2013 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, Alliance for Early Success, Robert Wood Johnson Foundation, DentaQuest Foundation, Jessie B. Cox Charitable Trust, Hasbro Children's Fund, CVS Caremark, America's Promise Alliance, First Focus, Neighborhood Health Plan of Rhode Island, Blue Cross & Blue Shield of Rhode Island, UnitedHealthcare, 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 Data Book with comparable data for the U.S. is produced annually by The Annie E. Casey Foundation.

Additional copies of the *2013 Rhode Island Kids Count Factbook* are available for $20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the 2013 Factbook, please contact:

Rhode Island KIDS COUNT
One Union Station
Providence, RI 02903
Tel: (401) 351-9400
Fax: (401) 351-1758
rikids@rikidscount.org

Visit our website at www.rikidscount.org.

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2013 Rhode Island Kids Count Factbook

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Daniel Kertzner, Vice President for Grant Programs

United Way of Rhode Island

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Allan Stein, Executive Vice President, Director, Community Investment

The Annie E. Casey Foundation

Patrick McCarthy, President & Chief Executive Officer
Jann Jackson, Senior Associate
Laura Speer, Associate Director, Policy Reform & Data

Rhode Island KIDS COUNT

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Elizabeth Burke Bryant, Executive Director
Leanne Barrett, Senior Policy Analyst
James Beasley, Policy Analyst
Jill Beckwith, Deputy Director
Dorene Bloomer, Finance Director
Jennifer Capaldo, Administrative Assistant
W. Galarza, Executive Assistant/Office Manager
Stephanie Geller, Policy Analyst
Katherine Miller, Communications Coordinator
John Neubauer, Policy Analyst
Kayla Cuadrado, Intern, Wheaton College
Sarah Durney, Intern, Brown University
Molly Harris, Intern, University of Mississippi
Cindy Lung, Intern, Brown University

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Overview

Wall Marks

by Shel Silverstein

Those scratchy marks there on the wall,
They show how short I used to be.
They rise until they get this tall,
And Mama keeps reminding me
The way my dad would take his pen
And as I stood there, stiff and straight,
He'd put a ruler on my head
And mark the spot and write the date.
She says that it's my history,
But I don't understand at all
Just why she cries each time she sees
Those scratchy marks there on the wall.

The *2013 Rhode Island Kids Count Factbook* is the nineteenth 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 *2013 Rhode Island Kids Count Factbook* provides a statistical portrait of the status of Rhode Island's children and youth. Information is presented for the state of Rhode Island, for each city and town, and for an aggregate of the four cities in which the highest percentages of children are living in poverty. These four core cities are Central Falls, Pawtucket, Providence, 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, government leaders, elected officials, businesses, faith organizations, and parents 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 *2013 Rhode Island Kids Count Factbook* examines sixty-eight 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 *2013 Rhode Island Kids Count Factbook* reflects these interrelationships and builds a framework to guide policy, programs, and individual services on behalf of children and youth.

Family Economic Security

Children most at risk of not achieving their full potential are children in poverty. There are 39,900 poor children in Rhode Island, 17.9% of all children. 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.

Child Poverty is Concentrated in Four Core Cities

Children most at risk of not achieving their full potential are children in poverty. Nearly two-thirds (65%) of Rhode Island's poor children live in just four cities. These communities (Central Falls, Pawtucket, Providence, and Woonsocket) are the four core cities highlighted throughout this Factbook. Children in poverty live in every community in Rhode Island, but these four communities deserve special attention because they are where child poverty is most concentrated.

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.

Family and Community

Look at Us

by Darryl Holmes

look at us
we've grown into our eyes
often where we turn there are no trees
sometimes we dance to keep the winter out
sometimes we pose for self-esteem

what magic lies beneath the dust
what ancient fires darken our skin
to grow up where the sun is ice
the warmth lies deep within

Child Population

DEFINITION

Child population is the total number of children under age 18 and the percentage change between 2000 and 2010 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 1,051,302 Rhode Island residents in 2011, with children under age 18 making up 21% of the population. Between 2000 and 2011, Rhode Island's child population decreased by 12% from 247,822 to 219,074.[1,2] Between 2009 and 2011, there were 123,808 households with children under age 18 in Rhode Island, representing one-third (30%) of all households.[3] Twenty-six percent of Rhode Island children were under age five, 27% were ages five to nine, 29% were ages 10 to 14, and 19% were ages 15 to 17.[4]

In Rhode Island between 2009 and 2011, 131,118 (59%) children under age 18 lived in married-couple households with their parents, 69,809 (31%) children lived in single-parent households, and 17,329 (8%) children lived with relatives, including grandparents and other relatives. A total of 3,434 (2%) children lived with foster families or other non-relative heads of household. There were 1,216 (<1%) children and youth under age 18 who lived in group quarters and 85 (<1%) youth who were householders or spouses.[5,6,7]

Rhode Island's children are diverse in race, ethnic background, language, and country of origin. Mirroring national trends, the number of Hispanic children in Rhode Island has grown since 2000, both in numbers and as a percentage of the child population. Hispanics now make up 23% of children under age 18 in the United States and 21% of children under age 18 in Rhode Island.[8,9,10,11]

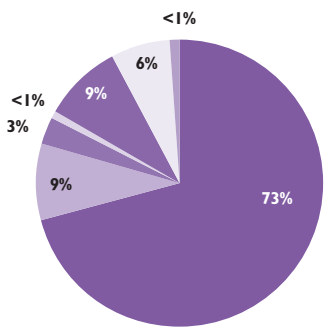
Between 2009 and 2011, there were 8,485 foreign-born children under the age of 18 living in Rhode Island, representing approximately 4% of the child population.[12] Of Rhode Island children ages five to 17, 77% speak only English at home, 16% speak Spanish, 4% speak other Indo-European languages, 2% speak an Asian or other Pacific Island language, and less than 1% speak some other language at home.[13]

Sexual orientation is another important facet of diversity among youth. According to the *2011 Youth Risk Behavior Survey*, 8% of high school students in Rhode Island described themselves as lesbian, gay, or bisexual. This does not include students who responded "not sure" when asked about their sexual orientation.[14]

Rhode Island Children Under Age 18, 2009-2011

By Race/Ethnicity*

73%	White
9%	Black
3%	Asian
<1%	American Indian and Alaska Native
9%	Some Other Race
6%	Two or More Races
<1%	Race Unknown



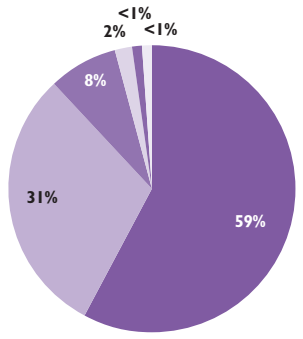
n=222,991

**Hispanic children may be included in any race category. Of Rhode Island's 222,991 children, 45,817 (21%) were Hispanic.*

Source: U.S. Census Bureau, American Community Survey, 2009-2011. Tables C01001A, C01001B, C01001C, C01001D, C01001F, C01001G, and C01001I.

By Family Structure

59%	Married-Couple**
31%	Single-Parent**
8%	Other Relatives
2%	Foster Family or Other Unrelated Household
<1%	Group Quarters
<1%	Child is Head of Household



n=222,991

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

Source: U.S. Census Bureau, American Community Survey, 2009-2011. Table B09001, B09002, and B09006.

◆ **In 2011, children under age 18 made up 21% of Rhode Island's population. Of the 219,074 children under age 18 in Rhode Island in 2011, 51.2% were male and 48.8% were female.[15]**

◆ **Between 2009 and 2011, 61% of children in Rhode Island lived in owner-occupied housing units and 39% lived in renter-occupied units.[16]**

◆ **Of children ages three to 17 enrolled in school in Rhode Island between 2009 and 2011, 84.5% were enrolled in public schools, and 15.5% were enrolled in private schools.[17]**

Table 1.

Child Population, Rhode Island, 2000 and 2010

CITY/TOWN	2000 TOTAL POPULATION UNDER AGE 18	2010 TOTAL POPULATION UNDER AGE 18	CHANGE IN POPULATION UNDER AGE 18	% CHANGE IN POPULATION UNDER AGE 18
Barrington	4,745	4,597	-148	-3.1%
Bristol	4,399	3,623	-776	-17.6%
Burrillville	4,043	3,576	-467	-11.6%
Central Falls	5,531	5,644	113	2.0%
Charlestown	1,712	1,506	-206	-12.0%
Coventry	8,389	7,770	-619	-7.4%
Cranston	17,098	16,414	-684	-4.0%
Cumberland	7,690	7,535	-155	-2.0%
East Greenwich	3,564	3,436	-128	-3.6%
East Providence	10,546	9,177	-1,369	-13.0%
Exeter	1,589	1,334	-255	-16.0%
Foster	1,105	986	-119	-10.8%
Glocester	2,664	2,098	-566	-21.2%
Hopkinton	2,011	1,845	-166	-8.3%
Jamestown	1,238	1,043	-195	-15.8%
Johnston	5,906	5,480	-426	-7.2%
Lincoln	5,157	4,751	-406	-7.9%
Little Compton	780	654	-126	-16.2%
Middletown	4,328	3,652	-676	-15.6%
Narragansett	2,833	2,269	-564	-19.9%
New Shoreham	185	163	-22	-11.9%
Newport	5,199	4,083	-1,116	-21.5%
North Kingstown	6,848	6,322	-526	-7.7%
North Providence	5,936	5,514	-422	-7.1%
North Smithfield	2,379	2,456	77	3.2%
Pawtucket	18,151	16,575	-1,576	-8.7%
Portsmouth	4,329	3,996	-333	-7.7%
Providence	45,277	41,634	-3,643	-8.0%
Richmond	2,014	1,849	-165	-8.2%
Scituate	2,635	2,272	-363	-13.8%
Smithfield	4,019	3,625	-394	-9.8%
South Kingstown	6,284	5,416	-868	-13.8%
Tiverton	3,367	2,998	-369	-11.0%
Warren	2,454	1,940	-514	-20.9%
Warwick	18,780	15,825	-2,955	-15.7%
West Greenwich	1,444	1,477	33	2.3%
West Warwick	6,632	5,746	-886	-13.4%
Westerly	5,406	4,787	-619	-11.5%
Woonsocket	11,155	9,888	-1,267	-11.4%
Four Core Cities	*80,114*	*73,741*	*-6,373*	*-8.0%*
Remainder of State	*167,708*	*150,215*	*-17,493*	*-10.4%*
Rhode Island	*247,822*	*223,956*	*-23,866*	*-9.6%*

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2000, Summary File 1 and Census 2010, Summary File 1.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

[1,15] U.S. Census Bureau, American Community Survey, 2011. Table S0201.

[2] U.S. Census Bureau, Census 2000 Summary File 1. Table DP-1.

[3] U.S. Census Bureau, American Community Survey, 2009-2011. Table S1101.

[4,9] U.S. Census Bureau, American Community Survey, 2009-2011. Table B01001.

[5] U.S. Census Bureau, American Community Survey, 2009-2011. Table B09001.

[6] U.S. Census Bureau, American Community Survey, 2009-2011. Table B09002.

[7] U.S. Census Bureau, American Community Survey, 2009-2011. Table B09006.

[8] U.S. Census Bureau, Census 2000 Redistricting Summary File. Table QT-PL.

[10] O'Hare, W. (2011). *The changing child population of the United States: Analysis of data from the 2010 Census.* Baltimore, MD: The Annie E. Casey Foundation.

[11] U.S. Census Bureau, American Community Survey, 2009-2011. Table C01001I.

[12] U.S. Census Bureau, American Community Survey, 2009-2011. Table B05003.

[13] U.S. Census Bureau, American Community Survey, 2009-2011. Table B16007.

[14] Rhode Island Department of Health, *2011 Youth Risk Behavior Survey.*

[16,17] U.S. Census Bureau, American Community Survey, 2009-2011. Table S0901.

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 200,927 children living with one or more parents in Rhode Island between 2009 and 2011. Of these, 35% (69,809) 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 2009 and 2011, 76% of children living in poverty in Rhode Island were living in single-parent families. Children in single-parent families in Rhode Island were nearly six times more likely to be living in poverty than those in married-couple families. Between 2009 and 2011 in Rhode Island, 39% of children in single-parent households lived in poverty, compared to 7% of children in married-couple households.[4]

The financial hardship and time constraints experienced by many single-parents explain some of the differences in well-being between the children in single-parent households and those in two-parent households.[5] Regardless of parents' race and level of educational attainment, children who reside in single-parent households (whether due to divorce or the parents never having been married) are at an increased risk for low academic achievement and low levels of social and emotional well-being.[6,7] Compared to children in married families, children in single-parent families are more likely to lack health insurance coverage, drop out of school, disconnect from the labor force, and become teen parents.[8,9] Regardless of whether children grow up with one or two parents, parenting quality is an important predictor of children's well-being.[10]

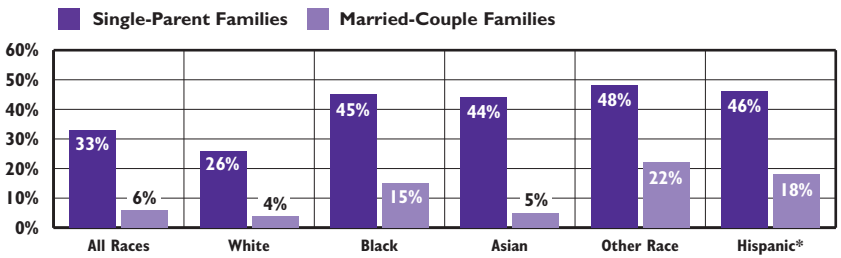
Single-Parent Families

	2000	2011
RI	32%	38%
US	31%	35%
National Rank*		*39th*
New England Rank**		*6th*

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

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

Families With Children Under Age 18 and Income Below the Poverty Threshold by Race and Ethnicity, Rhode Island, 2009-2011



Source: U.S. Census Bureau, American Community Survey, 2009-2011. Tables B17010, B17010A, B17010B, C17010D, C17010F, B17010I. *Hispanics may be in any race category.

◆ **Hispanic single-parent families in Rhode Island are nearly 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.[11]**

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. For women, 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.[12]**

◆ **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.[13]**

◆ **More than half of unmarried births occur among cohabiting parents. Although there are variations by race, ethnicity, age, and poverty status, 58% of non-marital births in the U.S. between 2006 and 2010 were to cohabiting parents, compared with 40% in 2002.[14]**

Table 2.

Children's Living Arrangements, Rhode Island, 2010

CITY/TOWN	CHILDREN LIVING IN HOUSEHOLDS	CHILDREN WHO ARE A HOUSEHOLDER OR SPOUSE		CHILDREN LIVING WITH NON-RELATIVES		CHILDREN LIVING WITH OTHER RELATIVES		CHILDREN LIVING IN MARRIED-COUPLE FAMILIES		CHILDREN LIVING WITH GRANDPARENTS		CHILDREN LIVING IN SINGLE-PARENT FAMILIES	
		N	%	N	%	N	%	N	%	N	%	N	%
Barrington	4,597	2	<1%	31	1%	15	0%	3,871	84%	85	2%	593	13%
Bristol	3,621	1	<1%	37	1%	51	1%	2,564	71%	225	6%	743	21%
Burrillville	3,548	0	0%	110	3%	26	1%	2,353	66%	232	7%	827	23%
Central Falls	5,634	3	<1%	90	2%	209	4%	2,159	38%	429	8%	2,744	49%
Charlestown	1,506	0	0%	15	1%	20	1%	1,059	70%	106	7%	306	20%
Coventry	7,762	2	<1%	148	2%	72	1%	5,343	69%	549	7%	1,648	21%
Cranston	16,262	5	<1%	226	1%	324	2%	10,462	64%	1,027	6%	4,218	26%
Cumberland	7,535	0	0%	97	1%	53	1%	5,651	75%	334	4%	1,400	19%
East Greenwich	3,436	0	0%	21	1%	13	0%	2,889	84%	71	2%	442	13%
East Providence	9,100	2	<1%	127	1%	154	2%	5,329	59%	675	7%	2,813	31%
Exeter	1,300	0	0%	23	2%	16	1%	996	77%	82	6%	183	14%
Foster	986	0	0%	24	2%	10	1%	741	75%	69	7%	142	14%
Glocester	2,098	0	0%	39	2%	26	1%	1,581	75%	137	7%	315	15%
Hopkinton	1,845	0	0%	46	2%	24	1%	1,327	72%	113	6%	335	18%
Jamestown	1,043	0	0%	3	0%	5	0%	799	77%	49	5%	187	18%
Johnston	5,473	2	<1%	90	2%	114	2%	3,591	66%	380	7%	1,296	24%
Lincoln	4,743	3	<1%	61	1%	52	1%	3,270	69%	211	4%	1,146	24%
Little Compton	654	0	0%	5	1%	1	0%	528	81%	42	6%	78	12%
Middletown	3,634	3	<1%	45	1%	38	1%	2,606	72%	166	5%	776	21%
Narragansett	2,240	2	<1%	35	2%	25	1%	1,533	68%	105	5%	540	24%
New Shoreham	163	0	0%	1	1%	1	1%	111	68%	4	2%	46	28%
Newport	4,060	2	<1%	66	2%	56	1%	2,034	50%	204	5%	1,698	42%
North Kingstown	6,322	1	<1%	57	1%	49	1%	4,639	73%	247	4%	1,329	21%
North Providence	5,481	0	0%	81	1%	131	2%	3,266	60%	378	7%	1,625	30%
North Smithfield	2,456	0	0%	40	2%	13	1%	1,831	75%	96	4%	476	19%
Pawtucket	16,550	17	<1%	239	1%	460	3%	7,488	45%	1,228	7%	7,118	43%
Portsmouth	3,940	2	<1%	47	1%	24	1%	2,977	76%	172	4%	718	18%
Providence	41,497	41	<1%	632	2%	1,663	4%	16,931	41%	3,094	7%	19,136	46%
Richmond	1,836	0	0%	32	2%	16	1%	1,437	78%	104	6%	247	13%
Scituate	2,272	0	0%	24	1%	22	1%	1,731	76%	139	6%	356	16%
Smithfield	3,615	2	<1%	46	1%	29	1%	2,802	78%	164	5%	572	16%
South Kingstown	5,364	0	0%	81	2%	31	1%	3,951	74%	248	5%	1,053	20%
Tiverton	2,998	1	<1%	41	1%	20	1%	2,109	70%	162	5%	665	22%
Warren	1,935	4	<1%	42	2%	19	1%	1,124	58%	136	7%	610	32%
Warwick	15,795	3	<1%	308	2%	223	1%	10,476	66%	1,109	7%	3,676	23%
West Greenwich	1,468	2	<1%	22	1%	13	1%	1,131	77%	79	5%	221	15%
West Warwick	5,746	1	<1%	151	3%	121	2%	3,118	54%	365	6%	1,990	35%
Westerly	4,787	4	<1%	82	2%	83	2%	3,012	63%	269	6%	1,337	28%
Woonsocket	9,842	10	<1%	203	2%	176	2%	4,237	43%	683	7%	4,533	46%
Four Core Cities	*73,523*	*71*	*<1%*	*1,164*	*2%*	*2,508*	*3%*	*30,815*	*42%*	*5,434*	*7%*	*33,531*	*46%*
Remainder of State	*149,621*	*44*	*<1%*	*2,304*	*2%*	*1,890*	*1%*	*102,242*	*68%*	*8,534*	*6%*	*34,607*	*23%*
Rhode Island	*223,144*	*115*	*<1%*	*3,468*	*2%*	*4,398*	*2%*	*133,057*	*60%*	*13,968*	*6%*	*68,138*	*31%*

Note to Table

The denominator is the number of children under age 18 living in family households according to Census 2010. 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 2010.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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(continued on page 165)

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

One in ten children in the United States lives with a grandparent. The number of children living with grandparents increased slowly over the last decade, rising sharply at the start of the recession. While it is more common among Black and Hispanic families for grandparents to serve as primary caregivers, the largest increase since the recession began has been among White families.[1]

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, incarcerated, ill, struggling with substance abuse, or coping with other problems.[2]

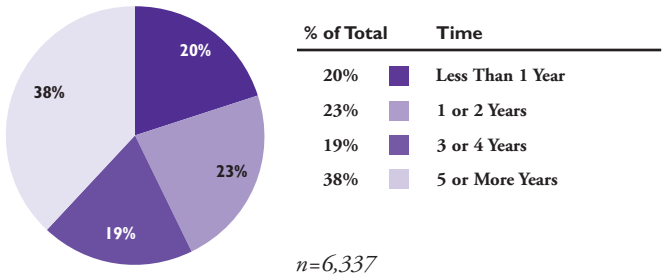
Grandparents living on a fixed income may be at greater risk of poverty after they become financially responsible for their grandchildren.[3] Eighteen percent of grandparent caregivers live below the poverty line, compared to 8% of the population age 50 and over.[4]

Many grandparent and other relative caregivers have informal custody arrangements and are not involved with child welfare agencies, which means that they receive less monitoring and support. Relative caregivers are more likely to have lower incomes and have more children in the home.[5]

Grandparents and other relative caregivers often are isolated and lack information about the support services, resources, programs, benefits, laws, and policies available to them.[6] Nearly all children in kinship care are eligible for cash assistance through Temporary Assistance for Needy Families (TANF) regardless of their household's income level, yet children in informal custody arrangements are much less likely to receive these payments.[7]

Grandparent caregivers are at risk for poor physical and mental health. They may have difficulty enrolling children in school and/or seeking health insurance or medical care for the children. Many caregivers do not pursue the required legal process required for permanent status such as adoption or guardianship in order to avoid strain on family relationships.[8,9] Grandparents make up the largest percentage of relative caregivers, but other relative caregivers (including aunts, uncles, cousins, and siblings) may face similar obstacles.[10,11]

Rhode Island Grandparents Financially Responsible for Their Grandchildren, by Length of Time Responsible, 2009-2011



Source: U.S. Census Bureau, American Community Survey, 2009-2011. Table B10050.

◆ **Between 2009 and 2011, there were a total of 13,406 children living in households headed by grandparents.[12] During this time period, there were 6,337 grandparents who were financially responsible for their grandchildren, over half (57%) of whom had been financially responsible for three or more years.[13]**

◆ **In 2010, 6% (13,968) of all children in Rhode Island lived with a grandparent caregiver and 2% (4,398) lived with other relatives.[14]**

◆ **Children in informal kinship care (i.e., placed with relatives without the involvement of a child welfare agency) are more likely to live in poverty than children living with their parents. Nationally, over one-third (38%) of children in public and private kinship care live in poverty and only 42% of eligible children in kinship care receive Medicaid coverage.[15]**

◆ **Rhode Island regulations state that the Department of Children, Youth and Families (DCYF) must give priority to relatives when placing a child in out-of-home care.[16] On December 31, 2012 in Rhode Island, there were 585 children in DCYF care who were in out-of-home placements with a grandparent or other relative. These children made up 31% of all children in out-of-home placements in Rhode Island.[17]**

◆ **The federal *Fostering Connections 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.[18,19]**

Table 3.

Children's Living Arrangements, Rhode Island, 2010

CITY/TOWN	CHILDREN LIVING IN HOUSEHOLDS	CHILDREN WHO ARE A HOUSEHOLDER OR SPOUSE		CHILDREN LIVING WITH NON-RELATIVES		CHILDREN LIVING WITH OTHER RELATIVES		CHILDREN LIVING IN MARRIED COUPLE FAMILIES		CHILDREN LIVING IN SINGLE PARENT FAMILIES		CHILDREN LIVING WITH GRANDPARENTS	
		N	%	N	%	N	%	N	%	N	%	N	%
Barrington	4,597	2	<1%	31	1%	15	0%	3,871	84%	593	13%	85	2%
Bristol	3,621	1	<1%	37	1%	51	1%	2,564	71%	743	21%	225	6%
Burrillville	3,548	0	0%	110	3%	26	1%	2,353	66%	827	23%	232	7%
Central Falls	5,634	3	<1%	90	2%	209	4%	2,159	38%	2,744	49%	429	8%
Charlestown	1,506	0	0%	15	1%	20	1%	1,059	70%	306	20%	106	7%
Coventry	7,762	2	<1%	148	2%	72	1%	5,343	69%	1,648	21%	549	7%
Cranston	16,262	5	<1%	226	1%	324	2%	10,462	64%	4,218	26%	1,027	6%
Cumberland	7,535	0	0%	97	1%	53	1%	5,651	75%	1,400	19%	334	4%
East Greenwich	3,436	0	0%	21	1%	13	0%	2,889	84%	442	13%	71	2%
East Providence	9,100	2	<1%	127	1%	154	2%	5,329	59%	2,813	31%	675	7%
Exeter	1,300	0	0%	23	2%	16	1%	996	77%	183	14%	82	6%
Foster	986	0	0%	24	2%	10	1%	741	75%	142	14%	69	7%
Glocester	2,098	0	0%	39	2%	26	1%	1,581	75%	315	15%	137	7%
Hopkinton	1,845	0	0%	46	2%	24	1%	1,327	72%	335	18%	113	6%
Jamestown	1,043	0	0%	3	0%	5	0%	799	77%	187	18%	49	5%
Johnston	5,473	2	<1%	90	2%	114	2%	3,591	66%	1,296	24%	380	7%
Lincoln	4,743	3	<1%	61	1%	52	1%	3,270	69%	1,146	24%	211	4%
Little Compton	654	0	0%	5	1%	1	0%	528	81%	78	12%	42	6%
Middletown	3,634	3	<1%	45	1%	38	1%	2,606	72%	776	21%	166	5%
Narragansett	2,240	2	<1%	35	2%	25	1%	1,533	68%	540	24%	105	5%
New Shoreham	163	0	0%	1	1%	1	1%	111	68%	46	28%	4	2%
Newport	4,060	2	<1%	66	2%	56	1%	2,034	50%	1,698	42%	204	5%
North Kingstown	6,322	1	<1%	57	1%	49	1%	4,639	73%	1,329	21%	247	4%
North Providence	5,481	0	0%	81	1%	131	2%	3,266	60%	1,625	30%	378	7%
North Smithfield	2,456	0	0%	40	2%	13	1%	1,831	75%	476	19%	96	4%
Pawtucket	16,550	17	<1%	239	1%	460	3%	7,488	45%	7,118	43%	1,228	7%
Portsmouth	3,940	2	<1%	47	1%	24	1%	2,977	76%	718	18%	172	4%
Providence	41,497	41	<1%	632	2%	1,663	4%	16,931	41%	19,136	46%	3,094	7%
Richmond	1,836	0	0%	32	2%	16	1%	1,437	78%	247	13%	104	6%
Scituate	2,272	0	0%	24	1%	22	1%	1,731	76%	356	16%	139	6%
Smithfield	3,615	2	<1%	46	1%	29	1%	2,802	78%	572	16%	164	5%
South Kingstown	5,364	0	0%	81	2%	31	1%	3,951	74%	1,053	20%	248	5%
Tiverton	2,998	1	<1%	41	1%	20	1%	2,109	70%	665	22%	162	5%
Warren	1,935	4	<1%	42	2%	19	1%	1,124	58%	610	32%	136	7%
Warwick	15,795	3	<1%	308	2%	223	1%	10,476	66%	3,676	23%	1,109	7%
West Greenwich	1,468	2	<1%	22	1%	13	1%	1,131	77%	221	15%	79	5%
West Warwick	5,746	1	<1%	151	3%	121	2%	3,118	54%	1,990	35%	365	6%
Westerly	4,787	4	<1%	82	2%	83	2%	3,012	63%	1,337	28%	269	6%
Woonsocket	9,842	10	<1%	203	2%	176	2%	4,237	43%	4,533	46%	683	7%
Four Core Cities	*73,523*	*71*	*<1%*	*1,164*	*2%*	*2,508*	*3%*	*30,815*	*42%*	*33,531*	*46%*	*5,434*	*7%*
Remainder of State	*149,621*	*44*	*<1%*	*2,304*	*2%*	*1,890*	*1%*	*102,242*	*68%*	*34,607*	*23%*	*8,534*	*6%*
Rhode Island	*223,144*	*115*	*<1%*	*3,468*	*2%*	*4,398*	*2%*	*133,057*	*60%*	*68,138*	*31%*	*13,968*	*6%*

Note to Table

The denominator is the number of children under age 18 living in family households according to Census 2010. 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 2010.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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(continued on page 165)

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

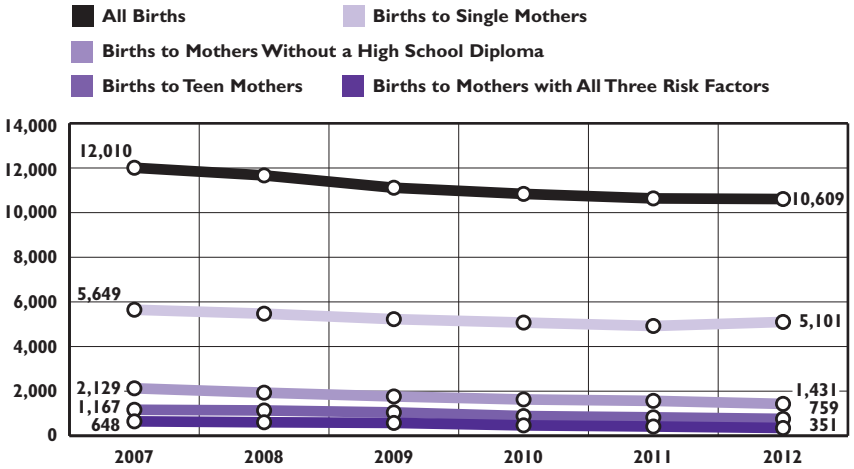
The basic architecture of the human brain develops during the infant and toddler years. By age three, a child's brain has grown to 90% of its adult size and the foundation of many cognitive structures and systems are in place. Early experiences lay the foundation for future learning, and strong, positive relationships are the building blocks for healthy development. Babies who have positive, predictable relationships with parents and other caregivers have a sturdy foundation to achieve healthy growth and development, while babies who do not have a strong relationship with a nurturing caregiver often encounter challenges in future learning and development.[1,2,3]

Infancy is a time of great opportunity and vulnerability. A child's development can be compromised by "toxic stress" and a variety of risk factors in infancy, including prematurity, poverty, maternal depression, family chaos, exposure to violence, child maltreatment, and unsafe, low-quality child care.[4,5,6]

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.[7] Most children facing these three economic and social risk factors at birth continue to face great challenges throughout childhood. In 2012 in Rhode Island, 351 babies (3% of all babies) were born to unmarried teen mothers without high school diplomas.[8]

Providing early and intensive support to families with multiple risk factors can help parents develop critical nurturing skills.[9,10] Evidence-based home visiting programs for vulnerable families beginning during pregnancy (or as early as possible) and continuing through infancy and toddlerhood improve outcomes for children facing significant adversity.[11] Rhode Island offers three evidence-based home visiting programs shown to improve outcomes in vulnerable families – Nurse-Family Partnership, Healthy Families America, and Parents as Teachers.[12] In 2012 in Rhode Island, 174 families were enrolled in an evidence-based home visiting program.[13]

Births by Risk Factor, Rhode Island, 2007-2012



Source: Rhode Island Department of Health, KIDSNET Database, 2007-2012. 2012 data are provisional.

◆ **The U.S. birth rate has been declining in recent years, and in 2011, reached the lowest level ever recorded since 1920, when reliable record keeping began. The most recent decline began in 2007 coinciding with the national economic recession.[14,15] Rhode Island is tied for the fourth lowest birth rate in the U.S.[16]**

◆ **The total number of babies born to Rhode Island women has declined 12% between 2007 and 2012. The number of infants born at highest risk (babies born to unmarried teen mothers without a high school diploma) has fallen 46% in the same time period.[17]**

◆ **Between 2007 and 2012 in Rhode Island, the proportion of births to single mothers remained steady between 46% to 48%, while the proportion of births to mothers without a high school diploma fell from 18% to 13% and the proportion of births to teen mothers fell from 10% to 7% of all births.[18]**

◆ **All babies born in Rhode Island are screened through the Rhode Island Department of Health's Newborn Risk Assessment Program. In 2012, there were 6,836 babies born (64% of all babies born) who "screened positive," indicating the presence of one or more risk factors associated with poor developmental outcomes.[19]**

Table 4.

Infants Born at Highest Risk, Rhode Island, 2012

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	102	1	12	0	0	0%
Bristol	146	8	55	9	2	1%
Burrillville	121	8	50	6	3	2%
Central Falls	333	119	245	64	34	10%
Charlestown	48	5	19	4	2	4%
Coventry	320	22	120	10	4	1%
Cranston	790	70	310	33	14	2%
Cumberland	295	12	80	10	4	1%
East Greenwich	96	2	28	2	0	0%
East Providence	482	49	193	27	14	3%
Exeter	54	5	16	3	2	4%
Foster	38	2	14	0	0	0%
Glocester	69	5	18	3	3	4%
Hopkinton	66	7	19	5	4	6%
Jamestown	26	0	4	0	0	0%
Johnston	253	23	104	12	5	2%
Lincoln	164	7	44	2	0	0%
Little Compton	13	1	2	1	1	8%
Middletown	163	8	50	7	3	2%
Narragansett	74	4	30	2	1	1%
New Shoreham	6	1	1	0	0	0%
Newport	270	28	123	20	9	3%
North Kingstown	199	11	67	7	2	1%
North Providence	295	19	129	20	10	3%
North Smithfield	78	4	22	3	2	3%
Pawtucket	956	167	595	81	35	4%
Portsmouth	114	2	28	4	0	0%
Providence	2,544	600	1,653	276	136	5%
Richmond	66	3	8	2	1	2%
Scituate	64	0	16	1	0	0%
Smithfield	123	3	27	6	0	0%
South Kingstown	192	9	56	7	2	1%
Tiverton	68	2	28	2	0	0%
Warren	83	11	29	2	2	2%
Warwick	748	37	243	19	7	1%
West Greenwich	40	0	10	2	0	0%
West Warwick	360	44	192	30	11	3%
Westerly	199	13	94	13	6	3%
Woonsocket	551	119	367	64	32	6%
Four Core Cities	*4,384*	*1,005*	*2,860*	*485*	*237*	*5%*
Remainder of State	*6,225*	*426*	*2,241*	*274*	*114*	*2%*
Rhode Island	*10,609*	*1,431*	*5,101*	*759*	*351*	*3%*

Source of Data for Table/Methodology

The Rhode Island Department of Health, KIDSNET Database, 2012. 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.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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(continued on page 165)

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 level.

SIGNIFICANCE

Parental educational attainment can have an impact on many aspects of child well-being, including children's health and health-related behaviors, children's access to sufficient educational resources, and the level of education they will ultimately achieve. Children of less educated parents are less likely to succeed in school, more likely to be poor for at least of half of their lives from birth through age 17, and more likely to be in poor health.[1,2]

There is a strong correlation between maternal educational 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 participate in early learning programs and home literacy activities more frequently, enter school with higher levels of academic skills, and earn higher average reading and math test scores. Increasing maternal education can improve children's school readiness, language and academic skills.[6,7] Increases in education levels also have been linked to improved health, better employment opportunities, and higher earnings.[8]

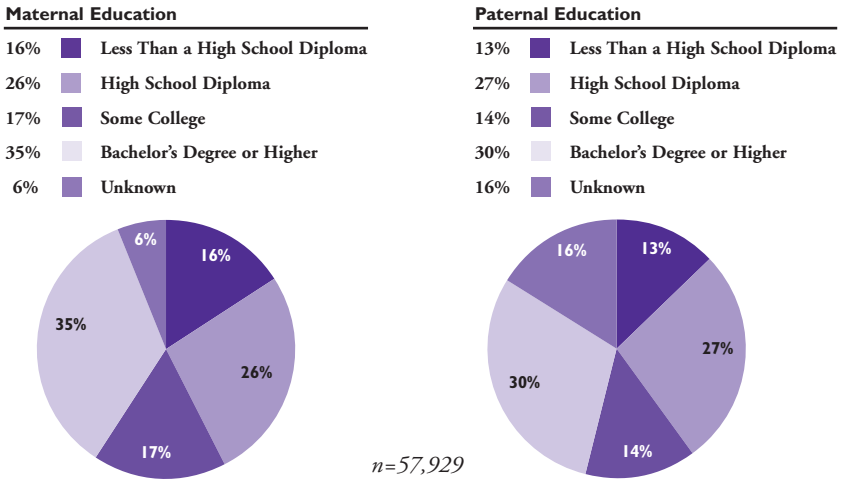
One of the best ways parents can raise their families' incomes is through higher education.[9] Women with bachelor's degrees in Rhode Island earn more than twice as much as those with less than a high school diploma.[10] Between 2007 and 2011, 16% of Rhode Island births were to mothers with less than a high school diploma and 35% were to mothers with a bachelor's degree or higher.[11]

Births to Mothers With Less Than a High School Diploma

City/Town	% of Children
Central Falls	38%
Pawtucket	20%
Providence	29%
Woonsocket	24%
Four Core Cities	27%
Remainder of State	8%
Rhode Island	16%

Source: Rhode Island Department of Health, Hospital Discharge Database, 2007-2011.

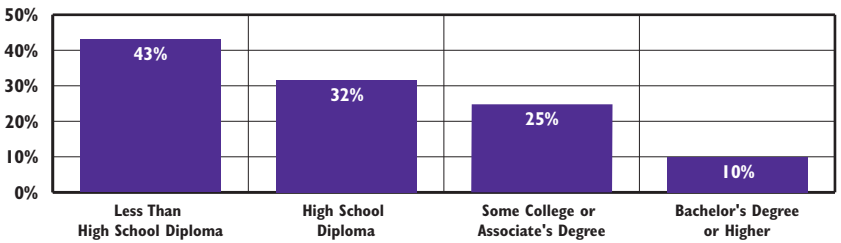
Births by Parental Education Levels, Rhode Island, 2007-2011



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2007-2011. Data for 2011 are provisional.

◆ **In Rhode Island between 2007 and 2011, 42% 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.[12]**

Poverty Rates for Families Headed by Single Females by Educational Attainment, Rhode Island, 2009-2011



Source: U.S. Census Bureau, American Community Survey, 2009-2011. Table S1702.

◆ **The poverty rate among families headed by single females is directly correlated with the mother's educational level. In Rhode Island between 2009 and 2011, 43% of families headed by single females with less than a high school diploma were poor, compared with 10% of those with a bachelor's degree or higher.[13]**

Table 5.

Births by Education Level of Mother, Rhode Island, 2007-2011

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	524	406	77%	54	10%	44	8%	6	1%
Bristol	846	433	51%	156	18%	166	20%	45	5%
Burrillville	688	243	35%	154	22%	207	30%	44	6%
Central Falls	1,785	119	7%	205	11%	619	35%	675	38%
Charlestown	303	164	54%	54	18%	62	20%	11	4%
Coventry	1,494	652	44%	342	23%	324	22%	105	7%
Cranston	4,027	1,695	42%	751	19%	977	24%	381	9%
Cumberland	1,631	905	55%	249	15%	294	18%	83	5%
East Greenwich	511	365	71%	57	11%	56	11%	10	2%
East Providence	2,625	1,019	39%	490	19%	715	27%	245	9%
Exeter	254	126	50%	45	18%	53	21%	21	8%
Foster	174	79	45%	33	19%	41	24%	9	5%
Glocester	361	184	51%	64	18%	76	21%	19	5%
Hopkinton	418	183	44%	79	19%	113	27%	31	7%
Jamestown	134	104	78%	12	9%	8	6%	2	1%
Johnston	1,346	517	38%	280	21%	374	28%	110	8%
Lincoln	902	448	50%	173	19%	178	20%	58	6%
Little Compton	113	70	62%	16	14%	20	18%	4	4%
Middletown	916	419	46%	175	19%	229	25%	47	5%
Narragansett	423	248	59%	74	17%	59	14%	15	4%
New Shoreham	52	28	54%	7	13%	13	25%	3	6%
Newport	1,401	630	45%	186	13%	293	21%	173	12%
North Kingstown	1,073	603	56%	171	16%	183	17%	54	5%
North Providence	1,518	622	41%	313	21%	389	26%	110	7%
North Smithfield	437	237	54%	77	18%	85	19%	23	5%
Pawtucket	5,352	1,147	21%	932	17%	1,763	33%	1,096	20%
Portsmouth	640	376	59%	116	18%	109	17%	12	2%
Providence	13,970	2,954	21%	1,826	13%	4,182	30%	4,026	29%
Richmond	384	205	53%	62	16%	71	18%	26	7%
Scituate	309	165	53%	68	22%	53	17%	8	3%
Smithfield	647	398	62%	98	15%	104	16%	18	3%
South Kingstown	1,022	627	61%	153	15%	136	13%	62	6%
Tiverton	575	255	44%	134	23%	125	22%	39	7%
Warren	478	197	41%	93	19%	125	26%	48	10%
Warwick	3,969	1,766	44%	825	21%	863	22%	307	8%
West Greenwich	261	128	49%	60	23%	51	20%	11	4%
West Warwick	1,930	552	29%	343	18%	643	33%	270	14%
Westerly	1,194	437	37%	260	22%	363	30%	113	9%
Woonsocket	3,236	513	16%	538	17%	1,148	35%	777	24%
Unknown	*6*	*2*	*NA*	*3*	*NA*	*1*	*NA*	*0*	*NA*
Four Core Cities	*24,343*	*4,733*	*19%*	*3,501*	*14%*	*7,712*	*32%*	*6,574*	*27%*
Remainder of State	*33,580*	*15,486*	*46%*	*6,224*	*19%*	*7,602*	*23%*	*2,523*	*8%*
Rhode Island	*57,929*	*20,221*	*35%*	*9,728*	*17%*	*15,315*	*26%*	*9,097*	*16%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2007-2011. Data for 2011 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 2007 and 2011, maternal education levels were unknown for 3,568 births (6%).

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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(continued on page 165)

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 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] Since 2000, all of the growth in the child population in the U.S. has been among groups other than non-Hispanic Whites.[2] In Rhode Island, the non-Hispanic White child population declined by 21% between 2000 and 2010, while the Hispanic child population grew by 31%.[3] In 2011, 53% of all U.S. children were White non-Hispanic.[4] The U.S. will become even more racially and ethnically diverse. By 2023, more than half of all children in the U.S. will be children of color.[5]

In 2010, 64% of children in Rhode Island were White non-Hispanic, down from 73% in 2000. The number of minority children grew by about 13,000 between 2000 and 2010. The number of White non-Hispanic children dropped by over 37,000 during the same period.[6]

In 2010 in Rhode Island, 72% of children under age 18 were White, 8% were Black or African American, 3% were Asian, less than 1% were Native American, 9% of children were identified as Some other race, and 7% as Two or more races. In 2010, 21% of children living in Rhode Island were Hispanic.[7]

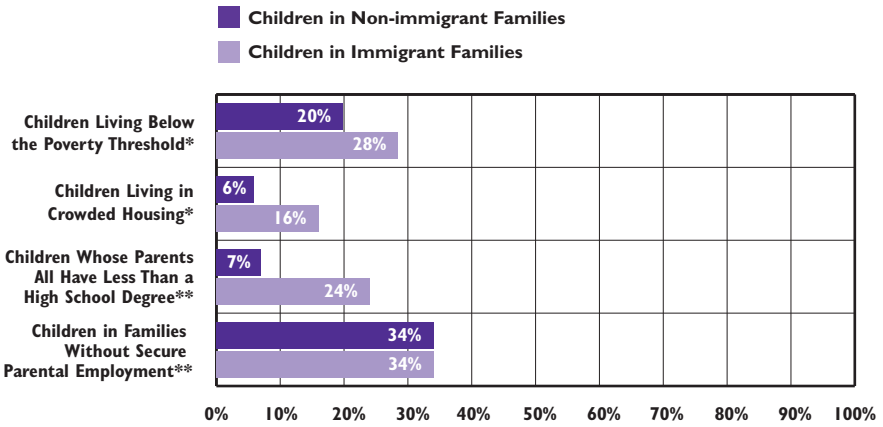
More than two-thirds (67%) of all minority children in Rhode Island live in Rhode Island's four core cities (Central Falls, Pawtucket, Providence and Woonsocket). Almost three-quarters (74%) of children living in the four core cities are minority children.[8]

Between 2009 and 2011, there were 8,485 foreign-born children living in Rhode Island, 26% of whom were naturalized U.S. citizens.[9] Of Rhode Island's immigrant children, 28% were born in Central or South America, 27% were born in the Caribbean, 18% were born in Asia, 15% were born in Africa, 8% were born in Europe, and 4% were born in North America (Canada, Bermuda or Mexico).[10]

Between 2009 and 2011, 23% of children between the ages of five and 17 living in Rhode Island spoke a language other than English at home, 94% 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



Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org. *Data are for 2011. **Data are for 2010.

◆ **Ninety-six percent of children in Rhode Island were born in the United States.[13] Twenty-five 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 24%.[14] Most immigrant families in Rhode Island are not new arrivals to the United States; 98% of children in Rhode Island immigrant families have parents who arrived in this country more than five years ago.[15]**

◆ **Twenty percent of Rhode Island children in non-immigrant families are poor, compared with 28% of children in immigrant families.[16] More than two-thirds (70%) of Rhode Island's poor children live in families with U.S.-born parents.[17]**

◆ **The economic, physical, and academic 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 with education.[18] Sixteen percent of Rhode Island children in immigrant families live in linguistically-isolated households, meaning no one 14 years or older either speaks only English or speaks English "very well."[19]**

Table 6.

Child Population, by Race and Ethnicity, Rhode Island, 2010

	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	2010 POPULATION UNDER AGE 18
Barrington	154	4,096	22	8	163	0	13	141	4,597
Bristol	130	3,298	43	4	40	0	3	105	3,623
Burrillville	115	3,310	32	2	12	0	4	101	3,576
Central Falls	3,950	747	492	17	20	2	179	237	5,644
Charlestown	46	1,331	8	50	16	0	1	54	1,506
Coventry	312	7,065	64	19	77	0	14	219	7,770
Cranston	2,966	10,819	693	48	1,075	15	73	725	16,414
Cumberland	542	6,348	154	7	204	3	31	246	7,535
East Greenwich	106	3,014	26	5	174	0	6	105	3,436
East Providence	799	6,619	619	42	142	1	281	674	9,177
Exeter	66	1,216	7	7	10	0	3	25	1,334
Foster	24	913	14	1	16	0	0	18	986
Glocester	63	1,942	13	2	24	0	7	47	2,098
Hopkinton	48	1,690	7	15	16	0	3	66	1,845
Jamestown	36	947	4	1	8	0	2	45	1,043
Johnston	640	4,364	148	1	135	0	22	170	5,480
Lincoln	353	3,885	114	7	164	0	25	203	4,751
Little Compton	18	606	8	1	6	3	2	10	654
Middletown	295	2,779	159	10	124	3	20	262	3,652
Narragansett	91	1,998	30	32	16	0	9	93	2,269
New Shoreham	10	149	1	0	0	0	0	3	163
Newport	703	2,405	337	37	39	1	33	528	4,083
North Kingstown	289	5,598	75	31	85	2	6	236	6,322
North Providence	796	3,833	397	15	158	0	74	241	5,514
North Smithfield	114	2,241	15	2	33	0	4	47	2,456
Pawtucket	4,785	6,513	2,727	83	256	7	1,004	1,200	16,575
Portsmouth	157	3,537	53	11	58	1	13	166	3,996
Providence	23,166	6,737	6,682	375	2,095	15	494	2,070	41,634
Richmond	44	1,729	12	7	15	0	0	42	1,849
Scituate	54	2,145	8	4	29	0	3	29	2,272
Smithfield	117	3,337	46	6	41	0	9	69	3,625
South Kingstown	192	4,687	80	81	115	1	18	242	5,416
Tiverton	84	2,741	31	3	34	2	9	94	2,998
Warren	75	1,736	38	10	11	0	4	66	1,940
Warwick	1,048	13,365	275	38	457	2	39	601	15,825
West Greenwich	60	1,353	15	5	16	0	1	27	1,477
West Warwick	590	4,554	142	11	128	3	20	298	5,746
Westerly	252	4,068	68	52	127	2	10	208	4,787
Woonsocket	2,650	5,147	676	37	592	2	35	749	9,888
Four Core Cities	*34,551*	*19,144*	*10,577*	*512*	*2,963*	*26*	*1,712*	*4,256*	*73,741*
Remainder of State	*11,389*	*123,718*	*3,758*	*575*	*3,768*	*39*	*762*	*6,206*	*150,215*
Rhode Island	*45,940*	*142,862*	*14,335*	*1,087*	*6,731*	*65*	*2,474*	*10,462*	*223,956*

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2010 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.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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(continued on page 165)

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. In 2010 in Rhode Island, 72% of children under age 18 were White, 8% were Black or African American, 3% were Asian, 1% were Native American, 9% of children were identified as "Some other race," and 7% as "Two or more races." In 2010, 21% 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 2009 and 2011, 19% of all Rhode Island children lived in poverty, 65% of whom were minorities.[4]

Black and Hispanic children are more likely than White and Asian children to live in neighborhoods that lack the resources needed for them to grow up healthy and successful.[5] In 2010, nearly three-quarters (67%) of Rhode Island's minority children lived in one of the four core cities (those cities with the highest percentage of children living in poverty). In 2010, more than three-quarters of the children in Providence (84%) and Central Falls (87%) were of minority racial and ethnic backgrounds.[6] Children living in areas of concentrated poverty, who are more likely to be Black or Hispanic, face challenges above and beyond the burdens of individual poverty. The Providence metropolitan area has the 56th highest rate of concentrated poverty in the U.S.[7]

Residential segregation between Whites and Blacks has decreased in the U.S. since the 1970s, but high levels of residential segregation still exist. Hispanics and Asians experience less segregation than Blacks, but the rate of segregation for these groups has been increasing in recent years.[8] The Providence-New Bedford-Fall River metropolitan area was the ninth most segregated metropolitan area in the nation for Hispanics in 2010.[9]

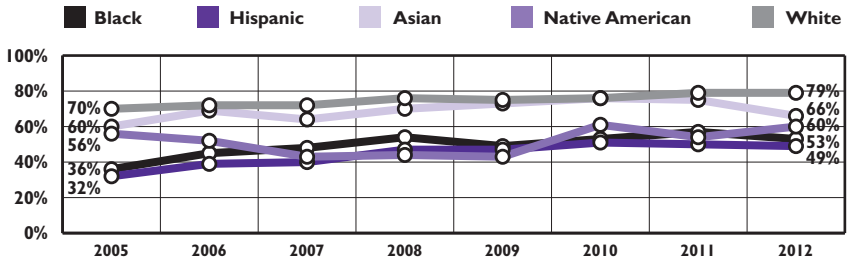
Even in good economic climates, minority families are more likely to be unemployed, have higher poverty rates and receive lower wages than White families. Minority families also face greater negative impacts during economic recessions and their recovery from economic downturns is slower than that of 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

◆ **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, 2005-2012



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP),* 2005-2012.

◆ **In Rhode Island between 2005 and 2012, White fourth-graders were more likely to achieve proficiency on the *NECAP* reading exam than minority fourth-graders.[16]**

◆ **Racial and ethnic disparities in education are evident before children enter kindergarten and persist throughout high school and college. Minority students are much less likely to graduate from high school, go to college, and graduate from college than their White peers.[17,18,19,20]**

◆ **Factors that impact educational achievement gaps include school issues, family participation, and before- and beyond-school concerns (e.g., poor child health or access to out-of-school and early-learning opportunities).[21,22,23]**

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

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children in Poverty	13%	37%	38%	24%	39%	19%
Births to Mothers With <12 Years Education	12%	34%	20%	12%	33%	16%
Unemployment Rate	10%	19%	17%	NA	NA	11%
Median Family Income	$76,361	$33,641	$37,064	$60,339	$31,644	$70,360
Homeownership	66%	28%	31%	48%	36%	61%

Sources: *Children in Poverty* data are from the U.S. Census Bureau, American Community Survey, 2009-2011. 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, 2007-2011. *Unemployment Rate* data are from the Bureau of Labor Statistics, Local Area Unemployment Statistics, 2012. *Median Family Income* data are from the U.S. Census Bureau, American Community Survey, 2009-2011, Tables B19113, B19113A, B19113B, B19113C, B19113D & B19113I. *Homeownership* data are from the U.S. Census Bureau, American Community Survey, 2009-2011, 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 2009 and 2011 in Rhode Island, 19% of all children, 37% of Hispanic children, 39% of Native American children, 38% of Black children, 24% of Asian children, and 13% of White children in Rhode Island lived in families with incomes below the federal poverty level.[24]**

◆ **Between 2009 and 2011 in Rhode Island, White households were the most likely to own their homes while Black and Hispanic households were the most likely to live in rental units.[25]**

◆ **In 2012 in Rhode Island, the unemployment rate among White people was 10%, compared to 17% for Black people and 19% for Hispanic people. Nationally, the unemployment rate for White people in 2012 was 7%, compared to 14% for Black people, and 10% for Hispanic people.[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	13.0%	19.7%	22.2%	21.6%	20.9%	15.0%
Preterm Births	10.3%	12.4%	14.8%	11.7%	15.5%	11.1%
Low Birthweight Infants	7.1%	7.7%	11.0%	9.3%	13.1%	7.9%
Infant Mortality (per 1,000 live births)	5.9	5.8	13.5	10.8	12.7	6.5
Asthma Hospitalizations (per 1,000 children)	1.7	2.9	5.9	1.5	NA	2.2
Births to Teens Ages 15-19 (per 1,000 teens)	20.0	59.4	47.6	19.0	76.4	25.5

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2007-2011 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, 2007-2011 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 2010, SF1. For *Births to Teens* the denominators are the female populations ages 15-19 by race from the U.S. Census Bureau, Census 2010, SF1. 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. Native Americans are the most likely to give birth as teenagers, followed by Hispanic and Black teens.[29]**

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

◆ **Approximately one in eight 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%). 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)	0.9	5.0	10.2	0.8	0.0	2.6
Children of Incarcerated Parents (per 1,000 children)	9.2	14.0	63.4	3.1	26.7	13.0
Children in Out-of-Home Placement (per 1,000 children)	7.7	11.3	17.8	4.5	9.2	8.7

Sources: *Juveniles at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, December 31, 2012 (*includes only male adjudicated youth). *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, September 30, 2012 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, 2012. Population denominators used for *Children of Incarcerated Parents* are the populations under age 18 by race from the U.S. Census Bureau, Census 2010, 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 2010, SF1, P12A, P12B, P12C, P12D, P12H. The population denominators used for *Juveniles at the Training School* are the male populations ages 15-19 by race from the U.S. Census Bureau, Census 2010, SF1.

◆ **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 is 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	79%	49%	53%	66%	60%	69%
4th Grade Students at or Above Proficiency in Mathematics	75%	45%	44%	65%	45%	64%
Students Attending Schools Identified for Intervention	2%	35%	29%	17%	18%	12%
Four-Year High School Graduation Rates	82%	67%	67%	80%	58%	77%
% of Adults Over Age 25 With a Bachelor's Degree or Higher	33%	11%	18%	41%	7%	31%

Sources: All data are from the Rhode Island Department of Elementary and Secondary Education, 2011-2012 school year or the October 2012 *NECAP* unless otherwise noted. *Adult Educational Attainment* data are from the U.S. Census Bureau, American Community Survey, 2009-2011, 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, Native American, Asian, and Black children are less likely to be proficient in reading and mathematics in fourth grade than White 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 and Asian students to be disciplined in school. Schools' disproportionate use of disciplinary techniques that remove children from the classroom, such as out-of-school suspension or expulsion, may contribute to racial and ethnic gaps in school achievement and drop-out rates. Rhode Island has one of the highest rates in the U.S. for disciplinary out-of-school suspensions among Black students with disabilities.[40] In Rhode Island during the 2011-2012 school year, minority students received 55% of all disciplinary actions, although they made up only 37% of the student population.[41]**

◆ **During the 2011-2012 school year, Rhode Island's Hispanic and Black children were more than 14 times as likely as White children to attend schools identified for intervention.[42]**

Rhode Island's Hispanic Children and Youth

◆ **In 2010, there were 45,940 Hispanic children under age 18 living in Rhode Island, up from 35,326 in 2000. Hispanic children made up 21% of Rhode Island's child population in 2010, compared with 14% in 2000.[43]**

◆ **In 2010, three-quarters (75%) of the Hispanic children in Rhode Island lived in the four core cities of Central Falls, Pawtucket, Providence and Woonsocket.[44] While Providence has the largest Hispanic population overall, Central Falls has the most dense concentration of Hispanic people.[45]**

Economics

◆ **Forty-one percent of Rhode Island's Hispanic children were living in poverty in 2011, compared to the national rate of 34%.[46] The median family income for Hispanics in Rhode Island is $33,641, compared to $70,360 overall in Rhode Island.[47]**

Health

◆ **In Rhode Island between 2007 and 2011, 19.7% percent of Hispanic babies were born to women who received delayed or no prenatal care, compared with 15.0% 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 two times higher than the overall teen birth rate in Rhode Island (59.4 per 1,000 Hispanic teens ages 15 to 19 compared to 25.5 per 1,000 for all teens).[49,50]**

Education

◆ **The four-year high school graduation rate among Hispanic youth in the class of 2012 was 67%, lower than Rhode Island's four-year high school graduation rate of 77%.[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 165)

Economic Well-Being

I am the creativity

by Alexis De Veaux

I am the dance step
of the paintbrush singing
I am the sculpture
of the song
the flame breath
of words
giving new life to paper
yes, I am the creativity
that never dies
I am the creativity
keeping my people
alive

Cricket
SQUITO
Beetle

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 is a measure of the ability of families to meet the costs of food, clothing, housing, health care, transportation, child care and higher education. In 2011, the median family income for Rhode Island families with their own children was $63,743.[1] Rhode Island had the 11th highest median family income nationally and the 4th highest in New England.[2]

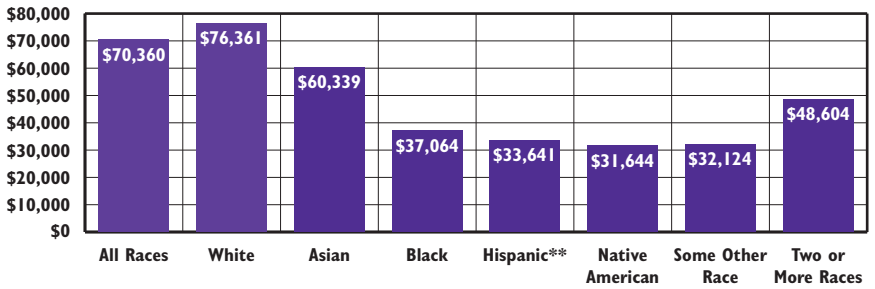
Between 2009 and 2011, Rhode Island's median income for families with their own children differed significantly by family type. The median family income for two-parent families ($93,540) was more than two and a half times that of male-headed single-parent families ($36,745) and more than three and a half times that of female-headed single-parent families ($25,401).[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] It was the first business cycle (a predicable long-term pattern of alternating periods of economic growth and decline) during which the median family income did not rise.[5] Median incomes for working-age households (headed by someone under age 65) decreased by 10.2% between 2000 and 2010.[6]

Over the past 30 years, the income gap between the wealthiest families and low- and middle-income families has tripled, resulting in a greater concentration of wealth at the top than any time since 1928.[7] Several factors have contributed to this rising income inequality, including a severe drop in minimum wage, the stagnation of wages and compensation, the decline of unionization, high levels of unemployment, high school and college graduates starting at lower wages, and degrees bringing less value over time.[8]

In Rhode Island, the average income of the wealthiest 20% of families increased by 99% (or $94,170) during the past thirty years, while the average income of the poorest 20% of families increased by 12% (or $2,480). 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.[9] Rhode Island is among the top ten states with the fastest growing income inequality.[10]

Median Family Income by Race and Ethnicity, Rhode Island, 2009-2011*



Source: U.S. Census Bureau, American Community Survey, 2009-2011. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113F, B19113G, and 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, Hispanic and Native American families.[11]**

◆ **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, 63% of Black children born into poor families stay in the lowest income levels, compared to 32% of White children born into poor families.[12]**

◆ **According to the *2012 Rhode Island Standard of Need*, it costs a single-parent family with two young children $49,272 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 $57,540 to meet this budget without government subsidies.[13]**

◆ **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 in Rhode Island make ends meet.[14]**

Table 7. **Median Family Income, Rhode Island, 2007-2011**

CITY/TOWN	1999 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18 (ADJUSTED TO 2011 DOLLARS*)	2007-2011 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	
		ESTIMATES WITH HIGH MARGINS OF ERROR**	ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR
Barrington	$119,856		$123,667
Bristol	$71,983	$94,688	
Burrillville	$74,355		$83,623
Central Falls	$29,707	$35,183	
Charlestown	$74,348	$74,853	
Coventry	$82,818		$89,088
Cranston	$76,810		$74,328
Cumberland	$92,180		$99,053
East Greenwich	$146,529		$150,147
East Providence	$65,972		$64,650
Exeter	$98,859		$115,636
Foster	$85,558	$77,434	
Glocester	$82,255		$86,989
Hopkinton	$79,732	$73,475	
Jamestown	$107,410	$84,773	
Johnston	$76,455		$73,260
Lincoln	$87,023		$98,039
Little Compton	$76,506	$119,107	
Middletown	$74,646		$85,703
Narragansett	$92,125		$95,208
New Shoreham	$74,029		$99,167
Newport	$58,211		$59,444
North Kingstown	$90,147		$104,539
North Providence	$68,156		$63,686
North Smithfield	$95,926		$113,636
Pawtucket	$45,303		$38,471
Portsmouth	$90,944		$122,633
Providence	$33,133		$34,877
Richmond	$85,676		$101,420
Scituate	$93,320		$90,789
Smithfield	$90,505		$98,808
South Kingstown	$92,145		$101,857
Tiverton	$86,145		$83,886
Warren	$72,272		$75,771
Warwick	$76,991		$76,689
West Greenwich	$94,690		$103,897
West Warwick	$56,463	$65,617	
Westerly	$70,155		$85,182
Woonsocket	$46,521		$35,256
Four Core Cities	*NA*		*NA*
Remainder of State	*NA*		*NA*
Rhode Island	*$68,243*		*$68,507*

Source of Data for Table/Methodology

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 householder by birth, marriage or adoption.

*The 1999 median family income data are adjusted to 2011 constant dollars by multiplying 1999 dollar values by 1.34981610 as recommended by the U.S. Census Bureau.

The 2007-2011 data come from a Population Reference Bureau analysis of 2007-2011 American Community Survey data. The American Community Survey is a sample survey, and therefore the median family income is an estimate. The reliability of estimates vary by community. In general, estimates for small communities are not as reliable as estimates for larger communities.

