

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, Community Catalyst, Neighborhood Health Plan of Rhode Island, Blue Cross & Blue Shield of Rhode Island, Delta Dental of Rhode Island, and Ocean State Charities Trust.

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 *2014 Rhode Island Kids Count Factbook* are available for \$20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the 2014 Factbook, please contact:

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Factbook design by Greenwood Associates.  
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## ***2014 Rhode Island Kids Count Factbook***

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\* *New Indicator*

The *2014 Rhode Island Kids Count Factbook* is the twentieth 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 *2014 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 *2014 Rhode Island Kids Count Factbook* examines 70 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 *2014 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.



### 20 Years of Data-Based Advocacy for Children

This volume is the 20th Anniversary Edition of the *Rhode Island Kids Count Factbook*. For 20 years (1994-2014), Rhode Island KIDS COUNT has collected and disseminated the best available data on the well-being of Rhode Island's children. Together with other organizational partners, state agency leaders, elected officials, and citizens, Rhode Island KIDS COUNT has advocated for and facilitated the development of responsive policies and programs in early learning, the education system from pre-kindergarten through college, health coverage and access to care, child welfare, juvenile justice, and economic well-being.



### The Impact of Childhood Poverty

Poverty is linked to every KIDS COUNT indicator. Children most at risk of not achieving their full potential are children in poverty. There are 41,635 poor children in Rhode Island – 19.5% of all children. Nearly two-thirds of Rhode Island's poor children live in just four cities (Central Falls, Pawtucket, Providence, and Woonsocket). Children in poverty live in every community in Rhode Island, but these four communities are where child poverty is most concentrated. Access to affordable and high-quality early learning opportunities, Pre-K to 12 education, health insurance coverage, housing and nutrition, along with policies that support working families, are important tools to ensure the economic well-being of Rhode Island families and to improve child outcomes.



### Reducing Disparities is Key

Rhode Island's children are diverse in racial and ethnic backgrounds, as well as socioeconomic status. Rhode Island KIDS COUNT has documented large and persistent gaps by race and ethnicity as well as by income across indicators of economic well-being, safety, health, early learning, and secondary and higher education. While some of the gaps have narrowed over time, there is still much work to be done to ensure that all Rhode Island children have the equal opportunity to achieve their full potential.

# 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 1,050,292 Rhode Island residents in 2012, with children under age 18 making up 21% of the population. Between 2000 and 2012, Rhode Island's child population decreased by 12% from 247,822 to 216,962.<sup>1,2</sup> Between 2010 and 2012, there were 119,518 households with children under age 18 in Rhode Island, representing almost one-third (29%) of all households.<sup>3</sup> Twenty-five percent of Rhode Island children were under age five, 27% were ages five to nine, 29% were ages 10 to 14, and 18% were ages 15 to 17.<sup>4</sup>

In Rhode Island between 2010 and 2012, 126,554 (58%) children under age 18 lived in married-couple households with their parents, 71,289 (32%) children lived in single-parent households, and 17,965 (8%) children lived with relatives, including grandparents and other relatives. A total of 3,037 (1%) children lived with foster families or other non-relative heads of

household. There were 1,076 (<1%) children and youth under age 18 who lived in group quarters and 46 (<1%) youth who were householders or spouses.<sup>5,6,7</sup>

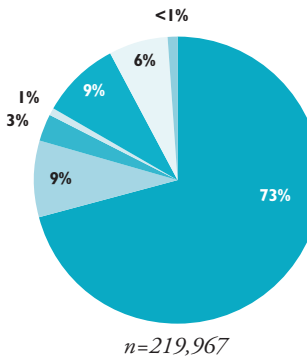
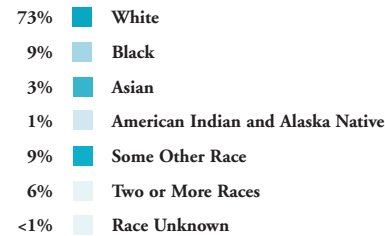
Rhode Island's children are diverse in race, ethnic background, language, and country of origin. Mirroring national trends, the number of Hispanic children in Rhode Island has grown since 2000, both in numbers and as a percentage of the child population. Hispanics now make up 24% of children under age 18 in the United States and 21% of children under age 18 in Rhode Island.<sup>8,9,10,11</sup>

Between 2010 and 2012, there were 8,956 foreign-born children under the age of 18 living in Rhode Island, representing approximately 4% of the child population.<sup>12</sup> 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 Pacific Island language, and 1% speak some other language at home.<sup>13</sup>

Sexual orientation is another important facet of diversity among youth. According to the *2013 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.<sup>14</sup>

## Rhode Island Children Under Age 18, 2010-2012

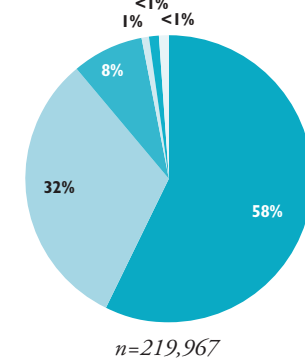
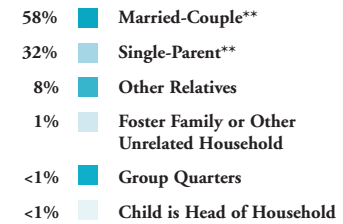
### By Race/Ethnicity\*



\*Hispanic children may be included in any race category. Of Rhode Island's 219,967 children, 46,523 (21%) were Hispanic.

Source: U.S. Census Bureau, American Community Survey, 2010-2012. Tables C01001A, C01001B, C01001C, C01001D, C01001E, C01001G, and C01001I.

### By Family Structure



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

Source: U.S. Census Bureau, American Community Survey, 2010-2012. Table B09001, B09002, and B09018.

◆ In 2012, children under age 18 made up 21% of Rhode Island's population. Of the 216,962 children under age 18 in Rhode Island in 2011, 51% were male and 49% were female.<sup>15</sup>

◆ Between 2010 and 2012, 60% of children in Rhode Island lived in owner-occupied housing units and 40% lived in renter-occupied units.<sup>16</sup>

◆ Of children ages three to 17 enrolled in school in Rhode Island between 2010 and 2012, 85% were enrolled in public schools and 15% were enrolled in private schools.<sup>17</sup>

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

<sup>1,15</sup> U.S. Census Bureau, American Community Survey, 2012. Table S0201.

<sup>2</sup> U.S. Census Bureau, Census 2000 Summary File 1. Table DP-1.

<sup>3</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table S1101.

<sup>4,9</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B01001.

<sup>5</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B09001.

<sup>6</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B09002.

<sup>7</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B09018.

<sup>8</sup> U.S. Census Bureau, Census 2000 Redistricting Summary File. Table QT-PL.

<sup>10</sup> 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.

<sup>11</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table C01001I.

<sup>12</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B05003.

<sup>13</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B16007.

<sup>14</sup> Rhode Island Department of Health, *2013 Youth Risk Behavior Survey*.

<sup>16,17</sup> U.S. Census Bureau, American Community Survey, 2010-2012. 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 197,843 children living with one or more parents in Rhode Island between 2010 and 2012. Of these, 36% (71,289) were living with an unmarried parent, an increase from 27% of children in 2000.<sup>1,2</sup>

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.<sup>3</sup>

Between 2010 and 2012, 76% of children living in poverty in Rhode Island were living in single-parent families. Children in single-parent families in Rhode Island were five times more likely to be living in poverty than those in married-couple families. Between 2010 and 2012 in Rhode Island, 40% of children in single-parent

households lived in poverty, compared to 8% of children in married-couple households.<sup>4</sup>

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.<sup>5</sup> 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.<sup>6,7</sup> 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.<sup>8,9</sup> Regardless of whether children grow up with one or two parents, parenting quality is an important predictor of children’s well-being.<sup>10</sup>

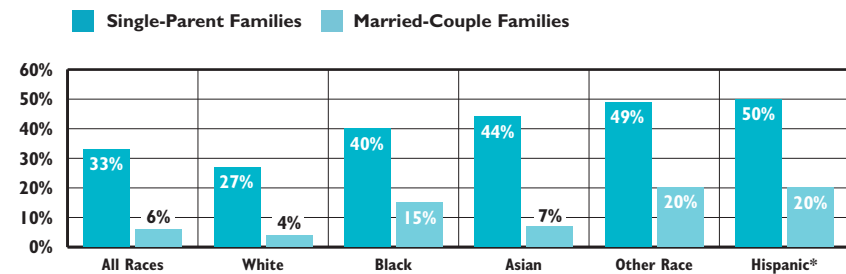
Single-Parent Families		
	2002	2012
RI	31%	40%
US	31%	35%
National Rank*		45th
New England Rank**		6th

\*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, 2010-2012



Source: U.S. Census Bureau, American Community Survey, 2010-2012. Tables B17010, B17010A, B17010B, B17010D, B17010F, 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.<sup>11</sup>

## 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.<sup>12</sup>

◆ 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.<sup>13</sup>

◆ 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.<sup>14</sup>

# Children in Single-Parent Families

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%

## Source of Data for Table/Methodology

U.S. Census Bureau, Census 2010.

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.

