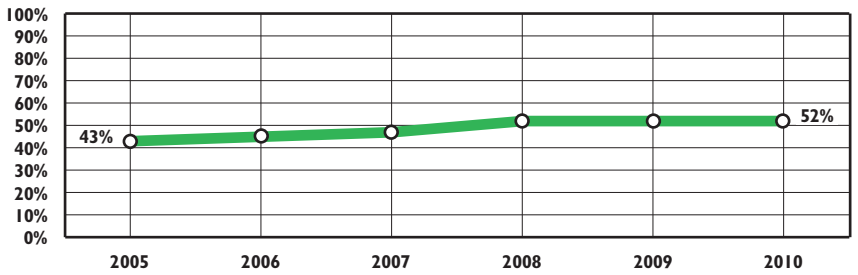
Insurance is a strong predictor of access to health and dental care. More than one in four (27%) uninsured children in the U.S. has unmet dental needs, compared with 7% of those with Medicaid and 4% of those with private health insurance.[3] National estimates indicate that the number of children without dental insurance is 2.6 times greater than the number without medical insurance.[4] In 2008, 89% of children in Rhode Island had dental insurance that pays for routine dental care, up from 73% in 2001 and 62% in 1990.[5,6]

Children living in poverty are more likely to have severe and untreated tooth decay than higher-income children. Medicaid-eligible children are twice as likely to have dental disease as higher-income children, although children with Medicaid coverage have better access to dental care than those without insurance. For children in low-income families, the efficacy and continuity of public dental insurance is a critical factor in access to dental care. In the U.S. and in Rhode Island, children who have continuous enrollment in public health insurance programs have greater access to dental and medical care than children who have no insurance or are covered for only part of the year.[7,8,9] Children who are uninsured for only part of the year are nearly six times as likely to have an unmet dental need as children who are insured for a year or more.[10]

Minority children have the highest rates of tooth decay and untreated dental problems. In Rhode Island and the U.S., non-Hispanic White children are more likely to have had a recent dental visit than non-Hispanic Black, Hispanic or Asian children.[11,12,13]

Children with special health care needs may have problems finding and accessing providers who are trained and equipped to address their special dental, medical, behavioral and mobility needs. A dental home can provide comprehensive, continuously accessible, coordinated and family-centered oral health care for all children, especially those with special needs.[14,15]

Children Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, State Fiscal Years 2005-2010



Source: Rhode Island Department of Human Services, State Fiscal Years 2005-2010. *Medical Assistance includes RIte Care, RIte Share or Medicaid fee-for-service. Because the indicator has been changed from federal to State Fiscal Year starting this year, data from this Factbook are not comparable to previous Factbooks.

◆ **Half (52%) of the children who were enrolled in RIte Care, RIte Share or Medicaid fee-for-service on June 30, 2010 received a dental service during State Fiscal Year 2010.[16] The Centers for Medicare and Medicaid Services (CMS) reports that Rhode Island ranks sixth best in the U.S. for the percentage of children under age 21 enrolled in Medicaid who received dental services in Federal Fiscal Year 2008.[17]**

◆ **These access improvements for children enrolled in Medicaid have been attributed to RIte Smiles, Rhode Island's dental benefits management program that services children who were born on or after May 1, 2000.[18,19,20] As of December 31, 2010, there were 51,514 children enrolled in RIte Smiles.[21] All children receiving Medical Assistance who were born before May 1, 2000 continue to receive dental benefits under the fee-for-service system.[22] The federal Medicaid program mandates that states provide comprehensive dental services (including diagnostic, preventive, treatment, emergency and medically necessary orthodontic services) to children up to age 21.[23]**

◆ **RIte Smiles also has increased the number of dentists who will treat children with Medical Assistance coverage. On September 30, 2010, there were 304 RIte Smiles dental providers, up from 90 when the program began in September 2006.[24]**

◆ **Dental insurance is not available to many working families in Rhode Island. In 2009, half (52%) of Rhode Island employers reported offering dental insurance to full-time employees and 15% offered it to part-time employees (compared to 73% and 15% who offer health insurance, respectively).[25]**

Oral Health Care for Young Children

◆ Despite having health insurance coverage, half of young children in Rhode Island do not have a preventive visit with a dentist until after age 5.[26] 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.[27,28]

◆ There are too few dentists in the U.S. trained to treat very young children, and too few who treat children with special health care needs or those with public insurance.[29] Primary care providers (including pediatricians, family physicians, physician assistants and nurse practitioners) can conduct oral health risk assessment, refer for dental care and provide preventive services, all of which can improve oral health and lead to a dental home.[30,31,32]

◆ An estimated 40 state Medicaid programs (including Rhode Island) reimburse primary care medical providers for providing preventive services, such as fluoride varnish.[33,34]

Medicaid Reimbursement Rates

◆ When RIte Smiles was started in 2006, reimbursement rates were raised for participating dental providers. As a result, the number of dentists accepting qualifying children with Medical Assistance has increased from 27 participating providers before RIte Smiles, to 90 (at the launch of RIte Smiles) in September 2006 to 304 in September 2010.[35]

◆ General dentists and specialists providing oral health services to Medicaid-enrolled children who do not qualify for RIte Smiles continue to be reimbursed at the Medicaid fee-for-service reimbursement rate.[36] Fewer than 1% of dentists in Rhode Island report that this rate is equal to or greater than their standard rate. Rhode Island's fee-for-service Medicaid reimbursement rates have not been increased since 1992, and continue to be the lowest in New England and to lag behind much of the nation.[37,38,39]

◆ States that use a combination of strategies to attract more dentists to Medicaid, including paying higher fees, streamlining administrative requirements, expanding the pool of providers who deliver oral health services, and improving outreach and education for children and families, have shown increases in access to oral health care.[40,41]

Consequences of Untreated Dental Disease

◆ Between 2005 and 2009, an average of 864 children under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments annually. Forty-one percent of these children had public insurance (Medicaid/RIte Care) and 25% had private/commercial health or dental insurance. Nearly one-quarter (24%) were self-pay patients, which could mean that their health or dental insurance did not cover the cost of the emergency department visit or that they were uninsured.[42]

◆ Each year between 2005 and 2009 in Rhode Island, an average of 52 children under age 19 were hospitalized with a diagnosis that included an oral health condition. During this time period, an average of 13 children under age 19 per year were hospitalized with an oral health condition as the primary reason for the hospitalization.[43]

State Policy Solutions for Children's Oral Health

◆ Ensuring that children have good oral health and access to care can be achieved through a combination of policy solutions that cost relatively little and have large returns on investment. Rhode Island can continue to be a leader among states in improving children's oral health. Strategies include implementing school-based sealant programs in schools with many high-risk children, fluoridating community water supplies, and ensuring access to care for Medicaid-eligible children. Innovative workforce models can be used to expand the number of dental and medical providers who are able to offer oral health services when dentists are unavailable.[44,45,46]

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Children's Mental Health

DEFINITION

Children's mental health is the number of acute care hospitalizations of children under age 18 with a primary diagnosis of a mental disorder. Hospitalization is the most intensive type of treatment for mental disorders and represents only one type of treatment category on a broad continuum available to children with mental health problems in Rhode Island.

SIGNIFICANCE

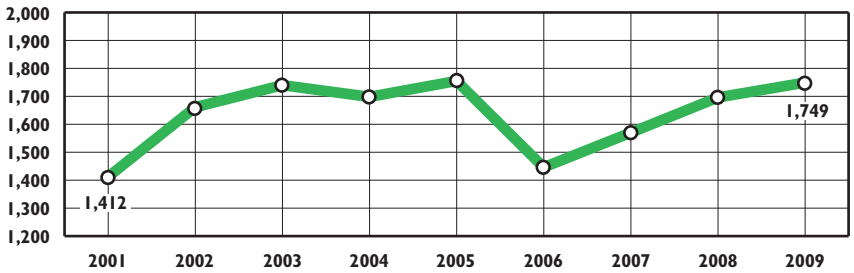
Mental health in childhood and adolescence is defined as the achievement of expected developmental, cognitive, social and emotional milestones and by secure attachments, satisfying social relationships and effective coping skills.[1] One in five children ages six to 17 in Rhode Island has a diagnosable mental or addictive disorder; one in 10 has significant functional impairment.[2] Nationally, an estimated four out of five children who need mental health treatment do not get it.[3]

Behavioral health problems affect children of all backgrounds. Children most at risk for mental disorders are those with prenatal exposure to alcohol, tobacco and other drugs; children born with low birthweight, difficult temperament or an inherited predisposition to a mental disorder; those suffering abuse and neglect; children exposed to traumatic events; children of parents with a mental health disorder; and children living in poverty.[4,5] Young people in the juvenile justice and child welfare systems experience mental health problems at higher rates than children and youth in general.[6]

Mental health problems, whether arising from biological or psycho-social causes or both, affect the physical functioning of the brain and can be prevented or treated in many cases. The mental health status of children influences their behavior at home, child care or school, as well as their academic performance and their ability to participate in community life.[7] Schools serve as the *de facto* mental health system for many children and adolescents in the U.S.; 70-80% of children who receive mental health services receive them in a school setting.[8]

In both the U.S. and Rhode Island, mental health systems tend to be fragmented and crisis-driven with disproportionate spending on high-end hospital and residential care and inadequate investment in prevention and community-based services that would allow children to receive treatment at appropriate levels of care in their own communities.[9,10,11,12] In recent years, states have focused on expanding capacity for home-based and community-based prevention and treatment services that better meet the needs of children, youth and families.[13,14,15,16]

Hospitalizations With Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2001-2009*



Source: Rhode Island Hospital Discharge Data, RI Department of Health and Medicaid Data Archive, RI Department of Human Services. *These data represent hospitalizations, not number of children; children or adolescents with more than one hospitalization may be counted more than once. Mental disorders include ICD-9-CM codes 290-319, including alcohol and drug dependence, psychoses, anxiety and depressive, mood and personality disorders.

◆ **In 2009, there were 1,749 hospitalizations of children with a primary diagnosis of mental disorder at the following hospitals: Bradley, Butler, Kent, Landmark, Newport, Memorial, Miriam, Rhode Island (including Hasbro Children's Hospital), Roger Williams, Saint Joseph, South County and Westerly Hospitals.**[17]

◆ **Children and adolescents receive a range of behavioral health treatment services at hospitals in Rhode Island, ranging from inpatient treatment at a psychiatric hospital or a general acute care hospital to outpatient treatment services. Between October 1, 2009 and September 30, 2010, 2,150 children and youth age 18 and under received outpatient treatment at Bradley Hospital, and 34 received outpatient treatment at Butler Hospital.**[18,19]

◆ **When an inpatient psychiatric bed or other needed service is not available, children and youth are "boarded" in the emergency department or on medical floors at acute care hospitals. These children and youth must wait for appropriate treatment and may require constant monitoring by staff so that they do not injure themselves or others.**[20,21]

◆ **In 2010, 403 children and youth under age 18 with a psychiatric diagnosis were "boarded" for an average of two days at Hasbro Children's Hospital, a considerable increase from the 122 children boarded in 2009. Factors involved in this increase include reduced capacity at step-down and other community-based alternatives to hospitalizations and increased referrals to hospital emergency departments for behavioral health issues.**[22,23]

Psychiatric Hospitals

Children Under Age 19 Treated at Rhode Island Psychiatric Hospitals, October 1, 2009 – September 30, 2010 (FFY 2010)

	Bradley Hospital General Psychiatric Services		Bradley Hospital Developmental Disabilities Program		Butler Hospital General Psychiatric Services		Butler Hospital Child Intensive Services Unit	
	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay
Inpatient	896	12 days	68	52 days	524	8 days	104	26 days
Residential	25	168 days	11	31 days	– –	– –	– –	– –
Partial Hospitalization	370	13 days	13	14 days	98	5 days	– –	– –
Home-Based	– –	– –	45	168 days	– –	– –	– –	– –
Outpatient	1,213	3 visits	101	1 visit	34	NA	– –	– –

Source: Lifespan, 2011 and Butler Hospital, 2011. Programs can have overlapping enrollment. Number treated is based on the hospital census (i.e., the number of patients seen in any program during FFY 2010). The average length of stay is based on discharges.

-- = Service not offered. NA=Data not available for this service.

◆ **The two hospitals in Rhode Island that specialize in providing psychiatric care to children and youth are Bradley Hospital and Butler Hospital.**

◆ **Inpatient treatment at a psychiatric hospital is the most intensive type of behavioral health care. In Federal Fiscal Year 2010, 1,555 children and youth received inpatient psychiatric treatment at either Bradley Hospital or Butler Hospital. The most common diagnoses for young people treated in an inpatient setting were bipolar disorders (39%), depressive disorders (33%), anxiety disorders (11%) and adjustment disorders (9%).[24,25]**

◆ **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 developmental disabilities. Bradley also operates three schools for children with behavioral health problems and developmental disabilities, which together had an average daily enrollment of 336 students in Federal Fiscal Year 2010.[26]**

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Rhode Island's Community Mental Health Centers

◆ **The seven Community Mental Health Centers (CMHCs) in Rhode Island are the primary source of public mental health treatment services available in the state for children and adults. During 2010, 7,513 children under age 18 were treated at Community Mental Health Centers, and 4,389 children were receiving services as of December 31, 2010.[27]**

◆ **Among the children who received services through Rhode Island CMHCs in 2010, 24% presented with a primary diagnosis of depressive-related disorders, 20% with attention deficit disorders, 12% with conduct disorders and 12% with anxiety disorders.[28]**

Child and Adolescent Intensive Treatment Services (CAITS)

◆ **The CAITS program, which is administered by the Rhode Island Department of Human Services as an in-plan benefit under RIte Care, aims to reduce inpatient psychiatric hospitalizations and residential treatment among Medicaid-eligible children and youth with moderate to severe emotional and/or behavioral disorders. CAITS provides up to 16 weeks of intensive, home- and community-based treatment via individual and/or family therapy, family training and support worker services per year.[29]**

◆ **CAITS replaced the Children's Intensive Services (CIS) program, which had been administered by the Rhode Island Department of Children, Youth and Families, and which allowed children and youth to receive services for two to three years, with an average length of treatment of six months.[30]**

◆ **In State Fiscal Year 2010 (July 1, 2009-June 30, 2010), 1,729 children and youth received services from eleven CAITS provider agencies, down 46% from the 3,189 children served by CIS in SFY 2007.[31,32]**

Kid's Link Emergency Services Hotline

◆ **The Rhode Island Department of Children, Youth and Families (DCYF) launched the Kid's Link Emergency Services hotline in 2007 to help parents and caregivers determine the best place to go for behavioral health treatment for children and youth experiencing mental health problems or crises.[33] In 2010, there were 883 phone calls to Kid's Link, 304 of which were requests for evaluations.[34]**

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 generally by children. Special needs can be physical, developmental, behavioral or emotional. This indicator measures the number of children enrolled in Early Intervention, special education, Supplemental Security Income (SSI) and Medical Assistance for children with special health care needs.

SIGNIFICANCE

It is estimated that 14% of children in the U.S. and 17% of children in Rhode Island have at least one special health care need.[1] Children with special health care needs include those with such chronic and disabling conditions as cystic fibrosis, mental retardation, cerebral palsy, autism spectrum disorders, hearing impairments, communication disorders, seizure disorders and congenital diseases. Children with special health needs can have impairments of varying degrees in physical, social, emotional or behavioral functioning.[2,3]

Children with mild or severe chronic or disabling conditions have special needs related to physical health, mental health, education, family support, housing, child care and recreation.[4]

Health-related needs of children with special needs are best met through a medical home, which can provide care that is comprehensive, coordinated, continuous, accessible and family-centered.[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 or live independently.[6]

Rhode Island high school students with disabilities report higher levels of risky behaviors, including smoking, drinking and marijuana use. They also are more likely to report mental health problems and being in physical danger.[7]

Children with disabilities may require therapeutic or medical services, equipment, assistive technology or home modifications which may result in serious financial burdens on families.[8,9] Having children with special needs significantly impacts parents' finances, employment and family lives.[10,11] Adequate and affordable health insurance coverage for primary and specialty care, mental health and oral health care is important for children with special health care needs. Many families may experience financial hardships due to lack of insurance or underinsurance.[12,13]

Children Enrolled in Early Intervention

◆ **States are required by the federal *Individuals with Disabilities Education Act (IDEA) Part C* to identify and provide appropriate Early Intervention services to all infants and toddlers under age three who have developmental delays or have a diagnosed physical or mental condition that is associated with a developmental delay.[14]**

◆ **In Rhode Island in 2010, ten certified Early Intervention provider agencies served 3,796 children. Nearly two-thirds (63%) of children receiving Early Intervention services were male and just over one-third (37%) were female. Enrollment is nearly evenly distributed among children by age, with 29% ages birth to eleven months, 37% between ages one and two, 33% between ages two and three and 1% over age three.[15]**

Children Enrolled in Special Education

◆ **Under *IDEA Part B*, local school systems are responsible for identifying, evaluating and serving students ages three to 21 whom they have reason to believe have disabilities that might require special education and related services.[16]**

◆ **In Rhode Island during the 2009-2010 school year, 17% (24,323) of children in K-12 received special education services. Thirty-nine percent of K-12 students receiving special education services in Rhode Island had a learning disability.[17]**

◆ **Early Intervention (EI) programs are required to provide transition services for children who are enrolled in EI and who may be eligible for special education at age three. In 2010, 68% of the 954 children who reached age three while in EI were referred to special education, 16% were found not eligible for special education, and 11% did not have eligibility determined when exiting EI. The remainder completed their service plan prior to reaching the maximum age for EI, died, moved out of state, withdrew from the program or were unreachable for follow-up.[18]**

◆ **During the 2009-2010 school year, there were 2,728 preschool-age children (ages 3-5, not yet enrolled in kindergarten) who were receiving special education services through Rhode Island public school districts.[19]**

Medical Assistance for Children With Special Health Care Needs

◆ As of December 31, 2010, there were 6,129 Rhode Island children and youth under age 21 receiving Medical Assistance benefits through their enrollment in the federal Supplemental Security Income (SSI) program.[20,21]

◆ The Katie Beckett eligibility provision provides Medical Assistance coverage to children under age 19 who have serious disabling conditions, in order to enable them to be cared for at home instead of in an institution.[22] As of December 31, 2010, there were 1,138 Rhode Island children enrolled through the Katie Beckett provision.[23]

◆ Children with special needs enrolled in Medical Assistance in Rhode Island have shown significant gains in access to needed health services and reductions in emergency care and hospitalization use since 1997. Improvements have been reported by parents regarding access to specialists, behavioral health and nutrition counseling, oral health services, therapeutic child care and parent support services.[24,25]

Children With Special Needs in the Child Welfare System

◆ Children and youth who are in the child welfare system are more likely to have special needs, including behavioral and emotional problems, developmental delays and serious health problems than other children. Children often enter the child welfare system in poor health and face difficulties accessing services while in care.[26,27]

◆ As of December 31, 2010, 2,638 children in Rhode Island were enrolled in Medical Assistance through the child welfare system.[28] Rhode Island youth in substitute care on their 18th birthday are provided with RIte Care health insurance coverage until their 21st birthday through the Post Foster Care Medical Assistance provision.[29]

◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for Medical Assistance coverage. As of December 31, 2010, 2,464 children were enrolled in Medical Assistance because of special needs adoptions.[30]

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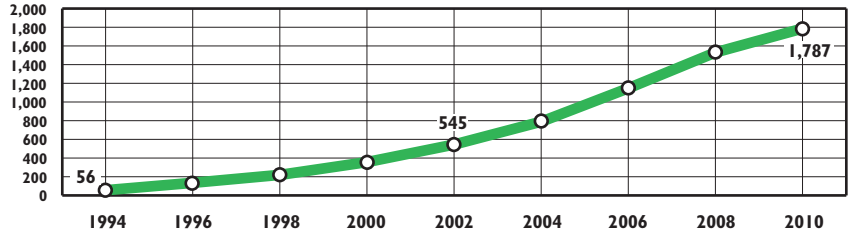
(continued on page 166)

Children With Autism Spectrum Disorders (ASDs)

◆ Autism Spectrum Disorders (ASDs) include a range of brain development disorders that affect a person's ability to communicate, process and respond to sensory information, and form social relationships throughout their lives. Children diagnosed with ASDs have a wide variety of symptoms and abilities and experience challenges that range widely in severity. Many children with ASDs face challenges in social interaction, speech/language and communication, and demonstrate repetitive behaviors and routines.[31]

Children Ages Three to 21 With Autism Spectrum Disorders (ASDs), Rhode Island, December 1994 through December 2010



Source: Rhode Island Department of Elementary and Secondary Education, Office of Student, Community and Academic Engagement, December 1994 through December 2010.

◆ The national ASD prevalence (including mild to severe disorders) is estimated to be one out of every 110 children (one out of 70 boys and one out of 315 girls).[32,33] In December 2010, there were 1,787 Rhode Island children ages three to 21 with an ASD who received special education services.[34] The significant increase in the number of children with ASDs nationally and in Rhode Island is largely attributable to improved awareness and diagnosis, a broadening of the educational definition of autism to include other ASDs, as well as an increase in the risk of developing ASDs.[35,36]

◆ Research indicates that early, sustained and appropriate identification and intervention can result in significant improvements in the quality of life, level of independent functioning in school and work and reduction of public costs associated with ASDs. Interventions for children and youth with ASDs are costly and require skilled professionals to deliver them, often resulting in gaps in access.[37,38]

Breastfeeding

DEFINITION

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

SIGNIFICANCE

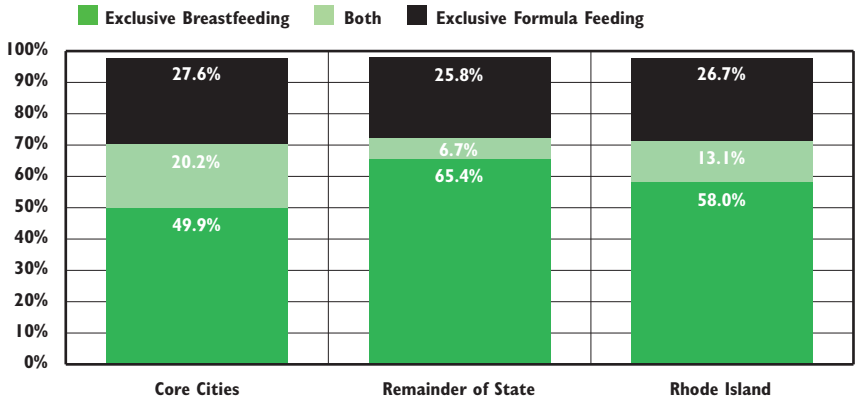
Breastfeeding is widely recognized as the ideal method of feeding and nurturing infants and a critical component in achieving optimal infant and child health, growth and development.[1,2] The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for six months after birth, continuous breastfeeding for at least 12 months after birth, and thereafter as long as mutually desired.[3]

Breastfeeding decreases infant mortality and morbidity. Benefits for infants include optimal nutrition, reduced risk for sudden infant death syndrome (SIDS) as well as reduced risk for chronic conditions such as childhood obesity, type 1 and 2 diabetes and childhood leukemia. Additionally, breastfeeding benefits mothers by creating a strong bond with infants and decreasing risk for postpartum depression, type 2 diabetes, breast and ovarian cancer. Breastfeeding provides significant social and economic benefits including reduced cost to the family, reduced health care costs and reduced employee absenteeism.[4,5]

Breastfeeding can be effectively promoted by practices that take place before, during, and after labor and delivery. Educating new mothers and women of childbearing age about breastfeeding is instrumental to increasing practice initiation. Hospital and other birth facility policies and practices influence success of breastfeeding. Access to professional lactation consultants, involvement in mother-to-mother lactation support networks, and birth facility support for breastfeeding all factor into protecting, supporting and promoting breastfeeding.[6,7] Without adequate support, women are more likely to stop breastfeeding earlier.[8] Breastfeeding rates generally increase with maternal age, higher educational achievement and higher income levels.[9]

Healthy People 2020, the nation's health agenda, recently established new target breastfeeding rates of 81.9% of infants born each year ever having been breastfed, 60.5% at six months of age, and 34.1% at one year of age.[10] Rhode Island reported 70.8% of infants born in 2007 ever having been breastfed, 45.1% breastfeeding at six months, and 22.7% breastfeeding at one year of age. National averages for these targets were 75.0% ever breastfeeding, 43.0% at six months and 22.4% at 12 months for infants born in 2007.[11]

Breastfeeding and Formula Feeding Rates in Rhode Island, 2005-2009



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Newborn Developmental Risk Screening Program, 2005-2009. Breastfeeding and formula feeding are defined as intended feeding method at hospital discharge. Totals may not sum to 100% because data on feeding methods were not available for all births.

◆ **Between 2005 and 2009, more than half (58.0%) of new mothers indicated that they intended to exclusively breastfeed when discharged from the hospital. Nearly one-third (26.7%) intended to exclusively formula feed, and 13.1% intended to use a combination of breast and formula feeding.[12]**

◆ **Between 2005 and 2009 in Rhode Island, 75.0% of new mothers who were surveyed approximately three months after giving birth reported having ever breastfed. Just over half (51.8%) of these mothers reported continued breastfeeding at the time of the survey.[13]**

◆ **There are racial and ethnic disparities in breastfeeding initiation and duration in the United States and in Rhode Island. However, Rhode Island is one of only two states in which non-Hispanic Black mothers initiate breastfeeding at higher rates than non-Hispanic White mothers [14,15]**

◆ **Rhode Island is one of 49 states with state legislation that provides mothers with the explicit right to breastfeed in public places. Despite protective laws, mothers who breastfeed in public can still face negative reactions from others and other barriers. Rhode Island does not have legislation that mandates support for breastfeeding mothers who return to work, as do 16 other states.[16]**

Table 17.

Breastfeeding Rates, Rhode Island, 2005-2009

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER BREAST AND FORMULA FEEDING	NUMBER EXCLUSIVELY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING	PERCENT EXCLUSIVELY BREASTFEEDING
Barrington	597	21	499	87.1%	83.6%
Bristol	845	45	567	72.4%	67.1%
Burrillville	670	41	409	67.2%	61.0%
Central Falls	1,943	553	844	71.9%	43.4%
Charlestown	330	8	251	78.5%	76.1%
Coventry	1,618	73	989	65.6%	61.1%
Cranston	4,142	447	2,437	69.6%	58.8%
Cumberland	1,545	117	1,018	73.5%	65.9%
East Greenwich	534	25	409	81.3%	76.6%
East Providence	2,540	236	1,522	69.2%	59.9%
Exeter	251	8	187	77.7%	74.5%
Foster	209	18	152	81.3%	72.7%
Glocester	370	18	252	73.0%	68.1%
Hopkinton	420	20	300	76.2%	71.4%
Jamestown	157	4	126	82.8%	80.3%
Johnston	1,355	111	761	64.4%	56.2%
Lincoln	895	56	601	73.4%	67.2%
Little Compton	100	6	80	86.0%	80.0%
Middletown	935	42	712	80.6%	76.1%
Narragansett	463	26	339	78.8%	73.2%
New Shoreham	48	2	43	93.8%	89.6%
Newport	1,456	86	1,025	76.3%	70.4%
North Kingstown	1,199	59	848	75.6%	70.7%
North Providence	1,611	154	925	67.0%	57.4%
North Smithfield	398	23	278	75.6%	69.8%
Pawtucket	5,291	989	2,715	70.0%	51.3%
Portsmouth	686	21	542	82.1%	79.0%
Providence	14,341	3,442	7,066	73.3%	49.3%
Richmond	418	23	307	78.9%	73.4%
Scituate	387	26	265	75.2%	68.5%
Smithfield	688	37	454	71.4%	66.0%
South Kingstown	1,118	46	857	80.8%	76.7%
Tiverton	375	19	263	75.2%	70.1%
Warren	500	22	308	66.0%	61.6%
Warwick	4,050	243	2,468	66.9%	60.9%
West Greenwich	243	11	163	71.6%	67.1%
West Warwick	2,003	125	1,090	60.7%	54.4%
Westerly	1,217	63	875	77.1%	71.9%
Woonsocket	3,116	494	1,313	58.0%	42.1%
Unknown	*4*	*2*	*0*	*NA*	*NA*
Core Cities	*28,150*	*5,689*	*14,053*	*70.1%*	*49.9%*
Remainder of State	*30,914*	*2,071*	*20,207*	*72.1%*	*65.4%*
Rhode Island	*59,068*	*7,762*	*34,260*	*71.1%*	*58.0%*

Notes

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

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

Sources of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Newborn Developmental Risk Screening Program Database and Maternal and Child Health Database, 2005-2009. *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.

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

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(continued on page 166)

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 influence 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 birth outcomes such as having babies who are stillborn, of 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 and to educate parents on caring for newborns. Effective prenatal care also screens for and intervenes with a range of maternal needs including nutritional needs, social support, mental health, smoking cessation, substance use, domestic violence and unmet needs for food and shelter.[2,3] Prenatal visits are also the first step in establishing the infants' medical home, and can provide valuable links to other health services.[4,5]

Timely initiation of prenatal care is especially important for women who face multiple risks for poor birth outcomes. Strategies that increase access to timely prenatal care include insurance coverage and access to preconceptual care for teens and women of childbearing age, education on preventive health practices, implementing and enhancing Medicaid policies, and access to culturally and linguistically competent health providers.[6]

In Rhode Island between 2005 and 2009, 14.9% of women who gave birth either received no prenatal care or did not begin care until the second or third trimester.[7] Pregnant adolescents in Rhode Island are the most likely to delay prenatal care. Between 2005 and 2009, over one-quarter (28.0%) of teens ages 19 and under received delayed prenatal care, compared with 14.0% of women ages 20 and over.[8]

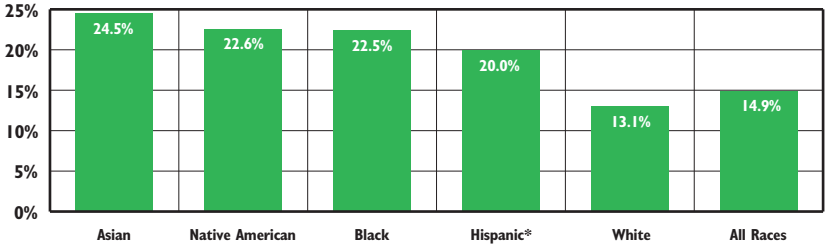
Late or No Prenatal Care

	1995	2007
RI	1.3%	2.0%
US	4.2%	3.9%
National Rank*		*3rd*
New England Rank**		*3rd*

**1st is best; 32nd is worst*
***1st is best; 4th is worst*

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org. This ranking is based on the 26 states with comparable prenatal care data. Late or no prenatal care indicates care beginning in the third trimester or not at all prior to birth.

Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2005-2009



Source: Rhode Island Department of Health, Center for Child and Family Health, Maternal and Child Database, 2005-2009. Data for 2009 are provisional. *Hispanic may be included in any racial category.

◆ **Between 2005 and 2009 in Rhode Island, Asian women (24.5%), Native American women (22.6%), Black women (22.5%), and Hispanic* women (20.0%) were significantly more likely to receive delayed prenatal care than White women (13.1%).[9]**

◆ **Between 2005 and 2009, the rate of delayed prenatal care among women in the core cities (19.4%) was nearly twice the rate in the remainder of the state (11.0%).[10]**

Insurance Coverage Improves Access to Prenatal Care

◆ **In the U.S., low-income women with pre-pregnancy Medicaid coverage are more likely to have prenatal care in the first trimester of pregnancy than women not already enrolled in Medicaid.[11]**

◆ **Between 2005 and 2009, pregnant women enrolled in RIte Care, Rhode Island's Medicaid managed care health insurance coverage, were half as likely (21.6%) to receive delayed prenatal care as women who were uninsured (43.8%). Pregnant women with private insurance coverage were the least likely to receive delayed prenatal care (8.5%) during this time period.[12]**

◆ **RIte Care has had a positive impact on the accessibility, timeliness and quality of health care services for its members. RIte Care health plans rank above the 75th percentile in member access to timely prenatal care when compared to other Medicaid health plans in the nation.[13]**

Table 18.

Delayed Prenatal Care, Rhode Island, 2005-2009

City/Town	# Births	# Delayed Care	% Delayed Care
Barrington	621	56	9.0%
Bristol	885	101	11.4%
Burrillville	739	71	9.6%
Central Falls	1,965	389	19.8%
Charlestown	340	20	NA
Coventry	1,630	188	11.5%
Cranston	4,208	594	14.1%
Cumberland	1,721	156	9.1%
East Greenwich	511	44	8.6%
East Providence	2,600	308	11.8%
Exeter	257	25	NA
Foster	214	27	NA
Glocester	403	30	NA
Hopkinton	437	41	NA
Jamestown	162	12	NA
Johnston	1,373	163	11.9%
Lincoln	924	100	10.8%
Little Compton	123	11	NA
Middletown	958	93	9.7%
Narragansett	473	32	NA
New Shoreham	49	1	NA
Newport	1,485	151	10.2%
North Kingstown	1,208	126	10.4%
North Providence	1,588	200	12.6%
North Smithfield	442	26	NA
Pawtucket	5,535	969	17.5%
Portsmouth	745	71	9.5%
Providence	14,524	3,204	22.1%
Richmond	429	34	NA
Scituate	366	42	NA
Smithfield	705	61	8.7%
South Kingstown	1,125	96	8.5%
Tiverton	609	74	12.2%
Warren	526	79	15.0%
Warwick	4,113	483	11.7%
West Greenwich	245	28	NA
West Warwick	2,006	313	15.6%
Westerly	1,297	115	8.9%
Woonsocket	3,332	560	16.8%
Unknown	*5*	*1*	*NA*
Core Cities	*28,847*	*5,586*	*19.4%*
Remainder of State	*32,026*	*3,508*	*11.0%*
Rhode Island	*60,878*	*9,095*	*14.9%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2005-2009. Data for 2009 are provisional.

During 2004, data on delayed prenatal care began to be collected via a review of medical records, rather than via self report by the mother. Due to this change in methodology, data in this indicator are only comparable to the 2009 and 2010 Factbooks.

NA: Percentages were not calculated for cities and towns with fewer 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 2005-2009.

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

*The Rhode Island Birth Worksheet was changed in 2008 to allow for multiple race and Hispanic options for the first time, resulting in a decline in the number of women reported as White and an increase in women coded as "other."

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Preterm Births

DEFINITION

Preterm births is the percentage of births occurring before the 37th week of pregnancy. The data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

Preterm birth is a major determinant of infant mortality and morbidity. In the U.S., premature birth is the leading cause of death among newborns during the first month of life.[1,2] Infants born before 37 weeks gestation are at higher risk than full-term infants for neurodevelopmental, respiratory, gastrointestinal, immune system, central nervous system, hearing and vision problems.[3,4] On average, U.S. newborns with no complications stay an average of 1.5 days in the hospital, compared with 13 days for preterm infants.[5] Children who were born preterm often experience learning difficulties and behavioral problems.[6]

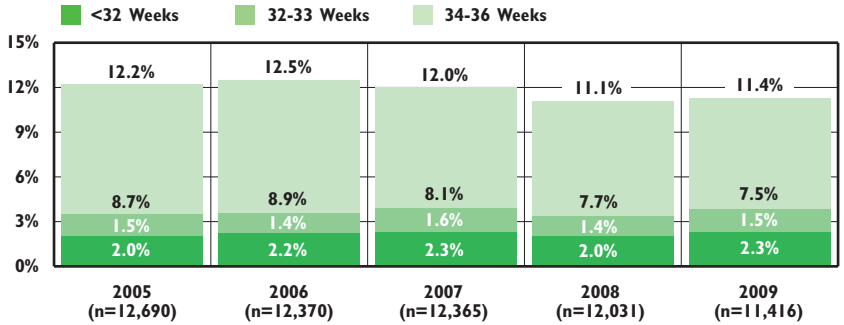
Infants born very preterm (<32 weeks gestation) are at highest risk for death and life-long disability, high hospitalization costs during their first year and have increased health care-related costs later in life.[7,8] Preventive interventions can improve outcomes for very preterm infants and their caregivers.[9]

While the specific causes of spontaneous preterm births are largely unknown, research indicates that there are a number of inter-related risk factors involved. The three leading risk factors are a history of preterm birth, current multifetal pregnancy, and uterine and/or cervical abnormalities. Other risk factors include infections, diabetes, hypertension, late or no prenatal care, and maternal use of tobacco, alcohol and other drugs.[10]

After generally being on the rise for more than two decades, the U.S. preterm birth rate has declined over the past three years. In 2009, the U.S. preterm birth rate was 12.2%, a five percent decrease from its peak of 12.8% in 2006. Preterm birth rates declined among Hispanic, non-Hispanic White and non-Hispanic Black women. While non-Hispanic Black women continue to have the highest preterm birth rate, this rate has declined to one of its lowest levels ever.[11,12]

Multiple birth infants are more likely to be born preterm than singletons.[13] In Rhode Island between 2005 and 2009, 59.4% of multiple births were preterm, compared with 9.9% of singleton births.[14] The use of fertility drugs and assisted reproductive technology, which often result in multiple births, play a role in premature births.[15]

Preterm Births by Gestational Age, Rhode Island, 2005-2009



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2005-2009. Percentages by gestational age may not sum to total percentage of preterm births due to rounding.

◆ **Between 2005 and 2009, the single year preterm birth rate in Rhode Island declined from 12.2% to 11.4%.[16] Two-thirds (69%) of preterm births in Rhode Island during this time period were late preterm births (34-36 weeks gestation).[17] Although they may be similar in size, late preterm infants are at higher risk for poor health outcomes than full-term infants.[18] In Rhode Island between 2005 and 2009, 2.2% of preterm births were very preterm (<32 weeks gestation).[19]**

◆ **Between 2005 and 2009, 14.8% of births among Black infants in Rhode Island were preterm, compared with 17.1% of Native American, 13.0% of Asian and 11.3% of White births. During this time period, 13.2% of births to Hispanic women in Rhode Island were preterm (Hispanic women can be of any race).[20]**

◆ **The rate of preterm births among teen girls between 2005 and 2009 in Rhode Island was 13.1%, higher than the state rate. The preterm birth rate was 15.2% for 15-17 year olds and 11.8% for 18-19 year olds.[21]**

◆ **Between 2005 and 2009, 14.8% of births to smokers were preterm, compared with 11.3% of births to women who did not smoke during pregnancy.[22]**

◆ **Among women with private health insurance coverage in Rhode Island between 2005 and 2009, 10.9% of births were preterm, compared with 12.8% of those with public insurance coverage (RIte Care or Medicaid) and 23.1% of women with no health insurance.[23]**

Table 19.

Preterm Births, Rhode Island, 2005-2009

City/Town	# Births	# Preterm Births	% Preterm Births
Barrington	621	67	10.8%
Bristol	885	79	8.9%
Burrillville	739	82	11.1%
Central Falls	1,965	230	11.7%
Charlestown	340	31	NA
Coventry	1,630	196	12.0%
Cranston	4,208	499	11.9%
Cumberland	1,721	191	11.1%
East Greenwich	511	40	7.8%
East Providence	2,600	311	12.0%
Exeter	257	27	NA
Foster	214	16	NA
Glocester	403	49	NA
Hopkinton	437	43	NA
Jamestown	162	12	NA
Johnston	1,373	150	10.9%
Lincoln	924	92	10.0%
Little Compton	123	14	NA
Middletown	958	90	9.4%
Narragansett	473	63	NA
New Shoreham	49	6	NA
Newport	1,485	177	11.9%
North Kingstown	1,208	99	8.2%
North Providence	1,588	195	12.3%
North Smithfield	442	47	NA
Pawtucket	5,535	654	11.8%
Portsmouth	745	60	8.1%
Providence	14,524	1,994	13.7%
Richmond	429	41	NA
Scituate	366	49	NA
Smithfield	705	68	9.6%
South Kingstown	1,125	110	9.8%
Tiverton	609	59	9.7%
Warren	526	65	12.4%
Warwick	4,113	465	11.3%
West Greenwich	245	28	NA
West Warwick	2,006	226	11.3%
Westerly	1,297	144	11.1%
Woonsocket	3,332	441	13.2%
Unknown	*5*	*3*	*NA*
Core Cities	*28,847*	*3,722*	*12.9%*
Remainder Of State	*32,026*	*3,488*	*10.9%*
Rhode Island	*60,878*	*7,213*	*11.8%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2005-2009.

Preterm births are defined as live births that occurred before the 37th week of pregnancy.

The denominator is the total number of live births to Rhode Island residents from 2005-2009.

NA: Percentages were not calculated for cities and towns with fewer than 500 births, because percentages based on small denominators are statistically unreliable.

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

*The Rhode Island Birth Worksheet was changed in 2008 to allow for multiple race and Hispanic options for the first time, resulting in a decline in the number of women reported as White and an increase in women coded as "other."

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Low Birthweight Infants

DEFINITION

Low birthweight infants is the percentage of infants born weighing less than 2,500 grams (5 pounds, 8 ounces). The data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

An infant's birthweight is a key indicator of newborn health. Infants born weighing less than 5 pounds, 8 ounces are at greater risk for physical and developmental problems than infants of normal weights.[1] Social and demographic factors that influence infant birthweight include maternal poverty, smoking, prenatal nutrition, maternal periodontal health and level of educational attainment.[2,3]

Low birthweight often is a result of a premature birth but also can occur after a full-term pregnancy. In 2007 in the U.S., 43.2% of all preterm infants (under 37 weeks gestation) were born with low birthweight, while 3.2% of full-term infants (37 to 41 weeks gestation) were born with low birthweight.[4]

Cigarette smoking during pregnancy is the single most important known cause of low birthweight, with smokers nearly twice as likely to deliver a low birthweight baby as non-smokers.[5] In Rhode Island, 10% of babies born between 2005 and 2009 had mothers who smoked during their pregnancy.[6]

Children born with low birthweight face greater risks of long-term illness, long-term disability and death than infants of normal birthweight. Children born with very low birthweight (less than 1,500 grams or 3 pounds, 4 ounces) are nearly 100 times more likely to die within the first year of life than infants of normal birthweight. Those who survive are at significantly higher risk of severe problems, including physical and visual difficulties, developmental delays and cognitive impairments.[7]

In the U.S. in 2008, 8.2% of infants were born with low birthweight, which was a 17% increase from 7.0% in 1990. Rhode Island's low birthweight rate increased from 6.2% in 1990 to 8.0% in 2007, a 29% increase.[8,9]

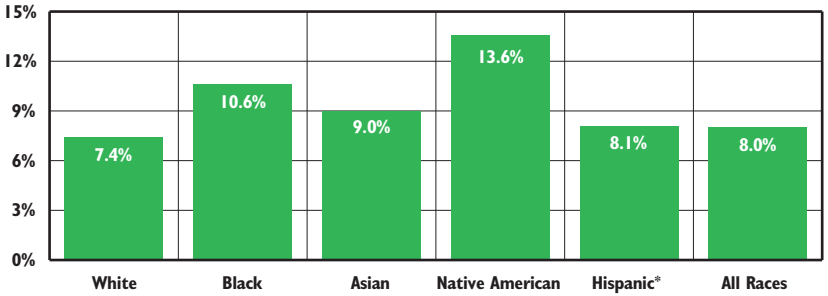
Low Birthweight Infants

	1990	2007
RI	6.2%	8.0%
US	7.0%	8.2%
National Rank*		*21st*
New England Rank**		*5th*

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

Sources: 1990 data: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org. 2007 data: Hamilton, B. E., Martin, J. A., & Ventura, S. J. (2009). Births: Preliminary data for 2007. *National Vital Statistics Reports, 57*(12). Hyattsville, MD: Centers for Disease Control and Prevention. Data for 2007 are provisional.

Low Birthweight Infants by Race/Ethnicity, Rhode Island, 2005-2009



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2005-2009. Data for 2009 are provisional. *Hispanic infants can be of any race.

◆ **Low birthweight babies are at greater risk for long-term cognitive problems and poor school performance, and are substantially less likely to complete high school than their peers.[10] Neighborhood factors that persist throughout a mother's life, such as high levels of residential mobility or lack of social support, have been shown to increase the likelihood of delivering a low birthweight baby.[11,12]**

◆ **Nationally, the percentage of low birthweight infants (8.2%) was unchanged in 2008 from the previous year's rate.[13] Racial and ethnic disparities still remain. In Rhode Island between 2005 and 2009, 13.6% of Native American infants, 10.6% of Black infants, 9.0% of Asian infants, and 8.1% of Hispanic infants were born with low birthweight, compared to 7.4% of White infants.[14]**

◆ **In both Rhode Island and the U.S., the rate of low birthweight births is higher for women under the age of 20 than for older women and is particularly high for mothers who give birth when they are under age 15.[15,16] Between 2005 and 2009 in Rhode Island, the percentage of low birthweight infants born to mothers under the age of 20 was 9.5%, compared to 7.8% for mothers age 20 and older.[17]**

◆ **Between 2005 and 2009 in Rhode Island, 1.6% of all live births were born with very low birthweight (less than 1,500 grams).[18]**

Table 20. **Low Birthweight Infants, Rhode Island, 2005-2009**

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	621	29	4.7%
Bristol	885	54	6.1%
Burrillville	739	53	7.2%
Central Falls	1,965	139	7.1%
Charlestown	340	18	NA
Coventry	1,630	129	7.9%
Cranston	4,208	319	7.6%
Cumberland	1,721	113	6.6%
East Greenwich	511	30	5.9%
East Providence	2,600	236	9.1%
Exeter	257	24	NA
Foster	214	19	NA
Glocester	403	30	NA
Hopkinton	437	26	NA
Jamestown	162	8	NA
Johnston	1,373	85	6.2%
Lincoln	924	55	6.0%
Little Compton	123	8	NA
Middletown	958	56	5.8%
Narragansett	473	39	NA
New Shoreham	49	3	NA
Newport	1,485	123	8.3%
North Kingstown	1,208	65	5.4%
North Providence	1,588	136	8.6%
North Smithfield	442	30	NA
Pawtucket	5,535	465	8.4%
Portsmouth	745	43	5.8%
Providence	14,524	1,350	9.3%
Richmond	429	29	NA
Scituate	366	20	NA
Smithfield	705	46	6.5%
South Kingstown	1,125	78	6.9%
Tiverton	609	37	6.1%
Warren	526	35	6.7%
Warwick	4,113	318	7.7%
West Greenwich	245	15	NA
West Warwick	2,006	144	7.2%
Westerly	1,297	99	7.6%
Woonsocket	3,332	343	10.3%
Unknown	*5*	*1*	*NA*
Core Cities	*28,847*	*2,564*	*8.9%*
Remainder of State	*32,026*	*2,286*	*7.1%*
Rhode Island	*60,878*	*4,850*	*8.0%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, 2005-2009. Data for 2009 are provisional.