**The Margin of Error around the estimate is greater than or equal to 25 percent of the estimate.

The Margin of Error is a measure of the reliability of the estimate and is provided by the U.S. Census Bureau. The Margin of Error means that there is a 90 percent chance that the true value is no less than the estimate minus the Margin of Error and no more than the estimate plus the Margin of Error. See the Methodology Section for Margins of Errors for all communities.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

NA: Median family income cannot be calculated for combinations of cities and towns (i.e., Four Core Cities and Remainder of State).

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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 a family with an 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

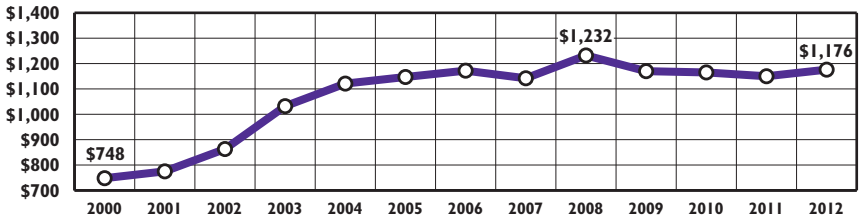
Inadequate, costly, or crowded housing has a negative impact on children's health, safety, and emotional well-being and on a family's ability to meet a child's basic needs. Children who live in families with cost burdens may live in low-quality and overcrowded housing and move frequently, all of which 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] In 2010, 26% of Rhode Island's 148,092 working households spent more than half their income on housing costs, making Rhode Island the most housing cost-burdened state in New England.[6] In 2012, the area median income for families in Rhode Island was $76,814.[7] Families with this income can afford a median-priced, single-family home in 22 of the 39 communities in the state.[8] In 2011, the median cost of a single-family home in Rhode Island was $195,000, 25% higher than in 2001 but 31% lower than in 2006.[9,10] From 2000 to 2011, the amount of income required to afford a two-bedroom home in Rhode Island increased by 68%, a larger increase than any other state except for Hawaii.[11]

In 2012, a worker would have to earn $22.62 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 three times the state's 2012 minimum wage of $7.40 per hour.[12] In 2012, Rhode Island required the 16th highest hourly wage to afford a two-bedroom home of any state.[13]

Federally-funded Section 8 rental vouchers can help low-income individuals and 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 housing bond that helped fund the development of over 1,300 affordable homes in 30 communities over four years and in 2012 voters approved a second bond to fund the development of affordable housing.[15,16] Rhode Island is one of only nine states that does not have a dedicated funding source for affordable housing.[17]

Average Rent, Two-Bedroom Apartment, Rhode Island, 2000-2012



Source: Rhode Island Housing, Annual Rent Surveys, 2000-2012. The 2003-2012 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 2012, the average cost of rent in Rhode Island increased by 54%, from $748 to $1,176.[18] The percentage of renters in Rhode Island who spent 30% or more of their household income on rent increased from 40% in 2002 to 54% in 2011. The percentage of homeowners who had a cost burden due to their mortgages also increased between 2002 and 2011, from 30% to 41%.[19,20]**

◆ **High energy costs make housing even less affordable for low-income families. Research shows that children in households experiencing energy shutoffs also are at risk of hunger and problems with health and development.[21] 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.[22] In 2011 (the most recent year for which data are available), 211 protected residential customers who used electricity and 965 who used gas to heat their homes entered the moratorium period with their utilities shut off due to nonpayment.[23]**

Foreclosures in Rhode Island

◆ **Rhode Island continues to have a high foreclosure rate. Between 2009 and 2011, nearly one-third of Rhode Island residential foreclosures were multi-family homes. When a multi-family unit is foreclosed, approximately two to three families lose their homes.[24] 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.[25]**

Table 8.

Cost of Housing for Very Low-Income Families, Rhode Island, 2012

CITY/TOWN	FAMILY INCOME: 2012 POVERTY LEVEL FAMILY OF THREE	FAMILY INCOME: 2012 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	$19,090	$34,050	$2,856	101%	$1,154	73%	41%
Bristol	$19,090	$34,050	$1,921	68%	$1,135	71%	40%
Burrillville	$19,090	$34,050	$1,426	50%	$1,138	72%	40%
Central Falls	$19,090	$34,050	$693	24%	$863	54%	30%
Charlestown	$19,090	$34,050	$2,176	77%	$1,271	80%	45%
Coventry	$19,090	$34,050	$1,363	48%	$1,128	71%	40%
Cranston	$19,090	$34,050	$1,424	50%	$1,157	73%	41%
Cumberland	$19,090	$34,050	$1,790	63%	$1,107	70%	39%
East Greenwich	$19,090	$34,050	$3,241	114%	$1,335	84%	47%
East Providence	$19,090	$34,050	$1,395	49%	$1,197	75%	42%
Exeter*	$19,090	$34,050	$2,386	84%	$910	57%	32%
Foster*	$19,090	$34,050	$1,773	62%	$910	57%	32%
Glocester*	$19,090	$34,050	$1,499	53%	$910	57%	32%
Hopkinton*	$19,090	$38,550	$1,768	55%	$889	56%	28%
Jamestown*	$19,090	$34,050	$3,131	110%	$910	57%	32%
Johnston	$19,090	$34,050	$1,345	47%	$1,213	76%	43%
Lincoln	$19,090	$34,050	$1,829	64%	$1,133	71%	40%
Little Compton*	$19,090	$34,050	$3,355	118%	$910	57%	32%
Middletown	$19,090	$40,700	$2,305	68%	$1,322	83%	39%
Narragansett	$19,090	$34,050	$2,484	88%	$1,235	78%	44%
New Shoreham*	$19,090	$38,550	$6,273	195%	$889	56%	28%
Newport	$19,090	$40,700	$2,502	74%	$1,371	86%	40%
North Kingstown	$19,090	$34,050	$2,174	77%	$1,271	80%	45%
North Providence	$19,090	$34,050	$1,347	47%	$1,114	70%	39%
North Smithfield	$19,090	$34,050	$1,756	62%	$1,151	72%	41%
Pawtucket	$19,090	$34,050	$1,068	38%	$1,026	64%	36%
Portsmouth	$19,090	$40,700	$2,390	70%	$1,391	87%	41%
Providence	$19,090	$34,050	$963**	34%**	$1,120	70%	39%
Richmond*	$19,090	$34,050	$1,827	64%	$910	57%	32%
Scituate*	$19,090	$34,050	$2,257	80%	$910	57%	32%
Smithfield*	$19,090	$34,050	$1,667	59%	$910	57%	32%
South Kingstown	$19,090	$34,050	$2,110	74%	$1,274	80%	45%
Tiverton	$19,090	$34,050	$1,607	57%	$1,216	76%	43%
Warren	$19,090	$34,050	$1,765	62%	$1,057	66%	37%
Warwick	$19,090	$34,050	$1,254	44%	$1,315	83%	46%
West Greenwich*	$19,090	$34,050	$1,947	69%	$910	57%	32%
West Warwick	$19,090	$34,050	$1,263	45%	$1,096	69%	39%
Westerly	$19,090	$38,550	$1,965	61%	$1,123	71%	35%
Woonsocket	$19,090	$34,050	$1,173	41%	$1,021	64%	36%
Four Core Cities	*$19,090*	*$34,050*	*$974*	*34%*	*$1,008*	*63%*	*36%*
Remainder of State	*$19,090*	*$35,006*	*$2,102*	*72%*	*$1,204*	*76%*	*41%*
Rhode Island	*$19,090*	*$34,908*	*$1,986*	*68%*	*$1,176*	*74%*	*40%*

Source of Data for Table/Methodology

2012 poverty level for a family of three as reported in: *Federal Register, 77*(17), January 26, 2012, pages 4034-4035.

A very low-income family as defined by the U.S. Department of Housing and Urban Development (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 by Rhode Island Housing (Effective February 9, 2012). *2012 Rhode Island income limits for low- and moderate-income households.* Retrieved March 5, 2013, from www.rhodeislandhousing.org

Data on typical monthly housing payments are from HousingWorks' RI *2012 housing fact book.* (2012). Providence, RI: HousingWorks RI. They are based on the median selling price of a single-family home using year-end 2011 data and calculated based on a 30-year mortgage at a 4.45% interest rate with a 3.5% down payment. The typical monthly housing payment for the state comes from HousingWorks RI, but core city and remainder of state are calculated using unweighted community data.

Rhode Island Housing, *Rhode Island Rent Survey*, 2012. Average rents are based on a survey of rents in Rhode Island between January and December, 2012. 2012 rents are adjusted using HUD's utility allowance of $250 for a two-bedroom apartment (includes heat, cooking fuel, electricity, and hot water).

*Rhode Island Housing 2012 *Rent Survey* data are not available. Average rent used for these communities is the HUD 2012 Fair Market Rent for the metropolitan area as reported by Rhode Island Housing.

The average rent calculated for the state as a whole, for the remainder of state, and core cities do not include communities for which data from the *Rent Survey* were not available.

Rent averages for the four core cities and the remainder of state are calculated using unweighted community data, consistent with the Rhode Island Housing methodology for the Rhode Island average rent.

**Typical monthly housing payment for Providence does not include the East Side and therefore cannot be compared to data reported for Providence in previous Factbooks.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

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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

More than 1.6 million children in the U.S. (one in 45) are homeless.[1] Families can become homeless due to lack of affordable housing, unemployment, low-paying jobs, extreme poverty and decreasing government supports. Other causes of family homelessness include domestic violence, mental illness, substance abuse, and the fraying of social support networks.[2,3,4]

Compared with 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.[5]

Families that 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/or parents' desires to protect their children from homelessness. Homeless children are 12 times more likely to be placed in foster care than other children. Homelessness also can be a barrier to reunification; it is estimated that more than 30% of children in foster care in the U.S. could return home if their parents had adequate housing.[6]

In Rhode Island, 1,277 children in homeless families made up a quarter (26%) of the people who used emergency homeless shelters, domestic violence shelters, and transitional housing in 2012. Half (52%) of these children were under age six and more than half (57%) lived in families that listed one of the four core cities as their last permanent residence.[7]

In 2012, 678 families with children stayed at an emergency homeless shelter, domestic violence shelter, or transitional housing facility in Rhode Island. Several forces have contributed to the high number of families experiencing homelessness in Rhode Island, including inability to afford housing costs and unemployment.[8] In 2012, Rhode Island had the third highest annual unemployment rate in the U.S. (10.4%) and Rhode Island continues to have a high foreclosure rate.[9,10] In 2012, the average rent for a two-bedroom apartment in Rhode Island was $1,176 or 92% of the monthly earnings of a full-time worker earning the minimum wage.[11,12]

Rhode Island's Plan to Prevent and End Homelessness

◆ **In 2012, Rhode Island released a statewide strategic plan to transform the provision of services to decrease the number of homeless individuals and families. Rhode Island's plan *(Opening Doors Rhode Island)* is based on a comparable federal initiative called *Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness.*[13]**

◆ **Rhode Island's plan includes a signature initiative focused on family homelessness. The plan recommends creating housing options for families involved with the Department of Children, Youth and Families (DCYF); increasing access to wraparound services for families at risk of involvement with the child welfare system; expanding access to affordable child care options; and improving access to services that foster early childhood development, educational stability, and youth development.[14]**

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.[15]**

◆ **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.[16]**

◆ **The *McKinney-Vento Act* defines a child as homeless if he or she does not have a "fixed, regular and adequate nighttime residence."[17] During the 2011-2012 school year, Rhode Island public school personnel identified 961 children as homeless. Of these children, 48% (459) lived with other families ("doubled up"), 47% (447) lived in shelters, 4% (43) lived in hotels or motels, and 1% (12) were unsheltered.[18]**

◆ **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.[19]**

Table 9.

Homeless Children Identified by Public Schools, Rhode Island, 2011-2012 School Year

SCHOOL DISTRICT	TOTAL ENROLLMENT	# OF CHILDREN IDENTIFIED AS HOMELESS BY PUBLIC SCHOOL PERSONNEL
Barrington	3,429	0
Bristol Warren	3,512	13
Burrillville	2,464	46
Central Falls	2,700	50
Chariho	3,492	19
Coventry	5,110	22
Cranston	10,683	22
Cumberland	4,686	4
East Greenwich	2,393	1
East Providence	5,597	18
Exeter-West Greenwich	1,771	4
Foster	284	0
Foster-Glocester	1,234	13
Glocester	579	1
Jamestown	493	0
Johnston	3,103	6
Lincoln	3,295	0
Little Compton	294	0
Middletown*	2,400	116
Narragansett	1,452	3
New Shoreham	114	0
Newport*	2,107	38
North Kingstown*	4,364	154
North Providence	3,274	0
North Smithfield	1,729	0
Pawtucket	8,769	32
Portsmouth	2,715	6
Providence	23,518	174
Scituate	1,548	0
Smithfield	2,407	15
South Kingstown	3,478	10
Tiverton	1,889	0
Warwick*	9,977	60
West Warwick	3,470	9
Westerly	3,071	71
Woonsocket*	5,999	59
Charter Schools	*3,564*	*10*
State-Operated Schools	*1,749*	*5*
UCAP	*141*	*0*
Four Core Cities	*40,986*	*315*
Remainder of State	*96,414*	*651*
Rhode Island	*142,854*	*961*

Table 10.

Sheltered Homeless Children, Rhode Island, 2012

CITY/ TOWN	2010 POPULATION UNDER AGE 18	ESTIMATED # OF HOMELESS CHILDREN BY LAST PERMANENT RESIDENCE**
Barrington	4,597	0
Bristol	3,623	5
Burrillville	3,576	0
Central Falls	5,644	51
Charlestown	1,506	2
Coventry	7,770	22
Cranston	16,414	27
Cumberland	7,535	2
East Greenwich	3,436	0
East Providence	9,177	35
Exeter	1,334	2
Foster	986	0
Glocester	2,098	0
Hopkinton	1,845	3
Jamestown	1,043	6
Johnston	5,480	0
Lincoln	4,751	0
Little Compton	654	0
Middletown	3,652	17
Narragansett	2,269	2
New Shoreham	163	0
Newport	4,083	28
North Kingstown	6,322	2
North Providence	5,514	5
North Smithfield	2,456	0
Pawtucket	16,575	70
Portsmouth	3,996	11
Providence	41,634	488
Richmond	1,849	2
Scituate	2,272	11
Smithfield	3,625	0
South Kingstown	5,416	22
Tiverton	2,998	0
Warren	1,940	25
Warwick	15,825	46
West Greenwich	1,477	3
West Warwick	5,746	11
Westerly	4,787	11
Woonsocket	9,888	119
Out of State	*NA*	*251*
Four Core Cities	*73,741*	*727*
Remainder of State	*150,215*	*299*
Rhode Island	*223,956*	*1,277*

Source of Data for Table/Methodology

Table 9.

Rhode Island Department of Elementary and Secondary Education, Public School Enrollment in grades preschool to 12 on October 1, 2011.

Number of children identified as homeless by public school personnel includes children in preschool 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 Academy, Blackstone Valley Prep, RI Nurses Institute Middle College Charter School, and Segue Institute for Learning. The only state-operated school reporting is the Metropolitan Regional Career & Technical Center.

*The Middletown, Newport, North Kingstown, Warwick, and Woonsocket school districts received grants that provided additional resources to identify and serve homeless students.

Table 10.

U.S. Census Bureau, Census 2010.

Rhode Island Emergency Shelter Information Project, 2012.

**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 estimated number by last permanent residence 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 number of homeless 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 2012. Data are not comparable with Factbooks prior to 2011 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 162.

References are on page 166.

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 more engaged academically and 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 2012, starting at 8.3% in January and ending at 7.8% in December. At the beginning of the 2007 recession, the U.S. seasonally-adjusted unemployment rate was 5.0%.[3,4] Rhode Island's December 2012 unemployment rate was 9.9%, the highest in the U.S.[5]

In 2012, 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 finish high school or college.[7]

Between 2009 and 2011, 73% of children under age six and 75% of children ages six to 17 in Rhode Island had all parents in the labor force. In comparison, nationally, 65% of children under age six and 71% of children ages six to 17 had all parents in the labor force.[8]

Even when families have adults with secure parental employment, low wages cause many families to remain in poverty. Nationally, nearly one in three (32%) working families with children are low income (10.4 million working families with a total of 23.5 million children).[9] 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.[10]

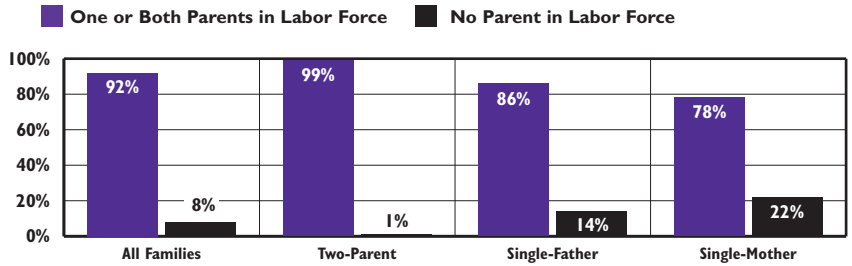
Children Living in Families Where No Parent Has Full-Time, Year-Round Employment, 2011

	2011
RI	35%
US	32%
National Rank*	*37th*
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

Employment Status of Parents by Family Type, Rhode Island, 2009-2011



Source: U.S. Census Bureau, American Community Survey, 2009-2011. Table B23008.

◆ **The majority of children living in Rhode Island between 2009 and 2011 had one or both parents in the labor force. Children living with a single parent were nearly 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, 71% had both parents in the labor force.[11]**

◆ **Between 2009 and 2011, there were 18,078 Rhode Island children living in families with no parent in the labor force. Children living in families with a single parent represented 93% (16,756) of families with no employed parents.[12]**

◆ **Between 2009 and 2011, 13% (3,157) of Rhode Island families with incomes below the federal poverty threshold had at least one adult with full-time, year-round employment.[13] Between 1999 and 2010, the percentage of Rhode Island children living in low-income families (below 200% of the federal poverty threshold) with no employed parents fell from 32% to 23%.[14,15]**

◆ **According to the *2012 Rhode Island Standard of Need*, over 85% of Rhode Island single parent families and 28% of two-parent families earn less than the income required to meet their basic needs without public benefits such as SNAP/food stamps, the Earned Income Tax Credit (EITC), child care subsidies, and health insurance.[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.[19,20] Approximately 60% of the entire U.S. workforce qualifies for the federal *Family and Medical Leave Act (FMLA)*, but many who are eligible cannot afford to take it.[21] The national average wage of a worker without paid sick leave is $10 per hour. In a single-parent family with two children, this worker could not miss more than three days of work in a month without falling below the federal poverty line.[22] Even when they work full-time, year-round, women earn less than male workers and are less likely to have paid time off.[23]

◆ 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.[24]

◆ Having access to work supports, such as health insurance, SNAP/food stamp benefits and child care subsidies, can facilitate steady employment over time. Researchers have found links between these programs and positive employment outcomes for parents regarding work stability and earnings.[25]

References

[1] Federal Interagency Forum on Child and Family Statistics. (2011). *America's children: Key national indicators of well-being, 2011.* Washington, DC: U.S. Government Printing Office.

[2] Wertheimer, R., Moore, K. A. & Burkhauser, M. (2008). *The well-being of children in working poor and other families: 1997 and 2004.* (Child Trends Research Brief Publication #2008-33). Washington, DC: Child Trends.

(continued on page 166)

Secure Employment and Child Care

◆ Research shows a link between adequate child care availability and sustained maternal labor force participation. Studies find that mothers report that the lack of reliable and dependable child care arrangements affected their ability to remain employed.[26]

◆ In Rhode Island, a single mother earning the state median income for a single-mother family ($25,607) would have to spend 46.2% of her income to pay for child care for an infant in center-based care.[27]

◆ In Rhode Island, child care assistance is available 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 ($35,154 for a family of three in 2013).[28,29]

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. It lifted 5.7 million people, including 3.1 million children, out of poverty in 2011.[30,31]

◆ The federal *American Taxpayer Relief Act (ATRA)* of 2012 extends improvements to the federal EITC.[32] These improvements were originally made during the federal *American Recovery and Reinvestment Act (ARRA)* of 2009 and provided additional enhanced tax credits to many families.[33]

◆ 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 25 states offering EITCs, Rhode Island is the only state with a partially refundable credit.[34,35]

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.

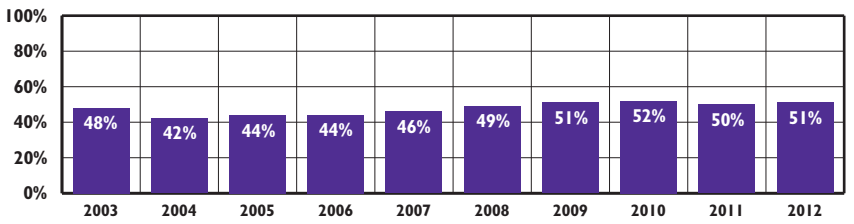
SIGNIFICANCE

Child support is a major part of the safety net for children and families. In 2011, nearly one in four U.S. children (17.3 million) received 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 increase the reliability of child support paid by helping custodial parents locate the non-custodial parent, establishing paternity, establishing support orders and removing barriers to payment, such as referring non-custodial parents to employment services, supporting healthy co-parenting relationships and helping to prevent family violence.[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. In 2011, child support lifted more than 500,000 U.S. children out of poverty, and for poor families that receive child support, these payments represent more than a third (40%) of their income.[3,4] Custodial parents who receive steady child support payments are less likely to receive cash assistance and more likely to find work faster and stay employed longer than those who do not.[5]

For many families, even when a child support order is in place, payments can be unreliable. Non-custodial parents of poor children are often 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, relationship building with the co-parent 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, 2003-2012



Sources: Rhode Island Department of Administration, Office of Child Support Enforcement, 2003-2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005-2012.

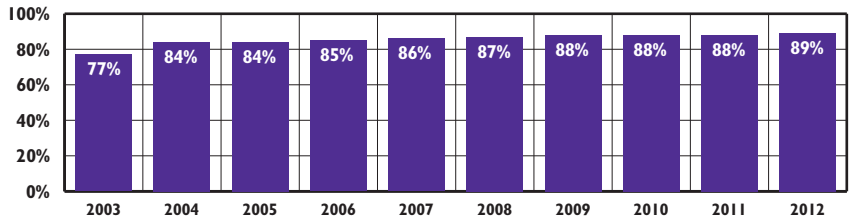
◆ **As of December 1, 2012, there were 83,126 children in Rhode Island's Office of Child Support Services system, including private, interstate and IV-D cases (i.e., families receiving RI Works, RIte Care or child care assistance). Half (50%) of the children with a known Rhode Island residence lived in the four core cities. Just over half (51%) of non-custodial parents under court order in Rhode Island were making child support payments on time and in full.[9]**

◆ **In 2012, the Rhode Island Office of Child Support Services collected $88.2 million in child support, an increase of $3.3 million over the previous year. Collections go toward both child support and medical support. Eighty-five percent ($75.2 million) of the funds collected were distributed directly to families and the remainder was retained by the state and federal governments as reimbursement for RI Works (cash assistance), RIte Care health coverage, and other expenses.[10]**

◆ **In Federal Fiscal Year (FFY) 2011, the Rhode Island Office of Child Support Services collected $4.10 for every $1.00 Rhode Island spent on administering the program.[11]**

◆ **During FFY 2012, there were 19,938 court orders for non-custodial parents to provide medical insurance and 12,198 orders for non-custodial parents to contribute funds toward medical coverage. More than $5 million in payments (known as "cash medical") was retained by the state to offset the cost of RIte Care, while approximately $1.6 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, 2003-2012



Sources: Rhode Island Department of Administration, Office of Child Support Enforcement, 2003-2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005-2012. Includes all children in the child support system -- private, interstate, and IV-D cases (i.e., 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 77% of children in 2003 to 89% of children in 2012.[13]**

◆ **In FFY 2011, Rhode Island had the lowest rate of court orders established for child support in New England (Maine – 90%; Vermont – 90%; New Hampshire – 87%; Massachusetts – 83%; Connecticut – 74%; Rhode Island – 66%). The national average for cases with child support orders established is 81%.[14]**

◆ **In FFY 2011, Rhode Island had the highest case/staff ratio in New England, more than five times that of the lowest state, Vermont. In recent years, the Office of Child Support Services lost more than one-third of its staff, which affects the office's ability to establish court orders for child support.[15,16]**

References

[1] Rhode Island KIDS COUNT analysis of data from the federal Office of Child Support Enforcement, Administration for Children and Families and U.S. Census Bureau, *Current Population Reports,* 2011 estimate.

[2] U.S. Office of Child Support Enforcement, Administration for Children & Families. (n.d.). *OCSE Fact Sheet.* Retrieved January 7, 2013, from www.acf.hhs.gov

[3] Sorensen, E. (2010). *Child support plays an increasingly important role for poor custodial families.* Washington, DC: Urban Institute.

[4] Entmacher, J. (2013). Child support is helping poor families in tough times. *Child Support Report, 35*(1), 11.

[5,6,8] Turetsky, V. (2005). *The Child Support Enforcement program: A sound investment in improving children's chances in life.* Retrieved January 7, 2013, from www.clasp.org

(continued on page 167)

Child Support and Rhode Island Works

◆ **As of December 1, 2012, Rhode Island's Office of Child Support Services system included 8,755 children enrolled in Rhode Island Works (RI Works).[17]**

◆ **In 2012, the average child support obligation for children enrolled in RI Works was $250 per month, compared to an average child support obligation of $371 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 2012, Rhode Island's Office of Child Support Services collected $4.3 million in child support for children enrolled in RI Works. The federal and state governments retained $3.9 million, and the remaining $424,841 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 2012 in Rhode Island, an average of 729 families received at least one "pass-through" payment each month.[21]**

◆ **In October 2008, a federal policy change went into effect that 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 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 and potentially reduce the amount of other benefits.[24]**

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, are more likely to have physical and behavioral health problems, experience difficulty in school, become teen parents and earn less or be unemployed as adults.[1,2,3] Children in poverty are less likely to be enrolled in a preschool, more likely to attend schools that lack resources and rigor, 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 at increased risk of living in poverty.[7,8]

In 2012, the federal poverty threshold was $18,498 for a family of three with two children and $23,283 for a family of four with two children.[9] The official poverty measure does not reflect the effects of key government policies and programs that support families living in poverty, does not take into account variations in the cost of transportation, child care, housing and medical care, and does not consider geographic variations in the cost of living. To address these limitations, in 2011, the U.S. Census Bureau began releasing a Supplemental Poverty Measure. This measure does not replace the official measure, but will provide policy makers with a new way to evaluate the effects of anti-poverty policies.[10]

According to the *2012 Rhode Island Standard of Need*, a single-parent family with two children would need $49,272 a year to meet its basic needs, far more than 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 families with incomes below the federal poverty threshold meet their basic needs.[11]

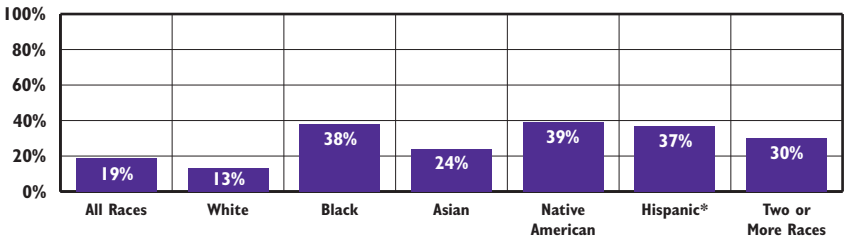
Children in Poverty

	2008	2009	2010	2011
RI	15.5%	16.9%	19.0%	21.9%
US	18.2%	20.0%	21.6%	22.5%
National Rank*				*27th*
New England Rank**				*6th*

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

Source: U.S. Census Bureau, American Community Survey, 2008-2011. Table R1704.

Children in Poverty, by Race and Ethnicity, Rhode Island, 2009-2011



Source: U.S. Census Bureau, American Community Survey, 2009-2011. Tables B17001, B17020A, B17020B, B17020C, B17020D, B17020G and B17020I. *Hispanic children may be included in any race category.

◆ **Between 2009 and 2011, 19.4% (42,550) of Rhode Island's 219,479 children under age 18 with known poverty status lived in households with incomes below the federal poverty threshold.[12]**

◆ **In Rhode Island as well as in the United States as a whole, Hispanic, Black and Native American children are more likely than White and Asian children to live in families with incomes below the federal poverty threshold. Between 2009 and 2011, 39% of Native American, 38% of Black, 37% of Hispanic, and 24% of Asian children in Rhode Island lived in poverty, compared to 13% of White children.[13]**

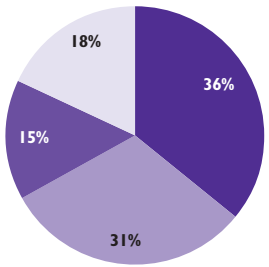
◆ **Between 2009 and 2011, of all children living in poverty in Rhode Island, almost half (49%) were White, 16% were Black, 4% were Asian, 1% were Native American, 21% were Some other race, and 8% were Two or more races.[14]**

◆ **Between 2009 and 2011, 39% 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.[15]**

Rhode Island's Poor Children, 2009-2011

By Age

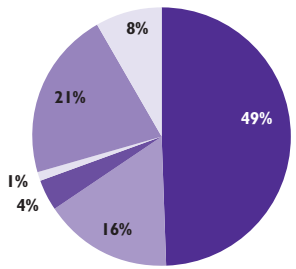
36%	Ages 5 and Younger
31%	Ages 6 to 11
15%	Ages 12 to 14
18%	Ages 15 to 17



n=42,550

By Race*

49%	White
16%	Black
4%	Asian
1%	Native American
21%	Some Other Race
8%	Two or More Races

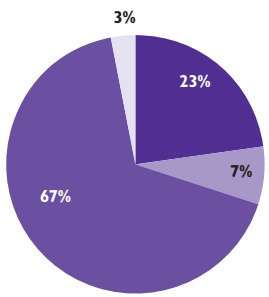


n=42,550

**Hispanic children may be included in any race category. Between 2009 and 2011, 16,724 (39%) of Rhode Island's 42,550 poor children were Hispanic.*

By Family Structure

23%	Married Couple Family
7%	Unmarried Male Householder
67%	Unmarried Female Householder
3%	Not in Related-Family Households



n=42,550

Source: U.S. Census Bureau, American Community Survey, 2009-2011. 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.

Child Poverty Concentrated in Four Core Cities, Rhode Island, 2007-2011

City/Town	Number in Poverty	Percentage in Poverty	Number in Extreme Poverty	Percentage in Extreme Poverty
Central Falls	1,957	36.9%	831	15.6%
Pawtucket	4,790	29.4%	1,881	11.5%
Providence	15,428	37.3%	7,418	18.0%
Woonsocket	3,572	35.8%	1,583	15.9%
Rhode Island	39,900	17.9%	18,161	8.1%

Source: Population Reference Bureau analysis of 2007-2011 American Community Survey data.

◆ **Between 2007 and 2011, almost two-thirds (65%) of Rhode Island's children living in poverty lived in just four cities. These cities, termed core cities, include Central Falls, Pawtucket, Providence and Woonsocket, all communities where more than one in four (25%) children live below the poverty threshold. The four core cities also have substantial numbers of children living in extreme poverty, defined as families with incomes below 50% of the federal poverty threshold, $9,249 for a family of three with two children and $11,642 for a family of four with two children in 2012.[16,17]**

Young Children Under Age Six in Poverty, Four Core Cities and Rhode Island, 2007-2011

City/Town	Number	Percentage
Central Falls	920	39.2%
Pawtucket	1,950	33.2%
Providence	5,280	37.9%
Woonsocket	1,338	36.7%
Rhode Island	14,280	20.6%

Source: Population Reference Bureau analysis of 2007-2011 American Community Survey data.

◆ **Between 2007 and 2011, 20.6% (14,280) of Rhode Island children under age six lived below the poverty threshold.[18] Children under age six are at higher risk of living in poverty than any other age group.[19] Increased exposure to risk factors associated with poverty, including inadequate nutrition, exposure to environmental toxins, crowded and unstable housing, maternal depression, trauma and abuse, lower quality child care and parental substance abuse interferes with young children's emotional and intellectual development.[20,21]**

Children in Poverty

Financial Asset Building

◆ Having assets such as bank or credit union accounts provides families with a safe place to store their money and allows families to conduct basic financial transactions, manage financial emergencies related to unemployment or illness, and plan for their future.[22,23]

◆ 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.[24,25]

◆ In Rhode Island, in 2011, 7.0% of households did not have a checking or savings account. Among Rhode Island's poorest households, those with incomes less than $15,000, almost one in four households (22.9%) had no bank account. While households without a bank account are more likely to use alternative financial services, 15.9% of Rhode Island households with bank accounts also used alternative financial services in 2011.[26]

◆ Raising awareness about the importance of saving and consumer protections, providing financial education and counseling, preventing predatory lending, and connecting families to safe and affordable financial products can support families in using traditional banking institutions and increase their savings.[27]

◆ State and federal policies that protect families from predatory mortgage lending and payday lending and expand access to convenient, 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.[28,29,30]

◆ 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.[31]

◆ Rhode Island currently has a $1,000 asset limit to qualify for and retain RI Works cash assistance and is one of only nine 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.[32,33]

Building Blocks of Economic Security

Income Supports

◆ Census data show that in 2011, income support programs kept many families in the U.S. from falling into poverty. Income supports can be cash payments, such as unemployment benefits, RI Works and Social Security; 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.[34]

Access to Health Care

◆ People with incomes below the poverty level are at the highest risk of being uninsured. Some are uninsured because they have lost their jobs, others are ineligible for health insurance through their employers because they work part-time, and some simply cannot afford to pay their share of the insurance premium.[35] Children with health insurance (public or private) are more likely to have a regular and accessible source of health care.[36]

Affordable Quality Child Care

◆ In Rhode Island, in 2011, the average cost of center-based child care for one infant was $11,830 per year or almost two-thirds of a family's income that is living at the poverty level. Child care subsidies can help poor families afford the cost of high-quality child care. High-quality, affordable child care helps parents maintain employment and supports children's development.[37,38]

Educational Attainment

◆ Forty-seven percent of Rhode Island children whose parents lack a high school diploma and 28% of children whose parents have only a high school diploma live in poor families.[39] The share of jobs that require a college degree has increased in recent decades and is expected to increase further. By 2018, 61% of all jobs in Rhode Island will require postsecondary training beyond high school.[40]

Affordable Housing

◆ In 2012, the average rent for a two-bedroom apartment in Rhode Island was $1,176.[41] In Rhode Island, a family of three with an income at the federal poverty level would need to spend 74% of its income on rent to pay this amount, well above the recommended percentage of 30%.[42] Housing vouchers can help families afford the high cost of housing, but there are not enough vouchers to meet the need.[43]

Table 11. **Children Living Below the Federal Poverty Threshold, Rhode Island, 2000 and 2007-2011**

	CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2000		CHILDREN UNDER AGE 18 LIVING BELOW POVERTY 2007-2011			
			ESTIMATES WITH HIGH MARGINS OF ERROR*		ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR	
CITY/TOWN	N	%	N	%	N	%
Barrington	127	2.7%	128	2.8%		
Bristol	436	10.0%			242	6.5%
Burrillville	236	6.0%	390	11.8%		
Central Falls	2,210	40.9%	1,957	36.9%		
Charlestown	78	4.7%	190	13.5%		
Coventry	481	5.9%			938	11.7%
Cranston	1,496	9.1%			1,788	11.0%
Cumberland	237	3.1%			334	4.6%
East Greenwich	147	4.1%	279	8.2%		
East Providence	1,126	10.8%			1,625	17.2%
Exeter	112	7.5%	24	1.9%		
Foster	32	2.9%	41	3.9%		
Glocester	178	6.7%	104	5.1%		
Hopkinton	115	5.9%	34	2.4%		
Jamestown	17	1.4%	208	18.4%		
Johnston	527	9.0%			593	10.3%
Lincoln	329	6.5%	417	9.2%		
Little Compton	8	1.0%	NA	NA		
Middletown	264	6.2%			405	10.9%
Narragansett	235	8.6%	159	6.7%		
New Shoreham	19	10.2%	15	9.7%		
Newport	1,267	24.4%	533	14.0%		
North Kingstown	663	9.7%			560	8.8%
North Providence	579	10.1%			660	11.1%
North Smithfield	72	3.0%	128	5.3%		
Pawtucket	4,542	25.3%			4,790	29.4%
Portsmouth	118	2.8%	218	5.8%		
Providence	18,045	40.5%			15,428	37.3%
Richmond	82	4.2%	178	9.5%		
Scituate	113	4.3%	97	4.0%		
Smithfield	153	3.9%	76	2.1%		
South Kingstown	324	5.3%			326	5.7%
Tiverton	92	2.8%			243	7.8%
Warren	205	8.4%	187	9.2%		
Warwick	1,243	6.7%			1,382	8.8%
West Greenwich	40	2.7%	97	6.5%		
West Warwick	1,186	18.1%			1,008	17.3%
Westerly	534	10.0%			546	11.4%
Woonsocket	3,494	31.8%			3,572	35.8%
Four Core Cities	*28,291*	*35.9%*			*25,747*	*35.3%*
Remainder of State	*12,871*	*7.8%*			*14,153*	*9.4%*
Rhode Island	*41,162*	*16.9%*			*39,900*	*17.9%*

Source of Data for Table/Methodology

Data are from the U.S. Census Bureau, Census 2000, Summary File 3, P.87 and PCT.50 and from the U.S. Census Bureau, American Community Survey, 2007-2011, Table B17001. The data include the poverty rate for all children for whom poverty was determined, including "related" children and "unrelated children" living in the household.

The 2007-2011 data come from a Population Reference Bureau analysis of 2007-2011 American Community Survey data. The American Community Survey is a sample survey, and therefore the number and percentage of children living in poverty provided are estimates, not actual counts. The reliability of these estimates varies by community. In general, estimates for small communities and communities with relatively low poverty rates are not as reliable as estimates for larger communities and communities with higher poverty rates.

*The Margin of Error around the percentage is greater than or equal to five percentage points.

The Margin of Error is a measure of the reliability of the estimate and is provided by the U.S. Census Bureau. The Margin of Error means that there is a 90 percent chance that the true value is no less than the estimate minus the Margin of Error and no more than the estimate plus the Margin of Error. (See the Methodology Section for Margins of Errors for all communities.)

NA: The U.S. Census Bureau either did not collect any data on this city/town or too few sample observations were available to compute an estimate.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

[1] Ratcliffe, C. & McKernan, S. (2012). *Child poverty and its lasting consequence.* Washington, DC: The Urban Institute.

[2,4,20] Moore, K. A., Redd, Z., Burkhauser, M., Mbwana, K. & Collins, A. (2009). *Children in poverty: Trends, consequences, and policy options.* Washington, DC: Child Trends.

[3] Ratcliffe, C. & McKernan, S. (2010). *Childhood poverty persistence: Facts and consequences.* Washington, DC: The Urban Institute.

(continued on page 167)

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 goal of the Rhode Island Works Program (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]

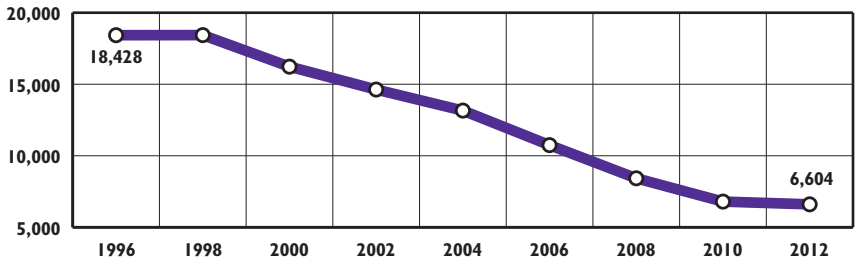
RI Works cash assistance recipients must participate in an employment plan unless they meet specific criteria for an exemption. This employment plan must take into account the parent's skills, education, and family responsibilities as well as local employment opportunities and should outline a process for helping the parent meet his or her employment goals. Parents should be informed about opportunities to seek additional education or training to improve their employability prospects.[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 2012, the average hourly wage of working parents enrolled in RI Works was $9.02 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. The balance is shared by the state and federal governments as reimbursement for assistance received through RI Works.[6,7]

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, 1996-2012*



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1996–2012. Cases can be child-only or whole families and multiple people can be included in one case. *The Rhode Island Department of Human Services changed the method for calculating the caseload data starting in the 2012 Factbook. This change is reflected in 2010, 2011, and 2012 caseload data. Comparisons to earlier years should be made with caution.

◆ **Between 1996 and 2012, the Rhode Island cash assistance caseload decreased by 64%, from 18,428 cases to 6,604 cases.[10]**

◆ **The RI Works caseload has declined due to policies implemented in 2008, when the program changed from the Family Independence Program (FIP) to RI Works. These policies included new time limits (a 48-month lifetime limit for benefits and a periodic time limit that limits assistance to no more than 24 months of assistance in any 60-month period), 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]**

◆ **After more than a decade of steady decline, the RI Works caseload increased from 6,795 in 2010 to 7,028 in 2011, likely due to a continued slow economy, parents losing unemployment benefits, and a 2010 court decision that found that Rhode Island cannot limit the time a family can obtain a hardship extension.[12]**

◆ **In December 2012, there were 5,077 adults and 10,864 children under age 18 enrolled in RI Works. More than two-thirds (68%) of RI Works beneficiaries were children, and almost half (48%) of the children enrolled in RI Works were under the age of six.[13]**

◆ **Continued high unemployment, particularly for adults with limited education, coupled with shorter time limits for cash assistance leaves many families with children experiencing deep poverty, hardship, and homelessness. In 2011, 22,756 children in Rhode Island lived in extreme poverty, yet only 11,508 received cash assistance.[14,15]**

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.[16]

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.[17]

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." While parents must submit requests for hardship extensions (initially for six months, and then for three month extensions), there is no limit on the total time a family can receive a hardship extension.[18,19]

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.[20]

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 reapplies and comes into compliance.[21]

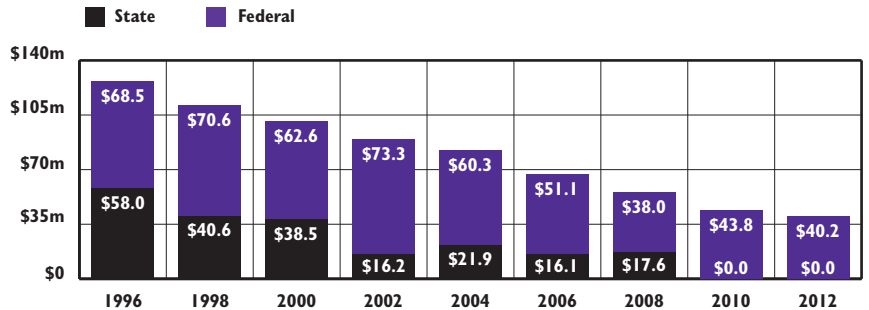
RI Works by Case Type, 2012

	Number	Percentage
Child-only cases	2,148	33%
Cases with adults required to engage in a work activity	3,822	58%
Cases with adults exempt from a work activity*	634	10%
Total RI Works Caseload	*6,604*	

Source: Rhode Island Department of Human Services, InRhodes Database, 2012.

**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: youngest child under age one (368), in third trimester of pregnancy (204), caring for a disabled spouse or child (19), being a victim of domestic violence (41), or being a recipient of SSI/SSDI or determined to be eligible for SSI/SSDI (2).*

Rhode Island Cash Assistance Expenditures, State Fiscal Years 1996-2012

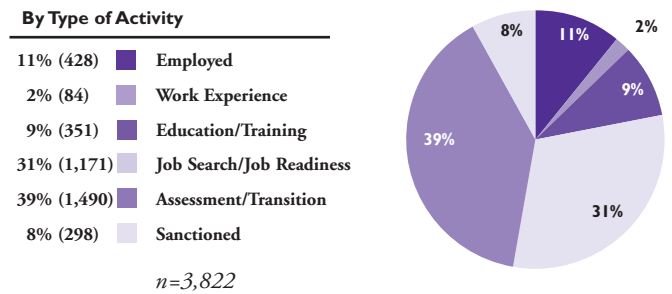


Sources: Rhode Island Department of Human Services, *Family Independence Program 2007 annual report.* (FY 1996-2001); House Fiscal Advisory Staff. (2004-2013). *Budget as enacted: Fiscal Years 2005-2014.* (FY 2002-2012). Fiscal years 1996-2011 are funds spent and FY 2012 is final budget.

◆ In State Fiscal Year 2012, for the third year in a row, no state general revenue was allocated for cash assistance. State general revenue spending for cash assistance has decreased steadily over the past 16 years. The cash assistance program is now entirely supported by federal Temporary Assistance for Needy Families (TANF) block grant funds. The total expenditures for cash assistance in Rhode Island (federal and state) decreased by 68% between 1996 and 2012, from $126.5 million to $40.2 million.[22,23]

Children in Families Receiving Cash Assistance

Activities of Families Enrolled in the RI Works Program, December 2012



Source: Rhode Island Department of Human Services, InRhodes Database, December 2012. Percentages may not sum to 100% due to rounding.

◆ As of December 2012, 11% of families that were required to engage in work-related activities were employed, down from 38% in December 2007, when the recession began. An additional 2% were in unpaid work experience.[24,25] During this same period, from December 2007 through December 2012, Rhode Island's unemployment rate has grown from 6.0% to 9.9%, though it has moderated from its January 2010 high of 11.9%.[26]

◆ Parents with very 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 as part of their 48-month lifetime limit.[27] As of December 2012, 9% of families were participating in education or training programs.[28]

◆ Almost one-third (31%) 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. Thirty-nine percent of families 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.[29,30]

◆ About one in twelve families (8%) required to engage in a work-related activity were sanctioned, meaning they lost benefits due to non-compliance with their employment plan.[31]

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.[32]

◆ 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, legal guardian, or adult relative or in an adult-supervised setting if it is not possible to live at home.[33]

◆ In December 2012, there were 385 families with a head of household under the age of 20 enrolled in RI Works, representing 6% of the total caseload.[34]

Support for Individuals with Disabilities and Their Families

◆ Nationally, more than one-quarter (27%) of cash assistance recipients have a physical, mental, or emotional problem that keeps them from working or limits the type or amount of work they can do, compared to 6% of all low-income single mothers.[35]

◆ Under RI Works, parents with disabilities may be exempt from work requirements only if they are receiving SSI or SSDI or determined to be eligible for SSI or SSDI. Other parents with disabilities are referred to the Office of Rehabilitation Services for further assessment, vocational rehabilitation services, and help applying for SSI.[36]

◆ As of December 1, 2012, 1,105 families (or 17% of the total RI Works caseload) had hardship extensions, 157 for a physical or mental disability, 19 who were unable to work due to a domestic violence situation, nine to care for a disabled family member, five due to homelessness, and 915 for another reason (e.g., because they were unable to find work due to the recession).[37] Nationally, many families leave cash assistance not because they find work, but because they reach their time limit or are sanctioned. These families often have barriers to employment, such as a mental or physical impairment, or a child with a disability.[38]

Children in Families Receiving Cash Assistance

Education and Training Supporting Employment

◆ **An estimated 150,000 working-age adults (ages 16 or older) in Rhode Island are not enrolled in school and have no high school diploma or have limited English-language skills. Many face both of these obstacles to success in the labor market.[39]**

◆ **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.[40] Between 2009 and 2011, the unemployment rate for Rhode Islanders without high school diplomas (17.0%) was almost one and a half times higher than it was for those with high school degrees (12.1%) and more than four times higher than it was for those with a Bachelor's degree or higher (4.1%).[41]**

◆ **Parents enrolled in RI Works face significant barriers to success in the labor market. Forty-one percent of parents enrolled in RI Works report not finishing high school.[42] Among a recently tested group of parents receiving cash assistance, more than one-third (37%) of those tested in English tested at or below the sixth-grade reading level, while almost two-thirds (65%) of native Spanish speakers enrolled in RI Works tested at or below the sixth-grade reading level on a Spanish-language version of the test.[43]**

◆ **Research comparing mandatory job-search-first and mandatory education-or-training-first programs has found that the most effective approach is a mixed strategy where beneficiaries are encouraged to look for and take full-time jobs that pay above the minimum wage, offer benefits, and have the potential for advancement and also are offered high-quality, work-focused, and short-term education or training to improve their employability.[44]**

Source of Data for Table/Methodology

Rhode Island Department of Human Services, InRhodes Database, December 2012. The Rhode Island Department of Human Services changed the method for calculating the caseload and persons receiving cash assistance starting in the 2012 Factbook. Comparisons to data presented in previous Factbooks should be made with caution.

The denominator is the total number of children under age 18 from U.S. Census Bureau, Census 2010, Summary File 1.

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, Pawtucket, Providence and Woonsocket.

References

[1,2,3,5,8,16,17,18,20,21,27,30,33,36] Rhode Island Department of Human Services. (2013). *Rhode Island Department of Human Services Code of Rules: RI Works Program (Policy #1400).* Retrieved February 22, 2013, from www.policy.dhs.ri.gov

[4,10,13,15,24,25,28,29,31,34,37,42] Rhode Island Department of Human Services, InRhodes Database, December 1996-2012.

(continued on page 167)

Table 12. **Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 1, 2012**

CITY/TOWN	# OF CHILDREN UNDER AGE 18	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,597	4	7	<1%
Bristol	3,623	26	38	1%
Burrillville	3,576	41	57	2%
Central Falls	5,644	320	522	9%
Charlestown	1,506	7	7	<1%
Coventry	7,770	70	112	1%
Cranston	16,414	349	543	3%
Cumberland	7,535	78	131	2%
East Greenwich	3,436	16	22	1%
East Providence	9,177	153	212	2%
Exeter	1,334	3	4	<1%
Foster	986	11	20	2%
Glocester	2,098	16	17	1%
Hopkinton	1,845	18	24	1%
Jamestown	1,043	4	7	1%
Johnston	5,480	117	176	3%
Lincoln	4,751	66	100	2%
Little Compton	654	2	6	1%
Middletown	3,652	49	72	2%
Narragansett	2,269	22	39	2%
New Shoreham	163	0	0	0%
Newport	4,083	154	260	6%
North Kingstown	6,322	60	101	2%
North Providence	5,514	150	201	4%
North Smithfield	2,456	41	65	3%
Pawtucket	16,575	592	924	6%
Portsmouth	3,996	14	18	<1%
Providence	41,634	2,787	4,826	12%
Richmond	1,849	11	11	1%
Scituate	2,272	13	17	1%
Smithfield	3,625	26	36	1%
South Kingstown	5,416	41	64	1%
Tiverton	2,998	45	69	2%
Warren	1,940	31	49	3%
Warwick	15,825	236	326	2%
West Greenwich	1,477	10	17	1%
West Warwick	5,746	159	237	4%
Westerly	4,787	57	92	2%
Woonsocket	9,888	777	1,393	14%
Other/Unknown	*NA*	*28*	*42*	*NA*
Four Core Cities	*73,741*	*4,476*	*7,665*	*10%*
Remainder of State	*150,215*	*2,100*	*3,157*	*2%*
Rhode Island	*223,956*	*6,604*	*10,864*	*5%*

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 2012 and the percentage change between 2005 and 2012 in the number of children under age 18 participating.

SIGNIFICANCE

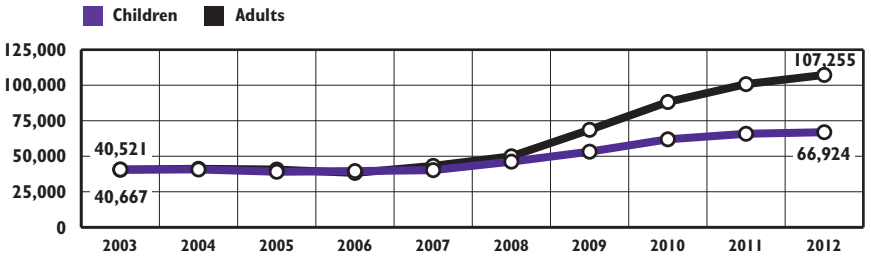
Hunger and lack of regular access to sufficient food are linked to serious physical, psychological, emotional and academic problems in children and can interfere with their growth and development.[1,2] The Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, helps low-income individuals and families obtain better nutrition through monthly benefits they can use to purchase food at retail stores and some farmers' markets.[3] Young children under the age of three who are eligible but do not receive SNAP benefits are 50% more likely to go hungry than those who receive these benefits.[4]

In the past, SNAP had been available to Rhode Island 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.[5] In 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.[6,7] The gross income limit for Rhode Island is now 185% of the federal poverty level ($36,131 per year for a family of three in 2013).[8,9] 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.[10]

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.[11] On October 1, 2012, 77% of Rhode Island families receiving SNAP benefits had incomes below the federal poverty level ($19,530 for a family of three in 2013).[12,13] In 2012, the average monthly SNAP benefit for a family of three in Rhode Island was $382.[14]

Participation in SNAP has been associated with improved health outcomes among low-income or food insecure children, and has been linked to lower risk of adverse outcomes such as nutritional deficiency, hospitalization, and obesity.[15] SNAP also is one of the fastest and most effective forms of economic stimulus because it moves money into the local economy quickly.[16]

Participation in the Supplemental Nutrition Assistance Program, Children and Adults, Rhode Island, 2003-2012



Source: Rhode Island Department of Human Services, InRhodes Database, 2003–2012. Data represent children under age 18 and adults who participated in SNAP during the month of October.

◆ In October 2012, in Rhode Island, there were 107,255 adults and 66,924 children enrolled in SNAP. More than one-third (37%) of the children enrolled in SNAP were under the age of six.[17]

◆ Since 2005, the number of Rhode Island children receiving SNAP benefits at any time during the month of October has increased by almost 28,000, from 39,087 in 2005 to 66,924 in 2012. The number of participating adults has increased by more than 66,000 from 40,637 in 2005 to 107,255 in 2012.[18]

Food Insecurity in Rhode Island

◆ The USDA defines food insecurity as not always having access to enough food for an active, healthy life. Between 2009 and 2011, 15.5% of Rhode Island households and 14.7% of U.S. households were food insecure. In 2011, one in every five (20.6%) U.S. households with children was food insecure, while more than two in every five (45.2%) U.S. households with children with incomes below the poverty level experienced food insecurity.[19]

◆ Between September 2011 and August 2012, United Way 2-1-1 Rhode Island, a 24-hour hotline that provides information and referrals to people in need, received 76,961 calls for food assistance, an increase of 58.6% from the previous year.[20] Between 2007 and 2012, the number of Rhode Islanders receiving emergency food assistance from food pantries and soup kitchens each month doubled, from 33,000 to 66,000. One third of those receiving emergency food assistance are children.[21,22]

SNAP Participation in Rhode Island

◆ Between October 1, 2005 and October 1, 2012, the number of Rhode Island children receiving SNAP benefits increased by 84% from 35,168 to 64,866. SNAP participation rates among children increased by 57% in the four core cities and 153% in the remainder of the state.[23]

◆ 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 an online SNAP application, conducting telephone interviews so applicants do not need to apply in person, requiring less frequent recertification, and implementing same-day SNAP processing in some offices.[24,25]

◆ Improving coordination with other work support programs, reducing documentation requirements, simplifying renewal processes and improving communications (i.e., phone systems and notices) are additional strategies that could be implemented to further increase access to SNAP benefits for children and families in Rhode Island.[26]

Table 13. **Children Under Age 18 Receiving SNAP Benefits, Rhode Island, October 1, 2005, 2011 and 2012**

CITY/TOWN	NUMBER PARTICIPATING IN 2005	NUMBER PARTICIPATING IN 2011	NUMBER PARTICIPATING IN 2012	% CHANGE IN NUMBER PARTICIPATING FROM 2005 TO 2012
Barrington	28	119	109	289%
Bristol	160	476	470	194%
Burrillville	186	512	553	197%
Central Falls	2,038	3,372	3,459	70%
Charlestown	99	217	188	90%
Coventry	381	1,121	1,188	212%
Cranston	1,547	3,828	3,898	152%
Cumberland	253	802	915	262%
East Greenwich	81	195	198	144%
East Providence	914	2,123	2,188	139%
Exeter	44	126	127	189%
Foster	34	103	100	194%
Glocester	61	166	162	166%
Hopkinton	84	268	268	219%
Jamestown	21	46	47	124%
Johnston	398	1,081	1,129	184%
Lincoln	195	624	703	261%
Little Compton	9	51	52	478%
Middletown	149	449	451	203%
Narragansett	87	304	302	247%
New Shoreham	3	8	6	100%
Newport	884	1,402	1,409	59%
North Kingstown	385	809	814	111%
North Providence	420	1,253	1,311	212%
North Smithfield	51	199	240	371%
Pawtucket	3,795	7,153	7,366	94%
Portsmouth	91	299	249	174%
Providence	16,767	23,803	24,034	43%
Richmond	51	161	154	202%
Scituate	39	170	165	323%
Smithfield	52	248	262	404%
South Kingstown	270	556	585	117%
Tiverton	108	398	407	277%
Warren	258	496	484	88%
Warwick	1,136	2,507	2,627	131%
West Greenwich	22	86	92	318%
West Warwick	851	1,723	1,780	109%
Westerly	383	1,008	962	151%
Woonsocket	2,833	4,964	5,117	81%
Unknown	*NA*	*557*	*295*	*NA*
Four Core Cities	*25,433*	*39,292*	*39,976*	*57%*
Remainder of State	*9,735*	*23,934*	*24,595*	*153%*
Rhode Island	*35,168*	*63,783*	*64,866*	*84%*

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, 2011 and 2012.

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, 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 2011 and 2012 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, Pawtucket, Providence and Woonsocket.

References

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

[3] United States Department of Agriculture, Food and Nutrition Service. (2013). *Supplemental Nutrition Assistance Program (SNAP).* Retrieved January 29, 2013, from www.fns.usda.gov/snap

[4] Bailey, K., et al. (2011). *Too many hurdles: Barriers to receiving SNAP put children's health at risk.* Boston, MA: Children's HealthWatch.

(continued on page 168)

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

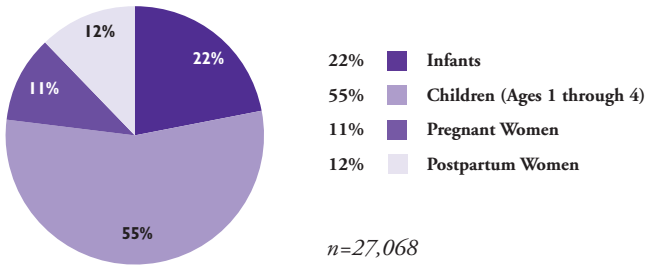
The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federally-funded preventive program that provides participants with nutritious food, nutrition education, and access to health care and social services. WIC serves pregnant, postpartum and breastfeeding women, infants,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

Compared to children who receive WIC benefits, young children who are eligible for WIC but not participating are more likely to be in poor health, at risk for developmental delays, underweight, short for their age and/or 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 psychosocial 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), enhance maternal and child dietary intake, reduce child abuse and neglect risk, improve child growth rates, boost cognitive development and increase the likelihood of having a regular source of medical care.[6,7]

Recent enhancements to the WIC food package have increased access to a wider variety of nutritious foods and strengthened incentives for continued breastfeeding.[8] WIC consistently promotes breastfeeding as the optimal method of infant feeding.[9] In Rhode Island, 19.5% of infants participating in WIC were breastfed in Federal Fiscal Year (FFY) 2012. The breastfeeding rate has stayed stable at one-fifth of infants participating in WIC in Rhode Island for the past five years.[10]

Women, Infants, and Children Enrolled in WIC, Rhode Island, September 2012



Source: Rhode Island Department of Health, WIC Program, September 2012.

◆ **Infants and children ages one through four comprised more than three-quarters (78%) of the population being served by WIC in September 2012 in Rhode Island. Women accounted for nearly one-quarter (11% pregnant and 12% postpartum) of the population being served.[11]**

◆ **In September 2012, 70% of WIC participants in Rhode Island were White, 16% were Black or African-American, 3% were Asian, and 10% identified as other races or more than one race. Forty percent of WIC participants identified as Hispanic or Latino. Hispanics are included in the racial groups above.[12]**

◆ **The four core cities - Central Falls (79%), Pawtucket (73%), Providence (74%), and Woonsocket (76%) - had WIC participation rates exceeding the statewide enrollment rate of 69% in 2012.[13]**

◆ **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.[14,15] Rhode Island received $25.1 million in federal funding for WIC during FFY 2012.[16]**

◆ **The WIC Farmers' Market Nutrition Program (FMNP) improves participants' intake of fresh fruits and vegetables by enabling participants to purchase produce at authorized local farmers' markets using WIC benefits.[17] In Rhode Island, 36 farmers' markets provided fresh produce to 18,275 WIC participants during the Farmers' Market Nutrition Program in FFY 2012.[18]**

Table 14. **Women, Infants and Children Enrolled in WIC, Rhode Island, September 2012**

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER PARTICIPATING	% OF ELIGIBLE PARTICIPATING
Barrington	91	46	51%
Bristol	361	206	57%
Burrillville	372	274	74%
Central Falls	1,946	1,533	79%
Charlestown	157	71	45%
Coventry	740	450	61%
Cranston	2,418	1,656	68%
Cumberland	603	365	61%
East Greenwich	122	69	57%
East Providence	1,500	988	66%
Exeter	125	52	42%
Foster	90	48	53%
Glocester	118	60	51%
Hopkinton	207	92	44%
Jamestown	34	9	26%
Johnston	746	527	71%
Lincoln	404	129	32%
Little Compton	44	17	39%
Middletown	413	253	61%
Narragansett	178	99	56%
New Shoreham	23	3	13%
Newport	929	630	68%
North Kingstown	460	241	52%
North Providence	823	529	64%
North Smithfield	221	102	46%
Pawtucket	4,339	3,149	73%
Portsmouth	191	144	75%
Providence	13,296	9,842	74%
Richmond	122	70	57%
Scituate	144	71	49%
Smithfield	182	110	60%
South Kingstown	409	247	60%
Tiverton	301	188	62%
Warren	281	182	65%
Warwick	1,803	1,119	62%
West Greenwich	100	51	51%
West Warwick	1,287	830	64%
Westerly	680	354	52%
Woonsocket	2,984	2,262	76%
Unknown	*88*	*0*	*NA*
Four Core Cities	*22,565*	*16,786*	*74%*
Remainder of State	*16,679*	*10,282*	*62%*
Rhode Island	*39,332*	*27,068*	*69%*

Source of Data for Table/Methodology

Rhode Island Department of Health, WIC Program, September 30, 2012.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Note: WIC participation rates in this Factbook can be compared to all Factbooks, with the exception of the 2011 Factbook, which used a July rather than September 30 reference date. 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

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(continued on page 168)

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

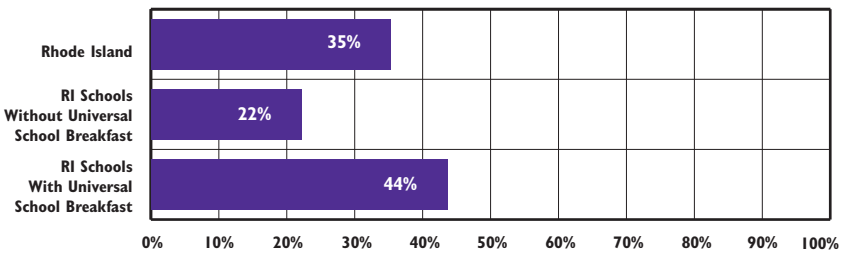
The School Breakfast Program has played a major role in protecting children during the recession. The U.S. had record-breaking increases in the number of low-income children participating in school breakfast in the 2011-2012 school year, with 10.5 million low-income children eating breakfast at school daily, an increase of 738,869 children from the previous year.[1] The School Breakfast Program offers nutritious meals which together with school lunches make up a large proportion of the daily dietary intake of participating children.[2] The School Breakfast Program helps schools support academic success and improved attendance, behavior and health, including reduced obesity rates.[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. Children who are undernourished are more likely to have poorer cognitive functioning when they miss breakfast. They are more likely to have behavior, emotional, and academic problems, more likely to repeat a grade, and more likely to be suspended.[4,5] Nationally, kindergartners in households experiencing food insecurity are more likely to be chronically absent than their peers in food-secure households.[6]

All public schools in Rhode Island are required to provide both breakfast and lunch to students. The National School Lunch and School Breakfast Programs reimburse school districts for meals offered free or at a reduced-price. These meals provide nearly half of the weekly diet of children from low-income families.[7] If Rhode Island increased low-income student participation in the School Breakfast Program from 51% to 70% of School Lunch Program participation, the state would receive $2.6 million in additional federal funds to support the School Breakfast Program.[8]

During the 2011-2012 school year in Rhode Island, 51 low-income students participated in the School Breakfast Program for every 100 low-income students who participated in the School Lunch Program. Rhode Island ranks 21st in the U.S. for participation in the School Breakfast Program, up from 33rd last year.[9]

Low-Income Children Participating in the School Breakfast Program, Rhode Island, October 2012



Source: Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, Office of Finance and Office of Network and Information Systems, October 2012.