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

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# Methodology & References

## Family Income Levels Based on the Federal Poverty Measures

The poverty thresholds are the original version of the federal poverty measure. They are updated each year by the Census Bureau. The thresholds are used mainly for statistical purposes — for instance, estimating the number of children in Rhode Island living in poor families. The poverty threshold is adjusted upward based on family size and whether or not household members are children, adults, or 65 years and over. The 2013 federal poverty threshold for a family of three with two children is \$18,769 and \$23,624 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

2014 FEDERAL POVERTY GUIDELINES	ANNUAL INCOME FAMILY OF THREE	ANNUAL INCOME FAMILY OF FOUR
50%	\$9,895	\$11,925
100%	\$19,790	\$23,850
130%	\$25,727	\$31,005
175%	\$34,633	\$41,738
180%	\$35,622	\$42,930
185%	\$36,612	\$44,123
200%	\$39,580	\$47,700
225%	\$44,528	\$53,663
250%	\$49,475	\$59,625

(continued from page 11)

### References for Children in Single Parent Families

- <sup>13</sup> *Fragile Families and Child Wellbeing Study: Fact sheet.* (n.d.). Retrieved January 31, 2012, from [www.fragilefamilies.princeton.edu](http://www.fragilefamilies.princeton.edu)
- <sup>14</sup> Child Trends Data Bank. (2013). *Births to unmarried women.* Retrieved December 13, 2013, from [www.childtrendsdatabank.org](http://www.childtrendsdatabank.org)

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- <sup>15</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B10050.
- <sup>16</sup> U.S. Census Bureau, Census 2010.
- <sup>16</sup> Rhode Island Department of Children, Youth and Families. (2009). *Kinship care. (Policy 900.0025).* Retrieved January 3, 2014, from [www.dcyf.ri.gov](http://www.dcyf.ri.gov)
- <sup>17</sup> Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 31, 2013.
- <sup>19</sup> Child Welfare League of America. (2009). Rhode Island approved for kinship guardianship option, more pending. *Children's Monitor Online: A public policy update from CWLA*, 22(29).

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### References for Mother's Education Level

- <sup>9</sup> National Center for Children in Poverty. (2013). *Basic facts about low-income children: Children under 18 years, 2011.* Retrieved January 22, 2014, from [www.nccp.org](http://www.nccp.org)
- <sup>10</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B20004.
- <sup>11,13</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2008-2012. Data for 2012 are provisional.
- <sup>12</sup> Livingston, G. & Cohn, D. (2013). *Long-term trend accelerates since recession: Record share of new mothers are college educated.* Washington, DC: Pew Research Center.
- <sup>14</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table S1702.

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### References for Racial and Ethnic Diversity

- <sup>15</sup> The Annie E. Casey Foundation KIDS COUNT Data Center. (2012). *Children in immigrant families in which resident parents have been in the country five years or less - 2011.* Retrieved December 26, 2013, from [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org)
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- <sup>17</sup> U.S. Census Bureau, American Community Survey 3-Year Estimates, 2009-2011. Table B05010.
- <sup>18</sup> Skinner, C., Wight, V. R., Aratani, Y., Cooper, J. L., & Thampi, K. (2010). *English language proficiency, family economic security, and child development.* New York, NY: National Center for Children in Poverty.
- <sup>19</sup> The Annie E. Casey Foundation KIDS COUNT Data Center. (2012). *Children living in linguistically isolated households by children in immigrant families - 2011.* Retrieved December 26, 2013, from [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org)

(continued from page 21)

### References for Racial and Ethnic Disparities

- <sup>28,29,48,49</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014.
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# 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. Black children are more likely to be cared for primarily by a grandparent than White, Hispanic, or Asian children.<sup>1</sup>

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.<sup>2</sup>

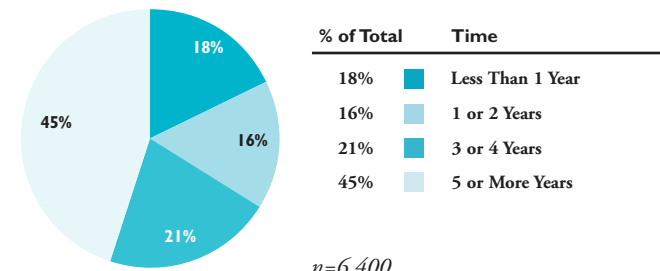
Grandparents who are financially responsible for their grandchildren have higher rates of poverty compared to other adults. Twenty-two percent of grandparent caregivers live below the poverty line, compared to 10% of the population age 50 and over.<sup>3,4</sup>

Many grandparents 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 than traditional foster parents.<sup>5</sup>

Grandparents and other relative caregivers often are isolated and lack information about the support services, resources, programs, benefits, laws, and policies available to them.<sup>6</sup> Nearly all children in the care of relatives 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.<sup>7</sup>

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 legal process required for permanent status such as adoption or guardianship in order to avoid strain on family relationships.<sup>8,9</sup> Grandparents make up the largest percentage of relative caregivers, but other relative caregivers (including aunts, uncles, cousins, and siblings) may face similar obstacles.<sup>10,11</sup>

**Rhode Island Grandparents Financially Responsible for Their Grandchildren, by Length of Time Responsible, 2010-2012**



Source: U.S. Census Bureau, American Community Survey, 2010-2012. Table B10050.

- ◆ Between 2010 and 2012, there were a total of 13,511 children in Rhode Island living in households headed by grandparents.<sup>12</sup> During this time period, there were 6,400 grandparents who were financially responsible for their grandchildren, two-thirds (66%) of whom had been financially responsible for three or more years.<sup>13</sup>
- ◆ In 2010, 6% (13,968) of all children in Rhode Island lived with a grandparent caregiver and 2% (4,398) lived with other relatives.<sup>14</sup>
- ◆ 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.<sup>15</sup>
- ◆ 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.<sup>16</sup> On December 31, 2013, there were 626 children in DCYF care who were in out-of-home placements with a grandparent or other relative. These children made up 32% of all children in out-of-home placements in Rhode Island.<sup>17</sup>
- ◆ 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.<sup>18,19</sup>

# Grandparents Caring for Grandchildren

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%
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Rhode Island	223,144	115	<1%	3,468	2%	4,398	2%	133,057	60%	68,138	31%	13,968	6%

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

### References

- <sup>14</sup> Livingston, G. (2013). *At grandmother's house we stay: One-in-ten children are living with a grandparent*. Washington, DC: Pew Research Center.
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# Methodology & References

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## Family Income Levels Based on the Federal Poverty Guidelines

2014 FEDERAL POVERTY GUIDELINES	ANNUAL INCOME FAMILY OF THREE	ANNUAL INCOME FAMILY OF FOUR
50%	\$9,895	\$11,925
100%	\$19,790	\$23,850
130%	\$25,727	\$31,005
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180%	\$35,622	\$42,930
185%	\$36,612	\$44,123
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- <sup>28,29,48,49</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014.
- <sup>30</sup> Rhode Island Department of Health, Hospital Discharge Database, 2014.
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- <sup>32</sup> Flores, G. (2009). *Achieving optimal health and healthcare for all children: How we can eliminate racial and ethnic disparities in children's health and healthcare.* Washington, DC: First Focus.
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# Mother's Education Level

## DEFINITION

*Mother's education level* is the percentage of total births to women with less than a high school diploma. Data are self-reported at the time of the infant's birth. Although a father's education level has 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 half of their lives from birth through age 17, and more likely to be in poor health.<sup>1,2</sup>

Infant mortality rates increase as mother's education levels decrease.<sup>3,4</sup> 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.<sup>5</sup>

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.<sup>6,7</sup> Increases in education levels also have been linked to improved health, better employment opportunities, and higher earnings.<sup>8</sup>

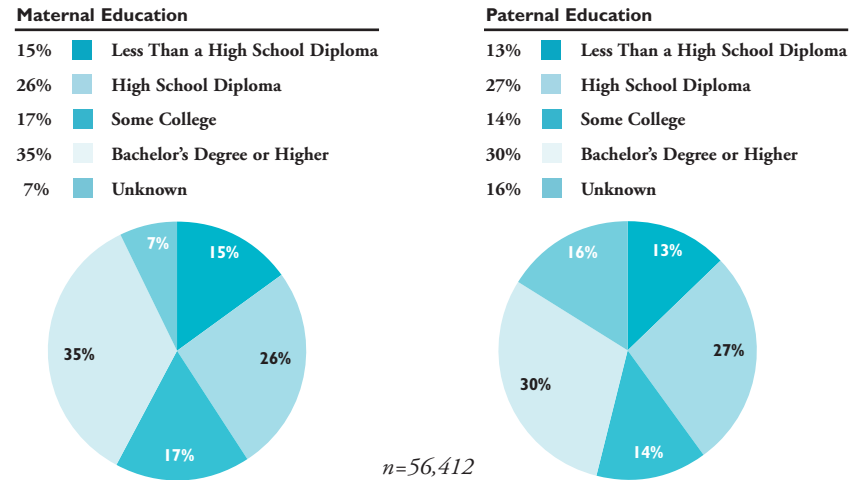
Higher parental education decreases the likelihood that a child will live in poverty.<sup>9</sup> Women with bachelor's degrees in Rhode Island earn more than twice as much as those with less than a high school diploma.<sup>10</sup> Between 2008 and 2012, 15% of Rhode Island births were to mothers with less than a high school diploma and 35% were to mothers with a bachelor's degree or higher.<sup>11</sup> Nationally, mothers with infants are more educated than ever before. In 2011, 14% of all U.S. births were to mothers with less than a high school diploma, and 66% were to mothers with at least some college education.<sup>12</sup>

## Births to Mothers With Less Than a High School Diploma

CITY/TOWN	% OF CHILDREN
Central Falls	37%
Pawtucket	19%
Providence	27%
Woonsocket	23%
Four Core Cities	26%
Remainder of State	7%
Rhode Island	15%

Source: Rhode Island Department of Health, Hospital Discharge Database, 2008-2012.