The denominator is the total number of live births to Rhode Island residents between 2005 and 2009.

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

NA: Percentages were not calculated for cities and towns with fewer than 500 births over the five year period, as percentages based on small denominators are statistically unreliable.

*The Birth Worksheet was changed in 2008 to allow for multiple race and Hispanic options for the first time, resulting in a decline in the number of women reported as White and an increase in women coded as "other."

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Infant Mortality

DEFINITION

Infant mortality is the number of deaths of 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

Infant mortality rates are associated with maternal health, quality of and access to medical care, socio-economic conditions and public health practices.[1] Communities with high poverty levels and disadvantaged social and economic conditions tend to have higher infant mortality rates than more advantaged neighborhoods.[2,3]

The three chief causes of infant death are congenital malformations, low birthweight and Sudden Infant Death Syndrome (SIDS). Other leading causes of infant death are maternal complications and unintentional injuries.[4] Approximately 20% of infant deaths in the U.S. can be attributed to birth defects, compared with 16% in Rhode Island.[5]

The U.S. infant mortality rate fell from 26.0 deaths per 1,000 live births in 1960 to 6.9 deaths per 1,000 live births in 2000, due to improvements in sanitary conditions, antibiotics, neonatology and access to health care for low-income families. The U.S. has made slower progress at reducing infant mortality rates than most industrialized countries, with wide disparities in rates for different racial and ethnic groups.[6] In the U.S. in 2007, the infant mortality rate among African Americans was more than twice the national average.[7,8] Rhode Island had the highest rate of infant mortality for babies born to Hispanic mothers among 41 states with comparable data in 2006.[9]

Risk factors for infant mortality include low birthweight, preterm birth, delayed or no prenatal care, maternal age (over 40 or under 20), low maternal education level and smoking during pregnancy.[10]

The overall infant mortality rate in Rhode Island between 2005 and 2009 was 6.3 deaths per 1,000 live births. The infant mortality rate was 7.9 per 1,000 live births in the core cities, compared with 4.9 per 1,000 live births in the remainder of the state.[11]

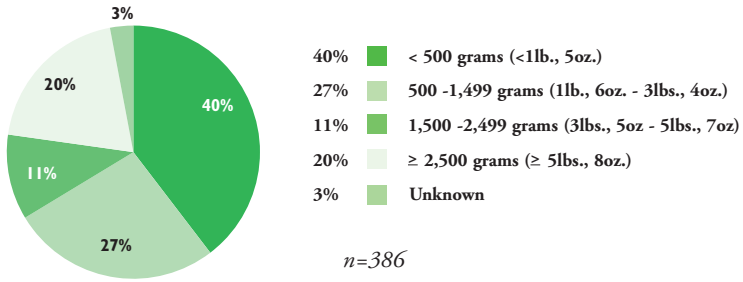
Infant Mortality Rate
(rate per 1,000 live births)

	2000	2007
RI	6.3	7.4
US	6.9	6.8
National Rank*		*30th*
New England Rank**		*6th*

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

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org.

Infant Mortality by Birthweight, Rhode Island, 2005-2009



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2005-2009. Data for births in 2009 are provisional.

◆ **Between 2005 and 2009, 386 infants died in Rhode Island before their first birthday. Seventy-eight percent of infants who died during this time period were low birthweight, 20% were born at normal weights and 3% had unknown birthweights.[12]**

◆ **Of the 386 infant deaths between 2005 and 2009 in Rhode Island, 298 (77%) occurred in the neonatal period (during the first 27 days of life).[13] Generally, neonatal mortality is related to short gestation and low birthweight (less than 2,500 grams), malformations at birth and/or conditions occurring in the perinatal period.[14]**

◆ **Between 2005 and 2009, 23% (88) of the 386 infant deaths in Rhode Island occurred in the post-neonatal period (between 28 days and one year after delivery).[15] Nationally, most of the progress in reducing the rate of infant mortality has resulted from improving outcomes during the post-neonatal period.[16]**

◆ **In Rhode Island between 2005 and 2009, all minority groups had infant mortality rates greater than the rate for White infants (5.5 per 1,000 live births). The Black infant mortality rate was 12.8 deaths per 1,000 live births, and the Asian and Native American infant mortality rates were both 10.5 per 1,000 live births. The Hispanic infant mortality rate was 7.7 per 1,000 live births compared with 7.2 deaths per 1,000 live births among non-Hispanics in Rhode Island.*[17]**

◆ **Preterm birth is the leading cause of infant death in Rhode Island.[18] Between 2005 and 2009, there were 7,213 preterm births (11.8% of all births).[19]**

Table 21.

Infant Mortality Rate, Rhode Island, 2005-2009

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 BIRTHS
Barrington	621	2	3.2
Bristol	885	1	1.1
Burrillville	739	4	5.4
Central Falls	1,965	21	10.7
Charlestown	340	0	NA
Coventry	1,630	12	7.4
Cranston	4,208	24	5.7
Cumberland	1,721	6	3.5
East Greenwich	511	4	7.8
East Providence	2,600	14	5.4
Exeter	257	3	NA
Foster	214	1	NA
Glocester	403	1	NA
Hopkinton	437	0	NA
Jamestown	162	0	NA
Johnston	1,373	5	3.6
Lincoln	924	5	5.4
Little Compton	123	0	NA
Middletown	958	4	4.2
Narragansett	473	2	NA
New Shoreham	49	1	NA
Newport	1,485	9	6.1
North Kingstown	1,208	9	7.5
North Providence	1,588	10	6.3
North Smithfield	442	3	NA
Pawtucket	5,535	38	6.9
Portsmouth	745	3	4.0
Providence	14,524	138	9.5
Richmond	429	4	NA
Scituate	366	0	NA
Smithfield	705	2	2.8
South Kingstown	1,125	5	4.4
Tiverton	609	0	NA
Warren	526	1	1.9
Warwick	4,113	20	4.9
West Greenwich	245	2	NA
West Warwick	2,006	7	3.5
Westerly	1,297	9	6.9
Woonsocket	3,332	16	4.8
Unknown	*5*	*0*	*NA*
Core Cities	*28,847*	*229*	*7.9*
Remainder of State	*32,026*	*157*	*4.9*
Rhode Island	*60,878*	*386*	*6.3*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2005-2009. Data for births in 2009 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 based on small denominators are statistically unreliable.

The denominator is the total number of live births to residents between 2005 and 2009.

*The birth worksheet was changed in 2008 to allow for multiple race and Hispanic options for the first time, resulting in a decline in the number of women reported as White and an increase in women coded as "other."

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Children with Lead Poisoning

DEFINITION

Children with lead poisoning is the percentage of three-year-old children with a confirmed elevated blood lead level (EBLL, ≥10 mcg/dL) at any time prior to December 31, 2010.[1] These data are for children eligible to enter kindergarten in the fall of 2012 (i.e., children born between September 1, 2006 and August 31, 2007).

SIGNIFICANCE

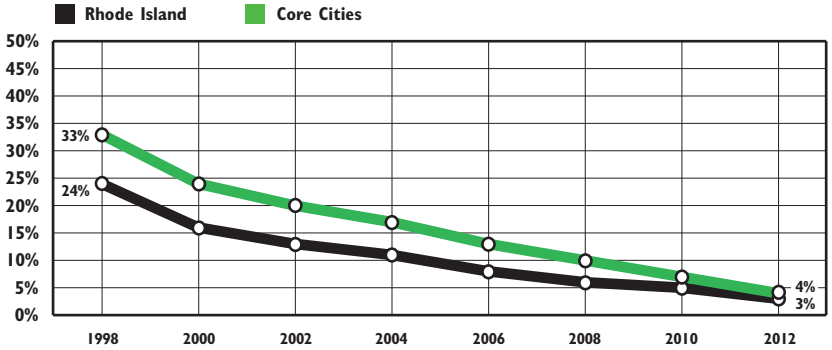
Lead poisoning is a preventable childhood disease.[2] Infants, toddlers and preschool-age children are most susceptible to the toxic effects of lead because they absorb lead more readily than adults and have inherent vulnerability due to developing central nervous systems.[3] Lead exposure at even very low levels can cause irreversible damage including loss of intelligence, impaired cognitive, motor, and physical abilities and behavioral problems. Though rare, acute poisoning can result in severe illness and death.[4,5] The societal costs of childhood lead poisoning include the loss of future earnings due to decreased cognition and medical and special education costs.[6,7]

Access to healthy housing (defined as dry, clean, pest-free, ventilated, safe, free of contaminants and well-maintained) is important in preventing lead poisoning.[8] Children living in homes built before 1978, when lead paint was banned from interior use in the U.S., are at high risk for lead poisoning.[9] Although the percentages of children with elevated blood lead levels are declining among all groups nationally, low-income and minority children remain the most likely to be lead poisoned.[10,11] Children living in Rhode Island's six core cities (where most poor children and minority children live) are at increased risk for lead exposure because the housing stock tends to be older.[12]

The U.S. Centers for Disease Control and Prevention has recognized that lead exposure at any level is harmful and recommends a focus on primary prevention of lead exposure.[13,14] Prevention efforts should target the systematic reduction of lead paint in housing as the key source of lead exposure, through the removal and replacement of building materials that contain lead, professional cleaning and paint stabilization.[15] Every dollar invested in lead paint hazard control is estimated to have a return on investment of $17 to $221 in reduced health, education and other lifetime costs of childhood lead poisoning.[16]

In Rhode Island in 2010, 354 of the 26,894 children under age six who were screened had confirmed elevated blood lead levels (1.3% of those tested).[17]

Children Entering Kindergarten With History of Elevated Blood Lead Level Screening, Rhode Island and Core Cities, 1998–2012



Source: Rhode Island Department of Health, Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 1998 and 2012.

◆ **Elevated blood lead levels have been steadily declining in the core cities and in Rhode Island over the past decade and a half. In Rhode Island, a child is considered to be "significantly lead poisoned" if she or he has a single venous blood test result of ≥20 mcg/dL or two venous tests ≥15 mcg/dL that are at least 90 days but no more than 365 days apart.[18]**

◆ **When a child is "significantly lead poisoned," an inspection of the child's home is offered. The Rhode Island Department of Health sends certified lead inspectors to determine whether lead hazards are present and, if hazards are found, it works with property owners to make the property lead-safe. In 2010, 78 environmental inspections were offered, of which 63 were performed. Of the 15 inspections that were offered but not performed, seven were refused, three were for properties from which the lead poisoned child had moved, two received no response and three are pending.[19]**

◆ **Although research has indicated that blood lead levels lower than 10 mcg/dL can have harmful effects, the Centers for Disease Control and Prevention (CDC) has not lowered the level of concern (the blood level at which a child is considered to have an elevated blood lead level). Research has not yet identified effective interventions for children who have blood lead levels lower than 10 mcg/dL.[20]**

Table 22. **Lead Poisoning in Children Entering Kindergarten in the Fall of 2012, Rhode Island**

CITY/TOWN	NUMBER TESTED FOR LEAD POISONING	SCREENED WITH BLOOD LEAD LEVEL ≥10 mcg/dL		CONFIRMED WITH BLOOD LEAD LEVEL ≥10 mcg/dL	
		NUMBER	PERCENT	NUMBER	PERCENT
Barrington	172	3	1.7%	1	0.6%
Bristol	178	7	3.9%	6	3.4%
Burrillville	138	4	2.9%	4	2.9%
Central Falls	385	14	3.6%	12	3.1%
Charlestown	59	1	1.7%	0	0.0%
Coventry	331	0	0.0%	0	0.0%
Cranston	797	21	2.6%	17	2.1%
Cumberland	408	4	1.0%	4	1.0%
East Greenwich	140	1	0.7%	0	0.0%
East Providence	531	19	3.6%	10	1.9%
Exeter	40	1	2.5%	1	2.5%
Foster	55	1	1.8%	0	0.0%
Glocester	50	1	2.0%	1	2.0%
Hopkinton	76	1	1.3%	0	0.0%
Jamestown	44	0	0.0%	0	0.0%
Johnston	284	4	1.4%	3	1.1%
Lincoln	194	3	1.5%	3	1.5%
Little Compton	26	0	0.0%	0	0.0%
Middletown	210	2	1.0%	0	0.0%
Narragansett	81	0	0.0%	0	0.0%
New Shoreham	9	0	0.0%	0	0.0%
Newport	318	18	5.7%	10	3.1%
North Kingstown	273	5	1.8%	3	1.1%
North Providence	252	4	1.6%	3	1.2%
North Smithfield	92	2	2.2%	1	1.1%
Pawtucket	1,148	36	3.1%	29	2.5%
Portsmouth	173	3	1.7%	0	0.0%
Providence	3,011	161	5.3%	136	4.5%
Richmond	58	0	0.0%	0	0.0%
Scituate	107	1	0.9%	0	0.0%
Smithfield	159	1	0.6%	1	0.6%
South Kingstown	245	2	0.8%	1	0.4%
Tiverton	144	4	2.8%	0	0.0%
Warren	108	6	5.6%	3	2.8%
Warwick	691	7	1.0%	6	0.9%
West Greenwich	50	0	0.0%	0	0.0%
West Warwick	370	7	1.9%	5	1.4%
Westerly	262	9	3.4%	4	1.5%
Woonsocket	672	12	1.8%	10	1.5%
Unknown Residence	*7*	*0*	*NA*	*0*	*0.0%*
Core Cities	*5,904*	*248*	*4.2%*	*202*	*3.4%*
Remainder of State	*6,437*	*117*	*1.8%*	*72*	*1.1%*
Rhode Island	*12,348*	*365*	*3.0%*	*274*	*2.2%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Childhood Lead Poisoning Prevention Program.

Data for children entering kindergarten in the fall of 2012 reflect the number of Rhode Island children eligible to enter school in the fall of 2012 (i.e., born between 9/1/06 and 8/31/07).

Children who screened positive for lead poisoning (blood lead level ≥10 mcg/dL) are counted if they screened positive with an unconfirmed capillary test at any time in their lives prior to the end of December 2010. Children confirmed positive for lead poisoning (blood lead level ≥10 mcg/dL) are counted if they screened positive with a venous test and/or had a confirmed capillary test at any time in their lives prior to the end of December 2010. The Rhode Island Childhood Lead Poisoning Prevention Program recommends that children under age six with a capillary blood lead level of ≥10 mcg/dL receive a confirmatory venous test.

The denominator is the number of children entering kindergarten in the fall of 2012 who were tested for lead poisoning. Screening data are based on the highest lead test result through December 2010. Data include both venous and confirmed capillary tests.

Of the 365 children entering kindergarten in 2012 who had an initial blood lead screen of ≥10 mcg/dL, nine (2.5%) did not receive a confirmatory second test. Their lead poisoning status is unknown.

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

See Methodology Section for more information.

References

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(continued on page 166)

Children with Asthma

DEFINITION

Children with asthma is the rate of hospitalizations for asthma where asthma was the primary diagnosis 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 respiratory disease that causes reversible episodes of coughing, wheezing, shortness of breath and chest tightness, which can be life threatening.[1,2] Attacks can be triggered by respiratory infections, cigarette smoke, exercise, weather conditions, stress and allergies to pollen, mold, dust, cockroaches and animal dander.[3] Childhood asthma in the U.S. increased between 1980 and 2000. The current prevalence has remained relatively stable since 2001 but is at historically high levels. Ambulatory care use for asthma continues to grow. Emergency department visits and hospitalization rates for asthma have stabilized at high levels.[4]

Nationally, asthma is the most common chronic condition in children, the third-ranked cause of hospitalization for children under age 15 and one of the leading causes of school absences.[5,6] In 2008, nearly 14% of children under age 18 in the U.S. had ever been diagnosed with asthma and 9.5% reported currently having asthma. Black children have higher rates of asthma prevalence than Hispanic and non-Hispanic White children and children living in poverty have higher rates of asthma than children in higher-income families.[7,8] Racial and ethnic differences in asthma prevalence are believed to be correlated with poverty, exposure to indoor and outdoor air pollution, stress, lack of access to preventive medical care and genetic factors.[9]

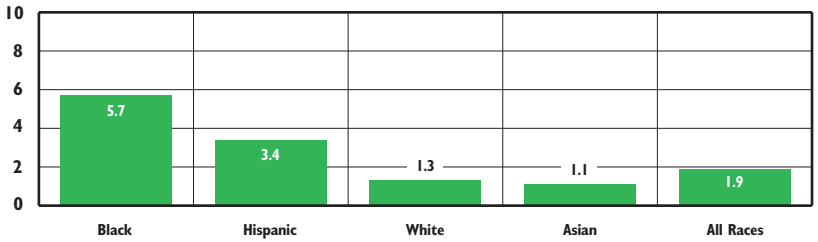
Proper asthma management requires assessment and monitoring, patient education, environmental control and medication. A primary care provider acting in partnership with the family can provide the connections to specialty and support services needed to help manage asthma.[10,11]

Child Hospitalizations With Primary Diagnosis of Asthma, Core Cities and Rhode Island, 2005-2009

City/Town	Number of Children Hospitalized	Rate per 1,000 Children
Central Falls	81	2.9
Newport	31	1.2
Pawtucket	239	2.6
Providence	515	2.3
West Warwick	55	1.7
Woonsocket	100	1.8
Rhode Island	2,352	1.9

Source: Rhode Island Department of Health, Hospital Discharge Database, 2005-2009.

Asthma Hospitalizations With Primary Diagnosis of Asthma, by Race/Ethnicity, per 1,000 Children Under Age 18, Rhode Island, 2005-2009



Sources: Rhode Island Department of Health, Hospital Discharge Database, 2005-2009; U.S. Census Bureau, Census 2000.

◆ **In Rhode Island between 2005 and 2009, the hospitalization rate for primary diagnosis of asthma for Black children (5.7 per 1,000 children) was more than four times the rate for non-Hispanic White children (1.3 per 1,000 children). Between 2005 and 2009, Hispanic children in Rhode Island were hospitalized for asthma two and a half times as often as White children.**

Health Care Costs for Childhood Asthma in Rhode Island

◆ **It is estimated that 17% (39,000) of all children in Rhode Island have ever been diagnosed with asthma and 11% (27,000) currently have asthma. The asthma prevalence among Rhode Island children increased 2% between 2005 and 2007.[12]**

◆ **Health care use for asthma (including hospitalizations and emergency room use) is highest among young children under age five.[13,14]**

◆ **The average length of a hospitalization stay for a child with asthma in Rhode Island is two days, with an average charge of $7,840. In Rhode Island, children under age five have the highest number of asthma hospitalizations and the highest charges compared with all other children. Total hospital charges for children under age five are nearly six times more than those for adolescents 12 to 17 years of age.[15]**

◆ **In Rhode Island in 2007, there were 1,856 emergency room visits by children with a primary diagnosis of asthma at an average charge of $1,823 per visit. Children under age five accounted for 46% of all emergency room visits with an average charge of $2,013.[16]**

Table 23. **Asthma Hospitalizations for Children Under Age 18, Rhode Island, 2005-2009**

CITY/TOWN	ESTIMATED # OF CHILDREN UNDER AGE 18*	# OF CHILD HOSPITALIZATIONS WITH ANY ASTHMA DIAGNOSIS	RATE OF CHILD ASTHMA HOSPITALIZATIONS WITH ANY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN	# OF CHILD HOSPITALIZATIONS WITH PRIMARY ASTHMA DIAGNOSIS	RATE OF CHILD HOSPITALIZATIONS WITH PRIMARY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN
Barrington	23,725	50	2.1	26	1.1
Bristol	21,995	72	3.3	44	2.0
Burrillville	20,215	36	1.8	20	1.0
Central Falls	27,655	191	6.9	81	2.9
Charlestown	8,560	16	1.9	6	0.7
Coventry	41,945	113	2.7	57	1.4
Cranston	85,490	283	3.3	128	1.5
Cumberland	38,450	106	2.8	37	1.0
East Greenwich	17,820	76	4.3	33	1.9
East Providence	52,730	268	5.1	144	2.7
Exeter	7,945	18	2.3	2	0.3
Foster	5,525	10	1.8	5	0.9
Glocester	13,320	18	1.4	3	0.2
Hopkinton	10,055	17	1.7	5	0.5
Jamestown	6,190	7	1.1	3	0.5
Johnston	29,530	82	2.8	39	1.3
Lincoln	25,785	80	3.1	33	1.3
Little Compton	3,900	9	2.3	2	0.5
Middletown	21,640	48	2.2	20	0.9
Narragansett	14,165	17	1.2	4	0.3
New Shoreham	925	2	2.2	0	0.0
Newport	25,995	91	3.5	31	1.2
North Kingstown	34,240	76	2.2	26	0.8
North Providence	29,680	50	1.7	25	0.8
North Smithfield	11,895	34	2.9	11	0.9
Pawtucket	90,755	491	5.4	239	2.6
Portsmouth	21,645	60	2.8	26	1.2
Providence	226,385	1,083	4.8	515	2.3
Richmond	10,070	1	0.1	1	0.1
Scituate	13,175	54	4.1	23	1.7
Smithfield	20,095	46	2.3	17	0.8
South Kingstown	31,420	6	0.2	2	0.1
Tiverton	16,835	23	1.4	11	0.7
Warren	12,270	35	2.9	19	1.5
Warwick	93,900	278	3.0	118	1.3
West Greenwich	7,220	20	2.8	5	0.7
West Warwick	33,160	134	4.0	55	1.7
Westerly	27,030	55	2.0	15	0.6
Woonsocket	55,775	273	4.9	100	1.8
Unknown	*NA*	*819*	*NA*	*421*	*NA*
Core Cities	*459,725*	*2,263*	*4.9*	*1,021*	*2.2*
Remainder of State	*779,385*	*2,066*	*2.7*	*910*	*1.2*
Rhode Island	*1,239,110*	*5,148*	*4.2*	*2,352*	*1.9*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2005-2009.

The Centers for Disease Control and Prevention requests that states report asthma hospitalization data only where asthma is the primary diagnosis. Due to this change, data in this indicator are not comparable to data included in Factbooks prior to 2010.

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

*The denominator used to compute the 2005-2009 rate is the number of children under age 18 according to the 2000 U.S. Census, multiplied by five.

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Housing and Health

DEFINITION

Housing and health is the percentage of children under age 18 who live in low-income families that reside in older housing, defined as housing built before 1980. Low-income families are those with incomes less than 200% of the federal poverty level.

SIGNIFICANCE

Healthy child development requires a home that is well-built, free of toxic hazards and that provides a place to eat well, play safely and sleep soundly. Housing quality affects children's ability to grow, think, learn, relax and form critical early bonds.[1]

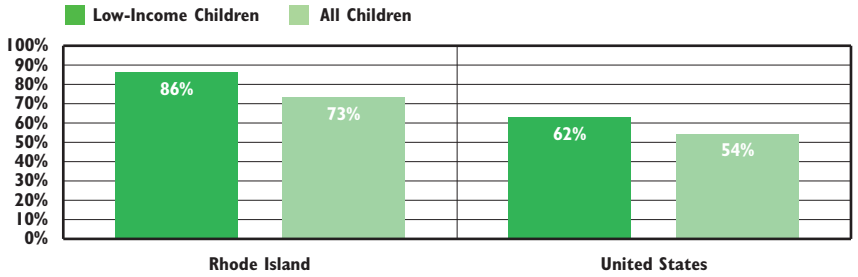
Unhealthy housing can cause or intensify many health conditions. Children living in homes built before 1978, when lead paint was banned from interior use in the United States, are at risk for lead poisoning. Studies have connected allergies, respiratory distress, asthma, unintentional injuries, cancer, poisoning and heart disease to poor quality construction, inadequate maintenance and unhealthy behaviors.[2,3,4,5]

Adopting a comprehensive "healthy homes" approach that includes both education and physical interventions can help prevent housing-related injuries and illnesses, reduce health costs and improve children's quality of life.

Because the causes of many health conditions related to the home environment are interconnected, it can be cost-effective to address multiple hazards simultaneously.[6] For example, repairing cracks in a home's foundation can help keep both water and pests from entering the house and would address multiple asthma triggers – mold, cockroaches and rodents. Similarly, most lead programs that repair painted surfaces containing lead also fix the leaks that caused the paint to peel in the first place. Fixing the leaks helps the lead repair last longer and prevents mold problems.

The quality of children's homes and surrounding neighborhoods is important to children's development. Lack of affordable housing puts safe, healthy, well-maintained housing out of reach for many families, forcing families to raise their children in overcrowded and unsafe environments that can interfere with their growth and development. Overcrowded housing is associated with feelings of helplessness, delayed cognitive development and behavioral problems among children.[7]

Children Living in Older Housing*, 2007-2009, Rhode Island and the United States



Source: Population Reference Bureau analysis of 2007-2009 American Community Survey (ACS) Public Use Microsample (PUMS) data. *Older housing is defined here as housing built before 1980. The ACS reports data on the year a housing structure was built by decade, so this is the best available approximation for housing built before 1978 (when lead paint was banned from interior use in the United States).

◆ **In both Rhode Island and the nation as a whole, children in low-income families are more likely to live in older housing than children in general. Between 2007 and 2009, 86% of low-income children in Rhode Island lived in older housing, compared to 62% of low-income children in the U.S. Of all 50 states, Rhode Island continues to have the highest percentage of low-income children living in older housing.[8,9]**

◆ **Between 2007 and 2009, Rhode Island children were more likely to live in older housing (73%) than were children in the nation as a whole (54%). Rhode Island continues to have the second highest percentage of all children living in older housing in the nation after New York, despite a 1% decrease from between 2006 and 2008.[10,11]**

◆ **Rhode Island's older housing stock poses additional health risks for children because until 1978 lead paint was commonly used in the interior and exterior of homes. Exposure to lead paint is associated with numerous health risks.[12,13]**

◆ **Because affordable housing is in short supply, many low-income families must choose between poorly-maintained housing that puts the health and safety of their families at risk and housing that is safer but unaffordable.[14] When low-income families are forced to spend more than they can afford on housing, they may not have enough money left in their budget to pay for food or other necessities.[15]**

Key Principles of Healthy Housing

The National Center for Healthy Housing has developed seven key principles of healthy housing. According to these principles, a healthy home is: dry, clean, pest-free, safe, contaminant-free, ventilated, and maintained.

◆ ***Dry:*** **Damp houses provide a welcoming environment for mites, cockroaches, rodents, and molds, all of which are associated with asthma.**

◆ ***Clean:*** **Clean homes are less likely to harbor household pests and reduce children's exposure to contaminants.**

◆ ***Pest-free:*** **Mice and cockroaches can trigger asthma in some children. The pesticides used to rid homes of household pests can also exacerbate health problems.**

◆ ***Safe:*** **A majority of injuries to children occur in the home. Falls are the most frequent cause of residential injuries to children, followed by injuries from objects in the home, burns and poisonings.**

◆ ***Contaminant-free:*** **Many chemicals found in the home pose risks to children's health, including lead, radon, asbestos, pesticides, carbon monoxide, volatile organic compounds and second-hand tobacco smoke.**

◆ ***Ventilated:*** **Having a well-ventilated home improves respiratory health.**

◆ ***Maintained:*** **Homes that are poorly maintained may have excessive moisture, pest problems, or deteriorating lead paint, all of which pose health risks to children.**

Source: National Center for Healthy Housing. (n.d.). *Seven principles of healthy homes.* Retrieved February 24, 2011, from www.nchh.org/What-We-Do/Healthy-Homes-Principles.aspx

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Health Problems Associated With Housing

Lead Poisoning

◆ **Children living in homes built before 1978, when lead paint was banned from interior use in the United States, are at risk for lead poisoning. Lead exposure during early childhood can cause irreversible damage, including loss of intelligence, impaired cognitive, motor, and physical abilities and behavioral problems.[16,17,18,19]**

◆ **One in 33 (3%) Rhode Island children due to start kindergarten in the fall of 2012 has had a blood lead screen of >10 mcg/dL at some point in the past, indicating exposure to an environmental lead hazard.[20] Children living in the core cities (who are disproportionately poor and/or minority) are at increased risk for lead exposure because the housing stock tends to be older and less well maintained.[21] The prevalence of childhood lead poisoning in Rhode Island has significantly decreased over the past decade.[22]**

Asthma

◆ **The presence of dust mites, cockroaches, mold, pet dander and rodents all can trigger or exacerbate respiratory problems, including asthma.[23] Asthma is one of the most common chronic conditions in children, the third leading cause of hospitalization for children under age 15 and a leading cause of school absences in the U.S.[24,25]**

◆ **Between 2005 and 2009, there were 2,352 hospitalizations of children in Rhode Island for which the primary diagnosis was asthma. Asthma hospitalization rates in Rhode Island were highest for Black and Hispanic children.[26] Minority children are more likely to live in the core cities where the housing stock tends to be older and may be exposed to more asthma triggers.[27]**

Unintentional Injuries

◆ **Falls are the leading cause of unintentional injuries among children in the U.S. More than 80% of fall-related injuries among children under age five occur in the home. Residential hazards associated with falls among children include a lack of safety devices, such as safety gates and window guards; structural problems, such as uneven floors; and insufficient lighting in stairways and other areas.[28,29]**

◆ **In 2009, housing-related falls resulted in 4,317 emergency room visits by Rhode Island children under age 18. Half (51%) of these visits were for children under age six.[30]**

Childhood Obesity

DEFINITION

Childhood obesity is the percentage of children entering kindergarten with a body mass index (BMI) at or above the 95th percentile for gender and age. BMI is calculated based on weight and height.[1] Children and youth with a BMI at or above the 95th percentile are considered to be obese. Children and youth with a BMI between the 85th and 95th percentiles are considered to be overweight or at risk for obesity.[2]

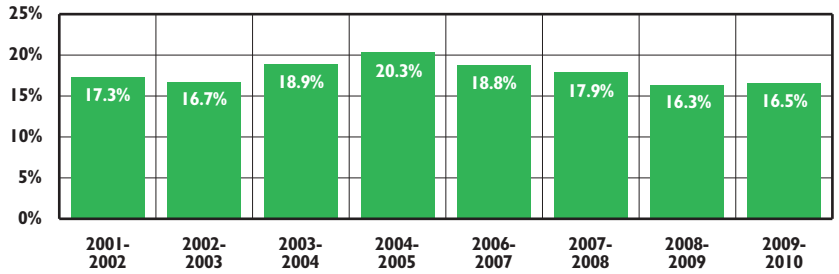
SIGNIFICANCE

Children and adolescents who are overweight and obese are at an increased risk for type 2 diabetes, asthma, heart disease and other acute and chronic health problems. Aside from obesity's physical consequences, obese children and youth are susceptible to mental health and psychological conditions, such as depression and low self-esteem, and may experience social stigmatization and discrimination.[3,4] Nationally, the prevalence of childhood obesity has more than tripled in recent decades, increasing from 5% of children in 1980 to 17% in 2008.[5] Current childhood obesity rates are so high that they may reduce life expectancy and diminish overall quality of life among today's generation of children.[6]

Weight gain occurs when more calories are consumed than expended. Genes, metabolism, behavior, environmental and cultural factors also play a role in childhood overweight and obesity.[7] The prevention of obesity requires a balance between energy intake and expenditure over time. Nutritional factors such as skipping breakfast, eating fast food, large portion sizes in meals at home and in restaurants and frequent snacking are associated with increased obesity in children. Rates of physical activity among U.S. children and adolescents generally have decreased over the past decade. Participation in daily physical education classes, and daily walking or cycling to school also have decreased.[8]

In Rhode Island in 2007, 14.4% of children ages 10-17 were obese, and 15.8% were overweight. Nationwide in 2007, 16.4% of children ages 10-17 were obese and 15.3% were overweight, with significant disparities for racial/ethnic minorities. Nationwide, 41.1% of Black children and 41.0% of Hispanic children ages 10-17 were overweight or obese in 2007, compared to 26.8% of White, non-Hispanic children.[9,10]

Obesity Among Children Entering Kindergarten, Rhode Island, 2001-2010*



Source: Immunization Program, Center for Child and Family Health, Rhode Island Department of Health, School Years 2001-2002 through 2009-2010. *There are no data available for the 2005-2006 school year. Data are based on a sample of recorded heights and weights at kindergarten entry.

◆ **Nearly one in six (16.5%) Rhode Island children entering kindergarten during the 2009-2010 school year was obese, down from a high of 20.3% in the 2004-2005 school year.[11]**

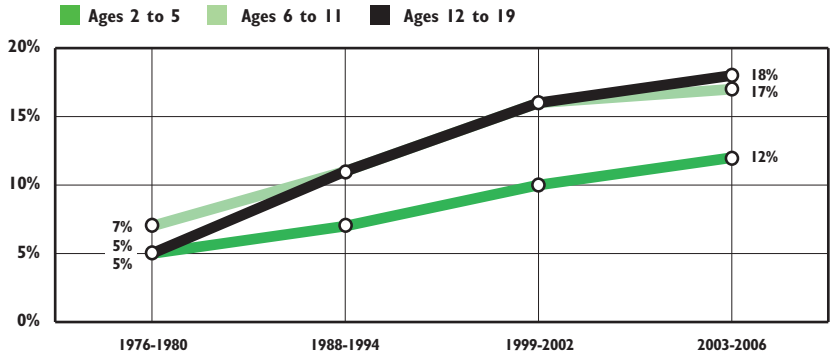
◆ **Maternal excess weight during the prenatal period and gestational diabetes can put children at risk for obesity early in life. Breastfeeding has been found to have significant long-term potential for maintaining a lower BMI.[12] Nationwide, one in seven (14.6%) low-income, preschool-aged children are obese.[13]**

Sedentary Behavior

◆ **Technological advances in television, computers and video games have increased children's overall "screen time," contributing to sedentary lifestyles and increasing risk for obesity. Nationally, children and youth ages 8 to 18 spend over seven hours daily watching television or movies, using the internet and playing video games. Most parents do not set or enforce screen time limitations, but when families establish rules about screen time and implement them, screen time declines by an average of two hours per day.[14]**

◆ **In Rhode Island, 29% of high school students reported watching three or more hours of TV on an average school day during the 2008-2009 school year. Twenty-eight percent also reported using computers for non-school work three or more hours per average school day.[15]**

Prevalence of Obesity Among U.S. Children and Adolescents, Ages 2 to 19



Source: Centers for Disease Control and Prevention. (2009). *NHANES Surveys (1976-1980 and 2003-2006).* Retrieved February 26, 2010, from www.cdc.gov/obesity/childhood/prevalence.html. The National Health and Nutrition Examination Survey (NHANES) uses measured heights and weights to calculate a body mass index (BMI) for age.

◆ **Nationally, the prevalence of obesity among children has increased dramatically in recent decades, and has more than tripled among adolescents ages 12-19. Between 2003 and 2007, obesity prevalence increased by 10% for U.S. children overall. During the same time period, the obesity prevalence among children in low-income, high-unemployment and low-education level households increased between 23% and 33%.[16]**

◆ **During the 2009-2010 school year, 18.9% of 7th graders in Rhode Island were obese, up from 16.8% during the 2006-2007 school year.[17] Schools can implement health education curriculum for pre-kindergarten through grade 12, helping students to make healthy nutritional choices and meet physical activity recommendations.[18]**

◆ **In 2009, 10.4% of Rhode Island high school students were obese and 16.7% were overweight.[19] For adolescents, social stigmatization caused by overweight and obesity can cause low self-esteem and hinder academic and social functioning. Teenagers who are obese have an 80% chance of being obese as an adult.[20]**

Eating Habits of Public High School Students, Rhode Island, 2007 & 2009

	2007	2009
Ate fruit one or more times during the past 7 days	86%	87%
Ate fruits and vegetables 5 or more times per day during the past 7 days	19%	23%
Drank a container of soda one or more times per day during the past 7 days	25%	21%
Drank 3 or more glasses per day of milk during the past 7 days	16%	13%

Source: Rhode Island Department of Health, Center for Health Data and Analysis, *2007 & 2009 Rhode Island Youth Risk Behavior Surveys.*

◆ **Rhode Island public high school students reported eating increased amounts of fruits and vegetables between 2007 and 2009. Just over one in 10 (13%) reported drinking recommended amounts of milk daily in 2009.[21,22]**

◆ **Recent changes in school nutrition policy have made Rhode Island school meals among the healthiest in the country. Rhode Island is one of 19 states that implement nutritional standards for school meals and snacks that go beyond existing USDA requirements.[23,24] The Rhode Island Nutrition Requirements (RINR), which went into effect in September 2009, encourage consumption of more fruits, vegetables, whole grains and legumes in school meal programs such as school breakfast and school lunch.[25]**

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Births to Teens

DEFINITION

Births to teens is the number of births to teen girls ages 15 to 19 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 threaten the development of teen parents as well as their children. Teen mothers, particularly younger teen mothers, have difficulty finishing high school and continuing on to college. A recent study found that 38% of mothers who give birth before age 18 had a high school diploma or GED by age 22, compared with 89% of young women who had not given birth as a teen.[1] Less than 2% of teen mothers who give birth before age 18 finish college by age 30.

Two-thirds of families headed by teen mothers live in poverty. About one-quarter of teen mothers have a second child within 24 months of the first baby, creating even greater challenges for the mothers to finish school, find and keep a job and escape poverty.[2]

Teen mothers are less likely to have the financial resources, social supports and parenting skills needed for healthy child development. Babies born to teen mothers are at increased risk for low birthweight and prematurity. Children of teen parents are more likely to experience child maltreatment and enter the foster care system. They score lower on measures of school readiness and on standardized achievement tests, are 50% more likely to repeat a grade, and are less likely to complete high school compared with children of older mothers. The sons of teen mothers are twice as likely to spend time in prison and the daughters of teen mothers are three times more likely to become teen mothers themselves.[3,4]

Teenage childbearing is strongly associated with poverty and other family disadvantages including living in a single-parent household.[5] Teen girls in foster care are more than twice as likely to get pregnant by age 19.[6]

In 2009 in Rhode Island, 1,060 babies were born to mothers under age 20, accounting for 9.3% of all babies born in the state. The 2005-2009 five-year teen birth rate for Rhode Island girls ages 15 to 19 (30.1 births per 1,000 girls) was the lowest since 2001-2005.[7]

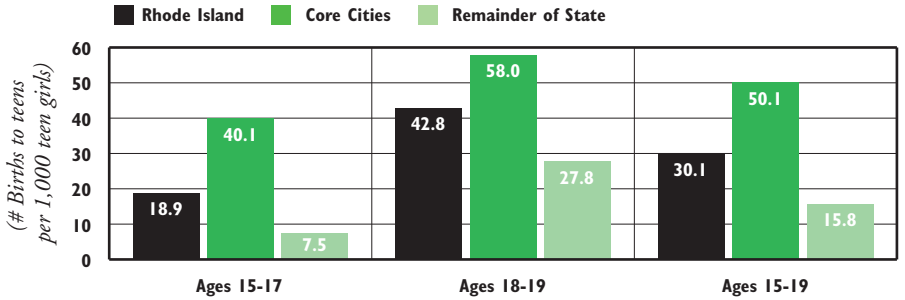
Teen Birth Rates
(rate per 1,000 girls ages 15-19)

	1991	2008
RI	44.7	28.5
US	61.8	41.5
National Rank*		*9th*
New England Rank**		*6th*

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

Source: 1991 data: Martin, J. A., et al. (2009). Births: Final data for 2006. *NVSR, 57*(7). 2008 data: Martin, J. A., et al. (2010). Births: Final data for 2006. *NVSR, 59*(1).

Births to Teens, by Age Group, Rhode Island, Core Cities and Remainder of State, 2005-2009



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2005-2009, five-year average. Data for 2009 are provisional. Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

◆ **The teen birth rate of 15-17 year old girls in Rhode Island's core cities is more than twice the state rate and more than five times the teen birth rate for younger teens in the remainder of the state. The teen birth rate for older teens ages 18-19 in the core cities is more than twice the rate for older teens in the remainder of the state.[8]**

◆ **Between 2005 and 2009 in Rhode Island, there were 5,612 births to teens ages 15-19. Of these, 70% were babies born to teens in the core cities, the six communities with the highest child poverty rates in the state. An additional 75 babies were born to teen girls ages 14 or younger, of whom more than half (42 babies) were born to very young teens in Providence.[9]**

◆ **In 2009, the teen birth rate for U.S. teenagers fell to the lowest level ever recorded (39.1 births per 1,000 teens ages 15-19). Teen birth rates for all race and ethnic groups fell to historic lows.[10]**

Repeat Births to Teens, Rhode Island, 2005-2009

Age	Total Number of Births	Number of Repeat Births	Percent Repeat Births
12-14	75	0	0%
15-17	1,865	154	8%
18-19	3,747	832	22%
Total	*5,687*	*986*	*17%*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2005-2009. Data for 2009 are provisional.

Table 24.

Births to Teens, Ages 15-19, Rhode Island, 2005-2009

CITY/TOWN	NUMBER OF BIRTHS TO GIRLS AGES 15-17	BIRTH RATE PER 1,000 GIRLS AGES 15-17	NUMBER OF BIRTHS TO GIRLS AGES 18-19	BIRTH RATE PER 1,000 GIRLS AGES 18-19	NUMBER OF BIRTHS TO GIRLS AGES 15-19	BIRTH RATE PER 1,000 GIRLS AGES 15-19
Barrington	2	0.9	7	9.5	9	3.1
Bristol	8	4.3	36	9.7	44	7.9
Burrillville	8	4.5	26	24.8	34	12.0
Central Falls	116	61.9	200	127.4	316	91.7
Charlestown	4	6.0	14	NA	18	18.1
Coventry	33	10.3	74	43.8	107	21.8
Cranston	89	12.9	164	40.7	253	23.2
Cumberland	17	5.4	54	37.0	71	15.5
East Greenwich	2	1.4	8	16.0	10	5.2
East Providence	51	11.2	131	56.8	182	26.5
Exeter	4	5.5	4	NA	8	7.8
Foster	2	NA	6	NA	8	11.9
Glocester	5	4.4	17	28.6	22	12.6
Hopkinton	6	6.9	20	NA	26	20.3
Jamestown	0	0.0	1	NA	1	1.4
Johnston	23	10.0	50	38.2	73	20.2
Lincoln	10	4.6	31	33.0	41	13.1
Little Compton	0	NA	5	NA	5	NA
Middletown	14	10.2	36	52.9	50	24.4
Narragansett	3	2.4	13	11.9	16	6.8
New Shoreham	0	NA	1	NA	1	NA
Newport	42	21.1	91	26.5	133	24.5
North Kingstown	11	4.1	44	36.4	55	14.2
North Providence	35	14.2	66	44.7	101	25.6
North Smithfield	5	4.9	9	NA	14	9.4
Pawtucket	234	34.3	421	92.7	655	57.7
Portsmouth	4	2.4	13	21.5	17	7.4
Providence	802	47.0	1,368	46.4	2,170	46.6
Richmond	12	14.7	19	NA	31	27.9
Scituate	3	2.5	4	7.8	7	4.0
Smithfield	4	2.3	17	6.2	21	4.7
South Kingstown	12	4.4	45	5.3	57	5.1
Tiverton	4	3.0	20	27.4	24	11.6
Warren	8	8.0	27	46.6	35	22.2
Warwick	77	9.7	188	47.4	265	22.3
West Greenwich	2	3.7	11	NA	13	15.6
West Warwick	48	19.6	111	66.7	159	38.6
Westerly	25	11.5	65	58.8	90	27.5
Woonsocket	140	33.0	330	117.0	470	66.6
Core Cities	*1,382*	*40.1*	*2,521*	*58.0*	*3,903*	*50.1*
Remainder of State	*483*	*7.5*	*1,226*	*27.8*	*1,709*	*15.8*
Rhode Island	*1,865*	*18.9*	*3,747*	*42.8*	*5,612*	*30.1*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, 2005-2009. Data for 2009 are provisional. The denominators are the number of girls in each age group according to Census 2000, multiplied by five to compute rates over five years.

Factbooks published before 2007 reported only on births to girls ages 15 to 17. The definition of teen childbearing has been expanded to include teens ages 18-19 because researchers are finding that babies born to slightly older teens do not have much better outcomes than those born to teens in younger age groups.

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

NA: Rates were not calculated for cities and towns with fewer than 100 teen girls in the age category, as rates with small denominators are statistically unreliable.

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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 who report ever using alcohol or illegal drugs or currently using cigarettes. High school data for individual school districts are not available for the 2009-2010 school year.