◆ **Universal School Breakfast Programs, which provide free breakfast to all children regardless of income, increase school breakfast participation by removing the stigma often associated with school breakfast and can reduce administrative costs.[10,11] During the 2012-2013 school year, all schools in Central Falls, Cranston, Pawtucket, Providence, and Woonsocket; selected schools in three other districts; and two charter schools (The Learning Community and International Charter School) offered universal school breakfast. In Rhode Island, 44% of low-income students participated in School Breakfast Programs in schools offering universal school breakfast, compared with 22% of low-income students in schools offering non-universal programs.[12]**

◆ **During the 2012-2013 school year, 16 of the 24 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.[13]**

◆ **When schools offer breakfast in the classroom at the start of the school day, school breakfast participation rates increase. After implementing breakfast in the classroom in several districts around the state, including all 25 elementary schools in Providence, Rhode Island achieved a 23% increase in breakfast participation by low-income students from the 2010-2011 to the 2011-2012 school year.[14,15]**

Children Participating in School Breakfast

Table 15.

Children Participating in School Breakfast, Rhode Island, October 2012

SCHOOL DISTRICT	OCTOBER 2012 ENROLLMENT	ESTIMATED AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL CHILDREN PARTICIPATING IN BREAKFAST	# OF LOW-INCOME STUDENTS	ESTIMATED LOW-INCOME AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL LOW-INCOME CHILDREN PARTICIPATING IN SCHOOL BREAKFAST
Barrington	3,370	12	<1%	154	9	6%
Bristol Warren	3,437	235	7%	1,219	118	10%
Burrillville	2,409	248	10%	882	176	20%
Central Falls*	2,732	1,486	54%	2,360	1,016	43%
Chariho	3,403	580	17%	844	203	24%
Coventry	5,103	511	10%	1,467	340	23%
Cranston*	10,664	2,310	22%	4,462	1,234	28%
Cumberland	4,648	341	7%	1,029	259	25%
East Greenwich	2,391	22	1%	162	13	8%
East Providence	5,364	402	7%	2,572	318	12%
Exeter-West Greenwich	1,712	80	5%	249	42	17%
Foster	275	18	7%	57	17	29%
Foster-Glocester	1,193	251	21%	228	64	28%
Glocester	560	84	15%	118	77	65%
Jamestown	490	6	1%	50	4	9%
Johnston	3,029	247	8%	1,129	191	17%
Lincoln	3,238	309	10%	944	261	28%
Little Compton	278	7	3%	44	6	15%
Middletown	2,423	153	6%	749	104	14%
Narragansett	1,452	66	5%	315	55	17%
New Shoreham	112	12	11%	15	6	43%
Newport	2,102	421	20%	1,215	358	29%
North Kingstown	4,138	289	7%	769	212	28%
North Providence	3,450	397	12%	1,367	275	20%
North Smithfield	1,750	99	6%	243	54	22%
Pawtucket*	8,733	2,062	24%	6,577	1,564	24%
Portsmouth	2,658	90	3%	357	63	18%
Providence*	23,872	13,458	56%	19,818	11,155	56%
Scituate	1,511	21	1%	256	16	6%
Smithfield	2,410	121	5%	354	54	15%
South Kingstown	3,412	122	4%	591	100	17%
Tiverton	1,895	120	6%	528	85	16%
Warwick	9,675	579	6%	3,266	460	14%
West Warwick	3,421	495	14%	1,716	394	23%
Westerly	3,067	363	12%	1,055	284	27%
Woonsocket*	6,024	2,045	34%	4,352	1,525	35%
Charter Schools	*4,097*	*1,732*	*42%*	*2,770*	*1,356*	*49%*
State-Operated Schools	*1,838*	*731*	*40%*	*1,156*	*576*	*50%*
UCAP	*145*	*0*	*0%*	*124*	*0*	*0%*
Four Core Cities	*41,361*	*17,967*	*43%*	*33,107*	*15,260*	*46%*
Remainder of State	*95,040*	*10,096*	*11%*	*28,406*	*5,852*	*21%*
Rhode Island	*142,481*	*30,526*	*21%*	*65,563*	*23,044*	*35%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, October 2012.

*These districts offer Universal School Breakfast in all of their schools.

Charter schools include Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep, The Compass School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Paul Cuffee Charter School, RI Nurses Institute Middle College Charter School, Segue Institute for Learning, and Trinity Academy for the Performing Arts. 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.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

The October 2012 enrollment and number of low-income students come from RIDE's official October 1 enrollment census. Data are not comparable to Factbooks prior to 2011.

"Estimated Average Daily Participation in Breakfast" is the average number of students who ate breakfast in school per school day during October 2012. "Estimated 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 2012.

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

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(continued on page 168)

Health

Mama's Song

by Deborah Chandra

Mama hums a sea-song with her eyes;
a deep blue rising sea-song,
moving as her eyes move,
weaving foam across my face.

White gulls whirl overhead;
the sun washes back and forth,
and I am rocking . . .
rocking . . .
like a boat
in the waves
of her song.

Children's Health Insurance

DEFINITION

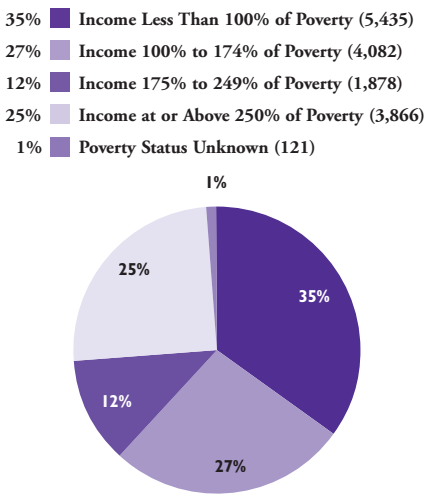
Children's health insurance is the percentage of children under age 19 who were covered by any kind of private or public health insurance, including Medicaid.

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 the achievement of developmental milestones, miss fewer days of school, and get treatment for illnesses and chronic conditions. Compared to children with coverage, uninsured children are less likely to have a usual place for health care and have fewer visits to doctors and dentists.[1,2,3] A child's insurance status is closely associated with their parent's coverage status; children are more likely to be insured if their parents also have health insurance.[4]

Medicaid and the Children's Health Insurance Program (CHIP) provide low-income children with affordable, comprehensive health benefits.[5] 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. On December 31, 2012, 72% (84,837) of RIte Care members who qualified based on family income were children under age 19.[6] There were 43,269 low-income parents with RIte Care coverage on December 31, 2012.[7] RIte Care enrollment rose from 116,148 in December 2011 to 117,885 in December 2012, but remains below the peak of 120,049 in December 2004.[8,9,10]

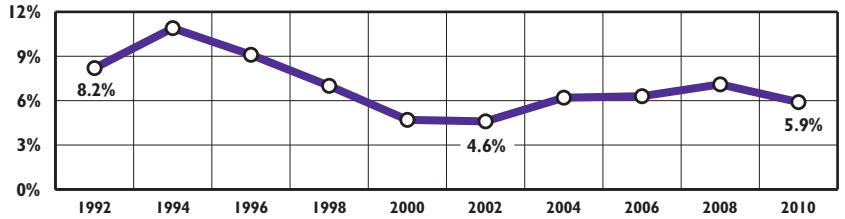
Children Under Age 19 Without Health Insurance, by Poverty Level, Rhode Island, 2009-2011*



n=15,382

Source: Population Reference Bureau analysis of U.S. Census Bureau, Current Population Survey data, 2009-2011 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.

Children Without Health Insurance, Rhode Island, 1991-2011



Source: U.S. Census Bureau, Current Population Survey, 1991-2011, 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 2009 and 2011, 5.9% of Rhode Island's children under age 18 were uninsured, compared with 9.6% of children in the U.S. Rhode Island ranks 10th best in the U.S., with 94.1% of children with health insurance. Two-thirds (65%) of children in Rhode Island are covered by private health insurance, most of which is obtained through their parents' employers.[11]**

◆ **Approximately 74% (11,395) of the estimated 15,382 uninsured children in Rhode Island between 2009 and 2011 were eligible for RIte Care coverage based on their family incomes, but were not enrolled. An estimated 3,866 uninsured children lived in families with incomes above 250% of the federal poverty level ($48,825 for a family of three in 2013), the limit for RIte Care eligibility, during this time period.[12,13]**

◆ **Employer-sponsored health insurance (ESI) has eroded in Rhode Island over the past decade. Between 2009 and 2011, 60.6% of children were covered by ESI, down from 73.1% for the three-year period from 1999 and 2001, a decrease of 17%.[14]**

◆ **The RIte Share premium assistance program helps low-income families afford the cost of employer-sponsored coverage. As of December 31, 2012, 8,232 children and 3,462 parents (11,694 total) were enrolled in RIte Share.[15]**

◆ **Per the federal *Affordable Care Act*, on October 1, 2013, the new Rhode Island Health Benefits Exchange will offer pre-enrollment for coverage that will begin on January 1, 2014. More Rhode Islanders will have access to affordable coverage, as the Exchange will offer the same RIte Care coverage to low-income children, parents, and pregnant women that exists now, as well as expanded Medicaid coverage to all Rhode Islanders with incomes under 138% FPL, and subsidies in the form of tax credits to help middle-income families and individuals afford the cost of private coverage.[16,17,18,19,20]**

Table 16. **Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2012**

CITY/TOWN	RITE CARE RI WORKS	RITE CARE NOT RI WORKS	SSI	KATIE BECKETT PROVISION	ADOPTION SUBSIDY	FOSTER CARE	TOTAL
Barrington	12	241	10	41	16	12	332
Bristol	76	682	23	16	38	23	858
Burrillville	92	773	51	22	57	59	1,054
Central Falls	826	3,296	288	2	30	33	4,475
Charlestown	20	347	10	8	16	2	403
Coventry	197	1,482	81	49	104	63	1,976
Cranston	818	4,806	255	96	168	110	6,253
Cumberland	184	1,176	85	56	57	19	1,577
East Greenwich	36	265	17	35	21	7	381
East Providence	354	2,667	159	44	86	70	3,380
Exeter	17	203	5	4	17	15	261
Foster	31	181	11	3	12	6	244
Glocester	20	260	16	9	43	34	382
Hopkinton	48	416	18	4	26	9	521
Jamestown	14	63	5	7	5	5	99
Johnston	269	1,483	83	28	41	47	1,951
Lincoln	133	930	60	35	52	25	1,235
Little Compton	9	85	1	4	1	0	100
Middletown	137	657	45	28	22	46	935
Narragansett	60	377	18	21	19	49	544
New Shoreham	0	29	0	3	0	0	32
Newport	485	1,383	131	6	23	56	2,084
North Kingstown	152	1,049	68	39	31	32	1,371
North Providence	301	1,637	130	26	45	55	2,194
North Smithfield	84	307	36	11	35	28	501
Pawtucket	1,501	7,592	556	34	116	114	9,913
Portsmouth	40	474	22	28	17	35	616
Providence	6,746	22,111	1,960	52	611	477	31,957
Richmond	18	240	9	9	21	16	313
Scituate	26	325	9	25	26	16	427
Smithfield	56	422	27	24	16	33	578
South Kingstown	107	782	55	39	35	20	1,038
Tiverton	100	574	38	13	19	12	756
Warren	77	534	35	12	29	17	704
Warwick	539	3,453	198	124	186	131	4,631
West Greenwich	23	170	11	7	15	10	236
West Warwick	396	1,934	120	21	68	49	2,588
Westerly	174	1,351	76	23	26	17	1,667
Woonsocket	1,771	4,110	538	29	101	98	6,647
Other	*3*	*18*	*13*	*0*	*0*	*0*	*34*
Four Core Cities	*10,844*	*37,109*	*3,342*	*117*	*858*	*722*	*52,992*
Remainder of State	*5,105*	*31,758*	*1,918*	*920*	*1,393*	*1,128*	*42,222*
Rhode Island	*15,952*	*68,885*	*5,273*	*1,037*	*2,251*	*1,850*	*95,248*

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, MMIS Database, December 31, 2012.

Core cities are Central Falls, Pawtucket, Providence 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 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 Provision and Adoption Subsidy" include children in fee-for-service Medicaid and RIte Care managed care as of December 31, 2012.

The Providence numbers include some children in substitute care who live in other towns because the Medicaid 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, CPS data were labeled by the years in which the data were released.

References

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

[2] U.S. Department of Health and Human Services. (n.d.). *Questions and answers.* Retrieved January 28, 2013, from www.insurekidsnow.gov/qa/index.html

(continued on page 168)

Childhood Immunizations

DEFINITION

Childhood immunizations is the percentage of children ages 19 months to 35 months who have received the entire 4:3:1:3:3:1:4 series of vaccinations as recommended by the Advisory Committee on Immunization Practices (ACIP). In 2011, the complete series included 4 doses of diphtheria, tetanus and pertussis (DTaP); 3 doses of polio; 1 dose of measles, mumps, rubella (MMR); 3 doses of Haemophilus influenzae type b (Hib); 3 doses of hepatitis B vaccines; 1 dose of varicella (chickenpox); and 4 doses of pneumococcal conjugate vaccine (PCV).

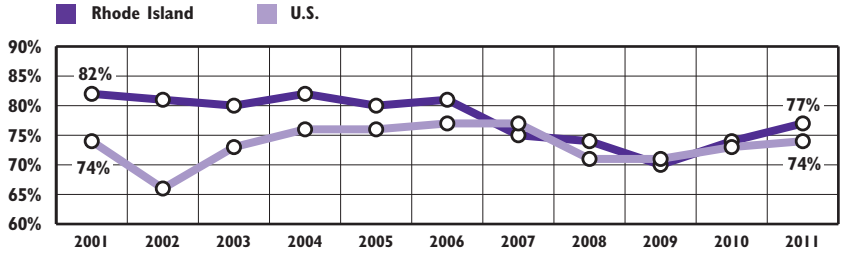
SIGNIFICANCE

Timely and complete immunization protects children against a number of infectious diseases that were once common and resulted in death or disability.[1,2,3] Vaccines interact with the immune system to produce antibodies that protect the body if it is later exposed to disease.[4,5,6] The benefits of immunization include improved quality of life and productivity, reduced health spending, and prevention of illness and death.[7,8,9] Society benefits from high vaccination levels because disease outbreaks are minimized. Although many of the diseases against which children are vaccinated are rare, it is important to continue to immunize against them until the diseases are completely eradicted.[10,11,12]

The federal Vaccines for Children program is used to eliminate cost as a barrier to vaccination. It allows states to obtain vaccines at a discounted price. Local providers then administer the vaccines at no cost to eligible children under age 19, including those who are uninsured, underinsured, or Medicaid-eligible.[13] Policy challenges to universal vaccination include the rising cost of vaccines, insufficient, and variable provider reimbursement rates, increasing complexity and cost of vaccine administration, and a lack of public awareness regarding the medically proven need and safety of vaccines. [14,15,16,17,18]

Rhode Island obtains 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 in partnership with local health care providers to maintain and share KIDSNET immunization data for children from birth to age 18.[19,20] 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.[21]

Fully Immunized Children*, Ages 19 Months to 35 Months, Rhode Island and United States, 2001-2011



**Fully immunized children received the 4:3:1:3:3 series in 2001; the 4:3:1:3:3:1 series from 2002 to 2007; the 4:3:1:0:3:1:4 series in 2008 to 2010; and the 4:3:1:3:3:1:4 series in 2011.*

Source: Centers for Disease Control and Prevention, National Immunization Survey, 2001-2011.

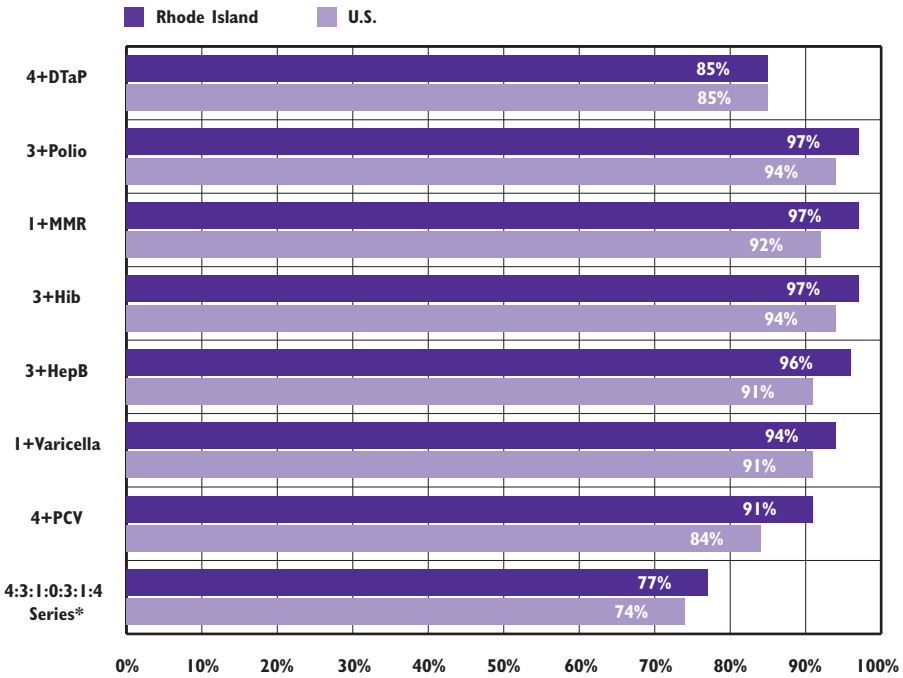
◆ **In 2011, Rhode Island's rate (77%) of children ages 19 months to 35 months that were fully immunized was higher than the U.S. rate of 74%.[22]**

◆ **In 2011, the definition of "fully immunized" was modified to include children who had received the 4:3:1:3:3:1:4 series. Changes in the series are due to the recovery from the Hib shortage that occurred during December 2007 through September 2009 and the addition of four doses of pneumococcal conjugate vaccine (PCV) to the series.[23,24]**

◆ **In 2011, the U.S. rate for fully immunized children ages 19 months to 35 months ranged from 64% for children living below the federal poverty level to 72% for children living at or above the federal poverty level. The 2011 U.S. rate was 71% for Asian children, 70% for Hispanic children, 69% for White children, 66% for American Indian/Alaska Native children, and 64% for Black children.[25]**

◆ **Concerns about vaccine safety have resulted in some parents refusing to have their children immunized and some requesting alternative vaccination schedules, both of which have contributed to the number of children who are under-immunized in the U.S.[26,27,28] 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.[29] In Rhode Island, children may be exempt from receiving one or more vaccines for medical or religious reasons.[30] Exemption data is not available for the 2011-2012 school year, but will be in the future.[31]**

Vaccination Coverage Among Children, Ages 19 Months to 35 Months, Rhode Island and United States, 2011



** The modified 4:3:1:3:3:1:4 series includes Hib and the newly added 4 doses of PCV.*

Source: Centers for Disease Control and Prevention, National Immunization Survey, 2011.

◆ **In 2011, Rhode Island ranked first in the U.S. for the 1+ MMR and 3+ Hib vaccine and third highest for the 3+ Polio, 3+ HepB, 4+ PCV, and rotavirus vaccines. Rhode Island ranked 13th best in the U.S. for completion of the modified* series.[32]**

Immunizations for Elementary and Middle School Students

◆ **The 2011-2012 *Rhode Island School Immunization Assessment* analyzed 3,293 randomly selected health records from students at kindergarten entry (5-7 years of age) and middle school entry (11-13 years of age) across 140 randomly selected schools. Of the five immunizations needed for school entry, entering kindergarteners had coverage rates between 91% and 94%, while entering middle school students had rates between 81% and 97%.[33]**

Adolescent Immunization

◆ **The recommended immunization schedule for adolescents has changed over the past decade with four vaccines being added: human papillomavirus (HPV), tetanus-diphtheria-acellular pertussis (TdaP), meningococcal conjugate (MenACWY), and influenza.[34]**

◆ **According to the 2011 *National Immunization Survey–Teen*, Rhode Island adolescents ranked best in the U.S. for two immunizations (female only 1+HPV and 3+HPV), third for 1+Td or Tdap after age 10, fourth for 1+MenACWY and 2+MMR, eighth for 1+Tdap after age 10, 11th for 3+HepB and 12th for 2+Varicella history of disease. In 2011, 97% of Rhode Island adolescents had received 2+MMR vaccine and 96% had received the 3+HepB and the 1+Td or Tdap after age 10 vaccines.[35]**

◆ **To ensure that all high school seniors are fully vaccinated before beginning college or work, the Rhode Island Office of Immunization 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 federal Vaccines for Children program, local insurers, and other federal grants and are offered at no cost to students.[36,37,38]**

◆ **During the 2011-2012 school year, 87 schools participated in *VBYG*. In total, 9,735 vaccine doses were administered to 7,475 students. The two most administered vaccines were influenza (6,774 doses) and HPV (975 doses). Other vaccines administered included hepatitis A and B, measles, mumps, rubuella (MMR), meningococcal (MCV4), polio (IPV), tetanus, diphtheria (Td), tetanus, diphtheria, pertussis (Tdap), and varicella (chicken pox).[39]**

References

[1,4,7,10] Centers for Disease Control and Prevention. (2012). *How vaccines prevent disease.* Retrieved December 12, 2012, from www.cdc.gov

[2,8,11] Child Trends. (2012). *Immunization.* Retrieved December 27, 2012, from www.childtrendsdatabank.org

[3,5,12,18] Centers for Disease Control and Prevention. (2012). *Parents' guide to childhood immunizations.* Retrieved December 27, 2012, from www.cdc.gov

[6] Centers for Disease Control and Prevention. (2012). *Epidemiology and prevention of vaccine-preventable diseases, 12th ed.* Retrieved December 27, 2012, from www.cdc.gov

[9] Healthy People 2020. (2012). *Immunization and infectious diseases.* Retrieved December 27, 2012, from www.healthypeople.gov/

[13] Centers for Disease Control and Prevention. (2012). *About Vaccines for Children Program.* Retrieved December 27, 2012, from www.cdc.gov

(continued on page 169)

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 June 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. Poor oral health has immediate and significant negative impacts on children's overall health, school attendance, and academic achievement.[1,2,3]

Insurance is a strong predictor of access to health and dental care. More than one in five (22%) uninsured children in the U.S. have unmet dental needs, compared with 6% of those with Medicaid and 5% of those with private health insurance.[4] In 2010, 89% of children in Rhode Island had dental insurance that paid for routine dental care, up from 73% in 2001 and 62% in 1990.[5,6]

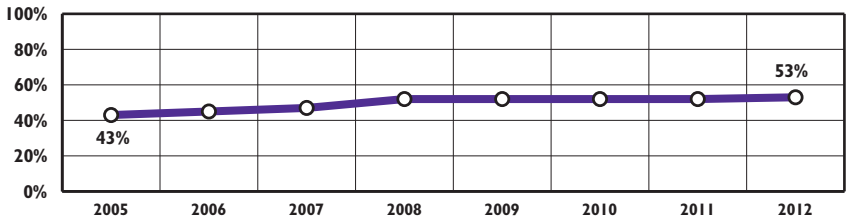
Children living in poverty are more likely to have severe and untreated tooth decay than higher-income children. Medicaid-eligible children are twice as likely to have dental disease as higher-income children, although children with Medicaid coverage have better access to dental care than those without 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]

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 or Hispanic children.[10,11,12]

During the 2010-2011 school year, 50% of third graders in Rhode Island had previous cavities and/or fillings and 26% had untreated tooth decay. Minority children and low-income children were twice as likely as their peers to have untreated tooth decay and five to six times more likely to have rampant decay (more than six untreated decay-filled teeth).[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 dental 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 2005-2012



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years 2005-2012. *Medical Assistance includes RIte Care, RIte Share, and Medicaid fee-for-service.

◆ **Half (53%) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service on June 30, 2012 received a dental service during State Fiscal Year 2012, up from 43% in State Fiscal Year 2005.[16]**

Dental Provider Participation in Medicaid and RIte Smiles

◆ **Nationally, children and adults with public insurance coverage face access problems because many private dentists do not accept Medicaid for payment. Dental providers cite low reimbursement rates, administrative requirements, and patient-related issues (e.g., missed appointments and poor treatment compliance) as the main reasons that they do not see more patients with Medicaid coverage.[17,18]**

◆ **When RIte Smiles (Rhode Island's managed care oral health program) started in 2006, reimbursement rates were raised for participating dental providers.[19,20] The number of dentists accepting qualifying children with Medical Assistance coverage in Rhode Island increased from 27 participating providers before RIte Smiles to 90 (at the launch of RIte Smiles) in September 2006, to 406 in September 2012.[21,22]**

◆ **General dentists and dental specialists who provide dental care to older children who do not qualify for enrollment in the RIte Smiles program continue to be reimbursed at the Medicaid fee-for-service reimbursement rate.[23] Medicaid reimbursement rates often lag behind fees charged by dental providers and private commercial rates, which reduces incentives for providers to treat children with Medicaid coverage.[24]**

RIte Smiles

◆ RIte Smiles, Rhode Island's managed care oral health program for children born on or after May 1, 2000, has been credited with improving access to dental care (both preventive and treatment services) for young children.[25,26,27,28] As of December 31, 2012, there were 61,258 children enrolled in RIte Smiles.[29] All children receiving Medical Assistance who were born before May 1, 2000 continue to receive dental benefits under the fee-for-service system.[30] 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.[31,32]

◆ There have been gains in access to dental care among children under age 10 with Medicaid coverage in Rhode Island over the past decade, with the largest increases coming since 2006, when RIte Smiles began. Thirteen percent of children ages two and younger with Medicaid coverage received any dental care in 2010, marking a six-fold improvement since 2002 and the first time that over 10% of this age cohort received dental care. The percentage of children ages three to five who received dental care increased by 31% between 2002 and 2010, from 35% to 46%. School-age children also had increases in access, with 27% more children ages six to eight and 24% more children ages nine to ten with Medicaid coverage receiving dental care in 2010, compared with 2002. Approximately 70% of children ages nine and ten with Medicaid coverage received at least one dental service in 2009 and 2010.[33]

Oral Health Care for Pregnant Women

◆ Poor oral health during pregnancy has been shown to be a potential risk factor contributing to pregnancy complications (such as gestational diabetes and preeclampsia) and poor birth outcomes, including preterm birth and low birthweight infants.[34,35]

◆ Although oral health care can be safely delivered during pregnancy, only about half (53%) of Rhode Island women report having a dental visit during their pregnancy. Women with low incomes are less likely to see a dentist; 41% of women with RIte Care coverage and 42% of women participating in WIC reported a dental visit during their pregnancy. Prenatal care providers (such as OB/GYNs, nurses, midwives, and others) can play an important role in identifying risk factors for dental disease, as well as promoting and making referrals to dental care during pregnancy.[36]

Importance of Early Dental Visits for Very Young Children

◆ Clinical recommendations are that children first visit the dentist before age one.[37] However, only 1.8% of infants and one year old children in the U.S. have ever visited a dentist, compared with 89% who have seen a physician annually. Most young children in the U.S. do not see a dentist until after age five. In Rhode Island, children under age six (57%) are less likely to have received a dental check-up or cleaning in past 12 months than children over age five (92% of 6-11 year olds and 91% of 12-17 year olds).[38,39,40]

◆ There are too few dentists trained to treat very young children, and too few who treat children with special health care needs or those who have public insurance.[41,42] Primary care providers can conduct oral health risk assessment, refer for dental care and provide preventive services, all of which improve oral health outcomes and lead to a dental home.[43,44]

◆ In addition to covering dental visits for children before the age of one, Rhode Island is one of 40 state Medicaid programs that reimburse primary care medical providers for preventive oral health services for very young children, including risk assessment, caregiver education, and fluoride varnish application.[45,46,47]

Consequences of Untreated Dental Disease

◆ Between 2007 and 2011, an average of 826 children under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments annually. Forty-two percent of these children had public insurance (Medicaid/RIte Care) and 23% had private/commercial health or dental insurance. One-quarter (25%) 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.[48]

◆ Each year between 2007 and 2011 in Rhode Island, an average of 56 children under age 19 were hospitalized with a diagnosis that included an oral health condition. During this time period, an average of 16 children per year under age 19 were hospitalized with an oral health condition as the primary reason for the hospitalization.[49]

References

[1,7,10,17] *Children and oral health: Accessing needs, coverage, and access.* (2012). Washington, DC: The Henry K. Kaiser Family Foundation.

(continued on page 169)

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 the ability to have secure attachments, satisfying social relationships, and effective coping skills. The mental health status of children influences their health, behavior at home, child care or school as well as their ability to participate in community life.[1] Mental health conditions can impair academic achievement and social development, increase demands on the juvenile justice and child welfare systems, result in high treatment costs, intensify family stress, diminish family incomes, and increase the risk for suicide.[2,3,4,5]

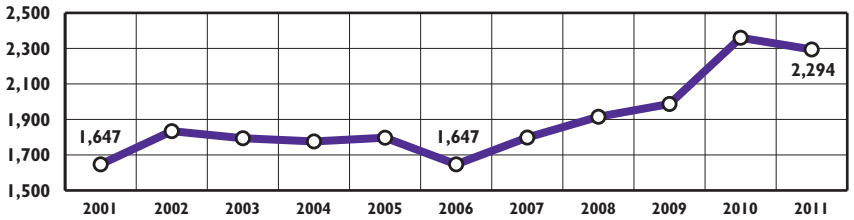
Behavioral health problems affect children of all backgrounds. In Rhode Island, one in five (19.0%) children ages six to 17 has a diagnosable mental or addictive disorder; one in ten (9.8%) has significant functional impairment.[6]

Children most at risk for mental disorders are those with prenatal exposure to alcohol, tobacco and other drugs; children born with low birthweight; those suffering abuse and neglect; children exposed to traumatic events or bullying; children of parents with a mental health disorder and/or an inherited predisposition to a mental disorder; and children living in poverty.[7,8] Young people in the juvenile justice and child welfare systems experience mental health problems at higher rates than their peers.[9]

Mental health problems, whether arising from biological, environmental, and/or psycho-social causes, affect the physical functioning of the brain and can be prevented or treated in many cases.[10] The majority of children and youth who need mental health treatment do not receive it through school, community, or clinical settings despite showing symptoms or "action signs."[11,12]

Mental health treatment systems tend to be fragmented and crisis-driven with disproportionate spending on high-end hospital and residential care and often lack adequate investments in prevention and community-based services that would allow children to receive appropriate treatment levels of care in their own communities.[13,14,15,16] Over the past two decades, Rhode Island has worked to build more preventive and home- and community-based treatment capacity, but more is still needed.[17,18]

Hospitalizations with Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2001-2011*



Source: RI Hospital Discharge Database (HDD), RI Department of Health, 2001-2011. *Data are for hospitalizations, not number of children. Children may be hospitalized more than once. Mental disorders include ICD-9-CM codes 290-319, including alcohol/drug dependence, psychoses, anxiety and depressive, mood and personality disorders. Trend line is based on a new method of analyzing the HDD and is only comparable to the 2012 Factbook.

◆ **In 2011, there were 2,294 hospitalizations of children with a primary diagnosis of mental disorder at Bradley, Butler, Hasbro Children's Hospital, Newport, and Memorial hospitals. This represents a 39% increase from 2001 (1,647). This increase may be due to more children and youth being hospitalized for behavioral health problems, but it also has been partly attributed to the systemic problem of "pediatric boarders" and "stuck kids."[19,20]**

◆ **When a child or adolescent needs behavioral health treatment at an inpatient psychiatric hospital or in another placement in the community, but there is no appropriate placement available, they may wait for one day or more in emergency departments and/or be admitted to ("boarded at") medical floors at acute care hospitals. "Boarders" must wait for appropriate treatment and may require constant monitoring by staff so that they do not injure themselves or others.[21,22] In Federal Fiscal Year (FFY) 2012, 291 children and youth under age 18 with a psychiatric diagnosis were "boarded" for an average of two days at Hasbro Children's Hospital or Rhode Island Hospital. This is a 25% reduction from FFY 2011, when there were 388 boarders.[23]**

◆ **When a child or adolescent is ready to leave the psychiatric hospital and needs a "step-down placement" of lesser clinical intensity but there is none available or there is no other safe placement at a treatment program or at home, they are referred to as "stuck." Bradley Hospital reported having an average of two stuck kids per day in FFY 2012, which is a decline from the FFY 2011 average of five stuck kids per day.[24]**

Psychiatric Hospitals

Children Under Age 19 Treated at Rhode Island Psychiatric Hospitals, October 1, 2011 – September 30, 2012 (FFY 2012)

	Bradley Hospital General Psychiatric Services		Bradley Hospital Developmental Disabilities Program		Butler Hospital General Psychiatric Services		Butler Hospital Child and Adolescent Intensive Services Unit	
	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay
Inpatient	1,039	9 days	65	40 days	484	7 days	114	13 days
Residential	25	177 days	10	27 days	– –	– –	– –	– –
Partial Hospitalization	544	15 days	16	11 days	91	5 visits	– –	– –
Home-Based	– –	– –	45	78 visits	– –	– –	– –	– –
Outpatient	1,871	3 visits	102	3 visits	77	NA	– –	– –

Source: Lifespan, 2013 and Butler Hospital, 2013. 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 2012). 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. The most common diagnoses for young people treated at Butler or Bradley Hospitals in FFY 2012 in an inpatient setting were bipolar disorders (40%), depressive disorders (38%), anxiety disorders (11%), and adjustment disorders (5%).[25,26]**

◆ **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 five schools for children with behavioral health problems and developmental disabilities, which together had an average daily enrollment of 419 students in FFY 2012.[27]**

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(continued on page 170)

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 2012, 8,004 children under age 18 were treated at Community Mental Health Centers, and 4,655 children were receiving treatment as of December 31, 2012.[28]**

◆ **Among the children who received services through Rhode Island CMHCs in 2012, 25% presented with a primary diagnosis of depressive-related disorders, 21% with attention deficit disorders, 13% with anxiety disorders, and 12% with conduct disorders.[29]**

Child and Adolescent Intensive Treatment Services (CAITS)

◆ **The CAITS program, which is administered by the Rhode Island Executive Office of Health and 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.[30]**

◆ **In State Fiscal Year 2012 (July 1, 2011-June 30, 2012), 1,764 children and youth received services from 13 CAITS provider agencies. Half (52%) of the youth served by CAITS were over age 12, while 37% were ages six to 11, and 12% were age five or younger.[31]**

Access to Care and Youth Violence

◆ **Most adolescents with mental health disorders fail to receive treatment. While most are not violent, there is a growing call to better identify and treat youth with mental health conditions so that crisis situations involving violence may be avoided. Health coverage that includes behavioral health services, "mental health first aid" training for teachers and other adults who work with youth, and improved referral systems that actively connect children and youth with mental health conditions to care are some of the policy options being explored.[32,33,34,35]**

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 15% 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 (CSHCN) can have impairments of varying degrees in physical, social, emotional, and/or behavioral functioning. Nationally, 57% of CSHCN have two or more special health needs, while 29% report having three or more. Health conditions most commonly reported are allergies, asthma, Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, developmental delay, anxiety, behavioral problems, and depression, among others.[2,3]

Children with mild or severe disabling conditions have special needs related to physical health, mental health, education, family support, housing, child care, and recreation.[4] Health-related needs are best met via a comprehensive, coordinated, continuous, accessible, and family-centered medical home.[5]

In 2011, 25% of Rhode Island public high school students reported having a disability. These students with disabilities reported experiencing physical fights, dating violence, forced sexual intercourse, and depression more frequently than their non-disabled peers. Rhode Island high school students with disabilities also had higher rates of inactivity, poor academic achievement, and risky behaviors, including not wearing a seat belt, being sexually active, having unprotected sex, smoking tobacco, abusing other drugs, drinking, driving under the influence, as well as planning and attempting suicide, when compared to students without disabilites.[6]

Children with disabilities may require medical services, equipment, assistive technology or home modifications that may result in serious financial burdens on families.[7,8,9] Having children with special needs significantly impacts parents' finances, employment and family lives.[10,11,12] Adequate and affordable health insurance coverage (private coverage, public coverage or both) for primary and specialty care, mental health and oral health care is important for CSHCN. Many families experience financial hardships due to lack of insurance or underinsurance.[13,14,15]

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.[16]**

◆ **In Rhode Island in 2012, 11 certified Early Intervention provider agencies served 3,967 children. Nearly two-thirds (64%) of children receiving Early Intervention services were male and just over one-third (36%) were female. Enrollment is nearly evenly distributed among children by age, with 28% ages birth to eleven months, 37% between ages one and two, and 35% between ages two and three.[17]**

Children Enrolled in Special Education

◆ **Under *IDEA Part B*, local school systems are responsible for identifying, evaluating, and serving students ages three to 21 who have disabilities that might require special education and related services.[18]**

◆ **In Rhode Island during the 2011-2012 school year, 18% (24,836) of children enrolled in public schools received special education services. Thirty-five percent of students receiving special education services in Rhode Island had a learning disability.[19]**

◆ **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 2012, 38% of the 1,985 children who reached age three while in EI were determined to be eligible for preschool special education, 12% were found not eligible for special education and 5% did not have eligibility determined when exiting EI. The remainder completed their service plan prior to reaching the maximum age for EI, moved out of state, withdrew from the program, or were unreachable for follow-up.[20]**

◆ **During the 2011-2012 school year in Rhode Island, there were 2,927 preschool-age children who received special education services.[21]**

Medical Assistance for Children With Special Health Care Needs

◆ As of December 31, 2012, there were 5,250 Rhode Island children and youth under age 21 receiving Medical Assistance benefits through their enrollment in the federal Supplemental Security Income (SSI) program.[22,23]

◆ In Rhode Island, 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.[24] As of December 31, 2012, there were 1,053 Rhode Island children enrolled through the Katie Beckett provision, a decline of 41% from the peak enrollment of 1,770 in 2007.[25,26]

◆ 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 over the past decade.[27,28]

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.[29,30]

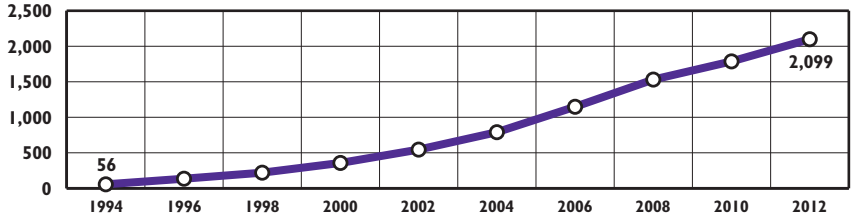
◆ As of December 31, 2012, 1,883 children in Rhode Island were enrolled in Medical Assistance through the child welfare system.[31] Rhode Island youth in substitute care on their 18th birthday are provided with RIte Care health insurance coverage until their 21st birthday through Rhode Island's Post Foster Care Medical Assistance provision.[32] Per provisions of the federal *Affordable Care Act*, starting January 1, 2014, youth in substitute care at age 18 will be able to access Medicaid coverage until they reach age 26.[33]

◆ 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, 2012, 2,251 children were enrolled in Medical Assistance because of special needs adoptions.[34]

Children With Autism Spectrum Disorders (ASDs)

◆ Autism Spectrum Disorders (ASDs) are a group of neurodevelopmental 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 variety of symptoms and experience challenges and abilities that range widely in severity. Many children with ASDs face challenges in social interaction, speech/language, and communication and demonstrate repetitive behaviors and routines.[35,36]

Children Ages Three to 21 With Autism Spectrum Disorders (ASDs), Rhode Island, December 1994 – December 2012



Source: Rhode Island Department of Elementary and Secondary Education, Office of Student, Community and Academic Supports, December 1994-December 2012.

◆ The national ASD prevalence (including mild to severe disorders) is estimated to be one out of every 88 children (one out of 54 boys and one out of 252 girls).[37] In December 2012, there were 2,099 Rhode Island children ages three to 21 with an ASD who received special education services.[38] The increase in the number of children with ASDs has been attributed, in part, to improved awareness and better screening and evaluation tools, as well as a broadening of the educational definition of autism to include other ASDs.[39,40,41]

◆ Research indicates that early and appropriate identification and sustained interventions can result in improvements in the levels of independent functioning of children and youth with ASDs and long-term life outcomes. ASD interventions are costly and require skilled professionals to deliver them, often resulting in gaps in access.[42,43,44]

References *(continued on page 170)*

Breastfeeding

DEFINITION

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

SIGNIFICANCE

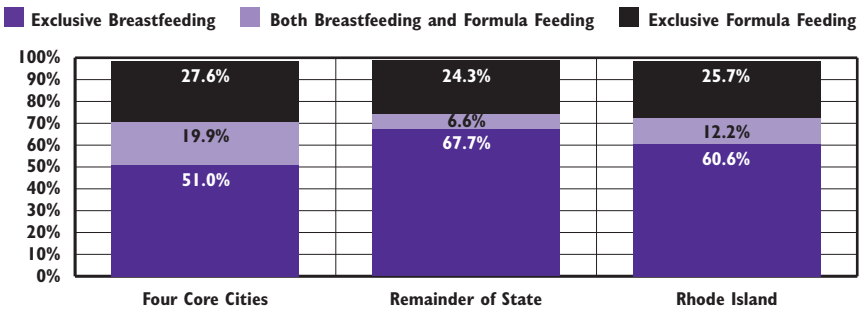
Breastfeeding is widely recognized as the ideal method of feeding and nurturing infants and a critical component in achieving optimal infant and child health, growth, and development.[1,2] The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for six months after birth, continuous 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, and 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 pregnant women 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, set target breastfeeding rates of 81.9% of infants born each year ever having been breastfed, 60.6% at six months of age, and 34.1% at one year of age.[10] Rhode Island reports 73.7% of infants ever having been breastfed, 46.8% breastfeeding at six months and 26.7% breastfeeding at one year of age. Comparable national averages were 76.9% ever breastfed, 47.2% at six months and 25.5% at 12 months.[11]

Breastfeeding and Formula Feeding Rates in Rhode Island, 2007-2011



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Newborn Developmental Risk Screening Program, 2007-2011. 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 2007 and 2011, more than half (60.6%) of new mothers in Rhode Island indicated that they intended to exclusively breastfeed when discharged from the hospital. One in four new mothers (25.7%) intended to exclusively formula feed and 12.2% intended to use a combination of both breast and formula feeding.[12]**

◆ **Between 2007 and 2011, 78.6% of new mothers in Rhode Island who were surveyed approximately three months after giving birth reported having ever breastfed. Just over half (53.1%) 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 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 among the 49 states with state legislation that provides mothers with the explicit right to breastfeed in public places. Rhode Island does not have legislation that mandates support for breastfeeding mothers who return to work, as do 16 other states.[16]**

◆ **In 2011, Rhode Island became the first state to eliminate the automatic distribution of free infant formula that is not medically necessary to postpartum women at hospital discharge.[17]**

Table 17.

Breastfeeding Rates, Rhode Island, 2007-2011

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER BREAST AND FORMULA FEEDING	NUMBER EXCLUSIVELY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING	PERCENT EXCLUSIVELY BREASTFEEDING
Barrington	513	15	429	87%	84%
Bristol	803	46	562	76%	70%
Burrillville	619	35	403	71%	65%
Central Falls	1,759	474	811	73%	46%
Charlestown	300	8	226	78%	75%
Coventry	1,480	71	983	71%	66%
Cranston	3,981	423	2,449	72%	62%
Cumberland	1,469	112	1,003	76%	68%
East Greenwich	507	16	391	80%	77%
East Providence	2,550	215	1,630	72%	64%
Exeter	247	16	183	81%	74%
Foster	165	12	117	78%	71%
Glocester	346	10	247	74%	71%
Hopkinton	409	12	306	78%	75%
Jamestown	125	2	109	89%	87%
Johnston	1,329	105	777	66%	58%
Lincoln	870	49	605	75%	70%
Little Compton	83	4	65	83%	78%
Middletown	887	40	693	83%	78%
Narragansett	412	28	308	82%	75%
New Shoreham	52	6	44	96%	85%
Newport	1,358	92	965	78%	71%
North Kingstown	1,063	56	764	77%	72%
North Providence	1,474	114	968	73%	66%
North Smithfield	391	17	291	79%	74%
Pawtucket	5,074	884	2,705	71%	53%
Portsmouth	592	19	468	82%	79%
Providence	13,749	2,920	7,110	73%	52%
Richmond	378	23	289	83%	76%
Scituate	316	25	214	76%	68%
Smithfield	636	30	452	76%	71%
South Kingstown	1,020	58	777	82%	76%
Tiverton	378	18	269	76%	71%
Warren	455	21	301	71%	66%
Warwick	3,930	247	2,522	70%	64%
West Greenwich	259	11	191	78%	74%
West Warwick	1,895	129	1,095	65%	58%
Westerly	1,120	56	840	80%	75%
Woonsocket	3,019	413	1,406	60%	47%
Four Core Cities	*23,601*	*4,691*	*12,032*	*71%*	*51%*
Remainder of State	*32,412*	*2,141*	*21,936*	*74%*	*68%*
Rhode Island	*56,013*	*6,832*	*33,968*	*73%*	*61%*

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 With 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, 2007-2011. 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, Pawtucket, Providence and Woonsocket.

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(continued on page 171)

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 an important way to identify and treat health problems as well as 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 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, social support, mental health, smoking cessation, substance use, domestic violence, and unmet needs for food and shelter.[2,3,4] A prenatal visit is the first step in establishing an infant's medical home and can provide valuable links to other health services.[5,6]

Timely initiation of prenatal care is especially important for women who face multiple risks for poor birth outcomes, as is ensuring access to preconception health care services before pregnancy. Effective monitoring and treatment of chronic disease, education on preventive health practices, implementing and enhancing Medicaid policies to improve health insurance coverage, and ensuring access to culturally and linguistically competent health providers can improve prenatal care for women of child-bearing age.[7]

In Rhode Island between 2007 and 2011, 15.0% of women who gave birth either received no prenatal care or did not begin care until the second or third trimester.[8] Pregnant adolescents in Rhode Island are the most likely to delay prenatal care. Between 2007 and 2011, over one-quarter (27.3%) of teens ages 19 and under received delayed prenatal care, compared with 13.8% of women ages 20 and over.[9]

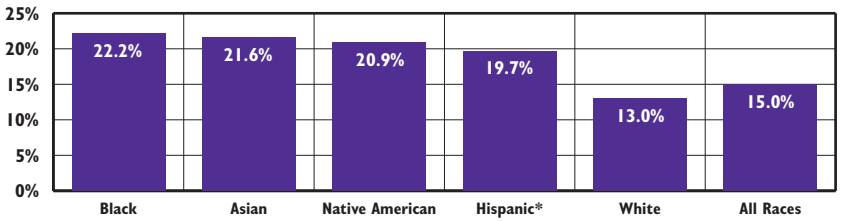
Late or No Prenatal Care

	1995	2010
RI	1.3%	1%
US	4.2%	3%
National Rank*		*1st*
New England Rank**		*1st*

**1st is best; 15th 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 15 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, 2007-2011



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Database, 2007-2011. Data for 2011 are provisional. *Hispanic may be included in any racial category.

◆ **Between 2007 and 2011 in Rhode Island, Black women (22.2%), Asian women (21.6%), Native American women (20.9%) and Hispanic* women (19.7%) were more likely to receive delayed prenatal care than White women (13.0%).[10]**

◆ **Between 2007 and 2011 in Rhode Island, the rate of delayed prenatal care among pregnant women in the four core cities (19.6%) was higher than the rate among pregnant women in the remainder of the state (11.6%).[11]**

Insurance Coverage Improves Access to Prenatal Care

◆ **In the U.S., women with commercial insurance have the highest rates of timely prenatal care. Low-income women with Medicaid coverage are more likely to have prenatal care in the first trimester of pregnancy than women who are uninsured, especially if they had Medicaid coverage before they became pregnant.[12,13]**

◆ **Between 2007 and 2011, pregnant women with health coverage through RIte Care coverage (Rhode Island's Medicaid managed care health program) were much less likely (21.1%) to receive delayed prenatal care than women who were uninsured (38.0%). Pregnant women with private insurance coverage were the least likely to receive delayed prenatal care (9.0%) during this time period.[14]**

◆ **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.[15]**

Table 18.

Delayed Prenatal Care, Rhode Island, 2007-2011

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	524	59	11.3%
Bristol	846	103	12.2%
Burrillville	688	71	10.3%
Central Falls	1,785	358	20.1%
Charlestown	303	13	NA
Coventry	1,494	188	12.6%
Cranston	4,027	586	14.6%
Cumberland	1,631	165	10.1%
East Greenwich	511	54	10.6%
East Providence	2,625	299	11.4%
Exeter	254	22	NA
Foster	174	28	NA
Glocester	361	35	NA
Hopkinton	418	30	NA
Jamestown	134	8	NA
Johnston	1,346	177	13.2%
Lincoln	902	100	11.1%
Little Compton	113	7	NA
Middletown	916	82	9.0%
Narragansett	423	27	NA
New Shoreham	52	1	NA
Newport	1,401	124	8.9%
North Kingstown	1,073	114	10.6%
North Providence	1,518	197	13.0%
North Smithfield	437	34	NA
Pawtucket	5,352	948	17.7%
Portsmouth	640	51	8.0%
Providence	13,970	2,924	20.9%
Richmond	384	36	NA
Scituate	309	45	NA
Smithfield	647	53	8.2%
South Kingstown	1,022	92	9.0%
Tiverton	575	62	10.8%
Warren	478	85	NA
Warwick	3,969	498	12.5%
West Greenwich	261	36	NA
West Warwick	1,930	306	15.9%
Westerly	1,194	94	7.9%
Woonsocket	3,236	548	16.9%
Unknown	*6*	*1*	*NA*
Four Core Cities	*24,343*	*4,778*	*19.6%*
Remainder of State	*33,580*	*3,882*	*11.6%*
Rhode Island	*57,929*	*8,661*	*15.0%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2007-2011. Data for 2011 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 only are comparable to Factbooks since 2009.

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

The denominator is the total number of live births to Rhode Island residents from 2007-2011.

Core cities are Central Falls, Pawtucket, Providence 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. Infants born before 37 weeks gestation are at higher risk than full-term infants for neurodevelopmental, respiratory, gastrointestinal, immune system, central nervous system, hearing, dental, and vision problems. Children who were born preterm may experience physical disabilities, learning difficulties, and behavioral problems later in life.[1,2,3]

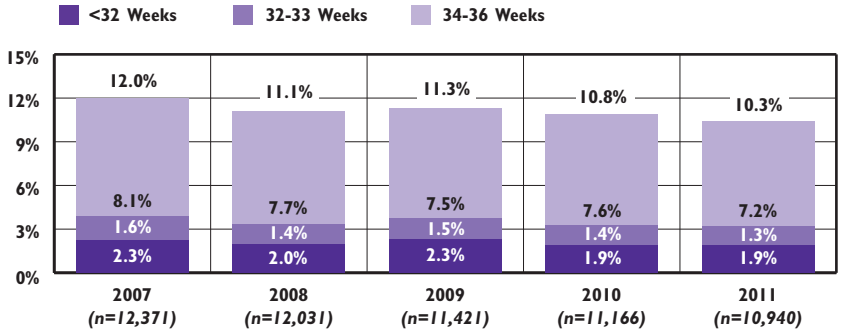
Even "late preterm" infants (34-36 weeks gestation) can experience immediate and long-term complications. Infants born very preterm (<32 weeks gestation) are at highest risk for death and life-long disability, high hospitalization costs during their first year, and increased health care-related costs later in life. On average, U.S. newborns with no complications stay 1.5 days in the hospital, compared with 13 days for preterm infants.[4,5,6,7,8] Preventive interventions can improve outcomes for very preterm infants and their caregivers.[9,10]

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.[11,12]

After rising for more than two decades, the U.S. preterm birth rate has declined over the past five years. In 2011, the U.S. preterm birth rate was 11.7%, a decrease of 8% from its peak in 2006. Preterm birth rates have declined between 2006 and 2011 among Hispanic, non-Hispanic White and non-Hispanic Black infants in the U.S. While non-Hispanic Black women continue to have the highest preterm birth rate, it has declined to one of its lowest levels ever.[13] Preterm birth is a major contributor to infant mortality in the U.S., particularly among non-Hispanic Black and Puerto Rican infants.[14]

Multiple births are more likely to be born preterm than singletons. The incidence of multiple births, particularly twins, has risen significantly over the past several decades and has contributed to an increase in preterm and low birthweight rates in the U.S.[15,16] In Rhode Island between 2007 and 2011, 57.4% of multiple births were preterm, compared with 9.4% of singleton births.[17]

Preterm Births by Gestational Age, Rhode Island, 2007-2011



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2007-2011. Percentages by gestational age may not sum to total percentage of preterm births due to rounding.

◆ **The single-year preterm birth rate in Rhode Island declined by 14% over the past five years, from 12.0% in 2007 to 10.3% in 2011. In the five year period between 2007 and 2011, two-thirds (68.5%) of all preterm births in Rhode Island were late preterm births (34-36 weeks gestation) and 18.5% of all preterm births were very preterm (<32 weeks gestation).[18]**

◆ **Between 2007 and 2011, 15.5% of births of Native American infants in Rhode Island were preterm, compared with 14.8% of Black, 11.7% of Asian, and 10.3% of White infants. During this same time period, 12.4% of births to Hispanic women in Rhode Island were preterm (Hispanic women can be of any race).[19]**

◆ **The rate of preterm births among teen girls under age 20 between 2007 and 2011 in Rhode Island was 12.6%, higher than the state rate (11.1%). The preterm birth rate was 14.2% for 15-17 year olds and 11.8% for 18-19 year olds.[20]**

◆ **Between 2007 and 2011 in Rhode Island, 13.8% of births to smokers were preterm, compared with 10.6% of births to women who did not smoke during pregnancy.[21]**

◆ **Among women with private health insurance coverage in Rhode Island between 2007 and 2011, 10% of births were preterm, compared with 12.3% of those with public insurance coverage (RIte Care or Medicaid) and 21.9% of women with no health insurance.[22]**

Table 19.

Preterm Births, Rhode Island, 2007-2011

CITY/TOWN	# BIRTHS	# PRETERM BIRTHS	% PRETERM BIRTHS
Barrington	524	45	8.6%
Bristol	846	82	9.7%
Burrillville	688	77	11.2%
Central Falls	1,785	212	11.9%
Charlestown	303	29	NA
Coventry	1,494	174	11.6%
Cranston	4,027	449	11.1%
Cumberland	1,631	148	9.1%
East Greenwich	511	50	9.8%
East Providence	2,625	276	10.5%
Exeter	254	25	NA
Foster	174	17	NA
Glocester	361	35	NA
Hopkinton	418	37	NA
Jamestown	134	8	NA
Johnston	1,346	146	10.8%
Lincoln	902	84	9.3%
Little Compton	113	14	NA
Middletown	916	78	8.5%
Narragansett	423	50	NA
New Shoreham	52	5	NA
Newport	1,401	152	10.8%
North Kingstown	1,073	75	7.0%
North Providence	1,518	160	10.5%
North Smithfield	437	37	NA
Pawtucket	5,352	641	12.0%
Portsmouth	640	46	7.2%
Providence	13,970	1,819	13.0%
Richmond	384	30	NA
Scituate	309	36	NA
Smithfield	647	66	10.2%
South Kingstown	1,022	94	9.2%
Tiverton	575	45	7.8%
Warren	478	57	NA
Warwick	3,969	393	9.9%
West Greenwich	261	23	NA
West Warwick	1,930	201	10.4%
Westerly	1,194	132	11.1%
Woonsocket	3,236	404	12.5%
Unknown	*6*	*2*	*NA*
Four Core Cities	*24,343*	*3,076*	*12.6%*
Remainder Of State	*33,580*	*3,376*	*10.1%*
Rhode Island	*57,929*	*6,454*	*11.1%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2007-2011.

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 2007-2011.

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, Pawtucket, Providence 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 smoking, poverty, periodontal health, level of educational attainment, and prenatal nutrition.[2,3]

Low birthweight often is a result of a premature birth but also can occur after a full-term pregnancy. In 2010 in the U.S., 44.7% of all preterm infants (under 37 weeks gestation) were born at low birthweight, while 3.2% of full-term infants (37 to 41 weeks gestation) were born at low birthweight.[4]

Cigarette smoking during pregnancy is the leading cause of low birthweight, with smokers nearly twice as likely to deliver a low birthweight baby as women who do not smoke.[5] In Rhode Island, 9.4% of babies born between 2007 and 2011 had mothers who smoked during their pregnancy.[6]

Children born at low birthweight face greater risks of physical and developmental health problems and death than infants of normal birthweight. Children born at very low birthweight (less than 1,500 grams or 3 pounds, 4 ounces) are more than 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 sensory difficulties, developmental delays, and cognitive impairments.[7] Low birthweight babies are at greater risk for long-term cognitive problems and school difficulties, and are less likely to complete high school than their peers.[8]

In the U.S. in 2010, 8.1% of infants were born at low birthweight, which was a 16% increase from 7.0% in 1990. Rhode Island's low birthweight rate increased from 6.2% in 1990 to 7.7% in 2010, a 24% increase.[9] The *Healthy People 2020* national target is 7.8%.[10]

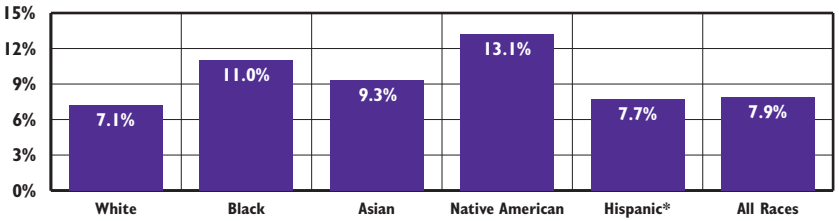
Low Birthweight Infants

	1990	2010
RI	6.2%	7.7%
US	7.0%	8.1%
National Rank*		*19th*
New England Rank**		*4th*

**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

Low Birthweight Infants by Race/Ethnicity, Rhode Island, 2007-2011



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2007-2011. Data for 2011 are provisional. *Hispanic infants can be of any race.

◆ **Factors that persist throughout a woman's life, such as increased stress, insufficient health care, and/or lack of social supports, have been shown to increase the likelihood of delivering a low birthweight baby, particularly among Black women and other racial and ethnic minorities.[11,12]**

◆ **Nationally, the percentage of low birthweight infants (8.1%) was unchanged in 2010 from the previous year's rate.[13] Racial and ethnic disparities still remain. In Rhode Island between 2007 and 2011, 13.1% of Native American infants, 11.0% of Black infants, 9.3% of Asian infants, and 7.7% of Hispanic infants were born at low birthweight, compared to 7.1% of White infants.[14]**

◆ **In both Rhode Island and the U.S., the rate of low birthweight infant births is higher for women under the age of 20 than for older women, and is particularly high for girls who give birth when they are under age 15.[15,16] Between 2007 and 2011 in Rhode Island, the percentage of low birthweight infants born to women under the age of 20 was 9.3%, compared to 7.7% for women age 20 and older.[17]**

◆ **Rhode Island women who deliver a low birthweight infant are more likely to report health issues during their pregnancy than those with a normal weight baby, including high blood pressure, hypertension, preeclampsia, or toxemia; delayed or no prenatal care; a depression diagnosis; and intimate partner violence.[18]**

◆ **Between 2007 and 2011 in Rhode Island, 1.6% of all live births were born at very low birthweight (less than 1,500 grams).[19]**

Table 20. **Low Birthweight Infants, Rhode Island, 2007-2011**

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	524	23	4.4%
Bristol	846	55	6.5%
Burrillville	688	52	7.6%
Central Falls	1,785	135	7.6%
Charlestown	303	16	NA
Coventry	1,494	119	8.0%
Cranston	4,027	325	8.1%
Cumberland	1,631	95	5.8%
East Greenwich	511	26	5.1%
East Providence	2,625	190	7.2%
Exeter	254	19	NA
Foster	174	19	NA
Glocester	361	21	NA
Hopkinton	418	23	NA
Jamestown	134	8	NA
Johnston	1,346	89	6.6%
Lincoln	902	51	5.7%
Little Compton	113	9	NA
Middletown	916	53	5.8%
Narragansett	423	29	NA
New Shoreham	52	4	NA
Newport	1,401	108	7.7%
North Kingstown	1,073	56	5.2%
North Providence	1,518	118	7.8%
North Smithfield	437	30	NA
Pawtucket	5,352	458	8.6%
Portsmouth	640	37	5.8%
Providence	13,970	1,270	9.1%
Richmond	384	20	NA
Scituate	309	17	NA
Smithfield	647	48	7.4%
South Kingstown	1,022	76	7.4%
Tiverton	575	36	6.3%
Warren	478	34	NA
Warwick	3,969	296	7.5%
West Greenwich	261	12	NA
West Warwick	1,930	156	8.1%
Westerly	1,194	91	7.6%
Woonsocket	3,236	327	10.1%
Unknown	*6*	*0*	*NA*
Four Core Cities	*24,343*	*2,190*	*9.0%*
Remainder of State	*33,580*	*2,361*	*7.0%*
Rhode Island	*57,929*	*4,551*	*7.9%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2007-2011. Data for 2011 are provisional.