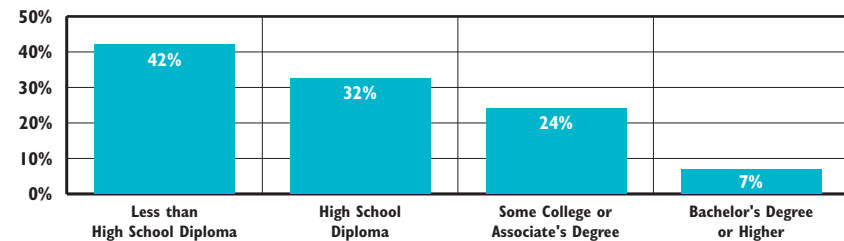
## Births by Parental Education Levels, Rhode Island, 2008-2012



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2008-2012. Data for 2012 are provisional.

◆ In Rhode Island between 2008 and 2012, 41% 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.<sup>13</sup>

## Poverty Rates for Families Headed by Single Females by Educational Attainment, Rhode Island, 2010-2012



Source: U.S. Census Bureau, American Community Survey, 2010-2012. Table S1702.

◆ The poverty rate among families headed by single females is directly correlated with the mother's educational level. In Rhode Island between 2010 and 2012, 42% of families headed by single females with less than a high school diploma were poor, compared with 7% of those with a bachelor's degree or higher.<sup>14</sup>

Table 4.

**Births by Education Level of Mother, Rhode Island, 2008-2012**

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	512	398	78%	55	11%	34	7%	6	1%
Bristol	825	428	52%	154	19%	150	18%	45	5%
Burrillville	672	227	34%	158	24%	197	29%	43	6%
Central Falls	1,736	118	7%	195	11%	610	35%	639	37%
Charlestown	293	148	51%	60	20%	58	20%	12	4%
Coventry	1,492	659	44%	336	23%	309	21%	107	7%
Cranston	3,980	1,697	43%	743	19%	932	23%	363	9%
Cumberland	1,613	894	55%	260	16%	270	17%	78	5%
East Greenwich	511	361	71%	54	11%	63	12%	8	2%
East Providence	2,569	1,008	39%	492	19%	674	26%	231	9%
Exeter	261	136	52%	42	16%	52	20%	21	8%
Foster	167	78	47%	34	20%	37	22%	7	4%
Glocester	366	184	50%	71	19%	68	19%	22	6%
Hopkinton	390	171	44%	74	19%	103	26%	31	8%
Jamestown	124	90	73%	10	8%	8	6%	2	2%
Johnston	1,313	523	40%	271	21%	343	26%	108	8%
Lincoln	889	441	50%	176	20%	162	18%	55	6%
Little Compton	104	66	63%	13	13%	18	17%	3	3%
Middletown	880	428	49%	161	18%	189	21%	49	6%
Narragansett	396	231	58%	65	16%	55	14%	16	4%
New Shoreham	51	29	57%	6	12%	11	22%	4	8%
Newport	1,362	633	46%	169	12%	279	20%	156	11%
North Kingstown	1,024	578	56%	156	15%	172	17%	55	5%
North Providence	1,535	644	42%	323	21%	374	24%	108	7%
North Smithfield	418	224	54%	75	18%	77	18%	21	5%
Pawtucket	5,134	1,119	22%	899	18%	1,659	32%	986	19%
Portsmouth	612	359	59%	114	19%	96	16%	9	1%
Providence	13,571	2,957	22%	1,849	14%	4,009	30%	3,673	27%
Richmond	369	202	55%	63	17%	58	16%	22	6%
Scituate	304	166	55%	65	21%	52	17%	8	3%
Smithfield	618	366	59%	101	16%	105	17%	15	2%
South Kingstown	988	600	61%	141	14%	134	14%	56	6%
Tiverton	560	254	45%	115	21%	124	22%	32	6%
Warren	470	191	41%	91	19%	122	26%	50	11%
Warwick	3,916	1,785	46%	811	21%	830	21%	264	7%
West Greenwich	247	118	48%	62	25%	47	19%	8	3%
West Warwick	1,881	548	29%	340	18%	610	32%	255	14%
Westerly	1,145	417	36%	260	23%	349	30%	95	8%
Woonsocket	3,107	514	17%	518	17%	1,058	34%	723	23%
Unknown	7	2	NA	3	NA	1	NA	1	NA
Four Core Cities	23,548	4,708	20%	3,461	15%	7,336	31%	6,021	26%
Remainder of State	32,857	15,282	47%	6,121	19%	7,162	22%	2,365	7%
Rhode Island	56,412	19,992	35%	9,585	17%	14,499	26%	8,387	15%

### Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2008-2012. Data for 2012 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 communities and the state because the number and percentage of births with unknown parental education levels are not included in this table. Between 2008 and 2012, maternal education levels were unknown for 3,949 births (7%).

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

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- <sup>2</sup> Urban Institute. (2012). *Poor parents' education is key in their children's escape from poverty*. Retrieved January 22, 2014, from www.urban.org
- <sup>3,5</sup> Robert Wood Johnson Foundation Commission to Build a Healthier America. (2008). *America's health starts with healthy children: How do states compare?* Retrieved January 22, 2014, from www.commissiononhealth.org
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(continued on page 168)

# Methodology & References

## Family Income Levels Based on the Federal Poverty Measures

The poverty thresholds are the original version of the federal poverty measure. They are updated each year by the Census Bureau. The thresholds are used mainly for statistical purposes — for instance, estimating the number of children in Rhode Island living in poor families. The poverty threshold is adjusted upward based on family size and whether or not household members are children, adults, or 65 years and over. The 2013 federal poverty threshold for a family of three with two children is \$18,769 and \$23,624 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

2014 FEDERAL POVERTY GUIDELINES	ANNUAL INCOME FAMILY OF THREE	ANNUAL INCOME FAMILY OF FOUR
50%	\$9,895	\$11,925
100%	\$19,790	\$23,850
130%	\$25,727	\$31,005
175%	\$34,633	\$41,738
180%	\$35,622	\$42,930
185%	\$36,612	\$44,123
200%	\$39,580	\$47,700
225%	\$44,528	\$53,663
250%	\$49,475	\$59,625

(continued from page 11)

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- <sup>13</sup> *Fragile Families and Child Wellbeing Study: Fact sheet.* (n.d.). Retrieved January 31, 2012, from [www.fragilefamilies.princeton.edu](http://www.fragilefamilies.princeton.edu)
- <sup>14</sup> Child Trends Data Bank. (2013). *Births to unmarried women.* Retrieved December 13, 2013, from [www.childtrendsdatabank.org](http://www.childtrendsdatabank.org)

(continued from page 13)

### References for Grandparents Caring for Grandchildren

- <sup>15</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B10050.
- <sup>16</sup> U.S. Census Bureau, Census 2010.
- <sup>16</sup> Rhode Island Department of Children, Youth and Families. (2009). *Kinship care. (Policy 900.0025).* Retrieved January 3, 2014, from [www.dcyf.ri.gov](http://www.dcyf.ri.gov)
- <sup>17</sup> Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 31, 2013.
- <sup>19</sup> Child Welfare League of America. (2009). Rhode Island approved for kinship guardianship option, more pending. *Children's Monitor Online: A public policy update from CWLA*, 22(29).

(continued from page 15)

### References for Mother's Education Level

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- <sup>10</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B20004.
- <sup>11,13</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2008-2012. Data for 2012 are provisional.
- <sup>12</sup> Livingston, G. & Cohn, D. (2013). *Long-term trend accelerates since recession: Record share of new mothers are college educated.* Washington, DC: Pew Research Center.
- <sup>14</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table S1702.

(continued from page 17)

### References for Racial and Ethnic Diversity

- <sup>15</sup> The Annie E. Casey Foundation KIDS COUNT Data Center. (2012). *Children in immigrant families in which resident parents have been in the country five years or less - 2011.* Retrieved December 26, 2013, from [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org)
- <sup>16</sup> The Annie E. Casey Foundation KIDS COUNT Data Center. (2013). *Children living below the poverty threshold by children in immigrant families - 2012.* Retrieved December 26, 2013, from [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org)
- <sup>17</sup> U.S. Census Bureau, American Community Survey 3-Year Estimates, 2009-2011. Table B05010.
- <sup>18</sup> Skinner, C., Wight, V. R., Aratani, Y., Cooper, J. L., & Thampi, K. (2010). *English language proficiency, family economic security, and child development.* New York, NY: National Center for Children in Poverty.
- <sup>19</sup> The Annie E. Casey Foundation KIDS COUNT Data Center. (2012). *Children living in linguistically isolated households by children in immigrant families - 2011.* Retrieved December 26, 2013, from [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org)

(continued from page 21)

### References for Racial and Ethnic Disparities

- <sup>28,29,48,49</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014.
- <sup>30</sup> Rhode Island Department of Health, Hospital Discharge Database, 2014.
- <sup>31</sup> Bloom, B., Jones, L. & Freeman, G. (2013). Summary health statistics for U.S. children: National Health Interview Survey, 2012. *Vital and Health Statistics, 10(258)*. Hyattsville, MD: U.S. Department of Health and Human Services.
- <sup>32</sup> Flores, G. (2009). *Achieving optimal health and healthcare for all children: How we can eliminate racial and ethnic disparities in children's health and healthcare.* Washington, DC: First Focus.
- <sup>33</sup> Mendel, R. A. (2011). *No place for kids: The case for reducing juvenile incarceration.* Baltimore, MD: The Annie E. Casey Foundation.