SIGNIFICANCE

The use and/or abuse of substances such as alcohol, tobacco and other drugs by children and youth poses health and safety risks to them, their families, their schools and their communities.[1,2] Rhode Island ranks among the states with the highest percentages of adolescents and adults reporting use of illicit drugs and alcohol.[3]

Research shows that the key risk periods for alcohol, tobacco and other drug abuse occur 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. There is greater exposure to drugs, to peers who abuse substances, and to social activities involving drugs and alcohol at the high school level.[4]

The risk for becoming a substance user involves the relationship between risk factors and protective factors, which vary in their effects by age, gender, ethnicity and environment. Risk factors include early aggressive behavior, lack of parental supervision, peer substance abuse, poor academic achievement and poverty. Protective factors include a strong parent-child bond, parental involvement and support, consistent discipline, academic competence and a strong neighborhood attachment.[5]

Early family and school interventions can build and strengthen protective factors and be tailored to reduce risk factors, which will help to prevent substance use among young people.[6]

If implemented nation wide, effective school-based substance abuse prevention programs are estimated to save $18 for every $1 invested.[7] Adolescents who participate in school-based, community-based, faith-based or other after-school activities are less likely to use substances than those who are not involved in any such activities.[8]

Approximately one in 10 adolescents in the U.S. who meet standard diagnostic criteria indicating the need for treatment for an illicit drug use problem and one in 14 who need treatment for an alcohol use problem actually receive specialty treatment. This on-going trend indicates a need to expand the continuum of care to engage young people who cannot or will not participate in specialty treatment programs.[9]

Self-Reported Substance Use and Related Behaviors, Rhode Island High School Students, 2009

	9th Grade	12th Grade	All High School Students
Ever had a drink of alcohol in their life	52%	73%	64%
Had at least one drink of alcohol in the past month	24%	45%	34%
Had five or more drinks of alcohol in a row, within a couple of hours, in the past month (binge drinking)	12%	27%	19%
Used marijuana one or more times in the past month	20%	32%	26%
Smoked cigarettes on 20 or more days in the past month	3%	8%	5%
Rode one or more times during the past month in a vehicle driven by someone who had been drinking alcohol	20%	25%	23%

Source: *2009 Rhode Island Youth Risk Behavior Survey,* Rhode Island Department of Health, Center for Health Data and Analysis.

◆ **Among high school students in Rhode Island in 2009, 50% of 12th graders and 29% of 9th graders reported ever having used marijuana. Nearly one in five (19%) Rhode Island 12th grade students reported using painkillers, such as OxyContin, Codeine, Percocet or Tylenol III without a doctor's prescription at least once in their lifetime.[10]**

◆ **One in ten (10%) Rhode Island 9th grade students in 2009 reported ever using inhalants (sniffing glue, breathing the contents of an aerosol spray can and/or inhaling paints or sprays), 6% reported ever using ecstasy and 4% reported ever using any form of cocaine.[11]**

Tobacco Use

◆ **The percentage of Rhode Island high school students who smoked cigarettes on 20 or more days in the past month has decreased significantly over the past decade, from 19% in 1997 to 5% in 2009.[12]**

◆ **In 2009, one in 10 male high school students in Rhode Island reported using chewing tobacco in the previous month.[13] In 2009, 46% of high school-age smokers in Rhode Island reported trying to quit in the past year, down from 59% in 2007.[14]**

Substance Use Among Rhode Island Middle School Students

◆ Among Rhode Island middle school students who answered the 2010 pilot *SurveyWorks!* instrument, 22% reported that they had ever drunk beer, wine or other alcohol (other than for religious ceremonies) and 8% reported that they had ever taken an illegal drug other than alcohol or cigarettes.[15]

◆ Five percent of Rhode Island middle school students reported that they had smoked a cigarette in the past 30 days.[16]

Table 25.

Student Reports of Alcohol, Drug and Cigarette Use Among Public Middle School Students, Rhode Island, 2009-2010

School District	Alcohol Use (Ever)*	Drug Use (Ever)*	Cigarette Use (Current)
Barrington	15%	7%	5%
Bristol Warren	21%	7%	6%
Burrillville	26%	14%	10%
Central Falls	29%	5%	2%
Chariho	28%	10%	9%
Coventry	NA	NA	NA
Cranston	25%	9%	5%
Cumberland	17%	6%	3%
East Greenwich	13%	5%	3%
East Providence	NA	NA	NA
Exeter-West Greenwich	22%	7%	5%
Foster-Glocester	19%	5%	4%
Jamestown	16%	1%	NA
Johnston	24%	6%	6%
Lincoln	22%	8%	5%
Little Compton	11%	0%	NA
Middletown	16%	6%	4%
Narragansett	21%	8%	6%
New Shoreham	21%	9%	NA
Newport	21%	7%	3%
North Kingstown	12%	4%	3%
North Providence	NA	NA	NA
North Smithfield	19%	6%	4%
Pawtucket	30%	10%	5%
Portsmouth	17%	5%	4%
Providence	NA	NA	NA
Scituate	21%	7%	5%
Smithfield	NA	NA	NA
South Kingstown	NA	NA	NA
Tiverton	22%	8%	6%
Warwick	21%	10%	7%
West Warwick	**	**	**
Westerly	19%	8%	5%
Woonsocket	**	**	**
Core Cities	*NA*	*NA*	*NA*
Remainder of State	*NA*	*NA*	*NA*
Rhode Island	*22%*	*8%*	*5%*

NA = Data not available / Data not reported due to low district response rate / Question not asked

**** = School district did not participate in 2010 pilot *SurveyWorks!* tool**

Sources of Data for Table/Methodology

Due to adoption of a new survey tool by the Rhode Island Department of Elementary and Secondary Education, *Alcohol, Drug and Cigarette Use by Teens* in this Factbook cannot be compared with previous Factbooks.

The data presented in this Factbook are from a pilot of the *SurveyWorks!* tool that was administered during May 2010.

Not all school districts participated and some schools within districts did not participate in the *SurveyWorks!* pilot. This Factbook reports data only for middle school districts that had a 60% district response rate or better. Statewide there was a 69% response rate for the middle school survey. For more information, see Methodology on page 159.

Rhode Island state totals for middle schools include the Compass, Highlander, Paul Cuffee and Segue Institute for Learning charter schools and the Urban Collaborative.

* Data reported as "ever" use are for middle school students who reported that they "have drunk beer, wine or other alcohol (other than for religious reasons)" and for middle school students who reported that they "have ever taken an illegal drug other than alcohol or cigarettes."

Data reported as "current" use are for middle school students who reported that they "have smoked a cigarette in the past 30 days."

Data from the new *SurveyWorks!* tool survey for behaviors related to alcohol, drug and cigarette use at the middle and high school levels will be available in the 2012 Factbook.

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[1,4,5,6] *Preventing drug use among children and adolescents: A research-based guide for parents, educators, and community leaders, second edition.* (2003). Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse.

[2] Child Trends. (n.d.) *Illicit drug use.* Retrieved February 10, 2011, from www.childtrendsdatabank.org

[3] *State estimates of substance use from the 2007-2008 National Surveys on Drug Use and Health* (Office of Applied Studies, NSDUH Series H-37, HHS Publication No. SMA 10-4472). (2010). Rockville, MD: Substance Abuse and Mental Health Services Administration.

(continued on page 167)

Safety

To You

by Karla Kuskin

I think I could walk
through the simmering sand
if I held your hand.
I think I could swim
the skin shivering sea
if you would accompany me.
And run on ragged, windy heights,
climb rugged rocks
and walk on air:

I think I could do anything at all,
if you were there.

Child Deaths

DEFINITION

Child deaths is the number of deaths from all causes among children ages one 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 health of children, maternal health, access to health care, 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] Recent declines in the U.S. child death rate are due to increased parental education about the effective use of safety products (such as seat belts and car seats) and child safety laws (such as requiring residential smoke detectors and window guards and better product safety labeling).[3]

Nationally, child injuries and deaths disproportionately affect poor children, children under age five, males and minorities. Among children under age 15, Native American children and Black children have the highest child death rates in the nation.[4,5]

In Rhode Island between 2005 and 2009, there were 126 deaths of children ages one to 14 (a rate of 14.1 per 100,000 children).[6,7] Sixty-nine (55%) of these children lived in the core cities, 56 (44%) lived in the remainder of the state and one child's residence (1%) was unknown. Of the 126 deaths, 87 (69%) were due to disease, 24 (19%) were due to unintentional injuries, 10 (8%) were due to intentional injuries (8 homicides and 2 suicides) and five (4%) were due to unknown causes. Unintentional injuries are the leading cause of death for children ages one to 14 in Rhode Island and in the U.S., more than from any single disease.[8,9]

The leading causes of child injury deaths are motor vehicle crashes and drowning. Child injury deaths can be reduced by educating parents about the importance of using safety products, such as seat belts, child safety seats, life jackets and pool fencing, and by passing stricter laws enforcing such use.[10]

In Rhode Island between 2005 and 2009, nine children under age 15 were hospitalized for firearms injuries, and there were two gun-related child deaths.[11]

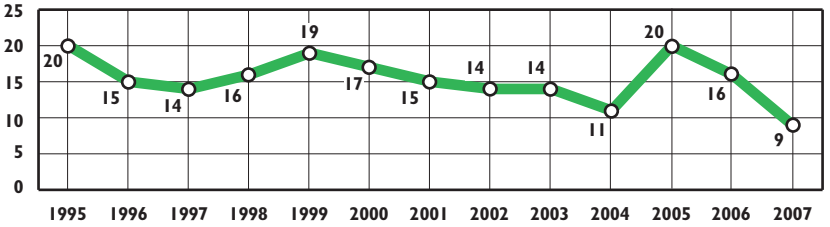
Child Death Rate
(per 100,000 Children Ages 1-14)

	2000	2007
RI	17	9
US	22	19
National Rank*		*1st*
New England Rank**		*1st*

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

Source: Annie E. Casey Foundation KIDS COUNT Data Center. (2010). *Child deaths: Rate per 100,000.* Retrieved December 16, 2010, from www.kidscount.org/datacenter

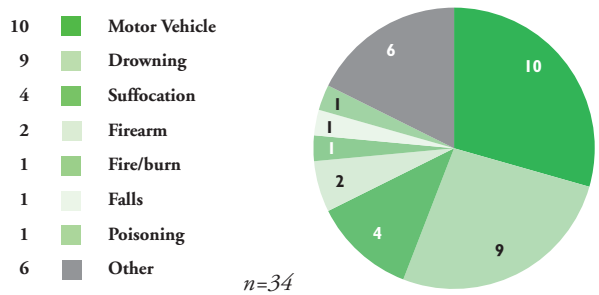
Child Death Rate per 100,000 Children Ages One to 14 in Rhode Island, 1995-2007



Source: Annie E. Casey Foundation KIDS COUNT Data Center. (2010). *Child deaths: Rate per 100,000.* Retrieved December 16, 2010, from www.kidscount.org/datacenter

◆ **In 2007, Rhode Island's child death rate for children ages one to 14 was 9 per 100,000 children, the lowest in the nation.[12]**

Child Deaths Due to Injury, by Cause, Rhode Island, 2005-2009



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2005-2009

◆ **Between 2005 and 2009, 34 Rhode Island children ages one to 14 died as a result of injury. Motor vehicle injuries and drowning were the leading causes of child deaths due to injury.[13] Nationally, nearly half of the children under age 15 who died in motor vehicle collisions were not wearing a seat belt or other restraint.[14]**

References

[1] Kendrick, D., Barlow, J., Hampshire, A., Stewart-Brown, S. & Polnay, L. (2008). Parenting interventions and the prevention of unintentional injuries in childhood: Systematic review and meta-analysis. *Child: Care, health and development, 34*(5), 682-695.

[2,3,10] Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Reducing the child death rate.* Baltimore, MD: The Annie E. Casey Foundation.

(continued on page 167)

DEFINITION

Teen deaths is the number of deaths from all causes among 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 alcohol, drug abuse and violence. Teens' emotional health, including self-esteem and mental health, further impacts their safety. Nationally, the most prevalent causes of teen deaths are motor vehicle collisions, homicides and suicides, all of which are preventable.[1,2]

Factors that protect against teen deaths include parent involvement, access to mental health services designed for adolescents, state policies regulating teens' driving, prevention of teen drinking and reduced access to guns. School and community programs can reduce risk behaviors and support positive and healthy youth development.[3]

Between 2005 and 2009, there were 146 deaths of teens ages 15 to 19 in Rhode Island, a rate of 36.6 per 100,000 teens.[4,5] Of the teens ages 15 to 19 who died between 2005 and 2009, 55 (38%) lived in the core cities and 91 (62%) lived in the remainder of the state.[6]

Of the teen deaths between 2005 and 2009, 33 (23%) were due to disease, 39 (27%) were due to intentional injuries, 68 (47%) were due to unintentional injuries, one (1%) was due to undetermined injury and five (3%) were of unknown causes. Of the intentional injuries, 23 were homicides and 16 were suicides (2 females and 14 males).[7]

According to the *2009 Rhode Island Youth Risk Behavior Survey*, 9% of male high school students and 15% of female high school students reported seriously considering suicide in the previous year. Seven percent of male high school students and 8% of female high school students in Rhode Island reported having attempted suicide in the previous year.[8]

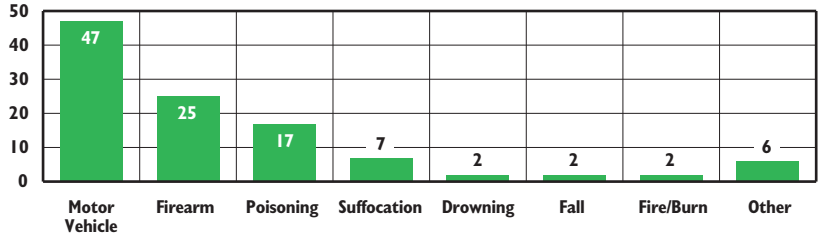
Teen Deaths
(Deaths per 100,000 Youth Ages 15-19)

	2000	2007
RI	52	39
US	67	62
National Rank*		*2nd*
New England Rank**		*2nd*

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

Source: Annie E. Casey Foundation KIDS COUNT Data Center. (2011). *Teen deaths from all causes: Rate per 100,000.* Retrieved January 3, 2011, from www.kidscount.org/datacenter

Injury Deaths by Cause, Teens Ages 15 to 19, 2005-2009



n=108

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2005-2009. Data from 2009 are provisional. This chart reports deaths of teens residing in Rhode Island. Data reported below reflect teen motor vehicle deaths that occurred in Rhode Island, regardless of residence.

◆ **Between 2005 and 2009 in Rhode Island, nearly two-thirds (63%) of the 108 teen deaths caused by injury were unintentional. Almost half (44%) of all injury deaths involved motor vehicles.[9]**

◆ **Among the 30 males ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2005 and 2009, 14 (47%) were driving, 12 (40%) were passengers in vehicles driven by other teenage boys ages 15 to 19, two were passengers in vehicles driven by adults, one was a pedestrian and one was a skateboarder. Between 2005 and 2009, 16 teen girls in Rhode Island died in motor vehicle accidents. Of these, four (25%) were driving, three (19%) were passengers in vehicles driven by other teens, seven (44%) were passengers in vehicles driven by adults and two were pedestrians.[10]**

◆ **Seven (39%) teen drivers who died in motor vehicle crashes between 2005 and 2009 had been drinking and nine (38%) teen passengers who died had been drinking.[11]**

◆ **According to the *2009 Rhode Island Youth Risk Behavior Survey*, 23% of Rhode Island public high school students reported that during the month before the survey they rode in a vehicle driven by someone who had been drinking, and 13% reported that they never or rarely wore a seatbelt when riding in a car driven by someone else.[12]**

References

[1,3] *KIDS COUNT indicator brief: Reducing the teen death rate.* (2009). Baltimore, MD: The Annie E. Casey Foundation.

(continued on page 167)

Youth Violence

DEFINITION

Youth violence is the number of arrests of youths under age 18 in Rhode Island for assault and weapons offenses and the percentage of high school students who report experiencing violence at school. These two measures of youth violence are used to account for violence that leads to arrest as well as some of the violence experienced by youth that may not come to the attention of the police.

SIGNIFICANCE

Youth violence refers to a variety of harmful behaviors that youth can experience as victims, witnesses or offenders and that can cause emotional harm, injury, disability or death. Violence and the threat of violence can impact the well-being of youth, families, schools and communities, and can generate high social and economic costs.[1,2]

Effective youth violence prevention addresses environmental and individual risk factors.[3] A comprehensive approach to youth violence prevention includes increasing access to effective early education and after-school programs, building safe and supportive school climates, implementing academic support programs, reducing exposure to violence, increasing access to adult mentoring and supervision, providing behavior management and social skills programs, increasing parenting skills and increasing access to family therapy.[4,5]

Most violent youth only engage in violent behavior during a brief period in their teens. Situational factors such as peer influences and alcohol use can lead to violent acts.[6] Youth at risk for committing violent acts often live in high-poverty and high-crime areas. They are more likely to have histories of aggressive behavior, substance use, mental health issues, association with delinquent peers/gangs, academic failure, family conflict, poor parenting and being victims of child maltreatment.[7,8,9]

Nationally in 2008, almost two-thirds (61%) of children under age 18 reported being exposed to violence as a victim or witness during the previous year, almost one in five (19%) youth ages 14 to 17 reported being injured by a physical assault in the previous year, and 71% of youth ages 14 to 17 reported having ever been assaulted.[10]

In 2008, juveniles made up 16% of all serious violent crime arrests in the U.S. The 2008 Rhode Island juvenile arrest rate for serious violent crimes was 186 per 100,000 youth ages 10 to 17, compared to a rate of 306 per 100,000 youth ages 10 to 17, in the U.S.[11] In 2009 in Rhode Island, there were 734 juvenile arrests for assault offenses and 150 juvenile arrests for weapons offenses, a decline of 10% and 7%, respectively, from 2008.[12] In 2010, violent crimes made up 5% (340) of the 7,493 juvenile offenses referred to Rhode Island Family Court.[13]

Self-Reported Violent Behavior and Victimization, Rhode Island Public High School Students, 2009

	FEMALES	MALES	TOTAL
Been bullied on school property during the past 12 months	17%	15%	16%
Carried a gun, knife, or club at least once in the past 30 days	5%	16%	10%
Did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school	8%	7%	7%
Were in a physical fight at least once in the past 12 months	19%	31%	25%
Were hit, slapped or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months	11%	11%	11%
Ever physically forced to have sexual intercourse when they did not want to	9%	5%	7%

Source: *2009 Rhode Island Youth Risk Behavior Survey*, Rhode Island Department of Health, Center for Health Data and Analysis.

◆ **Violence in schools affects individual victims and disrupts the functioning of entire schools and communities.[14] In Rhode Island in 2009, 7% of high school students reported not going to school due to safety concerns and 16% had been bullied at school in the past year.[15]**

◆ **Lesbian, gay, bisexual and transgender youth, youth with disabilities and youth with low grades (Ds and Fs) in Rhode Island are more likely than their peers to report being threatened or injured at school and to miss school because they felt unsafe.[16,17,18]**

◆ **Cyberbullying is the willful and repeated cruelty inflicted by sending or posting harmful material online or through a cell phone. Cyberbullied youth may experience feelings of depression, suicidal thoughts, school failure and avoidance and school violence.[19,20] In 2010 in Rhode Island, 11% of middle school students reported being cyberbullied.[21]**

Gun Violence Among Youth

◆ **Guns are the leading cause of fatal teen violence and are used in more than four out of five (82%) teen homicides in the U.S.[22] In Rhode Island between 2005 and 2009, there were 51 gun-related hospitalizations of youth ages 15 to 19 and 25 deaths of youth ages 15 to 19 attributed to firearms.[23]**

Table 26.

Youth Violence, Rhode Island

CITY/TOWN	COMMUNITY CONTEXT, 2009			VIOLENCE IN HIGH SCHOOLS, 2008		JUVENILE ARRESTS FOR VIOLENCE, 2009		
	VIOLENT CRIME OFFENSES (ALL AGES)	% OF CHILDREN IN POVERTY	TOTAL POPULATION AGES 11-17	% OF STUDENTS EVER BROUGHT WEAPONS TO SCHOOL	% OF STUDENTS EVER EXPERIENCED VIOLENCE AT SCHOOL	# FOR ASSAULT OFFENSES	# FOR WEAPONS OFFENSES	TOTAL # FOR ASSAULT AND WEAPONS OFFENSES
Barrington	2	3%	2,033	7%	7%	6	2	8
Bristol	15	10%	1,725	12%	12%	11	0	11
Burrillville	16	6%	1,791	12%	12%	1	1	2
Central Falls	102	41%	1,970	8%	5%	13	7	20
Charlestown	7	5%	666	16%	15%	1	1	2
Coventry	27	6%	3,320	11%	11%	20	1	21
Cranston	120	9%	6,904	10%	9%	15	5	20
Cumberland	22	3%	3,057	15%	16%	6	2	8
East Greenwich	10	4%	1,470	10%	11%	9	7	16
East Providence	67	11%	4,296	18%	16%	24	2	26
Exeter	NA	7%	665	7%	7%	NA	NA	NA
Foster	4	3%	482	16%	14%	0	0	0
Glocester	4	7%	1,166	16%	14%	2	0	2
Hopkinton	5	6%	844	16%	15%	0	0	0
Jamestown	3	1%	553	14%	16%	0	0	0
Johnston	34	9%	2,253	11%	8%	14	1	15
Lincoln	21	6%	2,163	17%	17%	11	3	14
Little Compton	2	1%	336	14%	12%	0	0	0
Middletown	8	6%	1,524	18%	19%	7	1	8
Narragansett	16	9%	1,182	10%	9%	4	0	4
New Shoreham	0	10%	56	10%	15%	1	0	1
Newport	121	24%	1,888	15%	12%	17	4	21
North Kingstown	31	10%	2,641	14%	16%	15	2	17
North Providence	51	10%	2,452	10%	10%	22	2	24
North Smithfield	7	3%	981	7%	7%	6	0	6
Pawtucket	297	25%	6,718	12%	9%	78	19	97
Portsmouth	14	3%	1,729	14%	12%	14	0	14
Providence	1,182	41%	16,349	16%	11%	290	55	345
Richmond	2	4%	772	16%	15%	7	0	7
Scituate	1	4%	1,091	12%	10%	0	0	0
Smithfield	14	4%	1,776	16%	15%	17	0	17
South Kingstown	11	5%	2,637	13%	12%	8	1	9
Tiverton	14	3%	1,407	14%	14%	11	1	12
Warren	19	8%	1,019	12%	12%	3	1	4
Warwick	121	7%	7,780	17%	17%	27	5	32
West Greenwich	3	3%	596	7%	7%	0	0	0
West Warwick	65	18%	2,439	16%	14%	18	0	18
Westerly	27	10%	2,102	14%	13%	7	0	7
Woonsocket	149	32%	3,971	13%	11%	30	27	57
State Police/Other	*NA*	*NA*	*NA*	*NA*	*NA*	*19*	*0*	*19*
Core Cities	*1,916*	*34%*	*33,335*	*NA*	*NA*	*446*	*112*	*558*
Remainder of State	*698*	*7%*	*63,469*	*NA*	*NA*	*269*	*38*	*307*
Rhode Island	*2,614*	*17%*	*96,804*	*13%*	*12%*	*734*	*150*	*884*

Sources of Data for Table/Methodology

Total violent crime offense data are from U.S. Department of Justice, Federal Bureau of Investigation. (2010). *Crime in the United States 2009: Rhode Island offenses known to law enforcement.* Retrieved on January 20, 2011, from www2.fbi.gov/ucr/cius2009/data/table_08_ri.html

Child poverty data are from U.S. Census Bureau, Census 2000 Summary File 3, P.87 and PCT.50.

Total population ages 11–17 data are from U.S. Census Bureau, Census 2000 Summary File 1.

High school students bringing weapons to school and experiencing violence at school data are from Felner, R. (2008). *2007-2008 student ratings of school safety* (high school SALT Survey). Rock Island, IL: National Center on Public Education and Prevention. SALT data for communities that belong to regional districts reflect the district's overall SALT results. Data from the new *SurveyWorks!* tool that replaced the SALT survey will be available for these behaviors in the 2012 Factbook.

Juvenile arrests for assault and weapons offenses data are from Mongeau, T. & Gilheeney, E. (2010). *2009 juvenile detention data.* Providence, RI: Rhode Island Department of Public Safety, Grant Administration Office. A complete list of assault and weapons offenses can be found in the Methodology Section of this Factbook.

NA indicates that the data are not available. Exeter arrest numbers are included in the State Police totals.

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

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(continued on page 168)

Disconnected Youth

DEFINITION

Disconnected youth is the number of Rhode Island youth who are in foster care, involved in the juvenile justice system, teen parents or high school dropouts. Youth may be in more than one of these groups.

SIGNIFICANCE

As they transition to adulthood, youth are at greater risk when they have weak connections to families, negative social networks or lack communities that can provide emotional and material support and guidance. All youth, regardless of their background or financial status, need the guidance, time and financial help of a stable and secure family. Young people need access to caring adults who can provide information and supports that will help them make good choices for their futures. Youth are more likely to make a successful transition to adulthood when they have the life experiences, adult supports and education that build skills, academic credentials, knowledge and confidence.[1,2]

Disconnected youth often depend on effective public systems to get the supports and resources they need to overcome obstacles and challenges. These youth depend on the child welfare system to help them make strong family connections, the juvenile justice system for fair treatment and rehabilitative supports, public schools to teach them the skills and knowledge to be independent adults, and the public health and human services systems for the resources to be physically and mentally healthy and meet their family responsibilities.[3,4] When these systems do not work well, youth end up at greater risk for long-term disconnection than when they entered the systems.[5]

Interventions for disconnected youth require strategies that are tailored to the individual strengths and life circumstances of the young person. These interventions can include comprehensive wrap-around services, mental health and substance abuse treatment, independent living transition supports, community, school and workforce reentry supports, mentorship, out-of-school-time programs, parenting supports, and high-quality alternative educational opportunities.[6,7] Disconnected youth may face additional challenges because they are homeless, have substance abuse issues, and/or identify as lesbian, gay, bisexual, transgender or queer (LGBTQ).[8]

Some disconnected youth reconnect to support systems through employment, school, marriage or the military. However, youth from low-income families and minority youth (who comprise a large share of disconnected youth) are less likely to reconnect than other disconnected youth.[9]

Disconnected Youth in Rhode Island

Youth in Foster Care

◆ **Youth who age out of foster care without permanent family connections experience high rates of economic hardship, low educational attainment, hunger, homelessness, incarceration, welfare use, unemployment and poor health.[10] On December 31, 2010, there were 977 youth ages 13 to 17 and 218 youth ages 18 to 21 who were in the care or custody of the Rhode Island Department of Children, Youth and Families (DCYF).[11] In Rhode Island in Federal Fiscal Year 2010, 108 youth aged out of foster care to emancipation never having gained permanent placement through reunification, adoption or guardianship.[12]**

Youth at the Rhode Island Training School

◆ **Many youth who are incarcerated as juveniles struggle with school re-enrollment, homelessness, mental health problems, substance abuse and poverty when they return to their communities, and they often lack the necessary supports to avoid re-offending.[13] During 2010, 821 youth ages 12 to 21 were in the care or custody of the Rhode Island Training School.[14]**

Teen Parents

◆ **Teen pregnancy and parenting threatens the healthy development of teen parents as well as their children. Reduced educational attainment among teen parents puts them at risk of dropping out of school, low wages and poverty.[15] During 2010, there were 885 births to teen mothers under age 20 in Rhode Island.[16]**

High School Dropouts

◆ **Youth who drop out of school are at risk of unemployment, poverty, incarceration and poor health.[17] During the 2009-2010 school year, 2,314 students in 7th through 12th grade dropped out of or stopped attending Rhode Island public schools.[18] Between 2007 and 2009, there were an estimated 4,576 Rhode Island youth ages 16 to 19 who were not in school and not working, 58% of whom were high school dropouts.[19]**

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Homeless and Runaway Youth

DEFINITION

Homeless and runaway youth is the number of youth in Rhode Island who accessed emergency shelter services without their families or who were absent without leave (AWOL) from state care placements (including youth in child welfare and juvenile justice community placements).

SIGNIFICANCE

There are three primary causes of homelessness among youth – family conflict, residential instability resulting from foster care and institutional placements, and economic problems. Many youth run away due to physical and sexual abuse, strained family relationships, substance abuse by a family member and/or parental neglect.[1,2]

Other youth become homeless when they run away from or are discharged from the foster care or juvenile justice systems. In U.S. shelters, more than one in five homeless youth comes directly from foster care and more than one in four were in foster care in the previous year. Homeless youth with foster care histories often become homeless at an earlier age and remain homeless longer than their peers.[3,4] While an estimated two million U.S. youth experience homelessness annually, less than 5% of federal spending on homeless programs supports homeless children and youth.[5]

Youth who identify as gay, lesbian, bisexual, transgender or queer (LGBTQ) are overrepresented in the homeless youth population, some of whom report being forced out of their homes by parents who disapprove of their sexual orientation or gender identity. LGBTQ homeless youth also experience greater levels of physical and sexual exploitation while living on the streets than their heterosexual peers.[6,7]

It is often difficult for homeless youth to obtain the food, clothing and medical care they need. While living on the streets, many turn to selling drugs, theft or prostitution to provide for their basic needs. Consequently, homeless youth face an increased risk of arrests and are more likely to contract sexually transmitted infections.[8,9]

Homeless youth are often disconnected from community resources such as education, employment and health care.[10] They can have difficulty enrolling in school and are more likely than their peers to be suspended, expelled, repeat grades and to drop out.[11,12] Homeless youth experience higher rates of depression, death, post-traumatic stress disorder, substance abuse and other mental health problems than youth with stable housing. Health issues can go untreated due to the lack of access to health and mental health care. In addition, homeless youth may not seek needed health care because they are likely to be asked for a permanent address, health insurance information or parental permission for treatment.[13,14,15]

Homeless Youth in Rhode Island

◆ **There is one emergency shelter in Rhode Island tailored to the needs of unaccompanied and runaway homeless youth. During Federal Fiscal Year (FFY) 2010, eight unaccompanied youth ages 12 to 18 received Basic Center services (up to 21 days of emergency shelter, food, clothing, counseling and health care referrals) and two youth ages 17 and 18 received Transitional Living services (long-term residential and supportive services) in Rhode Island programs funded through the federal Runaway and Homeless Youth Program.[16,17,18,19]**

◆ **One hundred and twenty single youth ages 18 to 20 and 344 young adults ages 21 to 24 received emergency shelter services though the adult emergency shelter system in Rhode Island in 2010, up from 60 and 130, respectively, in 2009.[20,21]**

◆ **In 2010, the National Runaway Switchboard handled 98 crisis-related calls regarding youth ages 21 and under who were homeless, runaways or at risk of homelessness in Rhode Island. Nationally, 50% of callers to the Switchboard in 2010 were youth and the other half were friends, family and other adults.[22]**

◆ **On December 31, 2010, there were 62 youth in the care of the Rhode Island Department of Children, Youth and Families who were classified as unauthorized absences/runaways (AWOL), 36 of whom were female and 26 of whom were male. These youth were AWOL from either foster care or juvenile justice placements.[23]**

◆ **There were an additional 133 youth ages 13 to 17 who received emergency shelter services with their families in Rhode Island in 2010.[24] These youth are vulnerable to being separated from their families due to shelter or child welfare policies.[25]**

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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 wayward or delinquent offenses.

SIGNIFICANCE

Risk factors for juvenile delinquency and involvement in the juvenile justice system include association with other delinquent youth, neurological and cognitive impairments, academic and learning difficulties, poor parenting, child maltreatment and high levels of community violence.[1]

The Rhode Island Family Court has jurisdiction over juvenile offenders under age 18 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.[2,3] During 2010 in Rhode Island, 4,288 youth (5% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court for 7,493 wayward and delinquent offenses, down from 4,825 youth and 7,829 offenses in 2009, and continuing a downward trend over the last three years. Of the juvenile offenses in 2010, 340 (5%) involved violent offenses (63% of which occurred in the core cities). An additional 898 probation violations also came before the Family Court in 2010.[4,5,6]

Youth in urban communities with high poverty concentrations are more likely to be referred for wayward or delinquent offenses. In 2010 in Rhode Island, 25% of juvenile offenses referred to Family Court were committed by youth from Providence, 24% were committed by youth from the other five core cities and 51% were committed by youth from the remainder of the state.[7]

Nineteen percent of juveniles referred to Rhode Island Family Court in 2010 had been referred once before and 24% had been referred at least twice before.[8] The rehabilitation of youth and the prevention of recidivism (repeat offending) with the goal of protecting public safety are key elements of juvenile justice systems.

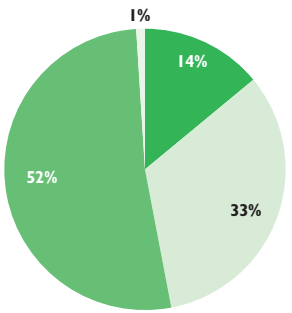
National research shows that an over-reliance on the incarceration of juveniles is not cost-effective and leads to worse public safety outcomes and higher rates of recidivism than the use of community-based alternatives to incarceration.[9]

Key components of successful community-based programs to prevent juvenile recidivism are the provision of intensive family therapy and an acknowledgment of the critical role families, homes and communities play in resolving delinquency. Successful programs also work with youths' strengths and provide a wide range of services and resources tailored to the needs of youth and their families.[10]

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2010

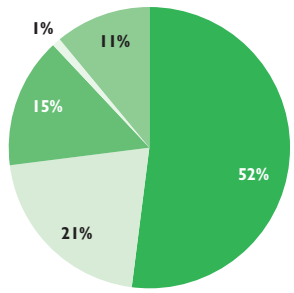
By Age of Juvenile

14%	Ages 13 or Younger
33%	Ages 14 and 15
52%	Ages 16 and 17
1%	Age Unknown



By Race and Ethnicity of Juvenile

52%	White
21%	Black
15%	Hispanic
1%	Asian
11%	Other/Unknown



n=7,493 offenses

By Type of Offense

25%	Property Crimes	5%	Traffic Offenses
20%	Disorderly Conduct	5%	Violent Crimes
17%	Status Offenses*	3%	Weapons Offenses
11%	Simple Assault	6%	Other**
9%	Alcohol and Drug Offenses		

n = 7,493

**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. Probation violations, contempt of court and other violations of court orders are not included in the offenses above.*

◆ **In 2010, 71% of juveniles referred to the Rhode Island Family Court were male and 29% were female.**

Source: Rhode Island Family Court, 2010 *Juvenile Offense Report.* Percentages may not sum to 100% due to rounding.

Alternatives to Incarceration for Juvenile Offenders in Rhode Island

◆ Juvenile courts have a wide range of options for handling juvenile offenders, including restitution, community service, home curfews, academic supports, counseling, substance abuse treatment and probation.[11] In 2010 in Rhode Island, 21% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing.[12]

◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. Between September 1, 2009 and June 30, 2010, 1,757 juveniles were referred to the Truancy Court by schools. In 2010, 227 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication.[13] 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.[14]

◆ In 2010, there were 26 Juvenile Hearing Boards in Rhode Island that served 27 of Rhode Island's cities and towns. Twelve communities in Rhode Island did not have Juvenile Hearing Boards (Bristol, Central Falls, Exeter, Jamestown, Little Compton, New Shoreham, North Providence, North Smithfield, Richmond, South Kingston, Tiverton and Woonsocket). Comprised of volunteer community members, these Boards permit the diversion of juveniles accused of status offenses or misdemeanors. Sanction options in this process include but are not limited to community service, restitution and counseling. A total of 564 cases were heard before Rhode Island Juvenile Hearing Boards in 2010.[15,16]

Lesbian, Gay, Bisexual and Transgender Youth in Juvenile Courts

◆ Many lesbian, gay, bisexual and transgender (LGBT) youth experience family rejection, conflicts at home and bullying and harassment in school due to their gender identity or sexual orientation. These factors increase LGBT youth's risk of family court involvement for status offenses (like running away), survival crimes (like shoplifting and prostitution), truancy related to safety issues at school and assault charges related to self defense. Training and resources for adults working in the juvenile justice system about the specific family, social and developmental challenges faced by LGBT youth can help support positive outcomes for these youth.[17]

Juveniles Tried as Adults

◆ Youth tried and punished in the adult court system are more likely to re-offend and to commit future violent crimes than youth who commit similar crimes but who are in juvenile systems. Counseling, therapeutic services, job training and educational services form the basis of rehabilitation in youth correctional environments. Youth placed in adult correctional facilities are less likely to receive appropriate services.[18,19]

◆ Behavioral research shows that most youth offenders will stop breaking the law as part of the normal maturation process and that adolescents are less able than adults to weigh risks and consequences and to resist peer pressure. Research also shows that judgment and decision-making skills do not fully develop until the early twenties.[20,21]

◆ When a juvenile has committed a heinous and/or premeditated felony offense or has a history of felony offenses, the Rhode Island 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 of jurisdiction is mandatory for juveniles who are 17 years old and who are charged with murder, first degree sexual assault or assault with intent to commit murder.[22]

◆ In 2010, the Attorney General's Office filed 32 (six mandatory and 26 discretionary) motions to waive jurisdiction to try juveniles as adults. Five were certified, 11 were waived and four were withdrawn. As of February 2011, 12 waiver motions from 2010 were pending before the Family Court.[23]

◆ A juvenile in Rhode Island also may be "certified," allowing the family court to sentence the juvenile beyond age 19 if there is otherwise an insufficient period of time in which to accomplish rehabilitation. There was one discretionary certification in 2010, and 2 were pending as of February 2011.[24] While the child is a minor, the sentence is served at the Training School. The youth can be transferred to an adult facility upon reaching age 19, if the court deems it appropriate.[25]

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Juveniles at the Training School

DEFINITION

Juveniles at the Training School is the number of juveniles age 21 or under who were in the care or custody of the Rhode Island Training School at any time during the calendar year, including youth in community placements while in the care or custody of the Training School.

SIGNIFICANCE

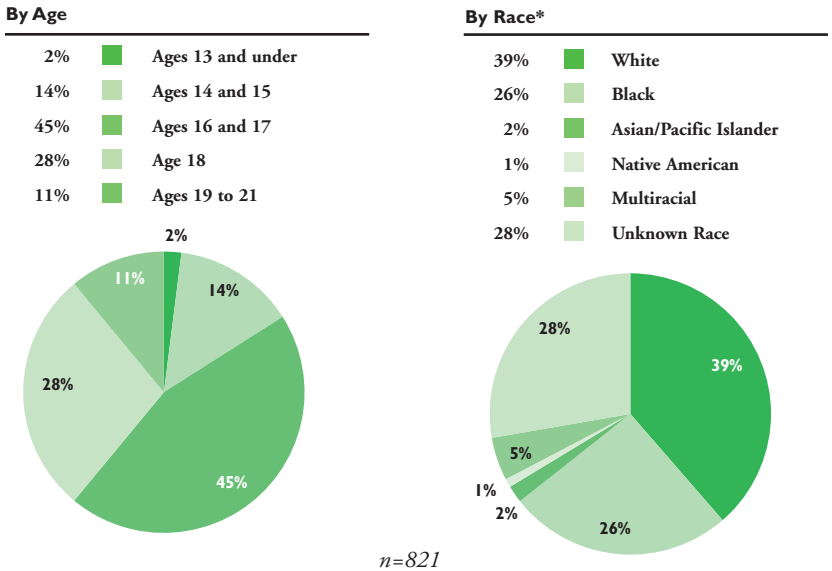
The juvenile justice system has three primary obligations: to identify and respond to the needs of the young people in its care; to protect youth from legal jeopardy; and to maintain public safety.[1] Early antisocial behavior, cognitive impairment, inadequate parenting skills, child maltreatment, exposure to family violence, association with other high-risk youth, poor academic performance and poverty increase risk for involvement with the juvenile justice system.[2,3] Youth at risk of juvenile justice systems involvement often come to the attention of public schools, social service agencies and child welfare systems, presenting opportunities to prevent wayward and delinquent behavior.

Juvenile justice systems have a range of options for monitoring and rehabilitating juvenile offenders in addition to incarceration, including electronic monitoring, day and evening reporting centers, skills training programs, community-based therapy for youth and families and substance abuse treatment.[4] Alternatives to incarcerating youth have been shown to be more successful in preventing recidivism and more cost-effective than incarceration. Programs that are community-based, intensive, sustained and involve the families of the youth in individualized treatment programs are the most successful.[5,6]

The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School, the state's residential detention facility for adjudicated youth and youth in detention awaiting trial. A total of 821 youth (81% male and 19% female) were in the care or custody of the Training School at some point during 2010, down from 894 in 2009. On January 1, 2011, there were 259 youth in the care or custody of the Training School, 121 of whom were physically at the Training School.[7]

In 2008, the Rhode Island General Assembly instituted a cap on the number of detained and adjudicated youth at the Training School. On any given day, the limit is 148 boys and 12 girls.[8]

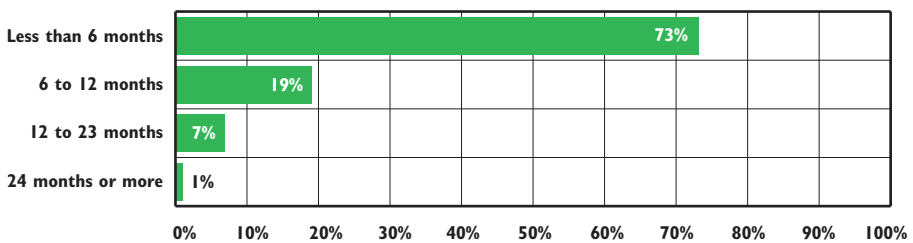
Juveniles in the Care or Custody of the Rhode Island Training School, Calendar Year 2010



n=821

**In 2010, 238 youth (29%) in the care or custody of the Rhode Island Training School were identified as Hispanic. Hispanic youth may be of any race. Totals may not sum to 100% due to rounding.*

Discharges From the Rhode Island Training School, by Length of Time in Custody, Calendar Year 2010



n=967

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2010. Total discharges (967) are higher than the total number of youth who passed through the Training School (821) due to some youth being discharged from the Training School more than once in 2010.

Disproportionate Minority Contact in Juvenile Justice Systems

◆ At every point in juvenile justice systems in the U.S., minority youth (both males and females) are likely to receive harsher treatment than White youth for comparable offenses. Minority youth are more likely than White youth to be detained, formally charged in juvenile court, placed in a secure facility (and less likely to receive probation), waived to adult court and incarcerated as an adult once waived to the adult system. In addition, a national review of more than 150 studies has shown that racial bias plays a part in the overrepresentation of minority youth in juvenile justice systems.[9,10,11,12]

Disproportionate Minority Contact in Juvenile Justice Systems

	% OF TOTAL CHILD POPULATION 2007-2009	% OF JUVENILES DETAINED BY POLICE 2009	% OF JUVENILE OFFENSES REFERRED TO FAMILY COURT, 2010	% OF JUVENILES WHO PASSED THROUGH THE TRAINING SCHOOL, 2010	% OF JUVENILES ADJUDICATED TO THE TRAINING SCHOOL, DEC. 31, 2010	% OF JUVENILES ON PROBATION JAN. 4, 2011
White	74%	53%	52%	39%	40%	43%
Black	8%	25%	21%	26%	27%	22%
Asian	3%	2%	1%	2%	6%	3%
Native American	1%	<1%	NA	1%	2%	1%
Multi-Racial	4%	NA	NA	5%	2%	4%
Other/ Unknown	10%	<1%	11%	28%	23%	27%
Hispanic	19%*	19%	15%	29%*	31%*	23%*

◆ Youth of color are disproportionately more likely than White youth to have contact with juvenile justice systems in Rhode Island. Black youth made up 27% of youth adjudicated to the Training School despite making up 8% of the child population. Hispanic youth made up 29% of youth who passed through the Rhode Island Training School in 2010, while they were 19% of the state's child population.

Sources: *Child Population* data by race are from the U.S. Census Bureau, American Community Survey, 2007-2009. *Police Detentions* are from the Juvenile Detention Data Summaries submitted by Rhode Island Police Departments to the Rhode Island Justice Commission, 2009. *Family Court Referrals* are from the Rhode Island Family Court, 2009. *Passed Through the Training School* are from the Rhode Island Department of Children, Youth and Families (DCYF), 2010. *Adjudicated to the Training School* are point-in-time data from DCYF for January 1, 2011. *Probation* are point-in-time data from DCYF for January 4, 2011. *Hispanics in these columns also are included in other racial categories. *NA* means data was not available for this racial category.

Risk Factors for Rhode Island Youth at the Training School

History of Child Abuse and Neglect

◆ Fifty-eight (22%) of the 259 youth in the care or custody of the Training School on January 1, 2011 had at some point in their childhood been victims of documented child abuse or neglect.[13]

◆ Nationally, youth in child welfare systems are 2.5 times more likely to enter the juvenile justice system if they are placed in group homes instead of foster care homes.[14]

Behavioral Health Needs

◆ In 2010, 146 adjudicated youth (118 males and 28 females) were prescribed psychiatric medications for psychiatric diagnoses other than conduct disorders and substance abuse disorders. In 2010, 52 male residents the Training School received residential and outpatient substance abuse treatment services through the CEC/CiviGenics Straight Ahead Program.[15]

Educational Attainment

◆ In 2010, students' math skills were on average at the 5th grade level and their reading levels were on average at the 6th grade level at entry to the Training School.[16]

◆ Of the 878 youth in 7th through 12th grade who received educational services at the Training School during 2010, 171 (19%) received special education services. Ninety-three (54%) of these youth had emotional disorders, 56 (33%) had learning disabilities and 22 (13%) had other health impairments.[17]

◆ During 2010, 62 youth graduated from high school while serving a sentence at the Training School (46 received a GED and 16 graduated with a high school diploma). An additional 100 youth received post-secondary education services at the Training School in 2010.[18]

Teen Pregnancy and Parenting

◆ Nationally, 20% of youth in custody report having a child or expecting a child. The percentage of youth in custody who report they already have children (15% of boys and 9% of girls) is much higher than the general population (2% of boys and 6% of girls).[19]

Juveniles at the Training School

Girls in the Juvenile Justice System

◆ Girls in the juvenile justice system enter with different personal and offense histories and needs than their male peers. Girls are less likely than boys to commit violent offenses and are more likely than boys to report knowing the victim. The majority of offenses committed by girls are property crimes and status offenses (age-related acts that would not be punishable if the offender were an adult, such as truancy). Girls are two times as likely to be charged with a status offense as boys. Nationally, there has been an increase in the arrest of girls for altercations within the family due to changes in arrest policies related to violence in the home.[20,21]

Alternatives to Juvenile Detention and Incarceration

◆ The Rhode Island Training School is an important resource for the rehabilitation of youth who commit serious offenses and who pose a danger to the community. For youth who do not pose a danger to public safety, expanding Rhode Island's capacity to provide effective community-based alternatives to detention and incarceration is essential.