The denominator is the total number of live births to Rhode Island residents between 2007 and 2011.

Core cities are Central Falls, Pawtucket, Providence 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 and disadvantaged social conditions tend to have higher infant mortality rates than more advantaged neighborhoods.[2]

The three main causes of infant death – congenital malformations, disorders relating to preterm birth and low birthweight, and Sudden Infant Death Syndrome (SIDS) – account for 46% of all infant deaths. Other causes include maternal complications and unintentional injuries.[3] Approximately 20% of U.S. infant deaths and 15% in Rhode Island can be attributed to birth defects, which are more than twice as common in infants born preterm than among full-term births.[4] While low birthweight and prematurity are the second and third leading causes of infant death in the U.S., they are the leading causes of mortality for African American infants.[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 antibiotics, neonatology, and access to health care for low-income families. The U.S. has made slower progress at reducing infant mortality than most industrialized countries, with wide disparities for different racial and ethnic groups.[6,7] The infant mortality rate among African Americans was nearly twice the national average in 2008.[8] Rhode Island had the fourth highest rate of infant mortality for Hispanic mothers among 42 states with comparable data between 2006-2008.[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 2007 and 2011 was 6.5 deaths per 1,000 live births. The infant mortality rate was 8.1 per 1,000 live births in the four core cities, compared with 5.3 per 1,000 births in the remainder of the state.[11]

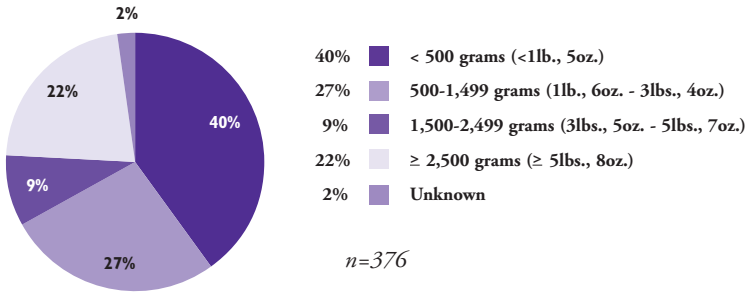
Infant Mortality Rate
(rate per 1,000 live births)

	2000	2010
RI	6.3	7.1
US	6.9	6.1
National Rank*		*37th*
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, 2007-2011



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2007-2011. Data for births in 2011 are provisional. Total may not sum to 100% due to rounding.

◆ **Between 2007 and 2011, 376 infants died in Rhode Island before their first birthday. Seventy-seven percent of infants who died during this time period were low birthweight, 22% were born at normal weights, and 2% had unknown birthweights.[12]**

◆ **Of the 376 infant deaths between 2007 and 2011 in Rhode Island, 282 (75%) occurred in the neonatal period (during the first 27 days of life).[13] Generally, infant deaths in the neonatal period are 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 2007 and 2011, 25% (94) of the 376 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 2007 and 2011, all minority groups had infant mortality rates greater than the rate for White infants (5.9 per 1,000 live births). The Black infant mortality rate was 13.5 deaths per 1,000 live births, the Asian infant mortality rate was 10.8 per 1,000 live births, and the Native American rate was 12.7 per 1,000 live births. The Hispanic infant mortality rate was 5.8 per 1,000 live births, compared with 7.5 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 2007 and 2011, there were 6,454 preterm births (11.1% of all births).[19]**

Table 21. **Infant Mortality, Rhode Island, 2007-2011**

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 BIRTHS
Barrington	524	0	0.0
Bristol	846	1	1.2
Burrillville	688	3	4.4
Central Falls	1,785	13	7.3
Charlestown	303	0	NA
Coventry	1,494	11	7.4
Cranston	4,027	25	6.2
Cumberland	1,631	8	4.9
East Greenwich	511	2	3.9
East Providence	2,625	13	5.0
Exeter	254	3	NA
Foster	174	2	NA
Glocester	361	2	NA
Hopkinton	418	0	NA
Jamestown	134	0	NA
Johnston	1,346	5	3.7
Lincoln	902	6	6.7
Little Compton	113	0	NA
Middletown	916	3	3.3
Narragansett	423	2	NA
New Shoreham	52	1	NA
Newport	1,401	12	8.6
North Kingstown	1,073	9	8.4
North Providence	1,518	9	5.9
North Smithfield	437	4	NA
Pawtucket	5,352	39	7.3
Portsmouth	640	2	3.1
Providence	13,970	122	8.7
Richmond	384	4	NA
Scituate	309	2	NA
Smithfield	647	0	0.0
South Kingstown	1,022	5	4.9
Tiverton	575	1	1.7
Warren	478	2	NA
Warwick	3,969	24	6.0
West Greenwich	261	2	NA
West Warwick	1,930	8	4.1
Westerly	1,194	8	6.7
Woonsocket	3,236	23	7.1
Unknown	*6*	*NA*	*NA*
Four Core Cities	*24,343*	*197*	*8.1*
Remainder of State	*33,580*	*179*	*5.3*
Rhode Island	*57,929*	*376*	*6.5*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2007-2011. Data for births in 2011 are provisional.

Core cities are Central Falls, Pawtucket, Providence 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 2007 and 2011.

*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, ≥5 µg/dL) at any time prior to December 31, 2012.[1,2] These data are for children eligible to enter kindergarten in the fall of 2014 (i.e., children born between September 1, 2008 and August 31, 2009).

SIGNIFICANCE

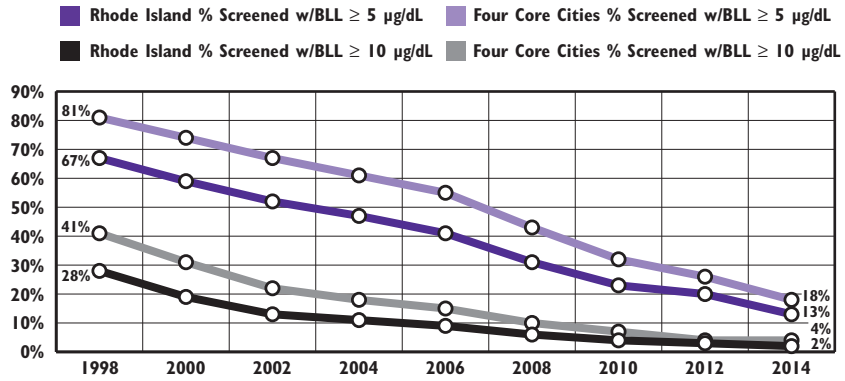
Lead poisoning is a preventable childhood disease. Infants, toddlers, and preschool-age children are most susceptible to the toxic effects of lead because they absorb lead more readily than adults and have inherent vulnerability due to developing central nervous systems.[3] Lead exposure, even at very low levels, can cause irreversible damage including reduced fetal and postnatal growth, decreased hearing, delayed puberty, poor muscle coordination, kidney damage, increased risk for behavioral problems, loss of intelligence, and lower academic performance. Though rare, acute poisoning can result in severe illness and death. The societal costs of childhood lead poisoning include the loss of future earnings due to decreased cognition, and increased medical and special education costs.[4,5,6]

The Centers for Disease Control and Prevention (CDC) has renewed its focus on primary prevention of lead exposure in response to research findings indicating there is no safe blood lead level in children. In an effort to better alert health officials and family members of lead exposure in children, in 2012 the CDC lowered the threshold for which a child is deemed to have an elevated blood lead level from 10 µg/dL to 5 µg/dL. This new lower reference value will result in more children being identified as having lead exposure, which will allow parents and health officials to take corrective actions sooner.[7,8]

Although the percentage of children with elevated blood lead levels are declining nationally and locally, low-income and minority children remain the most likely to be lead poisoned.[9,10,11] In Rhode Island, children living in the four core cities (where most poor and minority children reside) are at increased risk for lead exposure because the housing stock tends to be older.[12]

In 2012, 1,799 (7%) of the 27,057 Rhode Island children under age six who were screened had confirmed elevated blood lead levels of ≥5 µg/dL. Twice as many children under age six living in the four core cities (9%) had confirmed EBLLs ≥5 µg/dL, as compared to those in the remainder of the state (4%).[13]

Children Entering Kindergarten with History of Elevated Blood Lead Level Screening, Rhode Island and Four Core Cities, 1998-2014



Source: Rhode Island Department of Health, Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 1998 and 2014.

◆ **Elevated blood lead levels have been steadily declining in the four core cities and in Rhode Island over the past decade and a half at both the 10 µg/dL and 5 µg/dL reference values.[14]**

◆ **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 µg/dL or two venous tests of 15-19 µg/dL that are 90-365 days apart. The number of children under age six who were significantly lead poisoned has decreased by 78% over the past eight years, from 212 in 2005 to 47 in 2012.[15,16]**

◆ **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 2012, 44 environmental inspections were offered, of which 26 were performed, 13 refused, five the child moved, and one was pending.[17]**

◆ **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. Funding for childhood lead poisoning prevention was drastically cut at both the national and state levels in 2012, putting continued progress in reducing childhood lead poisoning at risk.[18,19]**

Table 22. **Lead Poisoning in Children Entering Kindergarten in the Fall of 2014, Rhode Island**

CITY/TOWN	NUMBER TESTED FOR LEAD POISONING	CONFIRMED WITH BLOOD LEAD LEVEL ≥10 µg/dL		CONFIRMED WITH BLOOD LEAD LEVEL ≥5 µg/dL	
		NUMBER	PERCENT	NUMBER	PERCENT
Barrington	133	0	0.0%	8	6.0%
Bristol	169	1	0.6%	14	8.3%
Burrillville	127	0	0.0%	8	6.3%
Central Falls	357	7	2.0%	67	18.8%
Charlestown	50	0	0.0%	5	10.0%
Coventry	287	3	1.0%	18	6.3%
Cranston	709	15	2.1%	89	12.6%
Cumberland	330	4	1.2%	22	6.7%
East Greenwich	142	0	0.0%	6	4.2%
East Providence	512	4	0.8%	76	14.8%
Exeter	48	0	0.0%	1	2.1%
Foster	23	0	0.0%	4	17.4%
Glocester	61	0	0.0%	2	3.3%
Hopkinton	81	0	0.0%	11	13.6%
Jamestown	24	0	0.0%	1	4.2%
Johnston	264	2	0.8%	26	9.8%
Lincoln	188	3	1.6%	16	8.5%
Little Compton	24	0	0.0%	3	12.5%
Middletown	182	4	2.2%	17	9.3%
Narragansett	65	0	0.0%	4	6.2%
New Shoreham	9	0	0.0%	2	22.2%
Newport	271	4	1.5%	51	18.8%
North Kingstown	231	1	0.4%	11	4.8%
North Providence	244	3	1.2%	20	8.2%
North Smithfield	91	0	0.0%	4	4.4%
Pawtucket	967	19	2.0%	119	12.3%
Portsmouth	131	0	0.0%	9	6.9%
Providence	2,895	110	3.8%	595	20.6%
Richmond	42	0	0.0%	4	9.5%
Scituate	71	0	0.0%	4	5.6%
Smithfield	125	0	0.0%	4	3.2%
South Kingstown	236	0	0.0%	28	11.9%
Tiverton	123	1	0.8%	14	11.4%
Warren	102	3	2.9%	19	18.6%
Warwick	734	1	0.1%	41	5.6%
West Greenwich	57	0	0.0%	3	5.3%
West Warwick	336	4	1.2%	34	10.1%
Westerly	217	1	0.5%	20	9.2%
Woonsocket	631	9	1.4%	65	10.3%
Unknown Residence	*5*	*0*	*NA*	*1*	*NA*
Four Core Cities	*4,850*	*145*	*3.0%*	*846*	*17.4%*
Remainder of State	*6,439*	*54*	*0.8%*	*599*	*9.3%*
Rhode Island	*11,294*	*199*	*1.8%*	*1,446*	*12.8%*

Source of Data for Table/Methodology

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

Data reported in this year's Factbook are not comparable to previous editions, due to a change in definition and data improvements within the Healthy Housing and Childhood Lead Poisoning Prevention Program.

Data for children entering kindergarten in the fall of 2014 reflect the number of Rhode Island children eligible to enter school in the fall of 2014 (i.e., born between 9/1/08 and 8/31/09).

Children confirmed positive for lead poisoning (blood lead level ≥10 µg/dL and ≥5 µg/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 2012. The Rhode Island Healthy Housing and Childhood Lead Poisoning Prevention Program recommends that children under age six with a capillary blood lead level of ≥5 µg/dL receive a confirmatory venous test.

The denominator for percent confirmed is the number of children entering kindergarten in the fall of 2014 who were tested for lead poisoning. Screening data are based on the highest lead test result through December 2012. Data include both venous and confirmed capillary tests.

Of the 1,479 children entering kindergarten in 2014 who had an initial blood lead screen of ≥5 µg/dL, 15 (1%) did not receive a confirmatory second test. Their lead poisoning status is unknown.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

See Methodology Section for more information.

References

[1,8] Centers for Disease Control and Prevention. (2012). *What do parents need to know to protect their children?* Retrieved November 26, 2012, from www.cdc.gov

[2] Rhode Island Department of Health. (2012). *Lead screening and referral guidelines.* Retrieved February 26, 2013, from www.health.ri.gov

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(continued on page 171)

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.[1,2,3] Attacks can be triggered by respiratory infections, cigarette smoke, air pollutants, allergic reactions, and stress.[4,5] Childhood asthma in the U.S. increased significantly between 2001 and 2010, from 8.7% to 9.3%.[6] Compared with adults, children have higher rates for asthma primary care and emergency department visits, similar hospitalization rates and lower death rates.[7,8]

Nationally, asthma is one of the most common chronic conditions in children, the third-ranked cause of hospitalization for children under age 15, and one of the leading causes of school absences.[9,10] In 2011, one in ten (10%) U.S. children had asthma, with boys more likely to be diagnosed than girls.[11] Puerto Rican and Black children, as well as those children living in poverty, have the highest rates of asthma.[12,13] Racial and ethnic differences in asthma prevalence are believed to be correlated with poverty, exposure to indoor and outdoor air pollution, stress, acute exposure to violence, lack of access to preventive medical care, and genetic factors.[14,15,16]

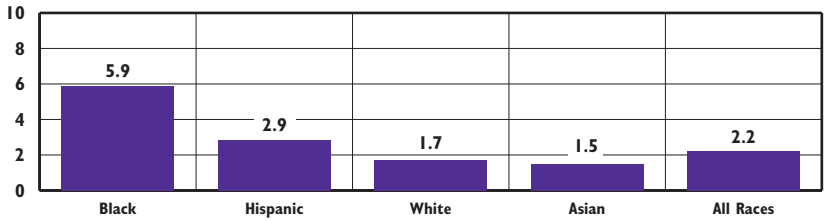
Proper asthma management requires continued assessment and monitoring, patient education, environmental control, and medication.[17] Health care providers should work with the patient and family to create an asthma action plan, which provides instruction on how to use medications properly and avoid asthma triggers.[18,19] An asthma action plan, if adhered to and supported by enhanced care, can improve health outcomes and reduce costly asthma hospitalization treatment.[20,21,22,23]

Child Hospitalizations With Primary Diagnosis of Asthma, Four Core Cities and Rhode Island, 2007-2011

City/Town	Number of Children Hospitalized	Rate per 1,000 Children
Central Falls	74	2.6
Pawtucket	219	2.6
Providence	821	3.9
Woonsocket	100	2.0
Rhode Island	2,438	2.2

Source: Rhode Island Department of Health, Hospital Discharge Database, 2007-2011.

Asthma Hospitalizations With Primary Diagnosis of Asthma, by Race/Ethnicity, per 1,000 Children Under Age 18, Rhode Island, 2007-2011



Source: Rhode Island Department of Health, Hospital Discharge Database, 2007-2011; U.S. Census Bureau, Census 2010.

◆ **In Rhode Island between 2007 and 2011, the hospitalization rate for primary diagnosis of asthma for Black children (5.9 per 1,000 children) was more than three times the rate for non-Hispanic White children (1.7 per 1,000 children).**

Childhood Asthma in Rhode Island

◆ **In 2010, 12% of Rhode Island children reported they currently have asthma, and current asthma prevalence among boys and girls was the same (12%). Historically in Rhode Island, asthma prevalence has been higher in boys than girls.[24]**

◆ **In Rhode Island, school-age children (5-17 years of age) are more likely to both have ever been diagnosed with asthma and still have asthma than their younger counterparts (children from birth to four years of age).[25]**

◆ **Black and Hispanic children, as well as children of "other" ethnicities in Rhode Island, are more likely to have ever been diagnosed with asthma in their lifetime, compared to non-Hispanic White children.[26]**

◆ **In Rhode Island, children living in families whose household income is less than $25,000 per year are more likely to have ever been diagnosed with asthma and still have asthma than those living in families whose household income is $25,000 and above.[27]**

◆ **Between 2005 and 2009 in Rhode Island, the rate of emergency department visits for children under age 18 for which asthma is the principal diagnosis increased from 106 to 125 per 10,000 children under age 18.[28]**

Table 23. **Asthma Hospitalizations for Children Under Age 18, Rhode Island, 2007-2011**

CITY/TOWN	ESTIMATED ANNUAL # OF CHILDREN UNDER AGE 18*	# OF CHILD HOSPITALIZATIONS WITH ANY ASTHMA DIAGNOSIS	RATE OF HOSPITALIZATIONS WITH ANY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN	# OF CHILD HOSPITALIZATIONS WITH PRIMARY ASTHMA DIAGNOSIS	RATE OF HOSPITALIZATIONS WITH PRIMARY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN
Barrington	4,597	77	3.4	30	1.3
Bristol	3,623	62	3.4	40	2.2
Burrillville	3,576	61	3.4	31	1.7
Central Falls	5,644	160	5.7	74	2.6
Charlestown	1,506	18	2.4	7	0.9
Coventry	7,770	110	2.8	49	1.3
Cranston	16,414	390	4.8	185	2.3
Cumberland	7,535	116	3.1	43	1.1
East Greenwich	3,436	53	3.1	14	0.8
East Providence	9,177	305	6.6	151	3.3
Exeter	1,334	17	2.5	6	0.9
Foster	986	11	2.2	6	1.2
Glocester	2,098	32	3.1	10	1.0
Hopkinton	1,845	35	3.8	12	1.3
Jamestown	1,043	15	2.9	5	1.0
Johnston	5,480	104	3.8	42	1.5
Lincoln	4,751	78	3.3	38	1.6
Little Compton	654	11	3.4	1	0.3
Middletown	3,652	74	4.1	27	1.5
Narragansett	2,269	25	2.2	4	0.4
New Shoreham	163	2	2.5	0	0.0
Newport	4,083	106	5.2	28	1.4
North Kingstown	6,322	109	3.4	42	1.3
North Providence	5,514	121	4.4	66	2.4
North Smithfield	2,456	39	3.2	17	1.4
Pawtucket	16,575	506	6.1	219	2.6
Portsmouth	3,996	75	3.8	23	1.2
Providence	41,634	1,729	8.3	821	3.9
Richmond	1,849	17	1.8	9	1.0
Scituate	2,272	42	3.7	18	1.6
Smithfield	3,625	37	2.0	19	1.0
South Kingstown	5,416	50	1.8	19	0.7
Tiverton	2,998	39	2.6	14	0.9
Warren	1,940	32	3.3	16	1.6
Warwick	15,825	304	3.8	138	1.7
West Greenwich	1,477	15	2.0	5	0.7
West Warwick	5,746	125	4.4	50	1.7
Westerly	4,787	76	3.2	28	1.2
Woonsocket	9,888	287	5.8	100	2.0
Unknown	*NA*	*61*	*NA*	*31*	*NA*
Four Core Cities	*73,741*	*2,682*	*7.3*	*1,214*	*3.3*
Remainder of State	*150,215*	*2,783*	*3.7*	*1,193*	*1.6*
Rhode Island	*223,956*	*5,526*	*4.9*	*2,438*	*2.2*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2007-2011.

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, Pawtucket, Providence and Woonsocket.

*The denominator used to compute the 2007-2011 rate is the number of children under age 18 according to the 2010 U.S. Census, multiplied by five.

References

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[2] National Heart, Lung and Blood Institute. (2012). *What is asthma?* Retrieved December 11, 2012, from www.nhlbi.nih.gov

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[8] Akinbami, L. J., et al. (2012). *Trends in asthma prevalence, health care use, and mortality in the United States, 2001-2010.* NCHS Data Brief (94). Hyattsville, MD: National Center for Health Statistics.

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(continued on page 171)

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

Safe, affordable, and stable housing maintains the health and well-being of families and children, supporting mental and emotional health as well physical safety. Healthy housing protects families from weather, environmental hazards, and injury and provides a safe place for children to eat, sleep, play, and grow.[1,2]

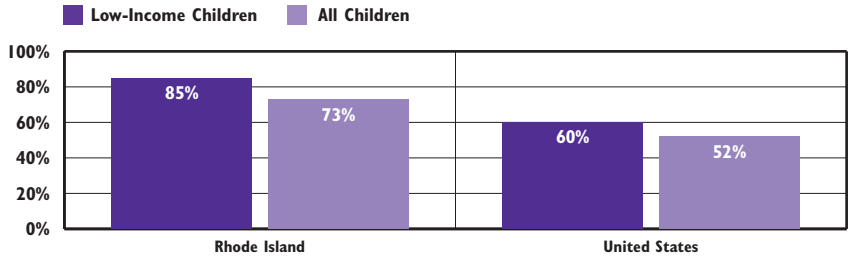
Unhealthy housing can cause or intensify many health conditions.[3] Children living in homes built before 1978, when lead paint was banned from interior use in the United States, are at risk for lead poisoning.[4] Studies have connected respiratory illnesses, asthma, unintentional injuries, and lead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

Adopting a comprehensive "healthy homes" approach that addresses multiple housing deficiencies simultaneously 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. For example, sealing 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, addressing both a roof leak and any related deteriorating lead paint at the same time is the most effective way to remove lead and mold growth hazards.[6,7]

The quality and stability of children's homes can have long-term effects on children. Lack of adequate and affordable housing puts safe, healthy, well-maintained homes out of reach for many families. Families may be forced to move frequently in search of better, more affordable housing, or to raise their children in overcrowded and unsafe environments that can interfere with their growth, development, and academic performance. Overcrowded housing is associated with mental health concerns, stress, sleep problems, injury, and exposure to disease, while multiple moves are associated with behavioral and mental health concerns and academic difficulties.[8]

Low-income children also are more likely to be hurt in falls due to unsafe environments, including aging and deteriorating housing, compared to higher-income children.[9]

Children Living in Older Housing*, 2009-2011, Rhode Island and the United States



Source: Population Reference Bureau analysis of 2009-2011 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 U.S.).

◆ **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 2009 and 2011, 85% of low-income children in Rhode Island lived in older housing, compared to 60% 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.[10]**

◆ **Rhode Island children were more likely to live in older housing (73%) than children in the nation as a whole (52%). Rhode Island continues to have the second highest percentage of children living in older housing in the nation after New York.[11]**

◆ **Rhode Island's older housing stock poses health risks for children because until 1978 lead paint was commonly used in the interior and exterior of homes. Exposure to lead is associated with numerous health risks. Despite consistent lead poisoning declines, children living in the four core cities have disproportionately higher rates of lead exposure than children living in the remainder of the state.[12,13,14]**

◆ **Because affordable housing is in short supply, many low-income families pay more for housing than they can afford. Low-income families who are forced to spend more than they can afford on housing frequently face difficult choices about where to spend their remaining income, and may not have enough money left in their budget to pay for nutritious food, health insurance, and health care.[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 28, 2013, from www.nchh.org

References

[1] Raymond, J., Wheeler, W., & Brown, M. J. (2011). Inadequate and unhealthy housing, 2007 and 2009. *Morbidity and Mortality Weekly Report, 60,* 21-26.

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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. Even at low levels, lead exposure during early childhood can negatively affect a child's health and development and cause learning disabilities, loss of IQ, and reduced attention span.[16,17]**

◆ **One in eight (12.8%) Rhode Island children due to start kindergarten in the fall of 2014 has had a confirmed blood lead level of ≥5 µg/dL, indicating exposure to an environmental lead hazard. Children living in the four core cities are at an increased risk for lead exposure in part because the housing stock tends to be older and less well-maintained. The prevalence of childhood lead poisoning has steadily decreased over the past decade.[18,19]**

Asthma

◆ **The presence of dust mites, cockroaches, mold, pet dander and rodents all can trigger or exacerbate respiratory problems, including asthma. 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.[20,21,22]**

◆ **Between 2007 and 2011, there were 2,438 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.[23] Low-income and minority children are more likely to live in the four core cities, where the housing stock tends to be older and children may be exposed to more asthma triggers.[24,25]**

Unintentional Injuries

◆ **Falls are the leading cause of unintentional injuries among children under age 14 in the U.S.[26] 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.[27]**

◆ **In 2011, housing-related falls resulted in 4,258 emergency room visits by Rhode Island children. More than half (52%) of these visits were for children under age six.[28]**

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. 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.[1]

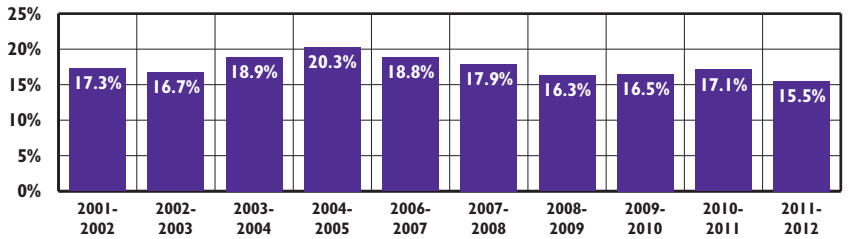
SIGNIFICANCE

Children and adolescents who are overweight or obese are at an increased risk for type 2 diabetes, high blood pressure, asthma, sleep apnea, joint pain, and other chronic health problems. Aside from obesity's physical consequences, obese children and youth have lower self-esteem and self-confidence than their peers, are susceptible to mental health and psychological conditions such as depression, and may experience social marginalization and discrimination.[2] Nationally, the prevalence of childhood obesity has more than tripled in the past 30 years.[3] 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.[4]

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.[5,6] Low consumption of fruits and vegetables, high consumption of sugar-sweetened beverages and energy dense foods, low levels of physical activity, and high levels of sedentary "screen time" all are associated with obesity.[7] Policy strategies to reduce obesity include: improving nutritional content of school meals and reducing the availability of sugar-sweetened beverages at school, eliminating food deserts (low-income areas without access to healthy foods), and improving access to safe and walkable neighborhoods.[8,9]

In the U.S. between 2009 and 2010, 16.9% of children between the ages of two and 19 were obese, with significant gender, racial, and ethnic disparities. Fifteen percent of girls were obese, while 18.6% of boys were obese. While obesity prevalence among girls did not change significantly between 1999-2000 and 2009-2010, both obesity prevalence and overall BMI increased significantly among boys during that time. Nationwide, 14.0% of non-Hispanic White children were obese, compared with 21.2% of Hispanic children and 24.3% of non-Hispanic Black children. Gender disparities are more pronounced between White non-Hispanic boys and girls than among Hispanic or non-Hispanic Black youth.[10]

Obesity Among Children Entering Kindergarten, Rhode Island, 2001-2012*



Source: Rhode Island Department of Health, Center for Child and Family Health, Immunization Program, School Years 2001-2002 through 2011-2012. *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 (15.5%) Rhode Island children entering kindergarten during the 2011-2012 school year were obese, down from a high of 20.3% in the 2004-2005 school year, and the lowest prevalence measured in 10 years.[11]**

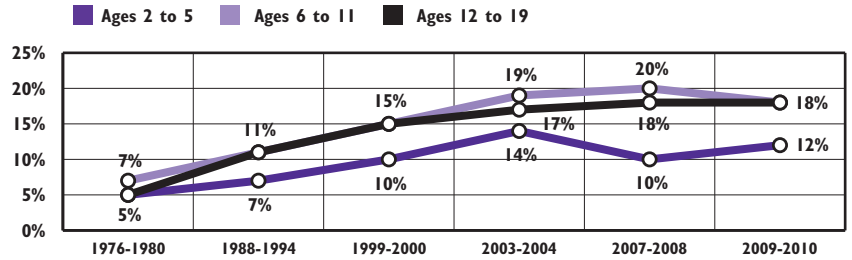
◆ **Excessive weight gain during pregnancy and gestational diabetes can put children at risk for obesity early in life. Having been breastfed is associated with long-term maintenance of lower BMI among children.[12] Nationwide, one in seven (14.9%) low-income, preschool-aged children were obese in 2010.[13]**

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 eight to 18 spend over seven hours daily watching television or movies, using the computer, and/or playing video games.[14] Young children are significantly less likely to be obese if their parents limit "screen time," regularly eat dinner with them, and ensure an adequate amount of sleep.[15]**

◆ **In Rhode Island during the 2010-2011 school year, 28% of high school students reported watching television and/or using computers for non-school work three or more hours on an average school day. Twenty-seven percent reported being physically active at least 60 minutes every day in the past week, while 23% reported attending daily physical education classes.[16]**

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



Source: Centers for Disease Control and Prevention. (2012). *Prevalence of obesity among children and adolescents: United States, trends 1963-1965 through 2009-2010.* Retrieved February 22, 2013, from www.cdc.gov

◆ **Nationally, there are disparities in the increasing prevalence of obesity among children. Between 2003 and 2007, obesity prevalence increased by 10% for U.S. children overall, but increased by 23%-33% for children in low-income, high-unemployment, and low-education level households during that same time period.[17] Food insecurity during childhood is associated with a higher risk of being overweight. In part, this is because the uncertain availability of food may lead children to overeat and/or consume a less nutritious diet.[18]**

◆ **During the 2011-2012 school year, 19.7% of seventh graders in Rhode Island were obese (up from 17.1% in the 2010-2011 school year). This is an increase after two years of decline, and represents a new peak in the prevalence of obesity among seventh graders.[19] Schools can implement health education curriculum for pre-kindergarten through grade 12, help students to make healthy nutrition choices, and meet physical activity recommendations.[20]**

◆ **In 2011, 10.8% of Rhode Island high school students were obese (13.2% of males and 8.4% of females) and 14.9% were overweight.[21] Social stigmatization caused by overweight and obesity can cause low self-esteem and hinder academic and social functioning. Teens who are obese have a 70% chance of being obese as an adult.[22,23]**

Eating Habits of Public High School Students, Rhode Island, 2009 and 2011

	2009	2011
Ate fruit one or more times during the past 7 days	87%	88%
Ate fruits and vegetables 5 or more times per day during the past 7 days	23%	23%
Drank a container of soda one or more times per day during the past 7 days	21%	20%
Drank a container of a sugar-sweetened beverage at least one time during the past 7 days	NA	79%

Source: Rhode Island Department of Health, Center for Health Data and Analysis, *2009 and 2011 Rhode Island Youth Risk Behavior Surveys.*

◆ **Between 2009 and 2011, there was no change in the number of Rhode Island public high school students reporting that they eat the recommended amount of fruits and vegetables. In 2011, Rhode Island public high school students reported high consumption rates of sugar-sweetened beverages, with little differences between males and females or among racial or ethnic groups or grade levels.[24,25]**

◆ **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.[26,27] In 2010, 96% of Rhode Island middle and high schools did not sell soda or sugar-sweetened juices on campus (compared with 70% of schools nationwide), and 72% of Rhode Island schools banned all advertising of soda, candy, and fast food retailers (compared with 49% of schools nationwide).[28]**

References

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[3,8,23] U.S. Department of Health and Human Services. (2010). *The Surgeon General's vision for a healthy and fit nation fact sheet.* Retrieved February 28, 2013, from www.surgeongeneral.gov

[4,22] *Understanding childhood obesity: 2011 statistical sourcebook.* (2011). Dallas, TX: American Heart Association & American Stroke Association.

[5,7] Rhode Island Department of Health. (2010). *Eat smart move more Rhode Island: A plan for action 2010-2015.* Retrieved February 28, 2013, from www.health.ri.gov

(continued on page 172)

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. Less than 2% of teen mothers who give birth before age 18 finish college by age 30.[1]

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] Children of teen parents are more likely to experience child maltreatment and enter foster care. They score lower on measures of school readiness and on standardized tests, are more likely to repeat a grade, and are less likely to complete high school compared with children of older mothers. Sons of teen mothers are twice as likely to spend time in prison and daughters of teen mothers are three times more likely to become teen mothers themselves.[3,4]

Despite improvement in recent years, the U.S. teen birth rate is nine times higher than many other developed countries and racial and ethnic disparities exist.[5] Teenage childbearing is associated with poverty and other family disadvantages including living in a single-parent household.[6] Teen girls in foster care are more than twice as likely as their peers to get pregnant by age 19.[7]

The decline in teen birth rates is due to fewer teens having sexual intercourse and more sexually active teens using contraception. Nationally, 65% of female teens and 53% of male teens reported receiving formal sex education that covered both refusal skills and information on birth control.[8]

In 2011 in Rhode Island, 835 babies were born to mothers under age 20, accounting for 7.6% of all babies born.[9]

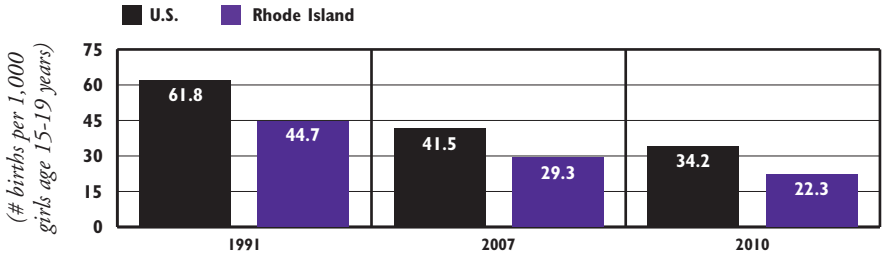
Teen Birth Rates
(rate per 1,000 girls ages 15-19)

	1991	2010
RI	44.7	22.3
US	61.8	34.2
National Rank*		*7th*
New England Rank**		*6th*

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

Sources: Martin, J. A., et al. (2012). Births: Final data for 2010. *NVSR, 61*(1). Martin, J. A., et al. (2011). Births: Final data for 2009. *NVSR, 60*(1).

Teen Birth Rates, U.S. and Rhode Island, 1991, 2007, and 2010



Sources: Martin, J. A., et al. (2012). Births: Final data for 2010. *NVSR, 61*(1). Hyattsville, MD: Centers for Disease Control and Prevention. Hamilton, B. E. & Ventura, S. J. (2012). Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups. *NCHS Data Brief, No. 89.* Hyattsville, MD: National Center for Health Statistics. Martin, J. A., et al. (2011). Births: Final data for 2009. *NVSR, 60*(1). Hyattsville, MD: Centers for Disease Control and Prevention

◆ **In 2010, the birth rate for U.S. teens fell to the lowest level ever recorded. Teen birth rates for all racial and Hispanic origin groups fell to historic lows, yet significant disparities remain.[10]**

◆ **Between 2007 and 2010, the teen birth rate in Rhode Island fell 24% to a low of 22.3 births per 1,000 females ages 15-19.[11] Since 1991, the Rhode Island teen birth rate has dropped 50%, outpacing the U.S. decline of 45%.[12,13]**

◆ **Between 2007 and 2011 in Rhode Island, there were 5,086 births to teens ages 15-19. Of these, 64% were babies born to teens in the four core cities. An additional 55 babies were born to teen girls ages 14 or younger in Rhode Island, with 76% (42 babies) of them born to very young teens living in the four core cities.[14]**

Repeat Births to Teens, Rhode Island, 2007-2011

Age	Total Number of Births	Number of Repeat Births	Percent Repeat Births
15-17	1,649	126	7.6%
18-19	3,437	717	20.9%
Total	*5,086*	*843*	*16.6%*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2007-2011. Data for 2011 are provisional.

Table 24.

Births to Teens, Ages 15-19, Rhode Island, 2007-2011

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	1	0.4	11	16.5	12	4.0
Bristol	7	4.5	29	7.2	36	6.4
Burrillville	6	3.6	25	32.9	31	12.9
Central Falls	103	46.8	188	129.7	291	79.7
Charlestown	2	2.8	11	NA	13	11.4
Coventry	25	6.5	66	34.7	91	15.8
Cranston	76	9.8	173	34.9	249	19.6
Cumberland	18	4.9	52	31.2	70	13.2
East Greenwich	1	0.5	13	22.6	14	5.8
East Providence	48	11.5	126	50.4	174	26.1
Exeter	5	5.7	8	15.1	13	9.3
Foster	0	0.0	6	NA	6	7.8
Glocester	3	2.7	11	18.2	14	8.2
Hopkinton	5	6.2	19	NA	24	19.8
Jamestown	0	0.0	2	NA	2	2.8
Johnston	21	8.3	58	38.5	79	19.5
Lincoln	12	5.1	27	23.8	39	11.2
Little Compton	0	NA	3	NA	3	NA
Middletown	13	8.2	34	54.0	47	21.2
Narragansett	3	2.4	8	6.1	11	4.3
New Shoreham	0	NA	1	NA	1	NA
Newport	34	19.8	89	26.0	123	23.9
North Kingstown	8	2.4	42	37.7	50	11.3
North Providence	24	8.4	59	37.5	83	18.8
North Smithfield	7	5.4	8	14.4	15	8.1
Pawtucket	195	27.3	379	83.8	574	49.2
Portsmouth	4	2.0	9	8.4	13	4.3
Providence	718	39.3	1,220	37.7	1,938	38.3
Richmond	10	12.6	17	NA	27	25.1
Scituate	2	1.6	5	10.5	7	4.1
Smithfield	4	2.1	12	3.7	16	3.1
South Kingstown	14	4.9	39	3.5	53	3.8
Tiverton	4	2.9	18	23.7	22	10.2
Warren	7	8.3	21	40.8	28	20.7
Warwick	66	9.0	158	41.3	224	20.1
West Greenwich	2	2.6	9	NA	11	9.9
West Warwick	45	20.3	116	70.3	161	41.7
Westerly	16	7.4	55	61.1	71	23.2
Woonsocket	140	36.8	310	124.0	450	71.4
Four Core Cities	*1,156*	*32.7*	*2,097*	*45.7*	*3,253*	*45.1*
Remainder of State	*493*	*7.2*	*1,340*	*26.7*	*1,833*	*14.4*
Rhode Island	*1,649*	*15.9*	*3,437*	*35.8*	*5,086*	*25.5*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, 2007-2011. Data for 2011 are provisional. The denominators are the number of girls in each age group according to Census 2010 Summary File 1, multiplied by five to compute rates over five years. The 2012 and 2013 Factbooks include updated population data from Census 2010 used to calculate teen birth rates in the city-town table. Previous Factbooks included population data from Census 2000. Changes in rates are affected by the updated population data.

Factbooks published before 2007 reported only births to girls ages 15 to 17. The definition of teen childbearing was expanded to include teens ages 15 to 19 to align with reports from the U.S. Centers for Disease Control and Prevention's National Center for Health Statistics.

Core cities are Central Falls, Pawtucket, Providence 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.

References

[1] *Teen childbearing, education, and economic wellbeing.* (2012). Washington, DC: The National Campaign to Prevent Teen Pregnancy.

[2] *Teen pregnancy, poverty and income disparity.* (2010). Washington, DC: The National Campaign to Prevent Teen Pregnancy.

[3] *Teen pregnancy and overall child well-being.* (2010). Washington, DC: The National Campaign to Prevent Teen Pregnancy.

[4,7] *Linking teen pregnancy prevention to other critical social issues.* (2010). Washington, DC: The National Campaign to Prevent Teen Pregnancy.

[5,8] Pazol, K., et al. (2011). Vital signs: Teen pregnancy – United States, 1991-2009. *Morbidity and Mortality Weekly Report, 60*(13), 414-420.

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(continued on page 172)

Alcohol, Drug, and Cigarette Use by Teens

DEFINITION

Alcohol, drug, and cigarette use by teens is the percentage of middle school and high school students who report having used alcohol, illegal drugs, or cigarettes at least once in the 30 days prior to taking the *SurveyWorks!* student survey.

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.[1,2,3] Rhode Island ranks among the states with the highest percentages of adolescents reporting use of alcohol and many types of illicit drugs.[4]

The key risk periods for alcohol, tobacco, and other drug abuse occur during major transitions in the lives of children and adolescents, including the transition to middle school and high school, both of which present additional academic, social, and emotional challenges. Exposure to drugs, peers who abuse substances, and social activities involving drugs and alcohol increases as children grow older.

The risk for becoming a substance user involves the relationship between risk factors and protective factors, which vary in their effects by age, gender, and 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] In the U.S., Hispanic and Black high school seniors have had lower rates of substance use than their White peers for more than three decades.[6]

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.[7] If implemented nationwide, effective school-based substance abuse prevention programs are estimated to save $18 for every $1 invested.[8] Adolescents who participate in school-based, community-based, faith-based, or other after-school activities are less likely to use substances than uninvolved teens.[9]

In Rhode Island in 2010-2011, 4% of youth ages 12-17 needed but did not receive specialty treatment for their alcohol use problem, which is the 13th highest among all 50 states. Four percent of Rhode Island youth ages 12-17 also did not receive any specialty treatment for their illicit drug issues despite being in need. Rhode Island has the 18th highest percentage among all states on this measure.[10]

Substance Use and Related Behaviors, Rhode Island Middle School and High School Students, 2011

	MIDDLE SCHOOL	HIGH SCHOOL
Ever had a drink of alcohol in their life	23%	62%
Ever rode in vehicle driven by someone who had been drinking alcohol	22%	NA
Ever used marijuana in their life	10%	40%
Ever taken a prescription drug without a doctor's prescription	6%	14%
Ever taken over-the-counter drugs to get high	6%	9%

Source: *2011 Rhode Island Youth Risk Behavior Survey*, Rhode Island Department of Health, Center for Health Data and Analysis. NA = Question not asked.

◆ **Among Rhode Island high school students in 2011, 34% reported drinking alcohol, 18% reported binge drinking (consuming five or more drinks within a couple of hours), and 22% rode in a vehicle driven by someone who had been drinking alcohol one or more times in the past 30 days. One in four (26%) high school students reported using marijuana one or more times within the past month.[11]**

Tobacco Use Among Rhode Island Youth

◆ **Cigarette smoking among U.S. adolescents has reached record low levels. In 2011, 18% of U.S. high school students reported smoking cigarettes in the past 30 days, compared to 11% of Rhode Island high school youth. Rhode Island ranks third best out of 44 states surveyed.[12,13,14,15,16]**

◆ **In 2011, nearly half (49%) of Rhode Island high school students who reported current cigarette use also reported trying to quit smoking in the past year.[17]**

◆ **The use of smokeless tobacco and cigars is growing among U.S. adolescents. In 2011 in Rhode Island, 6% of high school students reported using smokeless tobacco and 13% reported smoking cigars in the previous month. Rhode Island ranks fourth and 16th best among states with reported data, respectively.[18,19,20]**

Table 25.

Alcohol, Marijuana, and Cigarette Use by Student Grade Level, Rhode Island, 2011-2012

SCHOOL DISTRICT	ALCOHOL USE (CURRENT)		MARIJUANA USE (EVER)		CIGARETTE USE (CURRENT)	
	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL
Barrington	5%	26%	3%	32%	4%	10%
Bristol Warren	8%	27%	5%	42%	3%	18%
Burrillville	11%	37%	6%	45%	6%	17%
Central Falls	11%	29%	4%	32%	2%	6%
Chariho	7%	30%	5%	39%	3%	17%
Coventry	5%	29%	4%	41%	3%	16%
Cranston	5%	36%	3%	42%	2%	13%
Cumberland	8%	35%	5%	44%	3%	16%
East Greenwich	3%	36%	2%	35%	2%	11%
East Providence	8%	38%	6%	48%	5%	17%
Exeter-West Greenwich	7%	26%	5%	28%	2%	10%
Foster-Glocester	6%	32%	5%	32%	4%	15%
Jamestown	3%	NA	--	NA	--	NA
Johnston	12%	34%	8%	38%	7%	16%
Lincoln	7%	32%	5%	40%	2%	12%
Little Compton	--	NA	0%	NA	--	NA
Middletown	8%	32%	5%	39%	3%	11%
Narragansett	7%	25%	5%	35%	3%	9%
New Shoreham	--	--	0%	23%	--	--
Newport	11%	38%	9%	53%	2%	8%
North Kingstown	3%	26%	2%	36%	2%	8%
North Providence	9%	26%	5%	37%	3%	12%
North Smithfield	7%	26%	3%	35%	2%	11%
Pawtucket	11%	28%	7%	35%	3%	7%
Portsmouth	5%	31%	3%	37%	1%	11%
Providence	12%	28%	6%	31%	3%	6%
Scituate	9%	27%	7%	35%	6%	12%
Smithfield	4%	35%	3%	41%	2%	12%
South Kingstown	5%	28%	5%	37%	2%	12%
Tiverton	10%	38%	7%	44%	4%	16%
Warwick	7%	27%	6%	34%	4%	13%
West Warwick	9%	24%	6%	37%	6%	10%
Westerly	5%	32%	6%	40%	3%	14%
Woonsocket	13%	28%	9%	39%	3%	10%
Four Core Cities	--	--	--	--	--	--
Remainder of State	--	--	--	--	--	--
Rhode Island	*8%*	*31%*	*5%*	*38%*	*3%*	*12%*

Sources of Data for Table/Methodology

Data are from the *SurveyWorks!* student survey tool that was administered during the 2011-2012 school year.

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 can only be compared with Factbooks since 2011.

Data reported as "current" use are for students who answered yes that they ever "have drunk beer, wine or other alcohol (other than for religious ceremonies)" and that they "have drunk alcohol between one and 30 days in the past month" and for those who answered yes that they "have ever smoked a cigarette, even one or two puffs" and that they "have smoked a cigarette in the past 30 days."

Data reported as "ever" use are for students who answered yes that they "have tried marijuana (pot, grass, hash)." Data on the use of any illicit drugs not available in the *SurveyWorks!* high school student survey.

NA = Community has no high school.

-- Insufficient data or data not available.

State charter schools participating in *SurveyWorks!* serving middle school students are Highlander Charter School, Paul Cuffee Charter School, Segue Institute for Learning, and The Compass School. State charter schools participating in *SurveyWorks!* serving high school students are Beacon Charter High School for the Arts, Blackstone Academy, and Paul Cuffee Charter School. These schools are included in the Rhode Island totals.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

See Methodology section for additional information about *SurveyWorks!*

References

[1,5,7] *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.

(continued on page 172)

Safety

Keep A Poem In Your Pocket

by Beatrice Schenk de Regniers

Keep a poem in your pocket
and a picture in your head
and you'll never feel lonely
at night when you're in bed.

The little poem will sing to you
the little picture bring to you
a dozen dreams to dance to you
at night when you're in bed.

So-
Keep a picture in your pocket
and a poem in your head
and you'll never feel lonely
at night when you're in bed.

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), 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 and Black children have the highest child death rates.[4,5]

In Rhode Island between 2007 and 2011, there were 99 deaths of children ages one to 14 (a rate of 11.5 per 100,000 children).[6,7] Forty-three of these children lived in the four core cities and fifty-six lived in the remainder of the state. Of the 99 deaths, 59 were due to disease, 23 were due to unintentional injuries, eleven were due to intentional injuries (six homicides and five suicides), and six were due to unknown causes. Unintentional injury mortality has declined over the past two decades, but remains the leading cause of death for children ages one to 14 in Rhode Island and in the U.S.[8,9]

Nationally, the leading causes of child injury deaths are motor vehicle accidents and drowning. Child injury deaths can be reduced by raising awareness about injury prevention strategies and the importance of using safety products (such as seat belts), enforcing laws that promote safety (such as speed limits and the mandatory use of child passenger restraints), and through continued environmental and product design improvements (such as flame-resistant sleepwear and safety surfacing on playgrounds).[10]

In Rhode Island between 2007 and 2011, nine children under age 15 were hospitalized for firearms injuries, and there was one gun-related child death.[11]

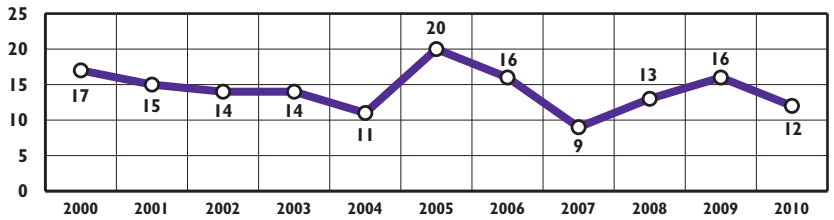
Child Death Rate
(per 100,000 Children Ages 1-14)

	2000	2010
RI	17	12
US	22	17
National Rank*		*3rd*
New England Rank**		*3rd*

**1st is best; 47th is worst*
***1st is best; 5th is worst*

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

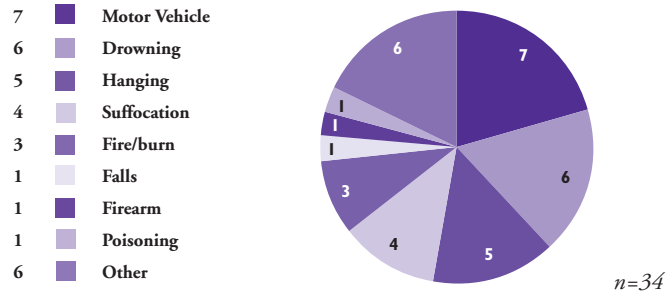
Child Death Rate per 100,000 Children Ages One to 14, Rhode Island, 2000-2010



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

◆ **In 2010, Rhode Island's child death rate for children ages one to 14 was 12 per 100,000 children. This was a decrease from 16 deaths per 100,000 children in 2009, which resulted in Rhode Island's national rank improving from sixteenth to third best in the nation.[12]**

Child Deaths Due to Injury, by Cause, Rhode Island, 2007-2011



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2007-2011.

◆ **Between 2007 and 2011, 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, closely followed by hanging.[13] Nationally, two out of five (41%) of the children under age 15 who died in motor vehicle collisions were not wearing a seat belt or other restraint.[14]**

References

[1] Child Trends Data Bank. (2012). *Infant, child, and teen mortality.* Retrieved January 17, 2013, from www.childtrendsdatabank.org

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

(continued on page 172)

Teen Deaths

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

Adolescents' health and safety can be threatened by a variety of 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.[1,2,3,4,5]

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, community, and therapeutic programs can reduce risk behaviors and support positive and healthy youth development.[6,7,8]

Between 2007 and 2011, there were 135 deaths of teens ages 15 to 19 in Rhode Island, a rate of 34.1 per 100,000 teens.[9,10] One-third (45) of these teens lived in the four core cities and two-thirds (90) lived in the remainder of the state.[11]

Of the teen deaths between 2007 and 2011, 58 (43%) were due to unintentional injuries, 39 (29%) were due to intentional injuries, 34 (25%) were due to disease, and four (3%) were of unknown causes. Of the intentional injuries, 21 were homicides and 18 were suicides (two females and 16 males).[12]

According to the *2011 Rhode Island Youth Risk Behavior Survey*, 10% of male high school students and 15% of female Rhode Island high school students reported seriously considering suicide in the previous year. Nine percent of male high school students and 8% of female high school students in Rhode Island reported having attempted suicide in the previous year.[13] Mental health problems, such as depression and bipolar disorder, as well as substance abuse are associated with an increased risk of suicide among youth.[14]

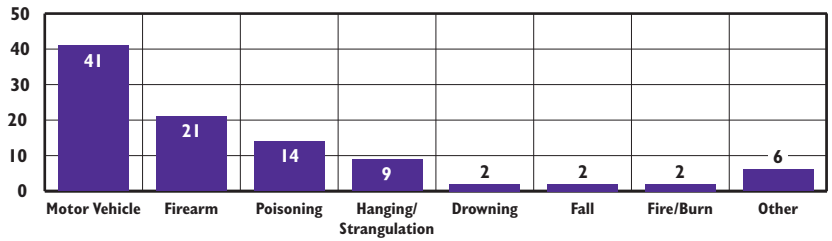
Teen Deaths
(Deaths per 100,000 Youth Ages 15-19)

	2000	2010
RI	52	29
US	67	49
National Rank*		*1st*
New England Rank**		*1st*

**1st is best; 49th is worst*
***1st is best; 5th is worst*

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

Injury Deaths by Cause, Teens Ages 15 to 19, 2007-2011



n=97

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2007-2011. Data from 2011 are provisional. This chart and the first bullet below reports deaths of teens residing in Rhode Island. Data reported in the second and third bullets below reflect teen motor vehicle deaths that occurred in Rhode Island, regardless of residence.

◆ **Between 2007 and 2011 in Rhode Island, three-fifths (60%) of the 97 teen deaths caused by injury were unintentional. Almost half (42%) of all injury deaths involved motor vehicles.[15]**

◆ **Among the 21 males ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2007 and 2011, 12 (57%) were driving, five (24%) 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 2007 and 2011, 18 teen girls in Rhode Island died in motor vehicle accidents. Of these, five (28%) were driving, seven (39%) were passengers in vehicles driven by other teens, four (22%) were passengers in vehicles driven by adults, and two were pedestrians.[16]**

◆ **Six (35%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2007 and 2011 had been drinking and seven (39%) of the teen passengers who died during that time period had been drinking.[17]**

◆ **According to the *2011 Rhode Island Youth Risk Behavior Survey*, 22% of Rhode Island high school students reported that during the month before the survey they rode in a vehicle driven by someone who had been drinking, and 10% reported that they never or rarely wore a seatbelt while riding in a car driven by someone else.[18]**

References

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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, or death. Violence can impact the well-being of individuals, families, schools, and communities and can generate high social and economic costs.[1,2]

Effective youth violence prevention aims to reduce factors that place youth at risk for violent behavior and promote factors that protect youth at risk for perpetrating violence.[3] Efforts to prevent youth violence should begin in early childhood and continue through adolescence and address a wide range of individual, family, and community factors. Effective violence prevention strategies include strengthening youth's capacity to resist violence, promoting supportive relationships between youth and adults, and improving economic conditions in communities.[4]

Adolescents engage in risk-taking behaviors and experience violence at higher rates than young children or adults.[5] Youth at risk for committing violent acts often live in high-poverty neighborhoods with limited economic opportunities. They are more likely to have histories of substance use, association with delinquent peers, academic failure, poor family functioning, and be victims of child maltreatment.[6,7,8]

Nationally in 2011, one-third (33%) of students in grades nine through 12 reported being in a physical fight during the previous year, one in five (20%) reported being bullied on school property during the previous year, and more than one in six (17%) reported carrying a weapon during the previous month.[9]

Juveniles made up 15% of all serious violent crime arrests in the U.S. in 2009. The Rhode Island juvenile arrest rate for serious violent crimes was 191 per 100,000 youth ages 10 to 17, compared to the U.S. rate of 274 per 100,000 youth ages 10 to 17 in 2009.[10] In 2011 in Rhode Island, there were 652 juvenile arrests for assault offenses and 145 juvenile arrests for weapons offenses.[11] In 2012, violent crimes made up 5% (266) of the 5,780 juvenile offenses referred to Rhode Island Family Court.[12]

Violent Behavior and Victimization, Rhode Island Public High School Students, 2011

	FEMALES	MALES	TOTAL
Been bullied on school property during the past 12 months	21%	18%	19%
Carried a weapon such as a gun, knife, or club on one or more of the past 30 days	5%	17%	11%
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	6%	6%	6%
Were in a physical fight at least once in the past 12 months	17%	30%	24%
Were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months	8%	9%	8%
Were ever physically forced to have sexual intercourse when they did not want to	8%	5%	7%

Source: *2011 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.[13] In Rhode Island in 2011, 6% of high school students reported not going to school due to safety concerns and 19% had been bullied at school in the past year.[14]**

◆ **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 experiencing violence, including being involved in a physical fight and being the victim of dating violence.[15,16,17]**

◆ **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.[18,19] In 2012 in Rhode Island, 9% of middle school students reported being cyberbullied.[20]**

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.[21] In Rhode Island between 2007 and 2011, there were 66 gun-related hospitalizations of youth ages 15 to 19 and 21 deaths of youth ages 15 to 19 attributed to firearms.[22]**

Table 26.

Youth Violence, Rhode Island

	COMMUNITY CONTEXT, 2010		VIOLENCE IN HIGH SCHOOLS, 2012		JUVENILE ARRESTS FOR VIOLENCE, 2011		
CITY/TOWN	VIOLENT CRIME OFFENSES (ALL AGES)	TOTAL POPULATION AGES 11-17	% OF STUDENTS BROUGHT WEAPON TO SCHOOL IN PAST YEAR	% OF STUDENTS IN A PHYSICAL FIGHT AT SCHOOL IN PAST YEAR	# FOR ASSAULT OFFENSES	# FOR WEAPONS OFFENSES	TOTAL # FOR ASSAULT AND WEAPONS OFFENSES
Barrington	5	2,186	4%	8%	10	0	10
Bristol	22	1,545	4%	9%	5	2	7
Burrillville	9	1,526	5%	13%	0	0	0
Central Falls	101	2,089	5%	10%	15	4	19
Charlestown	11	659	6%	8%	6	0	6
Coventry	26	3,509	6%	11%	14	0	14
Cranston	115	6,984	6%	11%	14	4	18
Cumberland	27	3,271	5%	10%	10	2	12
East Greenwich	6	1,671	4%	7%	6	0	6
East Providence	64	3,730	7%	12%	26	1	27
Exeter	NA	673	5%	7%	NA	NA	NA
Foster	0	467	6%	12%	0	0	0
Glocester	7	1,000	6%	12%	0	0	0
Hopkinton	5	826	6%	8%	4	0	4
Jamestown	5	528	4%	6%	2	1	3
Johnston	39	2,376	6%	11%	20	1	21
Lincoln	33	2,189	6%	11%	1	2	3
Little Compton	0	284	4%	9%	0	0	0
Middletown	7	1,504	4%	10%	5	0	5
Narragansett	15	1,052	6%	14%	3	0	3
New Shoreham	1	64	4%	8%	0	0	0
Newport	138	1,484	7%	12%	26	5	31
North Kingstown	21	2,917	4%	6%	8	2	10
North Providence	63	2,303	5%	9%	32	1	33
North Smithfield	13	1,132	2%	8%	3	0	3
Pawtucket	289	6,268	5%	9%	77	14	91
Portsmouth	12	1,881	4%	9%	4	1	5
Providence	1,214	16,024	6%	10%	173	79	252
Richmond	2	759	6%	8%	10	0	10
Scituate	5	1,143	5%	10%	2	0	2
Smithfield	8	1,729	5%	12%	20	4	24
South Kingstown	17	2,498	5%	7%	9	0	9
Tiverton	13	1,318	4%	8%	8	5	13
Warren	20	777	4%	9%	0	0	0
Warwick	85	6,781	7%	11%	35	2	37
West Greenwich	2	678	5%	7%	0	0	0
West Warwick	66	2,139	4%	11%	32	3	35
Westerly	12	2,003	6%	10%	23	1	24
Woonsocket	177	3,649	3%	11%	42	11	53
State Police/Other	*NA*	*NA*	*NA*	*NA*	*7*	*0*	*7*
Four Core Cities	*1,781*	*28,030*	*NA*	*NA*	*307*	*108*	*415*
Remainder of State	*874*	*65,586*	*NA*	*NA*	*338*	*37*	*375*
Rhode Island	*2,655*	*93,616*	*5%*	*10%*	*652*	*145*	*797*

Sources of Data for Table/Methodology

Total violent crime offense data are from U.S. Department of Justice, Federal Bureau of Investigation. (2011). *Crime in the United States 2010: Rhode Island offenses known to law enforcement.* Retrieved on February 25, 2013, from www.fbi.gov

Total population ages 11–17 data are from U.S. Census Bureau, Census 2010.

High school students bringing a weapon to school and experiencing violence at school data are from *SurveyWorks!* student survey, Rhode Island Department of Elementary and Secondary Education, 2012. *SurveyWorks!* data for communities that belong to regional districts reflect the district's overall survey results. Students from Little Compton attend high school in Portsmouth and students from Jamestown attend high school in North Kingstown.

Juvenile arrests for assault and weapons offenses data are from Mongeau, T. & Gilheeney, E. (2012). *2011 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, Pawtucket, Providence and Woonsocket.

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[3] Centers for Disease Control and Prevention. (2011). *Youth violence: Prevention strategies.* Retrieved February 25, 2013, from www.cdc.gov

[5] Schwarz, S. W. (2009). *Adolescent violence and unintentional injury in the United States.* New York, NY: Columbia University, Mailman School of Public Health, National Center for Children in Poverty.

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Gun Violence

DEFINITION

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

SIGNIFICANCE

Children and youth can experience gun violence as victims of firearm assaults, self-inflicted firearm injuries, or accidental shootings.[1] Gun violence also can impact children and youth when someone they know is the victim or perpetrator of a shooting. Exposure to violence at home, in schools, and in the community can lead to lasting psychological and emotional damage (such as increased fear, anxiety, and depression, attachment problems, and conduct disorders), as well as cognitive and attention difficulties, and involvement in the child welfare and juvenile justice systems.[2,3,4]

In the U.S. during 2010, 65% of the 2,711 firearm deaths of children and youth under age 20 in the United States were the result of homicide, 28% were the result of suicide, 5% were the result of unintentional injuries, 1% was the result of shootings with an undetermined intent, and 1% was the result of a legal law enforcement shooting.[5]

While the number of children and youth killed by guns has decreased since peaking in the early 1990's, firearms remain one of the leading causes of deaths for youth ages 15 to 19 in the United States.[6,7] Of the 2,711 children and youth under age 20 killed by firearms during 2010, 86% (2,331) were ages 15 to 19. Children under age 15 have the lowest rates of firearm-related deaths of any age group.[8]

Nationally, males ages 15 to 19 are eight times more likely to die from a firearm-related incident than females of the same age. Among teens in the U.S., the rate of firearm deaths for Black males (52.7 per 100,000) was nearly three times the rate of Hispanic males (17.8 per 100,000) and more than five times the rate of White males (9.4 per 100,000) in 2010.[9]

Preventing access to guns is the most reliable measure to prevent firearm-related injuries and death in children and youth. The presence and availability of a gun is strongly associated with adolescent suicide risk. Research also shows that possessing a gun increases a person's risk for being shot in an assault. Keeping guns unloaded and locked, as well as storing and locking ammunition separately, reduces the risk of gun-related injury and death by suicide or homicide.[10,11]

Gun Deaths and Hospitalizations Among Children, Rhode Island, 2007-2011

AGE	NUMBER OF DEATHS	NUMBER OF HOSPITALIZATIONS
0 to 14	1	9
15 to 19	21	66
TOTAL	*22*	*75*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2007-2011. Data for 2010 and 2011 are provisional.