# 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.<sup>1</sup> Since 2000, all of the growth in the child population in the U.S. has been among groups other than non-Hispanic Whites.<sup>2</sup> In Rhode Island, the non-Hispanic White child population declined by 21% between 2000 and 2010, while the Hispanic child population grew by 31%.<sup>3</sup> In 2012, 53% of all U.S. children were non-Hispanic White.<sup>4</sup> 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.<sup>5</sup>

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

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 American Indian or Alaska Native, 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.<sup>7</sup>

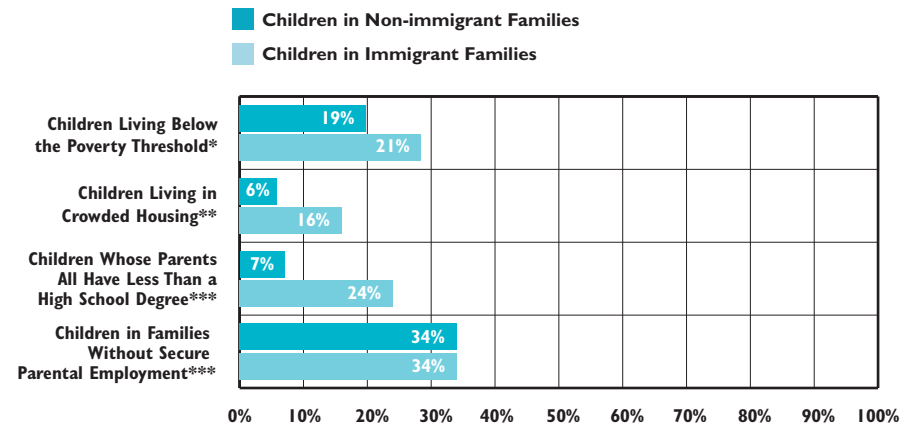
More than two-thirds (67%) of all minority children in Rhode Island live in Rhode Island's four core cities, Central Falls, Pawtucket, Providence, and Woonsocket. Almost three-quarters (74%) of children living in the four core cities are minority children.<sup>8</sup>

Between 2010 and 2012, there were 8,956 foreign-born children living in Rhode Island, 28% of whom were naturalized U.S. citizens.<sup>9</sup> Of Rhode Island's immigrant children, 23% were born in Central or South America, 24% were born in the Caribbean, 24% were born in Asia, 17% were born in Africa, 9% were born in Europe and 2% were born in North America (Canada, Bermuda, or Mexico).<sup>10</sup>

Between 2010 and 2012, 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.<sup>11</sup>

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.<sup>12</sup>

## 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](http://datacenter.kidscount.org). \*Data are for 2012. \*\*Data are for 2011. \*\*\*Data are for 2010.

- ◆ **Ninety-six percent of children in Rhode Island were born in the United States.<sup>13</sup> Twenty-four percent of children in Rhode Island live in immigrant families (either they are foreign-born or they have at least one parent who is foreign-born), same as the U.S. rate of 24%.<sup>14</sup> 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.<sup>15</sup>**
- ◆ **Nineteen percent of Rhode Island children in non-immigrant families are poor, compared with 21% of children in immigrant families.<sup>16</sup> More than two-thirds (69%) of Rhode Island's poor children live in families with U.S.-born parents.<sup>17</sup>**
- ◆ **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.<sup>18</sup> 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."<sup>19</sup>**

Table 5.

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

CITY/TOWN	UNDER AGE 18 BY RACE AND ETHNICITY								2010 POPULATION UNDER AGE 18
	HISPANIC OR LATINO	WHITE	BLACK	AMERICAN INDIAN AND ALASKA NATIVE	ASIAN	NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER	SOME OTHER RACE	TWO OR MORE RACES	
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
<i>Four Core Cities</i>	<i>34,551</i>	<i>19,144</i>	<i>10,577</i>	<i>512</i>	<i>2,963</i>	<i>26</i>	<i>1,712</i>	<i>4,256</i>	<i>73,741</i>
<i>Remainder of State</i>	<i>11,389</i>	<i>123,718</i>	<i>3,758</i>	<i>575</i>	<i>3,768</i>	<i>39</i>	<i>762</i>	<i>6,206</i>	<i>150,215</i>
<i>Rhode Island</i>	<i>45,940</i>	<i>142,862</i>	<i>14,335</i>	<i>1,087</i>	<i>6,731</i>	<i>65</i>	<i>2,474</i>	<i>10,462</i>	<i>223,956</i>

**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.

**References**

- <sup>1</sup> Federal Interagency Forum on Child and Family Statistics. (2013). *America's children: Key national indicators of well-being, 2013*. Washington, DC: U.S. Government Printing Office.
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- <sup>3,6,7,8</sup> U.S. Census Bureau, 2000 and 2010 Census.
- <sup>4</sup> The Annie E. Casey Foundation KIDS COUNT Data Center. (2013). *Child population by race (Percent) – 2011*. Retrieved December 26, 2013, from [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org)
- <sup>5</sup> Frey, W. H. (2011). *America's diverse future: Initial glimpses at the U.S. child population from the 2010 Census*. Washington, DC: The Brookings Institution.
- <sup>9</sup> U.S. Census Bureau, American Community Survey 3-Year Estimates, 2010-2012. Table B05003.
- <sup>10</sup> Population Reference Bureau analysis of 2010-2012 American Community Survey PUMS data.
- <sup>11</sup> U.S. Census Bureau, American Community Survey 3-Year Estimates, 2010-2012. Table B16004.
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- <sup>14</sup> The Annie E. Casey Foundation KIDS COUNT Data Center. (2013). *Children in immigrant families (Percent) - 2012*. Retrieved December 26, 2013, from [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org)

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# Methodology & References

## Family Income Levels Based on the Federal Poverty Measures

The poverty thresholds are the original version of the federal poverty measure. They are updated each year by the Census Bureau. The thresholds are used mainly for statistical purposes — for instance, estimating the number of children in Rhode Island living in poor families. The poverty threshold is adjusted upward based on family size and whether or not household members are children, adults, or 65 years and over. The 2013 federal poverty threshold for a family of three with two children is \$18,769 and \$23,624 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

2014 FEDERAL POVERTY GUIDELINES	ANNUAL INCOME FAMILY OF THREE	ANNUAL INCOME FAMILY OF FOUR
50%	\$9,895	\$11,925
100%	\$19,790	\$23,850
130%	\$25,727	\$31,005
175%	\$34,633	\$41,738
180%	\$35,622	\$42,930
185%	\$36,612	\$44,123
200%	\$39,580	\$47,700
225%	\$44,528	\$53,663
250%	\$49,475	\$59,625

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### References for Children in Single Parent Families

- <sup>13</sup> *Fragile Families and Child Wellbeing Study: Fact sheet.* (n.d.). Retrieved January 31, 2012, from [www.fragilefamilies.princeton.edu](http://www.fragilefamilies.princeton.edu)
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### References for Grandparents Caring for Grandchildren

- <sup>15</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B10050.
- <sup>16</sup> U.S. Census Bureau, Census 2010.
- <sup>16</sup> Rhode Island Department of Children, Youth and Families. (2009). *Kinship care. (Policy 900.0025).* Retrieved January 3, 2014, from [www.dcyf.ri.gov](http://www.dcyf.ri.gov)
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- <sup>11,13</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2008-2012. Data for 2012 are provisional.
- <sup>12</sup> Livingston, G. & Cohn, D. (2013). *Long-term trend accelerates since recession: Record share of new mothers are college educated.* Washington, DC: Pew Research Center.
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### References for Racial and Ethnic Disparities

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# 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.<sup>1</sup>

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.<sup>2,3</sup> Between 2010 and 2012, 20% of all Rhode Island children lived in poverty, 67% of whom were minorities.<sup>4</sup>

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.<sup>5</sup> 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.<sup>6</sup> 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.<sup>7</sup>

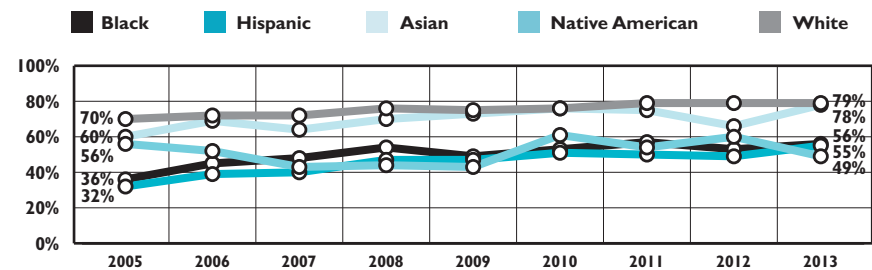
Residential segregation between Whites and Blacks has decreased in the U.S. since the 1970s, but high levels of residential segregation still exist. Hispanics and Asians experience less segregation than Blacks, but the rate of segregation for these groups has been increasing in recent years.<sup>8</sup>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

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.<sup>10,11</sup>

## 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.<sup>12</sup> 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.<sup>13</sup>
- ◆ Many 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.<sup>14,15</sup>

## Racial and Ethnic Disparities in Fourth Grade Reading Proficiency Rates, Rhode Island, 2005-2013



Source: Rhode Island Department of Education, *New England Common Assessment Program (NECAP)*, 2005-2013.

- ◆ 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.<sup>16</sup>
- ◆ 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.<sup>17,18,19,20</sup>
- ◆ 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).<sup>21,22,23</sup>

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

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children in Poverty	14%	40%	39%	22%	54%	20%
Births to Mothers With <12 Years Education	10%	32%	19%	11%	33%	15%
Unemployment Rate	9%	21%	16%	NA	NA	9%
Median Family Income	\$76,948	\$32,883	\$37,716	\$66,595	\$22,895	\$71,316
Homeownership	65%	27%	31%	48%	20%	60%

Sources: *Children in Poverty* data are from the U.S. Census Bureau, American Community Survey, 2010-2012, 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, 2008-2012. *Unemployment Rate* data are from the Bureau of Labor Statistics, Local Area Unemployment Statistics, 2013. *Median Family Income* data are from the U.S. Census Bureau, American Community Survey, 2010-2012, Tables B19113, B19113A, B19113B, B19113C, B19113D & B19113I. *Homeownership* data are from the U.S. Census Bureau, American Community Survey, 2010-2012, 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. NA indicates that the rate was not calculated because the number was too small to calculate a reliable rate.