◆ The rehabilitation of youth and the prevention of recidivism (repeat offending) with the goal of protecting public safety are key elements of juvenile justice systems. National research shows that an over-reliance on the incarceration of juveniles is not cost-effective and leads to worse public safety outcomes and higher rates of recidivism than the use of community-based alternatives to incarceration.[22,23]

◆ Key components of successful community-based programs to prevent juvenile recidivism include intensive family therapy and an acknowledgment of the critical roles that families, homes and communities play in resolving delinquency. Successful programs also work with youths' strengths and provide a wide range of services and resources tailored to the needs of youth and their families, including academic and job skills assistance, substance use and mental health treatment and supports.[24,25]

◆ Peer influences can be a significant factor in the development of antisocial behavior. Placing delinquent youth together (such as in a Training School) may reduce positive program impacts and may lead to negative outcomes.[26,27]

Probation for Rhode Island Youth

◆ The Juvenile Correctional Services Division of DCYF includes the Training School and Juvenile Probation and Parole. Juvenile Probation and Parole works to rehabilitate youth in the community to ensure public safety and full compliance with court orders and conditions of probation. Adolescents are placed on probation by the Family Court either as an alternative to incarceration at the Training School or as the final part of their sentence after being incarcerated at the Training School. Parole is not currently used for youth in Rhode Island.[28]

◆ On January 4, 2011, there were 982 youth on the DCYF probation caseload. One-quarter (24%) of youth on probation were ages 11 to 15, 54% were ages 16 to 17 and 22% were ages 18 to 21.[29]

◆ Almost half (43%) of youth on probation on January 4, 2011 were White, 22% were Black, 3% were Asian, 1% were Native American, 4% were multiracial and 27% were of unknown race. Approximately one-quarter (23%) of youth were identified as Hispanic. Hispanic youth may be of any race.[30]

Prevention of Recidivism Among Delinquent Youth

◆ Of the 821 youth who were in the care or custody of the Training School at some point during 2010, 25% (207) were admitted at least twice in 2010, and 4% (36) were admitted to the Training School three or more times in 2010.[31]

◆ There are three evidence-based interventions that repeatedly have been shown in scientific trials to reduce recidivism among delinquent youth, all of which involve the youth and his or her family in counseling and other treatments, and all of which cost less than incarceration.[32]

◆ Effective reentry programs that include pre-release planning, access to services and active case management for at least a year after release can enable youth to successfully reintegrate into their communities. Reentry services are most effective when they recognize youths' diverse needs, are located where youth live, provide individualized services, concentrate on ensuring school enrollment and success, focus on permanent family/guardianship connections, include access to mental health and substance abuse treatment, include employment supports and provide housing assistance when needed.[33]

Youth in Detention in Rhode Island

◆ In 2010, there were 976 admissions to detention at the Training School that did not lead to adjudications to the Training School or Temporary Community Placements (TCP). Of these, 23% resulted in stays of two days or less, 32% resulted in stays of three days to two weeks, and 45% resulted in stays of more than two weeks.[34]

◆ Fifty of the 52 unadjudicated youth in detention on December 31, 2010 had been there for more than two months; many youth who stay in detention for long periods of time are waiting for waivers to the adult system.[35]

Table 27. **Youth in the Care or Custody of the Rhode Island Island Training School, 2010**

CITY/TOWN	TOTAL POPULATION AGES 13-21	# OF DETAINED YOUTH	# OF ADJUDICATED YOUTH	TOTAL # OF YOUTH
Barrington	2,009	2	2	4
Bristol	3,525	3	2	5
Burrillville	2,067	--	3	2
Central Falls	2,625	3	23	26
Charlestown	755	--	2	1
Coventry	3,688	16	7	23
Cranston	8,499	7	24	31
Cumberland	3,325	8	6	14
East Greenwich	1,397	1	1	2
East Providence	5,092	12	10	22
Exeter	730	0	0	0
Foster	512	0	0	0
Glocester	1,251	0	1	1
Hopkinton	912	0	3	3
Jamestown	536	1	2	3
Johnston	2,624	3	7	10
Lincoln	2,260	5	5	10
Little Compton	351	0	0	0
Middletown	1,647	3	5	8
Narragansett	2,798	0	3	3
New Shoreham	70	0	0	0
Newport	3,755	14	10	24
North Kingstown	2,773	6	10	16
North Providence	3,045	13	7	20
North Smithfield	1,073	1	1	2
Pawtucket	8,298	34	42	76
Portsmouth	1,723	8	5	13
Providence	33,871	109	223	332
Richmond	783	0	0	0
Scituate	1,155	2	1	3
Smithfield	3,890	3	2	5
South Kingstown	6,532	2	6	8
Tiverton	1,523	7	3	10
Warren	1,208	4	1	5
Warwick	8,863	20	11	31
West Greenwich	599	1	0	1
West Warwick	3,177	18	8	26
Westerly	2,414	2	9	11
Woonsocket	5,034	5	34	39
Out of State	*NA*	*11*	*20*	*31*
Core Cities	*56,760*	*183*	*340*	*523*
Remainder of State	*79,629*	*128*	*139*	*267*
Rhode Island	*136,389*	*322*	*499*	*821*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2010; and the U.S. Census Bureau, Census 2000.

Data are for adjudicated and detained youth who were in the care or custody of the Rhode Island Training School during calendar year 2010 (including youth from out of state, those with unknown addresses and those in temporary community placements). Youth with out-of-state and unknown addresses are not included in the Rhode Island, core cities or remainder of state totals.

The total number of youth includes youth who were detained and/or adjudicated to the Training School as well as youth who received Temporary Community Placement (TCP) adjudications. Youth who received TCP adjudications are included in the adjudicated column. Youth who are counted in the detained columns did not receive adjudications to the Training School or TCP. Youth included in the adjudicated columns may or may not have been in detention at the Training School prior to adjudication.

* The number of detained youth is the difference between the total number of youth and the number of adjudicated youth.

-- The number of detained youth could not be calculated for these communities. A youth's reported residence may change between the time of detention and adjudication.

There is no statutory lower age limit for sentencing, however 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 lives in another state, but commits a crime in Rhode Island and is sentenced to serve time at the Training School.

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(continued on page 169)

Children of Incarcerated Parents

DEFINITION

Children of incarcerated parents is the number of children with parents serving sentences at the Rhode Island Department of Corrections per 1,000 children under age 18. The data are reported by the place of the parent's last residence before entering prison.

SIGNIFICANCE

Approximately 1.7 million children in the U.S. have a parent incarcerated in state or federal prison, and a quarter of minor children with a parent in prison are under age five.[1] Having an incarcerated parent can negatively impact the quality of a child's attachment to their parent, which can lead to anxiety, withdrawal, hyper-vigilance, low self-esteem and other reactive behaviors.[2,3]

As a result of parental incarceration, children may face social stigma, disruptions in their homes, temporary caregivers or placements in foster care, financial hardship and an increased risk of child abuse and neglect.[4,5] Compared to other children, children of incarcerated parents also are at greater risk for poor academic achievement, housing instability and mental health problems, including aggressive behavior.[6,7,8,9]

Nationally, most children of incarcerated parents live with their other parent (84%), a grandparent (15%) or other relatives (6%).[10] Relative caregivers often experience significant economic hardship. They may be unaware that they are eligible for services, they may be worried about stigma, they may have previously been denied benefits or they may have privacy concerns.[11]

Children of incarcerated parents are more likely to be involved with the child welfare system, and represent complex cases for child welfare agencies. These children have often been exposed to parental substance abuse, mental illness, domestic violence and extreme poverty.[12,13]

Programs targeted at the unique needs of incarcerated pregnant women and mothers can improve outcomes for them and their families.[14] Keeping siblings together, family counseling, access to health and mental health care, mentoring, peer supports and prison transition supports can alleviate the worst effects of parents' imprisonment on their children and improve the family reunification process.[15]

Of the 1,763 Rhode Island parents incarcerated on September 30, 2010, including those awaiting trial, 49% were White, 28% were Black, 21% were Hispanic, and 2% were Native American, Asian or another race. Nearly two-thirds (65%) of incarcerated parents with a known in-state residence identified one of the core cities as their last place of residence.[16]

Parents at the Rhode Island Adult Correctional Institutions, September 30, 2010

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	480	321	67%	480
Serving a Sentence	2,161	1,442	67%	2,862
Total	2,641	1,763	67%	3,342

Source: Rhode Island Department of Corrections, September 30, 2010. **Does not include inmates who were missing responses to the question on number of children, inmates on home confinement or those from another state's jurisdiction.*

◆ **Of the 2,641 inmates awaiting trial or serving a sentence who were surveyed as of September 30, 2010 and answered the question on number of children, 1,763 inmates reported having 3,342 children. Thirty-one percent of incarcerated mothers had one to five year sentences and 27% of incarcerated fathers were sentenced to more than ten years.[17]**

◆ **Of the 101 sentenced mothers on September 30, 2010, 43% were serving a sentence for a nonviolent offense, 34% for a violent offense, 14% for drug-related offenses, 5% for breaking and entering and less than 1% for sex-related offenses. Of the 1,341 sentenced fathers, 43% were serving sentences for violent offenses, 17% for nonviolent offenses, 14% for drug-related offenses, 10% for breaking and entering and 15% for sex-related offenses.[18]**

◆ **Fifty-eight percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2010, had less than a high school degree and 7% had less than a ninth-grade education. Thirty-four percent of parents awaiting trial or serving a sentence had a high school diploma or a GED and 8% had some college education.[19]**

◆ **Inadequate education, poor housing, unemployment and poor health put parents at risk of incarceration.[20] A supportive family, education, job training, stable housing, employment assistance, medical assistance and substance abuse treatment are critical to the parents' successful transition to the community after incarceration and also support the well-being of their children.[21]**

◆ **Maintaining positive and healthy familial bonds between children and their incarcerated parents can be important to the children's emotional well-being, reducing the negative effects children experience as a result of the parent's absence. Preservation of this bond also can have positive effects on the rehabilitation of incarcerated parents.[22]**

Table 28.

Children of Incarcerated Parents, Rhode Island, September 30, 2010

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2000 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	0	0	4,745	0.0
Bristol	9	17	4,399	3.9
Burrillville	9	16	4,043	4.0
Central Falls	49	107	5,531	19.3
Charlestown	7	13	1,712	7.6
Coventry	29	61	8,389	7.3
Cranston	76	159	17,098	9.3
Cumberland	16	30	7,690	3.9
East Greenwich	8	23	3,564	6.5
East Providence	32	71	10,546	6.7
Exeter	7	18	1,589	11.3
Foster	0	0	1,105	0.0
Glocester	5	7	2,664	2.6
Hopkinton	2	8	2,011	4.0
Jamestown	3	8	1,238	6.5
Johnston	25	61	5,906	10.3
Lincoln	8	9	5,157	1.7
Little Compton	1	7	780	9.0
Middletown	5	10	4,328	2.3
Narragansett	11	23	2,833	8.1
New Shoreham	0	0	185	0.0
Newport	31	72	5,199	13.8
North Kingstown	13	32	6,848	4.7
North Providence	26	53	5,936	8.9
North Smithfield	4	7	2,379	2.9
Pawtucket	123	231	18,151	12.7
Portsmouth	2	4	4,329	0.9
Providence	435	984	45,277	21.7
Richmond	4	6	2,014	3.0
Scituate	2	5	2,635	1.9
Smithfield	10	17	4,019	4.2
South Kingstown	10	29	6,284	4.6
Tiverton	5	10	3,367	3.0
Warren	9	17	2,454	6.9
Warwick	72	126	18,780	6.7
West Greenwich	1	3	1,444	2.1
West Warwick	53	86	6,632	13.0
Westerly	19	33	5,406	6.1
Woonsocket	91	219	11,155	19.6
Unknown Residence	*157*	*333*	*NA*	*NA*
*Out-of-State Residence***	*73*	*176*	*NA*	*NA*
Core Cities	*782*	*1,699*	*91,945*	*18.5*
Remainder of State	*430*	*883*	*155,877*	*5.7*
Rhode Island	*1,212*	*2,582*	*247,822*	*10.4*

Note to Table

Due to a change in methodology, *Children of Incarcerated Parents* in this Factbook cannot be compared to Factbooks prior to 2007. Previous Factbooks reported data as of December 31st. The data are now reported as of September 30th. The *Children of Incarcerated Parents* rate is based upon the sentenced population only. Prior to the 2006 Factbook, the rate was based on both the sentenced and awaiting trial populations.

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2010. Offenders who were on Home Confinement and the awaiting trial population are excluded from this table.

U.S. Census Bureau, Census 2000.

*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 includes 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 not included in the Rhode Island, core cities or remainder of state rates.

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

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(continued on page 169)

Children Witnessing Domestic Violence

DEFINITION

Children witnessing domestic violence is the percentage of reported domestic violence incidents resulting in an arrest in which children under age 18 were present in the home. The data are based on police reports of domestic violence. 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

Millions of U.S. children are exposed to domestic violence each year. National studies indicate that rates of partner violence are higher among couples with children than those without children.[1,2] In Rhode Island in 2009, police reports indicate that children were present at 29% of domestic violence incidents resulting in arrests.[3]

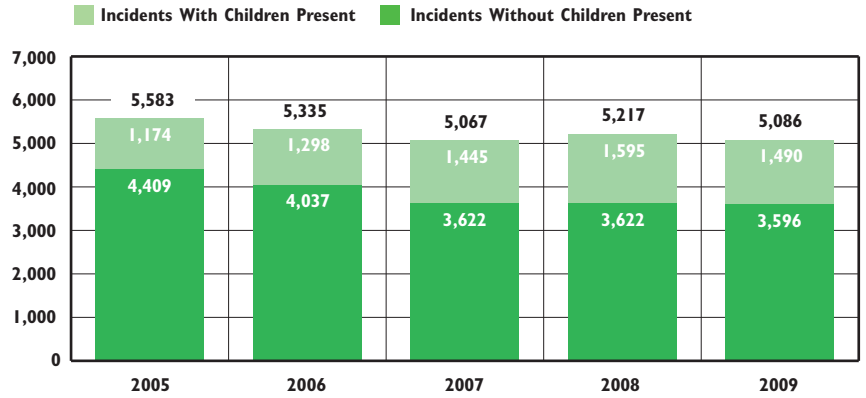
Children are exposed to domestic violence in several ways. They may see or hear violent events, be used during the event, experience the aftermath of violence by seeing their parent's injuries or damage done to their homes, and/or experience the removal of a parent from the home or by moving themselves. Children who are exposed to domestic violence are much more likely to be victims of child abuse and neglect than those who are not.[4,5]

Exposure to violence can affect brain development and impair cognitive, academic and social functioning. Children who witness domestic violence are more likely to have social, emotional, health and learning problems. They are more prone to depression, anxiety, fear, posttraumatic stress disorder, concentration and memory problems, and difficulty with school performance than children who do not witness domestic violence.[6,7]

Research suggests exposure to inter-parental violence increases the likelihood that individuals will perpetrate (particularly men) or be the victims of violence during dating and marriage.[8] While some children may show resilience, exposure to violence may impair a child's capacity for partnering and parenting later in life.[9]

Many domestic violence incidents are never reported to police. National estimates are that 41% of family violence incidents are not reported to police.[10] Rhode Island data also likely under-represent the number of domestic violence incidents in which children were present because not all incidents are reported, police reports are not always complete, children may not admit having witnessed the incident and parents may not know or admit that the child witnessed the event.[11]

Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2005-2009



Source: Rhode Island Supreme Court Domestic Violence Training Unit, 2005-2009. Includes domestic violence reports resulting in an arrest from local police and Rhode Island State Police.

◆ **In Rhode Island in 2009, there were 5,086 domestic violence incidents that resulted in arrests. Children were reported present in 29% (1,490) of these incidents.[12] 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: "Were children present during the incident?", "Did children witness the incident?", and "Did children hear the incident?"[13]**

◆ **Police reported that children saw the domestic violence incident in 1,174 arrests and children heard the incident in 1,279 arrests during 2009. These incidents were not mutually exclusive and more than one child may have witnessed the incident.[14]**

◆ **Rhode Island's statewide network of six shelters and advocacy programs provides services to victims of domestic violence, including shelter, transitional housing, advocacy, individual and group counseling, and education. During 2010, the network served 7,980 women, 2,132 men and 603 children. In 2010, 268 children and 263 adults spent a total of 20,173 bed nights in a domestic violence shelter in Rhode Island.[15,16]**

Support for Children Witnessing Domestic Violence

◆ Rhode Island is not among 22 states with legislation to address the issue of children who witness domestic violence. These states have statutes that specifically define the "circumstances that constitute witnessing" as well as the "legal consequences" incurred by a person convicted for domestic violence that was witnessed by a child.[17,18]

◆ These 22 states provide that convictions of domestic violence witnessed by a child will have legal consequences that vary by state and may include harsher sentences, increased fines, payment for counseling for the child victim and/or supervised visitation requirements (when visitation is part of a child custody agreement).[19,20]

◆ Rhode Island children often witness domestic violence before or during custody and visitation exchanges.[21] Rhode Island is not among the 24 states with legislation that requires family court to provide for the safety of a child and non-offending parent during visitation with an abusive parent.[22]

◆ Effective interventions for children who have witnessed domestic violence depend on legal protections as well as coordination among schools, early education programs, pediatric health care, mental health programs, child welfare, courts and law enforcement. These service systems can identify and address emergent problems related to healthy child development.[23]

Table 29. **Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2009**

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # OF INCIDENTS WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	42	11	26%
Bristol	80	15	19%
Burrillville	43	13	30%
Central Falls	143	54	38%
Charlestown	19	1	5%
Coventry	187	50	27%
Cranston	329	87	26%
Cumberland	107	31	29%
East Greenwich	47	16	34%
East Providence	207	65	31%
Exeter	NA	NA	NA
Foster	21	1	5%
Glocester	21	8	38%
Hopkinton	28	9	32%
Jamestown	6	2	33%
Johnston	118	25	21%
Lincoln	42	12	29%
Little Compton	10	5	50%
Middletown	118	32	27%
Narragansett	61	15	25%
New Shoreham	8	3	38%
Newport	164	41	25%
North Kingstown	113	37	33%
North Providence	158	33	21%
North Smithfield	46	17	37%
Pawtucket	590	164	28%
Portsmouth	96	22	23%
Providence	767	268	35%
Richmond	30	14	47%
Scituate	27	8	30%
Smithfield	88	19	22%
South Kingstown	72	31	43%
Tiverton	76	18	24%
Warren	75	15	20%
Warwick	317	97	31%
West Greenwich	19	4	21%
West Warwick	314	84	27%
Westerly	111	36	32%
Woonsocket	322	116	36%
Rhode Island State Police	*64*	*11*	*17%*
Core Cities	*2,300*	*727*	*32%*
Remainder of State	*2,786*	*763*	*27%*
Rhode Island	*5,086*	*1,490*	*29%*

Source of Data for Table/Methodology

The number of domestic violence incident reports in which an arrest was made and the number of incidents in which children were present are based on the Domestic Violence and Sexual Assault/Child Molestation Reporting Forms sent by Rhode Island law enforcement to the Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit between January 1, 2009 and December 31, 2009.

The data are only the incidents during which an arrest was made in which children were present, and do not represent the total number of children who experienced domestic violence in their homes. More than one child may have been present at an incident.

*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.

References

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(continued on page 169)

Child Abuse and Neglect

DEFINITION

Child abuse and neglect is the total unduplicated number of victims of child abuse and neglect per 1,000 children. Child abuse includes physical, sexual and emotional abuse. Child neglect includes emotional, educational, physical and medical neglect, as well as a failure to provide for basic needs.

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, family stressors, isolation from extended family or friends, drug and/or alcohol abuse or depression.[1] The immediate effects of child abuse and neglect include isolation, fear, inability to trust, injury and even death. Child maltreatment also can lead to juvenile delinquency, substance abuse, mental health problems and teen pregnancy. Child abuse and neglect are both connected to impaired cognition and low academic achievement in adolescence.[2,3]

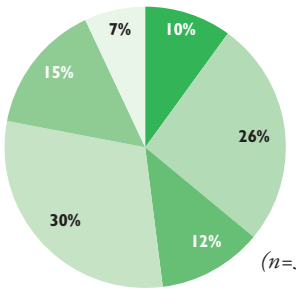
Responding to reports of child abuse and neglect and ensuring child safety are important functions of child protection systems. Maintaining the capacity to focus on prevention is equally critical and more cost-effective. In Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors are identified, Child Protective Services (CPS) refers families to community-based support services to reduce the risk of future involvement with the Department of Children, Youth and Families (DCYF). When maltreatment has occurred, a determination may be made that it is safe for the children to remain at home when families are willing to work with community providers. In both of these cases, DCYF makes referrals to regional Family Community Care Partner (FCCP) agencies. They work with the family to identify appropriate services and resources, including natural supports.[4]

In 2010 in Rhode Island, there were 2,223 indicated investigations of child abuse and neglect involving 3,414 children. The child abuse and neglect rate per 1,000 children under age 18 was more than two times higher in the core cities (21 victims per 1,000 children) compared to the remainder of the state (8.8 victims per 1,000 children). Almost half of the victims of child abuse and neglect in 2010 were young children under age six and more than one-third (35%) were age three and younger.[5]

Child Abuse and Neglect, Rhode Island, 2010

By Age of Victim*

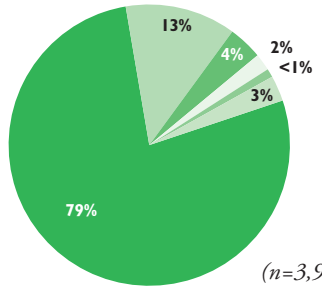
10% (327)	Under Age 1
26% (872)	Ages 1 to 3
12% (423)	Ages 4 to 5
30% (1020)	Ages 6 to 11
15% (517)	Ages 12 to 15
7% (255)	Ages 16 and Older



*(n=3,414)**

By Type of Neglect/Abuse**

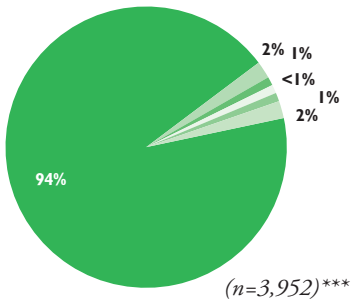
79%	Neglect
13%	Physical Abuse
4%	Sexual Abuse
2%	Medical Neglect
<1%	Emotional Abuse
3%	Other



*(n=3,961)***

By Relationship of Perpetrator to Victims***

94%	Parents
2%	Relatives/Household Members
1%	Child Care Providers
<1%	Foster Parents
1%	Residential Facility Staff
2%	Other or Unknown



*(n=3,952)****

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2010. Percentages may not sum to 100% due to rounding.

Notes on Pie Charts

** 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. Under Rhode Island law, Child Protective Services can only investigate alleged perpetrators who are legally defined as caretakers to the victim(s), except in situations of child sexual abuse by another child.*

DCYF Child Protective Services (CPS) Hotline Calls for Reports of Abuse and/or Neglect, Investigations,* and Indicated Investigations, Rhode Island, 2001-2010

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
2001	13,804	54% (7,479)	2,261
2002	14,545	50% (7,254)	2,209
2003	13,651	50% (6,847)	2,126
2004	13,341	52% (6,890)	2,095
2005	13,144	55% (7,188)	2,260
2006	14,957	59% (8,841)	2,862
2007	13,542	54% (7,363)	2,396
2008	12,204	51% (6,214)	1,913
2009	12,189	52% (6,362)	2,075
2010	13,069	53% (6,956)	2,392

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2001-2010.

** 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).*

◆ The percentage of unduplicated child maltreatment reports for which there were completed investigations declined from 59% in 2006 to 52% in 2009, and rose to 53% in 2010. The number of unduplicated child maltreatment reports to the CPS Hotline was lower in 2009 than at any point in the past decade.[6] In 2010, there were 2,392 indicated investigations based on child maltreatment investigations, 34% of all completed investigations. The percentage of completed investigations that were indicated has remained fairly stable over the past decade.[7] An indicated investigation is one in which there is a preponderance of evidence that child abuse and/or neglect occurred.[8]

◆ Of the 13,069 maltreatment reports in 2010, 4,942 were classified as "information/referrals" (formerly "early warnings").[9] Information/referrals are reports made to the CPS Hotline that contain a concern about the well-being of a child but do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is a legal caretaker or is living in the home, there is reasonable cause to believe that abuse or neglect circumstances exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. When essential criteria for investigation are not present, the report may lead to a referral to other services or to the information being passed on to a DCYF case-worker (depending on whether the family is active with DCYF).[10]

Rhode Island Child Deaths Due to Child Abuse and/or Neglect**

YEAR	NUMBER OF DEATHS	YEAR	NUMBER OF DEATHS
2001	5	2006	1
2002	1	2007	0
2003	4	2008	0
2004	3	2009	2
2005	4	2010	0
Total 2001-2005	*17*	*Total 2006-2010*	*3*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2001-2010.

***Based on Rhode Island Department of Children, Youth and Families determination of death due to child abuse or neglect by a parent or caretaker.*

◆ Between 2001 and 2010, 20 children died as a result of injuries due to abuse by a parent or caretaker. In 2010, no children died as a result of child abuse and/or neglect.[11] During 2009, there were 22 children under age 18 in Rhode Island hospitalized with the diagnosis of child abuse or neglect, a 29% percent decrease from 31 in 2008. There were 32 child hospitalizations due to abuse in 2007, 31 in 2006, and 32 in 2005.[12]

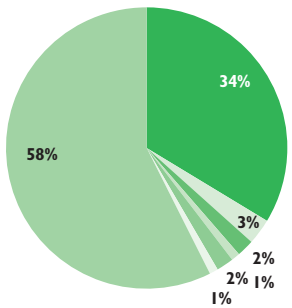
Child Abuse and Neglect in Rhode Island Communities

◆ Many parents at risk of child abuse and neglect lack essential parenting skills and are struggling with a combination of social and economic issues. These families benefit from access to community-based, comprehensive services that are able to respond flexibly to their needs.[13] Helping families access income supports, medical care, high-quality child care and Pre-K programs, parent education and support, treatment for substance abuse and mental health problems and offering evidence-based home visiting programs, such as the Nurse-Family Partnership, to families at risk can prevent the occurrence and recurrence of child abuse and neglect.[14,15,16,17]

◆ In 2010, the six core cities had the highest rates of child victims of abuse and neglect, with an average of 21.0 per 1,000 children. Warren (17.5), North Providence (14.7) and Tiverton (14.0) also had child abuse and neglect rates higher than that of the state as a whole (13.3). Child abuse and neglect rates in the core cities ranged from a low of 17.2 per 1,000 children in Pawtucket to a high of 28.3 per 1,000 children in Newport.[18]

Child Abuse and Neglect

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2010



34% (1,460)	Lack of Supervision
3% (122)	Inadequate Food, Clothing or Shelter
2% (87)	Neglect Resulting in Physical Injuries/Death
1% (41)	Drug/Alcohol Abuse
2% (74)	Medical Neglect
1% (56)	Specific Other Small Categories
58% (2,494)	Unspecified "Other"

*(n=4,334)**

◆ **The importance of adequate capacity, affordability and quality of child care, preschool, other early childhood programs and quality after-school opportunities is highlighted by the fact that of the 4,334 indicated allegations (confirmed claims) of neglect to children under age 18 in Rhode Island in 2010, 34% involved lack of supervision.**

◆ **The single largest category of neglect (58%) is "unspecified other neglect." These are instances of neglect that do not fit into the other specified categories.**

◆ **The "specific other small categories" include: tying or confinement (1), failure to thrive (11), excessive/inappropriate discipline (6), abandonment (7), educational neglect (24) and emotional neglect (7).**

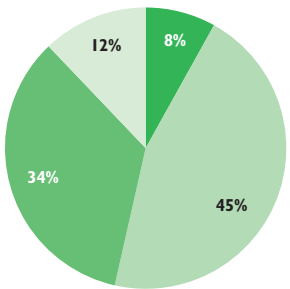
** The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation. Numbers do not include indicated allegations of institutional neglect.*

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2010. Percentages may not sum to 100% due to rounding.

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2010

Girls

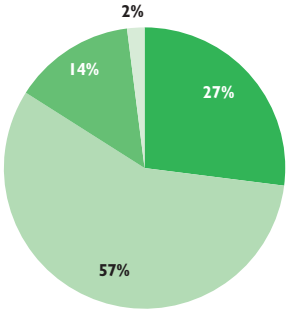
8% (13)	Age 5 and Under
45% (70)	Ages 6 to 11
34% (53)	Ages 12 to 15
12% (19)	Ages 16 and Older



(n=155)

Boys

27% (13)	Age 5 and Under
57% (28)	Ages 6 to 11
14% (7)	Ages 12 to 15
2% (1)	Ages 16 and Older



(n=49)

◆ **In Rhode Island in 2010, there were 207 indicated allegations (confirmed claims) of child sexual abuse. Some children were victims of sexual abuse more than once. In 75% (155) of the 207 indicated allegations of sexual abuse, the victim was a female. Just over half (54%) of the female victims were known to be under age 12 while 84% of the male victims were under age 12. In three cases, the gender of the child was not reported.**

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2010. Percentages may not sum to 100% due to rounding.

Table 30.

Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2010

CITY/TOWN	# OF CHILDREN UNDER AGE 18	# OF INDICATED INVESTIGATIONS OF CHILD ABUSE/NEGLECT	INDICATED INVESTIGATIONS PER 1,000 CHILDREN	# OF VICTIMS OF CHILD ABUSE/NEGLECT	VICTIMS PER 1,000 CHILDREN
Barrington	4,745	6	1.3	19	4.0
Bristol	4,399	32	7.3	46	10.5
Burrillville	4,043	31	7.7	41	10.1
Central Falls	5,531	83	15.0	129	23.3
Charlestown	1,712	11	6.4	22	12.9
Coventry	8,389	66	7.9	88	10.5
Cranston	17,098	141	8.2	148	8.7
Cumberland	7,690	32	4.2	55	7.2
East Greenwich	3,564	17	4.8	14	3.9
East Providence	10,546	71	6.7	119	11.3
Exeter	1,589	12	7.6	13	8.2
Foster	1,105	5	4.5	4	3.6
Glocester	2,664	4	1.5	17	6.4
Hopkinton	2,011	17	8.5	16	8.0
Jamestown	1,238	4	3.2	10	8.1
Johnston	5,906	51	8.6	56	9.5
Lincoln	5,157	27	5.2	25	4.8
Little Compton	780	3	3.8	3	3.8
Middletown	4,328	31	7.2	50	11.6
Narragansett	2,833	18	6.4	26	9.2
New Shoreham	185	1	5.4	1	5.4
Newport	5,199	65	12.5	147	28.3
North Kingstown	6,848	38	5.5	67	9.8
North Providence	5,936	64	10.8	87	14.7
North Smithfield	2,379	8	3.4	9	3.8
Pawtucket	18,151	221	12.2	313	17.2
Portsmouth	4,329	19	4.4	20	4.6
Providence	45,277	513	11.3	867	19.1
Richmond	2,014	3	1.5	8	4.0
Scituate	2,635	16	6.1	21	8.0
Smithfield	4,019	20	5.0	22	5.5
South Kingstown	6,284	42	6.7	42	6.7
Tiverton	3,367	29	8.6	47	14.0
Warren	2,454	18	7.3	43	17.5
Warwick	18,780	136	7.2	164	8.7
West Greenwich	1,444	3	2.1	4	2.8
West Warwick	6,632	122	18.4	172	25.9
Westerly	5,406	60	11.1	63	11.7
Woonsocket	11,155	182	16.3	304	27.3
Unknown	*NA*	*1*	*NA*	*1*	*NA*
Core Cities	*91,945*	*1,186*	*12.9*	*1,932*	*21.0*
Remainder of State	*155,877*	*1,036*	*6.6*	*1,370*	*8.8*
Rhode Island	*247,822*	*2,223*	*9.0*	*3,303*	*13.3*

Note to Table

Data can not be compared to Factbooks prior to 2009. The denominator is the number of children under age 18 according to the US Bureau of the Census, Census 2000 and the numerator is an unduplicated count of child victims. Previous Factbooks used children under 21 as the denominator and the indicated investigations as the numerator to calculate the rate of indicated investigations per 1,000 children. In 2008, Rhode Island lowered the eligibility age for entry into DCYF services to under age 18, although some children remain eligible for services after their 18th birthday.

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), calendar year 2010.

Victims of child abuse/neglect are unduplicated counts of victims with substantiated allegations of child abuse and/or neglect. More than one victim can be involved in an investigation.

An indicated investigation is an investigated report of child abuse and/or neglect for which a preponderance of 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 includes fewer indicated investigations than the chart with reports/investigations and indicated cases.

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

References

[1,17] *Strengthening families and communities: 2011 resource guide.* (2011). Children's Bureau, U.S. Department of Health and Human Services. Retrieved on February 28, 2011, from www.childwelfare.gov/pubs/guide2011/guide.pdf

[2] *Long-term consequences of child abuse and neglect.* (2008). Washington, DC: Child Welfare Information Gateway, Children's Bureau, U.S. Department of Health and Human Services.

(continued on page 170)

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 foster care homes, group homes, shelter care, residential facilities, shelter care and medical facilities. Permanent placements include reunification with the family, adoption or guardianship.

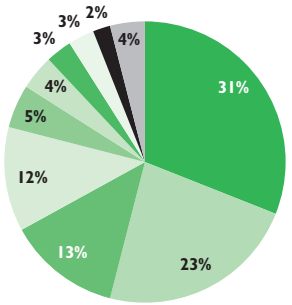
SIGNIFICANCE

Children need stability, permanency and safety for healthy development. Removal from the home may be necessary for the child's safety and well-being; however, it is disruptive and can compromise a child's developmental progress. Children who have been abused or neglected are particularly in need of a safe, stable and permanent environment that provides for their well-being. Permanency planning efforts should begin as soon as the child enters the child welfare system so that children can attain a permanent placement as soon as possible.[1,2] The federal *Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act)* promotes permanency through supports for relative guardianship and incentives for adoption.[3]

Rhode Island children in out-of-home care frequently experience multiple placements, lose contact with family members, and often have overlooked educational, physical and mental health needs.[4] Children in out-of-home care suffer more frequent and more serious medical, developmental and mental health problems than their peers.[5,6] Long-term stays in care can cause emotional, behavioral or educational problems that can negatively impact children's long-term well-being and success.[7] Children in foster care are more likely than their peers to change schools, be suspended, qualify for special education, repeat a grade and drop out of school.[8] Appropriate supports and services can ensure that all youth maximize their potential and are prepared for higher education and work.[9]

Research shows that children of color are overrepresented at all decision points in the child welfare system, including reporting, investigation, substantiation, placement and exit from care. Minority children in child welfare systems experience significantly worse outcomes, have more placement changes, receive fewer supports, stay in the child welfare system longer, are less likely to be adopted or reunited with their families, have fewer contacts with caseworkers, less access to mental health and substance abuse services and are placed in detention or correctional facilities at higher rates than White children.[10]

Children in Out-of-Home Placement, Rhode Island, December 31, 2010



n= 2,293

31%	(714)	Foster Care Home (non-relative, private agency)
23%	(527)	Foster Care Home (relative)
13%	(292)	Group Home
12%	(270)	Residential Facility
5%	(125)	Rhode Island Training School for Youth
4%	(92)	Independent Living/Supervised Apartment
3%	(73)	Relatives Caring for Children*
3%	(63)	DCYF Shelter Care
2%	(55)	Psychiatric or Medical Hospital/Substance Abuse Facility
4%	(82)	Other**

** Relatives caring for children are classified as an out-of-home placement by DCYF, despite the fact that these relatives did not receive monetary payments from DCYF to care for the children and the children were never removed and never needed to be removed from the relatives' homes. In these cases, the relative caring for the child initiated contact with DCYF to receive assistance from the agency.*

***The placement category "Other" includes: runaway youth in DCYF care or those with unauthorized absences (62), pre-adoptive homes (9), minors with mother in shelter/group home/residential facility (3), and step-parents (8).*

◆ **As of December 31, 2010, there were 2,293 children under age 21 in the care of DCYF who were in out-of-home placements, a 31% decrease from 3,311 in 2006.**

◆ **The total caseload of DCYF on December 31, 2010 was 7,384, including 2,344 children living in their homes under DCYF supervision and 2,698 children living in adoption placements. This is a 22% decrease in the DCYF caseload, down from 9,414 in 2006.**

◆ **The total DCYF caseload also includes 38 children in out-of-state placements/other agency custody; three children receiving respite care services; four youth in a prison other than the Rhode Island Training School; and one child in other placement.**

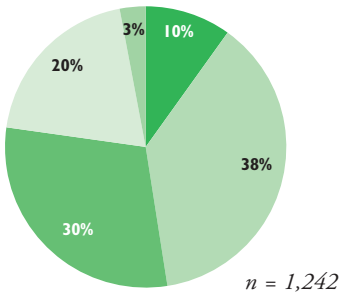
◆ **On December 31, 2010, there were 92 Rhode Island youth in an independent living arrangement or supervised apartment setting, a decline of 55% from 203 youth in 2006. Twenty-one percent (19) of the 92 youth in an independent living arrangement were ages 18 and older.**

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2006 and 2010.

Children and Youth in Out-of-Home Placement by Type of Setting and Age, Rhode Island, January 2011

In Foster Care Homes

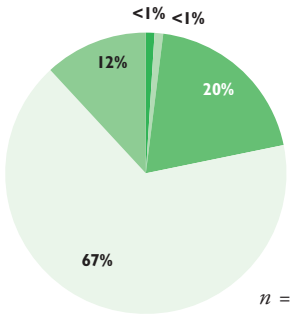
10%	(120)	Under Age 1
38%	(470)	Ages 1 to 5
30%	(375)	Ages 6 to 13
20%	(243)	Ages 14 to 17
3%	(34)	Ages 18 and Over



n = 1,242

In Group Homes and Residential Facilities*

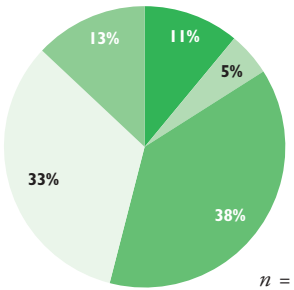
<1%	(2)	Under Age 1
<1%	(2)	Ages 1 to 5
20%	(112)	Ages 6 to 13
67%	(366)	Ages 14 to 17
12%	(68)	Ages 18 and Over



n = 550

In Medical Facilities**

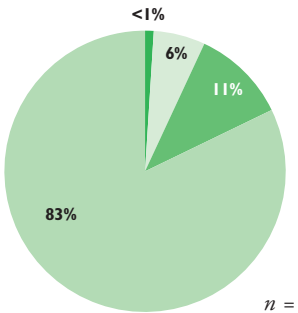
11%	(6)	Under Age 1
5%	(3)	Ages 1 to 5
38%	(21)	Ages 6 to 13
33%	(18)	Ages 14 to 17
13%	(7)	Ages 18 and Over



n = 55

In Shelter Care

<1%	(1)	Under Age 1
6%	(4)	Ages 1 to 5
11%	(7)	Ages 6 to 13
83%	(52)	Ages 14 to 17



n = 63

*Residential facilities do not include psychiatric hospitals, medical hospitals or the Rhode Island Training School.
**Medical facilities include medical hospitals (12), psychiatric hospitals (37) and substance abuse treatment facilities (6).

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 5, 2011. Percentages may not sum to 100% due to rounding. Data do not match chart on previous page due to different report dates.

Safety, Permanency and Well-Being

Fostering Connections

◆ The federal *Fostering Connections Act* promotes kinship care and family connections by requiring states to notify relatives when a child is placed in foster care and providing funding for states offering kinship guardianship assistance payments.[11] Rhode Island's guardianship assistance program defines kin quite broadly and includes any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors and clergy.[12]

Placement Stability

◆ In Federal Fiscal Year (FFY) 2010, 14.1% of the 1,694 children who had been in out-of-home care for less than one year had experienced three or more placements, up from 11.6% in FFY 2009. The national standard is 13.3%. Three or more placements were experienced by 35.4% of the 731 children who were in care between 12 and 24 months, down from 38.0% in FFY 2009. Almost two-thirds (65.6%) of the 1,022 children who had been in care for 24 months or more experienced three or more placements, compared to 65.3% in FFY 2009.[13]

Recurrence of Abuse While in Foster Care

◆ Of the 1,539 Rhode Island children who were victims of abuse or neglect during FFY 2010 (whether or not they were removed from the home), 9.8% experienced one or more recurrences of abuse or neglect within six months, down from a recent peak of 13.3% in FFY 2007. The national standard is 6.1% or fewer.[14]

Shelter Care

◆ The number of children in shelter care fell from 83 on December 31, 2008 to 63 on December 31, 2010.[15] Of the 208 children in DCYF shelter care between July 1, 2009 and June 30, 2010, half (104) were children ages birth to four and half (104) were ages 5 to 12.[16]

References

[1] Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children, 14*(1), 31-47.

[2] Lutz, L. L. (2003). *Achieving permanence for children in the child welfare system: Pioneering possibilities amidst daunting challenges.* Retrieved March 3, 2009, from www.hunter.cuny.edu/socwork/nrcfcpp/downloads/achieving-permanence.pdf

(continued on page 170)

Permanency for Children in DCYF Care

DEFINITION

Permanency for children in DCYF Care is the percentage of children in out-of-home care who transition to a permanent placement through reunification, adoption or guardianship. Data are for all children who were in out-of-home placement with the Rhode Island Department of Children, Youth and Families (DCYF) during the Federal Fiscal Year.

SIGNIFICANCE

The uncertainty of multiple, prolonged or unstable out-of-home placements can negatively affect children's emotional well-being, identity formation and sense of belonging, which have an impact on behavior, academic achievement, health and long-term self-sufficiency.[1,2,3] Particular attention must be paid to populations of children for whom permanency may be more difficult to achieve, including older children, males, children with disabilities and minority children.[4,5,6] Planning for permanency requires a mix of family-centered and legal strategies designed to ensure that children and youth have safe, stable and lifelong connections with caring adults.[7,8,9]

One of the goals of the federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* is to promote permanency through relative or kinship guardianship and adoption. The *Fostering Connections Act* requires states to notify relatives when a child is placed in foster care, provides funding for states offering kinship guardianship assistance payments, provides incentive payments for adoptions of older children and children with special needs, and requires that states inform families considering adopting a foster child about the availability of the adoption tax credit.[10,11]

Youth who age out of foster care experience high rates of economic hardship (inability to pay rent, utilities, etc.), low educational attainment, hunger, homelessness, unemployment and poor physical and mental health. These youth are more likely to enter the criminal justice system, become teen parents and enroll in public assistance programs.[12]

Child welfare agencies can develop systems that ensure that they are making progress in achieving youth outcomes in the areas of employment, education, housing, life skills, community connections, personal and cultural identity, physical and mental health, and access to legal information and documents, including medical and educational histories.[13] The *Fostering Connections Act* encourages states to extend foster care beyond age 18 by providing federal reimbursement for foster care, adoption and guardianship assistance payments for youth up to the age of 21.[14,15]

Exits from Foster Care*, Rhode Island, FFY 2010

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	15%	17%	<1%
Guardianship	8%	5%	3%
Reunification	63%	56%	70%
Aged Out	9%	NA**	15%
Other	6%	22%	12%
Total Number	*1,241*	*410*	*539*

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual report for FY 2010.* (2011). New Haven, CT: Prepared by the Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children, Youth & Families. Percentages may not sum to 100% due to rounding.
*Foster Care refers to all out-of-home placements, consistent with language used in federal reports.
**Children with a disability who age out are included in the "other" category.

◆ **In Federal Fiscal Year (FFY) 2010, 1,241 children in out-of-home placement in Rhode Island exited care. Of the children who exited care, 86% exited to a permanent placement (adoption, guardianship or reunification). Children with disabilities were somewhat more likely than other children to exit to adoption and less likely to exit to reunification with their biological family.[16]**

◆ **In FFY 2010, 16% of children in Rhode Island who entered out-of-home placement re-entered care within 12 months of a prior episode, almost twice the national standard (8.6%).[17]**

Reunification

◆ **The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in less than 12 months from the time of removal from the home increased from 68% in FFY 2009 to 71% of children in FFY 2010. The national standard is 76% of reunifications occurring within 12 months of the child's removal.[18]**

◆ **In FFY 2010, the vast majority (88%) of child maltreatment cases in Rhode Island involved neglect.[19] 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, in-home services, parenting skills training, assistance in meeting basic needs, child care and specific strategies to decrease isolation and strengthen community supports.[20]**

Subsidized Guardianship, FFY 2010

◆ The federal *Fostering Connections Act* provides funding for states offering kinship guardianship assistance payments. Rhode Island's guardianship assistance program defines kin broadly as any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy.[21] In FFY 2010, 8% of children in foster care exited care to guardianship, up from 2% in FFY 2006.[22]

Adoptions of Children in DCYF Care, 2010

◆ During calendar year 2010, 206 children in the care of DCYF were adopted in Rhode Island. Of these children, 69% were White, 14% were Black, 17% were of another race or were multiracial. Twenty-eight percent of children adopted in 2010 were Hispanic (belonging to any race category).[23]

◆ Of the children adopted, 65% were under age six, 30% were ages six to 13 and 6% were ages 14 to 17.[24]

Rhode Island Children Waiting to be Adopted, September 30, 2010

◆ On September 30, 2010, there were 339 Rhode Island children in the care of DCYF who were waiting to be adopted. One percent of waiting children were under age one, 28% were ages one to five, 26% were ages six to 10, 32% were ages 11 to 15, 11% were ages 16 and older, and 4% were of unknown age.[25]

◆ Of all waiting children, 35% were White, non-Hispanic, 39% were Hispanic (of any race), 16% were Black, non-Hispanic, 8% were Two or more races, 1% were Native American, 2% were Asian and 1% were of unknown race/ethnicity.[26]

◆ Of the 339 children waiting to be adopted, 201 (59%) were children with parents whose parental rights had been legally terminated.[27]

◆ In FFY 2010, 41% of children in the Rhode Island child welfare system were adopted within 24 months from the time of removal from their home, down from 49% in FFY 2006 but up from 31% in FFY 2007. The national standard is 32% of adoptions occurring within 24 months of the child's removal.[28]

Rhode Island Youth Aging Out of Foster Care, FFYs 2001-2010

YEAR	#WHO AGED OUT	YEAR	#WHO AGED OUT
FFY 2001	77	FFY 2006	100
FFY 2002	62	FFY 2007	141
FFY 2003	85	FFY 2008	158
FFY 2004	82	FFY 2009	151
FFY 2005	103	FFY 2010	108
Total FFY 2001-2005	*409*	*Total FFY 2006-2010*	*658*

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual reports for FY 2001-2010.* New Haven, CT: Prepared by the Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children, Youth & Families.