◆ **Between 2007 and 2011 in Rhode Island, 9% (22) of the 234 deaths of children under age 20 were the result of firearms. Of these, 95% (21) were among youth ages 15 to 19, and 5% (1) were among children age 14 or younger.**

◆ **In Rhode Island between 2007 and 2011, there were 75 hospitalizations of children and youth for gun-related injuries. Nearly two-thirds (47) of the hospitalizations were youth who lived in Providence.[12]**

Weapon Carrying Among Rhode Island Public High School Students, 2011

	Females	Males	Total
Carried a gun, knife, or club at least once in the past 30 days	5%	17%	11%
Carried a gun, knife, or club at least once on school property in the past 30 days	2%	6%	4%

Source: *2011 Rhode Island Youth Risk Behavior Survey,* Rhode Island Department of Health, Office of Health Statistics.

◆ **In Rhode Island in 2011, 11% of high school students reported they carried a weapon in the 30 days preceding the *Youth Risk Behavior Survey*, compared with 17% of U.S. high school students.[13,14]**

◆ **In 2011, 18% of Rhode Island middle school students (27% of boys and 9% of girls in grades 6, 7, and 8) reported they had ever carried a weapon.[15]**

References

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(continued on page 173)

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]

Youth may become homeless when they run away from or are discharged from the foster care system. 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.[3] Homeless youth with foster care histories often become homeless at an earlier age and remain homeless longer than their peers.[4] While there are estimated to be nearly 1.7 million U.S. youth experiencing homelessness annually, less than 5% of federal spending on homeless programs supports homeless children and youth.[5,6]

Youth who identify as lesbian, gay, 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.[7,8,9] LGBTQ homeless youth experience greater levels of violence and physical and sexual exploitation while living on the streets than their heterosexual peers.[10]

It is often difficult for homeless youth to obtain the food, clothing and medical care they need. Many turn to prostitution, theft, and/or selling drugs to provide for their basic needs. Consequently, homeless youth face an increased risk of arrests and are more likely to contract sexually transmitted infections.[11,12]

Homeless youth often are disconnected from education, employment, and health care.[13,14] They can have difficulty enrolling in school and are more likely than their peers to be suspended, expelled, repeat grades, and drop out.[15,16,17] Homeless youth experience higher rates of mortality and depression, post-traumatic stress disorder, substance abuse, and other mental health problems than youth with stable housing.[18,19] Health issues can go untreated due to the lack of access to physical 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.[20,21]

Homeless Youth in Rhode Island

◆ There is one emergency shelter in Rhode Island tailored to the needs of unaccompanied and runaway homeless youth.[22] During Federal Fiscal Year (FFY) 2012, 46 unaccompanied youth under age 18 received Basic Center Services, down from 74 in FFY 2011. Basic Center Services include up to 21 days of emergency shelter, food, clothing, counseling, and health care referrals. Five 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 in FFY 2012, down from seven in FFY 2011.[23,24,25]

◆ One hundred and twenty-six single youth ages 18 to 20 and 383 young adults ages 21 to 24 received emergency shelter services though the adult emergency shelter system in Rhode Island in 2012, compared to 132 18 to 20 year-olds and 318 21 to 24 year-olds in 2011.[26,27]

◆ In 2012, the National Runaway Switchboard handled 142 crisis-related calls regarding youth ages 21 and under who were homeless, runaways, or at risk of homelessness in Rhode Island. Nationally, 60% of callers to the Switchboard were youth and the remainder were friends, family, probation officers, and other adults.[28]

◆ On December 31, 2012, there were 61 youth in the care of the Rhode Island Department of Children, Youth and Families between the ages of 14 and 20 who were classified as unauthorized absences/runaways (AWOL), 36 of whom were male and 25 of whom were female. These youth were AWOL from either foster care or juvenile justice placements.[29]

◆ There were an additional 152 youth ages 13 to 17 who received emergency shelter services with their families in Rhode Island in 2012.[30] These youth are vulnerable to being separated from their families due to shelter or child welfare policies.[31]

References

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[2,3] National Coalition for the Homeless. (2008). *Homeless youth.* Retrieved February 27, 2013, from www.nationalhomeless.org

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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. When a police or school department refers a youth to Family Court, a petition is submitted, accompanied by an incident report, detailing the alleged violation of law.[2] During 2012 in Rhode Island, 3,246 youth (3% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court for 5,780 wayward and delinquent offenses, down from 3,962 youth and 6,658 offenses in 2011, and continuing a downward trend over the last five years. Of the juvenile offenses in 2012, 266 (5%) involved violent offenses (42% of which occurred in the four core cities). An additional 663 probation violations also came before the Family Court in 2012.[3,4,5]

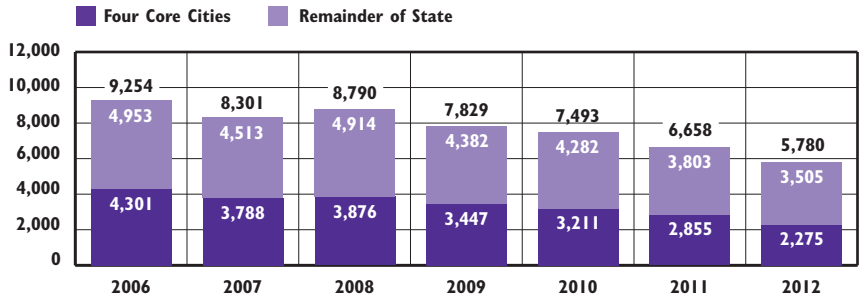
Youth in the four core cities are more likely to be referred for wayward or delinquent offenses; however, the majority of youth referred to Family Court lives in the remainder of the state. In 2012 in Rhode Island, 23% of juvenile offenses referred to Family Court were committed by youth from Providence, 16% were committed by youth from the other three core cities and 61% were committed by youth living in the remainder of the state.[6,7]

Assessing the risk of re-arrest and intervention needs of each youth is necessary for providing appropriate supports to prevent recidivism.[8] Nineteen percent of juveniles referred to the Family Court in 2012 had been referred once before and 25% had been referred at least twice before.[9]

Research shows that an over-reliance on incarceration of juveniles is not cost-effective and leads to worse public safety outcomes and higher recidivism rates than the use of community-based alternatives to incarceration.[10,11]

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.[12]

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2006-2012



◆ **The number of youth referred to Family Court for wayward and delinquent offenses declined 42% between 2006 and 2012, from 5,579 to 3,246. During the same period, the number of juvenile offenses declined by 38%, from 9,254 to 5,780. Between 2006 and 2012, juvenile offenses committed by youth in the four core cities fell by 47%, while offenses committed by youth in the remainder of the state fell by 29%.**

◆ **In 2012, 72.5% of juveniles referred to the Family Court were male and 27.5% were female. Fifty-four percent of these youth were White, 21% were Black, 15% were Hispanic, 1% was Asian, and 9% were some other race or an unknown race. In 2012, 13% of juveniles referred to Family Court were age 13 or younger, 35% were age 14 to 15, 51% were age 16 to 17, and 1% had an unknown age.**

By Type of Offense

23%	Property Crimes	5%	Violent Crimes
19%	Disorderly Conduct	4%	Motor Vehicle Offenses
19%	Status Offenses*	3%	Weapons Offenses
11%	Simple Assault	6%	Other**
9%	Alcohol and Drug Offenses		

n=5,780

**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, computer crimes and possession of a manipulative device for automobiles, etc. Probation violations, contempt of court, and other violations of court orders are not included in the offenses above.*

Source: Rhode Island Family Court, *2006-2012 Juvenile Offense Reports.* 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, revocation of driving privileges, counseling, substance abuse treatment, and probation.[13] In 2012 in Rhode Island, 20% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing.[14]

◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2012, 1,022 juveniles were referred to the Truancy Court by schools. In 2012, 360 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication.[15] 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.[16]

◆ In 2011, there were 28 Juvenile Hearing Boards in Rhode Island. Eleven 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 Kingstown, and Tiverton). 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 485 cases were heard before Rhode Island Juvenile Hearing Boards in 2011, the most recent year for which data are available.[17,18]

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.[19]

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. Adolescents in the adult criminal justice system are at risk for sexual and physical victimization and disruptions in their development, including identity formation and relationship skills.[20,21]

◆ 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 resist peer pressure. Research also shows that judgment and decision-making skills do not fully develop until the mid-twenties.[22,23]

◆ 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 voluntarily 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.[24]

◆ In 2012, the Attorney General's Office filed 24 (19 discretionary and five mandatory) motions to waive jurisdiction to try juveniles as adults. Eight were voluntarily waived, five were waived after a hearing, three were certified, four were withdrawn or denied, and four waiver motions were pending before the Family Court at the end of 2012.[25]

◆ 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 were 11 certifications in 2012 (eight were dismissed, denied, or withdrawn, two resulted in a certification, and one was pending at the end of 2012).[26] 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.[27]

References

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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

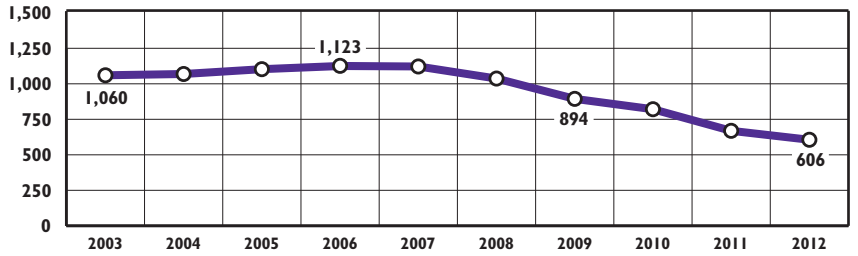
The juvenile justice system is responsible for ensuring community safety and promoting the positive development of youth in its care while recognizing that children have different developmental needs than adults.[1,2] Research shows that during adolescence, the brain's executive functions (including the ability to regulate emotions, control impulses, and weigh benefits and risk) have not fully developed and that judgment and decision making skills continue to grow into the mid-twenties.[3,4] Lack of family support and attachment, association with other high-risk youth, exposure to family violence, poor academic performance, and poverty can increase a youth's risk for juvenile justice system involvement.[5,6]

Juvenile justice systems have a range of options for monitoring and rehabilitating juvenile offenders in addition to incarceration, including home confinement, electronic monitoring, day and evening reporting centers, skills training programs, community-based therapy for youth and families, and substance abuse treatment.[7] 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.[8,9,10]

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 606 youth (84% male and 16% female) were in the care or custody of the Training School at some point during 2012, down from 669 in 2011. On December 31, 2012, there were 169 youth in the care or custody of the Training School, 111 of whom were physically at the Training School.[11]

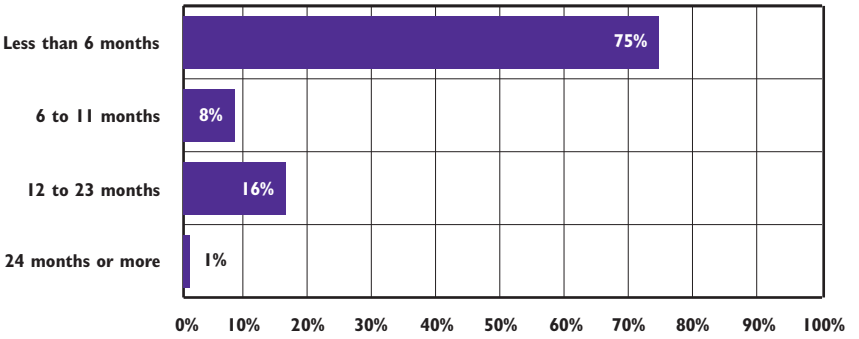
In 2008, the Rhode Island General Assembly instituted a cap on the number of detained and adjudicated youth at the Training School. On any given day, the limit is 148 boys and 12 girls.[12]

Juveniles in the Care and Custody of the Rhode Island Training School, 2003-2012



◆ **Between 2003 and 2012, the annual total number of youth in the care and custody of the Training School declined from 1,060 to 606. Much of this decline is due to the cap that was placed on the population at the Training School in July 2008 of 148 boys and 12 girls on any given day. The population has further declined by 32% between 2009 and 2012.**

Discharges From the Rhode Island Training School, by Length of Time in Custody, 2012



n=699

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2003-2012. Total discharges (699) are higher than the total number of youth who passed through the Training School (606) due to some youth being discharged from the Training School more than once in 2012.

Juvenile Detention Alternatives Initiative (JDAI)

◆ The Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) has worked in jurisdictions across the U.S. to strengthen juvenile justice systems by promoting policies and practices to reduce inappropriate and unnecessary use of secure detention, reduce racial and ethnic disparities, and improve public safety. JDAI promotes the vision that youth involved in the juvenile justice system are best served using proven, family-focused interventions, and creating opportunities for positive youth development.[13]

◆ In 2009, Rhode Island juvenile justice stakeholders engaged in a comprehensive and detailed review of the policies and practices that govern the operation of the juvenile justice system. This self-exploration has resulted in Rhode Island joining in partnership with Annie E. Casey Foundation as a JDAI site. The Rhode Island initiative has used JDAI's strategies to focus on reducing unnecessary and inappropriate use of secure confinement and enhancing community-based alternatives to detention.[14]

Alternatives to Juvenile Detention and Incarceration

◆ In 2010, the rate at which states hold youth in secure confinement reached a 35-year low, with almost every state reducing the number and percentage of youth held in secure facilities. Even as incarceration has decreased, crime has fallen sharply over the past decade as juvenile justice systems have utilized more effective intervention strategies.[15]

◆ 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. However, peer influences can foster antisocial behavior and placing delinquent youth together (such as in a Training School) may reduce positive program impacts and may lead to negative outcomes.[15] 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.[16,17] 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.

◆ Successful community-based juvenile confinement prevention programs include intensive family therapy, incorporate evidence-based strategies, and provide tailored services (such as academic and job skills assistance) and behavioral health treatment.[18,19]

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.[20]

◆ On January 2, 2013, there were 687 youth on the DCYF probation caseload. Twenty-two percent (150) of youth on probation were ages 12 to 15, 56% (382) were ages 16 to 17, 22% (152) were ages 18 to 21, and three youth were of unknown age.[21]

◆ Almost half (44%) of youth on probation on January 2, 2013 were White, 20% were Black, 2% were Asian or Pacific Islander, 1% were American Indian, 3% were multiracial, and 30% were of unknown race. One-third (33%) of youth were identified as Hispanic. Hispanic youth may be of any race.[22]

Prevention of Recidivism Among Delinquent Youth

◆ Of the 606 youth who were in the care or custody of the Training School at some point during 2012, 16% (94) were admitted at least twice in 2012, and 2% (14) were admitted to the Training School three or more times.[23]

◆ Evidence-based interventions that involve the youth and his or her family in intensive treatment can reduce recidivism among delinquent youth and cost far less than incarceration.[24]

◆ 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.[25]

Juveniles at the Training School

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. Research shows that racial bias plays a part in the overrepresentation of minority youth in juvenile justice systems.[26,27]

Disproportionate Minority Contact in Rhode Island

	% OF TOTAL CHILD POPULATION 2010	PRE-ADJUDICATED YOUTH AT THE TRAINING SCHOOL, DECEMBER 31, 2012	ADJUDICATED YOUTH* AT THE TRAINING SCHOOL, DECEMBER 31, 2012
White	64%	44%	27%
Hispanic	21%	20%	32%
Black	6%	12%	29%
Asian	3%	4%	1%
Multi-Racial	5%	8%	5%
Other**	2%	8%	0%
Unknown	NA	4%	5%

◆ Youth of color are disproportionately more likely than White youth to have contact with juvenile justice systems in Rhode Island. In 2012, Black youth made up 29% of youth adjudicated to the Training School, while making up 6% of the child population.

**Juveniles Adjudicated to the Training School includes youth who received Temporary Community Placement (TCP) adjudications. **Other includes American Indian and Alaska Native, Native Hawaiian and other Pacific Islander, and Some other race.*

Sources: Child Population data by race are from the U.S. Census Bureau, 2010 Census. Pre-adjudicated and Adjudicated Youth at the Training School data are from the Rhode Island Department of Children, Youth and Families (DCYF).

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 more likely to be detained for non-serious offenses and many have experienced traumatic events, including physical and sexual abuse. Effective programs for girls in the juvenile justice system promote healing from trauma and abuse, address mental and physical health issues, and meet the needs of pregnant and parenting girls.[28]

Risk Factors for Rhode Island Youth at the Training School

History of Child Abuse and Neglect

◆ Fifty-four (9%) of the 606 youth in the care or custody of the Training School during 2012 had at some point in their childhood been victims of documented child abuse or neglect.[29]

◆ 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.[30]

Behavioral Health Needs

◆ In 2012, 150 adjudicated youth (129 males and 21 females) were prescribed psychiatric medications for psychiatric diagnoses other than conduct disorders and substance abuse disorders. During 2012, 180 residents (161 males and 19 females) received either outpatient or residential substance abuse services while serving sentences at the Training School. Of these, 73 (all males) received residential substance abuse treatment.[31]

Educational Attainment

◆ In 2012, students' math skills were on average at the 6th grade level and their reading levels were on average at the 7th grade level at entry to the Training School.

◆ Of the 571 youth in 7th through 12th grade who received educational services at the Training School during 2012, 43% received special education services and had Individualized Education Plans (IEPs).

◆ During 2012, 74 youth graduated from high school while serving a sentence at the Training School (66 earned a GED and 8 graduated with a high school diploma). An additional 88 youth received post-secondary education services at the Training School in 2012.[32]

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).[33]

Youth in Detention in Rhode Island

◆ In Rhode Island, the term "detention" is used to describe the temporary custody of a juvenile, who is accused of a wayward or delinquent offense, at the Training School pending the adjudication of his or her case. The legal reasons for pre-trial detention include cases where a youth poses a threat to public safety or is at risk for not attending his or her next court hearing.[34,35]

◆ In 2012, there were 699 admissions to detention at the Training School, down from 784 in 2011. Of these, 24% resulted in stays of two days or less, 32% resulted in stays of three days to two weeks, and 44% resulted in stays of more than two weeks.[36]

◆ Twelve of the 25 pre-adjudicated youth in detention on December 31, 2012 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.[37]

Table 27. **Youth in the Care or Custody of the Rhode Island Island Training School, 2012**

CITY/TOWN	TOTAL POPULATION AGES 13-18	# OF ADJUDICATED YOUTH	TOTAL # OF YOUTH
Barrington	1,802	3	5
Bristol	1,780	1	2
Burrillville	1,319	2	6
Central Falls	1,859	11	18
Charlestown	554	3	4
Coventry	3,010	4	9
Cranston	6,184	22	29
Cumberland	2,746	4	12
East Greenwich	1,362	1	5
East Providence	3,243	10	11
Exeter	642	0	1
Foster	430	0	1
Glocester	878	1	2
Hopkinton	693	2	3
Jamestown	436	0	0
Johnston	2,025	4	10
Lincoln	1,851	3	4
Little Compton	228	0	0
Middletown	1,229	3	8
Narragansett	948	0	3
New Shoreham	50	0	0
Newport	1,604	10	20
North Kingstown	2,407	7	10
North Providence	2,027	2	7
North Smithfield	970	0	3
Pawtucket	5,514	35	59
Portsmouth	1,596	0	2
Providence	16,515	140	222
Richmond	637	0	1
Scituate	963	0	2
Smithfield	1,856	1	4
South Kingstown	3,540	5	10
Tiverton	1,115	3	4
Warren	675	1	3
Warwick	5,883	13	28
West Greenwich	568	0	0
West Warwick	1,891	7	22
Westerly	1,705	5	13
Woonsocket	3,112	19	35
Unknown	*NA*	*1*	*1*
Out of State	*NA*	*11*	*27*
Four Core Cities	*27,000*	*205*	*334*
Remainder of State	*58,847*	*117*	*216*
Rhode Island	*85,847*	*334*	*578*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2012; and the U.S. Census Bureau, Census 2010.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Youth included in the adjudicated column may or may not have been in detention at the Training School prior to adjudication.

Total number of youth includes adjudicated and detained youth who were in the care or custody of the Rhode Island Training School during calendar year 2012 (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.

There is no statutory lower age limit for sentencing, however adjudicated children under age 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. They are not included in the Rhode Island total.

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(continued on page 174)

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 developmental regression, withdrawal, aggression, and other reactive behaviors.[2] Parental incarceration can affect a child's emotional and behavioral development. Children of incarcerated parents are more likely to suffer from depression or anxiety, have an eating or sleeping disorder, and be expelled or suspended from school. They also are more likely to engage in delinquent behavior and to be arrested and incarcerated as juveniles.[3]

Nationally, most children of incarcerated parents live with their other parent (84%), a grandparent (15%), and/or other relatives (6%).[4] Relative caregivers often experience significant economic hardship. They may be unaware that they are eligible for services, may be worried about stigma, or may have concerns about accessing services through the child welfare system (e.g., a formal kinship care arrangement).[5]

Children of incarcerated parents are more likely than other children to be involved with the child welfare system.[6] In the U.S. in 2009, more than 14,000 children entered foster care at least in part due to the incarceration of a parent.[7] These children often represent complex cases for child welfare agencies that involve balancing parental rights with the safety and well-being of the child.[8]

Programs and policies targeted at the unique needs of incarcerated pregnant women and mothers can improve outcomes for them and their families.[9] Keeping siblings together, providing family counseling and access to 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.[10]

Of the 1,700 Rhode Island parents incarcerated on September 30, 2012 (including those awaiting trial), 48% were White, 28% were Black, 22% were Hispanic, and 2% were of an other or unknown race. Fifty-nine percent of incarcerated parents with a known in-state residence identified one of the four core cities as their last place of residence.[11]

Parents at the Rhode Island Adult Correctional Institutions, September 30, 2012

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	718	358	50%	785
Serving a Sentence	2,531	1,342	53%	2,921
Total	*3,249*	*1,700*	*52%*	*3,706*

Source: Rhode Island Department of Corrections, September 30, 2012. **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 3,249 Rhode Island inmates awaiting trial or serving a sentence who were surveyed as of September 30, 2012 and answered the question on number of children, 1,700 inmates reported having 3,706 children. Twenty-seven percent of sentenced mothers had one to five year sentences and 30% of sentenced fathers were serving a sentence of more than ten years.[12]**

◆ **Of the 105 sentenced mothers on September 30, 2012, 52% were serving a sentence for a nonviolent offense, 26% for a violent offense, 13% for a drug-related offense, and 3% for breaking and entering. Of the 1,237 sentenced fathers, 18% were serving sentences for a nonviolent offense, 44% for a violent offense, 12% for a drug-related offense, 9% for breaking and entering, and 14% for a sex-related offense.[13]**

◆ **Half (50%) of incarcerated parents awaiting trial or serving a sentence on September 30, 2012 had less than a high school degree education, 39% had a high school diploma or a GED, and 11% had at least some college education.[14]**

◆ **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.[15]**

◆ **High-quality prison-based parenting programs can benefit incarcerated parents and their children. Parents participating in these programs have demonstrated improved relationships with their children and increased knowledge of child development and behavior management techniques. Children have shown signs of improved relationships with their incarcerated mother, diminished feelings of sadness and anger, fewer behavioral problems at school, and better grades.[16]**

Table 28. **Children of Incarcerated Parents, Rhode Island, September 30, 2012**

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2010 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	0	0	4,597	0.0
Bristol	10	17	3,623	4.7
Burrillville	12	19	3,576	5.3
Central Falls	52	116	5,644	20.6
Charlestown	5	6	1,506	4.0
Coventry	31	63	7,770	8.1
Cranston	62	120	16,414	7.3
Cumberland	11	24	7,535	3.2
East Greenwich	11	26	3,436	7.6
East Providence	39	82	9,177	8.9
Exeter	4	7	1,334	5.2
Foster	0	0	986	0.0
Glocester	4	5	2,098	2.4
Hopkinton	3	6	1,845	3.3
Jamestown	1	2	1,043	1.9
Johnston	17	45	5,480	8.2
Lincoln	9	14	4,751	2.9
Little Compton	1	7	654	10.7
Middletown	8	15	3,652	4.1
Narragansett	10	31	2,269	13.7
New Shoreham	0	0	163	0.0
Newport	26	55	4,083	13.5
North Kingstown	13	42	6,322	6.6
North Providence	25	42	5,514	7.6
North Smithfield	7	14	2,456	5.7
Pawtucket	122	254	16,575	15.3
Portsmouth	4	6	3,996	1.5
Providence	395	920	41,634	22.1
Richmond	1	1	1,849	0.5
Scituate	2	5	2,272	2.2
Smithfield	9	16	3,625	4.4
South Kingstown	10	22	5,416	4.1
Tiverton	8	20	2,998	6.7
Warren	4	5	1,940	2.6
Warwick	63	110	15,825	7.0
West Greenwich	0	0	1,477	0.0
West Warwick	51	103	5,746	17.9
Westerly	12	16	4,787	3.3
Woonsocket	99	222	9,888	22.5
Unknown Residence	*132*	*283*	*NA*	*NA*
*Out-of-State Residence***	*69*	*180*	*NA*	*NA*
Four Core Cities	*668*	*1,512*	*73,741*	*20.5*
Remainder of State	*473*	*946*	*150,215*	*6.3*
Rhode Island	*1,141*	*2,458*	*223,956*	*11.0*

Note to Table

Due to a change in methodology, *Children of Incarcerated Parents* in this Factbook cannot be compared to Factbooks prior to 2007. Factbooks since 2007 report data as of September 30th, while those prior reported data as of December 31st. 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, 2012. Offenders who were on Home Confinement and the awaiting trial population are excluded from this table.

U.S. Census Bureau, Census 2010.

*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, Pawtucket, Providence and Woonsocket.

References

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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 2011, police reports indicate that children were present at 29% of domestic violence incidents resulting in arrests.[3]

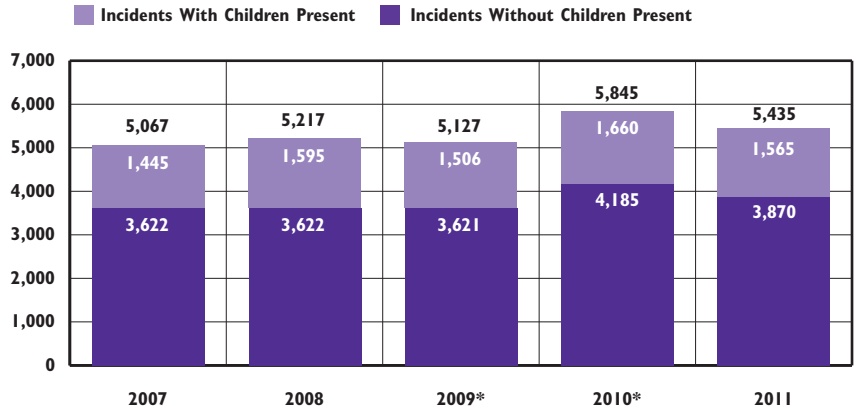
Children can be exposed to domestic violence in a number of ways. They may witness abuse directly, by seeing or hearing violent incidents in their homes or families. Children may have their lives disrupted by moving or being separated from a parent and may be used by the batterer to manipulate or gain control over the victim.[4] Children who are exposed to domestic violence are more likely to be victims of child abuse and neglect than those who are not.[5]

Exposure to domestic violence is distressing to children and can lead to mental health problems, including post-traumatic stress, depression and anxiety, in childhood and later in life.[6] Children who witness domestic violence are more likely to experience physical, emotional, health and learning challenges. They are more prone to have concentration and memory problems, and to have difficulty with school performance than children who do not witness domestic violence.[7,8]

Research suggests that childhood exposure to domestic violence increases the likelihood that witnesses will repeat their experiences as adult perpetrators (particularly men) or victims of violence in dating and marriage.[9] While some children may show resilience, exposure to violence may impair a child's capacity for partnering and parenting later in life.[10]

Incidents of domestic violence are historically under-reported. Nationally, it is estimated that 41% of family violence incidents are not reported to police.[11] Similarly, Rhode Island data may under-represent the number of domestic violence incidents witnessed by children because not all incidents are reported and children may be unwilling to admit that they witnessed the incident.[12]

Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2007-2011



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2007-2011. Includes domestic violence reports resulting from an arrest by local police and Rhode Island State Police. *Data for 2009 and 2010 have been updated.

◆ **In Rhode Island in 2011, there were 5,435 domestic violence incidents that resulted in arrests, down 7% from 5,845 incidents in 2010. Children were reported present in 29% (1,565) of incidents in 2011.[13] Rhode Island police officers document children's exposure to violence on reporting forms by noting the number and ages of minor children living in the home, how many were present during the incident, how many saw the incident and how many heard it.[14]**

◆ **Rhode Island police reported that children saw the domestic violence incident in 1,251 arrests and children heard the incident in 1,356 arrests during 2011. These incidents were not mutually exclusive and more than one child may have witnessed the incident.[15]**

◆ **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.[16] During 2012, the network provided services to 9,382 individuals, including 540 children. In 2012, 273 children and 278 adults spent a total of 22,115 nights in domestic violence shelters and 63 children and 47 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence).[17]**

Support for Children Witnessing Domestic Violence

◆ Rhode Island is not among 22 other 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.[18,19]

◆ 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).[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.[23]

Table 29. **Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2011**

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # OF INCIDENTS WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	37	9	24%
Bristol	108	28	26%
Burrillville	33	9	27%
Central Falls	177	58	33%
Charlestown	18	7	39%
Coventry	172	56	33%
Cranston	288	85	30%
Cumberland	123	41	33%
East Greenwich	39	11	28%
East Providence	203	58	29%
Exeter*	NA	NA	NA
Foster	5	0	0%
Glocester	36	9	25%
Hopkinton	24	9	38%
Jamestown	12	4	33%
Johnston	155	38	25%
Lincoln	43	15	35%
Little Compton	12	2	17%
Middletown	90	31	34%
Narragansett	61	13	21%
New Shoreham	8	1	13%
Newport	197	53	27%
North Kingstown	152	47	31%
North Providence	248	52	21%
North Smithfield	47	4	9%
Pawtucket	631	180	29%
Portsmouth	67	19	28%
Providence	849	280	33%
Richmond	19	4	21%
Scituate	21	6	29%
Smithfield	49	13	27%
South Kingstown	107	38	36%
Tiverton	64	21	33%
Warren	66	14	21%
Warwick	341	78	23%
West Greenwich	19	2	11%
West Warwick	357	91	25%
Westerly	107	25	23%
Woonsocket	361	133	37%
Rhode Island State Police	*89*	*21*	*24%*
Four Core Cities	*2,018*	*651*	*32%*
Remainder of State	*3,417*	*914*	*27%*
Rhode Island	*5,435*	*1,565*	*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, 2011 and December 31, 2011.

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. Rhode Island State Police numbers are included in the Rhode Island state totals.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

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[2] Kracke, K. & Hahn, H. (2008). The nature and extent of childhood exposure to violence: What we know, why we don't know more, and why it matters. *Journal of Emotional Abuse, 8*(1/2), 29-47.

[3,12,13,15] Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit. Based on data from Domestic Violence and Sexual Assault/Child Molestation Reporting Forms, 2007-2011.

[4] Stop Violence Against Women. (2010). *Effects of Domestic Violence on Children.* Retrieved November 18, 2012, from www.stopvaw.org/effects_of_domestic_violence_on_children

[5] Summers, A. (2006). *Children's exposure to domestic violence: A guide to research and resources.* Reno, NV: National Council of Juvenile and Family Court Judges.

[6] Hamby, S., Finkelhor, D., Turner, H. & Ormrod, R. (2011). *Children's Exposure to Intimate Partner Violence and Other Family Violence. Juvenile Justice Bulletin: National Survey of Children's Exposure to Violence.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

(continued on page 175)

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

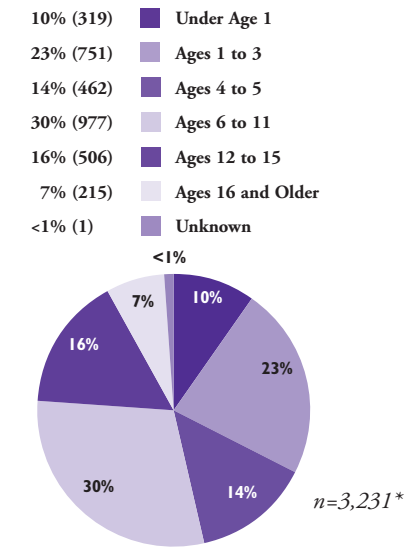
Preventing child abuse and neglect is critical to helping children grow into strong, healthy, productive adults and good parents. Children are at increased risk for maltreatment if their parents or caregivers are overwhelmed by multiple problems such as inadequate income, family stressors, isolation 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 (persons and resources that families can access independent from formal services).[4]

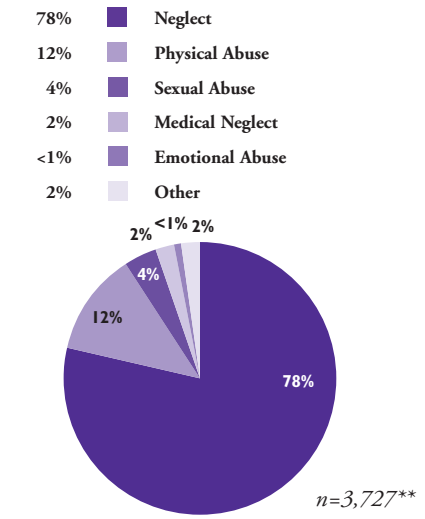
In 2012 in Rhode Island, there were 2,266 indicated investigations of child abuse and neglect involving 3,231 children. The child abuse and neglect rate per 1,000 children under age 18 was over two times higher in the four core cities (21 victims per 1,000 children) compared to the remainder of the state (10 victims per 1,000 children). Almost half of the victims of child abuse and neglect in 2012 were young children under age six and one-third (33%) were age three and younger.[5]

Child Abuse and Neglect, Rhode Island, 2012

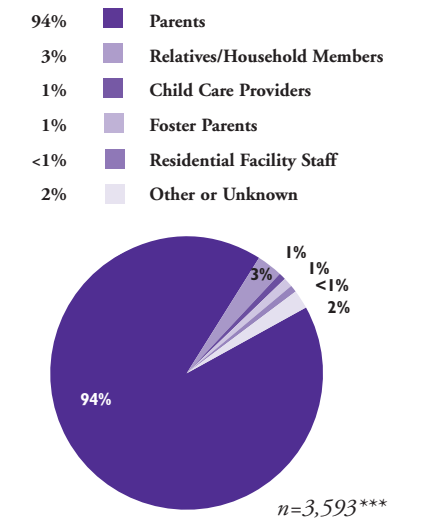
By Age of Victim*



By Type of Neglect/Abuse**



By Relationship of Perpetrator to Victims***



Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), 2012. 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, 2003-2012

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
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
2011	13,382	49% (6,520)	2,225
2012	13,540	50% (6,784)	2,266

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2003-2012.

**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 50% in 2012. Between 2009 and 2012, the number of unduplicated child maltreatment reports to the CPS Hotline increased by 11% from 12,189 to 13,540. In 2012, there were 2,266 indicated investigations based on child maltreatment investigations, 33% of all completed investigations. The percentage of completed investigations that were indicated has remained fairly stable over the past decade.[6] An indicated investigation is one in which there is a preponderance of evidence that child abuse and/or neglect occurred.[7]**

◆ **Of the 13,540 maltreatment reports in 2012, 5,505 were classified as "information/referrals" (formerly "early warnings").[8] 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).[9]**

Rhode Island Child Hospitalizations and Child Deaths Due to Child Abuse and/or Neglect

YEAR	# OF HOSPITALIZATIONS	# OF DEATHS**
2007	37	2
2008	34	5
2009	26	6
2010	31	0
2011	38	2
TOTAL	*166*	*15*

Source: Rhode Island Department of Health, 2007-2011. Data for 2010 and 2011 are provisional.

***Data for child deaths due to child abuse and/or neglect are not comparable with data from previous Factbooks due to a change in data source (see Methodology section).*

◆ **Between 2007 and 2011, there were 166 hospitalizations and 15 deaths of Rhode Island children under age 18 due to child abuse and/or neglect.[10] Nationally, 71% of child maltreatment deaths involved neglect and 48% involved physical abuse (because a victim may have suffered more than one type of maltreatment, these categories are not mutually exclusive).[11]**

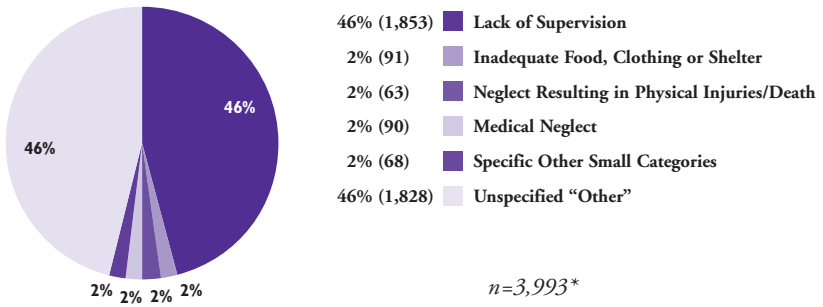
Child Abuse and Neglect in Rhode Island Communities

◆ **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 programs that are responsive and relevant to their needs and engage parents as active partners in planning.[12] In addition, providing access to child care, early childhood learning programs and offering evidence-based home visiting programs (such as the Nurse-Family Partnership) to families with multiple risk factors can prevent the occurrence and recurrence of child abuse and neglect.[13,14,15]**

◆ **In 2012, Rhode Island had 13.9 child victims of abuse and neglect per 1,000 children. With a rate of 27.5 victims per 1,000 children, Woonsocket had the highest rate of child victims of abuse and neglect in the state. Other cities and towns with rates higher than 20 victims per 1,000 children were Newport (23.5), West Warwick (22.6), Warren (21.6), Pawtucket (21.2), Central Falls (20.2), and Providence (20.1).[16]**

Child Abuse and Neglect

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2012



*n=3,993**

◆ 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 3,993 indicated allegations (confirmed claims) of neglect to children under age 18 in Rhode Island in 2012, 46% involved lack of supervision.

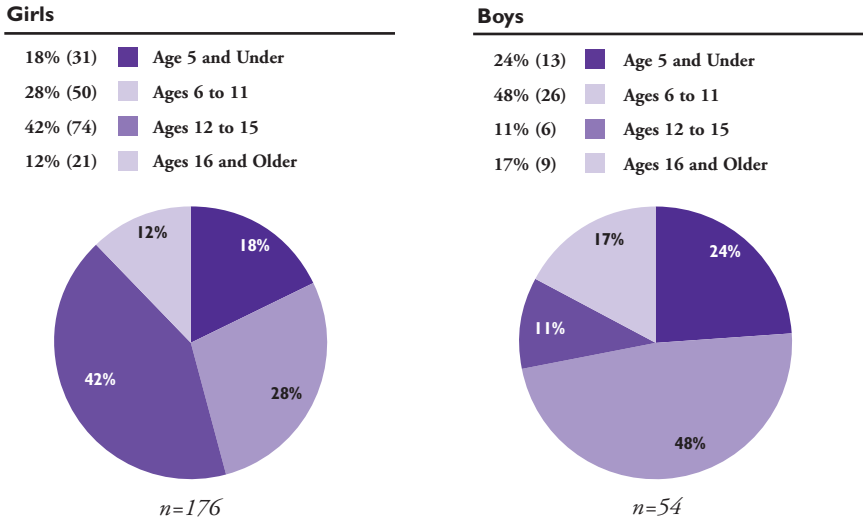
◆ The second largest category of neglect (46%) is "unspecified other neglect." These are instances of neglect that do not fit into the other specified categories.

◆ The "specific other small categories" include: drug and alcohol abuse (17), educational neglect (14), failure to thrive (14), emotional neglect (9), abandonment (7), excessive/inappropriate discipline (4), and tying/close confinement (3).

**The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation. Numbers do not include indicated allegations of institutional neglect.*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2012.

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2012



◆ In Rhode Island in 2012, there were 230 indicated allegations (confirmed claims) of child sexual abuse. Some children were victims of sexual abuse more than once. The victim was a female in 77% (176) of the 230 indicated allegations of sexual abuse. Forty-six percent of the female victims were known to be under age 12 while 72% of the male victims were under age 12.[17]

◆ Generally, the perpetrator is a relative or person known to the victim in the majority of cases of child sexual abuse. Sexual abuse by family members is more common than sexual abuse by strangers.[18]

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2012.

Table 30. **Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2012**

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	4,597	9	2.0	12	2.6
Bristol	3,623	19	5.2	40	11.0
Burrillville	3,576	31	8.7	29	8.1
Central Falls	5,644	90	15.9	114	20.2
Charlestown	1,506	18	12.0	17	11.3
Coventry	7,770	68	8.8	114	14.7
Cranston	16,414	134	8.2	170	10.4
Cumberland	7,535	65	8.6	81	10.7
East Greenwich	3,436	15	4.4	26	7.6
East Providence	9,177	75	8.2	104	11.3
Exeter	1,334	14	10.5	14	10.5
Foster	986	3	3.0	5	5.1
Glocester	2,098	6	2.9	9	4.3
Hopkinton	1,845	8	4.3	14	7.6
Jamestown	1,043	1	1.0	2	1.9
Johnston	5,480	49	8.9	62	11.3
Lincoln	4,751	30	6.3	47	9.9
Little Compton	654	2	3.1	2	3.1
Middletown	3,652	42	11.5	46	12.6
Narragansett	2,269	19	8.4	14	6.2
New Shoreham	163	0	0.0	1	6.1
Newport	4,083	67	16.4	96	23.5
North Kingstown	6,322	30	4.7	42	6.6
North Providence	5,514	46	8.3	82	14.9
North Smithfield	2,456	10	4.1	11	4.5
Pawtucket	16,575	257	15.5	351	21.2
Portsmouth	3,996	9	2.3	11	2.8
Providence	41,634	570	13.7	837	20.1
Richmond	1,849	4	2.2	5	2.7
Scituate	2,272	12	5.3	13	5.7
Smithfield	3,625	27	7.4	12	3.3
South Kingstown	5,416	35	6.5	35	6.5
Tiverton	2,998	19	6.3	42	14.0
Warren	1,940	26	13.4	42	21.6
Warwick	15,825	103	6.5	118	7.5
West Greenwich	1,477	9	6.1	10	6.8
West Warwick	5,746	82	14.3	130	22.6
Westerly	4,787	50	10.4	82	17.1
Woonsocket	9,888	215	21.7	272	27.5
Unknown	*0*	*0*	*NA*	*3*	*NA*
Four Core Cities	*73,741*	*1,132*	*15.4*	*1,574*	*21.3*
Remainder of State	*150,215*	*1,137*	*7.6*	*1,540*	*10.3*
Rhode Island	*223,956*	*2,269*	*10.1*	*3,117*	*13.9*

Note to Table

Data cannot be compared to Factbooks prior to 2009. The denominator is the number of children under age 18 according to the U.S. Census 2010 and the numerator is an unduplicated count of child victims. Previous Factbooks used children under age 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 2012.

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, Pawtucket, Providence and Woonsocket.

References

[1,12,13] *2012 resource guide: Preventing child maltreatment and promoting well-being: A network for action.* (2012). Retrieved January 17, 2013, from www.childwelfare.gov/pubs/guide2012/guide.pdf

[2] *Long-term consequences of child abuse and neglect.* (2008). Washington, DC: U.S. Department of Health and Human Services, Children's Bureau, Child Welfare Information Gateway.

(continued on page 175)

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 permanency. Out-of-home placements include foster care homes, group homes, shelter care, residential facilities, and medical facilities. Permanency can be achieved through reunification with the family, adoption, or guardianship.

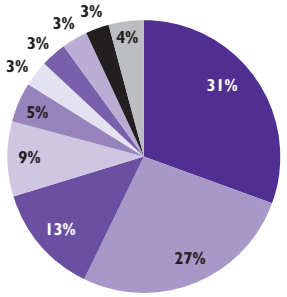
SIGNIFICANCE

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, critical connections and a sense of permanency may be lost when a child is placed out-of-home.[1] Permanency planning efforts should begin as soon as a child enters the child welfare system so that a permanent living situation can be achieved as quickly as possible.[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 can experience multiple placements, lose contact with family members, and may 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 in care 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, 2012



31%	(604)	Foster Care Home (non-relative, private agency)
27%	(530)	Foster Care Home (relative)
13%	(252)	Group Home
9%	(174)	Residential Facility
5%	(91)	Rhode Island Training School for Youth
3%	(55)	Independent Living/Supervised Apartment
3%	(61)	Relatives Caring for Children*
3%	(50)	DCYF Shelter Care
3%	(56)	Psychiatric or Medical Hospital/Substance Abuse Facility
4%	(74)	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 (61), pre-adoptive homes (1), minors with mother in shelter/group home/residential facility (8), and step-parents (4).*

◆ **As of December 31, 2012, there were 1,947 children under age 21 in the care of DCYF who were in out-of-home placements, a 41% decrease from 3,311 in 2006.**

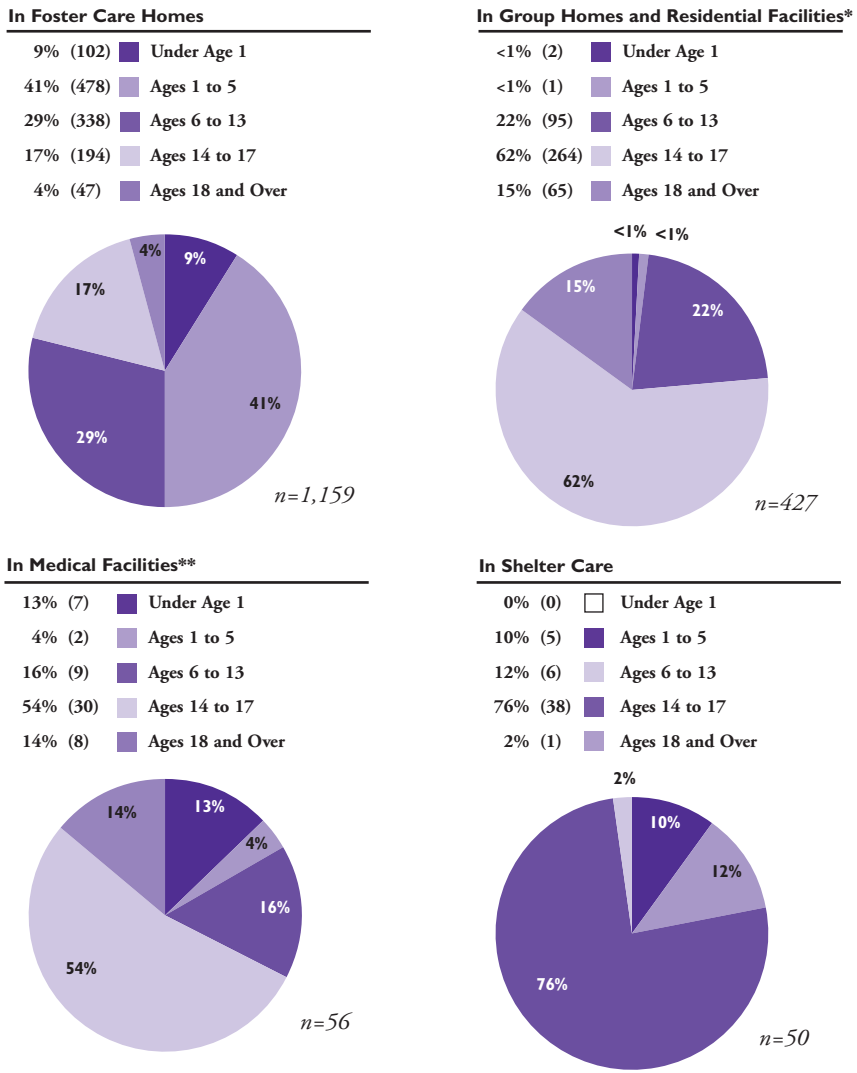
◆ **The total caseload of DCYF on December 31, 2012 was 6,795, including 2,208 children living in their homes under DCYF supervision and 2,582 children living in adoption settings. This represents a 28% decrease in the DCYF caseload since 2006, when there were 9,414 children under DCYF supervision.**

◆ **The total DCYF caseload also includes 44 children in out-of-state placements/other agency custody; six children receiving respite care services; three youth in a prison other than the Rhode Island Training School; and three children in other placement.**

◆ **On December 31, 2012, there were 55 youth in an independent living arrangement or supervised apartment setting, a decline of 73% from 203 youth in 2006. The number of youth in these arrangements has declined steadily since 2007, when the maximum age at which youth can remain in foster care in Rhode Island was lowered from age 21 to age 18.**

Source: RI Department of Children, Youth and Families, RICHIST, 2006-2012.

Children and Youth in Out-of-Home Placement by Type of Setting and Age, Rhode Island, January 2013



*Residential facilities do not include psychiatric hospitals, medical hospitals, or the Rhode Island Training School.
**Medical facilities data includes medical hospitals (13), psychiatric hospitals (39), and substance abuse treatment facilities (4).

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 2013. 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 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) 2012, 12.7% of the 1,423 children who had been in out-of-home care for less than one year had experienced three or more placements, down from 14.1% in FFY 2010. The national standard is 13.3%. Three or more placements were experienced by 36.4% of the 697 children who were in care between 12 and 24 months, down from 37.5% in FFY 2011. Two-thirds (66.2%) of the 794 children who had been in care for 24 months or more experienced three or more placements.[13]

Recurrence of Abuse While in Foster Care

◆ Of the 1,658 Rhode Island children who were victims of abuse or neglect during FFY 2012 (whether or not they were removed from the home), 6.9% experienced one or more recurrences of abuse or neglect within six months, down from 9.8% in FFY 2010. The national standard is 6.1% or fewer.[14]

Shelter Care

◆ The number of children in shelter care (facilities providing emergency care to eight children or less for no more than 90 days each) increased by 35% over the past year (from 37 on January 5, 2012 to 50 on January 2, 2013). Five of these Rhode Island children in shelter care were under age six; six were ages six to 13; and 39 were age 14 and older.[15]

References

[1,7] Williams-Mbengue, N. (2008). *Moving children out of foster care - The legislative role in finding permanent homes for children. Permanency: A key concept for children in foster care.* Denver, CO: National Conference of State Legislatures.

[2] U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.) *Program instruction: Adoption and Safe Families Act of 1997.* Retrieved January 31, 2012, from www.acf.hhs.gov

(continued on page 175)

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 living arrangement 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 and sense of belonging, which have an impact on behavior, academic achievement, and the formation of secure relationships.[1,2] Particular attention must be paid to populations of children for whom permanency may be more difficult to achieve, including older children, males, minority children, sibling groups, and children with mental, emotional, or behavioral health needs.[3,4,5] 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.[6,7,8]

One of the goals of the federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* (Fostering Connections Act) 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 child in foster care about the availability of the adoption tax credit.[9,10]

Youth who age out of foster care experience high rates of economic hardship (inability to pay rent, utilities, etc.), low educational attainment, 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.[11]

Part of permanency planning for all children and youth in care includes providing services that prepare them for adulthood. Child welfare agencies can develop systems that ensure children and youth achieve outcomes in the areas of independent-living, employment skills, financial literacy, self-determination, and self-advocacy.[12] 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.[13,14]

Exits from Foster Care*, Rhode Island, FFY 2012

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	16%	16%	<1%
Guardianship	12%	8%	3%
Reunification	57%	48%	66%
Aged Out	10%	NA**	17%
Other	7%	29%	13%
Total Number	*1,178*	*379*	*485*

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual report for FY 2012.* (2013). 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 and 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) 2012, 1,178 children in out-of-home placement in Rhode Island exited care. Of the children who exited care, 84% exited to permanency (adoption, guardianship, or reunification). Children with disabilities were equally as likely as other children to exit to adoption and less likely to exit to reunification with their biological family.[15]**

◆ **In FFY 2012, 19% of children in Rhode Island who entered out-of-home placement re-entered care within 12 months of a prior episode, more than twice the national standard (8.6%).[16]**

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 69% in FFY 2011 to 73% in FFY 2012. The national standard is 76% of reunifications occurring within 12 months of the child's removal.[17]**

◆ **In FFY 2012, the vast majority (87%) of child maltreatment cases in Rhode Island involved neglect.[18] Poverty, parental substance abuse, and/or mental health problems are leading contributors to neglect. Achieving timely and successful reunification requires access to substance abuse and mental health treatment, as well as interventions designed to improve the economic status of families.[19]**

Subsidized Guardianship, FFY 2012

◆ 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.[20] Rates of children exiting foster care to guardianship has risen each year since then, from 4% in FFY 2008, to 8% in FFY 2010, to 12% in FFY 2012.[21]

Adoptions of Children in DCYF Care, 2012

◆ During calendar year 2012, 177 children in the care of DCYF were adopted in Rhode Island. Of these children, 67% were White, 19% were multiracial, 10% were Black, 2% were of unknown race, 1% were American Indian, and 1% were Asian. Twenty-six percent of children adopted in 2012 were Hispanic (belonging to any race category).[22]

◆ Of the children adopted, 62% were under age six, 34% were ages six to 13, and 5% were ages 14 to 17.[23]

Rhode Island Children Waiting to be Adopted, September 30, 2012

◆ On September 30, 2012, there were 238 Rhode Island children in the care of DCYF who were waiting to be adopted. Two percent of waiting children were under age one, 26% were ages one to five, 24% were ages six to 10, 33% were ages 11 to 15, 11% were ages 16 and older, and 6% were of unknown age.[24]

◆ Of all waiting children, 45% were White, non-Hispanic, 29% were Hispanic (of any race), 13% were Black, non-Hispanic, 9% were Two or more races, 2% were Asian, 1% were Native American, and 2% were of unknown race/ethnicity.[25]

◆ Of the 238 children waiting to be adopted, 141 (59%) were children of parents whose parental rights had been legally terminated.[26]

◆ In FFY 2012, 46% of children in the Rhode Island child welfare system were adopted within 24 months from the time of removal from their home, up from 39% in FFY 2011. Rhode Island exceeds the national standard of 32% of adoptions occurring within 24 months of the child's removal.[27]

Youth Aging Out of Foster Care

◆ Youth who exit foster care to adulthood never having gained permanency through adoption, guardianship, or reunification are considered to have "aged out" of foster care. 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.[28]

Rhode Island Youth Aging Out of Foster Care, FFYs 2003-2012

YEAR	#WHO AGED OUT	YEAR	#WHO AGED OUT
FFY 2003	85	FFY 2008	158
FFY 2004	82	FFY 2009	151
FFY 2005	103	FFY 2010	108
FFY 2006	119	FFY 2011	129
FFY 2007	145	FFY 2012	112
Total FFY 2003-2007	*534*	*Total FFY 2008-2012*	*658*

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual reports for FY 2003-2012.* 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 and Families.

◆ Between FFY 2008 and FFY 2012 (since the lowering of the age at which youth "age out" of care), there were 658 Rhode Island youth who aged out of foster care without having achieved permanency. This was a 23% increase from the previous five year period, when 534 youth aged out of care.[29,30]

◆ In FFY 2012, 112 Rhode Island youth exited out-of-home placement to emancipation, never having gained permanency through reunification, adoption, or guardianship.[31]

◆ If states extend foster care to age 21, 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.[32]

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(continued on page 175)

Education

The Reading Mother

Abridged version

by Strickland Gillilan

You may have tangible wealth untold:
Caskets of jewels and coffers of gold.
Richer than I you can never be –
I had a mother who read to me.

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 have an impact on 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]

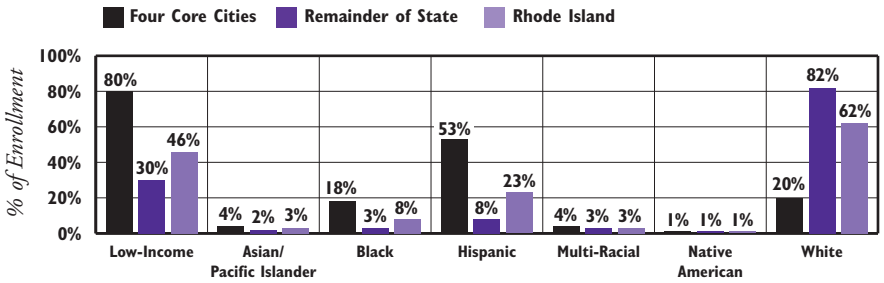
On October 1, 2012, there were 142,481 students enrolled in Rhode Island public schools in preschool through grade 12, a decrease of 9.9% from 158,218 on October 1, 2001. Of the 142,481 Rhode Island public school students in October 2012, 29% (41,361) were attending schools in the four core cities (communities with the highest child poverty rates according to the 2007-2011 American Community Survey conducted by the Census), 67% (95,040) were attending schools in the remaining districts, and the remaining 6,080 attended charter schools, state-operated schools or the Urban Collaborative Accelerated Project (UCAP). There were an additional 21,568 Rhode Island students attending private and parochial schools (including out-of-state schools) and 1,273 students were home-schooled.[2]

In October 2012, there were 64,571 students in grades K-5, 31,170 in grades 6-8 and 44,672 in grades 9-12. There were 2,068 children enrolled in preschool classrooms in Rhode Island public schools.[3] An additional 126 children were enrolled in Pre-K classrooms in child care and Head Start sites that are part of the State Pre-K Program.

In October 2012, 62% of Rhode Island public school students were non-Hispanic White, 23% were Hispanic, 8% were Black, 3% were Asian/Pacific Islander, 3% were Multi-Racial, and 1% were Native American. In October 2012, 46% of students in Rhode Island were low-income (students who were eligible for the free or reduced-price lunch program).[4]

Rhode Island schools are also diverse in terms of students with disabilities and students who are English Language Learners. During the 2011-2012 school year, 18% of Rhode Island public school students were receiving special education services and 6% 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, 2012



Source: Rhode Island Department of Elementary and Secondary Education, October 1, 2012.

◆ **In October 2012, 20% of students enrolled in the four core cities were White, compared with 82% in the remainder of the state, and 80% of students enrolled in the four core cities were low-income compared with 30% 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 or participation in gifted classes).**[7]

◆ **Surveys of student engagement have found that female students report higher levels of engagement in school than male students, that higher-income students report higher levels of engagement than low-income students, and that White and Asian students report higher levels of engagement than students from other races/ethnicities.**[8]

◆ **These same surveys have found that there are three main reasons why students attend school -- to get a high school degree and ultimately pursue educational and career goals, to be with their peers, and to please their families. Understanding students' motivations for being in school can help schools design the kinds of curricula and programs that keep students engaged.**[9]

Table 31. **Rhode Island Public School Enrollment by Grade and Demographic Groups, October 1, 2012**

	ENROLLMENT BY GRADE LEVEL*				ENROLLMENT BY DEMOGRAPHIC GROUPS							
SCHOOL DISTRICT	PRE-SCHOOL	ELEMENTARY	MIDDLE	HIGH	% LOW-INCOME	% ASIAN PACIFIC ISLANDER	% BLACK	% HISPANIC**	% NATIVE AMERICAN	% MULTI-RACIAL	% WHITE	TOTAL ENROLLMENT
Barrington	26	1,471	820	1,053	5%	5%	1%	1%	<1%	2%	91%	3,370
Bristol Warren	39	1,605	739	1,054	35%	1%	2%	4%	<1%	3%	89%	3,437
Burrillville	40	1,077	579	713	37%	1%	1%	3%	<1%	1%	94%	2,409
Central Falls	114	1,409	360	849	86%	<1%	13%	74%	<1%	2%	10%	2,732
Chariho	71	1,368	793	1,171	25%	1%	1%	2%	2%	2%	92%	3,403
Coventry	114	2,144	1,146	1,699	29%	1%	1%	3%	<1%	1%	94%	5,103
Cranston	38	4,820	2,381	3,425	42%	7%	4%	21%	<1%	4%	63%	10,664
Cumberland	77	2,092	1,059	1,420	22%	2%	3%	8%	<1%	3%	84%	4,648
East Greenwich	34	1,016	564	777	7%	5%	1%	4%	0%	3%	87%	2,391
East Providence	63	2,454	1,195	1,652	48%	1%	12%	8%	1%	4%	73%	5,364
Exeter-West Greenwich	44	675	424	569	15%	1%	1%	4%	<1%	<1%	94%	1,712
Foster	0	275	0	0	21%	0%	1%	2%	0%	2%	95%	275
Foster-Glocester	0	0	471	722	19%	<1%	<1%	1%	0%	<1%	98%	1,193
Glocester	10	550	0	0	21%	1%	1%	1%	0%	1%	96%	560
Jamestown	29	306	151	4	10%	3%	1%	1%	0%	1%	94%	490
Johnston	26	1,408	680	915	37%	3%	4%	13%	<1%	<1%	80%	3,029
Lincoln	84	1,324	748	1,082	29%	1%	2%	5%	<1%	1%	90%	3,238
Little Compton	0	176	102	0	16%	0%	0%	1%	0%	3%	96%	278
Middletown	23	1,119	528	753	31%	4%	5%	10%	<1%	6%	75%	2,423
Narragansett	56	585	341	470	22%	1%	1%	3%	2%	3%	90%	1,452
New Shoreham	0	57	24	31	13%	1%	0%	6%	0%	3%	90%	112
Newport	42	1,019	430	611	58%	1%	20%	21%	2%	9%	47%	2,102
North Kingstown	58	1,687	932	1,461	19%	2%	2%	3%	1%	2%	91%	4,138
North Providence	90	1,620	721	1,019	40%	3%	9%	16%	1%	2%	70%	3,450
North Smithfield	43	762	388	557	14%	1%	1%	6%	<1%	2%	90%	1,750
Pawtucket	81	4,565	1,930	2,157	75%	2%	26%	32%	1%	6%	34%	8,733
Portsmouth	44	1,026	598	990	13%	2%	2%	3%	<1%	2%	91%	2,658
Providence	307	11,835	4,806	6,924	83%	5%	18%	64%	1%	3%	9%	23,872
Scituate	17	624	379	491	17%	1%	1%	1%	0%	<1%	97%	1,511
Smithfield	41	1,034	560	775	15%	1%	1%	4%	<1%	2%	61%	2,410
South Kingstown	88	1,416	804	1,104	17%	2%	2%	4%	2%	3%	87%	3,412
Tiverton	26	825	453	591	28%	1%	1%	<1%	<1%	<1%	97%	1,895
Warwick	153	4,187	2,230	3,105	34%	3%	2%	6%	<1%	2%	86%	9,675
West Warwick	60	1,621	742	998	50%	2%	4%	11%	1%	1%	80%	3,421
Westerly	72	1,336	689	970	34%	3%	1%	6%	1%	4%	84%	3,067
Woonsocket	54	2,959	1,234	1,777	72%	6%	10%	29%	1%	4%	49%	6,024
Charter Schools	*0*	*2,103*	*1,010*	*984*	*68%*	*2%*	*15%*	*47%*	*1%*	*2%*	*33%*	*4,097*
State-Operated Schools	*4*	*21*	*14*	*1,799*	*63%*	*4%*	*14%*	*40%*	*1%*	*4%*	*37%*	*1,838*
UCAP	*0*	*0*	*145*	*0*	*86%*	*3%*	*14%*	*74%*	*1%*	*1%*	*8%*	*145*
Four Core Cities	*556*	*20,768*	*8,330*	*11,707*	*80%*	*4%*	*18%*	*53%*	*1%*	*4%*	*20%*	*41,361*
Remainder of State	*1,508*	*41,679*	*21,671*	*30,182*	*30%*	*2%*	*3%*	*8%*	*1%*	*3%*	*82%*	*95,040*
Rhode Island	*2,068*	*64,571*	*31,170*	*44,672*	*46%*	*3%*	*8%*	*23%*	*1%*	*3%*	*62%*	*142,481*

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, 2012.