- ◆ Between 2010 and 2012 in Rhode Island, 20% of all children, 54% of Native American children, 40% of Hispanic children, 39% of Black children, 22% of Asian children, and 14% of White children in Rhode Island lived in families with incomes below the federal poverty level.<sup>24</sup>
- ◆ Between 2010 and 2012 in Rhode Island, White households were the most likely to own their homes while Native American and Hispanic households were the most likely to live in rental units.<sup>25</sup>
- ◆ In 2013 in Rhode Island, the unemployment rate among White people was 9%, compared to 16% for Black people and 21% for Hispanic people. Nationally, the unemployment rate for White people in 2013 was 7%, compared to 13% for Black people, and 9% for Hispanic people.<sup>26</sup>
- ◆ 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.<sup>27</sup> 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.<sup>28</sup>

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

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Women With Delayed Prenatal Care	11.6%	18.0%	20.2%	19.4%	NA	13.7%
Preterm Births	10.0%	12.3%	14.6%	11.6%	NA	10.9%
Low Birthweight Infants	7.1%	7.8%	11.2%	9.5%	NA	7.8%
Infant Mortality (per 1,000 live births)	5.9	5.7	13.3	11.2	NA	6.4
Asthma Hospitalizations (per 1,000 children)	1.6	2.7	5.8	1.5	NA	2.1
Births to Teens Ages 15-19 (per 1,000 teens)	16.2	55.4	41.7	17.1	NA	23.3

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2008-2012 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, 2008-2012 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. Hispanic and Black youth are more likely than White and Asian youth to give birth as teenagers.<sup>29</sup>
- ◆ Black and Hispanic children in Rhode Island are more likely to be hospitalized as a result of asthma than White and Asian children.<sup>30</sup> Nationally, Blacks and Native Americans are the most likely of all racial and ethnic groups to have asthma.<sup>31</sup>
- ◆ 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.<sup>32</sup>

# 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 15-19)	0.8	5.3	7.7	2.3	6.6	2.4
Children of Incarcerated Parents (per 1,000 children)	8.0	17.7	63.8	4.0	22.1	13.1
Children in Out-of-Home Placement (per 1,000 children)	7.8	10.6	19.6	3.0	8.2	9.0

Sources: *Juveniles at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, December 31, 2013 (\*includes only male adjudicated youth). *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, September 30, 2013 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, 2013. 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. 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.

◆ **Racial and ethnic minority youth continue to be disproportionately represented in the U.S. juvenile justice system. Minority youth (especially Latino and 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.<sup>33</sup> Rhode Island's juvenile justice system has some of the widest residential placement disparities between White and minority youth in the nation.<sup>34</sup>**

◆ **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.<sup>35</sup> Nationally, minority children experience disparate treatment as they enter the foster care system and while they are in the system. They are more likely than White children under similar circumstances to be placed in foster care, remain in the child welfare system longer, have less contact with child welfare staff, and to have lower reunification rates.<sup>36</sup>**

◆ **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.<sup>37</sup>**

## 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%	55%	56%	78%	49%	71%
4th Grade Students at or Above Proficiency in Mathematics	73%	44%	42%	68%	33%	63%
Students Attending Schools Identified for Intervention	2%	35%	27%	18%	16%	12%
Four-Year High School Graduation Rates	84%	69%	72%	86%	74%	80%
% of Adults Over Age 25 With a Bachelor's Degree or Higher	33%	11%	17%	42%	9%	31%

Sources: All data are from the Rhode Island Department of Education, 2012-2013 school year or the October 2013 *NECAP* unless otherwise noted. *Adult Educational Attainment* data are from the U.S. Census Bureau, American Community Survey, 2010-2012, 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, and Black children are less likely to be proficient in reading and mathematics in fourth grade than White or Asian children.<sup>38</sup> Native American, Hispanic, and Black adults living in Rhode Island are less likely to have a bachelor's degree than White or Asian adults.<sup>39</sup>**

◆ **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.<sup>40</sup> In Rhode Island during the 2012-2013 school year, minority students received 52% of all disciplinary actions, although they made up only 38% of the student population.<sup>41</sup>**

◆ **During the 2012-2013 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.<sup>42</sup>**

## 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.<sup>43</sup>

◆ 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.<sup>44</sup> While Providence has the largest Hispanic child population overall, Central Falls has the highest percentage of Hispanic children.<sup>45</sup>

### Economics

◆ Forty-two percent of Rhode Island's Hispanic children were living in poverty between 2010 and 2012, compared to the national rate of 34%.<sup>46</sup> The median family income for Hispanics in Rhode Island is \$32,883, compared to \$71,316 overall in Rhode Island.<sup>47</sup>

### Health

◆ In Rhode Island between 2008 and 2012, 18.0% percent of Hispanic babies were born to women who received delayed or no prenatal care, compared with 13.7% of all babies in the state.<sup>48</sup>

◆ Hispanic female teens between the ages of 15 and 19 in Rhode Island have a birth rate that is almost two times higher than the overall teen birth rate in Rhode Island (55.4 per 1,000 Hispanic teens ages 15 to 19 compared to 23.3 per 1,000 for all teens).<sup>49,50</sup>

### Education

◆ The four-year high school graduation rate among Hispanic youth in the class of 2013 was 69%, lower than Rhode Island's four-year high school graduation rate of 80%.<sup>51</sup>

◆ The achievement gap between White and Latino students in Rhode Island is among the largest in the U.S.<sup>52</sup>

### References

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- <sup>5</sup> *Data snapshot on high poverty communities*. (2012). Baltimore, MD: The Annie E. Casey Foundation.
- <sup>6,44,45</sup> U.S. Census Bureau, 2010 Census Redistricting Data.
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- <sup>16</sup> U.S. Census Bureau, Census 2010.
- <sup>16</sup> Rhode Island Department of Children, Youth and Families. (2009). *Kinship care. (Policy 900.0025).* Retrieved January 3, 2014, from [www.dcyf.ri.gov](http://www.dcyf.ri.gov)
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- <sup>12</sup> Livingston, G. & Cohn, D. (2013). *Long-term trend accelerates since recession: Record share of new mothers are college educated.* Washington, DC: Pew Research Center.
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# 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

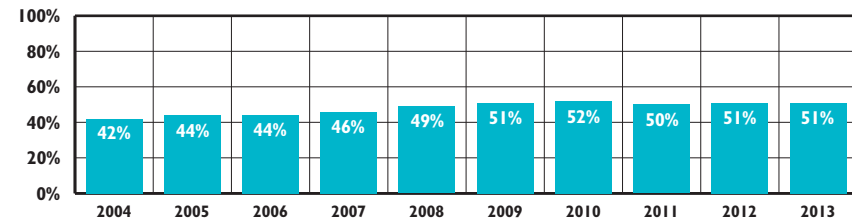
Child support is a major part of the safety net for children and families. In 2012, nearly one in four U.S. children (17.2 million) received child support services.<sup>1</sup> Child support provides a mechanism for non-custodial parents (usually fathers) to contribute to the financial and medical support 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 and support orders, increasing health care coverage, and removing barriers to payment, such as referring parents to employment services, supporting co-parenting relationships, and helping to prevent family violence.<sup>2</sup>

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 custodial parents that received full child support, these payments represented two-thirds (66.7%) of their mean personal income.<sup>3,4</sup> Custodial parents who receive steady child support payments are less likely to rely on cash assistance and more likely to find work faster and stay employed longer than those who do not.<sup>5</sup>

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.<sup>6</sup> 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.<sup>7</sup> 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.<sup>8</sup>

**Non-Custodial Parents With Court Orders Who Pay Child Support on Time and in Full, Rhode Island, 2004-2013**



Sources: Rhode Island Department of Administration, Office of Child Support Enforcement, 2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005-2013.

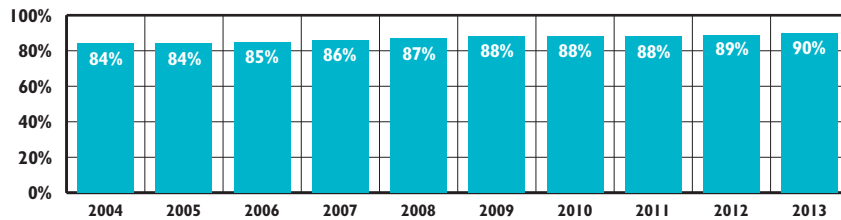
◆ As of December 1, 2013, there were 83,019 children in Rhode Island's Office of Child Support Services system, including private, interstate and IV-D cases (i.e., families receiving RI Works, RIte Care or child care assistance). Forty-nine percent of the children in the Child Support system with a known 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.<sup>9</sup>

◆ In 2013, the Rhode Island Office of Child Support Services collected \$90.6 million in child support, an increase of \$2.4 million over the previous year. Collections go toward both child support and medical support. Eighty-five percent (\$77 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.<sup>10</sup>

◆ In Federal Fiscal Year (FFY) 2012, the Rhode Island Office of Child Support Services collected \$4.94 for every \$1.00 Rhode Island spent on administering the program.<sup>11</sup>

◆ During FFY 2013, there were 20,231 court orders for non-custodial parents to provide medical insurance and 13,265 orders for non-custodial parents to contribute funds toward medical coverage. More than \$5.4 million in payments (known as "cash medical") was retained by the state to offset the cost of RIte Care, while approximately \$1.7 million was disbursed directly to families to offset the cost of private health insurance coverage or other medical expenses.<sup>12</sup>

## Rhode Island Children in the Office of Child Support Services System With Paternity Established, 2004-2013



Sources: Rhode Island Department of Administration, Office of Child Support Enforcement, 2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005-2013. 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 84% of children in 2004 to 90% of children in 2013.<sup>13</sup>
- ◆ When applying for cash assistance, child care assistance, or RIte Care, parents are asked to provide information on the other parent to the Office of Child Support Services. This information is used to establish paternity (if not already established), and to seek child support payments and/or medical support. Victims of domestic violence can apply for a waiver of this requirement if providing this information could endanger themselves or their children.<sup>14,15</sup>
- ◆ In FFY 2012, Rhode Island had the lowest rate of court orders established for child support in New England (Maine – 89%; Vermont – 89%; New Hampshire – 86%; Massachusetts – 84%; Connecticut – 75%; Rhode Island – 67%). The national average for cases with child support orders established is 82%.<sup>16</sup> In FFY 2012, Rhode Island had the highest case/staff ratio in New England at 866 cases per person, almost five times that of the lowest state, Vermont.<sup>17</sup> 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.