◆ Between FFY 2006 and FFY 2010, there were 658 Rhode Island youth who aged out of foster care with no permanent placement. This was a 61% increase from the previous five year period when 409 youth aged out of care.[29,30]

◆ In FFY 2010, 108 Rhode Island youth exited out-of-home placement to emancipation, never having gained permanent placement through reunification, adoption or guardianship.[31]

◆ As of July 1, 2007, youth in Rhode Island age out of the foster care system at age 18, a change from age 21 in previous years. Youth with serious emotional disturbances, autism or a functional developmental disability continue to have their cases managed by DCYF and remain legally entitled to services through age 21.[32]

◆ If states extend foster care beyond age 18, an option that the *Fostering Connections Act* encourages, the potential benefits in terms of increased educational attainment, reduced reliance on public assistance and increased earnings will more than offset the costs to states.[33,34]

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(continued on page 170)

Education

The First Book

by Rita Dove

Open it.

Go ahead, it won't bite.
Well... maybe a little.

More a nip, like. A tingle.
It's pleasurable, really.

You see, it keeps on opening.
You may fall in.

Sure, it's hard to get started;
remember learning to use

knife and fork? Dig in:
You'll never reach the bottom.

It's not like it's the end of the world –
just the world as you think

you know it.


bird
cat
frog

Public School Enrollment and Demographics

DEFINITION

Public school enrollment and demographics is the total number of students enrolled in Rhode Island public schools on October 1.

SIGNIFICANCE

Education is a lifetime process that begins at birth and continues throughout a child's life into adulthood. Racial, ethnic and income gaps in educational attainment have been well-documented throughout the country. Research has shown that there are three clusters of factors that impact student achievement: school factors, factors related to connections between home and school and factors that exist before and beyond school (including health, nutrition and non-school academic supports).[1]

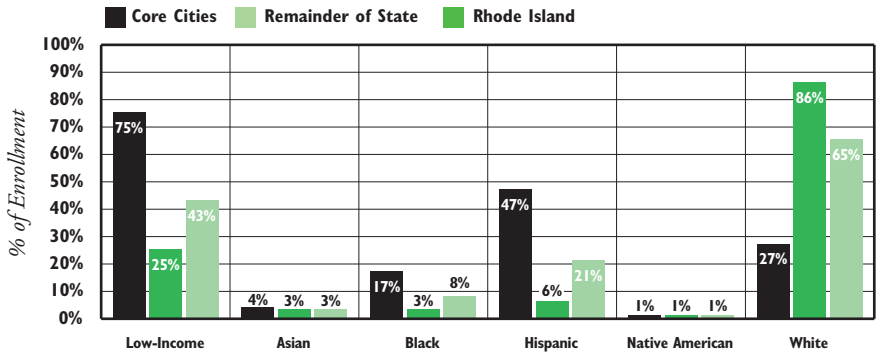
On October 1, 2010, there were 143,928 students enrolled in Rhode Island public schools in preschool through grade 12, a decrease of 8% from 156,632 on October 1, 1999. Of the 143,928 Rhode Island public school students in October 2010, one-third (47,027) were attending schools in the six core cities (communities with child poverty rates of 15% or higher according to the 2000 U.S. Census), almost two-thirds (92,404) were attending schools in the remaining districts, and the remaining 4,497 attended charter schools, state-operated schools or the Urban Collaborative Accelerated Project (UCAP). There were an additional 22,538 Rhode Island students attending private and parochial schools (including out-of-state schools) and 1,270 students were home-schooled.[2]

In October 2010, there were 63,687 students in grades K-5, 31,993 in grades 6-8 and 46,194 in grades 9-12. There were 2,054 children ages 3-5 enrolled in preschool classrooms through Rhode Island public school districts.[3] An additional 126 children were enrolled in seven Pre-K classrooms in child care and Head Start sites that are part of the state Pre-K Demonstration Program.

In October 2010, 65% of Rhode Island public school students were non-Hispanic White, 21% were Hispanic, 8% were Black, 3% were Asian and 1% were Native American. In October 2010, 43% of students in Rhode Island were low-income (students who qualified for the free or reduced-price lunch program).[4]

Rhode Island schools are diverse in terms of students with disabilities and who are English Language Learners. In the 2009-2010 school year, 17% of Rhode Island public school students were receiving special education services and 5% were receiving English as a Second Language (ESL) or bilingual education services.[5]

Rhode Island Public School Enrollment by Low-Income Status, Race and Ethnicity, October 1, 2010



Source: Rhode Island Department of Elementary and Secondary Education, October 1, 2010.

◆ **Twenty-seven percent of students enrolled in the core cities were White, compared with 86% in the remainder of the state, and 75% of students enrolled in the core cities were low-income compared with 25% in the remainder of the state.[6]**

Student Engagement in School

◆ **Student engagement can be measured as an index of factors including student interest in schoolwork, degree to which a student works hard in school and how much a student likes school as reported by his/her parent. The level of student engagement is strongly related to the extent of positive parent-child interaction, high family expectations for student achievement, involvement in after-school activities (such as sports, lessons or religious activities) and students' school experiences (such as suspensions and participation in gifted classes).[7]**

◆ **Research suggests that Black and Hispanic students are less likely to be engaged in school than their White and Asian peers, even after controlling for factors such as parental education and family income. This indicates that different strategies may be needed to engage minority students than White students.[8]**

◆ **Male students are significantly less likely to be highly engaged in school than their female peers. Overall, school engagement is lower for older students (ages 12 to 17) than younger students (ages 6 to 11).[9]**

Table 31. **Rhode Island Public School Enrollment by Grade and Demographic Groups, October 1, 2010**

	ENROLLMENT BY GRADE LEVEL*				ENROLLMENT BY DEMOGRAPHIC GROUPS							
SCHOOL DISTRICT	PRE-SCHOOL	ELEMENTARY	MIDDLE	HIGH	% LOW-INCOME	% ASIAN	% BLACK	% HISPANIC	% NATIVE AMERICAN	% MULTI-RACIAL	% WHITE	TOTAL ENROLLMENT
Barrington	37	1,516	785	1,140	4%	4%	1%	1%	0%	2%	93%	3,478
Bristol Warren	52	1,537	785	1,096	33%	1%	2%	3%	0%	2%	91%	3,470
Burrillville	47	1,139	527	750	34%	1%	1%	2%	1%	0%	94%	2,463
Central Falls	66	1,358	574	853	81%	0%	0%	72%	0%	2%	25%	2,851
Chariho	63	1,415	818	1,231	22%	1%	1%	2%	2%	1%	92%	3,527
Coventry	134	2,237	1,188	1,761	26%	1%	2%	2%	0%	1%	95%	5,320
Cranston	61	4,782	2,315	3,598	38%	7%	4%	19%	0%	3%	66%	10,756
Cumberland	79	2,096	1,150	1,570	21%	2%	3%	7%	0%	3%	86%	4,895
East Greenwich	44	1,017	573	760	6%	5%	1%	4%	0%	3%	88%	2,394
East Providence	98	2,506	1,222	1,876	41%	2%	14%	6%	1%	1%	76%	5,702
Exeter-West Greenwich	25	738	451	606	13%	1%	1%	3%	0%	1%	94%	1,820
Foster	0	274	0	0	16%	0%	1%	1%	0%	3%	94%	274
Foster-Glocester	0	0	503	807	15%	0%	0%	0%	0%	0%	100%	1,310
Glocester	10	574	0	0	20%	1%	0%	1%	0%	0%	97%	584
Jamestown	34	299	153	8	5%	2%	1%	1%	0%	0%	95%	494
Johnston	45	1,365	742	913	39%	2%	4%	12%	0%	1%	80%	3,065
Lincoln	71	1,336	838	1,032	24%	1%	2%	5%	0%	1%	92%	3,277
Little Compton	0	193	116	0	16%	1%	1%	1%	0%	0%	98%	309
Middletown	21	1,102	578	700	25%	4%	6%	8%	0%	4%	78%	2,401
Narragansett	54	595	330	496	16%	1%	1%	3%	1%	2%	92%	1,475
New Shoreham	0	62	32	30	13%	0%	0%	7%	0%	1%	92%	124
Newport	35	973	412	639	59%	1%	22%	20%	2%	6%	48%	2,059
North Kingstown	58	1,725	984	1,656	19%	1%	2%	2%	1%	1%	93%	4,423
North Providence	54	1,430	740	1,059	33%	3%	8%	14%	1%	1%	73%	3,283
North Smithfield	47	742	428	579	14%	1%	1%	4%	0%	2%	91%	1,796
Pawtucket	69	4,333	2,031	2,474	75%	2%	24%	33%	1%	7%	34%	8,907
Portsmouth	47	1,107	607	1,011	12%	2%	2%	4%	0%	1%	91%	2,772
Providence	259	11,266	4,828	7,186	83%	5%	19%	62%	1%	3%	9%	23,539
Scituate	20	686	409	522	14%	1%	0%	1%	0%	0%	97%	1,637
Smithfield	45	1,005	593	781	13%	1%	2%	3%	0%	1%	93%	2,424
South Kingstown	90	1,463	878	1,105	17%	2%	2%	3%	3%	3%	87%	3,536
Tiverton	29	844	449	625	23%	1%	1%	1%	0%	0%	97%	1,947
Warwick	176	4,382	2,372	3,386	31%	3%	2%	5%	0%	1%	88%	10,316
West Warwick	72	1,647	744	1,081	43%	2%	4%	11%	1%	1%	81%	3,544
Westerly	64	1,298	739	1,031	32%	4%	2%	4%	1%	3%	85%	3,132
Woonsocket	44	2,864	1,368	1,851	63%	6%	10%	28%	1%	4%	52%	6,127
Charter Schools	*0*	*1,759*	*563*	*430*	*65%*	*3%*	*14%*	*49%*	*1%*	*2%*	*32%*	*2,752*
State-Operated Schools	*4*	*22*	*26*	*1,551*	*67%*	*1%*	*17%*	*35%*	*1%*	*3%*	*43%*	*1,603*
UCAP	*0*	*0*	*142*	*0*	*84%*	*2%*	*18%*	*69%*	*1%*	*1%*	*9%*	*142*
Core Cities	*545*	*22,441*	*9,957*	*14,084*	*75%*	*4%*	*17%*	*47%*	*1%*	*4%*	*27%*	*47,027*
Remainder of State	*1,505*	*39,465*	*21,305*	*30,129*	*25%*	*3%*	*3%*	*6%*	*1%*	*2%*	*86%*	*92,404*
Rhode Island	*2,054*	*63,687*	*31,993*	*46,194*	*43%*	*3%*	*8%*	*21%*	*1%*	*2%*	*65%*	*143,928*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, Public School Enrollment in preschool through grade 12 as of October 1, 2010.

*Preschool includes students enrolled in half-day or full-day preschool through the public school district (primarily preschool special education classrooms). An additional 126 children were enrolled in seven Pre-K classrooms in child care and Head Start sites that are part of the state Pre-K Demonstration Program.

*Elementary includes students in kindergarten through 5th grade, middle includes 6th through 8th grades and high includes 9th through 12th grades.

Children are counted as low income if they are eligible for and enrolled in a Free or Reduced-Price Lunch Program.

State-operated schools include: Metropolitan Regional Career and Technical Center, William M. Davies Jr. Career Technical High School, DCYF and the Rhode Island School for the Deaf. Charter Schools include: Segue Institute for Learning, Blackstone Valley Prep, Highlander, Paul Cuffee Charter School, Kingston Hill Academy, International Charter School, Blackstone Academy, The Compass School, Beacon Charter School, The Learning Community, Trinity Academy for the Performing Arts, and The Greene School.

UCAP is the Urban Collaborative Accelerated Program.

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

Students enrolled in state-operated schools, charter schools and UCAP are not counted in totals for the core cities or for the remainder of the state, but they are included in the Rhode Island state totals.

References

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[5] Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year.

[7,8,9] Dye, J. L. & Johnson, T. (2009). *A child's day: 2006 (Selected indicators of child well-being).* Current Population Reports P70-118. Washington, DC: U.S. Census Bureau.

Children Enrolled in Early Intervention

DEFINITION

Children enrolled in Early Intervention is the percentage of children under age three who have an active Individual Family Service Plan through a Rhode Island Early Intervention provider.

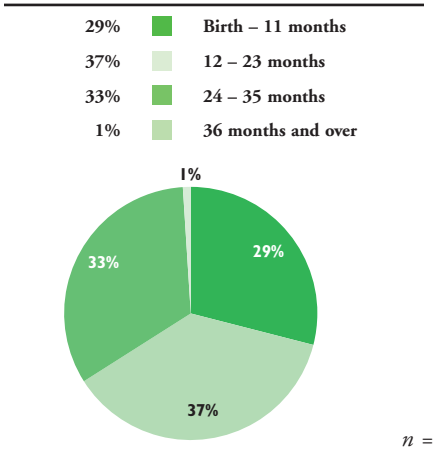
SIGNIFICANCE

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 federal *Individuals with Disabilities Education Act (IDEA) Part C* requires states to identify and provide appropriate Early Intervention services to children under age three who are developmentally delayed or have a diagnosed physical or mental condition that is associated with a developmental delay. The type of criteria used to determine eligibility and the level of delay required for eligibility varies widely by state. In order to receive federal funding under Part C, states must ensure that Early Intervention services are available to all eligible children. States may choose to serve children who are at risk of experiencing a substantial delay if early intervention services are not provided, but only five out of the 56 states and territories serve at-risk children.[2]

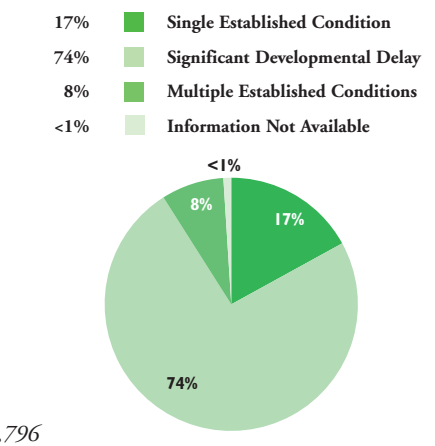
Rhode Island's eligibility criteria for Early Intervention (EI) include children with a diagnosed medical disorder bearing relatively well-known expectancy for developmental delay (single established condition) and children exhibiting or who have been professionally determined to have a developmental delay in one or more areas of development (cognitive, physical, communication, social-emotional and adaptive). Children also may be eligible for Rhode Island Early Intervention through a "multiple established conditions" category that 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.[3]

Poverty is linked to disabilities and developmental delays. Children living below the federal poverty level have higher participation rates in EI than higher-income children.[4] Nationally, more than half of the children in EI have two or more risk factors and 20% have four or more risk factors for poor developmental outcomes. The most effective Early Intervention programs combine support for families (e.g., services designed to improve parent-child interactions) with carefully designed services for young children (e.g., physical therapy, speech therapy).[5]

Early Intervention Enrollment, by Age, Rhode Island, 2010



Early Intervention Enrollment, by Eligibility, Rhode Island, 2010



n = 3,796

Source: Rhode Island Department of Human Services, Center for Child and Family Health, 2010.

◆ **In 2010 in Rhode Island, 3,796 children received Early Intervention (EI) services, 10% of the 37,775 Rhode Island children under age three. Children in the core cities participated in EI at a slightly higher rate (11%) than children in the remainder of the state (9%). Sixty-three percent of the EI population was male and 37% was female.[6]**

◆ **In 2010 in Rhode Island, 954 children were discharged from EI upon reaching age three. Of these children, 68% were eligible for preschool special education, 16% were not eligible for preschool special education and 11% did not have eligibility determined when exiting. An additional 5% moved out of state, were unreachable, died, completed their service plan or were withdrawn by a parent or guardian.[7]**

◆ **Infants and toddlers who have been maltreated are six times more likely to have a developmental delay than the general population.[8] Federal legislation requires states to refer children who have been involved in a substantiated case of child abuse or neglect and children who have been affected by parental substance abuse to Early Intervention for an eligibility assessment.[9] In 2010, of the 867 children under age three with an indicated investigation of child abuse or neglect, 341 were referred by DCYF to an EI provider. Additionally, 211 children were already enrolled in EI, resulting in 64% (552) either referred to or already enrolled in EI.[10]**

Table 32. **Infants and Toddlers Enrolled in Early Intervention, by Eligibility Type, Rhode Island, 2010**

CITY/TOWN	# OF CHILDREN UNDER AGE 3*	SINGLE ESTABLISHED CONDITION	DEVELOP-MENTAL DELAY	MULTIPLE ESTABLISHED CONDITIONS	ELIGIBILITY INFORMATION NOT AVAILABLE	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED
Barrington	570	2	29	1	0	32	6%
Bristol	655	23	56	4	0	83	13%
Burrillville	509	6	30	0	0	36	7%
Central Falls	990	14	80	14	0	108	11%
Charlestown	289	3	16	1	0	20	7%
Coventry	1,243	22	71	7	0	100	8%
Cranston	2,455	40	151	12	1	204	8%
Cumberland	1,136	14	79	2	1	96	8%
East Greenwich	384	11	29	1	0	41	11%
East Providence	1,552	23	125	7	0	155	10%
Exeter	187	4	8	3	0	15	8%
Foster	113	0	13	0	0	13	12%
Glocester	335	0	13	0	0	13	4%
Hopkinton	282	8	30	2	0	40	14%
Jamestown	132	1	2	1	0	4	3%
Johnston	893	13	70	1	0	84	9%
Lincoln	662	14	51	4	1	70	11%
Little Compton	107	1	4	2	0	7	7%
Middletown	700	16	32	4	0	52	7%
Narragansett	403	3	18	3	0	24	6%
New Shoreham	35	2	1	0	0	3	9%
Newport	941	19	71	15	0	105	11%
North Kingstown	1,034	13	85	13	0	111	11%
North Providence	885	16	90	7	0	113	13%
North Smithfield	337	2	29	0	0	31	9%
Pawtucket	2,957	61	220	35	5	321	11%
Portsmouth	583	12	39	1	0	52	9%
Providence	7,642	142	594	95	7	838	11%
Richmond	321	0	10	0	0	10	3%
Scituate	371	4	26	1	0	31	8%
Smithfield	499	4	22	0	0	26	5%
South Kingstown	868	13	64	7	0	84	10%
Tiverton	461	15	23	6	0	44	10%
Warren	355	4	26	4	0	34	10%
Warwick	2,714	53	200	21	0	274	10%
West Greenwich	192	2	16	1	0	19	10%
West Warwick	1,136	33	117	14	0	164	14%
Westerly	827	18	52	8	0	78	9%
Woonsocket	2,020	26	226	7	2	261	13%
Core Cities	*15,686*	*295*	*1,308*	*180*	*14*	*1,797*	*11%*
Remainder of State	*22,089*	*362*	*1,510*	*124*	*3*	*1,999*	*9%*
Rhode Island	*37,775*	*657*	*2,818*	*304*	*17*	*3,796*	*10%*

**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, Early Intervention enrollment, calendar year 2010.

The denominator is the number of children under age three, according to Census 2000, Summary File 1.

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

References

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[6,7] Rhode Island Department of Human Services, Center for Child and Family Health, 2010.

[9] Shaw, E. & Goode, S. (2005). *The impact of abuse, neglect and foster care placement on infants, toddlers and young children: Selected resources.* Chapel Hill, NC: University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center.

[10] Rhode Island Department of Children, Youth and Families, 2011.

Children Enrolled in Early Head Start

DEFINITION

Children enrolled in Early Head Start is the percentage of eligible children enrolled in a Rhode Island Early Head Start program.

SIGNIFICANCE

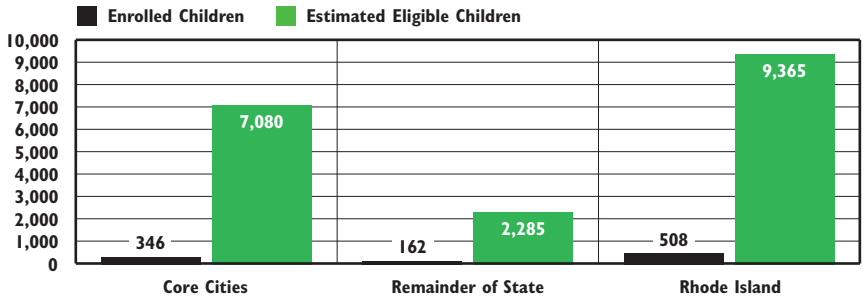
Established in 1994, Early Head Start is a comprehensive early childhood program serving low-income children birth to age three, pregnant women and their families. Early Head Start programs serve children in families with incomes below 130% of the federal poverty guidelines ($24,089 for a family of three in 2011).[1,2,3] Children in families with incomes below the federal poverty line have priority enrollment. Funded almost entirely by the federal government, Early Head Start is designed to provide high-quality early care and education and comprehensive services to infants and toddlers, to promote healthy birth outcomes for pregnant women and to foster the development of healthy family relationships.[4]

Pregnant women enrolled in Early Head Start are assessed for risks to a successful pregnancy. Individualized plans are developed to support prenatal health, promote healthy behaviors and prepare for the baby's arrival.[5] After the baby is born, families participate by enrolling in either a center-based program or a home-based program. Home-based programs use weekly home visits to support child development and twice monthly group meetings. Children in center-based programs attend a center-based early care and education program and families receive twice yearly home visits. Some Early Head Start programs provide a combination of home-based and center-based services for families.[6] In Rhode Island in 2010, there were 533 federally-funded Early Head Start slots. Of these, 41% were center-based and 59% were home-based.[7]

The National Evaluation of Early Head Start showed that the program produced significant cognitive, language and social-emotional gains in participating children and more positive interactions with their parents. Early Head Start parents provided more emotional support and more opportunities for language and learning to their children than did a comparable group of non-participating parents. Early Head Start parents also were more likely to pursue education and job-training activities and to be employed.[8,9]

As of October 2010, 508 infants and toddlers were receiving Early Head Start services in Rhode Island, approximately 5% of the estimated eligible population. In addition, there were 27 pregnant women receiving Early Head Start services designed to improve birth outcomes, maternal health and early childhood development.[10]

Access to Early Head Start, Rhode Island, 2010



Source: Rhode Island Early Head Start program data compiled by Rhode Island KIDS COUNT, 2010

◆ **In 2010 in Rhode Island, federal funding for Early Head Start enabled services to be provided to 508 children, approximately 5% of the 9,365 income-eligible children ages birth to three and their families.[11]**

◆ **In October 2010, there were 346 children enrolled in Early Head Start from the core cities and 162 children from the remainder of the state.[12]**

◆ **Of the 533 federally-funded Early Head Start slots in Rhode Island in 2010, twenty-nine percent (152) were funded through the *American Recovery and Reinvestment Act*.[13]**

Ages of Children Enrolled in Early Head Start in the U.S.

◆ **Nationally, the age breakdown of children enrolled in Early Head Start is as follows: 29% under 12 months of age, 31% ages 12 months to 23 months and 34% ages 24 months to 36 months.[14]**

◆ **About 13% of families enroll in Early Head Start prenatally, 62% enroll when the child is younger than age 2 and 19% enroll when the child is between age two and age three.[15]**

◆ **About half (46%) of U.S. children enrolled in Early Head Start leave the program upon graduation at age three, while 23% leave between ages two and three, 16% exit before turning age two and 2% are disenrolled during the prenatal period.[16]**

Table 33.

Children Ages Birth to 3 Enrolled in Early Head Start, Rhode Island, 2010

CITY/TOWN	# OF CHILDREN UNDER AGE 3	ESTIMATED ELIGIBLE CHILDREN <100% FPL	ESTIMATED ELIGIBLE CHILDREN 100-129% FPL	# OF PREGNANT WOMEN ENROLLED IN EARLY HEAD START	# OF CHILDREN ENROLLED IN EARLY HEAD START	ESTIMATED % OF ELIGIBLE CHILDREN ENROLLED IN EARLY HEAD START
Barrington	567	13	0	0	0	0%
Bristol	582	57	9	0	4	6%
Burrillville	525	50	20	0	9	13%
Central Falls	933	400	127	3	48	9%
Charlestown	266	11	25	0	0	0%
Coventry	1,268	72	40	0	17	15%
Cranston	2,499	211	64	0	21	8%
Cumberland	1,232	51	50	0	0	0%
East Greenwich	378	28	4	0	0	0%
East Providence	1,563	204	71	1	22	8%
Exeter	160	26	18	0	0	0%
Foster	126	0	0	0	0	0%
Glocester	261	15	1	0	4	25%
Hopkinton	240	17	29	0	0	0%
Jamestown	153	0	0	0	1	0%
Johnston	951	81	30	1	19	17%
Lincoln	654	33	10	0	0	0%
Little Compton	111	5	0	0	0	0%
Middletown	685	40	42	0	0	0%
Narragansett	346	22	5	0	0	0%
New Shoreham	32	2	0	0	0	0%
Newport	996	371	68	0	60	14%
North Kingstown	1,010	114	20	0	0	0%
North Providence	893	99	57	0	17	11%
North Smithfield	368	26	2	0	0	0%
Pawtucket	2,765	842	178	0	52	5%
Portsmouth	622	33	0	0	4	12%
Providence	7,397	3,092	727	21	123	3%
Richmond	348	10	6	0	0	0%
Scituate	451	17	0	0	0	0%
Smithfield	499	6	4	0	1	10%
South Kingstown	807	41	0	0	0	0%
Tiverton	522	25	5	0	3	10%
Warren	329	23	20	0	4	9%
Warwick	2,741	188	72	0	35	13%
West Greenwich	175	8	3	0	1	9%
West Warwick	1,146	299	86	1	61	16%
Westerly	824	77	69	0	0	0%
Woonsocket	2,041	733	156	0	2	<1%
Core Cities	*15,278*	*5,737*	*1,343*	*25*	*346*	*5%*
Remainder of State	*22,188*	*1,607*	*678*	*2*	*162*	*7%*
Rhode Island	*37,466*	*7,344*	*2,021*	*27*	*508*	*5%*

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2010. Children enrolled are listed by residence of child, not location of the Head Start program.

The estimated number of children eligible for Early Head Start is divided into two categories (below 100% of the Federal Poverty Line and between 100 and 129% of the Federal Poverty Line) as described in the income eligibility guidelines passed as part of the *Improving Head Start for School Readiness Act of 2007*. The estimated number of Early Head Start eligible children is calculated by multiplying the number of children under age three in each community from Census 2000, Summary File 3 by the percentage of children under age five living in families with incomes below 100% of the poverty level and between 100 and 129% of the poverty level in that community, according to Census 2000, Summary File 3.

*These are estimates of the eligible population and do not take into account other children who are eligible for Early Head Start services (e.g., children in homeless families) or changes in child population and poverty rates since 2000. Also, Early Head Start regulations allow 10% of enrolled children to be in families with incomes over the threshold.

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

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(continued on page 170)

Infant and Preschool Child Care

DEFINITION

Infant and preschool child care is the number of regulated child care slots per 100 children under age six estimated to be in need of care. Regulated child care slots include licensed child care center slots and licensed family child care home slots.

SIGNIFICANCE

Child care enables parents to work and, when high quality, supports the development of important school-readiness skills. Research indicates that high-quality child care and early-learning programs for infants, toddlers and preschoolers have long-lasting positive effects on how children learn, develop, cope with stress and handle their emotions.[1]

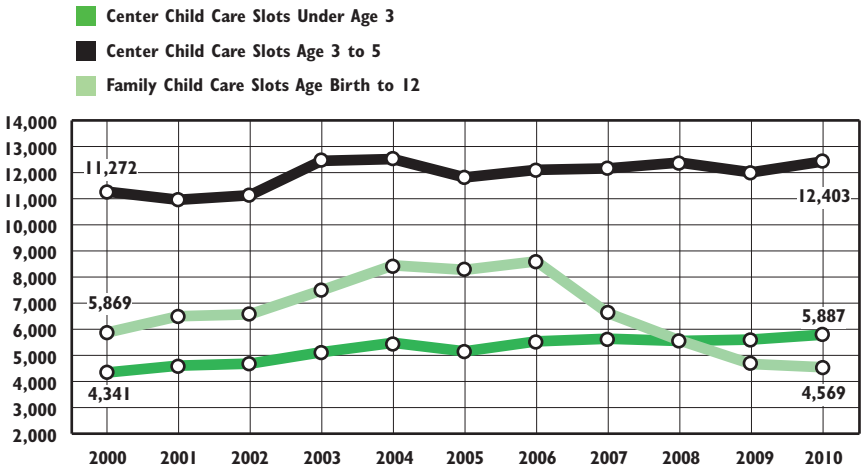
Early and extensive enrollment in child care is common in the United States and is a basic need for many working families in Rhode Island. Between 2007 and 2009, an estimated 70% of Rhode Island children under age six had all parents in the workforce, higher than the estimated U.S. rate of 63%.[2] In the U.S., 63% of children under age five are in some type of regular child care arrangement. Children of employed mothers spend an average of 35 hours per week in child care compared with 19 hours per week for children of mothers not in the workforce.[3]

Nationally, 47% of children under age 5 with an employed mother are cared for by a relative (father, grandparent, sibling, other relative or mother while working), 24% attend a center-based program, 7% attend family child care, 8% are in another type of home-based care arrangement with a non-relative and 3% attend school-based programs. Eleven percent of young children with employed mothers have no regular child care arrangement.[4]

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 and are more likely to leave their jobs.[5] Access to affordable, quality child care plays a pivotal role in supporting maternal employment and economic self-sufficiency. Women with children earn lower hourly wages than women without children. In contrast, having children has a positive or no impact on men's wages. Greater use of child care during the early childhood years is associated with higher hourly wages and more hours of employment in the long term, indicating that using child care can improve women's career trajectories.[6]

When the availability of child care is sufficient to meet demand and child care subsidies are accessible and tied to market rates, families have more options and can make enrollment decisions based on the quality of the care.

Infant and Preschool Child Care Capacity, Rhode Island, 2000-2010



Source: Options for Working Parents, slots in licensed child care centers and certified family child care homes, 2000-2006. Rhode Island Department of Children, Youth and Families, slots in licensed child care centers and family child care homes, 2007-2010.

◆ **In 2010 in Rhode Island, there were 22,859 slots for children under age six in licensed child care centers and certified family child care homes. This total is down from a peak high of 26,243 in 2006, but up from 21,482 in 2000.**[7]

◆ **The number of licensed child care center slots for infants and toddlers (children under age three) in Rhode Island has increased fairly steadily over the past decade, growing 36% from 4,341 in 2000 to 5,887 in 2010.**[8]

◆ **The number of licensed child care center slots for preschoolers (children ages three to five) has grown more slowly than slots for infants and toddlers. Between 2000 and 2010, there has been a 10% increase in the number of licensed slots for preschoolers.**[9]

◆ **The number of licensed family child care slots grew 47% between 2000 and 2006, from 5,869 to 8,601. Since 2006, the number of family child care slots has decreased to 4,569 and is 22% below the capacity in 2000.**[10]

Table 34.

Child Care for Children Under Age 6, Rhode Island, December 2010

CITY/TOWN	# OF CHILD CARE CENTER SLOTS < AGE 3	# OF CHILD CARE CENTER SLOTS AGES 3-5	# OF LICENSED 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	116	320	26	462	386	120
Bristol	44	102	22	168	447	38
Burrillville	28	114	14	156	408	38
Central Falls	101	207	131	439	520	84
Charlestown	13	36	20	69	170	41
Coventry	80	238	82	400	962	42
Cranston	531	1,140	325	1,996	1,799	111
Cumberland	115	311	76	502	912	55
East Greenwich	312	518	16	846	277	305
East Providence	137	550	63	750	1,168	64
Exeter	28	63	8	99	189	52
Foster	17	25	0	42	107	39
Glocester	60	74	6	140	264	53
Hopkinton	0	0	24	24	283	8
Jamestown	31	33	8	72	83	87
Johnston	251	335	80	666	702	95
Lincoln	136	283	22	441	565	78
Little Compton	0	0	6	6	53	11
Middletown	217	393	30	640	463	138
Narragansett	0	0	0	0	228	0
New Shoreham	12	22	0	34	27	126
Newport	48	158	31	237	615	39
North Kingstown	161	413	22	596	805	74
North Providence	130	227	90	447	662	68
North Smithfield	103	74	42	219	285	77
Pawtucket	330	690	318	1,338	2,103	64
Portsmouth	90	112	6	208	411	51
Providence	966	1,945	2,731	5,642	4,002	141
Richmond	0	36	16	52	255	20
Scituate	12	44	35	91	288	32
Smithfield	231	469	13	713	400	178
South Kingstown	217	489	28	734	590	124
Tiverton	25	135	22	182	358	51
Warren	55	119	8	182	325	56
Warwick	728	1,380	120	2,228	2,119	105
West Greenwich	75	102	0	177	173	102
West Warwick	136	340	46	522	737	71
Westerly	152	284	11	447	644	69
Woonsocket	199	622	71	892	1,100	81
Core Cities	*1,780*	*3,962*	*3,328*	*9,070*	*9,077*	*100*
Remainder of State	*4,107*	*8,441*	*1,241*	*13,789*	*16,808*	*82*
Rhode Island	*5,887*	*12,403*	*4,569*	*22,859*	*25,885*	*88*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, number of licensed child care center slots for children under age 6 and number of certified family child care home slots, December 2010. Only full-day and morning slots are counted for center-based care.

The denominator is the Census 2000 number of children under age six 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).

*Family child care slots are for children birth to 12 years old.

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

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Quality Early Care and Education

DEFINITION

Quality early care and education is the percentage of private preschools, licensed child care centers and family child care homes in Rhode Island that are nationally accredited and/or are participating in BrightStars, Rhode Island's Quality Rating and Improvement System for child care and early learning programs. 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).

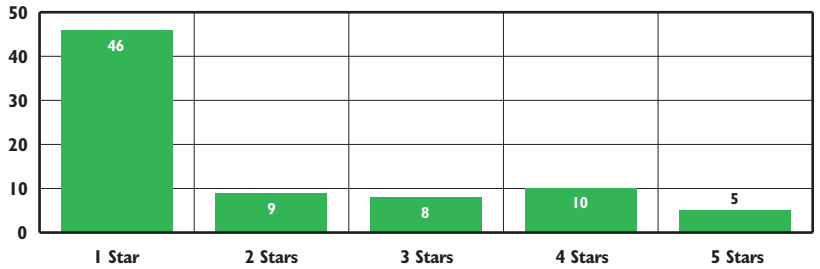
SIGNIFICANCE

Research on early care and education reveals strong associations between program quality and children's developing skills and well-being.[1] Children who receive high-quality early care and education score higher on tests of language and cognitive skills and demonstrate stronger social and emotional development than children who receive poor-quality care. The impact of program quality is stronger for children from low-income families.[2,3] Programs across the U.S. and in Rhode Island vary markedly in quality -- ranging from rich, learning experiences to mediocre, custodial care.[4,5,6]

High-quality early care and education is characterized by smaller numbers of children in a classroom or group, fewer children per adult, skilled staff, a language-rich environment with stimulating curricula, warm, nurturing and dependable relationships between staff and children and a safe environment.[7] The development and retention of a highly qualified and appropriately compensated workforce for early childhood programs is critical to improve program quality and child outcomes.[8]

Quality Rating and Improvement Systems (QRIS) are becoming an increasingly common strategy used by states to measure, improve and incentivize program quality. QRIS incorporate five components: (1) quality standards with incremental steps for programs, (2) a process to assess program quality, (3) strategies to support quality improvement, (4) financial incentives for programs, and (5) a system to share program quality information with parents and the public. Studies have shown that, over time, state QRIS can improve the quality of care available.[9,10] Many states provide financial incentives to encourage and support achievement of quality standards. Incentives include setting subsidy payments at higher rates for higher quality care, paying bonuses tied to quality levels and providing tax credits linked to quality ratings.[11]

Quality Ratings of Early Care and Education Programs Participating in BrightStars, Rhode Island, December, 2010



Source: Rhode Island Association for the Education of Young Children, December 2010.

◆ **BrightStars, Rhode Island's statewide Quality Rating and Improvement System (QRIS) for child care and early learning programs, was launched in 2009 with voluntary quality ratings for licensed child care centers, preschools and family child care homes.[12]**

◆ **Programs participating in BrightStars receive a rating and develop a quality improvement plan across six quality domains: (1) child's daily experience, (2) teaching and learning, (3) staff-child ratio and group size, (4) family communication and engagement, (5) staff qualifications and (6) program management.[13]**

◆ **As of December 2010, there were 78 early care and education programs participating in BrightStars, 24 centers and 54 family child care homes. In 2010, BrightStars awarded star rating increases to five programs that made significant quality improvements; this represents 25% of all programs eligible for an increased star rating.[14]**

◆ **A 2009 random-sample study of the quality of licensed child care centers and preschools in Rhode Island found that most (74% of infant/toddler classrooms and 86% of preschool classrooms) were providing a medium level of quality while a minority (10% of preschool classrooms and 6% of infant/toddler classrooms) were delivering a high quality learning program. Low-quality care was more common for infants and toddlers (20% of classrooms) than for preschoolers (4% of classrooms).[15]**

◆ **A 2010 random-sample study of the quality of licensed family child care homes in Rhode Island found that most (64%) were providing low quality care and the remainder (36%) were providing medium quality care.[16]**

Table 35.

Measuring Quality in Early Childhood Programs, Rhode Island, 2010

	CHILD CARE CENTERS AND PRESCHOOLS					FAMILY CHILD CARE HOMES				
CITY/TOWN	NUMBER	PARTICIPATING IN BRIGHT-STARS	% IN BRIGHT-STARS	NAEYC ACCREDITED	% NAEYC ACCREDITED	NUMBER	PARTICIPATING IN BRIGHT-STARS	% IN BRIGHT-STARS	NAFCC ACCREDITED	% NAFCC ACCREDITED
Barrington	11	1	9%	0	0%	4	0	0%	0	0%
Bristol	6	0	0%	1	17%	4	0	0%	0	0%
Burrillville	3	0	0%	1	33%	2	0	0%	0	0%
Central Falls	4	0	0%	0	0%	22	1	5%	0	0%
Charlestown	4	0	0%	0	0%	3	0	0%	0	0%
Coventry	8	2	25%	1	13%	13	2	15%	0	0%
Cranston	33	0	0%	4	12%	50	3	6%	1	2%
Cumberland	9	0	0%	1	11%	10	0	0%	0	0%
East Greenwich	13	0	0%	0	0%	2	0	0%	0	0%
East Providence	15	0	0%	1	7%	9	0	0%	0	0%
Exeter	2	0	0%	0	0%	1	0	0%	0	0%
Foster	1	0	0%	0	0%	0	0	NA	0	NA
Glocester	3	0	0%	0	0%	1	0	0%	0	0%
Hopkinton	2	0	0%	0	0%	3	1	33%	0	0%
Jamestown	1	0	0%	0	0%	1	0	0%	0	0%
Johnston	15	0	0%	2	13%	11	1	9%	0	0%
Lincoln	5	1	20%	0	0%	4	0	0%	0	0%
Little Compton	1	0	0%	0	0%	1	0	0%	0	0%
Middletown	11	0	0%	0	0%	4	0	0%	0	0%
Narragansett	1	0	0%	0	0%	0	0	NA	0	NA
New Shoreham	1	0	0%	0	0%	0	0	NA	0	NA
Newport	3	0	0%	0	0%	3	0	0%	0	0%
North Kingstown	13	1	8%	0	0%	3	0	0%	0	0%
North Providence	8	1	13%	3	38%	14	1	7%	0	0%
North Smithfield	1	0	0%	0	0%	5	2	40%	1	20%
Pawtucket	17	2	12%	0	0%	49	2	4%	0	0%
Portsmouth	6	0	0%	0	0%	1	0	0%	0	0%
Providence	49	11	22%	6	12%	415	40	10%	1	0%
Richmond	2	0	0%	0	0%	2	0	0%	0	0%
Scituate	1	0	0%	0	0%	5	0	0%	0	0%
Smithfield	8	0	0%	0	0%	2	0	0%	0	0%
South Kingstown	12	0	0%	2	17%	4	0	0%	0	0%
Tiverton	3	0	0%	0	0%	3	0	0%	0	0%
Warren	3	0	0%	0	0%	1	0	0%	0	0%
Warwick	26	2	8%	3	12%	17	0	0%	0	0%
West Greenwich	4	0	0%	0	0%	0	0	NA	0	NA
West Warwick	6	0	0%	1	17%	7	0	0%	0	0%
Westerly	7	1	14%	0	0%	2	0	0%	0	0%
Woonsocket	12	2	17%	4	33%	10	1	10%	0	0%
Core Cities	*91*	*15*	*16%*	*11*	*12%*	*506*	*44*	*9%*	*1*	*0%*
Remainder of State	*239*	*9*	*4%*	*19*	*8%*	*182*	*10*	*5%*	*2*	*1%*
Rhode Island	*330*	*24*	*7%*	*30*	*9%*	*688*	*54*	*8%*	*3*	*<1%*

Source of Data for Table/Methodology

Data on the number of child care centers, family child care homes and preschools are from the Rhode Island Department of Children, Youth and Families, December 2010 and the Rhode Island Department of Elementary and Secondary Education, December 2010. Number of programs participating in BrightStars is from the Rhode Island Association for the Education of Young Children, December 2010. Number of accredited programs is from the National Association for the Education of Young Children (NAEYC), January 2011 and National Association for Family Child Care (NAFCC), January 2011.

Programs that are not currently licensed or certified by the Rhode Island Department of Children, Youth and Families or approved as a preschool by the Rhode Island Department of Elementary and Secondary Education are not included in the table. Some public school classrooms have NAEYC accreditation, but they are not included in this table.

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

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(continued on page 171)

Children Enrolled in Head Start

DEFINITION

Children enrolled in Head Start is the percentage of eligible children enrolled in the Head Start preschool program.

SIGNIFICANCE

Head Start is a federally-funded comprehensive early childhood program for low-income preschool children and their families. It is designed to address a wide variety of needs during the two years before kindergarten so that low-income children can begin school on a more equal footing with their more economically advantaged peers.[1] Head Start programs deliver early education, medical and dental screenings and referrals, nutritional services, mental health services, parental involvement activities and social service referrals for the whole family.[2]

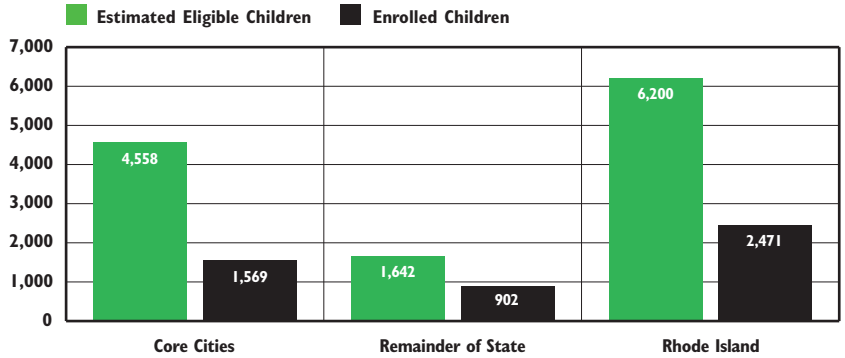
Family income is strongly correlated with children's cognitive and social skills at school entry. Before kindergarten entry, children in the highest socio-economic group have cognitive test scores that are 60% higher than the average scores of children in the lowest socio-economic group. Children in families with incomes below the federal poverty threshold are typically 18 months behind their peers at age four.[3]

Head Start centers are typically of higher quality than most other early care and education programs available to low-income parents.[4] Head Start also has been found to be more effective than many other early learning programs.[5] Children who participate in Head Start show improvements in language and literacy skills as well as behavior.[6] Researchers have found lasting impacts in reduced grade retention and special education placement and increased high school graduation rates.[7] Some experts believe that Head Start could produce even greater gains for disadvantaged children if Head Start teachers were better prepared and better paid.[8] In 2009 in Rhode Island, 31% of Head Start teachers had a bachelor's degree and the average Head Start teacher salary was $29,048.[9]

Core federal Head Start and Early Head Start funding for Rhode Island totaled an estimated $23 million in Federal Fiscal Year 2010.[10] Rhode Island supplements federal funding with $1 million in state funds so that more Rhode Island children can attend Head Start programs.[11]

In 2008 and 2009, state funding for Head Start was cut.[12,13] For the 2010-2011 school year there are 2,323 federally-funded and 156 state-funded Head Start slots. Funding from the federal *American Recovery and Reinvestment Act* supports 18 additional Head Start slots for preschool children in Providence.[14]

Access to Head Start, Rhode Island, 2010



Source: Rhode Island Head Start program data compiled by Rhode Island KIDS COUNT, 2010.