*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 Pre-K classrooms in child care and Head Start sites that are part of the State Pre-K Program.

*Elementary includes students in kindergarten through 5th grade, middle includes 6th through 8th grades, and high includes 9th through 12th grades.

**Hispanic students can be of any race.

Children are counted as low-income if they are eligible for 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 Charter School, Paul Cuffee Charter School, Kingston Hill Academy, International Charter School, Blackstone Academy, The Compass School, Beacon Charter High School for the Arts, The Learning Community, Trinity Academy for the Performing Arts, The Greene School and Rhode Island Nurses Institute Middle College Charter School.

UCAP is the Urban Collaborative Accelerated Program.

Core cities are Central Falls, Pawtucket, Providence 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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(continued on page 176)

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

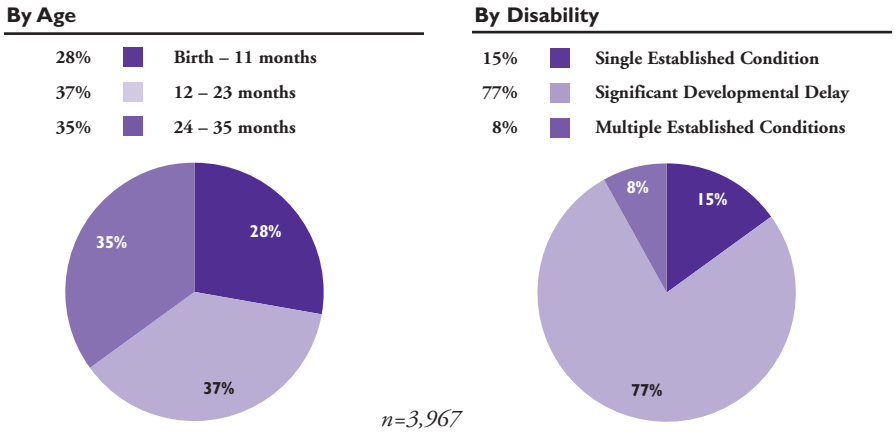
During the first few years of life, children develop the basic brain architecture that serves as a foundation for all future development and learning. Research shows that early and effective intervention for vulnerable young children yields improved long-term outcomes.[1]

In 1986, Congress established Early Intervention services for infants and toddlers under the *Individuals with Disabilities Education Act (IDEA). Part C of IDEA* requires states to identify and provide appropriate Early Intervention services to children under age three who are developmentally delayed or have a diagnosed condition that is associated with a developmental delay. States may also choose to serve children who are at risk of experiencing a delay if early intervention services are not provided.[2]

In Rhode Island, children are eligible for Early Intervention (EI) if they have a diagnosed medical disorder bearing relatively well-known expectancy for developmental delay (single established condition) or if they have a developmental delay in one or more areas of development (cognitive, physical, communication, social-emotional and adaptive). In addition, children may be eligible through a "multiple established conditions" category that includes children with a history of biological issues and/or early life experiences that indicate a high probability for atypical or delayed development.[3]

Approximately 14% of children across the U.S. have developmental disabilities, with higher prevalence among children from low-income families and among boys. The percentage of children recognized with developmental disabilities has been increasing in recent years. The increase has been attributed both to improved survival rates for children born preterm, with birth defects, or genetic disorders; and to increased awareness and diagnosis of certain conditions.[4] Pediatricians play an important role in the early identification of developmental delays and disabilities. The American Academy of Pediatrics recommends that physicians incorporate the use of a standardized developmental screening tool into the 9-, 18-, and 30-month well-child visits in order to improve detection of developmental delays and ensure that children who could benefit from services receive timely interventions.[5]

Early Intervention Enrollment, Rhode Island, 2012



Source: Rhode Island Executive Office of Health and Human Services, 2012.

◆ **In 2012 in Rhode Island, 3,967 children received Early Intervention (EI) services, 12% of the 33,788 Rhode Island children under age three. Children in the four core cities participated in EI at a slightly higher rate (12%) than children in the remainder of the state (11%). Sixty-four percent of the EI population was male and 36% was female.[6]**

◆ **In 2012 in Rhode Island, 1,078 children were discharged from EI upon reaching age three. Of these children, 68% were eligible for preschool special education, 20% were not eligible for preschool special education, and 9% did not have eligibility determined when exiting. An additional 3% moved out of state, were unreachable, 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 to EI for an eligibility assessment.[9] There were 843 infants and toddlers under age three with an indicated investigation of child abuse or neglect in Rhode Island in 2012. Of these, 401 (48%) were referred to EI for an eligibility assessment, seven had families that declined the referral, and eight were in process at year's end. Half (52%) of the 401 children received by EI were found eligible and 17% were found not eligible. Nineteen percent were in process at the end of the year and 12% had families that declined participation.[10,11]**

Table 32. **Infants and Toddlers Enrolled in Early Intervention (EI), by Eligibility Type, Rhode Island, 2012**

CITY/TOWN	# OF CHILDREN UNDER AGE 3	SINGLE ESTABLISHED CONDITION	DEVELOPMENTAL DELAY	MULTIPLE ESTABLISHED CONDITIONS	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED
Barrington	366	6	35	0	41	11%
Bristol	507	21	49	4	74	15%
Burrillville	460	6	49	1	56	12%
Central Falls	1,028	13	106	10	129	13%
Charlestown	186	6	20	3	29	16%
Coventry	940	14	81	6	101	11%
Cranston	2,318	41	189	20	250	11%
Cumberland	970	15	107	1	123	13%
East Greenwich	299	9	28	3	40	13%
East Providence	1,560	32	121	4	157	10%
Exeter	166	1	13	2	16	10%
Foster	113	1	10	0	11	10%
Glocester	247	2	22	0	24	10%
Hopkinton	258	5	16	1	22	9%
Jamestown	85	1	6	0	7	8%
Johnston	816	8	59	6	73	9%
Lincoln	587	6	49	3	58	10%
Little Compton	68	0	3	0	3	4%
Middletown	502	12	48	9	69	14%
Narragansett	271	2	18	3	23	8%
New Shoreham	21	0	2	0	2	10%
Newport	820	17	80	10	107	13%
North Kingstown	728	4	84	15	103	14%
North Providence	851	19	64	6	89	10%
North Smithfield	290	3	25	0	28	10%
Pawtucket	2,959	58	252	18	328	11%
Portsmouth	429	5	32	4	41	10%
Providence	7,609	144	671	80	895	12%
Richmond	235	0	9	0	9	4%
Scituate	193	2	25	1	28	15%
Smithfield	402	4	39	1	44	11%
South Kingstown	640	4	61	10	75	12%
Tiverton	398	8	36	9	53	13%
Warren	296	8	30	4	42	14%
Warwick	2,322	49	222	26	297	13%
West Greenwich	178	4	11	0	15	8%
West Warwick	1,044	22	94	17	133	13%
Westerly	726	15	51	9	75	10%
Woonsocket	1,900	34	245	18	297	16%
Four Core Cities	*13,496*	*249*	*1,274*	*126*	*1,649*	*12%*
Remainder of State	*20,292*	*352*	*1,788*	*178*	*2,318*	*11%*
Rhode Island	*33,788*	*601*	*3,062*	*304*	*3,967*	*12%*

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention enrollment, calendar year 2012.

The denominator is the number of children under age three, according to Census 2010, Summary File 1.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

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[2,8] Gebhard, B. (2009). *Early experiences matter: A guide to improved policies for infants and toddlers.* Washington, DC: Zero to Three.

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[4] Boyle, C.A., et al. (2011). Trends in the prevalence of developmental disabilities in U.S. Children, 1997-2008. *Pediatrics, 127*(6), 1034-1042.

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[6,7,11] Rhode Island Executive Office of Health and Human Services, 2012.

[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, 2012.

Children Enrolled in Early Head Start

DEFINITION

Children enrolled in Early Head Start is the number and percentage of children enrolled in a Rhode Island Early Head Start program.

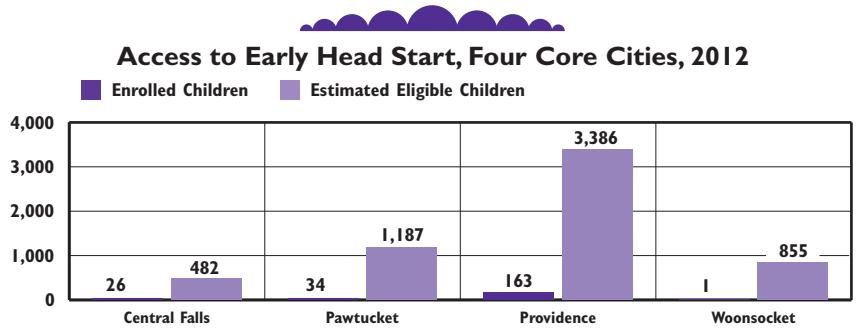
SIGNIFICANCE

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 level ($25,389 for a family of three in 2013). Children in families with incomes below the federal poverty line have priority enrollment.[1,2,3] The federally-funded Early Head Start program is designed to address the comprehensive needs of low-income infants and toddlers and pregnant women by providing high-quality early education, nutrition and mental health services, medical and dental referrals, and fostering 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 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 models attend a center-based early care and education program and families receive at least two home visits per year. Some Early Head Start programs provide a combination of home-based and center-based services for families.[6] In Rhode Island in 2012, there were 533 federally-funded Early Head Start slots. Of these, 33% were center-based and 67% were home-based.[7]

A 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 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 2012, 522 infants and toddlers were receiving Early Head Start services in Rhode Island, approximately 6% of the estimated eligible population. In addition, there were 17 pregnant women receiving Early Head Start services designed to improve birth outcomes, maternal health, and early childhood development.[10]



Source: Rhode Island Early Head Start program enrollment data compiled by Rhode Island KIDS COUNT, October 2012. Estimated eligible children is the number of children under age three according to Census 2010 multiplied by the percent of children under age six living in families with incomes below 125% of poverty according to the Population Reference Bureau's analysis of U.S. Census 2007-2011 American Community Survey, 5-year estimates. Estimates for children living in families between 125% and 129% of poverty are not available.

◆ **In 2012, there were 224 children enrolled in Early Head Start from the four core cities (4% of the estimated income-eligible children) and 298 children from the remainder of the state (10% of the estimated income-eligible children).[11]**

◆ **The estimated percentage of eligible children enrolled in Early Head Start for each core city is: Central Falls – 5%, Pawtucket – 3%, Providence – 5%, and Woonsocket – less than 1%.[12]**

◆ **In 2012 in Rhode Island, federal funding for Early Head Start enabled services to be provided to 522 children, 6% of the estimated 8,650 income-eligible children ages birth to three and their families and 2% of all children under age three in Rhode Island.[13]**

◆ **Of the total population served by Early Head Start programs in Rhode Island in 2012, 3% were pregnant women, 19% were infants under age one, 34% were one-year-olds, 43% were two-year-olds, and 1% were three-year-olds.[14]**

◆ **In 2012 in Rhode Island, 25% of the children enrolled in Early Head Start programs were receiving Early Intervention services because they had a developmental delay or disability.[15] Early Head Start programs are required to prioritize enrollment for children with special needs and to screen all enrolled children to identify developmental delays and disabilities. Children completing Early Head Start are less likely to have cognitive and language delays than low-income children who do not receive Early Head Start services.[16]**

Table 33. **Children Ages Birth to Three Enrolled in Early Head Start, Rhode Island, 2012**

CITY/TOWN	# OF CHILDREN UNDER AGE 3	# OF PREGNANT WOMEN ENROLLED IN EARLY HEAD START	# OF CHILDREN ENROLLED IN EARLY HEAD START	% OF CHILDREN ENROLLED IN EARLY HEAD START
Barrington	366	0	2	1%
Bristol	507	0	6	1%
Burrillville	460	0	8	2%
Central Falls	1,028	3	26	3%
Charlestown	186	0	0	0%
Coventry	940	0	18	2%
Cranston	2,318	0	21	1%
Cumberland	970	0	0	0%
East Greenwich	299	0	2	1%
East Providence	1,560	0	17	1%
Exeter	166	0	0	0%
Foster	113	0	0	0%
Glocester	247	0	2	1%
Hopkinton	258	0	0	0%
Jamestown	85	0	0	0%
Johnston	816	0	23	3%
Lincoln	587	0	0	0%
Little Compton	68	0	1	1%
Middletown	502	0	8	2%
Narragansett	271	0	0	0%
New Shoreham	21	0	0	0%
Newport	820	4	58	7%
North Kingstown	728	0	0	0%
North Providence	851	0	18	2%
North Smithfield	290	0	0	0%
Pawtucket	2,959	0	34	1%
Portsmouth	429	0	3	1%
Providence	7,609	8	163	2%
Richmond	235	0	0	0%
Scituate	193	0	1	1%
Smithfield	402	0	2	0%
South Kingstown	640	0	0	0%
Tiverton	398	0	4	1%
Warren	296	1	9	3%
Warwick	2,322	1	40	2%
West Greenwich	178	0	0	0%
West Warwick	1,044	0	55	5%
Westerly	726	0	0	0%
Woonsocket	1,900	0	1	0%
Four Core Cities	*13,496*	*11*	*224*	*2%*
Remainder of State	*20,292*	*6*	*298*	*1%*
Rhode Island	*33,788*	*17*	*522*	*2%*

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2012.

Children enrolled are listed by residence of child, not location of the Head Start program.

The estimated number of children under age three in each community is from Census 2010, Summary File 1. It is no longer possible to estimate the number of children eligible for Early Head Start for each city and town in Rhode Island because family income data are no longer collected in the decennial census. Family income estimates from the American Community Survey are available for most cities and towns, but estimates for many smaller towns in Rhode Island have large margins of error or are suppressed.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

[1,6,8] Raikes, H. H., Chazan-Cohen, R., Love, J. M. & Brooks-Gunn, J. (2010). Early Head Start impacts at age 3 and a description of the age 5 follow-up study. In A. J. Reynolds, A. J. Rolnick, M. M. Englund & J. A. Temple (Eds.), *Childhood programs and practices in the first decade of life.* (pp.99-118). New York, NY: Cambridge University Press.

[2] *Improving Head Start for School Readiness Act of 2007*, § 42 U.S.C. 9801, § 645 (2007).

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[7,10,11,12,13,14,15] Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October 2012.

(continued on page 176)

Licensed Capacity of Early Learning Programs

DEFINITION

Licensed capacity of early learning programs is the number of child care and early learning programs and slots licensed by the Rhode Island Department of Children, Youth and Families for children under age six. Licensed centers include child care programs, preschools, nursery schools, and center-based Head Start and Early Head Start programs.

SIGNIFICANCE

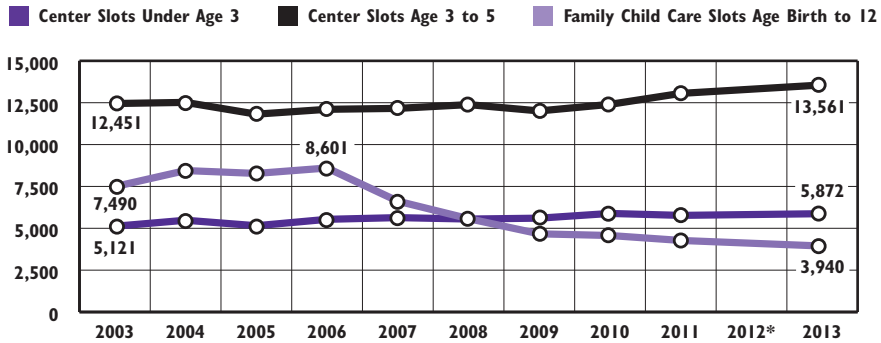
Research indicates that high-quality child care and early learning programs for infants, toddlers and preschoolers can have long-lasting positive effects on how children learn and develop.[1]

Early and on-going enrollment in child care and early learning programs is common in the United States. Across the U.S., 42% of infants under the age of one and 73% of preschoolers between ages three and five regularly participate in a non-parental early care and education arrangement. Participation in early care and education varies by family income, with 63% of children ages birth to five living in households at or above the poverty line enrolled in child care or early learning programs versus 49% of those in households below the poverty line. Enrollment in center-based programs increases as children get older, with 28% of infants under age one participating in a center-based program while 78% of preschoolers (children ages three to five) are enrolled in a center. Children with disabilities can have great difficulty accessing child care and early learning programs despite a federal law requiring that community-based child care and preschool settings include children with disabilities.[2]

Access to stable, affordable, quality child care is a basic need for many working families and is critical for Rhode Island's economy. When parents have difficulty finding and keeping child care, they are more likely to be absent from work and to leave their jobs.[3] Between 2009 and 2011, 73% of Rhode Island children under age six had all parents in the workforce, higher than the U.S. rate of 65%.[4]

The availability of high-quality child care and early learning programs depends on the stability of a skilled teaching workforce. However, there are significant systemic workforce challenges including low compensation, inadequate professional development opportunities and high turnover.[5] Rhode Island's $50 million Race to the Top-Early Learning Challenge grant, awarded in December 2011, is designed to increase the quality of early learning programs and strengthen the workforce statewide, with a focus on programs and staff serving low-income and disadvantaged children.[6]

Early Learning Program Capacity, Rhode Island, 2003-2013



Source: Options for Working Parents, slots in licensed child care centers and certified family child care homes, 2003-2006. Rhode Island Department of Children, Youth and Families, slots in licensed child care centers and family child care homes, 2007-2013.

**In the 2013 Factbook, data was collected as of January 2013, instead of December 2012.*

◆ **The number of licensed center slots for infants and toddlers (children under age three) in Rhode Island has increased 15% over the past decade, growing from 5,121 in 2003 to 5,872 in 2013.**[7]

◆ **The number of licensed slots for preschoolers (children ages three to five) has grown 9% between 2003 and 2013, from 12,451 to 13,561.**[8]

◆ **The number of licensed family child care slots has declined 54% from a peak high of 8,601 in 2006 to 3,940 in 2013.**[9]

Rhode Island State Pre-K Program

◆ **Rhode Island funds a State Pre-K program that served 144 children in eight classrooms in the 2012-2013 school year. Classrooms are operated by a diverse group of providers, including child care centers, Head Start programs, and public schools. Children are selected to participate through a state-supervised lottery.**[10]

◆ **Expansion of the State Pre-K program is included in the state's education funding formula. Rhode Island's Pre-K program is one of only five Pre-K programs in the nation that meets all recommended quality benchmarks.**[11,12]

Licensed Capacity of Early Learning Programs

Table 34.

Capacity of Licensed Early Learning Programs, Rhode Island, January 2013

CITY/TOWN	# OF LICENSED CENTERS	# OF CENTER SLOTS FOR CHILDREN < AGE 3	# OF CENTER SLOTS FOR CHILDREN AGES 3-5	# OF LICENSED FAMILY CHILD CARE HOMES	# OF LICENSED FAMILY CHILD CARE HOME SLOTS*	TOTAL LICENSED EARLY LEARNING PROGRAM SLOTS
Barrington	11	134	392	5	32	558
Bristol	5	30	114	4	24	168
Burrillville	3	28	114	2	12	154
Central Falls	4	101	217	18	117	435
Charlestown	4	13	74	1	6	93
Coventry	6	89	236	11	70	395
Cranston	31	526	1,231	51	349	2,106
Cumberland	8	115	347	11	86	548
East Greenwich	12	305	625	1	8	938
East Providence	16	160	624	6	40	824
Exeter	2	28	63	1	8	99
Foster	1	17	25	1	6	48
Glocester	3	60	101	1	6	167
Hopkinton	2	0	44	3	24	68
Jamestown	1	31	33	1	8	72
Johnston	17	280	433	8	63	776
Lincoln	5	162	291	3	18	471
Little Compton	0	0	0	1	6	6
Middletown	11	207	530	5	36	773
Narragansett	1	0	18	0	0	18
New Shoreham	1	12	22	0	0	34
Newport	4	63	206	2	20	289
North Kingstown	9	153	396	3	22	571
North Providence	9	130	246	11	70	446
North Smithfield	1	80	113	4	35	228
Pawtucket	17	314	764	43	280	1,358
Portsmouth	5	90	134	1	8	232
Providence	47	883	1,984	338	2,244	5,111
Richmond	0	0	0	3	28	28
Scituate	1	12	44	6	45	101
Smithfield	9	301	548	1	8	857
South Kingstown	11	225	526	5	40	791
Tiverton	3	25	135	6	37	197
Warren	4	55	197	1	6	258
Warwick	26	742	1,440	14	94	2,276
West Greenwich	2	7	39	0	0	46
West Warwick	5	163	335	4	28	526
Westerly	6	152	312	2	10	474
Woonsocket	11	179	608	7	46	833
Four Core Cities	*79*	*1,477*	*3,573*	*406*	*2,687*	*7,737*
Remainder of State	*235*	*4,395*	*9,988*	*179*	*1,253*	*15,636*
Rhode Island	*314*	*5,872*	*13,561*	*585*	*3,940*	*23,373*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, number of licensed child care center slots and programs for children under age six and number of licensed family child care homes and slots, January 2013. Only full-day and morning slots are counted for center-based care.

Licensed centers include child care programs, preschools, nursery schools, and center-based Head Start and Early Head Start programs.

*Family child care slots are for children ages birth to 12 years old.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

[1] Burchinal, M., Kainz, K., & Cai, Y. (2011). How well do our measures of quality predict child outcomes?: A meta-analysis and coordinated analysis of data from large-scale studies of early childhood settings. In Zaslow, M., Martinez-Beck, I., Tout, K., & Halle, T. (Eds.), *Quality measurement in early childhood settings.* 11-31. Baltimore, MD: Paul H. Brookes Publishing.

[2] Halle, T., Martinez-Beck, I., Forry, N. D., & McSwiggan, M. (2011). Setting the context for a discussion of quality measures: The demographic landscape of early care and education. In Zaslow, M., Martinez-Beck, I., Tout, K. & Halle, T. (Eds.), *Quality measurement in early childhood settings.* 3-10. Baltimore, MD: Paul H. Brookes Publishing.

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[5] Kagan, S. L., Kauerz, K. & Tarrant, K. (2008). *The early care and education teaching workforce at the fulcrum: An agenda for reform.* New York: Teachers College Press.

[6] *Rhode Island Race to the Top – Early Learning Challenge Grant.* Retrieved January 29, 2013, from www.ride.ri.gov/commissioner

(continued on page 176)

Early Learning Programs Participating in BrightStars

DEFINITION

Early learning programs participating in BrightStars is the percentage of licensed early learning centers and family child care homes in Rhode Island that are participating in BrightStars, Rhode Island's Quality Rating and Improvement System for child care and early learning programs.

SIGNIFICANCE

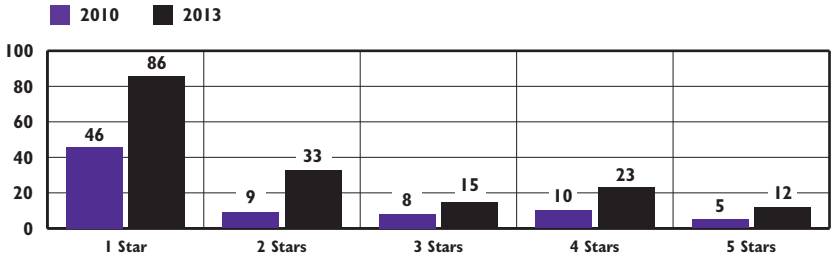
Research on early care and education reveals a strong relationship between program quality and children's developing skills and well-being. Children who attend high-quality programs score higher on tests of language and cognitive skills and demonstrate stronger social and emotional development than children who attend low-quality programs.[1,2,3] Programs across the U.S. and in Rhode Island vary markedly in quality and can range 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.[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 and providing tax credits linked to quality ratings.[11]

BrightStars was launched in 2009 with quality ratings for licensed child care centers, preschools and family child care homes. Programs participating in BrightStars receive a star 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.[12]

Quality Ratings of Early Learning Programs Participating in BrightStars, Rhode Island, 2010 and 2013



Source: Rhode Island Association for the Education of Young Children, 2010 and 2013.

◆ **There were 169 early care and education programs actively participating in BrightStars, including 48 centers and 121 family child care homes in January 2013. Sixty percent of the centers in BrightStars had met the benchmarks for a high-quality rating of four or five stars, while 5% of family child care homes had received a high-quality rating of four or five stars.[13]**

◆ **In 2012, BrightStars awarded star rating increases to 20 programs that made significant quality improvements; this represents 19% of all eligible programs.[14]**

◆ **As of January 2013, there were 28 state-licensed centers, seven public schools, and one center accredited by the National Association for the Education of Young Children in Rhode Island.[15] In January 2013, there was one licensed family child care home in Rhode Island accredited by the National Association for Family Child Care.[16]**

◆ **The Rhode Island Department of Education awards approval to preschool classrooms run by licensed centers and public schools that meet state-defined quality benchmarks. Four preschool classrooms operated by three centers had been fully approved and 23 preschool classrooms operated by 15 centers had been provisionally approved as of January 2013.[17]**

Race to the Top – Early Learning Challenge

◆ **In December 2011, Rhode Island was awarded a four-year, $50 million Race to the Top-Early Learning Challenge grant. Key goals include increasing participation in BrightStars and providing intensive support to programs to meet high-quality benchmarks.[18]**

Early Learning Programs Participating in BrightStars

Early Learning Programs Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2013

Table 35.

CITY/TOWN	CHILD CARE CENTERS AND PRESCHOOLS			FAMILY CHILD CARE HOMES		
	NUMBER	PARTICIPATING IN BRIGHTSTARS	% IN BRIGHTSTARS	NUMBER	PARTICIPATING IN BRIGHTSTARS	% IN BRIGHTSTARS
Barrington	11	2	18%	5	0	0%
Bristol	5	0	0%	4	0	0%
Burrillville	3	0	0%	2	0	0%
Central Falls	4	1	25%	18	5	28%
Charlestown	4	1	25%	1	0	0%
Coventry	6	2	33%	11	1	9%
Cranston	31	1	3%	51	9	18%
Cumberland	8	1	13%	11	1	9%
East Greenwich	12	1	8%	1	0	0%
East Providence	16	1	6%	6	0	0%
Exeter	2	0	0%	1	0	0%
Foster	1	0	0%	1	0	0%
Glocester	3	0	0%	1	0	0%
Hopkinton	2	0	0%	3	1	33%
Jamestown	1	0	0%	1	0	0%
Johnston	17	1	6%	8	1	13%
Lincoln	5	1	20%	3	0	0%
Little Compton	0	0	NA	1	0	0%
Middletown	11	1	9%	5	0	0%
Narragansett	1	0	0%	0	0	NA
New Shoreham	1	0	0%	0	0	NA
Newport	4	0	0%	2	0	0%
North Kingstown	9	2	22%	3	0	0%
North Providence	9	2	22%	11	2	18%
North Smithfield	1	0	0%	4	1	25%
Pawtucket	17	3	18%	43	11	26%
Portsmouth	5	0	0%	1	0	0%
Providence	47	15	32%	338	86	25%
Richmond	0	0	NA	3	0	0%
Scituate	1	0	0%	6	0	0%
Smithfield	9	0	0%	1	0	0%
South Kingstown	11	2	18%	5	0	0%
Tiverton	3	0	0%	6	0	0%
Warren	4	1	25%	1	1	100%
Warwick	26	3	12%	14	0	0%
West Greenwich	2	0	0%	0	0	NA
West Warwick	5	1	20%	4	0	0%
Westerly	6	1	17%	2	0	0%
Woonsocket	11	5	45%	7	2	29%
Four Core Cities	*79*	*24*	*30%*	*406*	*104*	*26%*
Remainder of State	*235*	*24*	*10%*	*179*	*17*	*9%*
Rhode Island	*314*	*48*	*15%*	*585*	*121*	*21%*

Source of Data for Table/Methodology

Data on the number of licensed early learning programs and family child care homes are from the Rhode Island Department of Children, Youth and Families, January 2013. Number of programs participating in BrightStars is from the Rhode Island Association for the Education of Young Children, January 2013.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

[1] Burchinal, M., Kainz, K., & Cai, Y. (2011). How well do our measures of quality predict child outcomes? In Zaslow, M., Martinez-Beck, I., Tout, K., & Halle, T. (Eds.), *Quality measurement in early childhood settings.* 11-31. Baltimore, MD: Paul H. Brookes Publishing Co.

[2] Demma, R. (2010). *Building ready states: A governor's guide to supporting a comprehensive, high-quality early childhood state system.* Washington, DC: National Governor's Association, NGA Center for Best Practices.

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(continued on page 176)

Children Enrolled in Head Start

DEFINITION

Children enrolled in Head Start is the number and percentage of children enrolled in a Rhode Island 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 economically advantaged peers.[1] Head Start programs deliver early education, medical and dental screenings and referrals, nutritional services, mental health services, family engagement activities, and social service referrals for the whole family.[2]

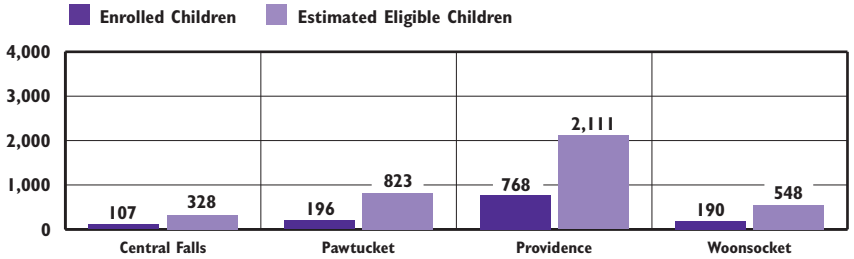
Family income is strongly correlated with children's cognitive, language, and literacy skills at school entry. Before kindergarten entry, children in the highest socio-economic group have cognitive test scores that are 60% higher than the average scores of children in the lowest socio-economic group. Children in families with incomes below the federal poverty threshold are typically 18 months behind their peers at age four.[3]

On average, Head Start centers are 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.[6,7]

Researchers have found lasting impacts for children who participate in Head Start in reduced grade retention and special education placement and increased high school graduation rates.[8] However, a recent study found that improved language and literacy skills were no longer discernible by the end of third grade, perhaps due to the fact that children in the study attended elementary schools with higher levels of poverty than schools nationwide.[9]

For the 2012-2013 school year there were 2,427 Head Start slots in Rhode Island, with 2,297 federally-funded slots and 130 state-funded slots. A total of 2,432 children were enrolled. Rhode Island Head Start providers served 290 preschool children with developmental delays or disabilities, 12% of all children enrolled. There are seven agencies that provide Head Start services, serving every city and town in Rhode Island.[10]

Access to Head Start, Four Core Cities, 2012

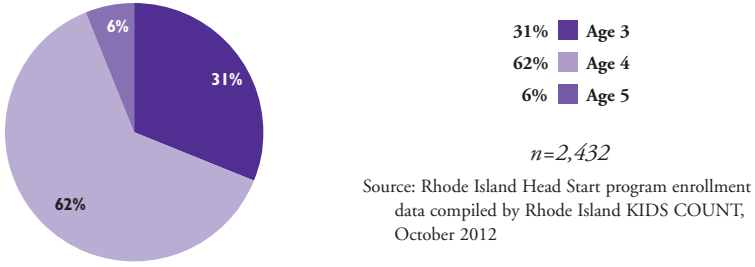


Source: Rhode Island Head Start program enrollment data compiled by Rhode Island KIDS COUNT, October 2012. Estimated eligible children is the number of children ages three and four according to Census 2010 multiplied by the % of children under age six living in families with incomes below 125% of poverty according to the Population Reference Bureau's analysis of U.S. Census 2007-2011 American Community Survey, five-year estimates. Estimates for children living in families between 125% and 129% of poverty are not available.

◆ **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 2012, Rhode Island Head Start programs served 2,432 children, 40% of the estimated 6,056 income-eligible three- and four-year old children and 10% of all children ages three and four.**[11]

◆ **In the four core cities, 33% of the estimated eligible children were enrolled in Head Start, compared with 53% in the remainder of the state. The estimated percentage of eligible children enrolled in Head Start for each core city is: Central Falls – 33%, Pawtucket – 24%, Providence – 36%, and Woonsocket – 35%.**[12]

Children Enrolled in Head Start by Age, Rhode Island, 2012



n=2,432

Source: Rhode Island Head Start program enrollment data compiled by Rhode Island KIDS COUNT, October 2012

Table 36.

Children Enrolled in Head Start, Rhode Island, 2012

CITY/TOWN	# OF CHILDREN AGES 3 & 4	# OF CHILDREN ENROLLED IN HEAD START	ESTIMATED % OF CHILDREN ENROLLED IN HEAD START
Barrington	369	6	2%
Bristol	401	26	6%
Burrillville	321	18	6%
Central Falls	699	107	15%
Charlestown	153	11	7%
Coventry	734	33	4%
Cranston	1,684	206	12%
Cumberland	810	7	1%
East Greenwich	277	3	1%
East Providence	982	120	12%
Exeter	105	5	5%
Foster	99	1	1%
Glocester	191	3	2%
Hopkinton	167	14	8%
Jamestown	102	1	1%
Johnston	528	51	10%
Lincoln	412	2	0%
Little Compton	49	2	4%
Middletown	431	33	8%
Narragansett	210	9	4%
New Shoreham	15	0	0%
Newport	514	123	24%
North Kingstown	593	32	5%
North Providence	575	52	9%
North Smithfield	218	4	2%
Pawtucket	2,053	196	10%
Portsmouth	359	8	2%
Providence	4,743	768	16%
Richmond	190	8	4%
Scituate	197	1	1%
Smithfield	343	6	2%
South Kingstown	504	25	5%
Tiverton	287	16	6%
Warren	240	31	13%
Warwick	1,579	140	9%
West Greenwich	115	9	8%
West Warwick	703	117	17%
Westerly	490	48	10%
Woonsocket	1,218	190	16%
Four Core Cities	*8,713*	*1,261*	*14%*
Remainder of State	*14,947*	*1,171*	*8%*
Rhode Island	*23,660*	*2,432*	*10%*

Source of Data for Table/Methodology

Rhode Island Head Start Programs, all children enrolled (ages three to five) as of October 2012. Children enrolled are listed by residence of child, not location of the Head Start program.

The estimated number of children ages three and four in each community is from Census 2010, Summary File 1. It is no longer possible to estimate the number of children eligible for Head Start for each city and town in Rhode Island because family income data is no longer collected in the decennial census. Family income estimates from the American Community Survey are available for most cities and towns, but estimates for many smaller towns in Rhode Island have large margins of error or are suppressed.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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Preschool Special Education

DEFINITION

Preschool special education is the percentage of children ages three to kindergarten entry who have an Individualized Education Plan (IEP) and are receiving special education services in Rhode Island.

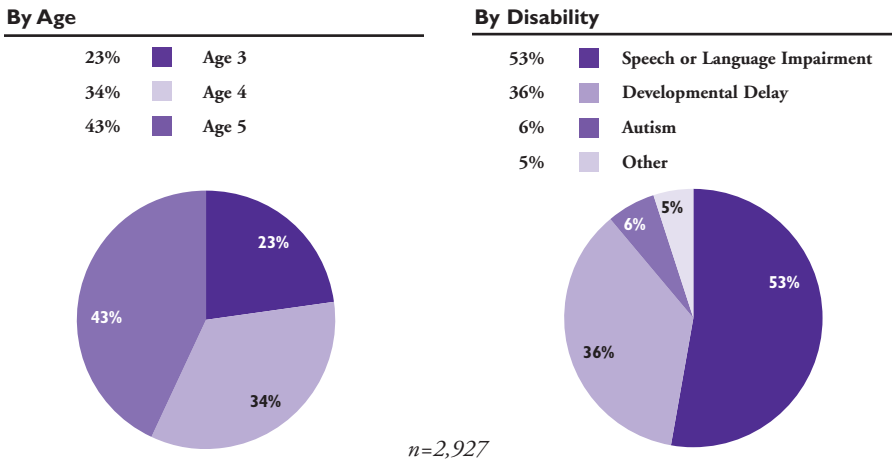
SIGNIFICANCE

Preschool special education is an important component of the early care and education system, providing access to early learning opportunities for hundreds of thousands of preschool-age children across the U.S.[1] The federal *Individuals with Disabilities Education Act (IDEA)* specifies that, beginning at age three, children are eligible for special education through their local school district if they have a specific disability or a developmental delay in one or more of the following areas: physical, cognitive, communication, social/emotional, or adaptive.[2] Children under age three are eligible for special education services through Early Intervention providers.[3]

The term "developmental delay" is used because young children's development is complex and skills are interrelated (e.g., language development may be intertwined with social-emotional development), and thus, it may be difficult to identify or determine whether there is an underlying disability. In addition, some young children with significant developmental delays receive services and catch up with their peers, avoiding the need for a specific diagnosis and longer-term special education services.[4] In Rhode Island, children are eligible for special education services under the "developmental delay" category up to age nine.[5] As of June 2012, about one-third (36%) of preschool-age children in Rhode Island qualified under the developmental delay category, while almost two-thirds (64%) had an identified disability.[6]

Under *IDEA*, states are required to identify, locate and evaluate all children ages birth to 21 with disabilities in the state.[7] Early childhood developmental screening is often the first step in identifying children who may have a disability or developmental delay and could benefit from intervention. Regular screening during the early stages of life, followed by evaluation and diagnostic assessment for children who appear to have special needs, helps children gain early access to needed services in order to prevent the occurrence of more severe problems later.[8] In Rhode Island, school districts work to screen every child ages three through five every year through the Child Outreach screening program. Screenings are conducted in the child's dominant language.[9] In the 2011-2012 school year in Rhode Island, districts completed developmental screenings for 46% of three-year-olds, 61% of four-year-olds, and 60% of five-year-olds.[10]

Preschool Special Education Enrollment, Rhode Island, 2012



Source: Rhode Island Department of Elementary and Secondary Education, June 2012 Special Education Census.

◆ **During the 2011-2012 school year in Rhode Island, there were 2,927 preschool-age children who received special education services.[11] Of the 2,927 children enrolled in preschool special education, 72% were boys and 28% were girls. Twenty-five percent were eligible for free or reduced price lunch (low-income) and 2% were designated as English Language Learners.[12]**

◆ **Increasingly young children with disabilities and developmental delays are enrolled in early care and education programs (including child care, Head Start, and Pre-K) with typically developing children. Inclusion in high-quality programs can benefit children with and without disabilities. However, ensuring that all young children with disabilities have access to high-quality, inclusive early childhood programs can be challenging.[13]**

◆ **In the 2011-2012 school year in Rhode Island, 52% of preschool-age children received special education services within a regular early childhood program along with their typically developing peers (40% of children in the four core cities), while 23% were enrolled in a separate special education class, school or residential facility (25% in the four core cities) and 25% received services at home or through "walk-in" visits to a service provider (35% in the four core cities).[14]**

Table 37.

Children in Preschool Special Education, Rhode Island, 2012

SCHOOL DISTRICT	CHILDREN AGES 3-5	DEVELOPMENTAL SCREENING RATES			PRESCHOOL SPECIAL EDUCATION BY SETTING					
		% 3-YEAR-OLDS SCREENED	% 4-YEAR-OLDS SCREENED	% 5-YEAR-OLDS SCREENED	INCLUSIVE SETTINGS	SEPARATE SETTINGS	SERVICE PROVIDER LOCATION	HOME	TOTAL ENROLLED	% ENROLLED
Barrington	331	58%	100%	100%	55	1	2	0	58	18%
Bristol Warren	792	38%	55%	16%	43	0	22	0	65	8%
Burrillville	441	82%	94%	58%	41	0	14	0	55	12%
Central Falls	1,137	42%	61%	39%	16	14	14	0	44	4%
Chariho	692	68%	79%	52%	44	9	20	0	73	11%
Coventry	938	80%	85%	90%	46	10	28	2	86	9%
Cranston	2,438	37%	56%	33%	58	38	39	3	138	6%
Cumberland	963	72%	70%	58%	64	7	7	1	79	8%
East Greenwich	297	60%	59%	33%	8	19	7	3	37	12%
East Providence	1,591	28%	50%	69%	54	59	19	0	132	8%
Exeter-West Greenwich	300	82%	57%	41%	19	0	9	0	28	9%
Foster*	120	67%	88%	88%	3	5	6	0	14	12%
Glocester*	223	67%	88%	88%	14	7	12	0	33	15%
Jamestown	86	85%	90%	92%	2	0	1	0	3	3%
Johnston	859	43%	50%	40%	30	46	9	0	85	10%
Lincoln	565	82%	91%	56%	46	18	22	0	86	15%
Little Compton	68	50%	20%	59%	3	0	0	0	3	4%
Middletown	569	62%	71%	73%	39	2	5	0	46	8%
Narragansett	269	76%	85%	104%	31	1	1	0	33	12%
New Shoreham	28	88%	46%	114%	2	0	1	0	3	11%
Newport	873	62%	70%	92%	60	5	20	2	87	10%
North Kingstown	688	70%	94%	48%	32	29	7	1	69	10%
North Providence	919	45%	53%	75%	64	18	14	0	96	10%
North Smithfield	269	84%	114%	63%	36	2	7	0	45	17%
Pawtucket	3,334	37%	56%	29%	15	109	78	1	203	6%
Portsmouth	398	75%	95%	83%	39	2	4	1	46	12%
Providence	8,649	31%	47%	79%	260	43	181	2	486	6%
Scituate*	191	67%	88%	88%	5	8	10	0	23	12%
Smithfield	410	68%	107%	49%	32	3	11	0	46	11%
South Kingstown	645	91%	99%	62%	65	2	5	0	72	11%
Tiverton	335	42%	85%	91%	25	2	4	0	31	9%
Warwick	2,399	39%	50%	60%	89	77	30	1	197	8%
West Warwick	1,195	58%	74%	54%	24	59	25	3	111	9%
Westerly	784	97%	83%	39%	56	0	5	1	62	8%
Woonsocket	2,024	25%	47%	45%	93	77	68	0	238	12%
Charter Schools	*NA*	*NA*	*NA*	*NA*	*8*	*0*	*0*	*0*	*8*	*NA*
RI School for the Deaf	*NA*	*NA*	*NA*	*NA*	*0*	*5*	*1*	*0*	*6*	*NA*
Four Core Cities	*15,144*	*32%*	*50%*	*60%*	*384*	*243*	*341*	*3*	*971*	*6%*
Remainder of State	*20,676*	*57%*	*69%*	*59%*	*1,129*	*429*	*366*	*18*	*1,942*	*9%*
Rhode Island	*35,820*	*46%*	*61%*	*60%*	*1,521*	*677*	*708*	*21*	*2,927*	*8%*

Sources of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education (RIDE), June 2012 Special Education Census.

The denominator is the estimated number of children ages three to five residing in each district during the 2011-2012 school year from the Rhode Island Department of Health's KIDSNET database shared with RIDE.

2011-2012 Child Outreach screening data is from the Office of Student, Community, and Academic Supports, Rhode Island Department of Elementary and Secondary Education. Screening rates sometimes exceed 100% because population estimates may be inaccurate and/or districts may screen out-of-district children. Screening rates for five year old children may be low because many have entered kindergarten and do not receive screening through Child Outreach.

* Foster, Glocester, and Scituate school districts collaborate to conduct Child Outreach screenings. Separate rates are not available for each of these districts so the same combined rate is used for all three districts.

Inclusive settings include children enrolled in a general early childhood education setting, including both children who are district-placed and parentally-placed.

Separate settings include separate special education classrooms, schools, and residential settings.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

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(continued on page 176)

Full-Day Kindergarten

DEFINITION

Full-day kindergarten is the percentage of public school children enrolled in full-day kindergarten programs on October 1. 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. Children in full-day kindergarten make significant gains in early reading, math and social skills as compared with children in half-day kindergarten. Full-day kindergarten also can reduce grade retention and remediation rates and can be especially beneficial for children who are English Language Learners. One study found that participation in full-day, high-quality kindergarten can close the achievement gap between the highest and lowest performing students by nearly one-third in reading and one-fourth in math.[1,2]

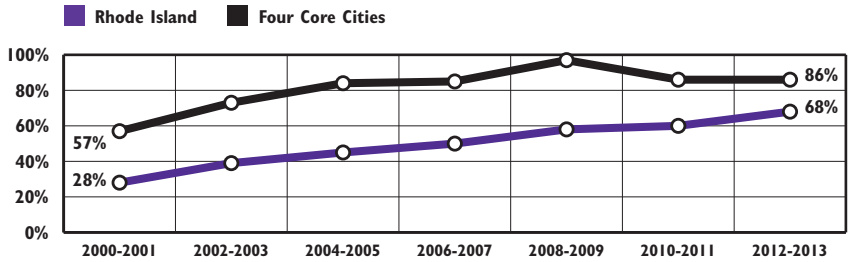
With an estimated 75% of four-year-olds in the U.S. enrolled in some type of preschool program, kindergarten no longer serves as the entry-point to formal, full-day school for most young children.[3] Over the past decade, many countries have expanded access to early childhood education as a strategy to address social and economic inequalities and to promote better student outcomes overall. However, the U.S. is ranked in the bottom 15 of developed countries with the lowest preschool enrollment, behind countries such as Japan, Italy, and Mexico, which offer nearly universal access to early childhood education for four-year-olds.[4]

Many parents favor full-day kindergarten as it provides continuity for children who already are 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 30 years. In 1979, 25% of U.S. kindergartners were in full-day programs, compared with 77% in 2011.[8,9] Ten states require school districts to provide full-day kindergarten through state statute and six states do not require districts to provide kindergarten at all.[10]

In the 2012-2013 school year, 68% of the Rhode Island children who attended public kindergarten were in a full-day program, with 86% of students in the four core cities and 56% of students in the remainder of the state attending full-day kindergarten.[11]

Children in Full-Day Public Kindergarten Programs, Rhode Island, 2000-2001 through 2012-2013 School Years



Source: Rhode Island Department of Elementary and Secondary Education, kindergarten enrollment October 1, 2000 – October 1, 2012.

◆ **In the 2012-2013 school year, 68% of Rhode Island kindergartners were in full-day kindergarten, compared with 18% of kindergarten students in 1999-2000. Rhode Island's current rate of full-day kindergartners is lower than the U.S. rate of 77%.[12,13,14] During the 2012-2013 school year, 21 school districts offered universal access to full-day kindergarten programs. Foster and Cumberland school districts began operating universal full-day during the 2012-2013 school year.[15]**

◆ **In the 2012-2013 school year, 86% of public school kindergarten students in the four core cities were enrolled in full-day programs. This is down from 100% participation in full-day kindergarten among students in the four core cities in the 2009-2010 school year.[16]**

◆ **Subject to appropriation, Rhode Island's *Full-Day Kindergarten Accessibility Act of 2012* will provide one-time, start-up funding to school districts transitioning from offering part-day kindergarten to providing universal access to full-day kindergarten beginning with the 2013-2014 school year.[17,18]**

Academic Progress in Full-Day Kindergarten

◆ **Nationally, 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, social studies and science.[19] Children in full-day kindergarten classes make greater academic gains in both reading and mathematics compared to those in half-day classes.[20]**

Table 38. **Children Enrolled in Full-Day Kindergarten Programs, Rhode Island, 1999-2000 and 2012-2013**

SCHOOL DISTRICT	1999-2000 SCHOOL YEAR			2012-2013 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%	176	0	0%
Bristol Warren*	255	0	0%	255	255	100%
Burrillville*	164	0	0%	147	147	100%
Central Falls*	250	44	18%	254	254	100%
Chariho*	292	0	0%	194	194	100%
Coventry	381	0	0%	314	0	0%
Cranston	737	0	0%	703	3	<1%
Cumberland*	373	0	0%	327	327	100%
East Greenwich*	165	0	0%	121	19	16%
East Providence*	443	0	0%	754	754	100%
Exeter-West Greenwich	129	0	0%	77	0	0%
Foster*	55	0	0%	48	48	100%
Glocester	124	0	0%	84	0	0%
Jamestown*	59	0	0%	46	46	100%
Johnston	241	0	0%	226	0	0%
Lincoln*	232	0	0%	183	183	100%
Little Compton*	38	0	0%	17	17	100%
Middletown*	258	211	82%	179	179	100%
Narragansett*	125	0	0%	87	87	100%
New Shoreham*	8	8	100%	6	6	100%
Newport*	225	206	92%	218	218	100%
North Kingstown*	313	0	0%	234	68	29%
North Providence*	211	0	0%	258	258	100%
North Smithfield*	122	55	45%	111	111	100%
Pawtucket*	788	0	0%	827	827	100%
Portsmouth	214	0	0%	137	0	0%
Providence*	2,117	1,431	68%	2,075	2,075	100%
Scituate	107	0	0%	168	0	0%
Smithfield*	177	0	0%	160	17	11%
South Kingstown*	278	0	0%	211	211	100%
Tiverton	144	0	0%	123	0	0%
Warwick*	766	29	4%	574	66	11%
West Warwick*	260	0	0%	308	308	100%
Westerly*	282	10	4%	233	233	100%
Woonsocket*	522	0	0%	546	19	3%
Charter Schools	*NA*	*NA*	*NA*	*403*	*403*	*100%*
State-Operated Schools	*NA*	*NA*	*NA*	*2*	*2*	*100%*
Four Core Cities	*3,677*	*1,475*	*40%*	*3,702*	*3,175*	*86%*
Remainder of State	*7,392*	*519*	*7%*	*6,679*	*3,755*	*56%*
Rhode Island	*11,069*	*1,994*	*18%*	*10,786*	*7,335*	*68%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, October 1, 1999 and October 1, 2012.

*District operated at least one full-day kindergarten classroom during the 2012-2013 school year.

Some districts that do not operate full-day kindergarten classrooms may report children who are enrolled in full-day kindergarten due to their special needs.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Charter schools included in this indicator are Blackstone Valley Prep, Highlander Charter School, Paul Cuffee Charter School, Kingston Hill Academy, International Charter School, The Compass School and The Learning Community. The state-operated school is the Rhode Island School for the Deaf.

References

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(continued on page 176)

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 in a child care center, family child care home, or by 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 puts quality care out of reach for many low-income families. State child care subsidy programs help low-income, working families enroll their children in licensed child care programs.[1]

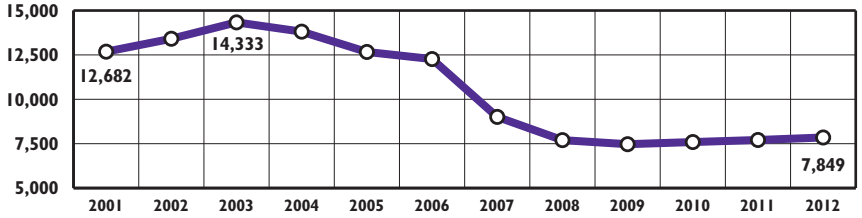
In Rhode Island, the average cost of full-time child care for an infant in a child care center consumes 46% of the median single-parent family income and 13% of the median two-parent family income. The average annual cost of child care for two children (an infant and a preschooler) in Rhode Island is more than twice the state's median annual rent.[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 earn approximately $95,000 annually to afford the average cost for a three-year-old at a licensed center ($9,491).[3,4]

Child care subsidies increase the likelihood that low-income parents are able to work, reduce the likelihood that parents who previously received cash assistance payments do so again, and increase the range of affordable child care options. Families who use child care subsidies have higher rates of maternal employment, more stable employment and higher wages than poor families who do not use them.[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% FPL, children ages 13-15 were added, and rates paid to child care providers were to be adjusted biennially in order to improve access to high-quality child care.[7] In 2007, eligibility for child care subsidies was reduced to 180% FPL ($35,154 for a family of three in 2013) and eligibility for children ages 13-15 was eliminated.[8,9]

Nationally, many families lose access to child care subsidies after a short period of time (a median of three to seven months) and then return to the subsidy program. Access and continuity of care can be improved by simplifying application and renewal processes.[10]

Child Care Subsidies, Rhode Island, 2001-2012



Source: Rhode Island Department of Human Services, December 2001 – December 2012.

◆ In December 2012, there were 7,849 child care subsidies in Rhode Island, up from 7,708 in December 2011. Since peaking in 2003, there has been a 45% 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% FPL to 180% 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 2012 in Rhode Island, 74% of child care subsidies were for care in a licensed child care center, 25% 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 2012, 79% of all child care subsidies in Rhode Island were used by low-income working families not receiving cash assistance and 13% were used by families enrolled in the Rhode Island Works Program who were engaged in employment activities. Another 8% of child care subsidies were 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, 2011

PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	$11,651
Child Care Center (preschool care)	$9,491
Family Child Care Home (preschool care)	$8,545
School-Age Center-Based Program (child age 6 - 12)	$7,068

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Bodah, M. M. (2011). *Statewide survey of childcare rates in Rhode Island.* Kingston, RI: University of Rhode Island.

Table 39.

Child Care Subsidies, Rhode Island, December 2012

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE: ENROLLED IN RI WORKS	SUBSIDY USE BY CHILD RESIDENCE: NOT ENROLLED IN RI WORKS	SUBSIDY USE BY CHILD RESIDENCE: TOTAL CHILD CARE SUBSIDIES	SUBSIDY USE BY PROGRAM LOCATION: UNDER AGE 3	SUBSIDY USE BY PROGRAM LOCATION: AGES 3-5	SUBSIDY USE BY PROGRAM LOCATION: AGES 6-12	SUBSIDY USE BY PROGRAM LOCATION: TOTAL CHILD CARE SUBSIDIES
Barrington	0	6	6	3	9	4	16
Bristol	3	37	40	4	12	11	27
Burrillville	1	24	25	1	10	12	23
Central Falls	52	274	326	60	119	113	292
Charlestown	0	9	9	1	4	1	6
Coventry	9	118	127	20	51	48	119
Cranston	66	450	516	122	230	219	571
Cumberland	10	98	108	15	38	38	91
East Greenwich	1	22	23	15	33	23	71
East Providence	23	244	267	80	112	138	330
Exeter	0	8	8	1	7	8	16
Foster	0	13	13	7	8	3	18
Glocester	1	8	9	5	5	2	12
Hopkinton	1	10	11	2	6	5	13
Jamestown	0	1	1	3	4	0	7
Johnston	14	122	136	56	69	51	176
Lincoln	8	74	82	29	62	39	130
Little Compton	0	3	3	0	0	0	0
Middletown	22	58	80	70	64	34	168
Narragansett	1	31	32	0	2	9	11
New Shoreham	0	0	0	0	2	0	2
Newport	38	187	225	59	75	56	190
North Kingstown	8	106	114	26	44	34	104
North Providence	13	119	132	42	42	52	136
North Smithfield	3	19	22	26	25	15	66
Pawtucket	82	735	817	164	312	380	856
Portsmouth	1	33	34	8	13	19	40
Providence	517	2,424	2,941	718	1,020	1,237	2,975
Richmond	1	13	14	0	0	0	0
Scituate	2	13	15	1	2	1	4
Smithfield	2	25	27	32	46	17	95
South Kingstown	6	30	36	16	27	12	55
Tiverton	5	24	29	3	4	7	14
Warren	0	34	34	13	19	17	49
Warwick	14	220	234	122	181	120	423
West Greenwich	5	8	13	1	4	1	6
West Warwick	13	161	174	34	60	49	143
Westerly	5	67	72	19	41	26	86
Woonsocket	104	418	522	83	168	226	477
DCYF	*NA*	*NA*	*591*	*NA*	*NA*	*NA*	*NA*
Out-Of-State	*NA*	*NA*	*NA*	*10*	*16*	*5*	*31*
Four Core Cities	*755*	*3,851*	*4,606*	*1,025*	*1,619*	*1,956*	*4,600*
Remainder of State	*276*	*2,395*	*2,671*	*836*	*1,311*	*1,071*	*3,218*
Rhode Island	*1,031*	*6,246*	*7,868*	*1,871*	*2,946*	*3,032*	*7,849*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, InRhodes Database, December 2012.

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.

Out-of-State is Rhode Island resident children who attend child care located outside of Rhode Island; they are included in the total count for Rhode Island.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

NA = Not applicable

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.

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 177)

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

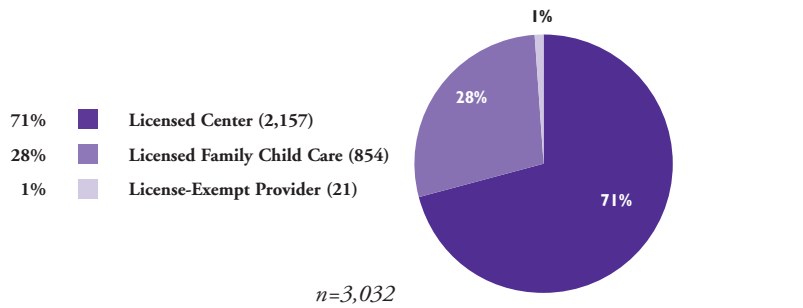
High-quality, organized after-school and summer programs promote academic and social skills, provide opportunities for children and youth to develop positive relationships with peers and adult mentors, increase children's safety and reduce the likelihood that youth engage in inappropriate activities. 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 2009 and 2011, 75% of Rhode Island children ages six to 17 had all resident parents in the workforce, higher than the U.S. rate 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]

School-Age Child Care Subsidies by Type of Setting, Rhode Island, 2012



Source: Rhode Island Department of Human Services, InRhodes Database, December 2012.

◆ **In December 2012 in Rhode Island, there were 3,032 child care subsidies for children ages six to 12 for before and/or after-school care. Of these subsidies, 2,157 (71%) were for care in a center-based program, 854 (28%) were for care in a family child care home, and 21 (1%) were for care by a license-exempt family, friend, or neighbor.[10]**

◆ **In January 2013 in Rhode Island, there were 10,871 school-age child care slots in 203 licensed centers. Of these programs, 107 were operated as part of a licensed early childhood center and 96 were operated under an independent license, serving only school-age children.[11]**

◆ **In January 2013, there were 779 school-age children enrolled in licensed child care programs that were participating in BrightStars, Rhode Island's Quality Rating and Improvement System.[12]**

Expanded Learning Opportunities

◆ **Expanded learning opportunities provide safe, structured learning environments for school-age children beyond the traditional school day and include after school, before school, evening, weekend, and summer learning programs. Expanded learning programs can be delivered by schools, licensed child care programs, and community-based organizations.[13]**

◆ **High-quality expanded learning programs offer a variety of content-rich programming that engages students and builds both academic and non-academic skills.[14]**

Expanded Learning Opportunities in Rhode Island

◆ The federal 21st Century Community Learning Centers initiative provides funding for after-school and summer enrichment programs serving students attending high-poverty, low-performing schools.[15] In the 2012-2013 school year, 21st Century programs in Rhode Island serve 58 schools in eight communities, including students in kindergarten through grade 12.[16]

◆ The Providence After School Alliance (PASA) serves 1,680 Providence middle and high school youth annually in expanded learning programs using funds from 21st Century Community Learning Centers, combined with funding from other sources. Approximately 60% of students attend PASA programs four days per week.[17]

◆ Districts such as Central Falls, Providence, and Woonsocket have developed systems that allow students to receive high school credit for rigorous, hands-on, individualized learning opportunities that occur outside of the traditional classroom.[18] Expanded learning opportunities such as these can increase student engagement, improve attendance, reduce dropout rates, and prepare students for college and careers.[19]

Table 40. **Licensed School-Age Child Care for Children Ages Six to 12, Rhode Island, January 2013**

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	2,038	4	1	180
Bristol	1,421	1	3	162
Burrillville	1,456	1	2	213
Central Falls	2,045	3	0	224
Charlestown	616	0	1	26
Coventry	3,142	3	4	275
Cranston	6,331	11	5	575
Cumberland	2,976	0	5	310
East Greenwich	1,482	3	1	165
East Providence	3,395	5	7	557
Exeter	480	2	1	74
Foster	369	1	0	18
Glocester	809	1	0	23
Hopkinton	741	0	1	52
Jamestown	429	0	1	51
Johnston	2,119	7	0	106
Lincoln	1,900	2	5	373
Little Compton	299	0	1	26
Middletown	1,442	3	3	349
Narragansett	856	0	1	60
New Shoreham	73	0	0	0
Newport	1,399	2	3	200
North Kingstown	2,581	5	2	201
North Providence	2,073	1	3	244
North Smithfield	1,002	1	1	160
Pawtucket	6,015	7	3	752
Portsmouth	1,622	3	1	154
Providence	15,342	17	18	3,028
Richmond	777	0	1	52
Scituate	935	1	0	29
Smithfield	1,445	6	1	263
South Kingstown	2,199	1	2	109
Tiverton	1,201	1	1	95
Warren	770	1	2	135
Warwick	6,195	7	6	707
West Greenwich	624	0	0	0
West Warwick	2,155	3	4	343
Westerly	1,850	2	1	131
Woonsocket	3,653	2	5	449
Four Core Cities	*27,055*	*29*	*26*	*4,453*
Remainder of State	*59,202*	*78*	*70*	*6,418*
Rhode Island	*86,257*	*107*	*96*	*10,871*

Source of Data for Table/Methodology

Number of children ages six to 12 years is from the U.S. Census Bureau, Census 2010 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 January 2013. These numbers do not include licensed family child care home slots, informal child care arrangements, or 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.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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[6] U.S. Census Bureau, American Community Survey, 2009-2011. Table DP03.