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## Child Support and Rhode Island Works

- ◆ As of December 1, 2013, Rhode Island’s Office of Child Support Services system included 8,378 children enrolled in Rhode Island Works (RI Works).<sup>18</sup>
- ◆ In 2013, the average child support obligation for children enrolled in RI Works was \$244 per month, compared to an average child support obligation of \$374 per month for children in non-RI Works families.<sup>19</sup> 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 \$4.2 million in child support for children enrolled in RI Works. The federal and state governments retained \$3.9 million, and the remaining \$379,618 was passed through to families.<sup>20</sup>
- ◆ 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.<sup>21</sup> The remainder of the payment is retained by the federal and state governments as reimbursement for assistance received through RI Works. In FFY 2013 in Rhode Island, an average of 654 families received at least one “pass-through” payment each month.<sup>22</sup>
- ◆ States have 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. Since this federal policy change went into effect, a number of states have increased the amount they pass through to children.<sup>23</sup> Rhode Island has not implemented this option.<sup>24</sup>
- ◆ More generous child support “pass-through” policies for families receiving cash assistance 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 goes to the child. Increased “pass-throughs” could therefore increase total child support collections, increase family income and potentially reduce the amount of other benefits.<sup>25</sup>

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# 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

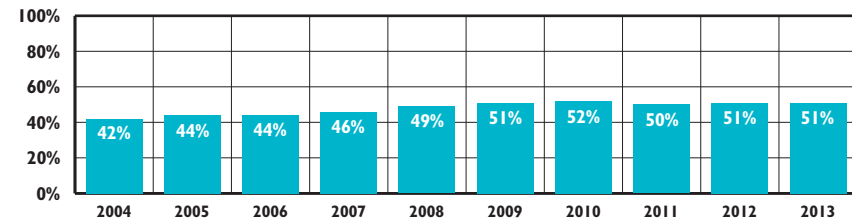
Child support is a major part of the safety net for children and families. In 2012, nearly one in four U.S. children (17.2 million) received public child support services.<sup>1</sup> Child support provides a mechanism for non-custodial parents (usually fathers) to contribute to the financial and medical 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 and support orders, increasing health care coverage, and removing barriers to payment, such as referring parents to employment services, supporting co-parenting relationships, and helping to prevent family violence.<sup>2</sup>

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 custodial parents that received full child support, these payments represented two-thirds (66.7%) of their mean personal income.<sup>3,4</sup> Custodial parents who receive steady child support payments are less likely to rely on cash assistance and more likely to find work faster and stay employed longer than those who do not.<sup>5</sup>

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.<sup>6</sup> 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.<sup>7</sup> 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.<sup>8</sup>

**Non-Custodial Parents With Court Orders Who Pay Child Support on Time and in Full, Rhode Island, 2004-2013**



Sources: Rhode Island Department of Administration, Office of Child Support Enforcement, 2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005-2013.

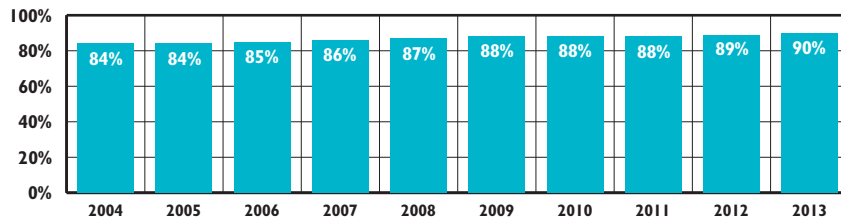
◆ As of December 1, 2013, there were 83,019 children in Rhode Island's Office of Child Support Services system, including private, interstate and IV-D cases (i.e., families receiving RI Works, RIte Care or child care assistance). Forty-nine percent of the children in the Child Support system with a known 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.<sup>9</sup>

◆ In 2013, the Rhode Island Office of Child Support Services collected \$90.6 million in child support, an increase of \$2.4 million over the previous year. Collections go toward both child support and medical support. Eighty-five percent (\$77 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.<sup>10</sup>

◆ In Federal Fiscal Year (FFY) 2012, the Rhode Island Office of Child Support Services collected \$4.94 for every \$1.00 Rhode Island spent on administering the program.<sup>11</sup>

◆ During FFY 2013, there were 20,231 court orders for non-custodial parents to provide medical insurance and 13,265 orders for non-custodial parents to contribute funds toward medical coverage. More than \$5.4 million in payments (known as "cash medical") was retained by the state to offset the cost of RIte Care, while approximately \$1.7 million was disbursed directly to families to offset the cost of private health insurance coverage or other medical expenses.<sup>12</sup>

## Rhode Island Children in the Office of Child Support Services System With Paternity Established, 2004-2013



Sources: Rhode Island Department of Administration, Office of Child Support Enforcement, 2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005-2013. 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 84% of children in 2004 to 90% of children in 2013.<sup>13</sup>
- ◆ When applying for cash assistance, child care assistance, or RIte Care, parents are asked to provide information on the other parent to the Office of Child Support Services. This information is used to establish paternity (if not already established), and to seek child support payments and/or medical support. Victims of domestic violence can apply for a waiver of this requirement if providing this information could endanger themselves or their children.<sup>14,15</sup>
- ◆ In FFY 2012, Rhode Island had the lowest rate of court orders established for child support in New England (Maine – 89%; Vermont – 89%; New Hampshire – 86%; Massachusetts – 84%; Connecticut – 75%; Rhode Island – 67%). The national average for cases with child support orders established is 82%.<sup>16</sup> In FFY 2012, Rhode Island had the highest case/staff ratio in New England at 866 cases per person, almost five times that of the lowest state, Vermont.<sup>17</sup> 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.

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(continued on page 170)

## Child Support and Rhode Island Works

- ◆ As of December 1, 2013, Rhode Island’s Office of Child Support Services system included 8,378 children enrolled in Rhode Island Works (RI Works).<sup>18</sup>
- ◆ In 2013, the average child support obligation for children enrolled in RI Works was \$244 per month, compared to an average child support obligation of \$374 per month for children in non-RI Works families.<sup>19</sup> 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 \$4.2 million in child support for children enrolled in RI Works. The federal and state governments retained \$3.9 million, and the remaining \$379,618 was passed through to families.<sup>20</sup>
- ◆ 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.<sup>21</sup> The remainder of the payment is retained by the federal and state governments as reimbursement for assistance received through RI Works. In FFY 2013 in Rhode Island, an average of 654 families received at least one “pass-through” payment each month.<sup>22</sup>
- ◆ States have 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. Since this federal policy change went into effect, a number of states have increased the amount they pass through to children.<sup>23</sup> Rhode Island has not implemented this option.<sup>24</sup>
- ◆ More generous child support “pass-through” policies for families receiving cash assistance 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 goes to the child. Increased “pass-throughs” could therefore increase total child support collections, increase family income and potentially reduce the amount of other benefits.<sup>25</sup>

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# 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.<sup>1,2,3</sup> Children in poverty are less likely to be enrolled in preschool, more likely to attend schools that lack resources and rigor, and have fewer opportunities to participate in extracurricular activities.<sup>4,5,6</sup>

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.<sup>7,8</sup>

In 2013, the federal poverty threshold was \$18,769 for a family of three with two children and \$23,624 for a family of

four with two children.<sup>9</sup> 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.<sup>10</sup>

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.<sup>11</sup>

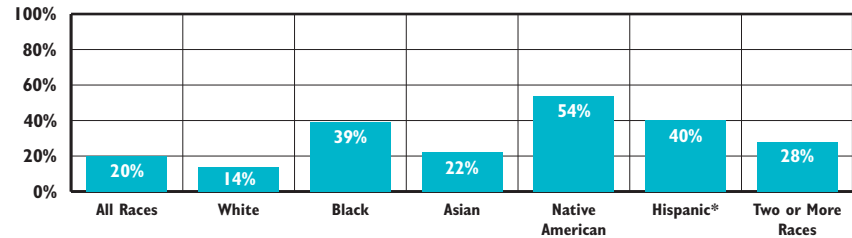
Children in Poverty				
	2009	2010	2011	2012
<b>RI</b>	16.9%	19.0%	21.9%	19.5%
<b>US</b>	20.0%	21.6%	22.5%	22.6%
<b>National Rank*</b>				<i>22nd</i>
<b>New England Rank**</b>				<i>5th</i>

\*1st is best; 50th is worst

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

Source: U.S. Census Bureau, American Community Survey, 2009-2012. Table R1704.