◆ **Head Start is not funded at a level to serve all eligible children and most Rhode Island Head Start programs maintain active waiting lists of eligible children. In October 2010, Rhode Island Head Start programs served 2,471 children, 40% of the estimated 6,200 eligible children. In the core cities, 34% of eligible children were enrolled in Head Start, compared with 55% in the remainder of the state.**[15]

◆ **Preschool age children from across the state are served by seven Head Start agencies: CHILD, Inc., Children's Friend, Comprehensive Community Action Program, East Bay Community Action Program, South County Community Action Program, Tri-Town Community Action Program and Woonsocket Head Start Child Development Association.**[16]

Head Start Families, Rhode Island & United States, 2009

	RHODE ISLAND	UNITED STATES
Single-parent families	57%	57%
Two-parent families	43%	43%
At least one employed parent	63%	68%
At least one parent in school/job training	14%	14%

Source: *Rhode Island Head Start by the numbers 2009 PIR profile.* (2010). Washington, DC: Center for Law and Social Policy.

Table 36.

Children Enrolled in Head Start, Rhode Island, 2010

CITY/TOWN	# OF CHILDREN AGES 3 & 4	ESTIMATED ELIGIBLE CHILDREN < 100% OF FPL*	ESTIMATED ELIGIBLE CHILDREN 100-129% OF FPL*	# OF CHILDREN ENROLLED IN HEAD START	ESTIMATED % OF ELIGIBLE CHILDREN ENROLLED IN HEAD START
Barrington	416	10	0	2	21%
Bristol	547	54	9	31	50%
Burrillville	370	35	14	16	32%
Central Falls	607	260	82	110	32%
Charlestown	184	7	17	12	48%
Coventry	789	45	25	28	40%
Cranston	1,689	143	43	207	100%
Cumberland	776	32	32	4	6%
East Greenwich	381	29	5	1	3%
East Providence	1,030	134	46	112	62%
Exeter	220	35	25	4	7%
Foster	76	0	0	1	NA
Glocester	313	18	2	3	16%
Hopkinton	263	19	31	7	14%
Jamestown	71	0	0	1	NA
Johnston	638	55	20	52	70%
Lincoln	483	24	7	6	19%
Little Compton	66	3	0	2	67%
Middletown	508	30	32	45	73%
Narragansett	290	18	4	11	49%
New Shoreham	27	1	0	0	0%
Newport	599	223	41	122	46%
North Kingstown	750	85	15	36	36%
North Providence	540	60	35	53	56%
North Smithfield	180	13	1	7	51%
Pawtucket	2,112	643	136	194	25%
Portsmouth	443	24	0	7	30%
Providence	4,590	1,919	451	790	33%
Richmond	226	7	4	6	58%
Scituate	164	6	0	0	0%
Smithfield	365	5	3	8	100%
South Kingstown	660	33	0	22	66%
Tiverton	261	12	2	16	100%
Warren	243	17	15	22	70%
Warwick	1,989	137	52	126	67%
West Greenwich	241	11	5	1	6%
West Warwick	791	207	59	149	56%
Westerly	538	51	45	53	56%
Woonsocket	1,233	443	94	204	38%
Core Cities	*9,932*	*3,695*	*863*	*1,569*	*34%*
Remainder of State	*15,737*	*1,153*	*489*	*902*	*55%*
Rhode Island	*25,669*	*4,848*	*1,352*	*2,471*	*40%*

Source of Data for Table/Methodology

Rhode Island Head Start Programs, all children enrolled (ages three to five) as of October, 2010. Children enrolled are listed by residence of child, not location of the Head Start program.

The estimated number of children eligible for Head Start is divided into two categories (below 100% of the Federal Poverty Line and between 100 and 129% of the Federal Poverty Line) as described in the income eligibility guidelines passed as part of the *Improving Head Start for School Readiness Act of 2007.* The estimated number of Head Start eligible children is calculated by multiplying the number of three- and four-year-old children in each community from Census 2000, Summary File 3 by the percentage of children under age five living in families with incomes below 100% of the poverty level and between 100 and 129% of the poverty level in that community, according to Census 2000, Summary File 3.

*This is an estimate of the income-eligible population and does not take into account other children who are eligible for Head Start services (e.g., children in homeless families) or changes in child population and poverty rates since 2000. Also, federal Head Start regulations allow 10% of enrolled children to be over the income threshold.

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

References

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(continued on page 171)

Full-Day Kindergarten

DEFINITION

Full-day kindergarten is the percentage of public school children enrolled in full-day kindergarten programs on October 1. Full-day kindergarten is defined as kindergarten programs that operate for at least six hours per day. Children enrolled in private kindergarten programs or in half-day kindergarten programs that offer after-school child care are not included.

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, regardless of family income, parental education and school characteristics. 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. Full-day kindergarten programs can be especially beneficial to poor and minority children and can contribute significantly to closing academic achievement gaps.[1,2,3]

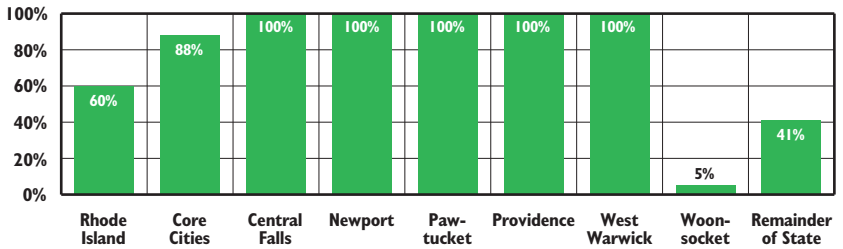
With an estimated 74% of four-year-olds in the U.S. enrolled in some type of preschool program, kindergarten no longer serves as the entry-point to formal, full-day school for most young children.[4] Many parents favor full-day kindergarten as it provides continuity for children who are already accustomed to full-day preschool experiences and it reduces the number of transitions and disruptions their child experiences each day.[5] Also, 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 1979, 25% of kindergartners were in full-day programs.[8] In 2008, 72% of the nation's public and private school kindergarteners were enrolled in full-day programs.[9]

Across the U.S., nine states require all school districts to offer full-day kindergarten and two states require children to attend full-day kindergarten before entering first grade.[10]

In Rhode Island in the 2010-2011 school-year, 60% of the children who attended public kindergarten were in a full-day program, with 88% of students in the core cities and 41% of students in the remainder of the state attending full-day kindergarten.[11]

Children in Full-Day Public Kindergarten Programs, Core Cities and Rhode Island, 2010-2011 School Year



Source: Rhode Island Department of Elementary and Secondary Education, October 1, 2010.

◆ **In the 2010-2011 school year, 88% of public school kindergarten students in the core cities were enrolled in full-day programs. This is a decline from 100% participation in full-day kindergarten among students in the core cities last year. Due to budget issues, the Woonsocket School District eliminated all but one full-day kindergarten classroom for the 2010-2011 school year.[12]**

◆ **During the 2010-2011 school year, 17 school districts offered universal access to full-day kindergarten programs and another six school districts operated at least one full-day kindergarten classroom. The Lincoln School District began offering universal full-day kindergarten in the 2010-2011 school year. All of the independent charter schools in Rhode Island that offer kindergarten run full-day programs.[13]**

Academic Progress in Full-Day Kindergarten

◆ **According to the National Center for Education Statistics, 68% of full-day kindergarten classes spend more than one hour per day on reading instruction, compared to 37% of half-day classes. Full-day kindergarten classes are more likely than half-day classes to spend time every day on math (90% and 73%, respectively), social studies (30% and 18%, respectively) and science (24% and 10%, respectively).[14]**

◆ **Nationally, children in full-day kindergarten classes make greater academic gains in both reading and mathematics compared to those in half-day classes, even after adjusting for differences associated with race/ethnicity, poverty status, fall achievement level, gender and class size.[15]**

Table 37. **Children Enrolled in Full-Day Kindergarten Programs, Rhode Island, 1999-2000 and 2010-2011**

SCHOOL DISTRICT	1999-2000 SCHOOL YEAR			2010-2011 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	% OF CHILDREN IN FULL-DAY K
Barrington	214	0	0%	177	0	0%
Bristol Warren*	255	0	0%	262	262	100%
Burrillville*	164	0	0%	169	169	100%
Central Falls*	250	44	18%	259	259	100%
Chariho	292	0	0%	180	0	0%
Coventry	381	0	0%	328	0	0%
Cranston	737	0	0%	673	1	<1%
Cumberland	373	0	0%	302	4	1%
East Greenwich*	165	0	0%	132	21	16%
East Providence*	443	0	0%	361	243	67%
Exeter-West Greenwich	129	0	0%	93	0	0%
Foster	55	0	0%	46	0	0%
Glocester	124	0	0%	86	0	0%
Jamestown*	59	0	0%	42	42	100%
Johnston*	241	0	0%	213	21	10%
Lincoln*	232	0	0%	184	184	100%
Little Compton*	38	0	0%	26	26	100%
Middletown*	258	211	82%	181	181	100%
Narragansett*	125	0	0%	90	90	100%
New Shoreham*	8	8	100%	9	9	100%
Newport*	225	206	92%	172	172	100%
North Kingstown*	313	0	0%	245	63	26%
North Providence*	211	0	0%	253	249	98%
North Smithfield*	122	55	45%	94	94	100%
Pawtucket*	788	0	0%	805	805	100%
Portsmouth	214	0	0%	151	0	0%
Providence*	2,117	1,431	68%	1,909	1,909	100%
Scituate	107	0	0%	95	0	0%
Smithfield	177	0	0%	136	0	0%
South Kingstown*	278	0	0%	235	235	100%
Tiverton	144	0	0%	125	0	0%
Warwick*	766	29	4%	630	61	10%
West Warwick*	260	0	0%	287	287	100%
Westerly*	282	10	4%	214	214	100%
Woonsocket*	522	0	0%	505	27	5%
Charter Schools	*NA*	*NA*	*NA*	*337*	*337*	*100%*
State-Operated Schools	*NA*	*NA*	*NA*	*6*	*6*	*100%*
Core Cities	*4,162*	*1,681*	*40%*	*3,937*	*3,459*	*88%*
Remainder of State	*6,907*	*313*	*5%*	*6,075*	*2,512*	*41%*
Rhode Island	*11,069*	*1,994*	*18%*	*10,012*	*5,971*	*60%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, October 1, 1999 and October 1, 2010.

* District operated at least one full-day kindergarten classroom during the 2010-2011 school year.

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

Charter schools included in this indicator are Highlander Charter School, Paul Cuffee Charter School, Kingston Hill Academy, International Charter School, The Compass Charter School and The Learning Community. The state-operated school is the Rhode Island School for the Deaf.

References

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[9] U.S. Census Bureau, Current Population Survey, October 2008. Table 3: *Nursery and primary school enrollment of people 3 to 6 years old, by control of school, attendance status, age, race, Hispanic origin, mother's labor force status and education, and family income: October 2008.*

(continued on page 171)

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 ($3,550 - $18,750 per child per year) puts quality care out of reach for many low-income families.[1]

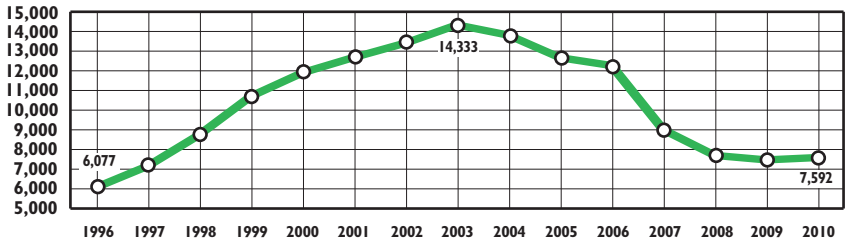
In Rhode Island, the average cost of full-time child care for an infant in a child care center consumes 42% of the median single-parent family income and 12% of the median two-parent family income. The average cost of child care for two children (an infant and a preschooler) in Rhode Island is almost twice as much as the state's median annual rent and is nearly as much as the median mortgage payment.[2] Using the federal affordability guideline that families should spend no more than 10% of their gross income on child care, a Rhode Island family would need to make at least $91,000 per year to afford the average cost of child care for a three-year-old at a licensed center ($9,119).[3,4]

Use of child care subsidies increases the likelihood that low-income parents are able to work and remain employed. Child care subsidies reduce the likelihood that former cash assistance recipients return to the program and increase the range of types of child care that low-income families can afford. Families who use child care subsidies have higher rates of maternal employment, more stable employment and higher wages than disadvantaged families who do not use child care subsidies.[5,6]

In 1996, Rhode Island established an entitlement to child care assistance for families with incomes up to 185% of the federal poverty level (FPL) as a key component of welfare reform. In 1998, eligibility was expanded to families with incomes up to 225% of the FPL, children ages 13-15 were added and rates paid to child care providers were to be adjusted biennially in order to provide low-income families with access to high-quality child care.[7]

In 2007, eligibility for child care subsidies was reduced to 180% of the FPL ($32,958 for a family of three in 2010) and eligibility for children ages 13-15 was eliminated.[8,9] In 2008, rates paid to providers serving children with subsidies were increased slightly to the average of the 2002 and 2004 market rate levels.[10]

Child Care Subsidies, Rhode Island, 1996-2010



Source: Rhode Island Department of Human Services, December 1996 – December 2010.

◆ **In December 2010, there were 7,592 child care subsidies in Rhode Island, up slightly from 7,471 in December 2009. The number of child care subsidies increased steadily from 6,077 in 1996 to 14,333 in 2003. Since 2003, there has been a 47% decrease in the number of child care subsidies.[11] In September 2007, the state cut income eligibility for the Child Care Assistance Program from 225% of the FPL to 180% of the FPL, increased family co-payments and eliminated eligibility for children ages 13 to 15, which has resulted in fewer families qualifying for subsidies.[12]**

◆ **In 2010 in Rhode Island, 71% of child care subsidies were for care in a licensed child care center, 28% were for care by a licensed family child care home or group family child care home, and 1% were for care by a non-licensed relative, friend or neighbor.[13]**

◆ **In December 2010, 82% of all child care subsidies in Rhode Island were being used by low-income working families not receiving cash assistance and 9% were used by families enrolled in the Rhode Island Works Program who were engaged in employment activities. Another 8% of child care subsidies were being used for children in the care of the Rhode Island Department of Children, Youth and Families.[14]**

Average Annual Cost for Full-Time Child Care, Rhode Island, 2009

PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	$11,374
Child Care Center (preschool care)	$9,119
Family Child Care Home (preschool care)	$8,303
School-Age Center-Based Program (child age 6 - 12)	$7,067

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Bodah, M. M. (2009). *Statewide survey of childcare rates in Rhode Island.* Kingston, RI: University of Rhode Island.

Table 38.

Child Care Subsidies, Rhode Island, December 2010

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE: ENROLLED IN RI WORKS	NOT ENROLLED IN RI WORKS	TOTAL CHILD CARE SUBSIDIES	SUBSIDY USE BY PROGRAM LOCATION: UNDER AGE 3	AGES 3-5	AGES 6-12	TOTAL CHILD CARE SUBSIDIES
Barrington	0	16	16	7	13	11	31
Bristol	4	35	39	6	12	13	31
Burrillville	4	34	38	12	25	26	63
Central Falls	30	307	337	93	124	168	385
Charlestown	0	12	12	0	4	3	7
Coventry	9	106	115	18	28	44	90
Cranston	38	406	444	112	197	195	504
Cumberland	6	85	91	22	33	34	89
East Greenwich	2	29	31	20	28	25	73
East Providence	13	223	236	53	99	104	256
Exeter	0	5	5	4	6	5	15
Foster	0	6	6	3	5	1	9
Glocester	1	7	8	6	11	1	18
Hopkinton	1	8	9	1	6	7	14
Jamestown	0	1	1	3	3	0	6
Johnston	6	89	95	42	63	47	152
Lincoln	4	71	75	33	48	35	116
Little Compton	0	3	3	0	0	1	1
Middletown	9	67	76	67	60	23	150
Narragansett	5	35	40	0	1	3	4
New Shoreham	0	0	0	0	0	0	0
Newport	47	170	217	36	73	75	184
North Kingstown	9	108	117	37	66	44	147
North Providence	13	111	124	33	40	29	102
North Smithfield	6	9	15	23	27	2	52
Pawtucket	62	700	762	185	287	268	740
Portsmouth	5	30	35	5	21	14	40
Providence	324	2,485	2,809	694	987	1,244	2,925
Richmond	0	11	11	0	0	0	0
Scituate	1	9	10	1	3	0	4
Smithfield	0	32	32	23	38	13	74
South Kingstown	6	41	47	20	40	20	80
Tiverton	1	19	20	5	6	5	16
Warren	0	38	38	2	6	11	19
Warwick	14	235	249	113	163	146	422
West Greenwich	1	11	12	6	8	0	14
West Warwick	17	188	205	40	82	78	200
Westerly	4	70	74	30	33	18	81
Woonsocket	82	455	537	105	162	202	469
DCYF	*NA*	*NA*	*631*	*NA*	*NA*	*NA*	*NA*
Out-Of-State	*NA*	*NA*	*NA*	*2*	*7*	*0*	*9*
Core Cities	*562*	*4,305*	*4,867*	*1,153*	*1,715*	*2,035*	*4,903*
Remainder of State	*162*	*1,962*	*2,124*	*707*	*1,093*	*880*	*2,680*
Rhode Island	*724*	*6,267*	*7,622*	*1,862*	*2,815*	*2,915*	*7,592*

Source of Data for Table/Methodology

The Rhode Island Department of Human Services, InRhodes Database, December 2010.

Subsidy data by age of child are reported by the location of the program. Total subsidy use numbers by child residence and total subsidy use numbers by program location do not match because children may be enrolled in more than one program and the InRhodes database is a live system and reports run on different days can have slight variation.

* *Out of State* is Rhode Island resident children who attend child care located outside of Rhode Island

RI Works is Rhode Island's cash-assistance program (formerly known as the Family Independence Program). DCYF is the number of children in the care of the Department of Children, Youth and Families who are receiving child care subsidies.

NA = Not applicable.

Parents who are working and are enrolled in RI Works can claim a "child care disregard." When cash benefits levels are calculated 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 two 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 December 2010, 16 families 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 three weeks of average school vacation tuition and 10 weeks of average summer vacation tuition.

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(continued on page 171)

Out-of-School Time

DEFINITION

Out-of-school time is the number of children participating in organized after-school programs. This indicator presents data on the number of licensed after-school child care programs and slots for children ages six and older as well as available data on children served by after-school programs that do not require state licensing.

SIGNIFICANCE

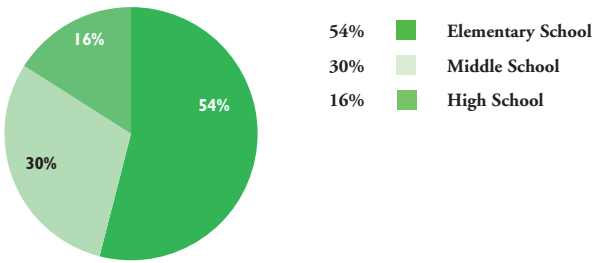
High-quality, organized after-school and summer programs promote academic and social skills, provide opportunities for children and youth to develop positive relationships with peers and adult mentors, increase children's safety and reduce the likelihood that youth engage in inappropriate activities. Children who participate in organized after-school programs and extracurricular activities benefit socially, emotionally and academically. Participation can improve children's academic performance, homework completion, behavior and work habits, while reducing the need for disciplinary actions.[1,2,3]

The gap between parents' work schedules and students' school schedules amounts to 15-25 hours per week during the school year.[4] Families often patch together different arrangements to cover the hours before and after school and the days during school vacations and summer break.[5] Between 2007 and 2009, an estimated 74% of Rhode Island children ages six to 17 had all resident parents in the workforce, higher than the U.S. average of 71%.[6]

Nationally, 57% of children ages five to 14 with employed mothers stay with a relative during the hours when they are not in school, while 17% regularly participate in enrichment activities (sports, lessons, clubs, etc.) and 16% are in organized child care. Seventeen percent of children regularly stay at home by themselves (ranging from 1% of five- and six-year-olds to 39% of 14-year-olds). Nineteen percent of families of school-age children report using multiple arrangements for children's out-of-school time care.[7]

After-school programs can be effective at building critical personal, social and academic skills. Effective programs clearly specify the skills they are seeking to build, offer activities that are coordinated and sequenced to build those skills, devote adequate time to skill development and require active involvement of participants.[8] Out-of-school time programs are most likely to improve student achievement when they use formal and informal assessments of children to inform instruction, tutor children one-on-one or in small groups and provide on-going professional development and instructional support to staff.[9]

Students Participating in 21st Century Community Learning Centers by School Setting, Rhode Island, 2009-2010



n= 12,924 participating students

Source: *The Rhode Island 21st Century Community Learning Center Initiative: Supporting student success for nearly a decade.* (2010). Providence, RI: Rhode Island Department of Elementary and Secondary Education. Retrieved January 26, 2011, from www.mypasa.org

◆ **The federal 21st Century Community Learning Centers program provides funding for after-school programs serving students attending high-poverty, low-performing schools.[10] This funding combined with other funding sources enables 12,924 Rhode Island students in eight communities to participate in after-school enrichment programs.[11]**

◆ **21st Century Community Learning Centers serve children from 57 public schools across the state. Centers are based in all six core cities plus Cranston and North Kingstown. Fifty-four percent of the children served are in elementary school, while 30% are in middle school and 16% are in high school. Sixty-three percent of participants are eligible for free and/or reduced price lunch and 73% are a member of a racial or ethnic minority group.[12]**

◆ **State funding for Child Opportunity Zones (COZ) provides additional support for after-school programs and other wrap-around services for children and families in ten low-income communities in Rhode Island.[13] Federal funding for "full-service community schools" is another source of support for after-school programming in elementary schools in South Providence.[14]**

◆ **The Providence After School Alliance (PASA) serves over 1,700 Providence middle school youth annually in expanded learning programs using funds from 21st Century Community Learning Centers, combined with funding from other sources.[15]**

School-Age Child Care in Rhode Island

◆ In 2010 in Rhode Island, there were 11,298 licensed school-age child care slots in 203 programs. Of these, 104 were operated as part of a licensed early childhood center and 99 were operated under an independent license. Sixty-eight percent of school-age slots were in free-standing school-age child care programs, while 32% were in early childhood centers.[16]

◆ In December 2010 in Rhode Island, there were 2,915 child care subsidies for children ages six to 12 for before and/or after-school care. Of these subsidies, 1,963 (67%) were for care in a center-based program, 924 (32%) were for care in a family child care home and 28 (1%) were for care by a license-exempt family, friend or neighbor.[17]

Table 39. **Licensed School-Age Child Care for Children Ages Six to 12, Rhode Island, 2010**

CITY/TOWN	NUMBER OF CHILDREN AGES 6 TO 12	NUMBER OF LICENSED PROGRAMS: OPERATED AS PART OF AN EARLY CHILDHOOD CENTER	NUMBER OF LICENSED PROGRAMS: OPERATED INDEPENDENTLY	TOTAL NUMBER OF SLOTS
Barrington	2,064	4	1	180
Bristol	1,784	1	3	162
Burrillville	1,672	1	2	213
Central Falls	2,190	3	3	665
Charlestown	717	0	1	26
Coventry	3,431	3	4	273
Cranston	7,115	12	7	635
Cumberland	3,135	0	4	270
East Greenwich	1,581	3	1	135
East Providence	4,292	4	6	503
Exeter	684	2	1	74
Foster	489	1	0	18
Glocester	1,105	1	0	10
Hopkinton	802	0	1	52
Jamestown	576	0	1	51
Johnston	2,490	7	0	89
Lincoln	2,206	3	5	454
Little Compton	322	0	1	26
Middletown	1,787	4	3	220
Narragansett	1,144	0	1	60
New Shoreham	69	0	0	0
Newport	2,056	1	4	288
North Kingstown	2,823	4	3	244
North Providence	2,444	1	3	263
North Smithfield	988	1	1	172
Pawtucket	7,477	6	4	853
Portsmouth	1,839	2	1	134
Providence	18,592	17	17	3,012
Richmond	830	0	1	52
Scituate	1,102	1	0	29
Smithfield	1,653	4	1	129
South Kingstown	2,630	1	1	89
Tiverton	1,452	1	1	95
Warren	1,032	1	1	102
Warwick	7,630	7	6	747
West Greenwich	592	1	0	18
West Warwick	2,618	3	3	323
Westerly	2,160	2	1	131
Woonsocket	4,373	2	6	501
Core Cities	*37,306*	*32*	*37*	*5,642*
Remainder of State	*64,640*	*72*	*62*	*5,656*
Rhode Island	*101,946*	*104*	*99*	*11,298*

Source of Data for Table/Methodology

Number of children ages six to 12 years is from the U.S. Census Bureau, Census 2000 Summary File 1.

Rhode Island Department of Children, Youth and Families, number of licensed school-age child care programs and slots for children ages six to 12 as of December 2010. These numbers do not include licensed family child care home slots, informal child care arrangements, and community programs for youth ages six and older that do not require licensing by the state. Licensed school-age child care programs also provide services to five year-old children who are enrolled in Kindergarten.

References

[1] Little, P. M. (2009). *Supporting student outcomes through expanded learning opportunities.* Cambridge, MA: Harvard Family Research Project, Harvard Graduate School of Education.

[2,15] McCombs, J. S., et al., (2010). *Hours of opportunity: Profiles of five cities improving after-school programs through a systems approach.* Santa Monica, CA: RAND Corporation.

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(continued on page 171)

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 schools.

SIGNIFICANCE

English Language Learner (ELL) students are the fastest growing population in public schools, especially in elementary schools.[1,2] Many ELL students face challenges to succeeding in school, including poverty, lack of access to health care, low parental education levels and discrimination or racism.[3]

ELL students are challenged to simultaneously learn English and succeed academically.[4] ELL students in the same age group have quite different levels of reading, math and writing proficiency, both in English and in their native languages.[5] ELL students face diverse challenges based on their country of origin and age at immigration.[6,7] Successful ELL education programs are adaptable to student needs, use ongoing assessments of student progress and provide educators with frequent professional development.[8,9] Bilingual education programs, when implemented well, can be particularly effective with ELL students and recognize that fluency with different languages and cultures can be an asset.[10,11,12]

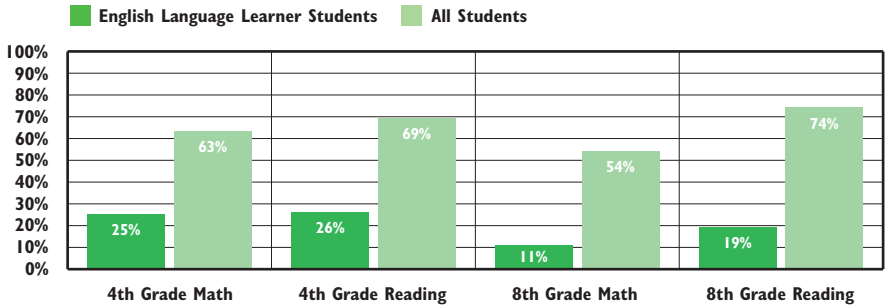
ELL students and children in immigrant families are more likely to be concentrated in schools that are under-resourced, large, serve high proportions of minority students and are located in high poverty communities.[13,14,15] In the 2009-2010 school year in Rhode Island, ELL students were 5% of total students (7,672).[16] Of these, 84% (6,451) were enrolled in free or reduced price lunch (an indicator of poverty) and 75% (5,767) lived in the core cities.[17]

Studies show that ELL students believe that school prepares them to get ahead and that studying hard is important to succeed. Most hope to go to college.[18] Schools play a critical role in helping ELL students transition to the culture of the U.S. and supporting their academic success.[19,20]

In the 2009-2010 school year, ELL students in Rhode Island public schools spoke 78 different languages; the majority (73%) spoke Spanish, 9% spoke Asian languages, 8% spoke Creole or Patois, 4% spoke Portuguese and 1% spoke African languages.[21]

During the 2009-2010 school year, 22% percent of ELL students were enrolled in a bilingual program at schools in Central Falls, Providence and the International Charter School, and 78% were enrolled in an English as a Second Language (ESL) program.[22]

Current English Language Learners' Mathematics and Reading Proficiency, Rhode Island, 2010



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), October, 2010.

◆ **Nationally and in Rhode Island, ELL students score significantly lower on standardized tests than their peers.[23,24] In 2010 in Rhode Island, 26% of fourth-grade ELL students scored at or above proficiency in reading, compared to 69% of fourth graders statewide.[25]**

◆ **Nationally and in Rhode Island, the achievement gap between ELL students and all students widens between elementary and middle school.[26,27] In 2010 in Rhode Island, 19% of eighth-grade ELL students scored at or above proficiency in reading on the NECAP, compared to 74% of eighth graders statewide.[28]**

Increasing English Language Learners' Academic Achievement

◆ **From 2009 to 2010, the percentage of Rhode Island ELL students proficient in reading was unchanged while the percentage of Rhode Island ELL students proficient in math increased slightly. Rhode Island's math achievement gap between ELL students and other students was unchanged in 2010, while the gap in reading increased by one point.[29,30]**

◆ **Best practices to increase the academic achievement of ELL students include tailoring instructional practices to students' needs; using assessment data; recruiting highly skilled teachers and leaders; promoting accountability among educators and school administrators; and implementing programs with a dual focus on English proficiency and course content.[31] Successful ELL programs also provide meaningful cultural and linguistic support to families.[32]**

Table 40.

English Language Learner Students, Rhode Island, 2009-2010

SCHOOL DISTRICT	TOTAL # OF STUDENTS	NUMBER OF ENGLISH LANGUAGE LEARNER STUDENTS					% OF TOTAL DISTRICT
		PRE K AND K	ELEMENTARY (GRADES 1-5)	MIDDLE (GRADES 6-8)	HIGH (GRADES 9-12)	TOTAL # OF ELL STUDENTS	
Barrington	3,336	0	16	3	4	23	1%
Bristol Warren	3,452	7	52	28	8	95	3%
Burrillville	2,487	1	6	0	0	7	<1%
Central Falls	2,634	70	268	103	154	595	23%
Chariho	3,428	2	9	5	5	21	1%
Coventry	5,176	1	2	1	1	5	<1%
Cranston	10,394	74	278	109	72	533	5%
Cumberland	4,721	6	49	19	12	86	2%
East Greenwich	2,303	2	11	4	4	21	1%
East Providence	5,633	42	116	24	27	209	4%
Exeter-West Greenwich	1,839	2	9	1	1	13	1%
Foster	237	0	0	0	0	0	0%
Foster-Glocester	1,340	0	0	0	0	0	0%
Glocester	554	0	0	0	0	0	0%
Jamestown	467	0	0	1	0	1	<1%
Johnston	3,010	25	37	17	14	93	3%
Lincoln	3,226	7	21	3	6	37	1%
Little Compton	310	0	0	0	0	0	0%
Middletown	2,530	5	45	18	14	82	3%
Narragansett	1,448	2	4	3	1	10	1%
New Shoreham	124	1	4	0	1	6	5%
Newport	2,080	10	24	16	10	60	3%
North Kingstown	4,309	8	21	12	8	49	1%
North Providence	3,212	7	25	13	24	69	2%
North Smithfield	1,803	0	13	2	0	15	1%
Pawtucket	8,721	111	496	187	227	1,021	12%
Portsmouth	2,763	1	4	0	0	5	<1%
Providence	23,620	534	2,004	489	655	3,682	16%
Scituate	1,606	0	0	0	0	0	0%
Smithfield	2,414	0	3	2	3	8	<1%
South Kingstown	3,483	3	6	2	4	15	<1%
Tiverton	1,887	0	2	0	3	5	<1%
Warwick	10,104	19	47	16	15	97	1%
West Warwick	3,513	6	23	10	11	50	1%
Westerly	3,088	10	38	10	15	73	2%
Woonsocket	6,003	35	192	90	42	359	6%
Charter Schools	*2,320*	*68*	*240*	*9*	*2*	*319*	*14%*
State-Operated Schools	*1,601*	*0*	*0*	*0*	*8*	*8*	*<1%*
Core Cities	*46,571*	*766*	*3,007*	*895*	*1,099*	*5,767*	*12%*
Remainder of State	*90,684*	*225*	*818*	*293*	*242*	*1,578*	*2%*
Rhode Island	*141,176*	*1,059*	*4,065*	*1,197*	*1,351*	*7,672*	*5%*

Sources of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year. Total number of English language learner students 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 2009-2010 school year. Students who are not yet fully English proficient but have exited ESL or bilingual education programs to regular education are not included in these numbers.

Due to a change in methodology, the percentage of English Language Learner students by district cannot be compared with percentages before the 2004 Factbook. The "% of Total District" is based on the total number of English language learners divided by the "average daily membership" in the districts of instruction.

The charter schools that reported ELL students as of February 7, 2011 are Blackstone Academy Charter School, Highlander Charter School, Blackstone Valley Prep, International Charter School, Paul Cuffee Charter School and The Learning Community Charter School. State-operated schools with ELL students were William M. Davies Jr. Career-Technical School and the Rhode Island Training School operated by DCYF.

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

References

[1] Office of English Language Acquisition, Language Enhancement, and Academic Achievement for Limited Proficiency Students. (2008). *The biennial report to Congress on the implementation of the Title III state formula grant program, school years 2004-06.* Washington, DC: U.S. Department of Education.

[2,14] Cosentino De Cohen, C. & Chu Clewell, B. (2007). *Putting English language learners on the educational map.* Washington, DC: The Urban Institute.

[3,7] Shields, M. K. & Behrman, R. E. (2004). Children of immigrant families: Analysis and recommendations. *The Future of Children: Children of Immigrant Families, 14*(2), 4-15.

[4,8] Horwitz, A. R. et al., (2009). *Succeeding with English language learners: Lessons learned from the great city schools.* Washington, DC: The Council of the Great City Schools.

(continued on page 171)

Children Enrolled in Special Education

DEFINITION

Children enrolled in special education is the percentage of K-12 students who received special education services in Rhode Island public schools or who were placed in private special education programs by their district of residence. Unless otherwise specified, references to students enrolled in special education in this indicator do not include preschool or parentally-placed special education students.

SIGNIFICANCE

Effective and appropriate special education and related services are important resources for improving long-term outcomes for children and youth with special needs. Students with disabilities are more likely than students without disabilities to have lower student achievement and graduation rates, reduced participation in postsecondary education and less economic success in adulthood.[1,2] Students with disabilities are more likely than their peers to report social difficulties in school.[3]

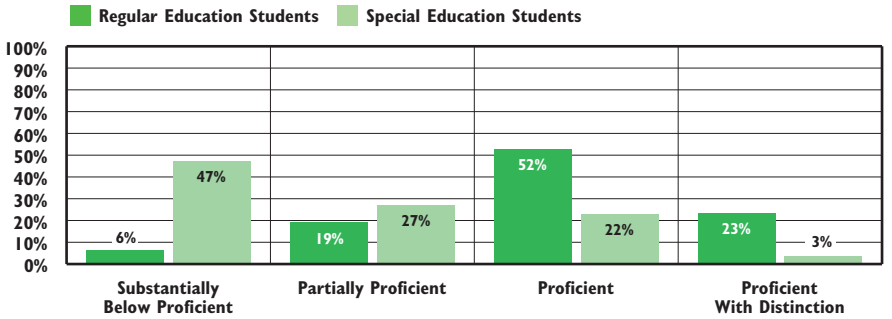
The federal *Individuals with Disabilities Education Act (IDEA) Part B* mandates that local school districts identify and evaluate students ages three to 21 whom they have reason to believe have disabilities. Once found eligible for special education, a student must be provided with an Individualized Education Program (IEP) laying out goals and outlining steps for achieving the goals. Services described in the IEP must be provided to students in the least restrictive environment (to the extent appropriate, integrated into a regular-education setting).[4,5,6]

In the 2008-2009 school year, Rhode Island had the highest percentage of public school students with IEPs in the U.S. at 19%, compared with 13% overall in the U.S.[7]

In Rhode Island in the 2009-2010 school year, there were 24,323 children (17% of all K-12 students) enrolled in special education. Thirty-nine percent of these students had a learning disability, 16% had a health impairment, 16% had a speech disorder, 10% had an emotional disturbance, 7% had an autism spectrum disorder, 4% had mental retardation and 9% had other disabilities.[8]

Six percent of Rhode Island special education students in 2009-2010 were ages three to four; 34% were ages five to 10; 28% were ages 11 to 14; 28% were ages 15 to 18; and 3% were ages 19 to 22.[9] There were 2,728 preschool students in Rhode Island receiving special education services during the 2009-2010 school year. Of these preschool children, 49% were receiving speech and language services, 39% had a developmental delay, 7% had an autism spectrum disorder and 6% had other disabilities.[10]

4th Grade Reading Proficiency Rates, by Special Education Status, Rhode Island, 2010



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), October, 2010.

◆ **In Rhode Island, students with disabilities achieve at lower levels on the state assessments than non-disabled students. In 2010, 47% of special education students in fourth grade were substantially below proficient in reading, compared with 6% of regular education students.[11]**

◆ **The federal *No Child Left Behind Act* (NCLB) requires states, districts and schools to demonstrate that students with disabilities make "adequate yearly progress" towards proficiency in reading and math. Together with IDEA, NCLB promotes accountabilty for the achievement of students with disabilities.[12]**

◆ **Nationally, compared to their peers without disabilities, students with disabilities are much less likely to graduate from high school and are five times less likely to go on to post-secondary education.[13] The four-year graduation rate among students receiving special education services in Rhode Island's class of 2010 was 57%, compared to an overall four-year state graduation rate of 76%. Some special education students may take additional time to graduate.[14]**

◆ **Of Rhode Island students ages six to 21 receiving special education services during the 2009-2010 school year, 73% were in a regular class for 80% of the day or more, 7% were in a regular class for 40% to 79% of the day and 13% were in a regular class for less than 40% of the day. The remaining 7% of students were in a residential or correctional facility or separate school, were parentally placed in a private school or were home-bound or hospitalized.[15]**

Table 41.

Kindergarten Through 12th Grade Students in Special Education by Primary Disability, Rhode Island, 2009-2010

SCHOOL DISTRICT OF RESIDENCE	TOTAL # OF STUDENTS	AUTISM SPECTRUM DISORDER	EMOTIONAL DISTURBANCE	HEALTH IMPAIRMENT	LEARNING DISABILITY	MENTAL RETARDATION	SPEECH DISORDER	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS IN SPECIAL EDUCATION
Barrington	3,339	37	31	59	107	NA	59	21	319	10%
Bristol Warren	3,453	42	23	38	152	27	92	33	407	12%
Burrillville	2,503	35	39	59	111	16	87	32	379	15%
Central Falls	2,648	30	43	77	340	45	52	62	649	25%
Chariho	3,368	44	15	55	94	21	71	47	347	10%
Coventry	5,147	37	51	91	375	29	121	75	779	15%
Cranston	10,277	139	129	334	729	42	157	134	1,664	16%
Cumberland	4,743	77	81	181	250	26	178	70	863	18%
East Greenwich	2,306	37	25	87	71	NA	64	40	330	14%
East Providence	5,637	64	166	355	428	41	291	73	1,418	25%
Exeter-West Greenwich	1,872	20	31	53	77	12	74	11	278	15%
Foster	248	NA	NA	NA	NA	NA	12	NA	28	11%
Foster-Glocester	1,340	12	NA	18	48	NA	12	NA	113	8%
Glocester	559	NA	NA	NA	14	NA	37	10	79	14%
Jamestown	693	16	NA	33	31	NA	10	10	105	15%
Johnston	3,065	56	59	188	323	12	111	79	828	27%
Lincoln	3,227	54	60	76	176	15	86	50	517	16%
Little Compton	425	NA	NA	NA	30	NA	15	NA	58	14%
Middletown	2,532	25	37	80	202	14	59	22	439	17%
Narragansett	1,452	17	15	40	74	NA	68	26	242	17%
New Shoreham	124	NA	NA	10	NA	NA	NA	NA	24	19%
Newport	2,065	22	37	14	217	14	70	26	400	19%
North Kingstown	4,092	36	52	81	193	28	104	40	534	13%
North Providence	3,213	37	53	105	134	18	116	50	513	16%
North Smithfield	1,819	29	13	56	112	12	57	19	298	16%
Pawtucket	8,723	87	116	152	590	70	245	122	1,382	16%
Portsmouth	2,645	43	31	87	188	11	76	21	457	17%
Providence	23,737	150	571	273	1,957	230	599	368	4,148	17%
Scituate	1,632	17	NA	27	67	NA	56	NA	180	11%
Smithfield	2,416	25	10	38	101	13	44	27	258	11%
South Kingstown	3,504	53	60	114	162	12	78	61	540	15%
Tiverton	1,902	26	30	40	209	NA	37	33	384	20%
Warwick	10,093	134	128	438	737	44	264	229	1,974	20%
West Warwick	3,516	40	91	74	313	27	91	78	714	20%
Westerly	3,124	60	67	104	220	17	67	53	588	19%
Woonsocket	5,948	96	163	284	376	92	182	159	1,352	23%
Charter Schools	*2,320*	*16*	*18*	*51*	*142*	*NA*	*69*	*14*	*311*	*13%*
State-Operated Schools	*1,651*	*13*	*107*	*66*	*167*	*NA*	*NA*	*67*	*424*	*26%*
Core Cities	*46,637*	*425*	*1,021*	*874*	*3,793*	*478*	*1,239*	*815*	*8,645*	*19%*
Remainder of State	*90,750*	*1,187*	*1,227*	*2,861*	*5,426*	*448*	*2,508*	*1,286*	*14,943*	*16%*
Rhode Island	*141,358*	*1,641*	*2,373*	*3,852*	*9,528*	*929*	*3,818*	*2,182*	*24,323*	*17%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education (RIDE), Office for Diverse Learners, June 30, 2010. The denominator (number of students) is the "resident average daily membership" for the 2009-2010 school year provided by RIDE.

Due to changes in methodology, *Children Enrolled in Special Education* in this Factbook cannot be compared with Factbooks previous to 2008. Parentally-placed private school students and preschool students receiving special education services are no longer included in the table. Children attending schools in other districts are listed in the district in which the students reside. An additional 2,728 preschool students receiving special education services are not included in the table.

NA indicates that fewer than 10 students are in that category; actual numbers are not shown to protect student confidentiality. These students are still counted in district totals and in the core cities, remainder of state and state totals.

The category "other" includes developmental delay, visually impaired/blind, hearing impaired/deaf, multi-handicapped, orthopedically impaired and traumatic brain injury.

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

Independent charter schools reported for this indicator are Beacon Charter School, Blackstone Valley Prep, The Compass School, Democracy Prep Blackstone Valley Academy, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community Charter School, Paul Cuffee Charter School, and the Segue Institute for Learning. State-operated schools are William M. Davies Career and Technical High School, DCYF Schools, the Rhode Island Department of Corrections, Metropolitan Regional Career and Technical Center and Rhode Island School for the Deaf.

References

[1,3,13] *Students with disabilities in U.S. high schools.* (2009). Washington, DC: Alliance for Excellent Education.

(continued on page 172)

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

Student mobility is associated with lower academic performance, social and psychological difficulties, lower levels of school engagement and behavioral problems.[1] Changing schools disrupts learning, can result in children missing critical conceptual knowledge and skills, and can cause social upheaval for children. Student mobility also can lead to less active parent involvement in their children's schools.[2,3]

Students who change schools frequently are more likely to have lower math and reading skills, are more likely to repeat a grade, are more likely to be suspended than their less-mobile peers, and are less likely to graduate from high school than their non-mobile peers.[4,5]

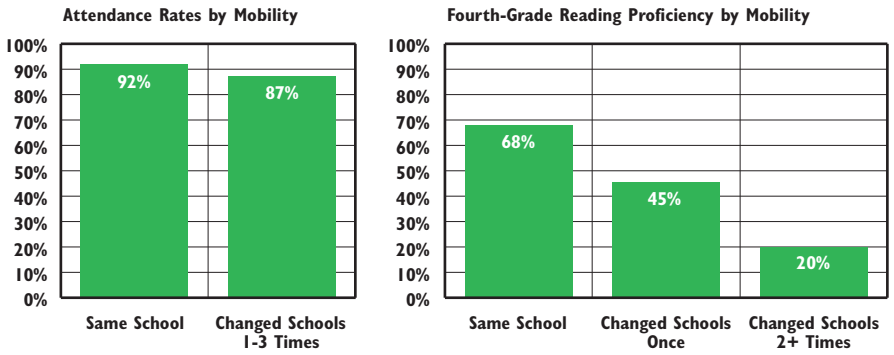
Low-income and minority children are more likely to be mobile than higher-income and White students. School mobility has a greater negative impact on the academic achievement of low-income students than it does on higher-income students. Students receiving special education services also are likely to be negatively impacted by changing schools.[6]

High mobility rates in schools can negatively impact all students because teachers must slow curriculum progress, repeat lessons and adjust to changing classroom dynamics and student needs. Within-year moves are particularly disruptive for students, teachers and schools.[7,8]

Families may move their child to a different school because they are dissatisfied with the school, concerned about their child's safety or because they are moving due to changes in family circumstances.[9] Changes in family circumstances can be either positive or negative factors including divorce or marriage, job loss or job changes, death in the family, as well as a desire to improve quality of life. Mobile students in low-income and minority families are more likely to change schools due to family reasons than mobile students in higher-income and White families.[10]

High housing costs have increased residential and school mobility among low-income families. The U.S. foreclosure crisis has increased residential mobility among families across the income spectrum and among homeowners as well as renters. The insecurity, stress and financial problems associated with foreclosures can impact well-being and academic success. Communities with the highest foreclosure rates may experience unprecedented levels of student mobility, affecting non-mobile students as well as mobile students.[11,12]

Student Mobility and Education Outcomes in Rhode Island, 2009-2010 School Year



Source: Rhode Island Department of Elementary and Secondary Education, Data Warehouse, 2009-2010 school year.