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(continued on page 177)

English Language Learners

DEFINITION

English Language Learners is the percentage of all public school children (preschool 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 student population in the U.S.[1] In 2009, 21% of U.S. children ages 5-17 spoke a language other than English at home.[2] Many children of immigrants face challenges to succeeding in school including poverty, lack of access to health care, and low parental education levels.[3]

ELL students must simultaneously learn English and succeed academically.[4] They face diverse challenges based on their country of origin, family situation, and age at immigration.[5,6] ELL students vary widely in language proficiency and academic content knowledge, both in English and in their native languages.[7] Successful ELL programs strategically use ongoing assessments of student progress, provide educators with high quality professional development, and are tailored to student needs.[8,9] The quality of instruction is more important in boosting academic achievement of ELL students than the type of ELL instruction (i.e., bilingual or English immersion).[10]

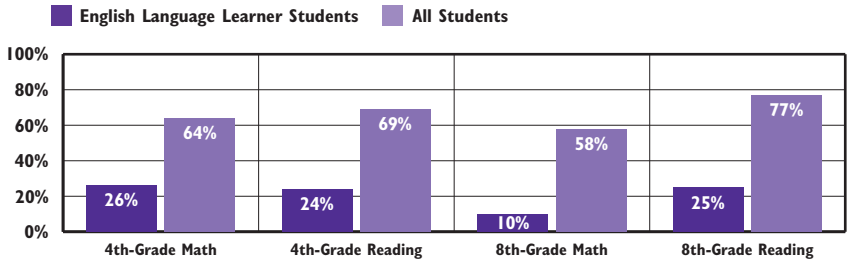
ELL students and children in immigrant families are more likely to attend schools that are under-resourced, urban, large, serve high proportions of minority students, and located in high-poverty communities.[11,12,13] In the 2011-2012 school year in Rhode Island, ELL students were 6% of total students (8,855).[14] Of these, 89% were enrolled in free or reduced-price lunch programs and 76% lived in the four core cities.[15]

Studies show that children of immigrants believe that school prepares them to get ahead and that most hope to go to college.[16] Schools play a critical role in helping ELL students transition to the culture of the U.S. and supporting academic success.[17,18]

In the 2011-2012 school year, ELL students in Rhode Island public schools spoke 84 different languages. The majority (75%) spoke Spanish, 8% spoke Asian languages, 7% spoke Creole or Patois, 3% spoke Portuguese, 1% spoke African languages, and 5% spoke other languages.[19]

During the 2011-2012 school year, 19% percent of ELL students were enrolled in a bilingual program and 81% were enrolled in an English as a Second Language (ESL) program. Bilingual programs are offered in the Central Falls and Providence school districts and at the International Charter School.[20] Nationally and in Rhode Island, ELL students score significantly lower on standardized tests than their peers.[21,22]

Current English Language Learners' Mathematics and Reading Proficiency, Rhode Island, 2012



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2012.

◆ **In 2012 in Rhode Island, 24% of fourth-grade ELL students scored at or above proficiency in reading on the *NECAP*, compared to 69% of fourth graders statewide.[23]**

◆ **While achievement gaps between fourth-grade ELL students and all students have persisted in Rhode Island, fourth-grade ELL's proficiency scores are improving. In 2012, 24% of fourth-grade ELL students scored at or above proficiency in reading on the *NECAP* compared to 73% of non-ELL students. In 2005, only 9% of fourth-grade ELL students were at or above proficiency compared to 64% of non-ELL students. The achievement gap in fourth-grade reading has been reduced from 55% in 2005 to 49% in 2012.[24]**

Monitoring and Increasing English Language Learners' Academic Achievement

◆ **ELL students who meet assessment and coursework criteria can exit from the ELL program, but must be monitored for two years. Districts must track progress of former ELL students through teacher observations, assessments, and coursework to determine if language proficiency is preventing students from academic achievement.[25]**

◆ **Guiding principles to increase the academic achievement of ELL students include tailoring interventions and supports to students' needs; using assessment data; recruiting highly skilled and qualified teachers and staff; providing consistent ELL instruction across students' school experience; and implementing programs with a dual focus on English proficiency and course content. Successful ELL programs also provide meaningful school involvement opportunities for parents.[26]**

Table 41.

English Language Learner Students, Rhode Island, 2011-2012

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	3,331	3	19	2	6	30	1%
Bristol Warren	3,438	15	50	25	0	90	3%
Burrillville	2,440	0	0	0	1	1	<1%
Central Falls	2,752	61	333	129	159	682	25%
Chariho	3,425	0	0	0	0	0	0%
Coventry	4,978	3	3	0	1	7	<1%
Cranston	10,352	50	314	92	81	537	5%
Cumberland	4,501	10	46	17	7	80	2%
East Greenwich	2,343	6	7	5	7	25	1%
East Providence	5,511	31	138	39	23	231	4%
Exeter-West Greenwich	1,703	0	4	5	3	12	1%
Foster	266	0	0	0	0	0	0%
Foster-Glocester	1,228	0	0	0	0	0	0%
Glocester	555	0	0	0	0	0	0%
Jamestown	487	0	1	1	0	2	<1%
Johnston	2,963	24	27	17	10	78	3%
Lincoln	3,264	9	13	1	4	27	1%
Little Compton	295	0	0	0	0	0	0%
Middletown	2,406	6	48	24	15	93	4%
Narragansett	1,432	0	1	1	0	2	<1%
New Shoreham	112	1	2	1	0	4	4%
Newport	2,050	4	26	8	12	50	2%
North Kingstown	4,157	4	25	9	8	46	1%
North Providence	3,302	4	39	13	17	73	2%
North Smithfield	1,722	0	0	0	0	0	0%
Pawtucket	8,753	99	512	240	277	1,128	13%
Portsmouth	2,623	0	0	0	0	0	0%
Providence	23,520	569	2,300	719	853	4,441	19%
Scituate	1,492	0	0	0	0	0	0%
Smithfield	2,359	0	0	0	0	0	0%
South Kingstown	3,407	1	17	4	1	23	1%
Tiverton	1,783	1	1	0	0	2	<1%
Warwick	9,585	14	83	11	15	123	1%
West Warwick	3,407	6	34	13	9	62	2%
Westerly	3,072	10	32	8	14	64	2%
Woonsocket	5,737	38	217	118	107	480	8%
Charter Schools	*3,525*	*98*	*282*	*54*	*11*	*445*	*13%*
State-Operated Schools	*1,733*	*0*	*0*	*0*	*17*	*17*	*1%*
UCAP	*141*	*0*	*0*	*0*	*0*	*0*	*0%*
Four Core Cities	*40,762*	*767*	*3,362*	*1,206*	*1,396*	*6,731*	*17%*
Remainder of State	*93,989*	*202*	*930*	*296*	*234*	*1,662*	*2%*
Rhode Island	*140,150*	*1,067*	*4,574*	*1,556*	*1,658*	*8,855*	*6%*

Sources of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2011-2012 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 2011-2012 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 "Total # of Students," which is the average daily membership in the districts of instruction.

The charter schools that reported ELL students as of December 17, 2012 are Blackstone Academy, Blackstone Valley Prep, Highlander Charter School, International Charter School, Paul Cuffee Charter School, Segue Institute for Learning, The Learning Community and Trinity Academy for the Performing Arts. State-operated schools with ELL students are William M. Davies Career & Technical High School and DCYF Schools.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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(continued on page 177)

Children Enrolled in Special Education

DEFINITION

Children enrolled in special education is the percentage of preschool through grade 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 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 academic 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 discrimination.[3]

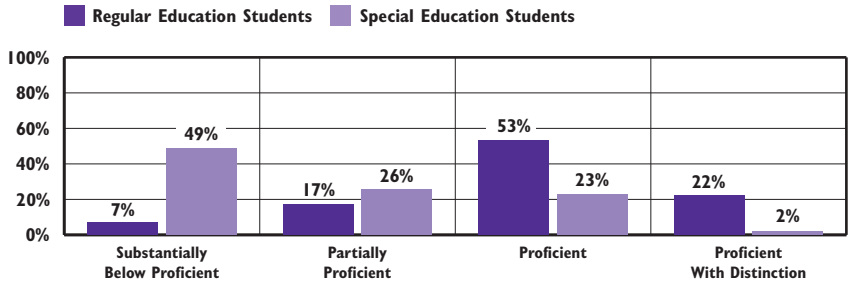
The federal *Individuals with Disabilities Education Act (IDEA) Part B* mandates that local school districts identify and evaluate students ages three to 21 who have disabilities. Once found eligible for special education, a student must be provided with an Individualized Education Program (IEP) laying 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 2010-2011 school year, Rhode Island had the highest percentage of public school students with IEPs in the U.S. at 18%, compared with 13% overall in the U.S.[7]

During the 2011-2012 school year in Rhode Island, there were 24,836 children (18% of all preschool through grade 12 students) enrolled in special education. Thirty-five percent of these students had a learning disability, 18% had a speech disorder, 15% had a health impairment, 9% had an emotional disturbance, 9% were developmentally delayed, 8% had an autism spectrum disorder, 3% had an intellectual disability (formerly referred to as "mental retardation"), and 3% had other disabilities.[8]

Seven percent of Rhode Island special education students in 2011-2012 were ages three to four; 35% were ages five to 10; 27% were ages 11 to 14; 28% were ages 15 to 18; and 3% were ages 19 to 22.[9] Among preschool age students receiving special education services in Rhode Island in 2011-2012, 53% had a speech impairment, 36% had a developmental delay, 6% had an autism spectrum disorder, and 5% had other disabilities.[10]

4th-Grade Reading Proficiency Rates, by Special Education Status, Rhode Island, 2012



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP),* October 2012.

◆ **In Rhode Island, students with disabilities achieve at lower levels on the state assessments than non-disabled students. In 2012, 49% of special education students in fourth grade were substantially below proficient in reading, compared with 7% of regular education students.[11]**

◆ **The federal *No Child Left Behind Act (NCLB)* requires states, districts and schools to apply the same content and achievement standards to all students, including those with disabilities. Together with *IDEA, NCLB* promotes accountability 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 less than half as likely to have attended college in the two years after high school.[13] The four-year graduation rate among students receiving special education services in Rhode Island's Class of 2012 was 58%, compared to an overall four-year state graduation rate of 77%. 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 2011-2012 school year, 72% were in a regular class for 80% of the day or more, 9% were in a regular class for 40% to 79% of the day, and 12% were in a regular class for less than 40% of the day. The remaining 8% 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 42.

Preschool Through 12th-Grade Students in Special Education by Primary Disability, Rhode Island, 2011-2012

SCHOOL DISTRICT OF RESIDENCE	TOTAL # OF STUDENTS	AUTISM SPECTRUM DISORDER	DEVELOP-MENTAL DELAY	EMOTIONAL DISTURBANCE	HEALTH IMPAIRMENT	LEARNING DISABILITY	INTELLECTUAL DISABILITY	SPEECH/ LANGUAGE IMPAIRMENT	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS IN SPECIAL EDUCATION
Barrington	3,332	48	25	39	65	125	NA	102	12	425	13%
Bristol Warren	3,443	55	36	27	30	125	23	119	15	430	12%
Burrillville	2,451	36	40	39	29	109	17	115	13	398	16%
Central Falls	2,768	30	64	37	82	323	31	44	18	629	23%
Chariho	3,349	56	46	14	50	96	23	72	18	375	11%
Coventry	4,955	39	88	56	87	277	27	103	24	701	14%
Cranston	10,228	174	113	117	327	553	39	158	38	1,519	15%
Cumberland	4,529	83	65	78	150	230	26	175	21	828	18%
East Greenwich	2,350	52	31	19	68	70	10	69	10	329	14%
East Providence	5,507	90	75	109	266	339	30	182	44	1,135	21%
Exeter-West Greenwich	1,723	29	11	17	43	68	12	71	NA	259	15%
Foster	275	NA	NA	NA	NA	NA	NA	25	NA	45	16%
Foster-Glocester	1,228	NA	NA	NA	21	45	NA	NA	NA	103	8%
Glocester	557	NA	NA	NA	NA	14	NA	55	NA	95	17%
Jamestown	676	15	NA	NA	28	23	NA	NA	NA	84	12%
Johnston	3,022	68	76	50	151	349	15	89	17	815	27%
Lincoln	3,265	55	53	45	58	170	17	118	20	536	16%
Little Compton	422	NA	NA	NA	NA	30	NA	16	NA	63	15%
Middletown	2,393	35	15	42	77	178	13	70	10	440	18%
Narragansett	1,439	19	25	18	43	71	NA	63	NA	247	17%
New Shoreham	112	NA	NA	NA	NA	NA	NA	NA	NA	21	19%
Newport	2,039	31	43	46	23	163	15	104	NA	432	21%
North Kingstown	3,977	51	52	49	57	160	23	122	15	529	13%
North Providence	3,307	47	95	47	106	152	14	134	13	608	18%
North Smithfield	1,751	25	25	20	47	89	12	79	NA	302	17%
Pawtucket	8,753	113	181	113	141	534	61	315	22	1,480	17%
Portsmouth	2,506	45	17	39	80	166	10	76	14	447	18%
Providence	23,634	182	397	548	406	1,813	188	885	100	4,519	19%
Scituate	1,524	24	11	NA	20	72	NA	53	NA	188	12%
Smithfield	2,362	30	28	19	35	100	14	51	14	291	12%
South Kingstown	3,421	53	51	41	91	141	13	76	29	495	14%
Tiverton	1,797	31	24	29	31	204	NA	58	12	397	22%
Warwick	9,587	191	209	154	342	722	39	320	61	2,038	21%
West Warwick	3,405	79	110	83	96	203	18	75	23	687	20%
Westerly	3,125	61	56	39	107	188	17	87	15	570	18%
Woonsocket	5,672	126	165	125	274	325	87	272	49	1,423	25%
Charter Schools	*3,525*	*35*	*13*	*22*	*85*	*242*	*NA*	*98*	*NA*	*504*	*14%*
State-Operated Schools	*1,729*	*15*	*NA*	*97*	*95*	*170*	*NA*	*NA*	*66*	*449*	*26%*
Four Core Cities	*40,828*	*451*	*807*	*823*	*903*	*2,995*	*367*	*1,516*	*189*	*8,051*	*20%*
Remainder of State	*94,060*	*1,546*	*1,440*	*1,253*	*2,555*	*5,238*	*461*	*2,853*	*486*	*15,832*	*17%*
Rhode Island	*140,143*	*2,047*	*2,260*	*2,195*	*3,638*	*8,645*	*835*	*4,468*	*748*	*24,836*	*18%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education (RIDE), Office for Diverse Learners, June 30, 2012. The denominator (number of students) is the "resident average daily membership" for the 2011-2012 school year provided by RIDE.

Due to changes in methodology, *Children Enrolled in Special Education* in this Factbook cannot be compared with Factbooks prior to 2012. Preschool students receiving special education services, who were not included in the table in Factbooks from 2008-2011, are now included. Parentally-placed private school students are no longer included in the table. Children attending schools in other districts are listed in the district in which the students reside.

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 "intellectually disabled" was previously called "mental retardation." The category "other" includes visually impaired/blind, hearing impaired/deaf, multi-handicapped, orthopedically impaired, and traumatic brain injury.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Independent charter schools reported for this indicator are Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep, The Compass School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Paul Cuffee Charter School, Rhode Island Nurses Institute Middle College Charter School, Segue Institute for Learning and Trinity Academy for the Performing Arts. State-operated schools are William M. Davies Career & 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] *Caught in the crisis: Students with disabilities in U.S. high schools.* (2011). Washington, DC: Alliance for Excellent Education.

(continued on page 177)

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 increased risk of dropping out of high school.[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 and are less likely to graduate from high school than their non-mobile peers.[4,5]

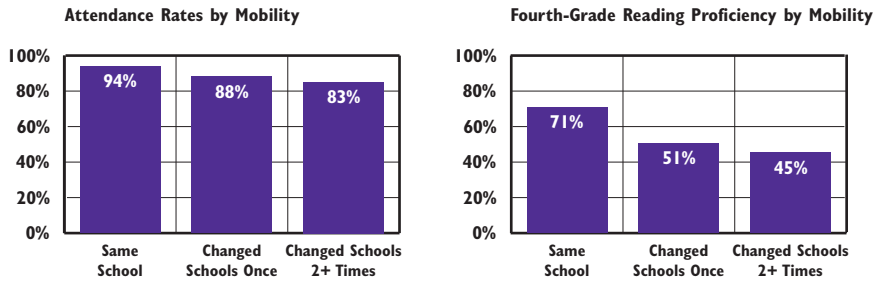
Low-income and minority children are more likely to be mobile than higher-income and White students. School mobility has a greater negative impact on the academic achievement of low-income students than it does on higher-income students. Students receiving special education services also are likely to 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 children 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 eviction or foreclosure, divorce or marriage, job loss or job changes, death in the family, or 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.[10,11]

Between 2009 and 2011 in Rhode Island, 11% of children ages five to 17 changed residence at least once during the previous year, 79% of whom moved within Rhode Island and 21% of whom moved from another state or abroad.[12] Nationally and in Rhode Island, people with incomes below the poverty line are more likely to move than higher-income residents. Between 2009 and 2011, 26% of Rhode Islanders living below the poverty line moved, compared with 10% of higher-income residents.[13,14]

School Mobility and Education Outcomes in Rhode Island, 2011-2012 School Year



Source: Rhode Island Department of Elementary and Secondary Education, Data Warehouse, 2011-2012 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 94% attendance rate, compared with 88% for those who changed schools once and 83% for those who changed schools two or more times during the 2011-2012 school year.[15]**

◆ **Children who change schools mid-year also perform worse on standardized tests than children who have not experienced school mobility. During the 2011-2012 school year in Rhode Island, 71% of fourth grade children who did not experience mobility were proficient in reading on the state assessments, compared with 51% of students who moved once and 45% of students who moved two or more times.[16] Rhode Island students who change schools mid-year are suspended more often than students who do not change schools.[17]**

◆ **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.[18]**

◆ **School districts with high mobility rates can reduce the negative impacts of mobility on students by providing immediate and comprehensive screening of entering students to ensure that students are properly placed and providing professional development for teachers on working effectively with students who transfer into their classrooms during the school year. Districts also can identify those districts where students most frequently transfer to and from and align their curricula, programs and policies to reduce disruption of learning.[19]**

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.[20]

◆ 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.[21]

◆ Total enrollment for each district is cumulative over the course of the school year.[22]

◆ The overall Rhode Island student mobility rate was 14% in the 2011-2012 school year. The four core cities had a higher mobility rate (23%) than districts in the remainder of the state (10%).[23]

◆ One 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.[24]

Table 43. **Student Mobility and Stability Rates by District, Rhode Island, 2011-2012 School Year**

SCHOOL DISTRICT	CUMULATIVE ENROLLMENT FOR 2011-2012	# ENROLLED THE WHOLE YEAR	# ENROLLED AFTER OCT. 1	# EXITED AFTER OCT. 1	STABILITY RATE	MOBILITY RATE
Barrington	3,504	3,376	63	71	96%	4%
Bristol Warren	3,673	3,373	148	177	92%	9%
Burrilville	2,584	2,375	118	119	92%	9%
Central Falls	3,239	2,487	432	390	77%	25%
Chariho	3,675	3,307	176	219	90%	11%
Coventry	5,416	5,025	199	226	93%	8%
Cranston	11,493	10,200	612	784	89%	12%
Cumberland	4,925	4,491	212	254	91%	9%
East Greenwich	2,483	2,348	79	63	95%	6%
East Providence	5,910	5,271	279	399	89%	11%
Exter-West Greenwich	1,832	1,720	49	67	94%	6%
Foster	289	276	6	8	96%	5%
Foster-Glocester	1,274	1,194	33	52	94%	7%
Glocester	628	583	24	23	93%	7%
Jamestown	526	480	28	20	91%	9%
Johnston	3,339	2,936	155	266	88%	13%
Lincoln	3,480	3,172	150	171	91%	9%
Little Compton	303	291	7	5	96%	4%
Middletown	2,608	2,262	176	206	87%	15%
Narragansett	1,528	1,398	67	70	91%	9%
New Shoreham	122	106	8	8	87%	13%
Newport	2,295	1,903	187	248	83%	19%
North Kingstown	4,503	4,136	180	210	92%	9%
North Providence	3,628	3,230	186	227	89%	11%
North Smithfield	1,828	1,682	94	74	92%	9%
Pawtucket	9,922	7,947	996	1,141	80%	22%
Portsmouth	2,866	2,602	136	150	91%	10%
Providence	27,476	21,401	2,794	3,835	78%	24%
Scituate	1,585	1,505	33	48	95%	5%
Smithfield	2,540	2,360	120	78	93%	8%
South Kingstown	3,602	3,334	125	152	93%	8%
Tiverton	1,884	1,816	68	0	96%	4%
Warwick	10,624	9,490	554	670	89%	12%
West Warwick	3,882	3,163	295	473	81%	20%
Westerly	3,249	2,924	168	181	90%	11%
Woonsocket	6,749	5,446	596	822	81%	21%
Charter Schools	*3,635*	*3,467*	*59*	*111*	*95%*	*5%*
State-Operated Schools	*2,131*	*1,547*	*317*	*360*	*73%*	*32%*
UCAP	*159*	*127*	*17*	*15*	*80%*	*20%*
Four Core Cities	*47,386*	*37,281*	*4,818*	*6,188*	*79%*	*23%*
Remainder of State	*102,078*	*92,329*	*4,735*	*5,719*	*90%*	*10%*
Rhode Island	*155,389*	*134,751*	*9,946*	*12,393*	*87%*	*14%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2011-2012 school year.

Charter Schools include: Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep, The Compass School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Paul Cuffee Charter School, Rhode Island Nurses Institute Middle College Charter School, Segue Institute for Learning, and Trinity Academy. State-operated schools include DCYF Schools, Metropolitan Regional Career and Technical Center, William M. Davies Career & Technical High School and the Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

[1,5,9] Reynolds, A. J., Chen, C. & Herbers, J. E. (2009). *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). *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] U.S. Census Bureau, American Community Survey, 2009-2011. Table B07001.

[13] U.S. Census Bureau. (2012). Current Population Survey, 2012 Annual Social and Economic Supplement, Table 1.

[14] U.S. Census Bureau, American Community Survey, 2009-2011. Table B07012.

(continued on page 177)

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

Educators and researchers have long recognized the importance of achieving reading proficiency by the end of third grade. Students who do not read proficiently by third grade often struggle in the later grades and are four times more likely to drop out of high school than their proficient peers.[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 such as storybook reading, discussions about books, dramatic play, listening comprehension, and writing activities.[5] Children who participate in high-quality Pre-K programs tend to score higher on future reading and math assessments, and are more likely to become proficient readers in the primary grades.[6]

When students continue to have difficulty reading beyond third grade, they often need intensive interventions in order to read proficiently. Once they fall behind, most children never catch up to their grade-level peers.[7]

Literacy development in the elementary grades can be enhanced through the prioritization of literacy development, early warning systems that identify students who are falling behind and provide intervention services as early as possible, individualized teaching strategies and materials designed to meet diverse student needs, high-quality teacher training and parent involvement.[8]

4th-Grade *NAEP* Reading Proficiency

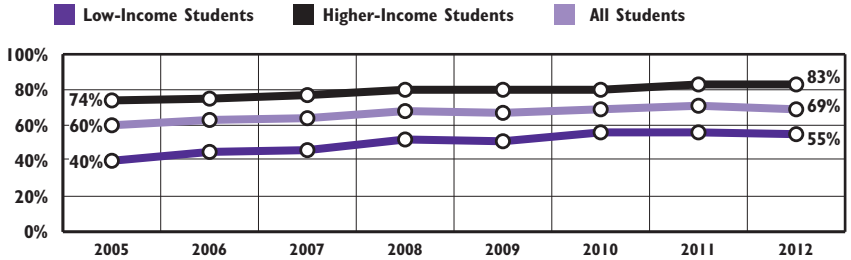
	2002	2011
RI	32%	35%
US	30%	32%
National Rank*		*15th*
New England Rank**		*5th*

**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.

The *National Assessment of Educational Progress (NAEP)* measures proficiency nationally and across states every other year.

Fourth-Grade *NECAP* Reading Proficiency Rates, by Income Status, Rhode Island, 2005-2012



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2005–October 2012. Low-income status is determined by eligibility for the free or reduced-price lunch program.

◆ **In October 2012, 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.[9]**

◆ **In Rhode Island between 2005 and 2012, 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 2012, 55% of low-income fourth graders scored at or above the proficient level, compared with 83% of higher-income fourth graders.[10]**

◆ **In Rhode Island in 2012, 25% of fourth graders with disabilities achieved reading proficiency on the *NECAP*, compared with 76% of fourth graders without disabilities.[11]**

◆ **National data indicate a significant achievement gap between the reading skills of English Language Learners (ELLs) and their native English-speaking peers.[12] On the October 2012 *NECAP*, 24% of Rhode Island's fourth-grade ELLs scored at or above proficiency in reading, compared to 73% of non-ELL students.[13]**

◆ **Seventy-nine percent of White fourth graders in Rhode Island were proficient on the October 2012 *NECAP*, compared with 66% of Asian students, 60% of Native American students, 53% of Black students, 49% of Hispanic students, and 66% of students of Two or more races.[14]**

Table 44.

Fourth-Grade Reading Proficiency, Rhode Island, 2005 and 2012

SCHOOL DISTRICT	COMMUNITY CONTEXT			OCTOBER 2005		OCTOBER 2012	
	% MOTHERS 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	96%	5%	1%	248	89%	272	90%
Bristol Warren	88%	35%	3%	268	69%	295	73%
Burrillville	88%	37%	<1%	164	63%	197	75%
Central Falls	53%	86%	25%	253	40%	220	42%
Chariho	90%	25%	0%	269	73%	238	88%
Coventry	88%	29%	<1%	405	68%	364	80%
Cranston	85%	42%	5%	801	71%	793	73%
Cumberland	89%	22%	2%	410	74%	370	81%
East Greenwich	94%	7%	1%	201	86%	192	83%
East Providence	85%	48%	4%	415	59%	411	62%
Exeter-West Greenwich	90%	15%	1%	162	74%	145	83%
Foster	88%	21%	0%	66	68%	39	79%
Glocester	90%	21%	0%	124	77%	97	76%
Jamestown	93%	10%	<1%	42	83%	55	80%
Johnston	87%	37%	3%	276	58%	235	71%
Lincoln	89%	29%	1%	267	72%	237	76%
Little Compton	94%	16%	0%	37	73%	37	81%
Middletown	90%	31%	4%	195	68%	167	75%
Narragansett	90%	22%	<1%	122	81%	99	89%
New Shoreham	92%	13%	4%	14	100%	12	83%
Newport	79%	58%	2%	178	46%	152	64%
North Kingstown	89%	19%	1%	337	79%	273	83%
North Providence	87%	40%	2%	250	64%	280	74%
North Smithfield	91%	14%	0%	128	77%	147	83%
Pawtucket	72%	75%	13%	703	48%	745	60%
Portsmouth	94%	13%	0%	236	75%	182	86%
Providence	64%	83%	19%	1,887	31%	1,855	45%
Scituate	93%	17%	0%	141	72%	111	86%
Smithfield	93%	15%	0%	219	79%	176	84%
South Kingstown	90%	17%	1%	249	76%	239	83%
Tiverton	89%	28%	0%	154	77%	130	88%
Warwick	87%	34%	1%	853	71%	694	78%
West Warwick	80%	50%	2%	295	55%	269	72%
Westerly	89%	34%	2%	255	69%	218	87%
Woonsocket	68%	72%	8%	489	46%	437	56%
Charter Schools	*NA*	*68%*	*13%*	*159*	*43%*	*264*	*69%*
Four Core Cities	*66%*	*80%*	*17%*	*3,332*	*37%*	*3,257*	*50%*
Remainder of State	*87%*	*30%*	*2%*	*7,781*	*71%*	*7,126*	*78%*
Rhode Island	*78%*	*46%*	*6%*	*11,272*	*60%*	*10,685*	*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 2012.

Due to the adoption of a new assessment tool by RIDE, *Fourth-Grade Reading Skills* cannot be compared with Factbooks prior to 2007, when the *NECAP* data were first presented.

% 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.

% mothers completing high school is from the Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2007-2011. Data for 2011 are provisional. Data are self-reported and reported by the mother's place of residence, not the place of the infant's birth. Between 2007 and 2011, maternal education levels were unknown for 3,568 births (6%).

% of low-income students is the percentage of students eligible for the free or reduced-price lunch program on October 1, 2012, from RIDE.

% ELL is the percentage of all public school children (including preschoolers) who are receiving ELL services or bilingual education services in Rhode Island public schools and is from RIDE for the 2012-2013 school year.

2012 *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. NA indicates that the school district does not serve students at that grade level or that the number of students is too small to report.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

See Methodology Section for more information.

References are on page 177.

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 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 also are a powerful indicator of a student's ability to contribute to and succeed in the workforce and the community.[1] Literacy demands intensify dramatically in grades four through 12, as students are expected to comprehend, synthesize and analyze increasingly complex texts across academic disciplines. Even after mastering basic literacy skills, adolescents need ongoing support and instruction to develop advanced literacy skills required to succeed in middle and high school, such as applying critical thinking skills and drawing conclusions based on evidence.[2]

Reading difficulties can persist over time with long-term consequences for youth. Problems faced by struggling readers are exacerbated when they are English Language Learners or low-income students. Adolescents who are poor readers have difficulty succeeding in other core subjects and are more likely to drop out than their peers.[3,4]

There has been limited progress in improving literacy skills among secondary students.[5] 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.[6] Additionally, these supplementary programs are generally insufficient for dealing with the pervasive low levels of adolescent literacy in many schools and communities.[7]

Recent research suggests that intensive individualized instruction can help improve adolescent literacy among struggling readers.[8,9] Schools with successful adolescent literacy programs have strong leadership, incorporate literacy instruction in content area classes, provide opportunities for discussion, implement comprehensive literacy instruction strategies, and use student assessments effectively.[10,11]

8th Grade *NAEP* Reading Proficiency

	2002	2011
RI	30%	33%
US	31%	32%
National Rank*		*27th*
New England Rank**		*6th*

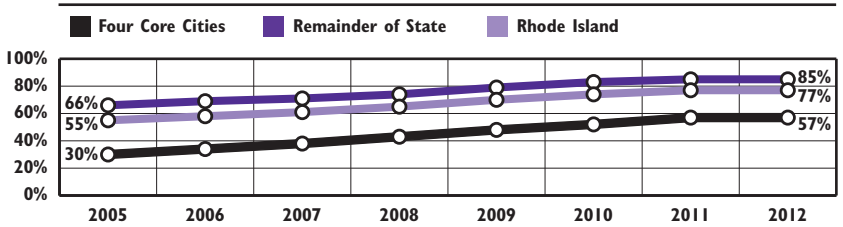
**1st is best; 50th is worst*
***1st is best; 6th is worst*

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

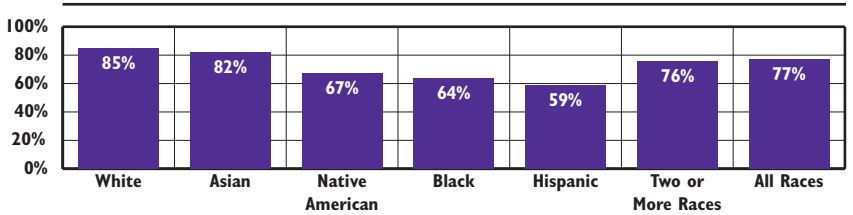
The *National Assessment of Educational Progress (NAEP)* measures proficiency nationally and across states every other year.

Rhode Island Public School 8th-Grade *NECAP* Reading Proficiency

By District Type, 2005-2012



By Race/Ethnicity, 2012



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP),* October 2005–October 2012. Trend data for Four Core Cities and Remainder of State was calculated by Rhode Island KIDS COUNT.

◆ **In October 2012, 77% of Rhode Island eighth graders scored at or above proficiency in reading on the *NECAP*, an increase from 55% in 2005. Proficiency levels increased between 2005 and 2012 for students across the state. The greatest gains were made in the four core cities, where proficiency rates increased from 30% to 57% between 2005 and 2012.[12]**

◆ **Twenty-five percent of eighth-grade English Language Learners (ELLs) in Rhode Island scored at or above proficiency in reading in 2012, compared to 80% of non-ELL students.[13]**

◆ **Black, Hispanic and Native American eighth-grade students were less likely to score at or above proficiency than White and Asian students.[14]**

◆ **Sixty-four percent of low-income eighth-grade students (determined by eligibility for the free or reduced-price lunch program) were proficient in reading in 2012, compared with 88% of higher-income eighth graders.[15]**

◆ **In Rhode Island in 2012, 35% of eighth-grade students receiving special education services were proficient in reading, compared with 85% of eighth graders in regular education programs.[16]**

Table 45.

Eighth-Grade Reading Proficiency, Rhode Island, 2005 and 2012

SCHOOL DISTRICT	COMMUNITY CONTEXT: % MOTHERS 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 2012: # OF 8TH-GRADE TEST TAKERS	OCTOBER 2012: % AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	96%	5%	1%	275	92%	260	92%
Bristol Warren	88%	35%	3%	291	63%	231	87%
Burrillville	88%	37%	<1%	230	67%	170	83%
Central Falls	53%	86%	25%	279	27%	128	41%
Chariho	90%	25%	0%	302	58%	298	92%
Coventry	88%	29%	<1%	479	66%	368	83%
Cranston	85%	42%	5%	926	57%	734	82%
Cumberland	89%	22%	2%	409	72%	366	84%
East Greenwich	94%	7%	1%	214	87%	159	95%
East Providence	85%	48%	4%	499	57%	362	80%
Exeter-West Greenwich	90%	15%	1%	161	72%	148	87%
Foster-Glocester	89%	19%	0%	217	57%	149	87%
Jamestown	93%	10%	<1%	74	86%	48	94%
Johnston	87%	37%	3%	288	58%	219	74%
Lincoln	89%	29%	1%	261	74%	243	92%
Little Compton	94%	16%	0%	41	83%	41	93%
Middletown	90%	31%	4%	185	64%	171	80%
Narragansett	90%	22%	<1%	123	81%	104	93%
New Shoreham	92%	13%	4%	NA	NA	NA	NA
Newport	79%	58%	2%	177	50%	127	85%
North Kingstown	89%	19%	1%	349	73%	309	87%
North Providence	87%	40%	2%	307	70%	223	82%
North Smithfield	91%	14%	0%	161	72%	128	92%
Pawtucket	72%	75%	13%	795	44%	641	62%
Portsmouth	94%	13%	0%	223	81%	209	87%
Providence	64%	83%	19%	1,935	25%	1,358	56%
Scituate	93%	17%	0%	156	89%	118	92%
Smithfield	93%	15%	0%	227	78%	182	92%
South Kingstown	90%	17%	1%	348	76%	277	90%
Tiverton	89%	28%	<1%	203	67%	143	84%
Warwick	87%	34%	1%	955	59%	701	80%
West Warwick	80%	50%	2%	319	56%	212	73%
Westerly	89%	34%	2%	266	59%	230	84%
Woonsocket	68%	72%	8%	494	28%	363	56%
Charter Schools	*NA*	*68%*	*13%*	*22*	*55%*	*270*	*73%*
UCAP	*NA*	*86%*	*0%*	*67*	*6%*	*86*	*47%*
Four Core Cities	*66%*	*80%*	*17%*	*3,503*	*30%*	*2,490*	*57%*
Remainder of State	*87%*	*30%*	*2%*	*8,666*	*66%*	*6,930*	*85%*
Rhode Island	*78%*	*46%*	*6%*	*12,305*	*55%*	*9,871*	*77%*

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 2012.

Eighth-Grade Reading Skills cannot be compared with Factbooks prior to 2007, when the *NECAP* data were first presented.

% 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 denominator for the school or district proficiency rate. All enrolled students are eligible unless their IEP specifically exempts them or unless they are beginning ELLs.

% mothers completing high school is from the RI Department of Health, 2007-2011. Data for 2011 are provisional. Data are self-reported and reported by the mother's place of residence, not the place of the infant's birth. Between 2007-2011, maternal education levels were unknown for 3,568 births (6%).

% low-income children is the percentage of students eligible for the free and reduced-price lunch program on October 1, 2012, from RIDE. % English Language Learners is the percentage of all public school children (including preschoolers) who are receiving ELL services in Rhode Island public schools and is from RIDE 2012-2013 school year.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

2012 *NECAP* 8th-grade reading data for independent charter schools include: The Compass School, Highlander Charter School, The Learning Community, Paul Cuffee Charter School, Segue Institute for Learning, and Trinity Academy for the Performing Arts. UCAP is the Urban Collaborative Accelerated Program. Core cities and remainder of state calculations do not include charter schools or UCAP.

NA indicates that the school district does not serve students at that grade level, the number of students is too small to report, or no data is available.

See Methodology Section for more information.

References are on page 178.

Math Skills

DEFINITION

Math skills is the percentage of fourth-, eighth-, and eleventh-grade students who scored at or above the proficiency level for math on the *New England Common Assessment Program (NECAP)* test.

SIGNIFICANCE

Math skills are critical for students to understand and use. Students must rely on mathematics to advance their education, perform daily activities and navigate today's technological world.[1] Strong high school math skills can open higher education and career opportunities for students.[2] Improving education in the STEM disciplines (science, technology, engineering and math) can spur national innovation and competitiveness and provide qualified workers for industries.[3]

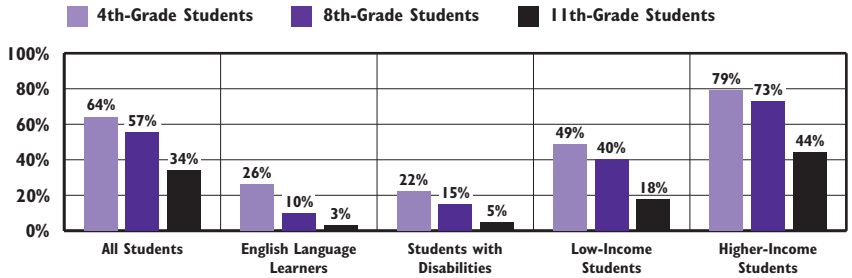
State, national and international assessments show that U.S. students fare well when asked to perform straightforward computational procedures, but tend to have a limited understanding of basic mathematical concepts needed to solve simple problems. Performance in mathematics, while generally low, has been improving over the past decade.[4,5,6]

Family risk factors such as poverty, language barriers and low maternal education levels are associated with low student achievement in mathematics.[7] Disparities in math achievement related to race and family income persist in the U.S.[8,9] Opportunities for high-quality math instruction are especially important for low-income children. Low-income children demonstrate lower levels of math skills before entering school and the gaps continue and even widen throughout their time in school.[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] Early warning and intervention systems that identify students struggling with math can provide personalized and timely academic support.[13]

The *National Assessment of Educational Progress (NAEP)* measures proficiency in math and other subjects nationally and across states every other year.[14] In 2011, 84% of Rhode Island fourth graders performed at or above the Basic level in math on the *NAEP*, compared with 81% nationally. Seventy-three percent of Rhode Island and U.S. eighth graders performed at or above the Basic level in math on the *NAEP*. Rhode Island was one of only three states (plus the District of Columbia) in which the performance of both fourth graders and eighth graders improved between the 2009 and 2011 *NAEP* math tests.[15,16]

4th-Grade, 8th-Grade, and 11th-Grade Math Proficiency Levels by Student Subgroup, Rhode Island Public Schools, October 2012



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2012.

◆ **As students progress in school, math proficiency drops. In October 2012, 64% of Rhode Island fourth graders scored at or above proficiency on the *NECAP*, compared to 58% of eighth graders, and 34% of eleventh graders.[17]**

◆ **Nationally and in Rhode Island, there are math achievement gaps between subgroups of students. English Language Learners and students with disabilities were the least proficient in math in Rhode Island in 2012.[18,19]**

◆ **In 2012, Black, Hispanic, and Native American students scored significantly lower in math than their White and Asian counterparts in Rhode Island.[20]**

◆ **Nationally and in Rhode Island, the achievement gap between girls and boys in math is closing at the elementary, middle and high school levels. In Rhode Island in 2012, 63% of male and 66% of female fourth-grade students scored at or above proficiency in math, 57% of male eighth-grade students and 59% of female students scored at or above proficiency in math, while 37% of male and 31% of female eleventh-grade students scored at or above proficiency in math.[21,22]**

◆ **In 2014, for the first time *NECAP* scores will be one of several criteria used to determine eligibility for high school graduation. In 2012, 40% of Rhode Island eleventh-grade students scored "substantially below proficient" in math.[23] Rhode Island school districts are required to identify students who are not making progress in mathematics and provide them with specialized support.[24]**

Table 46. **Fourth-, Eighth-, and Eleventh-Grade Math Proficiency, Rhode Island, 2005 and 2012**

SCHOOL DISTRICT	FOURTH GRADE		EIGHTH GRADE		ELEVENTH GRADE	
	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2005	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2012	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2005	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2012	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2007*	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2012
Barrington	85%	85%	87%	86%	63%	71%
Bristol Warren	62%	77%	57%	71%	28%	48%
Burrillville	55%	65%	52%	69%	20%	26%
Central Falls	28%	35%	16%	20%	3%	13%
Chariho	66%	87%	55%	76%	29%	47%
Coventry	63%	81%	62%	63%	26%	38%
Cranston	55%	64%	41%	62%	18%	25%
Cumberland	58%	76%	56%	75%	20%	39%
East Greenwich	83%	79%	84%	81%	54%	69%
East Providence	59%	54%	46%	54%	14%	28%
Exeter-West Greenwich	68%	80%	64%	73%	30%	61%
Foster	66%	74%	NA	NA	NA	NA
Foster-Glocester	NA	NA	61%	71%	18%	48%
Glocester	62%	68%	NA	NA	NA	NA
Jamestown	65%	84%	77%	92%	NA	NA
Johnston	45%	60%	41%	47%	17%	24%
Lincoln	72%	74%	62%	72%	35%	50%
Little Compton	59%	86%	76%	80%	NA	NA
Middletown	68%	72%	70%	74%	33%	52%
Narragansett	66%	87%	75%	85%	36%	44%
New Shoreham	57%	83%	67%	NA	27%	NA
Newport	34%	57%	39%	55%	24%	26%
North Kingstown	71%	78%	61%	71%	43%	55%
North Providence	39%	65%	38%	47%	19%	35%
North Smithfield	80%	78%	66%	79%	29%	45%
Pawtucket	42%	50%	37%	37%	12%	15%
Portsmouth	67%	85%	72%	80%	37%	56%
Providence	25%	43%	20%	34%	10%	15%
Scituate	62%	82%	79%	75%	27%	49%
Smithfield	72%	86%	64%	74%	31%	59%
South Kingstown	71%	87%	72%	81%	42%	64%
Tiverton	75%	85%	62%	62%	29%	35%
Warwick	63%	70%	52%	57%	18%	28%
West Warwick	42%	54%	51%	59%	21%	35%
Westerly	56%	82%	47%	65%	28%	41%
Woonsocket	41%	56%	29%	35%	11%	21%
Charter Schools	*36%*	*72%*	*39%*	*53%*	*7%*	*26%*
State-Operated Schools	*NA*	*NA*	*NA*	*NA*	*6%*	*26%*
UCAP	*NA*	*NA*	*5%*	*15%*	*NA*	*NA*
Four Core Cities	*31%*	*46%*	*25%*	*34%*	*10%*	*16%*
Remainder of State	*62%*	*73%*	*57%*	*67%*	*27%*	*42%*
Rhode Island	*52%*	*64%*	*48%*	*58%*	*22%*	*34%*

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, October 2007, and October 2012.

Due to the adoption of a new assessment tool by the Rhode Island Department of Elementary and Secondary Education in 2005, *Math Skills* in this Factbook cannot be compared with Factbooks prior to 2007, when the *NECAP* data were first presented.

*2007 is the first year that eleventh-grade students participated in the *NECAP*.

% at or above proficiency are students who received proficient or proficient with distinction scores on the math section of the *NECAP*. Only students who actually took the test are counted in denominator for 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.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

2012 *NECAP* data for independent charter schools include The Compass School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Paul Cuffee Charter School, Segue Institute for Learning, and Trinity Academy for the Performing Arts. Charter schools, state-operated schools, and UCAP (the Urban Collaborative Accelerated Program) are not included in the four core cities and remainder of state calculations. State-operated schools include the William M. Davies Jr. Career & Technical High School and the Metropolitan Regional Career and Technical Center. DCYF Schools 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.

References

[1,2,5,8] Child Trends. (2013). *Mathematics proficiency.* Retrieved February 25, 2013, from www.childtrendsdatabank.org

(continued on page 178)

Schools Identified for Intervention

DEFINITION

Schools identified for intervention is the percentage of Rhode Island public schools that are identified for intervention as classified by the Rhode Island Department of Elementary and Secondary Education. Classification levels include: "Commended," "Leading," "Typical," "Warning," "Focus," and "Priority." Schools receiving classifications of "Focus" or "Priority" are identified for intervention. Rhode Island's accountability system is designed to recognize outstanding performance and provide support to low-achieving schools and options for intervention to improve student achievement.

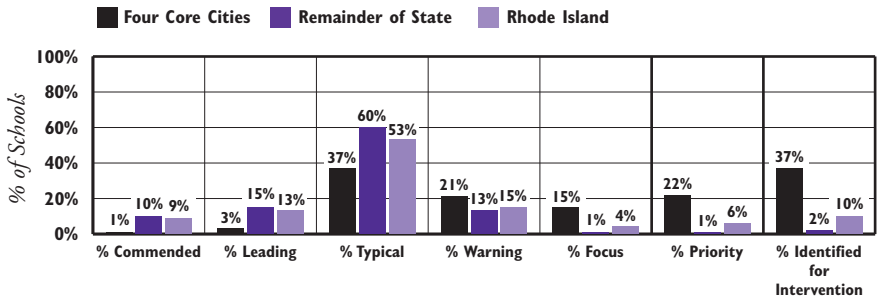
SIGNIFICANCE

Since its passage in 2001, the federal *No Child Left Behind Act (NCLB)* has focused on closing achievement gaps and improving public schools. In 2012, Rhode Island replaced the previous system of classifying schools, which was based on whether schools "Met Adequate Yearly Progress (AYP)," with a new accountability system. The new system identifies each school's strengths and weaknesses and provides the support and interventions needed to help improve student achievement and close achievement gaps. As with the previous system, the new accountability system uses scores on standardized tests and graduation rates to measure school performance; however, there is now greater focus on schools' success in closing achievement gaps, progress toward 2017 goals, and the year-over-year growth or improvement of individual students.[1,2]

Strong state accountability systems are aligned with college and career-ready standards, make accountability determinations for all schools and districts, focus on student performance and growth, disaggregate data by student subgroup, report timely data that is accessible to a wide range of stakeholders, offer diagnostic reviews tied to the delivery of meaningful interventions, build district and school capacity for sustained improvement, target the lowest-achieving schools for interventions, and promote innovation, evaluation and continuous improvement.[3]

Students who have attained proficiency in reading and math are more likely to graduate from high school, attend college, earn more and have more stable employment than students with lower test scores.[4,5] Districts can improve student performance by focusing 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.[6]

Rhode Island School Performance Classifications, 2012



Source: Rhode Island Department of Education, 2011-2012 school year. Note: Percentages may not sum to 100% due to rounding. See Methodology Section for more detail on the definition of each school classification strategy.

◆ **In Rhode Island in 2012, 26 schools (9%) were classified as "Commended," 35 schools (13%) were classified as "Leading," 147 schools (53%) were classified as "Typical," 41 schools (15%) were classified as "Warning," 11 (4%) were classified as "Focus," and 18 (6%) of schools were classified as "Priority." Schools designated as "Priority" or "Focus" schools (10% of schools in Rhode Island) were identified for intervention, and 25 of these 29 schools were located in one of the four core cities.[7,8]**

Interventions Designed to Improve Schools

◆ **In Rhode Island, intervention in low-achieving schools has led to improvements in school climate and student achievement. The Rhode Island Department of Education works with districts and schools to design, implement, and monitor plans focused on improving instruction and student achievement that schools can sustain over time.[9]**

◆ **Once identified as a priority or focus school requiring intervention, the school and state begin a multi-year intervention plan that begins with diagnostic evaluation and the development of comprehensive strategies for intervention. Grounded in federal turnaround principles, the intervention system is designed to diagnose the strengths and weaknesses of each identified school, address the unique needs of student subpopulations, be empirically-based and outcomes-driven, and provide regular and intensive monitoring by both the state and the district.[10,11]**

◆ **All public schools in Rhode Island, regardless of classification, are included in the accountability system and are expected to strive for continued improvement.[12]**

Schools Identified for Intervention

Table 47. **Schools Identified for Intervention, 2011-2012 School Year**

SCHOOL DISTRICT	TOTAL # OF SCHOOLS	# COMMENDED	# LEADING	# TYPICAL	# WARNING	# FOCUS	# PRIORITY	# IDENTIFIED FOR INTERVENTION	% IDENTIFIED FOR INTERVENTION
Barrington	6	2	2	2	0	0	0	0	0%
Bristol Warren	6	1	0	4	1	0	0	0	0%
Burrillville	4	0	1	3	0	0	0	0	0%
Central Falls	5	0	0	0	3	1	1	2	40%
Chariho	6	4	2	0	0	0	0	0	0%
Coventry	7	0	1	5	1	0	0	0	0%
Cranston	23	2	0	14	6	1	0	1	4%
Cumberland	8	1	0	6	1	0	0	0	0%
East Greenwich	6	2	2	2	0	0	0	0	0%
East Providence	11	0	1	5	4	0	1	1	9%
Exeter-West Greenwich	4	0	0	4	0	0	0	0	0%
Foster	1	0	1	0	0	0	0	0	0%
Foster-Glocester	2	0	0	1	1	0	0	0	0%
Glocester	2	0	0	2	0	0	0	0	0%
Jamestown	2	0	1	1	0	0	0	0	0%
Johnston	6	0	1	5	0	0	0	0	0%
Lincoln	6	0	1	5	0	0	0	0	0%
Little Compton	1	0	1	0	0	0	0	0	0%
Middletown	5	0	0	5	0	0	0	0	0%
Narragansett	3	0	1	2	0	0	0	0	0%
New Shoreham	1	1	0	0	0	0	0	0	0%
Newport	6	0	1	3	1	0	1	1	17%
North Kingstown	8	1	2	4	1	0	0	0	0%
North Providence	9	1	1	5	2	0	0	0	0%
North Smithfield	4	0	1	3	0	0	0	0	0%
Pawtucket	15	0	1	7	5	0	2	2	13%
Portsmouth	4	0	2	2	0	0	0	0	0%
Providence	37	1	1	11	3	9	12	21	57%
Scituate	5	2	1	2	0	0	0	0	0%
Smithfield	6	1	2	3	0	0	0	0	0%
South Kingstown	7	1	1	5	0	0	0	0	0%
Tiverton	5	1	1	3	0	0	0	0	0%
Warwick	22	0	0	15	7	0	0	0	0%
West Warwick	5	0	0	4	1	0	0	0	0%
Westerly	6	0	3	3	0	0	0	0	0%
Woonsocket	10	0	0	7	3	0	0	0	0%
Charter Schools	*10*	*5*	*3*	*1*	*1*	*0*	*0*	*0*	*0%*
State-Operated Schools	*3*	*0*	*0*	*2*	*0*	*0*	*1*	*1*	*33%*
UCAP	*1*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0%*
Four Core Cities	*67*	*1*	*2*	*25*	*14*	*10*	*15*	*25*	*37%*
Remainder of State	*197*	*20*	*30*	*118*	*26*	*1*	*2*	*3*	*2%*
Rhode Island	*278*	*26*	*35*	*147*	*41*	*11*	*18*	*29*	*10%*

Source of Data for Table/Methodology

All data are from the Rhode Island Department of Elementary and Secondary Education, 2011-2012 school year. See the Methodology Section for more information.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Charter schools that are classified include Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep, The Compass School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Paul Cuffee Charter School, and Segue Institute for Learning. State-operated schools that are classified include the William M. Davies Jr. Career and Technical High School, Metropolitan Regional Career & Technical Center, and the Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

A total of 19 schools were not classified or not classified for some grade levels because they did not have sufficient years of data, did not have enough students, or did not serve students in grades that participate in the state's standardized test used for classification, the *New England Common Assessment Program (NECAP).*

See the Methodology Section for more information.

References

[1] Rhode Island Department of Elementary and Secondary Education. (2012). *Rhode Island school and district accountability system ESEA flexibility under NCLB.* Retrieved November 9, 2012, from www.ride.ri.gov

[2] Rhode Island Department of Elementary and Secondary Education. (2012). *2012 classifications: 16 schools newly identified for intervention* [Press release]. Retrieved from www.ride.ri.gov/Commissioner/2012_Classifications_Release_-_7-13-12.pdf

[3] Council of Chief State School Officers. (n.d.) *Roadmap for next-generation state accountability systems.* Retrieved January 3, 2013, from www.ccsso.org

[4] Child Trends Data Bank. (2012). *Reading proficiency.* Retrieved November 9, 2012, from www.childtrendsdatabank.org

(continued on page 178)

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

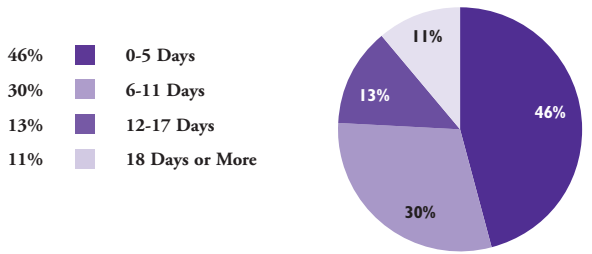
Students who are absent from school miss opportunities to learn and develop positive relationships within the school community. During the early elementary school years, children develop important skills and approaches to learning that are critical for ongoing school success. Through their experiences 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] Children from poor families are much more likely to have high rates of chronic absenteeism in the early grades 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] While illness is a leading factor in chronic early absence, others 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 at and around school, multiple foster care placements, lack of clean or appropriate clothes, and lack of safe and affordable housing.[13]

School Attendance in Rhode Island by Number of School Days Missed, Grades K-3, 2011-2012 School Year



n=46,827

Source: Rhode Island Department of Elementary and Secondary Education, 2011-2012 school year. Totals may not sum to 100% due to rounding.

◆ **During the 2011-2012 school year, 11% of Rhode Island children in grades K-3 were chronically absent (i.e., absent 18 days or more). In Rhode Island's four core cities, 19% of children in grades K-3 were chronically absent.[14]**

◆ **Almost a quarter (24%) of Rhode Island children in grades K-3 missed 12 or more days of school during the 2011-2012 school year.[15] Chronic absenteeism affects all students in a class because teachers may backtrack or slow the learning pace to review lessons for students who have missed school.[16]**

◆ **Averages for school-wide attendance can mask significant numbers of chronically absent individual students.[17] During the 2011-2012 school year, elementary schools in Rhode Island's four core cities had an average daily attendance rate of 94%, but 19% of students in grades K-3 were chronically absent.[18]**

◆ **Nationally, most elementary schools monitor average daily attendance or unexcused absences, but few actively monitor the combination of excused and unexcused absence for individual students or track chronic absenteeism.[19]**

◆ **Chronic absenteeism can be reduced through school-family-community partnerships that use an ongoing and intentional approach to monitor attendance and contact parents as soon as troubling patterns of attendance appear.[20] Schools can nurture a culture of attendance by helping parents understand the importance of coming to school in the early grades. Partnerships with early childhood education and afterschool programs, as well as school-based health clinics, can help promote attendance.[21]**

Table 48.

Chronic Early Absence Rates, Grades K-3, Rhode Island, 2011-2012 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	931	97%	23	2%
Bristol Warren	1,154	96%	88	8%
Burrillville	748	97%	16	2%
Central Falls	1,097	94%	201	18%
Chariho	959	96%	35	4%
Coventry	1,432	96%	74	5%
Cranston	3,448	95%	319	9%
Cumberland	1,389	96%	66	5%
East Greenwich	682	97%	25	4%
East Providence	1,816	96%	170	9%
Exeter-West Greenwich	465	96%	19	4%
Foster	185	95%	22	12%
Glocester	383	95%	49	13%
Jamestown	226	95%	16	7%
Johnston	1,002	95%	72	7%
Lincoln	944	98%	25	3%
Little Compton	120	95%	9	8%
Middletown	810	92%	166	20%
Narragansett	406	96%	26	6%
New Shoreham	42	95%	3	7%
Newport	771	94%	104	13%
North Kingstown	1,156	95%	86	7%
North Providence	1,144	97%	36	3%
North Smithfield	509	96%	16	3%
Pawtucket	3,574	95%	426	12%
Portsmouth	699	96%	30	4%
Providence	9,230	93%	1,831	20%
Scituate	417	96%	16	4%
Smithfield	664	97%	12	2%
South Kingstown	984	96%	44	4%
Tiverton	514	96%	35	7%
Warwick	3,018	96%	228	8%
West Warwick	1,236	95%	111	9%
Westerly	937	96%	55	6%
Woonsocket	2,332	92%	574	25%
Charter Schools	*1,385*	*96%*	*64*	*5%*
Rhode Island School for the Deaf	*18*	*94%*	*2*	*11%*
Four Core Cities	*16,233*	*94%*	*3,032*	*19%*
Remainder of State	*29,191*	*96%*	*1,996*	*7%*
Rhode Island	*46,827*	*95%*	*5,094*	*11%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2011-2012 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 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).

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Charter elementary schools include Blackstone Valley Prep, The Compass School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community and Paul Cuffee Charter School.

References

[1] Romero, M. & Lee, Y. (2008). *The influence of maternal and family risk on chronic absenteeism in early schooling.* New York, NY: Columbia University, Mailman School of Public Health, National Center for Children in Poverty.

[2,3,5,9,11,12,20] Chang, H. N. & Romero, M. (2008). *Present, engaged, and accounted for: The critical importance of addressing chronic absence in the early grades.* New York, NY: Columbia University, Mailman School of Public Health, National Center for Children in Poverty.

[4] Romero, M. & Lee, Y. (2007). *A national portrait of chronic absenteeism in the early grades.* New York, NY: Columbia University, Mailman School of Public Health, National Center for Children in Poverty.

[6] Romero, M. & Lee, Y. (2008). *Risk factors for chronic absenteeism: Facts for policymakers.* New York, NY: Columbia University, Mailman School of Public Health, National Center for Children in Poverty.

[7] Aratani, Y. (2009). *Homeless children and youth: Causes and consequences.* New York, NY: Columbia University, Mailman School of Public Health, National Center for Children in Poverty.

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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

Students who are frequently absent from school miss critical academic and social learning opportunities and are at risk of disengagement from school, academic failure, and dropping out.[1,2] Regardless of the reason for absence, students who miss school are more likely to fall behind academically and engage in risky behaviors.[3,4]

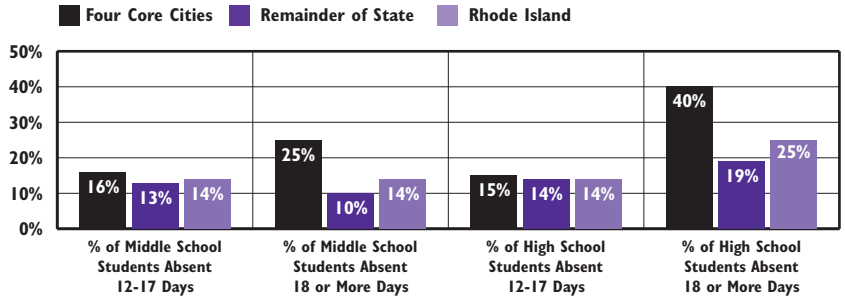
School absenteeism can be a symptom of a problem at the family, school or student level.[5] Family and economic factors connected to student absenteeism include poverty, lack of access to health care, substance abuse, domestic violence, foster care placement, student employment, student disability, and lack of affordable or reliable transportation.[6,7] School factors contributing to absenteeism include school climate, school size, attitudes of school staff, and discipline policies.[8,9]

Student-reported reasons for not attending school include repeated suspensions, disruptive learning environments, irrelevant or unchallenging courses, poor achievement, concerns for safety, difficulty with peer and adult relationships, conflicts between school and work, family responsibilities, and negative perceptions of school.[10,11]

The U.S. Department of Education and the Rhode Island Department of Elementary and Secondary Education (RIDE) define truancy as ten or more unexcused absences in a school year.[12,13] During the 2011-2012 school year in Rhode Island, 23% of middle school students and 31% of high school students were considered truant by RIDE.[14] Rhode Island truant students may be referred to the Family Court's Truancy Calendar, a community and school-based intervention program.[15]

Nearly half (46%) of Rhode Island's low-income middle and high school students missed 12 or more days of school in 2011-2012, compared with a quarter (25%) of higher-income students. Forty-one percent of middle and high school students who are English Language Learners missed 12 or more days of school, compared with 34% of all middle and high school students. Almost three quarters (70%) of absences by middle and high school students were unexcused absences.[16]

School Attendance in Rhode Island by Number of School Days Missed Middle and High School, 2011-2012 School Year



Source: Rhode Island Department of Elementary and Secondary Education, 2011-2012 school year.

◆ **Middle and high school attendance rates in the four core cities are lower than in the remainder of the state, and the chronic absence rate among middle and high school students is twice as high in the four core cities as in the remainder of the state.[17]**

◆ **One of the most effective strategies for increasing student achievement, high school graduation rates, and college access and completion and for closing achievement gaps between higher income and lower income students would be to increase the number of low-income students who attend school regularly.[18]**

Improving School Attendance

◆ **Research shows that chronic absenteeism in middle school is a strong predictor for dropping out.[19] Rhode Island's Race to the Top plan includes an early warning system to monitor individual student attendance along with other indicators that predict student drop out.[20]**

◆ **Schools and districts together with community agencies can improve student attendance by developing systems that provide frequent reports on student absenteeism and reasons for the absenteeism, problem solving to address reasons for absenteeism, building and sustaining relationships with students and their families, developing a community response that involves adults who interact with students outside of school, recognizing and rewarding good attendance, and committing to learning what works and expanding effective programs and halting efforts that are not working.[21]**

Table 49. **Student Absence and School Attendance Rates, Rhode Island, 2011-2012 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	810	9%	5%	97%	1,156	12%	6%	96%
Bristol Warren	798	15%	10%	95%	1,123	14%	24%	92%
Burrillville	572	8%	4%	97%	784	11%	11%	95%
Central Falls	551	15%	19%	93%	976	16%	49%	82%
Chariho	1,079	7%	5%	96%	1,278	13%	15%	94%
Coventry	1,221	18%	13%	94%	1,819	15%	22%	93%
Cranston	1,598	15%	15%	94%	3,777	17%	27%	91%
Cumberland	1,101	12%	12%	95%	1,554	16%	22%	92%
East Greenwich	588	6%	5%	97%	803	10%	10%	96%
East Providence	1,290	13%	17%	94%	1,839	2%	8%	98%
Exeter-West Greenwich	302	9%	5%	97%	605	13%	9%	95%
Foster-Glocester	500	12%	10%	95%	774	17%	13%	94%
Jamestown*	209	19%	11%	95%	NA	NA	NA	NA
Johnston	773	14%	11%	95%	962	16%	24%	92%
Lincoln	801	7%	5%	98%	1,096	7%	10%	96%
Little Compton*	114	17%	7%	95%	NA	NA	NA	NA
Middletown	771	22%	29%	91%	786	18%	50%	87%
Narragansett	451	12%	8%	95%	526	10%	15%	94%
New Shoreham	23	39%	17%	93%	32	28%	13%	91%
Newport	634	18%	15%	94%	663	18%	38%	88%
North Kingstown	982	11%	8%	95%	1,605	18%	23%	92%
North Providence	769	14%	5%	96%	1,084	12%	13%	94%
North Smithfield	425	8%	4%	97%	568	8%	9%	95%
Pawtucket	1,487	14%	14%	94%	2,608	15%	30%	90%
Portsmouth	1,013	13%	7%	96%	1,087	14%	14%	94%
Providence	5,637	16%	26%	92%	8,012	15%	41%	86%
Scituate	414	11%	7%	96%	490	13%	10%	95%
Smithfield	606	7%	5%	97%	829	10%	8%	96%
South Kingstown	1,142	11%	7%	96%	1,110	10%	12%	95%
Tiverton	601	18%	8%	95%	574	18%	20%	93%
Warwick	1,595	14%	12%	94%	3,421	15%	22%	92%
West Warwick	1,106	16%	15%	94%	1,153	16%	25%	90%
Westerly	972	14%	10%	95%	1,040	17%	20%	93%
Woonsocket	1,370	17%	36%	90%	1,889	15%	48%	84%
Charter Schools	*794*	*10%*	*8%*	*96%*	*808*	*14%*	*21%*	*93%*
State-Operated Schools	*28*	*11%*	*14%*	*91%*	*2,074*	*14%*	*20%*	*93%*
UCAP	*159*	*20%*	*30%*	*91%*	*NA*	*NA*	*NA*	*NA*
Four Core Cities	*9,045*	*16%*	*25%*	*92%*	*13,485*	*15%*	*40%*	*86%*
Remainder of State	*23,260*	*13%*	*10%*	*95%*	*32,538*	*14%*	*19%*	*93%*
Rhode Island	*33,286*	*14%*	*14%*	*94%*	*48,905*	*14%*	*25%*	*91%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2011-2012 school year.