Children in Poverty, by Race and Ethnicity, Rhode Island, 2010-2012

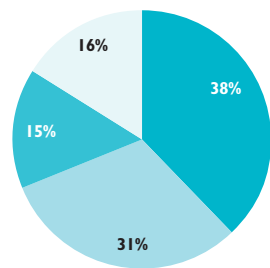


Source: U.S. Census Bureau, American Community Survey, 2010-2012. Tables B17001, B17020A, B17020B, B17020C, B17020D, B17020G and B17020I. \*Hispanic children may be included in any race category.

- ◆ Between 2010 and 2012, 20.2% (43,737) of Rhode Island's 216,838 children under age 18 with known poverty status lived in households with incomes below the federal poverty threshold.<sup>12</sup>
- ◆ 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 2010 and 2012, 54% of Native American, 39% of Black, 40% of Hispanic, and 22% of Asian children in Rhode Island lived in poverty, compared to 14% of White children.<sup>13</sup>
- ◆ Between 2010 and 2012, of all children living in poverty in Rhode Island, over half (51%) were White, 17% were Black, 4% were Asian, 2% were Native American, 19% were Some other race, and 8% were Two or more races.<sup>14</sup>
- ◆ Between 2010 and 2012, 42% 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.<sup>15</sup>

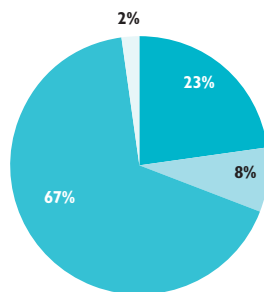
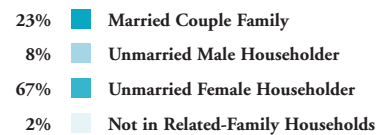
## Rhode Island's Poor Children, 2010-2012

### By Age



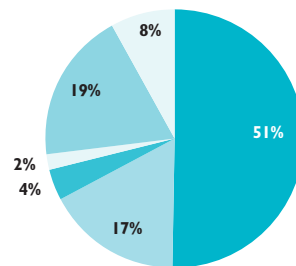
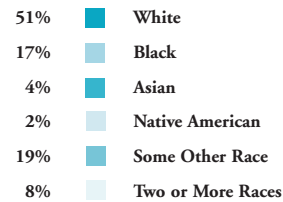
n=43,737

### By Family Structure



n=43,737

### By Race\*



n=43,737

\*Hispanic children may be included in any race category. Between 2010 and 2012, 18,558 (42%) of Rhode Island's 43,737 poor children were Hispanic.

Source: U.S. Census Bureau, American Community Survey, 2010-2012. Tables B17001, B17006, B17020A, B17020B, B17020C, B17020D, B17020E, 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, 2008-2012

CITY/TOWN	NUMBER IN POVERTY	PERCENTAGE IN POVERTY	NUMBER IN EXTREME POVERTY	PERCENTAGE IN EXTREME POVERTY
Central Falls	2,213	41.5%	980	18.4%
Pawtucket	4,293	27.4%	2,059	13.1%
Providence	15,151	37.2%	7,309	17.9%
Woonsocket	4,013	39.0%	1,919	18.7%
<i>Rhode Island</i>	<i>40,317</i>	<i>18.4%</i>	<i>18,494</i>	<i>8.4%</i>

Source: Population Reference Bureau analysis of 2008-2012 American Community Survey data.

◆ Between 2008 and 2012, almost two-thirds (64%) 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 level, \$9,385 for a family of three with two children and \$11,812 for a family of four with two children in 2013.<sup>16,17</sup>

## Young Children Under Age Six in Poverty, Four Core Cities and Rhode Island, 2008-2012

CITY/TOWN	NUMBER	PERCENTAGE
Central Falls	1,039	45.5%
Pawtucket	1,770	31.1%
Providence	4,849	36.3%
Woonsocket	1,492	38.5%
<i>Rhode Island</i>	<i>14,311</i>	<i>21.0%</i>

Source: Population Reference Bureau analysis of 2008-2012 American Community Survey data.

◆ Between 2008 and 2012, 21.0% (14,311) of Rhode Island children under age six lived below the poverty threshold.<sup>18</sup> Children under age six are at higher risk of living in poverty than any other age group.<sup>19</sup> 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.<sup>20,21</sup>

# 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.<sup>22,23</sup>
- ◆ 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, and often struggle to build credit histories and achieve economic security.<sup>24,25</sup>
- ◆ 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.<sup>26</sup>
- ◆ 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.<sup>27</sup>
- ◆ 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.<sup>28,29,30</sup>
- ◆ 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.<sup>31</sup>
- ◆ 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.<sup>32,33</sup>

## Building Blocks of Economic Security

### Income Supports

- ◆ Census data show that in 2012, 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.<sup>34</sup>

### 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.<sup>35</sup> Children with health insurance (public or private) are more likely to have a regular and accessible source of health care.<sup>36</sup>

### Affordable Quality Child Care

- ◆ In Rhode Island, in 2012, the average cost of center-based child care for one infant was \$12,075 per year or almost two-thirds of a family's income 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.<sup>37,38</sup>

### Educational Attainment

- ◆ Fifty-one percent of Rhode Island children whose parents lack a high school diploma and 33% of children whose parents have only a high school diploma live in poor families.<sup>39</sup> The share of jobs that require a college degree has increased in recent decades and is expected to increase further. By 2020, 71% of all jobs in Rhode Island will require postsecondary training beyond high school.<sup>40</sup>

### Affordable Housing

- ◆ In 2013, the average rent for a two-bedroom apartment in Rhode Island was \$1,154.<sup>41</sup> In Rhode Island, a family of three with an income at the federal poverty level would need to spend 71% of its income on rent to pay this amount, well above the recommended percentage of 30%.<sup>42</sup> Nationally, only one in four low-income families eligible receive rental assistance to help them afford the high cost of housing.<sup>43</sup>

Table 10. Children Living Below the Federal Poverty Threshold, Rhode Island, 2000 and 2008-2012

CITY/TOWN	CHILDREN UNDER AGE 18 LIVING BELOW POVERTY 2008-2012					
	CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2000		ESTIMATES WITH HIGH MARGINS OF ERROR*		ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR	
	N	%	N	%	N	%
Barrington	127	2.7%			113	2.5%
Bristol	436	10.0%			223	6.3%
Burrillville	236	6.0%	301	9.3%		
Central Falls	2,210	40.9%	2,213	41.5%		
Charlestown	78	4.7%	309	20.6%		
Coventry	481	5.9%			1,091	13.9%
Cranston	1,496	9.1%			1,856	11.8%
Cumberland	237	3.1%			343	4.5%
East Greenwich	147	4.1%			189	5.8%
East Providence	1,126	10.8%			1,633	17.0%
Exeter	112	7.5%	86	6.7%		
Foster	32	2.9%	55	5.5%		
Glocester	178	6.7%			86	4.5%
Hopkinton	115	5.9%			46	3.2%
Jamestown	17	1.4%	324	27.8%		
Johnston	527	9.0%			519	9.2%
Lincoln	329	6.5%			272	6.0%
Little Compton	8	1.0%	8	1.3%		
Middletown	264	6.2%			499	13.0%
Narragansett	235	8.6%			146	6.2%
New Shoreham	19	10.2%	15	13.0%		
Newport	1,267	24.4%	503	13.5%		
North Kingstown	663	9.7%			752	11.9%
North Providence	579	10.1%			739	13.0%
North Smithfield	72	3.0%			129	5.7%
Pawtucket	4,542	25.3%			4,293	27.4%
Portsmouth	118	2.8%			249	6.9%
Providence	18,045	40.5%			15,151	37.2%
Richmond	82	4.2%	136	7.5%		
Scituate	113	4.3%			67	3.1%
Smithfield	153	3.9%			86	2.2%
South Kingstown	324	5.3%			315	6.0%
Tiverton	92	2.8%			137	4.7%
Warren	205	8.4%			171	8.5%
Warwick	1,243	6.7%			1,283	8.4%
West Greenwich	40	2.7%	101	7.0%		
West Warwick	1,186	18.1%	1,314	22.4%		
Westerly	534	10.0%	551	11.9%		
Woonsocket	3,494	31.8%	4,013	39.0%		
Four Core Cities	28,291	35.9%			25,670	35.6%
Remainder of State	12,871	7.8%			14,647	9.9%
Rhode Island	41,162	16.9%			40,317	18.4%

### Source of Data for Table/Methodology

Data are from the U.S. Census Bureau, Census 2000, Summary File 3, P87 and PCT.50 and from the U.S. Census Bureau, American Community Survey, 2008-2012, 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 2008-2012 data come from a Population Reference Bureau analysis of 2008-2012 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.)

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

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# 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.<sup>1</sup>

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

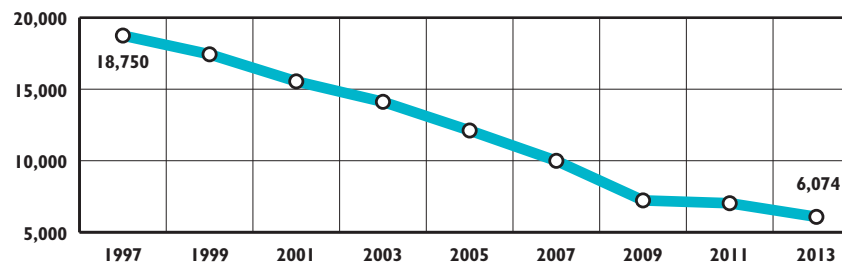
opportunities to seek additional education or training to improve their employability prospects.<sup>2</sup>

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.<sup>3</sup> In December 2013, the average hourly wage of working parents enrolled in RI Works was \$9.31 per hour.<sup>4</sup>

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.<sup>5</sup> 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.<sup>6,7</sup>

The maximum monthly RI Works benefit for a family of three is \$554 per month.<sup>8</sup> 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.<sup>9</sup>

Cash Assistance Caseload, Rhode Island, 1997-2013\*



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1997-2013. 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 2010-2013 caseload data. Comparisons to earlier years should be made with caution.