◆ **Rhode Island students who change schools mid-year are absent more often than students who do not change schools. Rhode Island students who did not change schools had a 92% attendance rate, compared with 87% for those who changed schools between one and three times during the 2009-2010 school year.[13]**

◆ **Children who change schools mid-year also perform worse on standardized tests than children who have not experienced school mobility. During the 2009-2010 school year in Rhode Island, 68% of fourth grade children who did not experience mobility were proficient in reading on the state assessments, compared with 45% of students who moved once and 20% of students who moved twice or more.[14] Students who change schools mid-year are suspended more often than students who do not change schools.[15]**

◆ **High school students in urban districts in Rhode Island are more likely than those in non-urban districts to be mobile, regardless of race, ethnicity or income.[16]**

◆ **Between 2007 and 2009 in Rhode Island, 12% of children ages five to 17 changed residency at least once during the previous year, 79% of whom moved within Rhode Island and 21% of whom moved from another state or abroad.[17]**

◆ **Nationally and in Rhode Island, people with incomes below the poverty line are more likely to move than higher-income residents.[18,19] Between 2007 and 2009, 27% of Rhode Islanders over age one living below the poverty line moved, compared with 10% of higher-income residents.[20]**

Student Mobility and Stability Rates

- Mobility rates are calculated by adding all children who entered any school within the school district to all those who withdrew from any school in the district and dividing the total by the total enrollment for that school district.[21]

- Stability rates measure 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.[22]

- Total enrollment for each district is cumulative over the course of the school year.[23]

- The overall Rhode Island student mobility rate was 14% in the 2009-2010 school year. The core cities had a higher mobility rate (23%) than districts in the remainder of the state (9%).[24]

- One Rhode Island study showed that the average length of time between enrollments for mobile students in Rhode Island during the 2007-2008 school year was 10 days.[25]

Table 42. **Student Mobility and Stability Rates by District, Rhode Island, 2009-2010 School Year**

SCHOOL DISTRICT	CUMULATIVE ENROLLMENT FOR 2009-2010	# ENROLLED THE WHOLE YEAR	# ENROLLED AFTER OCT. 1	# EXITED AFTER OCT. 1	STABILITY RATE	MOBILITY RATE
Barrington	3,513	3,382	69	64	96%	4%
Bristol Warren	3,680	3,331	166	209	91%	10%
Burrillville	2,646	2,427	119	116	92%	9%
Central Falls	2,867	2,501	303	66	87%	13%
Chariho	3,758	3,430	150	198	91%	9%
Coventry	5,676	5,222	202	281	92%	9%
Cranston	11,501	10,250	634	699	89%	12%
Cumberland	5,124	4,780	153	206	93%	7%
East Greenwich	2,432	2,344	55	35	96%	4%
East Providence	6,105	5,421	313	415	89%	12%
Exeter-West Greenwich	1,973	1,844	61	82	93%	7%
Foster	266	256	9	1	96%	4%
Foster-Glocester	1,356	1,339	16	1	99%	1%
Glocester	600	580	18	2	97%	3%
Jamestown	503	471	15	18	94%	7%
Johnston	3,375	2,974	178	251	88%	13%
Lincoln	3,495	3,279	102	122	94%	6%
Little Compton	318	308	1	9	97%	3%
Middletown	2,543	2,208	163	199	87%	14%
Narragansett	1,525	1,425	52	51	93%	7%
New Shoreham	136	115	10	11	85%	15%
Newport	2,322	1,933	200	225	83%	18%
North Kingstown	4,608	4,296	153	176	93%	7%
North Providence	3,406	3,131	182	107	92%	8%
North Smithfield	1,931	1,768	81	96	92%	9%
Pawtucket	9,963	7,972	904	1,246	80%	22%
Portsmouth	3,041	2,737	164	167	90%	11%
Providence	27,620	21,290	2,937	3,975	77%	25%
Scituate	1,702	1,632	39	34	96%	4%
Smithfield	2,607	2,437	91	95	93%	7%
South Kingstown	3,718	3,449	117	171	93%	8%
Tiverton	2,060	1,891	69	108	92%	9%
Warwick	11,110	10,039	543	629	90%	11%
West Warwick	4,071	3,283	280	553	81%	20%
Westerly	3,186	3,036	139	12	95%	5%
Woonsocket	6,840	5,539	563	852	81%	21%
Charter Schools	*2,384*	*2,273*	*41*	*70*	*95%*	*5%*
State-Operated Schools	*2,034*	*1,460*	*351*	*382*	*72%*	*36%*
UCAP	*156*	*123*	*16*	*17*	*79%*	*21%*
Core Cities	*53,683*	*42,518*	*5,187*	*6,917*	*79%*	*23%*
Remainder of State	*97,894*	*89,802*	*4,064*	*4,565*	*92%*	*9%*
Rhode Island	*156,151*	*136,176*	*9,659*	*11,951*	*87%*	*14%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year.

Charter Schools include: Blackstone Valley Prep, Highlander Charter School, Paul Cuffee Charter School, Kingston Hill Academy, International Charter School, Blackstone Academy, The Compass School, Beacon Charter School, Segue Institute for Learning and The Learning Community. State-operated schools include Metropolitan Regional Career and Technical Center, William M. Davies Career and Technical High School and the Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

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

References

[1,5,9] Reynolds, A. J., Chen, C. & Herbers, J. E. (2009, June). *School mobility and educational success: A research synthesis and evidence on prevention.* Paper presented at the National Research Council Workshop on the Impact of Mobility and Change on the Lives of Young Children, Schools and Neighborhoods, Washington, DC.

[2,4,6,7,10] Burkam, D. T., Lee, V. E. & Dwyer, J. (2009, June). *School mobility in the early elementary grades: Frequency and impact from nationally-representative data.* Paper presented at the National Research Council Workshop on the Impact of Mobility and Change on the Lives of Young Children, Schools and Neighborhoods, Washington, DC.

[3,8,11] Turner, M. A. & Berube, A. (2009). *Vibrant neighborhoods, successful schools: What the federal government can do to foster both.* Washington, DC: Urban Institute.

[12,18] U.S. Census Bureau, 2009 Geographical Mobility, Current Population Survey, Annual Social and Economic Supplement.

[13,14,21,22,23,24] Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year.

[15,16,25] Providence Plan analysis of 2007-2008 school year data from the Rhode Island Department of Elementary and Secondary Education.

[17] U.S. Census Bureau, American Community Survey, 2007-2009. Table B07001.

[19,20] U.S. Census Bureau, American Community Survey, 2007-2009. Table B07012.

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 on the *New England Common Assessment Program* (NECAP) test.

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 can experience difficulty finding and maintaining employment later in life.[1]

Literacy begins long before children encounter formal school instruction in writing and reading. Enhanced vocabulary, comprehension and cognitive development can be seen in children under three years of age who are read to daily.[2] Literacy-rich home environments (including reading and telling stories to children) contribute to advanced literacy development and reading achievement.[3,4]

Participation in high-quality preschool and Pre-K programs can boost language and literacy skills by providing early literacy experiences including storybook reading, discussions about books, dramatic play, listening comprehension and writing activities.[5] Children who participate in high-quality Pre-K score higher on reading test scores at the third and fifth grade levels and develop stronger cognitive skills.[6]

When students continue to have difficulty reading beyond third grade, they often need intensive interventions in order to read proficiently.[7] Once they fall behind, most children never catch up to their grade-level peers.[8]

Literacy development in the elementary grades can be enhanced through the prioritization of literacy development, varied strategies and materials to meet diverse student needs, high-quality teacher training, small classes, and parent involvement.[9]

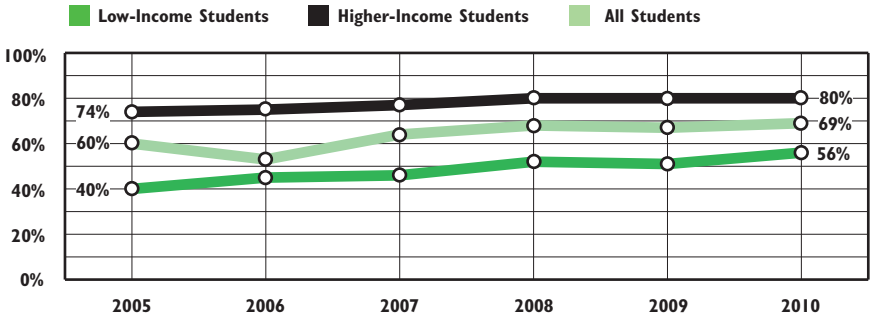
4th Grade NEAP Reading Proficiency

	1998	2009
RI	31%	36%
US	28%	32%
National Rank*		*11th*
New England Rank**		*5th*

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

Source: *2009 Kids Count data book: State profiles in 4th grade reading achievement levels 2009.* (2009). Baltimore, MD: The Annie E. Casey Foundation.

Fourth-Grade NECAP Reading Proficiency Rates, by Income Status, Rhode Island, 2005-2010



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP),* October 2005–October 2010. Low-income status is determined by eligibility for the free or reduced-price lunch program.

◆ **In October 2010, 69% of Rhode Island fourth graders scored at or above proficiency for reading on the *New England Common Assessment Program* (NECAP), up from 60% in 2005.[10]**

◆ **In Rhode Island between 2005 and 2010, the percentage of higher-income fourth graders achieving at or above the proficient level on the NECAP was consistently higher than that of low-income fourth graders. In 2010, 56% of low-income fourth graders scored at or above the proficient level, compared with 80% of higher-income fourth graders.[11]**

◆ **In Rhode Island in 2010, 26% of fourth graders with disabilities achieved reading proficiency, compared with 75% of non-disabled fourth graders.[12]**

◆ **National data indicate a significant gap between the reading skills of English Language Learners and their native English-speaking peers.[13] On the October 2010 NECAP, 26% of Rhode Island's fourth grade English Language Learners scored at or above proficiency in reading, compared to 72% of non-ELL students.[14]**

◆ **Seventy-six percent of White and Asian fourth graders in Rhode Island were proficient on the October 2010 NECAP, compared with 51% of Hispanic students, 53% of Black students, 61% of Native American students and 70% of students of Two or more races.[15]**

Table 43.

Fourth-Grade Reading Proficiency, Rhode Island, 2005 & 2010

SCHOOL DISTRICT	COMMUNITY CONTEXT			OCTOBER 2005		OCTOBER 2010	
	% ADULTS COMPLETING HIGH SCHOOL	% LOW-INCOME STUDENTS	% ENGLISH LANGUAGE LEARNERS	# OF 4TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL	# OF 4TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	92%	4%	1%	248	89%	264	91%
Bristol Warren	75%	33%	3%	268	69%	254	77%
Burrillville	80%	34%	0%	164	63%	195	74%
Central Falls	49%	81%	23%	253	40%	210	58%
Chariho	88%	22%	1%	269	73%	246	86%
Coventry	83%	26%	0%	405	68%	385	80%
Cranston	79%	38%	5%	801	71%	847	72%
Cumberland	81%	21%	2%	410	74%	400	75%
East Greenwich	93%	6%	1%	201	86%	185	91%
East Providence	71%	41%	4%	415	59%	417	61%
Exeter-W. Greenwich	89%	13%	1%	162	74%	128	77%
Foster	88%	16%	0%	66	68%	55	75%
Glocester	87%	20%	0%	124	77%	112	76%
Jamestown	93%	5%	<1%	42	83%	39	82%
Johnston	78%	39%	3%	276	58%	230	66%
Lincoln	82%	24%	1%	267	72%	259	81%
Little Compton	91%	16%	0%	37	73%	25	76%
Middletown	91%	25%	3%	195	68%	171	71%
Narragansett	91%	16%	1%	122	81%	107	87%
New Shoreham	95%	13%	5%	14	100%	11	82%
Newport	87%	59%	3%	178	46%	132	66%
North Kingstown	92%	19%	1%	337	79%	288	80%
North Providence	77%	33%	2%	250	64%	230	67%
North Smithfield	82%	14%	1%	128	77%	124	83%
Pawtucket	66%	75%	12%	703	48%	657	61%
Portsmouth	91%	12%	<1%	236	75%	186	78%
Providence	66%	83%	16%	1,887	31%	1,762	47%
Scituate	87%	14%	0%	141	72%	124	79%
Smithfield	85%	13%	0%	219	79%	192	85%
South Kingstown	91%	17%	0%	249	76%	248	83%
Tiverton	80%	23%	<1%	154	77%	143	75%
Warwick	85%	31%	1%	853	71%	787	73%
West Warwick	76%	43%	1%	295	55%	283	67%
Westerly	82%	32%	2%	255	69%	216	78%
Woonsocket	64%	63%	6%	489	46%	457	59%
Charter Schools	*NA*	*65%*	*14%*	*159*	*43%*	*237*	*67%*
Core Cities	*67%*	*75%*	*12%*	*3,805*	*39%*	*3,501*	*54%*
Remainder of State	*83%*	*25%*	*2%*	*7,467*	*72%*	*6,868*	*76%*
Rhode Island	*78%*	*43%*	*5%*	*11,272*	*60%*	*10,606*	*69%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), October 2005 and October 2010.

Due to the adoption of a new assessment tool by the Rhode Island Department of Elementary and Secondary Education, *Fourth Grade Reading Skills* cannot be compared with Factbooks prior to 2007.

% at or above the proficiency level are the fourth grade students who received proficient or proficient with distinction scores on the reading section of the NECAP. Only students who actually took the test are counted in the denominator for the district and school proficiency rates. All enrolled students are eligible unless their Individualized Education Program (IEP) specifically exempts them or unless they are beginning English Language Learners.

The % of adults completing high school or higher is from Census 2000. The % of low-income students is from the Rhode Island Department of Elementary and Secondary Education (RIDE) and is determined by eligibility for the free or reduced-price lunch program on October 1, 2010. The % ELL is from RIDE and is the percentage of all public school children (preschool) who are receiving English as a Second Language services or bilingual education services in Rhode Island public schools.

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

2010 NECAP data for independent charter schools include the Compass School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community and Paul Cuffee Charter School. Charter schools are not included in the core city and remainder of state calculations.

See Methodology section for more information.

References

[1] *Reading proficiency.* (n.d.). Retrieved from the Child Trends Data Bank on February 14, 2010, from www.childtrendsdatabank.org

[2] Raikes, H. et al., (2006). Mother-child bookreading in low-income families: Correlates and outcomes during the first three years of life. *Child Development, 77*(4), 924-953.

(continued on page 172)

Eighth-Grade Reading Skills

DEFINITION

Eighth-grade reading skills is the percentage of eighth-grade students who scored at or above the proficiency level for the reading on the *New England Common Assessment Program* (NECAP) test.

SIGNIFICANCE

Strong reading skills are essential for a student's academic success in high school and college. Reading skills are also a powerful indicator of a student's ability to contribute to and succeed in the workforce and their community.[1] Literacy demands intensify dramatically upon entry into high school as students are expected to comprehend, synthesize and analyze increasingly complex texts across academic disciplines. Advanced literary skills diverge from elementary literary skills as early as 4th grade, along with the instructional needs associated with building these skills.[2]

Reading difficulties can persist over time with long-term consequences for youth.[3] Problems faced by struggling readers are exacerbated when they are English Language Learners or low-income students.[4] Adolescents who are poor readers have difficulty succeeding in other core subjects and are more likely to drop out than their peers.[5]

At-risk adolescent students rarely receive intensive reading instruction.[6] When literacy-specific instruction is used as remedial support for struggling adolescent students, the programs typically serve only a small proportion of students who need assistance.[7] Additionally, these supplementary programs are generally insufficient for dealing with the pervasive low levels of adolescent literacy in many schools and communities.[8]

Recent research suggests that intensive individualized instruction can help improve adolescent literacy among struggling readers.[9,10] Schools with successful adolescent literacy programs have strong leadership, incorporate interdisciplinary teaching teams, target professional development, implement comprehensive literacy instruction strategies and use student assessments effectively.[11,12]

8th Grade NAEP Reading Proficiency

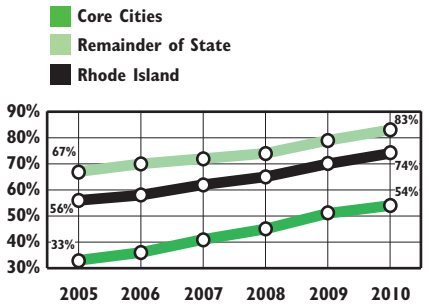
	1998	2009
RI	32%	28%
US	30%	30%
National Rank*		*34th*
New England Rank**		*6th*

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

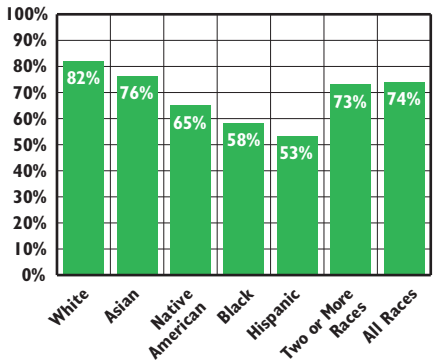
Source: *2009 KIDS COUNT data book: State profiles in 8th grade reading achievement levels 2009.* (2009). Baltimore, MD: The Annie E. Casey Foundation.

Rhode Island Public School 8th Grade NECAP Reading Proficiency

By District Type, 2005-2010



By Race/Ethnicity, 2010



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), October 2005 – October 2010.

◆ **In October 2010, 74% of Rhode Island eighth graders scored at or above proficiency in reading, an increase from 56% in 2005. Proficiency levels increased between 2005 and 2010 for students across the state. The greatest gains were made in the core cities, where 8th grade reading proficiency rates increased from 33% to 54% between 2005 and 2010.[13]**

◆ **Nineteen percent of eighth-grade English Language Learners in Rhode Island scored at or above proficiency in reading in 2010, compared to 74% of non-ELL students.[14]**

◆ **Black, Hispanic and Native American students scored significantly lower than their White and Asian counterparts in Rhode Island.[15]**

◆ **Fifty-nine percent of low-income eighth-grade students (determined by eligibility for the free or reduced-price lunch program) were proficient in reading in 2010, compared with 85% of higher-income eighth graders.[16]**

◆ **In Rhode Island in 2010, 36% of eighth-grade students receiving special education services were proficient in reading, compared with 81% of eighth graders in regular education programs.[17]**

Table 44.

Eighth-Grade Reading Proficiency, Rhode Island, 2005 & 2010

SCHOOL DISTRICT	COMMUNITY CONTEXT: % ADULTS COMPLETING HIGH SCHOOL	COMMUNITY CONTEXT: % LOW-INCOME CHILDREN	COMMUNITY CONTEXT: % ENGLISH LANGUAGE LEARNERS	OCTOBER 2005: # OF 8TH GRADE TEST TAKERS	OCTOBER 2005: % AT OR ABOVE THE PROFICIENCY LEVEL	OCTOBER 2010: # OF 8TH GRADE TEST TAKERS	OCTOBER 2010: % AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	92%	4%	1%	275	92%	289	94%
Bristol Warren	75%	33%	3%	291	63%	258	81%
Burrillville	80%	34%	<1%	230	67%	175	73%
Central Falls	49%	81%	23%	279	27%	255	53%
Chariho	88%	22%	1%	302	58%	280	90%
Coventry	83%	26%	<1%	479	66%	397	86%
Cranston	79%	38%	5%	926	57%	795	78%
Cumberland	81%	21%	2%	409	72%	374	82%
East Greenwich	93%	6%	1%	214	87%	204	91%
East Providence	71%	41%	4%	499	57%	422	79%
Exeter-West Greenwich	89%	13%	1%	161	72%	157	82%
Foster-Glocester	87%	15%	0%	217	57%	168	82%
Jamestown	93%	5%	<1%	74	86%	46	93%
Johnston	78%	39%	3%	288	58%	233	74%
Lincoln	82%	24%	1%	261	74%	302	87%
Little Compton	91%	16%	0%	41	83%	38	87%
Middletown	90%	25%	3%	185	64%	195	79%
Narragansett	91%	16%	1%	123	81%	137	93%
New Shoreham	95%	13%	5%	9	NA	16	75%
Newport	87%	59%	3%	177	50%	137	68%
North Kingstown	92%	19%	1%	349	73%	337	87%
North Providence	77%	33%	2%	307	70%	261	78%
North Smithfield	82%	14%	1%	161	72%	159	89%
Pawtucket	66%	75%	12%	795	44%	685	62%
Portsmouth	91%	12%	<1%	223	81%	204	90%
Providence	66%	83%	16%	1,935	25%	1,542	44%
Scituate	87%	14%	0%	156	89%	129	85%
Smithfield	85%	13%	<1%	227	78%	173	92%
South Kingstown	91%	17%	<1%	348	76%	278	87%
Tiverton	80%	23%	<1%	203	67%	144	73%
Warwick	85%	31%	1%	955	59%	837	78%
West Warwick	76%	43%	1%	319	56%	249	79%
Westerly	82%	32%	2%	266	59%	263	84%
Woonsocket	64%	63%	6%	494	28%	457	60%
Charter Schools	*NA*	*65%*	*14%*	*22*	*55%*	*102*	*76%*
Urban Collaborative	*NA*	*84%*	*NA*	*67*	*6%*	*67*	*42%*
Core Cities	*67%*	*75%*	*12%*	*3,999*	*33%*	*3,325*	*54%*
Remainder of State	*83%*	*25%*	*2%*	*8,179*	*67%*	*7,271*	*83%*
Rhode Island	*78%*	*43%*	*5%*	*12,270*	*56%*	*10,765*	*74%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Elementary and Secondary Education (RIDE), *New England Common Assessment Program (NECAP),* October 2005 and October 2010.

% at or above the proficiency level are the eighth-grade students who received proficient or proficient with distinction scores on the reading section of the NECAP. Only students who actually took the test are counted in the district's or school's proficiency rate. All enrolled students are eligible unless their Individualized Education Program (IEP) specifically exempts them or unless they are beginning English Language Learners.

% of adults completing high school or higher data are from Census 2000. % low-income children are the percentage of students eligible for the free and reduced-price lunch program in October 2010, from the Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year. % English Language Learners data are from the Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year.

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

2010 NECAP data for independent charter schools include: Highlander Charter School, Paul Cuffee Charter School and Compass Charter School. UCAP is the Urban Collaborative Accelerated Program. Core cities and remainder of state calculations do not include charter schools or UCAP.

See Methodology section for more information.

References

[1,5,7] Ayers, J. & Miller, M. (2009). *Informing adolescent literacy policy and practice: Lessons learned from the Striving Readers Program.* Washington, DC: Alliance for Excellent Education.

[2,11] Carnegie Council on Advancing Adolescent Literacy. (2010). *Time to act: An agenda for advancing adolescent literacy for college and career success.* New York, NY: Carnegie Corporation of New York.

(continued on page 172)

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 England Common Assessment Program* (NECAP) test.

SIGNIFICANCE

The ability to understand and use mathematics is critical. Students must rely on math skills to advance their education and need these skills for daily activities.[1] Strong high school math skills can open higher education and career opportunities for students.[2] Schools in Rhode Island teach mathematics every year through eighth grade and require students to take four years of mathematics to graduate from high school.[3,4]

State, national and international assessments show that U.S. students fare well when asked to perform straightforward computational procedures, but tend to have a limited understanding of the basic mathematical concepts needed to solve simple problems. Performance in mathematics, while generally low, has been improving over the past decade.[5]

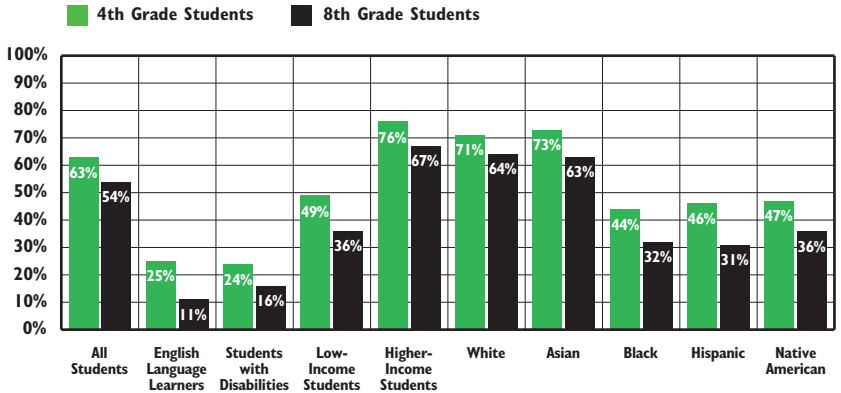
Family risk factors, such as poverty, language barriers and low maternal education levels are associated with low student achievement in mathematics.[6] Disparities in math achievement related to race and family income persist in the United States.[7] Students with insufficient math skills will have fewer opportunities to pursue post-secondary education and secure high-level employment than their peers.[8]

Frequent engagement in classroom activities, such as doing math problems from a textbook, talking with others about how to solve math problems and using a calculator are associated with higher scores on assessments, particularly for older students.[9] Students' achievement in math is highest when they are taught by teachers with strong backgrounds and training in teaching math.[10]

Achieving math proficiency for all students requires that improvements be made in curriculum, instructional materials, assessments, classroom practice, teacher preparation and professional development.[11,12]

The *National Assessment of Educational Progress* (NAEP) measures proficiency in math nationally and across states every other year. In 2009, 81% of Rhode Island fourth graders performed at or above the Basic level in math on the NAEP, compared with 82% nationally. Sixty-eight percent of Rhode Island eighth graders performed at or above the Basic level in math on the NAEP, compared with 73% nationally. Rhode Island was one of only four states in which the performance of both fourth and eighth graders improved between the 2007 and 2009 NAEP math tests.[13,14]

4th Grade and 8th Grade Math Proficiency by Student Subgroup, Rhode Island Public Schools, October 2010



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP),* October 2010.

◆ **In October 2010, 63% of Rhode Island fourth graders scored at or above proficiency in math, compared to 54% of eighth graders.[15] Nationally and in Rhode Island, there are math achievement gaps between subgroups of elementary and middle school students.[16,17]**

◆ **Fourth and eighth-grade English Language Learners (ELL) and students with disabilities were the least proficient in math in Rhode Island. In 2010 in Rhode Island, only 25% of fourth-grade and 11% of eighth-grade ELL students scored at or above proficiency. Twenty-four percent of fourth-grade and 16% of eighth-grade students with disabilities were proficient in math in 2010.[18]**

◆ **Nationally and in Rhode Island, the achievement gap between girls and boys in math has been virtually eliminated at the elementary, middle and high school levels. In Rhode Island in 2010, 62% of male and 65% of female fourth-grade students scored at or above proficiency in math, and 54% percent of both male and female eighth-grade students scored at or above proficiency in math.[19,20]**

Table 45.

Fourth and Eighth Grade Math Proficiency, Rhode Island, 2005 and 2010

SCHOOL DISTRICT	FOURTH GRADE # OF TEST TAKERS, 2005	FOURTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2005	FOURTH GRADE # OF TEST TAKERS, 2010	FOURTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2010	EIGHTH GRADE # OF TEST TAKERS, 2005	EIGHTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2005	EIGHTH GRADE # OF TEST TAKERS, 2010	EIGHTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2010
Barrington	248	85%	265	83%	275	87%	289	88%
Bristol Warren	269	62%	254	74%	291	57%	258	58%
Burrillville	163	55%	194	66%	230	52%	175	45%
Central Falls	266	28%	218	55%	292	16%	264	28%
Chariho	269	66%	246	89%	304	55%	281	77%
Coventry	405	63%	384	71%	478	62%	397	66%
Cranston	806	55%	845	63%	928	41%	797	52%
Cumberland	410	58%	400	71%	410	56%	374	68%
East Greenwich	201	83%	185	88%	214	84%	204	79%
East Providence	416	59%	416	55%	499	46%	422	56%
Exeter-West Greenwich	162	68%	128	77%	160	64%	157	64%
Foster	65	66%	55	73%	NA	NA	NA	NA
Foster-Glocester	NA	NA	NA	NA	217	61%	168	61%
Glocester	124	62%	112	70%	NA	NA	NA	NA
Jamestown	43	65%	39	77%	74	77%	46	83%
Johnston	276	45%	229	55%	289	41%	232	50%
Lincoln	266	72%	260	73%	261	62%	302	70%
Little Compton	37	59%	25	88%	41	76%	38	74%
Middletown	199	68%	185	62%	185	70%	199	74%
Narragansett	122	66%	107	75%	122	75%	137	79%
New Shoreham	14	57%	11	73%	9	67%	16	69%
Newport	179	34%	132	52%	178	39%	137	46%
North Kingstown	334	71%	288	76%	349	61%	337	77%
North Providence	252	39%	230	64%	311	38%	258	42%
North Smithfield	129	80%	124	71%	161	66%	159	59%
Pawtucket	705	42%	658	53%	804	37%	705	40%
Portsmouth	236	67%	186	82%	223	72%	203	84%
Providence	1,925	25%	1,808	42%	1,957	20%	1,562	25%
Scituate	141	62%	124	77%	156	79%	129	73%
Smithfield	220	72%	192	82%	227	64%	173	70%
South Kingstown	249	71%	251	81%	348	72%	278	81%
Tiverton	154	75%	143	78%	203	62%	144	57%
Warwick	854	63%	788	69%	951	52%	841	55%
West Warwick	294	42%	283	54%	318	51%	248	55%
Westerly	255	56%	216	76%	266	47%	264	67%
Woonsocket	493	41%	459	56%	495	29%	455	33%
Charter Schools	*160*	*36%*	*237*	*61%*	*23*	*39%*	*102*	*58%*
UCAP	*NA*	*NA*	*NA*	*NA*	*66*	*5%*	*67*	*33%*
Core Cities	*3,862*	*32%*	*3,558*	*48%*	*4,044*	*27%*	*3,371*	*33%*
Remainder of State	*7,319*	*63%*	*6,882*	*71%*	*8,182*	*57%*	*7,278*	*64%*
Rhode Island	*11,341*	*52%*	*10,677*	*63%*	*12,315*	*47%*	*10,818*	*54%*

Source of Data for Table/Methodology

All data are from the Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP),* October 2005 and October 2010.

Only students who actually took the test are counted in the district's or school's proficiency rate. All enrolled students are eligible unless their Individualized Education Program (IEP) specifically exempts them or unless they are beginning English Language Learners.

Due to the adoption of a new assessment tool by the Rhode Island Department of Elementary and Secondary Education, *Math Skills* in the Factbook cannot be compared with Factbooks prior to 2007.

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

2010 NECAP data for independent charter schools include Compass Charter School, Highlander School, International Charter School, Kingston Hill Academy, Learning Community Charter School and Paul Cuffee Charter School. Charter schools and UCAP are not included in the core city and remainder of state calculations. (UCAP is the Urban Collaborative Accelerated Program). Data for state schools including DCYF and the Rhode Island School for the Deaf are not included because the number of students is too small to report.

NA indicates that the school district does not serve students at that grade level or that the number of students was too small to report.

Rhode Island state totals in the Factbook are the sum of the data from each individual district. These totals may differ slightly from the state totals presented in NECAP State Results available from RIDE because there may be students who do not fall into specific districts or schools who are included in RIDE calculations for statewide results.

References

[1,9] Braswell, D. S. et al., (2001). *The nation's report card: Mathematics 2000.* (NCES Pub. Number 2001-517). Washington, DC: U.S. Department of Education, Office of Education, Research and Improvement, National Center for Education Statistics.

[2,7,12] National Mathematics Advisory Panel. (2008). *Foundations for success: The final report of the National Mathematics Advisory Council.* Washington, DC: U.S. Department of Education.

(continued on page 172)

Schools Making Insufficient Progress

DEFINITION

Schools making insufficient progress is the percentage of Rhode Island public schools making insufficient progress as classified by the Rhode Island Department of Elementary and Secondary Education. Classification levels include: "Insufficient Progress," "Caution," "Met Adequate Yearly Progress (AYP)" and "Met AYP and Commended." Classifications are based on 37 measures of school performance. Rhode Island's accountability system is designed to promote an increase in educational outcomes so all students reach proficiency by 2014, as required by the federal *No Child Left Behind Act* of 2001.

SIGNIFICANCE

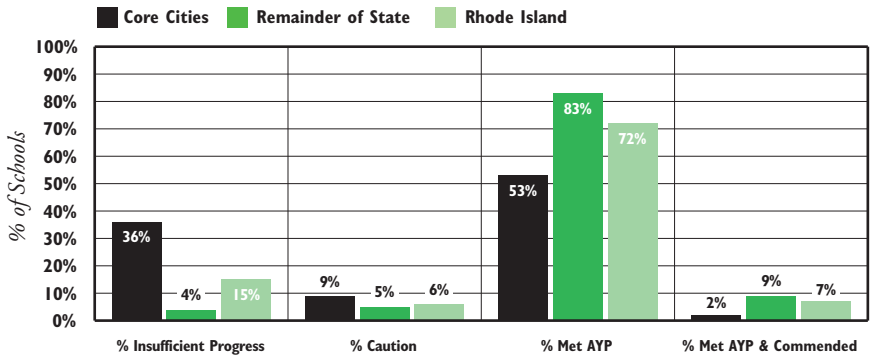
The 2001 federal *No Child Left Behind Act* (NCLB) is aimed at closing achievement gaps and improving public schools and is due for federal reauthorization in 2011. Through improved standards and accountability and increased testing and reporting requirements, NCLB is intended to focus on improving educational outcomes for all students, with special attention paid to key demographic groups. The law also is intended to improve educator quality and expand options for students.[1]

The concept of standards-based education relies on four cornerstones: making learning goals explicit, ensuring teachers are using curricula aligned with the standards, providing the necessary resources, and developing tests and implementing accountability systems closely aligned with the learning goals.[2] Accountability systems are insufficient without deliberate interventions to improve educator quality and to provide extra resources to students at risk of failure.[3]

Testing student performance in reading and mathematical skills can indicate how well schools are preparing students to succeed in higher education and the labor market. Students with higher test scores are more likely to graduate from high school, attend college, earn more and have more stable employment than students with lower test scores.[4]

Districts can improve student performance by creating a strong focus on student achievement, improving curricula, using data to improve instruction and accountability, building structures to support staff, nurturing positive relationships within schools and communities, investing in instructional leadership, using coherent school-improvement strategies, strengthening professional development and aligning district infrastructure.[5]

2010 Rhode Island School Performance Classifications



Source: Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year. See methodology section on page 160 for more detail on the definition of each school classification category.

◆ **In Rhode Island in 2010, 212 schools (72%) were classified as "Met Adequate Yearly Progress (AYP)," 20 additional schools (7%) were classified as "Met AYP and Commended," 19 schools (6%) were classified as "Caution," and 45 schools (15%) were classified as making "Insufficient Progress."[6,7] Schools that are classified as making "Insufficient Progress" may face state interventions, including the implementation of a corrective action plan or restructuring by the state.[8]**

Race to the Top Seeks to Close Achievement Gaps

◆ **Rhode Island is one of 12 states to win the federal Race to the Top competition, a grant program designed to encourage and reward states that are creating conditions for education innovation and reform and achieving significant improvements in student outcomes.[9]**

◆ **Race to the Top in Rhode Island focuses resources on the following core education reform areas: standards and curriculum; instructional improvement; educator effectiveness; human capital development; and school transformation and innovation.[10]**

◆ **Rhode Island's five-year plan for Race to the Top includes several goals including the following: Achievement gaps among all students will be cut in half and 90% of students entering fourth grade and eighth grade will be proficient in reading and math on the *New England Common Assessment Program* (NECAP), the state assessment.[11]**

Table 46.

School Classifications, Rhode Island, 2010

SCHOOL DISTRICT	TOTAL # OF SCHOOLS	# MET AYP & COMMENDED	% MET AYP & COMMENDED	# MET AYP	% MET AYP	# CAUTION	% CAUTION	# MAKING INSUFFICIENT PROGRESS	% MAKING INSUFFICIENT PROGRESS
Barrington	6	6	100%	0	0%	0	0%	0	0%
Bristol Warren	6	0	0%	6	100%	0	0%	0	0%
Burrillville	4	0	0%	3	75%	1	25%	0	0%
Central Falls	5	1	20%	2	40%	0	0%	2	40%
Chariho	8	0	0%	8	100%	0	0%	0	0%
Coventry	7	0	0%	6	86%	0	0%	1	14%
Cranston	23	1	4%	18	78%	2	9%	2	9%
Cumberland	8	1	13%	6	75%	1	13%	0	0%
East Greenwich	6	4	67%	2	33%	0	0%	0	0%
East Providence	11	0	0%	9	82%	0	0%	2	18%
Exeter-West Greenwich	3	0	0%	2	67%	0	0%	1	33%
Foster	1	0	0%	1	100%	0	0%	0	0%
Foster-Glocester	2	0	0%	2	100%	0	0%	0	0%
Glocester	2	0	0%	2	100%	0	0%	0	0%
Jamestown	2	0	0%	2	100%	0	0%	0	0%
Johnston	6	0	0%	5	83%	1	17%	0	0%
Lincoln	6	2	33%	3	50%	1	17%	0	0%
Little Compton	2	0	0%	2	100%	0	0%	0	0%
Middletown	4	0	0%	4	100%	0	0%	0	0%
Narragansett	3	1	33%	2	67%	0	0%	0	0%
New Shoreham	3	0	0%	3	100%	0	0%	0	0%
Newport	6	0	0%	6	100%	0	0%	0	0%
North Kingstown	9	0	0%	9	100%	0	0%	0	0%
North Providence	9	0	0%	9	100%	0	0%	0	0%
North Smithfield	3	0	0%	3	100%	0	0%	0	0%
Pawtucket	16	1	6%	11	69%	1	6%	3	19%
Portsmouth	5	0	0%	5	100%	0	0%	0	0%
Providence	48	0	0%	16	33%	7	15%	25	52%
Scituate	5	0	0%	5	100%	0	0%	0	0%
Smithfield	6	2	33%	4	67%	0	0%	0	0%
South Kingston	7	0	0%	7	100%	0	0%	0	0%
Tiverton	5	0	0%	5	100%	0	0%	0	0%
Warwick	22	0	0%	19	86%	2	9%	1	5%
West Warwick	6	0	0%	5	83%	0	0%	1	17%
Westerly	6	0	0%	5	83%	1	17%	0	0%
Woonsocket	8	0	0%	7	88%	0	0%	1	13%
Charter Schools	*10*	*1*	*10%*	*7*	*70%*	*1*	*10%*	*1*	*10%*
State-Operated Schools	*6*	*0*	*0%*	*0*	*0%*	*1*	*17%*	*5*	*83%*
UCAP	*1*	*0*	*0%*	*1*	*100%*	*0*	*0%*	*0*	*0%*
Core Cities	*89*	*2*	*2%*	*47*	*53%*	*8*	*9%*	*32*	*36%*
Remainder of State	*190*	*17*	*9%*	*157*	*83%*	*9*	*5%*	*7*	*4%*
Rhode Island	*296*	*20*	*7%*	*212*	*72%*	*19*	*6%*	*45*	*15%*

Source of Data for Table/Methodology

All data are from the Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year.

Note: Schools with multiple grade levels received multiple classifications (one for each grade level) and therefore are counted multiple times in the table.

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

Charter schools are Beacon Charter School, Blackstone Academy Charter School, The Compass School, Highlander Charter School, the International Charter School, Kingston Hill Academy, The Learning Community Charter School, and Paul Cuffee Charter School. State-operated schools are the William M. Davies Jr. Career and Technical High School, DCYF schools, Metropolitan Regional Career and Technical Center, and the Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

See the Methodology Section for more information.

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(continued on page 172)

Chronic Early Absence

DEFINITION

Chronic early absence is the percentage of children in kindergarten through third grade (K-3) who have missed 10% of the school year (i.e., 18 days or more), including excused and unexcused absences.

SIGNIFICANCE

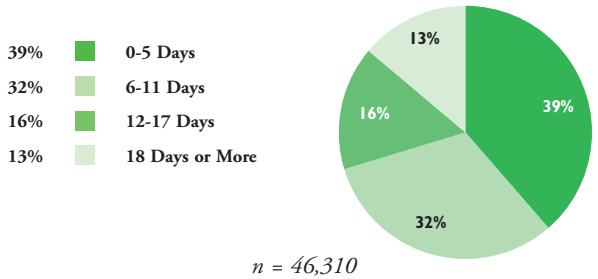
Students who are absent from school miss opportunities to learn and develop positive relationships within the school community. During the early elementary school years, children develop important skills and approaches to learning that are critical for ongoing school success. Through their experiences in K-3 classrooms, children build academic, social-emotional and study skills.[1,2] Children who are chronically absent in kindergarten show lower levels of achievement in math, reading and general knowledge in first grade. Among poor children, chronic absence in kindergarten can predict low educational achievement at the end of fifth grade. Nationally, chronically absent Hispanic kindergarteners have lower reading achievement than their chronically absent peers of other ethnicities.[3,4]

Chronic early absence affects one out of 10 children in the U.S. during their first two years of school.[5] Younger children from poor families are much more likely to have high rates of chronic absenteeism than higher-income children. In the U.S., one in five (21%) poor kindergartners were chronically absent, compared to less than one in 10 (8%) of their higher-income peers.[6] Children who are homeless or formerly homeless experience poor educational outcomes related to school absenteeism and mobility.[7] Lack of access to preventive health care and chronic health issues, such as asthma, can result in increased absenteeism.[8]

Chronic early absence is most often a result of a combination of school, family and community factors.[9] Risk factors such as poverty, teenage parenting, single parenting, low maternal education levels, unemployment, poor maternal health, public assistance enrollment and household food insecurity all can affect school attendance. Rates of chronic absence rise significantly when three or more of these risk factors are present.[10,11]

Chronic absenteeism also can result from poor quality education, ambivalence about or alienation from school, and chaotic school environments, including high rates of teacher turnover, disruptive classrooms and/or bullying.[12] Factors that may disrupt school routines and lead to chronic absence include unreliable or insufficient public transportation systems, violence or the fear of violence on the way to and from school and at school, multiple foster care placements, parental substance use and lack of safe and affordable housing.[13]

School Attendance in Rhode Island by Number of School Days Missed, Kindergarten Through Third Grade, 2009-2010 School Year



n = 46,310

Source: Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year. Totals may not sum to 100% due to rounding.

◆ **During the 2009-2010 school year, 13% of Rhode Island children in grades K-3 were chronically absent (i.e., absent 18 days or more). In Rhode Island's core cities, 20% of children in grades K-3 were chronically absent.[14]**

◆ **Almost one-third (29%) of Rhode Island children in grades K-3 missed 12 or more days of school during the 2009-2010 school year.[15]**

◆ **Schools may inadvertently overlook the prevalence of chronic early absence because high rates for school attendance can easily mask significant numbers of chronically absent students.[16] In Rhode Island during the 2009-2010 school year, elementary schools in the core cities had an average daily attendance rate of 93%, but 20% of students in grades K-3 were chronically absent.[17]**

◆ **While most elementary schools monitor average daily attendance or unexcused absences, few actively monitor the combination of excused and unexcused absence for individual students.[18] Schools can promote attendance by helping parents understand that coming to school, especially in the early grades, is critical to children's academic success.[19]**

◆ **Chronic absenteeism rates can be reduced through school-family-community partnerships that use an ongoing and intentional approach that monitors attendance and contacts parents as soon as troubling patterns of attendance appear.[20] Schools and communities can address the problem of chronic absence through existing initiatives on parent involvement, school readiness, after-school programming, school-based health services and drop-out prevention.[21]**

Table 47.

Chronic Early Absence Rates, Grades K-3, Rhode Island, 2009-2010 School Year

SCHOOL DISTRICT	K-3 STUDENTS ENROLLED	ELEMENTARY (K-5) ATTENDANCE RATE	TOTAL # OF K-3 STUDENTS CHRONICALLY ABSENT	% CHRONIC ABSENCES IN GRADES K-3
Barrington	978	96%	39	4%
Bristol Warren	1,083	95%	119	11%
Burrillville	822	95%	60	7%
Central Falls	945	94%	189	20%
Chariho	1,024	95%	99	10%
Coventry	1,563	95%	120	8%
Cranston	3,446	95%	418	12%
Cumberland	1,515	96%	95	6%
East Greenwich	652	96%	35	5%
East Providence	1,782	94%	NA	NA
Exeter-W. Greenwich	524	95%	45	9%
Foster	180	95%	0	0%
Glocester	390	96%	25	6%
Jamestown	194	95%	23	12%
Johnston	1,010	94%	136	13%
Lincoln	941	95%	96	10%
Little Compton	134	95%	19	14%
Middletown	813	96%	75	9%
Narragansett	395	95%	40	10%
New Shoreham	49	93%	2	4%
Newport	735	93%	139	19%
North Kingstown	1,174	96%	86	7%
North Providence	972	95%	0	0%
North Smithfield	540	95%	46	9%
Pawtucket	3,312	94%	480	14%
Portsmouth	791	95%	46	6%
Providence	8,917	93%	1,969	22%
Scituate	444	89%	34	8%
Smithfield	689	96%	38	6%
South Kingstown	1,008	95%	66	7%
Tiverton	569	95%	62	11%
Warwick	3,112	95%	298	10%
West Warwick	1,299	94%	175	13%
Westerly	881	95%	88	10%
Woonsocket	2,295	93%	536	23%
Charter Schools	*1,118*	*94%*	*79*	*7%*
Rhode Island School for the Deaf	*14*	*92%*	*4*	*29%*
Core Cities	*17,503*	*93%*	*3,488*	*20%*
*Remainder of State**	*28,807*	*95%*	*2,293*	*8%*
*Rhode Island**	*46,310*	*94%*	*5,781*	*13%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year. These numbers may not include children who miss more than 18 days of school but who are officially un-enrolled in one district and have not yet enrolled in another district (e.g. when children are homeless, live in unstable living situations, transition from out-of-home placement (juvenile justice, foster care, residential or hospital placement), or miss school due to extended travel out of state or out of the country.)