Total number of students is the total number of students for whom the district has reported absenteeism data.

Attendance rates are calculated by dividing the state-calculated "aggregate days of attendance" by the "aggregate days of membership."

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).

*Little Compton students attend high school in Portsmouth and Jamestown students attend high school in North Kingstown.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Charter middle schools include Blackstone Valley Prep, The Compass School, Highlander Charter School, Paul Cuffee Charter School, Segue Institute for Learning, and Trinity Academy for the Performing Arts. Charter high schools include Beacon Charter High School for the Arts, Blackstone Academy, The Greene School, Paul Cuffee Charter School, and the Rhode Island Nurses Institute Middle College Charter School.

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, that the number of students was too small to report or that data from the district were not available.

References

[1,3,6] Sundius, J. & Farneth, M. (2008). *Missing school: The epidemic of school absence.* Baltimore, MD: Open Society Institute-Baltimore.

(continued on page 178)

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. Punitive disciplinary practices, including "zero tolerance" policies, are largely ineffective and even counterproductive.[1,2] Despite this evidence, out-of-school suspension is a 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.[3,4]

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 dropping out of school.[5,6]

Positive Behavior Interventions and Supports (PBIS) and professional development focused on providing more engaging instruction and improving classroom management could help reduce the need for suspensions and improve educational outcomes.[7]

During the 2011-2012 school year in Rhode Island, 41,471 disciplinary actions were attributed to 14,602 students. The total number of disciplinary actions is almost three times the number of students disciplined because some students were disciplined multiple times.[8]

Low-income and minority students are overrepresented in school suspensions and receive disproportionately severe disciplinary actions compared with their higher-income and White peers.[9] In Rhode Island during the 2011-2012 school year, minority students made up 37% of the student population, but received 55% (22,898) of all disciplinary actions. Less than one-third (29%) of Rhode Island students were enrolled in the four core city districts, but students in these districts received 54% of the disciplinary actions.[10]

Students with disabilities also are more likely than other students to be suspended. While 18% of Rhode Island students were in special education in 2011-2012, they accounted for 31% (12,891) of the disciplinary actions and 28% (4,045) of all students disciplined.[11]

Disciplinary Actions, Rhode Island Public Schools, 2011-2012

By Type of Infraction	#	%	By Type of Infraction	#	%
Attendance Offenses	15,439	37%	Assault of Student or Teacher	1,627	4%
Disorderly Conduct	6,713	16%	Alcohol/Drug/Tobacco Offenses	1,022	2%
Insubordination/Disrespect	6,553	16%	Communications/Electronic Devices	726	2%
Fighting	2,562	6%	Arson/Larceny/Vandalism	543	1%
Obscene/Abusive Language	2,142	5%	Weapon Possession	305	1%
Harassment/Intimidation/Threat	2,114	5%	Other Offenses*	1,725	4%
			Total	*41,471*	

**Examples of other offenses include unauthorized use of a computer or other technology, forgery, fire regulations violations, 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, 2011-2012 school year. Percentages may not sum to 100% due to rounding.

◆ **In Rhode Island during the 2011-2012 school year, 10% of the student population was suspended at least once. More than one-third (37%) of all suspensions were for attendance-related offenses.[12] In 2012, state legislation passed that prohibits schools from using a student's absenteeism as the sole basis for an out-of-school suspension.[13]**

◆ **Of all disciplinary actions during the 2011-2012 school year, 7% involved elementary school students (preschool through 5th grade), 33% involved middle school students (6th-8th grades), and 60% involved high school students (9th-12th grades).[14]**

◆ **Out-of-school suspensions accounted for 54% of disciplinary actions in Rhode Island during the 2011-2012 school year, followed by in-school suspensions at 34% and alternate program placements at 13%.[15]**

Mental Health and School Discipline

◆ **Students with mental health issues are more likely to experience problems in school, be absent from school, be suspended, or be expelled than their peers.[16]**

◆ **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.[17,18]**

Table 50.

Disciplinary Actions, Rhode Island School Districts, 2011-2012

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	3,331	122	6	0	128	4
Bristol Warren	3,438	563	36	0	599	17
Burrillville	2,440	488	148	0	636	26
Central Falls	2,752	63	5	697	765	28
Chariho	3,425	373	189	57	619	18
Coventry	4,978	397	237	722	1,356	27
Cranston	10,352	1,702	992	29	2,723	26
Cumberland	4,501	541	26	0	567	13
East Greenwich	2,343	99	11	0	110	5
East Providence	5,511	1,000	0	0	1,000	18
Exeter-West Greenwich	1,703	153	25	0	178	10
Foster	266	0	0	0	0	0
Foster-Glocester	1,228	295	304	1	600	49
Glocester	555	0	0	0	0	0
Jamestown	487	1	0	0	1	<1
Johnston	2,963	457	2	1	460	16
Lincoln	3,264	350	159	0	509	16
Little Compton	295	3	2	0	5	2
Middletown	2,406	158	358	0	516	21
Narragansett	1,432	94	130	0	224	16
New Shoreham	112	0	1	0	1	1
Newport	2,050	397	11	0	408	20
North Kingstown	4,157	164	659	25	848	20
North Providence	3,302	781	815	0	1,596	48
North Smithfield	1,722	71	0	0	71	4
Pawtucket	8,753	1,439	225	3,133	4,797	55
Portsmouth	2,623	138	9	474	621	24
Providence	23,520	8,175	3,285	63	11,523	49
Scituate	1,492	6	155	0	161	11
Smithfield	2,359	239	201	2	442	19
South Kingstown	3,407	185	229	0	414	12
Tiverton	1,783	267	30	0	297	17
Warwick	9,585	1,424	0	1	1,425	15
West Warwick	3,407	488	883	0	1,371	40
Westerly	3,072	361	13	0	374	12
Woonsocket	5,737	973	4,377	0	5,350	93
Charter Schools	*3,525*	*252*	*144*	*1*	*397*	*11*
State-Operated Schools	*1,733*	*52*	*293*	*0*	*345*	*20*
UCAP	*141*	*34*	*0*	*0*	*34*	*24*
Four Core Cities	*40,762*	*10,650*	*7,892*	*3,893*	*22,435*	*55*
Remainder of State	*93,989*	*11,317*	*5,631*	*1,312*	*18,260*	*19*
Rhode Island	*140,150*	*22,305*	*13,960*	*5,206*	*41,471*	*30*

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, 2011-2012 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, Pawtucket, Providence and Woonsocket.

Charter schools include: Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep, The Compass School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Rhode Island Nurses Institute Middle College Charter School, Paul Cuffee Charter School, Segue Institute for Learning, and Trinity Academy for the Performing Arts. State-operated schools include: DCYF Schools, 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.

References

[1,3,5,18] Sundius, J. & Farneth, M. (2008). *Putting kids out of school: What's causing high suspension rates and why they are detrimental to students, schools, and communities.* Baltimore, MD: Open Society Institute – Baltimore.

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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 more than four times as likely to be unemployed as those who have bachelor's degrees.[1] Between 2009 and 2011 in Rhode Island, the median income of adults without high school diplomas or GEDs was $21,736, compared to $29,838 for adults with high school degrees and $51,157 for adults with bachelor's degrees.[2] In 2011, 14% of Rhode Island children lived in households headed by a non-high school graduate, compared to 15% nationally.[3]

People with more education are more likely to practice health-promoting behaviors, to be able to access needed care, to have better health outcomes and to live longer than those with less education. Closing gaps in educational attainment would help reduce health disparities.[4]

Children who attend high-quality preschool programs and read at grade level in elementary school are more likely to graduate from high school than their peers.[5] Early warning and intervention systems use early predictors of dropping out, such as poor attendance, behavior problems, and course failure in math and reading to identify students who are off-track; so personalized and timely academic supports can be put in place to help students get "on track" for graduation.[6]

Other strategies for improving graduation rates include ensuring that students are reading proficiently by the end of third grade; reducing chronic absenteeism; creating eighth to ninth grade transition programs; supporting personalized learning and meaningful student connections with adults in the school; implementing rigorous, engaging and relevant curricula; providing clear pathways from high school to college and career training; and offering dropout recovery programs.[7]

High School Graduation Rates

	2009
RI	75%
US	73%
National Rank*	*23rd*
New England Rank**	*5th*

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

Source: Editorial Projects in Education Research Center. (2012). *Diplomas Count 2012 – National and state graduation rates 2009.*

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2012

	COHORT SIZE	FOUR-YEAR GRADUATION RATE	DROPOUT RATE	% COMPLETED GED	% OF STUDENTS STILL IN SCHOOL
All Students	12,076	77%	12%	3%	8%
Females	5,856	82%	10%	3%	6%
Males	6,220	73%	14%	4%	10%
English Language Learners	985	69%	17%	1%	13%
Students With Disabilities	2,607	58%	20%	4%	18%
Students Without Disabilities	9,469	82%	10%	3%	5%
Low-Income Students	6,283	66%	19%	4%	12%
Higher-Income Students	5,793	90%	5%	2%	4%
White	7,974	82%	9%	3%	6%
Asian	334	80%	10%	2%	8%
Black	1,100	67%	20%	3%	11%
Hispanic	2,369	67%	19%	3%	12%
Native American	67	58%	28%	6%	7%

Source: Rhode Island Department of Elementary and Secondary Education, Class of 2012 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 2012 was 77%, the dropout rate was 12%, 3% of students completed their GEDs within four years of entering high school, and 8% were still in school in the fall of 2012.[8]**

◆ **Poverty is strongly linked to the likelihood of dropping out.[9] Students in Rhode Island's four core cities (20%) are more than twice as likely to drop out of high school as students in the remainder of the state (8%).[10]**

Rhode Island Five- and Six-Year High School Graduation Rates

◆ **Rhode Island calculates five- and six-year graduation rates to recognize the graduation accomplishment regardless of the time it takes. Of the 12,360 Rhode Island students who enrolled in ninth grade in 2006, 9,496 (76.8%) graduated in four years in 2010, 446 (3.6%) graduated in five years in 2011, and 66 (0.5%) graduated in six years in 2012.[11]**

◆ **Of the 446 students who graduated in five years in 2011, 36% were students with disabilities. Of the 66 students who graduated in six years in 2012, 53% were students with disabilities.[12]**

Table 51.

High School Graduation Rates, Rhode Island, Class of 2012

SCHOOL DISTRICT	FOUR-YEAR COHORT RATES # OF STUDENTS IN COHORT	FOUR-YEAR GRADUATION RATE	DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL
Barrington	301	94%	1%	1%	5%
Bristol Warren	285	85%	5%	1%	9%
Burrillville	196	81%	12%	2%	5%
Central Falls	229	68%	15%	0%	17%
Chariho	314	87%	5%	3%	6%
Coventry	468	87%	8%	<1%	5%
Cranston	949	81%	11%	3%	6%
Cumberland	398	81%	8%	4%	8%
East Greenwich	196	94%	3%	0%	4%
East Providence	488	69%	16%	3%	12%
Exeter-West Greenwich	148	90%	3%	2%	4%
Foster-Glocester	217	86%	11%	1%	3%
Johnston	222	82%	9%	5%	4%
Lincoln	254	83%	7%	3%	7%
Middletown	168	81%	8%	4%	8%
Narragansett	137	83%	5%	7%	5%
Newport	151	74%	19%	3%	5%
North Kingstown	408	88%	8%	1%	3%
North Providence	263	87%	1%	4%	8%
North Smithfield	138	78%	12%	7%	3%
Pawtucket	617	67%	19%	3%	11%
Portsmouth	276	91%	5%	3%	1%
Providence	2,094	65%	21%	3%	11%
Scituate	115	91%	3%	3%	3%
Smithfield	206	94%	3%	<1%	3%
South Kingstown	287	80%	6%	5%	9%
Tiverton	163	83%	10%	1%	5%
Warwick	848	79%	9%	6%	6%
West Warwick	280	70%	17%	4%	9%
Westerly	248	87%	8%	2%	3%
Woonsocket	456	65%	22%	4%	10%
Beacon Charter High School for the Arts	*42*	*90%*	*2%*	*0%*	*7%*
Blackstone Academy	*36*	*86%*	*3%*	*6%*	*6%*
William M. Davies Jr. Career & Technical High School	*182*	*76%*	*9%*	*3%*	*11%*
DCYF Schools	*118*	*7%*	*49%*	*29%*	*15%*
Metropolitan Regional Career and Technical Center	*154*	*73%*	*6%*	*2%*	*18%*
Four Core Cities	*3,396*	*66%*	*20%*	*3%*	*11%*
Remainder of State	*8,132*	*83%*	*8%*	*3%*	*6%*
Rhode Island	*12,076*	*77%*	*12%*	*3%*	*8%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, Class of 2012.

The 2012 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 2008-2009 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 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.

Core cities are Central Falls, Pawtucket, Providence 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. There are 20 students in this cohort included in the core cities, remainder of the state, and Rhode Island totals that come from districts and schools not reported.

References

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(continued on page 179)

College Preparation and Access

DEFINITION

College preparation and access is the percentage of Rhode Island high school seniors who graduate and go on to college (i.e., enroll in a two-year or four-year college) immediately or within six months of graduation.

SIGNIFICANCE

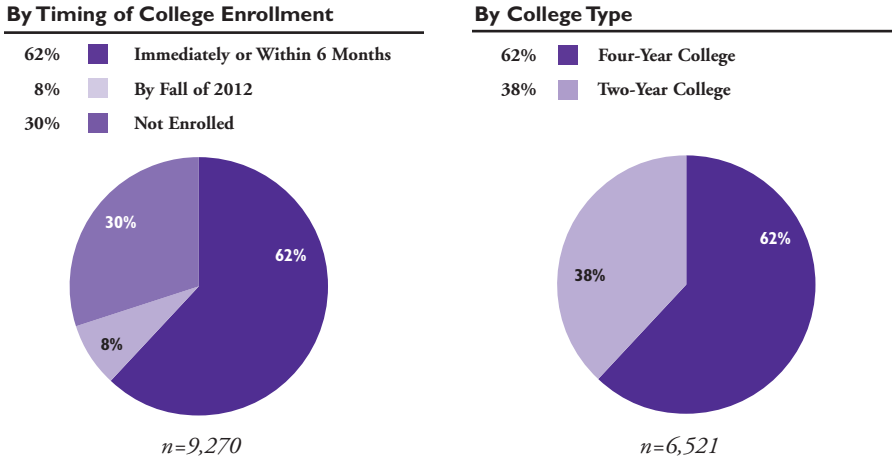
Post-secondary education and/or training are increasingly critical in today's job market. By 2018, 61% of jobs in Rhode Island will require post-secondary education beyond high school.[1] While some students choose to participate in service learning opportunities, technical training programs or obtain 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 2011-2012 school year, 87% of Rhode Island high school seniors reported planning to attend a two- or four-year college.[4] In 2012, 69% of Rhode Island graduating seniors had taken the SATs. Average scores were 490 in critical reading, 491 in math, and 485 in writing.[5] Scores of 500 or better on each section of the test indicate that the student is "college-ready" and more likely to enroll in and succeed in college.[6] 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.[7] Twenty-three percent of Rhode Island's 2012 high school graduates took at least one AP exam during high school, up from 14% in 2007, but still lower than the national rate of 32%.[8]

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. 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.[9,10,11]

Many students who enroll in college do not complete their degree. Low-income students, minority students, and first-generation students are less likely to enroll in and complete college. Academic, financial and social supports can help increase college enrollment and completion rates, especially among these groups.[12,13,14,15]

College Enrollment Among Rhode Island High School Graduates, Class of 2011



Source: Rhode Island Department of Elementary and Secondary Education, 2013.

◆ **Nearly two-thirds (62%) of Rhode Island students who graduated from high school in four years in 2011 enrolled in college immediately or within six months, and another 8% enrolled in college by Fall of 2012. Sixty-two percent of the students enrolled in college were enrolled in a four-year college and 38% were enrolled in a two-year college. By the Fall of 2012, 30% of 2011 high school graduates had still not enrolled in college.[16]**

◆ **In 2009, more than half (53%) of Rhode Island's 18 to 24 year-olds were enrolled in college, a higher percentage than any other state.[17] Two-thirds (66%) of Rhode Island students enrolled in four-year colleges graduated within six years, higher than the national rate of 56%.[18] Among Rhode Island students enrolled in two-year colleges, 12% graduated within three years, lower than the national rate of 29%.[19] This rate does not include the 20% of students at CCRI that transferred to four-year colleges.[20]**

◆ **Improving college access and success will require improvements at all points in the early education to college education system, including increasing access to high-quality preschool, implementing research-driven dropout prevention programs, aligning the K-12 education system with college and career expectations, simplifying the college admission process, keeping college affordable, and providing student support programs that increase college completion rates.[21]**

Table 52.

College Preparation and Access, Rhode Island

SCHOOL DISTRICT	TOTAL 12TH GRADE ENROLLMENT OCT. 2012	% OF 11TH GRADERS PROFICIENT IN READING, 2012	% OF 11TH GRADERS PROFICIENT IN MATH, 2012	% OF 12TH GRADERS WHO PLANNED TO ATTEND COLLEGE, 2012	4-YEAR HIGH SCHOOL GRADUATION RATE, 2012	# OF 12TH GRADERS WHO FILLED OUT THE FAFSA, 2012	% OF 12TH GRADERS TAKING THE SATs, 2012
Barrington	269	94%	71%	96%	94%	166	97%
Bristol Warren	252	90%	48%	87%	85%	187	61%
Burrillville	174	79%	26%	82%	81%	111	54%
Central Falls	235	46%	13%	86%	68%	144	31%
Chariho	292	89%	47%	79%	87%	172	60%
Coventry	405	89%	38%	85%	87%	265	70%
Cranston	838	81%	25%	89%	81%	573	55%
Cumberland	349	86%	39%	87%	81%	272	69%
East Greenwich	185	95%	69%	92%	94%	143	89%
East Providence	397	80%	28%	83%	69%	288	48%
Exeter-West Greenwich	152	93%	61%	88%	90%	102	62%
Foster-Glocester	184	93%	48%	84%	86%	131	68%
Johnston	185	78%	24%	87%	82%	192	50%
Lincoln	254	89%	50%	82%	83%	180	56%
Middletown	178	86%	52%	91%	81%	95	54%
Narragansett	128	94%	44%	96%	83%	151	82%
New Shoreham	6	NA	NA	NA	NA	6	83%
Newport	139	82%	26%	88%	74%	114	55%
North Kingstown	383	93%	55%	92%	88%	239	73%
North Providence	240	83%	35%	91%	87%	198	54%
North Smithfield	134	91%	45%	81%	78%	91	58%
Pawtucket	461	58%	15%	87%	67%	393	59%
Portsmouth	229	89%	56%	92%	91%	177	88%
Providence	1,456	56%	15%	88%	65%	1,247	74%
Scituate	120	92%	49%	89%	91%	120	70%
Smithfield	187	94%	59%	88%	94%	150	78%
South Kingstown	298	90%	64%	86%	80%	209	66%
Tiverton	150	82%	35%	73%	83%	90	53%
Warwick	746	82%	28%	84%	79%	516	52%
West Warwick	226	82%	35%	90%	70%	150	54%
Westerly	251	85%	41%	86%	87%	171	61%
Woonsocket	372	68%	21%	83%	65%	199	35%
Beacon Charter High School for the Arts	*62*	*91%*	*28%*	*90%*	*90%*	*NA*	*52%*
Blackstone Academy	*38*	*80%*	*50%*	*94%*	*86%*	*NA*	*87%*
William M. Davies Jr. Career & Technical High School	*160*	*91%*	*34%*	*80%*	*76%*	*NA*	*35%*
DCYF Schools	*23*	*16%*	*11%*	*NA*	*7%*	*NA*	*NA*
Metropolitan Regional Career and Technical Center	*222*	*67%*	*19%*	*84%*	*73%*	*NA*	*2%*
Rhode Island School for the Deaf	*13*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*
Four Core Cities	*2,524*	*58%*	*16%*	*NA*	*66%*	*1,983*	*61%*
Remainder of State	*7,351*	*86%*	*42%*	*NA*	*83%*	*5,259*	*63%*
Rhode Island	*10,509*	*79%*	*34%*	*87%*	*77%*	*7,244*	*60%*

Source of Data for Table/Methodology

12th grade enrollment data (October 1, 2012), 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 2012 *NECAP*.

% of 12th graders who planned to attend college is from the 2011-2012 administration of *SurveyWorks!*, based on responses to the question, "What are you thinking about doing after finishing high school?" and includes students who responded that they planned to go to a community college, two-year college, or four-year college. See the Methodology for more information on *SurveyWorks!*

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 2008-2009, adjusted for transfers in and transfers out.

# of 12th graders living in district 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 1992 and who started college during the 2011-2012 school year. Two students did not indicate city/town of residence but are included in Rhode Island total.

% of 12th graders taking the SATs is the number of students who took the SATs in 2011-2012 divided by the 12th grade enrollment. This number likely includes some 11th graders who took the SATs that year and may not be consistent with the percentage of graduating seniors who took the SATs as reported by the College Board and reported in other places in this indicator.

NA indicates that data are not available either because data were not collected or reported or because the number of students was too small to report.

Core cities are Central Falls, Pawtucket, Providence 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 are on page 178.

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 substance abuse and mental health problems, 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, adult mentoring, out-of-school programs, job training, safer schools 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 2009 and 2011, an estimated 4,206 (6%) 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, 40% were females and 60% were males. Forty-eight percent of these youth were high school graduates and 52% had not graduated from high school.[10]

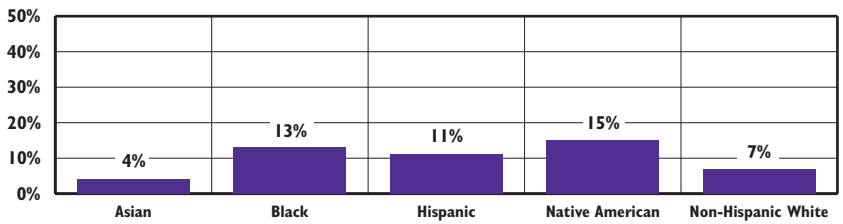
Teens Not in School and Not Working

	2011
RI	7%
US	8%
National Rank*	*12th*
New England Rank**	*5th*

**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

Percentage of U.S. Youth Ages 16 to 19, Not in School and Not Working, by Race and Ethnicity, 2011



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

◆ **Nationally and in Rhode Island, minority youth are more likely to be disconnected from school and work.[11,12] In 2011 among youth ages 16 to 19 in the U.S., 15% of Native American youth, 13% of Black youth, and 11% of Hispanic youth were not in school and not working, compared to 7% of non-Hispanic White youth and 4% of Asian youth.[13]**

◆ **The economic recession has had a negative impact on the job market for youth and young adults. Nationally, youth employment is at its lowest level since World War II, with 26% of teens ages 16 to 19 employed. In Rhode Island, 32% (20,000) of teens ages 16 to 19 were employed in 2011.[14]**

Compulsory School Attendance

◆ **In 2011, Rhode Island raised its school attendance requirement from age 16 to 18. Rhode Island students over age 16 may obtain a waiver from the attendance requirement if they have an alternative learning plan for obtaining a diploma. Plans can include independent study, private instruction, community service, or online coursework and must be developed in consultation with the student, school guidance counselor, school principal and at least one parent or guardian. Alternative learning plans must be approved by the district superintendent.[15]**

◆ **As of June 2010, 20 states had set compulsory attendance to age 18, 11 states required attendance to age 17 and the remaining 19 states required school attendance to age 16.[16]**

Connecting Youth to School and Work

◆ **Education has a positive impact on the likelihood of finding and maintaining employment. Between 2009 and 2011, the unemployment rate for Rhode Island adults ages 25 to 64 with a bachelor's degree or higher was 4%, compared with 17% for those with less than a high school diploma.[17]**

◆ **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.[18,19,20]**

◆ **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.[21]**

Youth Work Experience

◆ **Work experience during the teen years increases employability and wages into early adulthood and improves the likelihood that workers will receive formal training, including apprenticeship training, from their employers early in their careers.[22]**

◆ **Investment in summer work programs helps keep adolescents attached to constructive youth development activities and can help prevent youth violence.[23]**

◆ **Expanding work experience, internship, and job shadowing programs can help more youth in Rhode Island successfully transition into the workforce. These types of programs can help to motivate students, teach them critical skills, connect them with mentors and positive adult role models, as well as help them to make informed decisions about vocational training, colleges, and careers. Many internship programs allow youth to receive school credit and/or earn money, while gaining important workplace experience.[24,25]**

References

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Methodology

References

Committees

Acknowledgements

Methodology

The *2013 Rhode Island Kids Count Factbook* examines 68 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. 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.
- ***Four Core Cities Data:*** The core cities are the four Rhode Island communities with the highest percentages of children living below the poverty threshold according to the 2007-2011 American Community Survey conducted by the U.S. Census Bureau. They include Central Falls, Pawtucket, Providence and Woonsocket. The core cities are different than in previous Factbooks that were identified based on the child poverty rates reported in Census 2000. In prior Factbooks, the six core cities were Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket. When core city trends are presented in this Factbook, they are based on the new definition of core cities for all years presented.
- ***Most Recent Available Data:*** The 2013 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 2007 and 2011. 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) also is 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 2010, the Current Population Survey, Population Estimates, and the American Community Survey. In all city/town tables that require population statistics, data is from Census 2010 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 the data come from.

Starting with the *2012 Rhode Island Kids Count Factbook*, rates that use the child population as the denominator are based on Census 2010. Previous years are based on Census 2000. In instances where Census 2010 data also 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. Indicators affected by this change include: Children in Families Receiving Cash Assistance, Children with Asthma, Births to Teens, Children of Incarcerated Parents, Child Abuse and Neglect, Children Enrolled in Early Intervention, Children Enrolled in Early Head Start and Children Enrolled in Head Start.

Whenever possible, Census data are updated using the most recent data from Census 2010; however, Census 2010 was a briefer survey than Census 2000 and did not include questions on employment and education status or on income, so indicators based on these measures use the most recent data from the American Community Survey.

Margins of Error for Median Family Income and Children in Poverty

The 2007-2011 Median Family Income and Child Poverty data are estimates based on the American Community Survey, a sample survey. The reliability of estimates vary by community. In general, estimates for small communities are not as reliable as estimates for larger communities. The Margin of Error is a measure of the reliability of the estimate and is provided by the U.S. Census Bureau. The Margin of Error means that there is a 90 percent chance that the true value is

Margins of Error, Median Family Income, Rhode Island, 2007-2011

CITY/TOWN	2007-2011 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	MARGIN OF ERROR
Barrington	$123,667	$14,519
Bristol	$94,688	$24,828
Burrillville	$83,623	$8,890
Central Falls	$35,183	$9,435
Charlestown	$74,853	$31,533
Coventry	$89,088	$6,600
Cranston	$74,328	$5,087
Cumberland	$99,053	$6,073
East Greenwich	$150,147	$19,846
East Providence	$64,650	$5,858
Exeter	$115,636	$14,603
Foster	$77,434	$36,304
Glocester	$86,989	$7,219
Hopkinton	$73,475	$20,708
Jamestown	$84,773	$41,895
Johnston	$73,260	$7,404
Lincoln	$98,039	$6,191
Little Compton	$119,107	$62,415
Middletown	$85,703	$4,764
Narragansett	$95,208	$14,082
New Shoreham	$99,167	$24,541
Newport	$59,444	$11,400
North Kingstown	$104,539	$8,466
North Providence	$63,686	$7,376
North Smithfield	$113,636	$16,737
Pawtucket	$38,471	$3,959
Portsmouth	$122,633	$9,589
Providence	$34,877	$2,165
Richmond	$101,420	$18,197
Scituate	$90,789	$13,085
Smithfield	$98,808	$5,754
South Kingstown	$101,857	$16,562
Tiverton	$83,886	$7,030
Warren	$75,771	$7,368
Warwick	$76,689	$3,847
West Greenwich	$103,897	$9,450
West Warwick	$65,617	$17,756
Westerly	$85,182	$10,181
Woonsocket	$35,256	$4,471
Four Core Cities	*NA*	*NA*
Remainder of State	*NA*	*NA*
Rhode Island	*$68,507*	*$1,499*

Margins of Error, Children Living Below the Federal Poverty Threshold, Rhode Island, 2007-2011

CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2007-2011			
#	MARGIN OF ERROR	%	MARGIN OF ERROR
128	253	2.8%	5.59%
242	180	6.5%	4.77%
390	236	11.8%	7.00%
1,957	419	36.9%	6.99%
190	250	13.5%	17.53%
938	311	11.7%	3.77%
1,788	386	11.0%	2.29%
334	142	4.6%	1.94%
279	259	8.2%	7.56%
1,625	431	17.2%	4.37%
24	253	1.9%	19.67%
41	236	3.9%	22.75%
104	205	5.1%	10.10%
34	274	2.4%	19.73%
208	221	18.4%	19.27%
593	229	10.3%	3.87%
417	256	9.2%	5.56%
NA	NA	NA	NA
405	187	10.9%	4.91%
159	181	6.7%	7.61%
15	252	9.7%	163.52%
533	215	14.0%	5.42%
560	229	8.8%	3.57%
660	275	11.1%	4.48%
128	230	5.3%	9.50%
4,790	682	29.4%	3.91%
218	217	5.8%	5.79%
15,428	1,264	37.3%	2.83%
178	330	9.5%	17.50%
97	263	4.0%	10.72%
76	242	2.1%	6.73%
326	234	5.7%	4.06%
243	157	7.8%	4.95%
187	163	9.2%	7.89%
1,382	310	8.8%	1.94%
97	207	6.5%	13.89%
1,008	302	17.3%	4.96%
546	242	11.4%	4.89%
3,572	560	35.8%	4.97%
25,747	*971*	*35.3%*	*1.23%*
14,153	*930*	*9.4%*	*0.61%*
39,900	*1,884*	*17.9%*	*0.83%*

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no less than the estimate minus the Margin of Error and no more than the estimate plus the Margin of Error. Margins of Error are provided for all communities in the tables in this section.

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). The total number of students identified by school districts is higher than the total for Rhode Island because some students were identified as homeless by multiple school districts in which they were enrolled.

Methodology for Children with Lead Poisoning

In 2012, the Centers for Disease Control and Prevention (CDC) lowered the threshold for which a child is considered to have an elevated blood lead level from 10 µg/dL to 5 µg/dL. This new threshold, also called a reference value, is based on the U.S. population of children age one through five who are in the highest 2.5% of children when tested for lead in their blood. CDC will update the reference value every four years using the two most recent National Health and Nutrition Examination Surveys (NHANES).

Because no safe blood lead level in children has been identified, the CDC also will no longer use the term "level of concern" when talking about those children whose blood lead levels exceed the reference value and require case management. Instead, they will replace that term with the reference value and the date of the NHANES that was used to calculate the reference value. For more information on this policy change, see www.cdc.gov.

Rhode Island law requires that all children under age six must be screened annually for lead. In October 2007, the Healthy Housing and 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 (which were updated in 2012 to reflect the new CDC recommendations) indicate that if either of the blood lead tests done at one and two years of age is ≥5 µg/dL, annual screening should continue until the age of six. For those children whose blood lead tests are ≤5 µg/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. For those children under age six who have not been screened at least twice prior to 36 months of age, it is recommended that a blood lead test be ordered. If the blood lead level is ≥5 µg/dL, the child should be screened annually.

Confirmed lead data at both the ≥5 µg/dL and ≥10 µg/dL reference values 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 µg/dL were not in place until July 1, 2004, while the ≥5 µg/dL capillary follow-up test policies were not in place until 2012. Thus, confirmed lead poisoning trend data at ≥10 µg/dL reference value is only available since 2005, while ≥5 µg/dL confirmed lead poisoned trend data is only available since 2012.

Indicators Using *SurveyWorks!* Data

The following indicators use *SurveyWorks!* data: Alcohol, Drug and Cigarette Use by Teens; Youth Violence; and College Preparation and Access. *SurveyWorks!* is an on-line survey that is sponsored by the Rhode Island Department of Elementary and Secondary Education. In 2009, *SurveyWorks!* replaced the School Accountability for Learning and Teaching (SALT) survey, although some questions were retained in order to provide trend data over time. The *SurveyWorks!* tool was administered in the 2011-2012 school year to students in grades 4-12, with the exception of students who were excused by their parents and students with Individualized Education Programs (IEPs) who were unable to take the survey.

Grades included in middle and high school vary by district. For the Rhode Island percentage, middle school includes grades 5-8, and high school includes grades 9-12.

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 a 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.

Methodology for Child Deaths due to Child Abuse and Neglect

Beginning in the 2013 Factbook, child deaths due to child abuse and neglect are reported using data provided by the Rhode Island Department of Health. Data from previous Factbooks are not comparable due to a change in data source.

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. The Academy for Career Exploration, the New England Laborers'/Cranston Public Schools Construction Career Academy, and Times2 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 (RIDE) website. The Rhode Island total may not be the same as the sum of the districts because results for districts with fewer than 20 students are not reported by RIDE. 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 Schools Identified for Intervention

Under Rhode Island's new accountability system, each school receives a Composite Index Score (CIS) ranging from 0 to 100 points. Accountability calculations are made for schools at each applicable level (i.e., elementary, middle, or high school). Scores are based on seven measures of performance: reading and math proficiency on the state assessment, progress toward target goals in reading and math proficiency, achievement gap-closing, distinction on reading and math assessments, year-over-year individual student growth in reading and math performance (elementary and middle schools only), the graduation rate (high schools only), and improvement in school-wide math and reading state assessment scores (high schools only).

Many metrics are disaggregated into subgroups: a Consolidated Minority and Economically Disadvantaged Subgroup and a Consolidated Program Subgroup, which includes special needs students with Individualized Education Plans (IEPs) and English Language Learner (ELL) students. Each subgroup is measured only if there are at least 20 students in that subgroup.

The individual scores for each metric are then added to arrive at the total score, the CIS. The cut score is the primary factor used to determine which of the six classifications schools are assigned to (e.g., Commended, Leading, Typical, Warning, Focus, and Priority), although other factors, such as the participation rate on state assessment tests are also considered.

Commended Schools have the highest index scores in the state and no achievement gaps and are recognized because of either high performance or significant progress. Leading Schools have an index score between 70 and 76. Typical Schools have an index score between 50 and 70. Warning Schools may have shortcomings in any of the seven measures of performance, including an index score of less than 50, proficiency of 10 or fewer points, gap-closing of fewer than 15 points, growth of 7.5 points or fewer, improvement in graduation of 10 points or fewer, a low graduation rate over time, or a

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participation rate of less than 95 percent. Focus Schools have the lowest point totals in the state, excluding Priority Schools, for proficiency or gap-closing, regardless of their index score. Priority Schools have the lowest Composite Index Scores in the state. Schools previously identified as Persistently Lowest Achieving are also classified as Priority Schools.

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 68 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 seniors 65 years and over. The 2012 federal poverty threshold for a family of three with two children is $18,498 and $23,283 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 U.S. 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 for public programs. 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

2013 Federal Poverty Guidelines	Annual Income Family of Three	Annual Income Family of Four
50%	$9,765	$11,775
100%	$19,530	$23,550
130%	$25,389	$30,615
175%	$34,178	$41,213
180%	$35,154	$42,390
185%	$36,131	$43,568
200%	$39,060	$47,100
225%	$43,943	$52,988
250%	$48,825	$58,875

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Rhode Island KIDS COUNT Committees

Rhode Island KIDS COUNT Factbook Advisory Committee

David Allenson
Rhode Island Department of Children, Youth and Families

Reverend Dr. Donald C. Anderson
Rhode Island State Council of Churches

John A. Y. Andrews
Rhode Island Executive Office of Health and Human Services

Karen Beese
Rhode Island Department of Human Services

Blythe Berger
Rhode Island Department of Health

Erin L. Boyar
Rhode Island Department of Corrections

Mike Burk
Rhode Island Department of Children, Youth and Families

Rachel Cain
Rhode Island Department of Health

Anthony Calitri
Rhode Island Department of Human Services

Tammy Camillo
Rhode Island Association for the Education of Young Children

Colleen Caron
Rhode Island Department of Children, Youth and Families

Cathy Ciano
Parent Support Network of Rhode Island

Regina Costa
Office of the Child Advocate

Matthew Cox
Rhode Island Parent Information Network

Deborah DeBare
Rhode Island Coalition Against Domestic Violence

Paula S. Dominguez
Rhode Island House of Representatives Policy Office

Carrie Feliz
Providence Public School Department

Deborah Florio
Rhode Island Executive Office of Health and Human Services

Marie Ganim
Rhode Island Senate Policy Office

Leslie Gell
Ready to Learn Providence

Kathleen S. Gorman
URI, Feinstein Center for a Hunger Free America

Michael Grady
Annenberg Institute for School Reform

Adam Greenman
Rhode Island Afterschool Plus Alliance

Jane Griffin
Rhode Island Executive Office of Health and Human Services

Kenneth Gu
Rhode Island Department of Elementary and Secondary Education

Lisa Guillette
Foster Forward

Jane Hayward
Rhode Island Health Center Association

Lisa Hildebrand
Rhode Island Association for the Education of Young Children

Eric Hirsch
Rhode Island Emergency Food and Shelter Board

Susan C. Jacobsen
Mental Health Association of Rhode Island

Linda Katz
The Economic Progress Institute

Kathleen Keenan
Foster Forward

Veronika Kot
Rhode Island Legal Services

Nicole Lagace
HousingWorks RI

Amy Lapierre
Rhode Island Executive Office of Health and Human Services

Khadija Lewis Khan
Beautiful Beginnings Child Care Center

Gail Mance-Rios
Rhode Island Higher Education Assistance Authority

Joanne McGunagle
Comprehensive Community Action Program

Ramona Mello
Child & Family Service of Newport County

Ana Novais
Rhode Island Department of Health

Caitlin O'Connor
Rhode Island Department of Corrections

Ronald Pagliarini
Rhode Island Family Court

Michele Palermo
Rhode Island Department of Elementary and Secondary Education

Candace Powell
Salve Regina University, School of Nursing

Larry Pucciarelli
Rhode Island Department of Human Services

Jeffrey Renzi
Rhode Island Department of Corrections

Kevin Richard
Rhode Island Family Court

Sharon Santilli
Rhode Island Child Support Services

Caitlin Thomas
Rhode Island Senate Policy Office

Samara Viner-Brown
Rhode Island Department of Health

Dawn Wardyga

Rhode Island KIDS COUNT Committees

Rhode Island KIDS COUNT Community Leadership Council

Roberta Hazen Aaronson
Childhood Lead Action Project

Denise Achin
Rhode Island Technical Assistance Project

Betsy Akin
March of Dimes, Rhode Island Chapter

Darlene Allen
Adoption Rhode Island

Reverend Dr. Donald C. Anderson
Rhode Island State Council of Churches

Raymond Arsenault
Spurwink School

Lenette Azzi-Lessing
Wheelock College

Robert Barge
Rhode Island Legal Services

Kate Begin
Prevent Child Abuse Rhode Island

Carolyn Belisle
Blue Cross & Blue Shield of Rhode Island

Kim Bigonette
Junior League of Rhode Island

Stanley Block, MD
Providence Community Health Centers

Erin Boyar
Rhode Island Department of Corrections

Kate Brewster
The Economic Progress Institute

Mario Bueno
Progreso Latino

Tammy Camillo
Rhode Island Association for the Education of Young Children

David Caprio
Children's Friend and Service

Sharon K. Carter
Newport Partnership for Families

Michael Cerullo
Licensed Mental Health Counselor

Channavy Chhay
Socio-Economic Development Center for Southeast Asians

Cathy Ciano
Parent Support Network of Rhode Island

Heidi Collins
Connecting for Children and Families

Lela Coons
Warwick Coalition to Prevent Child Abuse

Patrice Cooper
UnitedHealthcare Community Plan

Beth Cotter
Rhode Island House of Representatives Policy Office

Terese Curtin
Connecting for Children & Families

Laureen D'Ambra
Rhode Island Family Court

Deborah DeBare
Rhode Island Coalition Against Domestic Violence

Robert C. DeBlois
Urban Collaborative Accelerated Program

Peter DiBari
Newport Child and Family Services

Lynda Dickinson
CHILD, Inc.

Susan Dickstein
Bradley/Hasbro Children's Research Center

Paula Dominguez
Rhode Island House of Representatives Policy Office

Elizabeth Earls
Rhode Island Department of Corrections

John E. Farley, Jr., MD

Karen Feldman
Young Voices

Maryann Finamore-Allmark
West Bay Children's Center

Patricia Flanagan, MD
Hasbro Children's Hospital

Shirley Spater Freedman, DMD
Samuels Sinclair Dental Center, Rhode Island Hospital

Gregory Fritz, MD
Hasbro Children's Hospital

Marie Ganim
Rhode Island Senate Policy Office

Cynthia Garcia-Coll
Brown University

Reverend Betsy Aldrich Garland
Rhode Island Interfaith Coalition

Joseph Garlick
NeighborWorks Blackstone River Valley

Leslie Gell
Ready to Learn Providence

Kathleen S. Gorman
URI, Feinstein Center for a Hunger Free America

Teny Gross
Institute for the Study and Practice of Nonviolence

Lisa Guillette
Foster Forward

Rabbi Leslie Y. Gutterman
Temple Beth El

Jane Hayward
Rhode Island Community Health Center Association

Susan Jacobsen
Mental Health Association of Rhode Island

Carole Jenny, MD
Hasbro Children's Hospital

Jennie Johnson
City Year Rhode Island

Chuck Jones
Thundermist Health Center

Susan Kaplan

Linda Katz
The Economic Progress Institute

Sister Ann Keefe
Saint Michael the Archangel

H. John Keimig
Healthcentric Advisors

John M. Kelly
Meeting Street

Robert Klein, MD
Rhode Island Hospital

Christopher F. Koller
Office of the Health Insurance Commissioner

Elizabeth Lange, MD
Rhode Island Chapter American Academy of Pediatrics

Rhode Island KIDS COUNT Committees

Peg Langhammer
The Sexual Assault and Trauma Resource Center of Rhode Island

Dennis B. Langley
Urban League of Rhode Island

Cindy Larson
LISC, Rhode Island

Victor Lerish, MD
Barrington Pediatric Associates

Benedict F. Lessing, Jr.
Family Resources Community Action

Christina Lopes
RI-CAN

Kim Maine
Sunshine Child Development Center

Margaret Holland McDuff
Family Service of Rhode Island

Patrick McGuigan
The Providence Plan

Yvette Mendez
The Rhode Island Foundation

Simon Moore
College Visions

Ann Mulready
Rhode Island Disability Law Center

Anne M. Nolan
Crossroads Rhode Island

Patricia Nolin
Rhode Island College, Office of the President

Susan Orban
Washington County Coalition for Children

Adeola Oredola
Youth in Action

Steven Ostiguy
Church Community Housing Corporation

Jill Pfitzenmayer
Initiative for Nonprofit Excellence The Rhode Island Foundation

Candace Powell
Salve Regina University School of Nursing

Sister Mary Reilly
Sophia Academy

Brother Michael Reis
Tides Family Services

Angela Romans
Providence Mayor's Office

James Ryczek
Rhode Island Coalition for the Homeless

Hillary Salmons
Providence After School Alliance

Julian Santiago
Young Voices

Andrew Schiff
Rhode Island Community Food Bank

Ronald Seifer
Bradley/Hasbro Children's Research Center

Kathryn Shanley
Delta Dental of Rhode Island

Henry Shelton
The George Wiley Center

John C. Simmons
Rhode Island Public Expenditure Council

Tina Spears
Rhode Island Parent Information Network

Allan W. Stein
United Way of Rhode Island

Susan Stevenson
Gateway Healthcare

Craig Syata
Rhode Island Council of Community Mental Health Organizations

The Honorable O. Rogeriee Thompson
U.S. 1st Circuit Court of Appeals

James Vincent
NAACP, Providence Chapter

Brenda Whittle
Neighborhood Health Plan of Rhode Island

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Family and Community

Child Population, Children in Single-Parent Families, Racial and Ethnic Diversity, Racial and Ethnic Disparities: Linda Katz, The Economic Progress Institute; Ana Novais, Samara Viner-Brown, RI Department of Health; David Allenson, Brian Renzi, RI Department of Children, Youth and Families; Kenneth Gu, Emily Klein, RI Department of Elementary & Secondary Education; Pablo Rodriguez, Women and Infants Hospital; Dennis Langley, Urban League; Jean D'Amico, Mark Mather, Population Reference Bureau.

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Infants Born at Highest Risk: Ellen Amore, Blythe Berger, Kristine Campagna, Sara Remington, RI Department of Health; Patricia Flanagan, Hasbro Children's Hospital; Susan Dickstein, Ronald Seifer, Bradley/Hasbro Children's Research Center.

Mother's Education Level: Samara Viner-Brown, RI Department of Health; Laura Beavers Speer, The Annie E. Casey Foundation.

Economic Well-Being

Median Family Income: Laura Beavers Speer, The Annie E. Casey Foundation; Linda Katz, The Economic Progress Institute.

Cost of Housing: Susan Bodington, Annette Bourne, Vanessa Galarza, Amy Rainone, Rick Rollins, Rhode Island Housing; Jessica Cigna, Nellie Gorbea, Nicole Lagace, HousingWorks RI; Kristin Hess, National Grid; Eric Hirsch, Providence College and RI Food and Shelter Board.

Homeless Children: Eric Hirsch, Providence College and RI Emergency Food and Shelter Board; Kenneth Gu, RI Department of Elementary and Secondary Education; Annette Bourne, Vanessa Galarza, Amy Rainone, Rick Rollins, Rhode Island Housing; Karen Jeffreys, Jim Ryczek, Rhode Island Coalition for the Homeless; Michael Tondra, RI Department of Administration; Brother Michael Reis, Tides Family Services; Barbara Duffield, National Association for the Education of Homeless Children and Youth.

Secure Parental Employment: Laura Beavers Speer, The Annie E. Casey Foundation; Linda Katz, The Economic Progress Institute; Sharon Santilli, Office of Child Support Services; Vincent Rossi, RI Department of Labor and Training.

Children Receiving Child Support: Sharon Santilli, Office of Child Support Services; Rachel Flum, Linda Katz, The Economic Progress Institute; Vincent Rossi, RI Department of Labor and Training.

Children in Poverty: Linda Katz, The Economic Progress Institute; William O'Hare, Laura Beavers Speer, The Annie E. Casey Foundation; Annette Bourne, Vanessa Galarza, Amy Rainone, Rick Rollins, Rhode Island Housing; David Allenson, Colleen Caron, Brian Renzi, Leon Saunders, RI Department of Children, Youth and Families; Arloc Sherman, Center on Budget and Policy Priorities; Jean D'Amico, Mark Mather, Population Reference Bureau.

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Children's Health Insurance: John A.Y. Andrews, Jason Brown, Alison Croke, Lissa DiMauro, Deborah Florio, Sharon Kernan, Amy Lapierre, RI Executive Office of Health and Human Services; Laura Beavers Speer, The Annie E. Casey Foundation; Linda Katz, The Economic Progress Institute; Jean D'Amico, Population Reference Bureau.

Childhood Immunizations: Rachel Cain, Hanna Kim, Kathy Marceau, Patricia Raymond, Samara Viner-Brown, RI Department of Health.

Access to Dental Care: John A.Y. Andrews, Jason Brown, Deborah Florio, RI Executive Office of Health and Human Services; Rachel Cain, Laurie Leonard, Junhie Oh, Kathy Taylor, Samara Viner-Brown, RI Department of Health; Jane Griffin, MCH Evaluation.

Children's Mental Health: John Peterson, Henry Sachs, Rachel Schwartz, Susan Thompson, Daniel Wall, Lifespan; Charles Alexandre, Mark Gloria, Butler Hospital; Kathy Taylor, Samara Viner-Brown, RI Department of Health; Gregory Fritz, Hasbro Children's Hospital; John A.Y. Andrews, Jason Brown, Lissa DiMauro, Deborah Florio, Sharon Kernan, Christine Robin, Jie Yang, RI Executive Office of Health and Human Services; Noelle Wood, RI Department of Behavioral Health, Developmental Disabilities and Hospitals.

Children With Special Needs: Kenneth Gu, Elliot Krieger, Patricia Strauss, RI Department of Elementary and Secondary Education; John A.Y. Andrews, Jason Brown, Paul Choquette, Alison Croke, Brenda Duhamel, Deborah Florio, Sharon Kernan, Christine Robin, RI Executive Office of Health and Human Services; Deborah Garneau, RI Department of Health.

Breastfeeding: Rachel Cain, Samara Viner-Brown, RI Department of Health.

Women with Delayed Prenatal Care, Low Birthweight Infants, Infant Mortality: Rachel Cain, Ana Novais, Samara Viner-Brown, RI Department of Health; Betsy Akin, RI March of Dimes – RI Chapter; Jane Griffin, MCH Evaluation, Inc.; Laura Beavers Speer, The Annie E. Casey Foundation; Robyn Hoffman, RI Executive Office of Health and Human Services; Pamela High, Hasbro Children's Hospital.

Preterm Births: Rachel Cain, Ana Novais, Samara Viner-Brown, RI Department of Health; Betsy Akin, March of Dimes – RI Chapter; Vani Bettegowda, Joann Petrini, National March of Dimes Foundation; James Padbury, Maureen Phipps, Betty Vohr, Women & Infants Hospital; Amy Lapierre, RI Executive Office of Health and Human Services; Janet Muri, National Perinatal Information Center; Stephen Davis, Neighborhood Health Plan of Rhode Island.

Children with Lead Poisoning: Anne Cardoza, Ana Novais, Anne Primeau-Faubert, Peter Simon, Robert Vanderslice, Samara Viner-Brown, RI Department of Health; Roberta Hazen Aaronson, Childhood Lead Action Project; Pat McLaine, University of Maryland; Tiffany Turner, Centers for Disease Control and Prevention.

Children with Asthma: Rachel Cain, Deborah Pearlman, Nancy Sutton, Kathy Taylor, Samara Viner-Brown, RI Department of Health; Chris Camillo, Providence Community Health Centers; Robert Klein, Rhode Island Hospital; Myra Edens, Hasbro Children's Hospital.

Housing and Health: Sherry Dixon, Rebecca Morley, National Center for Healthy Housing; Laura Beavers Speer, The Annie E. Casey Foundation; Jean D'Amico, Population Reference Bureau; Rachel Cain, Peter Simon, Nancy Sutton, Kathy Taylor, Samara Viner-Brown, RI Department of Health; James Celenza, RI Committee on Occupational Safety & Health; Amy Rainone, Rhode Island Housing; Nellie Gorbea, HousingWorks RI; Simon Kue, RI Housing Resources Commission; Julie A. Capobianco, RI Office of Energy Resources.

Births to Teens: Rachel Cain, Kristine Campagna, Ana Novais, Samara Viner-Brown, RI Department of Health; Patricia Flanagan, Hasbro Children's Hospital; Deborah Perry, YWCA of Northern Rhode Island; Sarah Fox, Women & Infants Hospital and Healthy Kids RI.

Childhood Obesity: Rachel Cain, Bruce Cryan, Hanna Kim, Eliza Lawson, Samara Viner-Brown; Kathleen Gorman, University of Rhode Island Feinstein Center for a Hunger Free America; Patricia Risica, Brown University.

Alcohol, Drug, and Cigarette Use by Teens: Elliot Krieger, Jan Mermin, Peg Votta, RI Department of Elementary and Secondary Education; Bruce Cryan, Samara Viner-Brown, RI Department of Health; Nikki Churchwell, The Providence Plan.

Safety

Child Deaths and Teen Deaths: Rachel Cain, Edward Donnelly, Samara Viner-Brown, RI Department of Health.

Gun Violence: Rachel Cain, Bruce Cryan, Kathy Taylor, Samara Viner-Brown, RI Department of Health.

Youth Violence: Kate Reilly, Sojourner House; Kat Keenan, Foster Forward; Elizabeth Gilheeney, RI Department of Public Safety; Lucy Rios, RI Coalition Against Domestic Violence; Cesar Perez, Michael Schmitt, Tides Family Services; Rachel Cain, Beatriz Perez, Kathy Taylor, Samara Viner-Brown, RI Department of Health; Susan Bowler, Michael Burk, Kevin McKenna, RI Department of Children, Youth and Families; Teny Gross, The Institute for the Study and Practice of Nonviolence; Peg Votta, RI Department of Elementary and Secondary Education; Nikki Churchwell, The Providence Plan

Homeless and Runaway Youth: David Allenson, Michael Burk, Colleen Caron, Brian Renzi, RI Department of Children, Youth and Families; Eric Hirsch, Providence College and RI Emergency Food and Shelter Board; Karen Jeffreys, Jim Ryczek, Rhode Island Coalition for the Homeless; Annette Bourne, Amy Rainone, Rhode Island Housing.

Juveniles Referred to Family Court: Haiganush Bedrosian, Laureen D'Ambra, Ronald Pagliarini, Ron Pirolli, Kevin Richard, Richard Scarpellino, RI Family Court; Elizabeth Gilheeney, Rhode Island Justice Commission; James Baum, Susan Brazil, Cynthia Lomoges; RI Office of the Attorney General; Brother Michael Reis, Tides Family Services.

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Children of Incarcerated Parents: Erin Boyar, Caitlin O'Connor, A. T. Wall, RI Department of Corrections.

Children Witnessing Domestic Violence: Deborah DeBare, Rachel Orsinger, RI Coalition Against Domestic Violence; Elaine Dorazio, RI Supreme Court Domestic Violence Training and Monitoring Unit; Eric Hirsch, Providence College and the RI Emergency Food and Shelter Board.

Child Abuse and Neglect: David Allenson, Michael Burk, Colleen Caron, Brian Renzi, Leon Saunders, Kevin Savage, Stephanie Terry, RI Department of Children, Youth and Families; Deborah DeBare, RI Coalition Against Domestic Violence; Margaret Holland McDuff, Family Service; Peg Langhammer, Day One; Rachel Cain, Kathy Taylor, Samara Viner-Brown, RI Department of Health; Kate Begin, Prevent Child Abuse Rhode Island.

Children in Out-of-Home Placement: David Allenson, Michael Burk, Colleen Caron, Brian Renzi, Leon Saunders, Diane Savage, Kevin Savage, Stephanie Terry, RI Department of Children, Youth and Families; Laureen D'Ambra, RI Family Court; Regina Costa, Office of the Child Advocate; Darlene Allen, Adoption RI; Kate Begin, Prevent Child Abuse RI; Lisa Guillette, Kat Keenan, Foster Forward.

Permanency for Children in DCYF Care: David Allenson, Michael Burk, Colleen Caron, Brian Renzi, Kevin Savage, Stephanie Terry, RI Department of Children, Youth and Families; Darlene Allen, Adoption RI; Lisa Guillette, Kat Keenan, Foster Forward.

Education

Public School Enrollment and Demographics: Mario Goncalves, Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary Education.

Children Enrolled in Early Intervention: Brenda Duhamel, Deborah Florio, Christine Robin Payne, Executive Office of Health and Human Services; John Kelly, Meeting Street; Ben Lessing, Darlene Magaw, Family Resources Community Action; Lee Baker, Fran Rittner, RI Department of Children, Youth and Families; Pamela High, Hasbro Children's Hospital.

Children Enrolled in Early Head Start and Head Start: Larry Pucciarelli, RI Department of Human Services; Toni Enright, Cranston Child Development Center; Lynda Dickinson, CHILD, Inc.; Aimee Mitchell, Children's Friend; Michael Carbone, East Bay Community Action Program; Andrea Riquetti-Salvatore, Meeting Street; LoriAnn Hiener, South County Community Action; Rhonda Farrell, Tri-Town Community Action Agency; Mary Varr, Dee Henry, Woonsocket Head Start Child Development Association; Susan Dickstein, Bradley/Hasbro Children's Research Center; Sue Washburn, Rhode Island Training & Technical Assistance Center.

Licensed Capacity of Early Learning Programs, Early Learning Programs Participating in BrightStars: Karen Beese, Diane Cook, Larry Pucciarelli, RI Department of Human Services; Brenda Almeida, Pam Hall, Indira Prado, RI Department of Children, Youth and Families; Stephanie Enos, Michele Palermo, RI Department of Elementary and Secondary Education; Blythe Berger, RI Department of Health; Christine Chiacu-Forsythe, Leslie Gell, Ready to Learn Providence; Maryann Finamore-Allmark, Westbay Children's Center; Kim Maine, Sunshine Child Development Center; Khadija Lewis Khan, Beautiful Beginnings Child Care Center; Tammy Camillo, Katie Lamson RIAEYC/BrightStars, Joseph Morra, United Way of Rhode Island.

Full-Day Kindergarten: Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary Education.

Children Receiving Child Care Subsidies: Karen Beese, George Bowen, Diane Cook, Sally McGrath, Larry Pucciarelli, Fred Sneesby, Peter Squatrito, RI Department of Human Services; Rachel Flum, The Economic Progress Institute; Helen Blank, National Women's Law Center; Tammy Camillo, RIAEYC/BrightStars; Christine Chiacu-Forsythe, Leslie Gell, Ready to Learn Providence; Maryann Finamore-Allmark, Westbay Children's Center; Kim Maine, Sunshine Child Development Center; Khadija Lewis Khan, Beautiful Beginnings Child Care Center.

Out-of-School Time: Brenda Almeida, Pam Hall, Indira Prado, RI Department of Children, Youth and Families; Jessie Kerr-Vanderslice, Hillary Salmons, Providence After School Alliance; Adam Greenman, Joseph Morra, RI After School Plus Alliance; Jan Mermin, RI Department of Elementary and Secondary Education; Charlotte Boudreau, Erica Saccoccio, Mary Ann Shallcross, RI School Age Child Care Association.

English Language Learners: Kenneth Gu, Elliot Krieger, Robert Measel, RI Department of Elementary and Secondary Education; Cynthia Garcia-Coll, Brown University; Julie Nora, International Charter School.

Preschool Special Education: Ruth Gallucci, Rhode Island Department of Elementary and Secondary Education.

Children Enrolled in Special Education: Kenneth Gu, Emily Klein, Elliot Krieger, Elizabeth Landry, RI Department of Elementary and Secondary Education; Rachel Cain, Peter Simon, Samara Viner-Brown, RI Department of Health; John A.Y. Andrews, RI Executive Office of Health and Human Services; Dawn Wardyga

Student Mobility: Nikki Churchwell, Rebecca Lee, The Providence Plan; Terese Curtin, Connecting for Children and Families, Inc.; Christine Arouth, Newport School Department; Samara Viner-Brown, RI Department of Health; Mario Goncalves, Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary Education.

Fourth- and Eighth-Grade Reading Skills: Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary Education; Julia Steiny; Steven Nardelli, RI League of Charter Schools.

Math Skills: Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary

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Schools Identified for State Intervention: David Abbott, Andrea Castaneda, Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary Education; Steven Nardelli, RI League of Charter Schools.

Chronic Early Absence: Christine Chiacu-Forsythe, Ready to Learn Providence; Kim Chouinard, Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary Education; Christine Arouth, Samantha Brinz, Newport Family and Child Opportunity Zone; Ralph Smith, Laura Beavers Speer, The Annie E. Casey Foundation.

School Attendance: Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary Education; Patrick McGuigan, The Providence Plan; Steven Nardelli, Rhode Island League of Charter Schools.

Suspensions: Kenneth Gu, Elliot Krieger, Elizabeth Landry, RI Department of Elementary and Secondary Education.

High School Graduation Rate: Cynthia Garcia-Coll, Brown University; Kenneth Gu, Elliot Krieger, Elizabeth Landry, RI Department of Elementary and Secondary Education.

College Preparation and Access: Deborah Grossman-Garber, RI Office of Higher Education; Michael Joyce, John Knight, Gail Mance-Rios, RI Higher Education Assistance Authority; Nikki Churchwell, Rebecca Lee, The Providence Plan; Maria Carvalho, Robert Oberg, The College Crusade of RI; Ralph Johnson, Brown University; Simon Moore, College Visions; Eric Klein, William LeBlanc, Community College of RI; Belinda Wilkerson, Providence College; Ronald DiOrio, University of Rhode Island; Kenneth Gu, Elliot Krieger, Peg Votta, RI Department of Elementary and Secondary Education; Solanch Fernandez, Latino College Access Coalition; Tom Mortensen, Postsecondary Opportunity; Paul Harrington, Drexel University.

Teens Not in School and Not Working: Laura Beavers Speer, The Annie E. Casey Foundation; Jean D'Amico, Population Reference Bureau.

Poetry Credits

Andrews, J. (2009). *Julie Andrews' collection of poems, songs, and lullabies.* "The Reading Mother" by Strickland Gillilan. New York, NY: Little, Brown and Company.

Feelings, T. (1993). *Soul looks back in wonder.* "I am the creativity" by Alexis De Veaux. New York, NY: Dial Books.

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Rhode Island KIDS COUNT
One Union Station
Providence, RI 02903

(401) 351-9400
rikids@rikidscount.org
www.rikidscount.org