NA Data for East Providence were not available.

*East Providence is not included in Remainder of State and Rhode Island chronic absence calculations.

Charter schools include The Compass School, Highlander Charter School, Blackstone Valley Prep, Kingston Hill Academy, International Charter School, The Learning Community, and Paul Cuffee Charter School.

References

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(continued on page 172)

School Attendance

DEFINITION

School attendance is the average daily attendance of public school students in each school district in Rhode Island for middle school (grades 6-8), and high school (grades 9-12).

SIGNIFICANCE

An important aspect of students' access to education is the amount of time actually spent in the classroom.[1] Truant students are at risk of disengagement from school, academic failure and dropping out.[2] Regardless of whether absences are unexcused or excused, students who miss school are more likely to fall behind academically and engage in risky behaviors.[3,4]

Nationally, 3% of eighth graders and 5% of tenth graders in the U.S. reported that they skipped three or more days of school in a four-week period.[5] Students' reasons for not attending school include repeated suspensions, disruptive learning environments, poor achievement, concerns for safety, difficulty with peer and adult relationships, conflicts between school and work, family responsibilities and negative perceptions of school.[6,7]

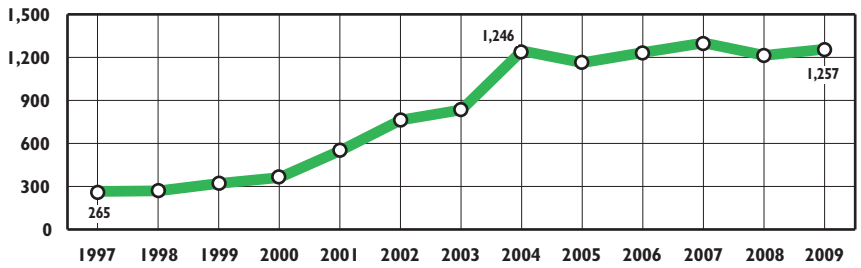
Absenteeism is rarely a reflection of the student alone and is often an indication that the family needs help. Family and economic factors connected to student absenteeism include poverty, substance abuse, domestic violence, foster care placements, student employment, student disability and lack of affordable and reliable transportation.[8,9,10]

School factors contributing to student absenteeism include school climate, school size, attitudes of school staff and discipline policies.[11,12,13] Policies and practices to increase student attendance include providing free breakfast and lunch in schools with low attendance rates and high concentrations of low-income students, investing in out-of-school time programs, improving reliability of transportation to and from school, streamlining school enrollment for students in foster care and providing psychological services.[14,15]

During the 2009-2010 school year in Rhode Island, nearly half (49%) of low-income middle and high school students missed 12 or more days of school, compared with a quarter (27%) of higher-income students. Forty-one percent (41%) of middle and high school students who are English Language Learners missed 12 or more days of school, compared with 36% of all middle and high school students.[16]

Attendance rates in the core cities are lower than in the remainder of the state. Improving the core cities' high school attendance rate from the current rate of 86% to 93% (the rate in the remainder of the state) would mean that on average 956 more students would be attending high school in the core cities each day of the school year.[17]

Students Charged With Truancy in Rhode Island Family Court and Truancy Court, 1997-2009



Source: Rhode Island Family Court, Intake Charges, 1997-2009.

◆ **The U.S. Department of Education and the Rhode Island Department of Elementary and Secondary Education (RIDE) define truancy as 10 or more unexcused absences in a school year.[18,19] In Rhode Island, truant students may be referred by school administrators to the Rhode Island Truancy Court. The goal of the Truancy Court is to work with families, schools and communities to address the individual causes of truancy through monitoring, counseling, tutoring and other support services for students.[20]**

◆ **The number of Rhode Island students charged with truancy more than quadrupled between 1997 and 2009, from 265 students to 1,257 students.[21]**

◆ **In the 2009-2010 school year in Rhode Island, 21% of middle school students and more than a quarter (27%) of high school students were considered truant by RIDE. More than half (58%) of the absences by middle and high school students were unexcused absences.[22]**

◆ **School connectedness plays an important role in student attendance.[23] An open, supportive, safe and engaging school environment and caring adults can address many of the causes of truancy.[24,25]**

◆ **Effective truancy-reduction strategies include creating community and school partnerships to get students to school, using challenging and creative school curricula, developing discipline policies that keep students in school, providing art, music, physical education and other high-interest classes, creating safe school environments where students do not fear bullying and implementing credit recovery programs.[26,27,28]**

Table 48. **Student Absence and School Attendance Rates, Rhode Island, 2009-2010 School Year**

	MIDDLE SCHOOL				HIGH SCHOOL			
SCHOOL DISTRICT	TOTAL # OF STUDENTS	% OF STUDENTS ABSENT 12-17 DAYS	% OF STUDENTS ABSENT 18+ DAYS	ATTENDANCE RATE	TOTAL # OF STUDENTS	% OF STUDENTS ABSENT 12-17 DAYS	% OF STUDENTS ABSENT 18+ DAYS	ATTENDANCE RATE
Barrington	783	8%	6%	96%	1,143	0%	<1%	96%
Bristol Warren	820	17%	17%	94%	1,115	15%	25%	91%
Burrillville	529	10%	8%	95%	794	10%	9%	93%
Central Falls	591	14%	18%	94%	796	15%	40%	88%
Chariho	823	16%	8%	95%	1,198	15%	17%	92%
Coventry	1,239	14%	8%	95%	1,769	10%	10%	95%
Cranston	2,461	17%	18%	94%	3,522	16%	23%	92%
Cumberland	1,164	13%	9%	96%	1,519	8%	17%	94%
East Greenwich	605	12%	5%	96%	759	1%	2%	95%
East Providence	1,302	16%	29%	93%	1,889	9%	9%	90%
Exeter-West Greenwich	477	15%	6%	96%	620	13%	12%	94%
Foster-Glocester	546	18%	12%	95%	794	19%	17%	94%
Jamestown*	153	16%	8%	94%	NA	NA	NA	NA
Johnston	815	17%	20%	93%	914	15%	28%	91%
Lincoln	895	15%	10%	95%	1,026	16%	20%	93%
Little Compton*	103	16%	10%	95%	NA	NA	NA	NA
Middletown	592	13%	6%	96%	719	14%	15%	94%
Narragansett	346	14%	11%	95%	479	12%	15%	95%
New Shoreham	38	9%	0%	91%	26	3%	7%	91%
Newport	482	19%	25%	92%	627	19%	42%	87%
North Kingstown	1,028	11%	8%	96%	1,654	13%	17%	94%
North Providence	776	9%	7%	94%	1,065	20%	27%	92%
North Smithfield	441	12%	6%	96%	563	14%	10%	94%
Pawtucket	2,113	15%	20%	93%	2,370	15%	37%	88%
Portsmouth	651	14%	10%	95%	1,021	11%	11%	95%
Providence	5,093	17%	29%	91%	7,370	15%	45%	85%
Scituate	433	15%	11%	95%	537	13%	9%	96%
Smithfield	637	11%	5%	96%	807	12%	9%	94%
South Kingstown	869	12%	7%	95%	1,110	9%	16%	93%
Tiverton	452	22%	12%	94%	648	22%	18%	93%
Warwick	2,537	16%	17%	94%	3,389	16%	25%	92%
West Warwick	781	19%	25%	92%	1,071	16%	30%	89%
Westerly	738	19%	13%	95%	983	22%	18%	94%
Woonsocket	1,436	19%	30%	92%	1,756	18%	45%	86%
Charter Schools	*391*	*18%*	*8%*	*96%*	*388*	*0%*	*0%*	*90%*
State-Operated Schools	*25*	*11%*	*6%*	*94%*	*1,545*	*14%*	*16%*	*93%*
UCAP	*134*	*18%*	*21%*	*92%*	*NA*	*NA*	*NA*	*NA*
Core Cities	*10,497*	*17%*	*27%*	*92%*	*13,989*	*16%*	*42%*	*86%*
Remainder of State	*22,252*	*15%*	*12%*	*95%*	*30,061*	*13%*	*17%*	*93%*
Rhode Island	*33,299*	*15%*	*17%*	*94%*	*45,973*	*14%*	*25%*	*91%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year.

Attendance rates are calculated by dividing "the average daily attendance" by the "average daily membership."

Note that these numbers may not include some children who miss more than 18 days of school but who are officially un-enrolled in one district and have not yet enrolled in another district. This sometimes happens when children are homeless, live in unstable living situations, are transitioning from an out-of-home placement (juvenile justice, foster care, residential or hospital placement), or miss school due to extended travel out of state or out of the country.

*Little Compton students attend high school in Portsmouth and Jamestown students attend high school in North Kingstown.

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

Charter schools include Beacon Charter School, Blackstone Academy Charter School, The Compass School, Highlander Charter School, The Learning Community Charter School, Paul Cuffee Charter School and the Segue Institute for Learning. State-operated schools include The Rhode Island Training School operated by DCYF, Metropolitan Regional Career and Technical Center, Rhode Island School for the Deaf and William M. Davies Jr. Career & Technical High School. UCAP is the Urban Collaborative Accelerated Program.

NA indicates that the school district does not have students at that grade level or that the number of students was too small to report.

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(continued on page 173)

Suspensions

DEFINITION

Suspensions is the number of infractions and disciplinary actions per 100 students in pre-kindergarten through 12th grade in Rhode Island public schools. Students can receive more than one disciplinary action during the school year. Disciplinary actions include in-school suspensions, out-of-school suspensions and alternate program placements.

SIGNIFICANCE

Effective school disciplinary practices promote a safe and respectful school climate for students and teachers, support learning and address the causes of student misbehavior. Studies have shown that punitive disciplinary practices, including "zero tolerance" policies, are largely ineffective and even counterproductive.[1] Out-of-school suspension is the most widely used disciplinary technique, both nationally and in Rhode Island. Suspensions are used for minor offenses, such as attendance infractions, and for more serious offenses such as weapon possession.[2,3,4]

Compared with their peers, 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.[5]

Suspension usually does not deter students from misbehaving and may actually reinforce negative behavior patterns. Suspended students are more likely than their peers to experience academic failure, juvenile justice systems involvement, disengagement from school, isolation from teachers and peers and to drop out of school.[6,7]

During the 2009-2010 school year in Rhode Island, 42,170 disciplinary actions were attributed to 14,889 students.[8] The total number of disciplinary actions is almost three times the number of students disciplined because some students were disciplined multiple times.

Low-income and minority students are overrepresented in school suspensions and receive disproportionately severe disciplinary actions compared with their higher-income and White peers. In Rhode Island during the 2009-2010 school year, minority students received 48% (20,301) of all disciplinary actions but made up only 32% of the student population. One-third (33%) of Rhode Island students were enrolled in core city districts, but they received 54% of the disciplinary actions.[9]

Students with disabilities also are more likely than other students to be suspended. While 17% of Rhode Island students were in special education in 2009-2010, they accounted for 31% (13,187) of the disciplinary actions and 28% (4,131) of all students disciplined.[10]

Disciplinary Actions, Rhode Island Public Schools, 2009-2010

By Type of Infraction	#	%	By Type of Infraction	#	%
Attendance Offenses	13,625	32%	Assault of Student or Teacher	1,596	4%
Disorderly Conduct	7,128	17%	Alcohol/Drug/Tobacco Offenses	789	2%
Insubordination/Disrespect	6,531	15%	Communications/Electronic Devices	667	2%
Fighting	2,595	6%	Arson/Larceny/Vandalism	652	2%
Obscene/Abusive Language	2,086	5%	Weapon Possession	315	1%
Harassment/Intimidation/Threat	1,792	4%	Other Offenses*	4,394	10%
			Total	*42,170*	

**Examples of other offenses include fire regulations violations, unauthorized use of a computer or other technology, trespassing, etc. This category also includes disciplinary actions where the infraction is missing or not specified.*

Source: Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year. Percentages may not sum to 100% due to rounding.

◆ **In Rhode Island during the 2009-2010 school year, 11% of the student population was suspended at least once. Nearly one-third (32%) of suspensions were for attendance-related offenses.[11]**

◆ **Of all disciplinary actions during the 2009-2010 school year, 7% involved elementary school students (pre-kindergarten through 5th grade), 35% involved middle school students (6th-8th grades), and 58% involved high school students (9th-12th grades).[12]**

◆ **Out-of-school suspensions accounted for 58% of disciplinary actions in Rhode Island during the 2009-2010 school year, followed by in-school suspensions at 33% and alternate program placements at 8%.[13]**

Mental Health and School Discipline

◆ **Students with mental health issues are more likely to be suspended than their peers. Elementary school students with mental health problems are suspended and expelled more than three times as often as their peers.[14]**

◆ **Approximately three-quarters of students in need of mental health services do not receive them and students who are suspended or expelled are not routinely referred to mental health services.[15,16]**

Table 49.

Disciplinary Actions, Rhode Island School Districts, 2009-2010

SCHOOL DISTRICT	TOTAL # OF STUDENTS ENROLLED	TYPE OF DISCIPLINARY ACTION: SUSPENDED OUT-OF-SCHOOL	SUSPENDED IN-SCHOOL	ALTERNATE PROGRAM PLACEMENTS*	TOTAL DISCIPLINARY ACTIONS	ACTIONS PER 100 STUDENTS
Barrington	3,336	106	35	0	141	4
Bristol Warren	3,452	793	1,561	0	2,354	68
Burrillville	2,487	404	111	0	515	21
Central Falls	2,634	33	767	0	800	30
Chariho	3,428	376	0	51	427	12
Coventry	5,176	691	2	831	1,524	29
Cranston	10,394	1,970	6	25	2,001	19
Cumberland	4,721	248	7	0	255	5
East Greenwich	2,303	77	25	0	102	4
East Providence	5,633	645	0	0	645	11
Exeter-West Greenwich	1,839	323	0	0	323	18
Foster	237	0	0	0	0	0
Foster-Glocester	1,340	166	333	0	499	37
Glocester	553	0	0	0	0	0
Jamestown	467	2	1	0	3	1
Johnston	3,010	406	1	1	408	14
Lincoln	3,226	370	54	0	424	13
Little Compton	310	0	0	0	0	0
Middletown	2,530	607	34	0	641	25
Narragansett	1,448	32	105	0	137	9
New Shoreham	124	5	2	0	7	6
Newport	2,080	622	383	0	1,005	48
North Kingstown	4,309	302	155	0	457	11
North Providence	3,212	216	904	168	1,288	40
North Smithfield	1,803	142	0	0	142	8
Pawtucket	8,721	2,466	8	0	2,474	28
Portsmouth	2,763	107	42	1	150	5
Providence	23,620	8,131	4,306	91	12,528	53
Scituate*	1,606	55	156	4	247	15
Smithfield*	2,414	240	287	0	530	22
South Kingstown	3,483	313	1,103	0	1,416	41
Tiverton	1,887	638	323	18	979	52
Warwick	10,104	1,799	749	0	2,548	25
West Warwick	3,513	605	541	8	1,154	33
Westerly	3,088	264	16	0	280	9
Woonsocket	6,003	1,085	1,629	2,291	5,005	83
Charter Schools	*2,320*	*68*	*21*	*69*	*158*	*5*
State-Operated Schools	*1,601*	*124*	*391*	*12*	*527*	*33*
UCAP	*134*	*60*	*16*	*0*	*76*	*57*
Core Cities	*46,571*	*12,942*	*7,634*	*2,390*	*22,966*	*49*
Remainder of State	*90,683*	*11,297*	*6,012*	*1,099*	*18,443*	*20*
Rhode Island	*141,309*	*24,491*	*14,074*	*3,570*	*42,170*	*30*

*There were 32 invalid disciplinary actions in Scituate and 3 missing disciplinary actions in Smithfield. These disciplinary actions are included in the total.

Notes to Table

*Alternate Program Placements (APPs) used for disciplinary reasons can consist of short-term or long-term academic placements in the student's home school or in an alternate setting. APPs provide students with explicit academic supports, unlike traditional in-school suspensions. The definition and use of APPs differs by district. Due to changes in how some districts categorize APPs, some of the data included in the in-school suspension and alternate program placement columns of this table may not be comparable to Factbooks prior to 2008.

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.

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2009-2010 school year.

The disciplinary actions rate per 100 students is the total disciplinary actions for the school district at all grade levels (Pre-K through 12th grade), multiplied by 100, and divided by the student enrollment ("average daily membership").

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

Charter schools include: Beacon Charter School, Blackstone Academy Charter School, Compass School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community Charter School, Paul Cuffee Charter School and the Segue Institute for Learning. State-operated schools include: DCYF Schools, the Metropolitan Career & Technical Center, Rhode Island School for the Deaf, and William M. Davies Jr. Career and Technical High School. UCAP is the Urban Collaborative Accelerated Program.

The following independent charter and state-operated schools did not report any disciplinary actions in 2009-2010: Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community Charter School and Rhode Island School for the Deaf.

References for Suspensions

[1] *Fair and effective discipline for all students: Best practice strategies for educators* (Fact sheet). (2002). Bethesda, MD: National Association of School Psychologists.

(continued on page 173)

High School Graduation Rate

DEFINITION

High school graduation rate is the percentage of students who graduate from high school within four years of entering, calculated by dividing the number of students who graduate in four years or fewer by the total number of first-time entering ninth graders (adjusted for transfers in and transfers out during the four years).

SIGNIFICANCE

High school graduation is the minimum requisite for college and most employment. In Rhode Island, adults without high school diplomas are almost four times as likely to be unemployed as those who have a bachelor's degree.[1] Between 2007 and 2009 in Rhode Island, the median income of adults without high school diplomas or GEDs was $22,718, compared to $29,741 for adults with a high school degree.[2] In 2009, 12% of Rhode Island children lived in households headed by a non-high school graduate, compared to 15% nationally.[3]

Research indicates that children who attend high-quality preschool programs and who read on grade level in elementary school are more likely to graduate from high school than their peers.[4] Risk factors for dropping out include repeating one or more grades, failing math or English, ongoing attendance problems, suspensions and behavior problems and disengagement from school.[5]

Student achievement and graduation rates can be improved by using data to identify at-risk students during elementary and middle school. By the first quarter of ninth grade or even earlier, course-failure patterns, poor behavior and attendance problems can be used to identify high school students who are "off-track" for graduation. Early warning systems that lead to the provision of personalized and timely academic and social supports can help students get "on-track" for graduation.[6]

Other strategies to reduce the dropout rate include improving the school climate, creating 8th to 9th grade transition programs, supporting personalized learning and meaningful student connections with adults in the school, increasing community engagement, using expanded learning time, and implementing rigorous, engaging and relevant curricula.[7]

2007 High School Graduation Rates

	2007
RI	71%
US	69%
National Rank*	*30th*
New England Rank**	*6th*

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

Source: Editorial Projects in Education Research Center. (2010). *Diplomas Count 2010 – National and state graduation rates 2006-07.* Retrieved February 17, 2011, from www.edweek.org

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2010

	Cohort Size	Four-Year Graduation Rate	Dropout Rate	% Completed GED	% of Students Still in School
All Students	12,471	76%	14%	3%	7%
Females	6,141	80%	12%	3%	5%
Males	6,330	72%	16%	4%	8%
English Language Learners	673	66%	24%	1%	9%
Students With Disabilities	2,468	57%	24%	4%	16%
Students Without Disabilities	10,003	80%	12%	3%	4%
Low-Income Students	5,692	65%	21%	5%	9%
Higher-Income Students	6,779	85%	8%	2%	4%
White	8,612	79%	11%	3%	6%
Asian	399	81%	13%	3%	4%
Black	1,167	67%	20%	4%	10%
Hispanic	2,200	66%	22%	3%	8%
Native American	93	61%	18%	3%	17%

Source: Rhode Island Department of Elementary and Secondary Education, Class of 2010 four-year cohort rates. Percentages may not sum to 100% due to rounding. Graduation and dropout rates for youth who are pregnant or parenting and youth in the foster care system in Rhode Island are not available at this time.

◆ **The Rhode Island four-year graduation rate for the class of 2010 was 76%, the dropout rate was 14%, 3% of students completed their GEDs within four years of entering high school and 7% were still in school in the fall of 2010.[8]**

◆ **Poverty is strongly linked to the likelihood of dropping out.[9] Students in the core cities in Rhode Island are more than twice as likely to drop out of high school as students in the remainder of the state.[10]**

Rhode Island Five-Year High School Graduation Rate

◆ **In 2008, Rhode Island began calculating a five-year graduation rate to recognize the graduation accomplishment regardless of the time it takes. Of the 12,653 Rhode Island students who enrolled in ninth grade in 2005, 9,591 (75.8%) graduated in four years in 2009 and an additional 342 (2.7%) graduated in five years in 2010.[11]**

◆ **Of the 342 students who graduated in five years, 9% (32) were youth in the English Language Learner program and 41% (140) were students with special needs and an Individualized Education Plan (IEP).[12]**

Table 50.

High School Graduation Rates, Rhode Island, Class of 2010

SCHOOL DISTRICT	FOUR-YEAR COHORT RATES				
	# OF STUDENTS IN COHORT	FOUR-YEAR GRADUATION RATE	DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL
Barrington	276	96%	1%	<1%	3%
Bristol Warren	304	82%	7%	2%	10%
Burrillville	222	83%	10%	1%	5%
Central Falls	267	51%	34%	3%	12%
Chariho	291	82%	7%	4%	8%
Coventry	473	80%	11%	2%	7%
Cranston	966	81%	11%	3%	4%
Cumberland	383	83%	12%	1%	4%
East Greenwich	190	96%	1%	1%	3%
East Providence	515	72%	15%	2%	11%
Exeter-West Greenwich	151	89%	4%	3%	3%
Foster-Glocester	225	83%	11%	2%	4%
Johnston	262	61%	23%	7%	9%
Lincoln	261	81%	8%	3%	8%
Middletown	161	82%	9%	6%	4%
Narragansett	111	90%	4%	4%	3%
New Shoreham	4	NA	NA	NA	NA
Newport	143	78%	12%	4%	6%
North Kingstown	414	86%	8%	1%	4%
North Providence	304	80%	16%	1%	3%
North Smithfield	152	83%	5%	5%	8%
Pawtucket	657	58%	24%	6%	12%
Portsmouth	254	85%	7%	6%	2%
Providence	2,033	68%	23%	3%	5%
Scituate	151	93%	5%	1%	2%
Smithfield	219	91%	4%	3%	2%
South Kingstown	299	86%	6%	3%	5%
Tiverton	213	77%	15%	3%	5%
Warwick	958	75%	16%	4%	4%
West Warwick	321	65%	18%	3%	14%
Westerly	232	87%	9%	1%	3%
Woonsocket	487	63%	17%	3%	17%
Beacon Charter	*73*	*60%*	*19%*	*5%*	*15%*
Blackstone Academy Charter	*41*	*88%*	*5%*	*5%*	*2%*
Davies Career and Technical	*185*	*77%*	*8%*	*2%*	*12%*
DCYF	*56*	*9%*	*4%*	*73%*	*14%*
Metropolitan Regional Career and Technical Center	*204*	*82%*	*6%*	*2%*	*10%*
Core Cities	*3,908*	*65%*	*23%*	*4%*	*9%*
Remainder of State	*7,993*	*82%*	*10%*	*3%*	*5%*
Rhode Island	*12,471*	*76%*	*14%*	*3%*	*7%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, Class of 2010.

The four-year class of 2010 four-year cohort graduation rate is the number of students who graduate in four years or fewer divided by the total number of students in the cohort (the cohort is calculated as the number of first-time entering ninth graders in 2006-2007 adjusted for transfers in and transfers out during the course of the four years). The cohort dropout rate is calculated the same way as the graduation rate, but the numerator is the number of students who drop out or whose status is unknown at the end of four years. Separate rates are also calculated for the percentage of students who are retained in high school and therefore are taking more than four years to graduate and for the percentage of students who received their GED within four years instead of graduating with a traditional diploma.

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

Students from Little Compton attend high school in Portsmouth and students from Jamestown attend high school in North Kingstown. DCYF includes students attending DCYF alternative schools.

* Rates are not reported for districts or schools with fewer than 10 students in the cohort. This is an additional 13 students that are not included in the core cities, remainder and Rhode Island totals.

References

[1] U.S. Census Bureau, American Community Survey, 2007-2009. Table S2301.

[2] U.S. Census Bureau, American Community Survey, 2007-2009. Table B20004.

[3] The Annie E. Casey Foundation, KIDS COUNT Data Center. (n.d.). *Children by household head's educational attainment: Not a high school graduate (percent) – 2009.* Retrieved February 17, 2011, from www.kidscount.org/datacenter

[4] Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Reducing the high school dropout rate.* Baltimore, MD: The Annie E. Casey Foundation.

(continued on page 173)

College Preparation and Access

DEFINITION

College preparation and access is the percentage of Rhode Island high school seniors who graduate and immediately go on to college (i.e., enroll in a two-year or four-year college anywhere in the country in the fall of the year they graduate from high school).

SIGNIFICANCE

Post-secondary education and/or training are increasingly critical in today's job market. Three-quarters of the job growth in the U.S. requires a post-secondary degree or certificate.[1] While some students choose to participate in service learning opportunities, technical training programs or obtain work experience before college, college entry directly from high school is an important measure of access. College access barriers include insufficient academic preparation, difficulty navigating the college application and financial aid process and the high cost of college relative to available financial aid.[2,3]

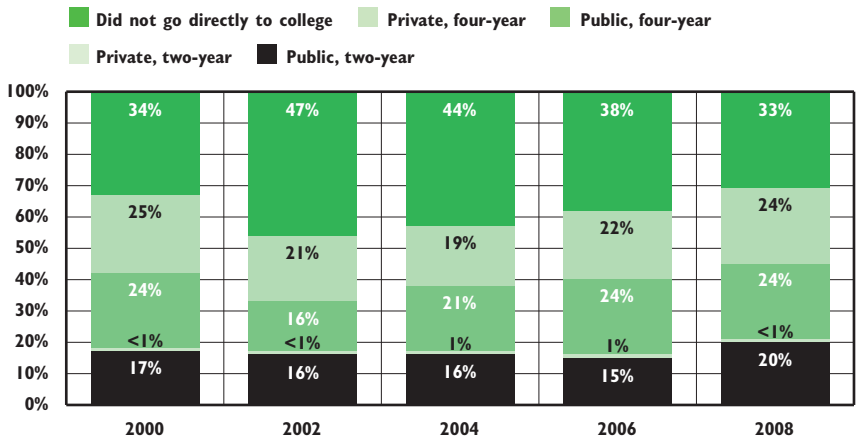
During the 2008-2009 school year (the most recent year for which data are available), 74% of Rhode Island high school seniors reported planning to attend college.[4] In 2010, only 55% of Rhode Island seniors had taken the SATs.[5] While some colleges do not require the SATs, students who do not take the test limit their choice of colleges.

Low-income and first-generation college students are more likely to go to college when they attend high schools with strong college-going cultures, in which teachers encourage students to attend college, help them with the application process and make sure that students are academically prepared.[6] High schools that offer rigorous coursework, set high expectations for students, offer dual enrollment in college classes and increase access to financial aid counseling can improve their students' enrollment and completion rates.[7,8,9,10]

Higher-income students are much more likely to be prepared to succeed in college than their low-income peers.[11] Students who participate in upper-level honors and Advanced Placement (AP) courses are more likely to attend college and are better prepared to succeed in college than students who do not.[12] In 2009, only 17% of Rhode Island public school seniors took at least one AP exam, compared with the national rate of 27%.[13]

Many students who enroll in college do not complete their degree. Black and Hispanic youth are less likely than White youth to enroll in and complete college.[14,15] All students, but especially low-income and traditionally underserved students, need academic, financial and social supports to increase their college enrollment and college completion rates.[16,17]

Rhode Island High School Seniors Who Graduate and Go Directly to College, 2000-2008



Source: Calculated by Rhode Island KIDS COUNT based on data from Postsecondary Education Opportunity, 2011. The percentage for 2006 public, two-year colleges was calculated using corrected data provided by the Community College of Rhode Island.

◆ **Two-thirds (67%) of Rhode Island seniors who graduated from high school in 2008 went directly on to a two-year or four-year college, compared with 63% nationally. In 2008, Rhode Island ranked 13th in the nation and 3rd in New England (where 1st is best) in the number of high school seniors graduating and going directly to college.[18]**

◆ **The percentage of 18 to 24 year-olds attending college in the U.S. was at an all-time high in 2008, primarily due to peak enrollment at two-year colleges and driven by the recession.[19] In Rhode Island, attendance at public two-year colleges accounted for most of the increase in college attendance from 2006 to 2008.[20] In 2009, the Community College of Rhode Island reported its highest enrollment of full-time students in the college's history and the highest enrollment since 1992.[21]**

◆ **High-achieving urban and low-income students frequently do not apply to college at all or enroll in less selective colleges even when they have the qualifications to be admitted to more selective schools. Students who apply to multiple colleges increase the likelihood that they will be accepted at a school that matches their needs, interests and skills, thus increasing their chances of successfully completing college.[22,23]**

Table 51.

College Preparation and Access, Rhode Island

SCHOOL DISTRICT	TOTAL 12TH GRADE ENROLLMENT OCT. 2010	% OF 11TH GRADERS PROFICIENT IN READING, 2010	% OF 11TH GRADERS PROFICIENT IN MATH, 2010	% OF 12TH GRADERS WHO PLANNED TO ATTEND COLLEGE, 2008	4-YEAR HIGH SCHOOL GRADUATION RATE, 2010	# OF 12TH GRADERS WHO FILLED OUT THE FAFSA, 2010	% OF 12TH GRADERS TAKING THE SATs, 2010
Barrington	302	95%	73%	85%	96%	159	78%
Bristol Warren	238	86%	39%	72%	82%	204	55%
Burrillville	205	79%	40%	80%	83%	126	44%
Central Falls	205	44%	8%	77%	51%	105	40%
Chariho	315	85%	45%	74%	82%	144	49%
Coventry	411	89%	37%	78%	80%	271	51%
Cranston	802	79%	26%	71%	81%	544	48%
Cumberland	365	82%	35%	70%	83%	241	59%
East Greenwich	189	92%	68%	81%	96%	140	75%
East Providence	434	73%	25%	67%	72%	262	47%
Exeter-West Greenwich	147	81%	67%	79%	89%	99	56%
Foster-Glocester	191	90%	41%	71%	83%	117	61%
Johnston	215	72%	31%	85%	61%	189	38%
Lincoln	254	83%	48%	70%	81%	179	57%
Middletown	143	82%	56%	60%	82%	109	66%
Narragansett	120	89%	55%	81%	90%	122	63%
New Shoreham	7	NA	NA	71%	NA	6	29%
Newport	165	75%	19%	62%	78%	90	44%
North Kingstown	426	87%	48%	69%	86%	211	59%
North Providence	257	82%	21%	77%	80%	195	50%
North Smithfield	141	84%	39%	77%	83%	97	61%
Pawtucket	508	60%	17%	73%	58%	375	51%
Portsmouth	233	90%	57%	69%	85%	140	70%
Providence	1,416	57%	12%	77%	68%	1,111	63%
Scituate	132	93%	48%	75%	93%	119	73%
Smithfield	181	88%	43%	68%	91%	172	72%
South Kingstown	264	85%	58%	83%	86%	235	76%
Tiverton	126	85%	38%	66%	77%	111	79%
Warwick	773	83%	31%	70%	75%	534	49%
West Warwick	205	80%	30%	72%	65%	148	65%
Westerly	261	80%	42%	78%	87%	173	52%
Woonsocket	392	54%	15%	70%	63%	198	33%
Beacon Charter	*61*	*91%*	*48%*	*NA*	*60%*	*NA*	*49%*
Blackstone Academy Charter	*39*	*74%*	*32%*	*NA*	*88%*	*NA*	*90%*
Davies Career and Technical	*160*	*87%*	*34%*	*NA*	*77%*	*NA*	*31%*
DCYF	*7*	*NA*	*NA*	*NA*	*9%*	*NA*	*NA*
Metropolitan Regional Career and Technical Center	*171*	*66%*	*15%*	*NA*	*82%*	*NA*	*2%*
Rhode Island School for the Deaf	*5*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*
Core Cities	*2,891*	*59%*	*15%*	*NA*	*65%*	*2,027*	*54%*
Remainder of State	*7,137*	*84%*	*41%*	*NA*	*82%*	*4,899*	*57%*
Rhode Island	*10,466*	*76%*	*33%*	*74%*	*76%*	*6,933*	*55%*

Source of Data for Table/Methodology

12th grade enrollment data (October 1, 2010), 11th Grade *New England Common Assessment Program* (NECAP) data, % of 12th graders taking the SATs and high school graduation rates data are all from the Rhode Island Department of Elementary and Secondary Education.

11th grade NECAP reading and math proficiency rates are the percentage of NECAP test-takers who scored at the "proficient" or "proficient with distinction" levels (levels three and four) on the October 2010 *New England Common Assessment Program* (NECAP) test.

% of 12th graders who planned to attend college in 2008 data are from Felner, R. (2008). *2007-2008 student reports of academic expectations* (high school *SALT Survey*). Rock Island, IL: National Center on Public Education and Prevention. Due to adoption of a new survey tool by the Rhode Island Department of Elementary and Secondary Education, 2008 is the most recent data available. New *SurveyWorks!* data will be available next year.

The high school graduation rate is the number of students who graduate in four years or fewer divided by the total number of students who started 9th grade in 2006-2007, adjusted for transfers in and transfers out.

# of 12th graders who filled out the FAFSA data are from the Rhode Island Higher Education Assistance Authority (RIHEAA), and are a count of public and private school students who were born in 1991 and who started college during the 2009-2010 school year.

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

Students from Little Compton attend high school in Portsmouth and students from Jamestown attend high school in North Kingstown. DCYF includes students attending DCYF alternative schools.

References

[1,16,23] *Increasing college success: A road map for governors.* (2009). Washington, DC: NGA Center for Best Practices.

(continued on page 173)

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. Teens who are recent high school graduates and who are unemployed and teens who have dropped out of high school and are jobless are included.

SIGNIFICANCE

School and work help teens acquire the skills, knowledge and supports they need to become productive adults.[1] Teens who drop out of school and do not become a part of the workforce are at risk of experiencing negative outcomes as they transition from adolescence to adulthood. Teens in low-income families, teens who drop out of school, teen parents, teens in foster care and teens involved in the juvenile justice system are most at risk of being disconnected from both school and work.[2]

Disconnected youth are more likely to live in poverty, suffer from mental health problems and substance abuse, have low educational attainment, become teen parents, engage in violent activity, live in under-resourced neighborhoods, experience difficulties maintaining employment and earn low wages.[3,4,5]

Meaningful family support, mentoring, out-of-school programming, job training, smaller schools, safer schools, high-quality alternative education programs and school-to-career programs lessen the likelihood of teens becoming disconnected from school and work.[6,7,8] Research shows that youth who are consistently connected to work and school have similar annual earnings regardless of whether they are Hispanic, White or Black.[9]

Between 2007 and 2009, an estimated 4,576 (7%) youth ages 16 to 19 were not in school and not working in Rhode Island. Of the youth who were not in school and not working, 41% were females and 59% were males. Forty-two percent of these youth were high school graduates and 58% had not graduated from high school.[10]

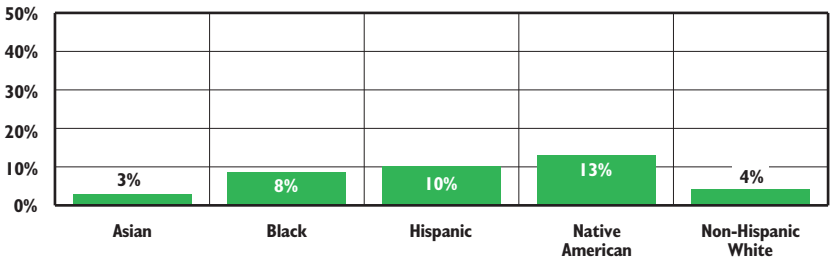
Teens Not in School and Not Working 2008

	2008
RI	7%
US	8%
National Rank*	*14th*
New England Rank**	*5th*

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

Source: Annie E. Casey Foundation. (2010). *KIDS COUNT data book: State profiles of child well-being, 2010.* Baltimore, MD: The Annie E. Casey Foundation.

Percentage of U.S. Youth Ages 16 to 19, Not in School and Not Working, by Race and Ethnicity, 2009



Source: Annie E. Casey Foundation KIDS COUNT Data Center. (2010). *Rankings/Maps/Trends by Topic: Teens not attending school and not working by race (Percent) – 2009.* Retrieved January 17, 2011, from www.kidscount.org/datacenter

◆ **Nationally and in Rhode Island, minority youth are more likely to be disconnected from school and work.[11,12] In 2009 among youth ages 16 to 19 in the U.S., 13% of Native American youth, 8% of Black youth and 10% of Hispanic youth were not in school and not working, compared to 3% of Asian and 4% of non-Hispanic White youth.[13]**

◆ **The economic recession has had a large impact on the job market for youth and young adults, even for those with college degrees. Among Rhode Island's youth ages 16-24, 21% of non-Hispanic Black youth, 27% of Hispanic youth and 13% of non-Hispanic White youth were neither in school nor working in 2008 and 2009.[14]**

Connecting Youth to School and Work

◆ **Education has an impact on the likelihood of finding and maintaining employment, regardless of race or ethnicity.[15] Successful strategies to connect youth to work and school must be comprehensive, including attention to community engagement in schools, early identification of youth at risk of dropping out of school, targeted workforce development programs and multiple pathways to high school graduation and employment.[16,17,18]**

◆ **Programs and alternative schools that enable students to earn college credits while working towards their high school degrees can improve high school graduation rates and better prepare students for college completion and high-skill careers.[19]**

Table 52.

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 HIGH SCHOOL DROPOUTS	TOTAL NUMBER OF JOBLESS TEENS NOT IN SCHOOL	% OF TEENS WHO ARE JOBLESS & NOT IN SCHOOL
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. Census Bureau, 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 2000 U.S. Census.

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Methodology

The *2011 Rhode Island Kids Count Factbook* examines 67 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.
- ***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 2000. The New England Rank highlights Rhode Island's rank among the six New England states – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.
- ***Sidebars:*** Current state and national data and information related to 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:*** The core cities are the six 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 2011 Factbook uses the most current, reliable data available for each indicator.

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 2005 and 2009. 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 Rhode Island 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 source of data for the total number of children eligible for the indicator of interest (the denominator) is also noted within the Source of Data/Methodology section. Rates and percentages are 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 used in the indicator table when this occurs. In the indicator for child deaths and teen deaths, and other indicators in which the indicator events are rare, city and town rates are not calculated, as small numbers make these rates statistically unreliable.

Census Data

There are four sources of U.S. Census Bureau data used in the Factbook: 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 four sources are used and the relevant citations provide clarification on which source data come from. In instances where Census 2000 data is used in the denominator, caution should be taken when comparing new rates with those for past years, as actual population numbers may have changed. Whenever possible, Census data are updated using the most recent data from the American Community Survey conducted by the U.S. Census Bureau.

Methodology for Homeless Children

The number of homeless children identified by public schools is based on the federal *McKinney-Vento* definition of homelessness and includes children living in emergency and transitional shelters as well as children doubling up in homes with relatives and friends and living in hotels and motels, cars, campsites, parks and other public places. Schools report the number of children by grade and the child's primary nighttime residence (i.e., sheltered, doubled-up, unsheltered or in a hotel/motel).

Methodology for Children with Lead Poisoning

The number of children confirmed positive for lead levels ≥10 mcg/dL are based on venous tests and confirmed

capillary tests only. The highest result (venous or capillary) is used. The number of children confirmed positive may be underestimated because the policies recommending a venous follow-up for a capillary screening test ≥10 mcg/dL were not in place until July 1, 2004. Starting July 1, 2004 if a child under age six has a capillary blood lead level of ≥10 mcg/dL the Rhode Island Childhood Lead Poisoning Prevention Program contacts the physician to encourage a confirmatory venous test on the child.

Rhode Island law requires that all children under age six must be screened annually for lead. In October 2007, the Rhode Island Childhood Lead Poisoning Prevention Program made its screening guidelines consistent with the American Academy of Pediatrics, which recommends a blood lead screening test for every child at one and two years of age. The Guidelines indicate that if either of the blood lead tests done at one and two years of age is ≥10 mcg/dL, annual screening should continue until the age of six. If both of the blood lead tests are <10 mcg/dL, the pediatrician can use the Risk Assessment Questionnaire instead of a blood lead test until the age of six, which means that not all children receive an annual blood test after age two.

Methodology for Alcohol, Drug and Cigarette Use by Teens

SurveyWorks! is an on-line survey that is legislatively mandated and sponsored by the Rhode Island Department of Elementary and Secondary Education. *SurveyWorks!* replaces the School Accountability for Learning and Teaching (SALT) student survey, although some questions were retained in order to provide trend data over time.

The *SurveyWorks!* pilot was administered to students in grades 4-11, with the exception of students who were excused by their parents, students who opted not to take the survey and students who were not able to take the survey due to the nature of their Individualized Education Programs (IEPs).

Districts include different grades in middle school. For the Rhode Island percentage, middle school includes grades 5-8 and represents a 69% response rate among districts for the middle school tool.

The high school percentage is not reported due to a 48% response rate among districts for the high school survey tool. Data for core cities and the remainder of the state were not available for the pilot tool.

"Current" data are the most desirable reporting measure, but "ever" use data are reported in this Factbook because "current use" questions were not available in the pilot *SurveyWorks!* tool.

Methodology for Youth Violence

All law enforcement agencies in Rhode Island are required to maintain a record of the nature of detentions and characteristics of juveniles they arrest. They submit this information to the Rhode Island Public Safety Grant Administration Office on a monthly basis, and the information is aggregated into a summary report submitted annually to the federal Office of Juvenile Justice and Delinquency Prevention. More information can be found at www.rijustice.ri.gov

Assault offenses in this indicator include simple assault, robbery, assault, felony assault, assault with a dangerous weapon, domestic assault, assault on a police officer, threats, assault on a school teacher, strong-arm robbery, kidnapping, attempted murder, extortion, fighting, intimidating witness, stalking, attempted robbery, cyber-stalking, carjacking, harassment, and murder.

Weapons offenses in this indicator include: possession of an unspecified weapon, possession of a knife, possession of a firearm, possession of a weapon at school, possession of a bb gun, discharging a firearm, possession of ammunition, possession of a dangerous weapon, carrying a concealed weapon, and discharging a bb gun.

State-Operated and Charter Schools

The state-operated 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, Times^2 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 (UCAP) is listed separately when data are available.

Charter schools, state-operated schools and UCAP are not included in core city and remainder of state calculations.

New England Common Assessment Program (NECAP)

In October 2005, Rhode Island began using a new statewide assessment system for elementary and middle school students, and Rhode Island implemented a new high school assessment beginning in October 2007. The tests were developed and administered in collaboration with New Hampshire, Vermont and Maine through the New England Common Assessment Program (NECAP), the first multi-state testing collaboration in the nation. The NECAP tests students in reading, writing and mathematics, and all test questions are directly related to specific state educational standards. Test results are available for the state, district and school levels on the Rhode Island Department of Elementary and Secondary Education website. Results from the NECAP are not comparable with statewide assessment tests from

years prior to 2005 for elementary and middle schools and 2007 for high schools.

Methodology for Children Attending Schools Making Insufficient Progress

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 11th grade. Schools and districts are classified based on student scores on these tests and test participation rates. 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.

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 three-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.

School classifications are based on 37 targets that include school-wide English and mathematics targets, English and mathematics targets for student groups, school-wide and student group test participation targets, and attendance or graduation rate targets (depending on whether the school is an elementary/middle school or a high school). English and mathematics targets are evaluated using New England Common Assessment Program (NECAP) test and other state test results.

Schools that do not miss any current targets are classified as "Met AYP." Schools that achieve exceptionally high performance in English or mathematics for two years, make significant progress for two years or significantly closed achievement gaps between student groups are designated as Regents Commended Schools ("Met AYP and Commended"). Schools that miss up to three targets for the first time (other than school-wide ELA and mathematics targets) may be classified as "Caution" for one year only. Schools that miss a school-wide ELA or math target, more than three targets, or schools that miss any target for multiple years are classified as making "Insufficient Progress."

Limitations of the Data

In any data collection process there are always concerns about the accuracy and completeness of the data that are collected. All data used in the 67 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 for 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 2010 federal poverty threshold for a family of three with two children is $17,607 and $22,162 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.

The phrases "Federal Poverty Level" and "Federal Poverty Line" (often abbreviated FPL) are used interchangeably and can refer to either the poverty thresholds or the poverty guidelines.

Family Income Levels Based on the Federal Poverty Guidelines

2010 Federal Poverty Guidelines	Annual Income Family of Three	Annual Income Family of Four
50%	$9,155	$11,025
100%	$18,310	$22,050
130%	$23,803	$28,665
185%	$33,874	$40,793
200%	$36,620	$44,100
225%	$41,198	$49,613
250%	$45,775	$55,125

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Source of Data for Table/Methodology

The Rhode Island Department of Health, KIDSNET Database, 2010. This table shows the number and percentage of all births with three risk factors that place a child at very high risk for poor developmental outcomes.

Note: The Rhode Island Department of Health screens all infants born in the state to identify risks for poor developmental outcomes, including: developmental disabilities, low birth weight, medical fragility, inadequate prenatal care, low Apgar scores at birth, low maternal education, young maternal age, advanced maternal age, single mother, first time mother, mother who has given birth more than five times, parental characteristics indicating vulnerability (e.g., chronic illness), and low income (indicated by enrollment in Medicaid/RIte Care health insurance). Data on all births with any of these risk factors are presented in the chart on the previous page.

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children are homeless, live in unstable living situations, are transitioning from an out-of-home placement (juvenile justice, foster care, residential or hospital placement), or miss school due to extended travel out of state or out of the country.

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