- ◆ Between 1996 (when the program began) and 2013, the Rhode Island cash assistance caseload decreased by 67%, from 18,428 cases to 6,074 cases.<sup>10</sup>
- ◆ 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.<sup>11</sup>
- ◆ Rhode Island continues to have a high unemployment rate. Despite families' continued high need for assistance, the RI Works caseload decreased by 39% between 2007 and 2011, reducing or ending benefits for many families.<sup>12</sup>
- ◆ In December 2013, there were 4,562 adults and 10,076 children under age 18 enrolled in RI Works. More than two-thirds (69%) of RI Works beneficiaries were children, and nearly half (47%) of the children enrolled in RI Works were under the age of six.<sup>13</sup>
- ◆ 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 2012, 20,220 children in Rhode Island lived in extreme poverty, yet only 10,864 received cash assistance.<sup>14,15</sup>

# Children in Families Receiving Cash Assistance

## 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.<sup>16</sup>

### 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.<sup>17</sup>

### 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.<sup>18,19</sup>

### 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.<sup>20</sup>

### 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.<sup>21</sup>

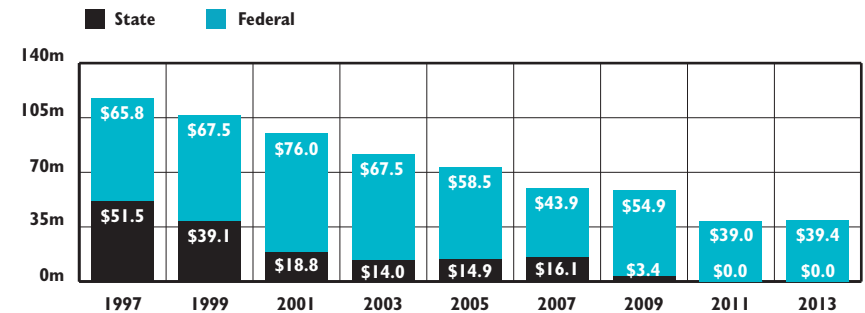
## RI Works by Case Type, 2013

	NUMBER	PERCENTAGE
Child-only cases	2,004	33%
Cases with adults required to engage in a work activity	3,469	57%
Cases with adults exempt from a work activity*	601	10%
<b>Total RI Works Caseload</b>	<b>6,074</b>	

Source: Rhode Island Department of Human Services, InRhodes Database, 2013.

\*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 (342), in third trimester of pregnancy (185), caring for a disabled spouse or child (34), being a victim of domestic violence (36), or being a recipient of SSI/SSDI or determined to be eligible for SSI/SSDI (4).

## Rhode Island Cash Assistance Expenditures, State Fiscal Years 1997-2013



Sources: Rhode Island Department of Human Services, *Family Independence Program 2007 annual report*. (FY 1997-2001); House Fiscal Advisory Staff. (2004-2013). Budget as enacted: Fiscal Years 2005-2014. (FY 2002-2013). Fiscal years 1997-2012 are funds spent and FY 2013 is final budget.

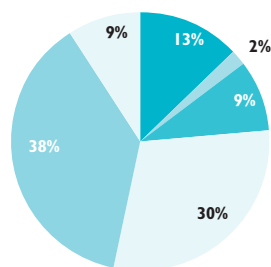
◆ In State Fiscal Year 2013, for the fourth year in a row, no state general revenue was allocated for cash assistance. State general revenue spending for cash assistance has decreased steadily over the past 17 years. The cash assistance program is now entirely supported by federal Temporary Assistance for Needy Families (TANF) block grant funds. The total expenditures for cash assistance in Rhode Island (federal and state) decreased by 69% between 1996 (when the program began) and 2013, from \$126.5 million to \$39.4 million.<sup>22,23</sup>

# Children in Families Receiving Cash Assistance

## Activities of Families Enrolled in the RI Works Program, December 2013

### By Type of Activity

13% (437)	Employed
2% (56)	Work Experience
9% (299)	Education/Training
30% (1,056)	Job Search/Job Readiness
38% (1,302)	Assessment/Transition
9% (319)	Sanctioned



*n*=3,469

Source: Rhode Island Department of Human Services, InRhodes Database, December 2013. Percentages may not sum to 100% due to rounding.

- ◆ As of December 2013, 13% 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.<sup>24,25</sup> During this same period, from December 2007 through December 2013, Rhode Island's unemployment rate has grown from 6.0% to 9.3%, though it has moderated from its January 2010 high of 11.9%.<sup>26</sup>
- ◆ 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.<sup>27</sup> As of December 2013, 9% of families were participating in education or training programs.<sup>28</sup>
- ◆ Nearly one-third (30%) 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-eight 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.<sup>29,30</sup>
- ◆ About one in eleven families (9%) required to engage in a work-related activity were sanctioned, meaning they lost benefits due to non-compliance with their employment plan.<sup>31</sup>

## 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.<sup>32</sup>
- ◆ 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 age 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.<sup>33</sup>

- ◆ In December 2013, there were 275 families with a head of household under the age of 20 enrolled in RI Works, representing 5% of the total caseload.<sup>34</sup>

## 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.<sup>35</sup>
- ◆ 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.<sup>36</sup>
- ◆ As of December 1, 2013, 954 families (or 16% of the total RI Works caseload) had hardship extensions, 212 for a physical or mental disability, 11 who were unable to work due to a domestic violence situation, 14 to care for a disabled family member, three due to homelessness, and 714 for another reason (e.g., because they were unable to find work due to the recession).<sup>37</sup> 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.<sup>38</sup>

# Children in Families Receiving Cash Assistance

Table 11. Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 1, 2013

CITY/TOWN	# OF CHILDREN UNDER AGE 18	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,597	6	8	<1%
Bristol	3,623	18	21	1%
Burrillville	3,576	38	55	2%
Central Falls	5,644	320	551	10%
Charlestown	1,506	9	10	1%
Coventry	7,770	72	115	1%
Cranston	16,414	299	459	3%
Cumberland	7,535	72	124	2%
East Greenwich	3,436	20	34	1%
East Providence	9,177	144	218	2%
Exeter	1,334	8	12	1%
Foster	986	12	13	1%
Glocester	2,098	9	11	1%
Hopkinton	1,845	21	23	1%
Jamestown	1,043	3	4	<1%
Johnston	5,480	93	132	2%
Lincoln	4,751	51	76	2%
Little Compton	654	2	2	<1%
Middletown	3,652	42	58	2%
Narragansett	2,269	26	44	2%
New Shoreham	163	0	0	0%
Newport	4,083	154	282	7%
North Kingstown	6,322	73	117	2%
North Providence	5,514	130	205	4%
North Smithfield	2,456	30	49	2%
Pawtucket	16,575	631	1,047	6%
Portsmouth	3,996	17	19	<1%
Providence	41,634	2,456	4,247	10%
Richmond	1,849	8	9	<1%
Scituate	2,272	9	13	1%
Smithfield	3,625	22	29	1%
South Kingstown	5,416	41	60	1%
Tiverton	2,998	30	47	2%
Warren	1,940	36	55	3%
Warwick	15,825	225	324	2%
West Greenwich	1,477	8	9	1%
West Warwick	5,746	145	224	4%
Westerly	4,787	55	87	2%
Woonsocket	9,888	707	1,232	12%
Other/Unknown	NA	32	51	NA
Four Core Cities	73,741	4,114	7,077	10%
Remainder of State	150,215	1,928	2,948	2%
Rhode Island	223,956	6,074	10,076	4%

## 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.<sup>39</sup>
- ◆ Projections suggest that adults who drop out of high school will qualify for only 12% of jobs in 2020, while 65% of jobs in the U.S. will require postsecondary education, up from 28% in 1973.<sup>40</sup> Between 2010 and 2012, the unemployment rate for Rhode Islanders without high school diplomas (16.5%) was one and a third times higher than it was for those with high school degrees (12.4%) and nearly four times higher than it was for those with a Bachelor's degree or higher (4.5%).<sup>41</sup>
- ◆ Parents enrolled in RI Works face significant barriers to success in the labor market. Forty percent of parents enrolled in RI Works report not finishing high school.<sup>42</sup> Among a recently tested group of parents receiving cash assistance, one-third (34%) of those tested in English tested at or below the sixth-grade reading level, while over half (61%) 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.<sup>43</sup>
- ◆ 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.<sup>44</sup>

### Source of Data for Table/Methodology

Rhode Island Department of Human Services, InRhodes Database, December 2013. 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.

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# 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 2013 and the percentage change between 2008 and 2013 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.<sup>12</sup> 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.<sup>3</sup> 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.<sup>4</sup>

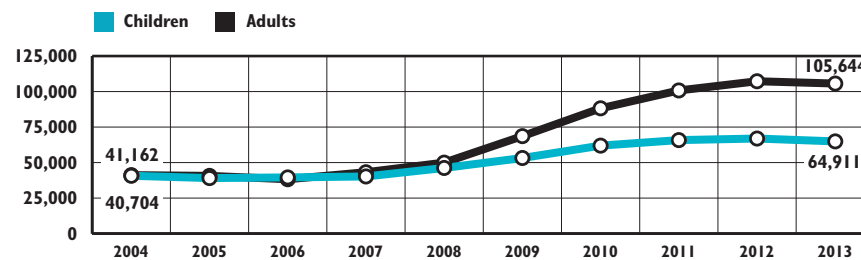
In the past, SNAP had been available to Rhode Island households with gross incomes below 130% of the federal poverty level, net incomes below 100% of the federal poverty level, and no more than \$2,000 in resources.<sup>5</sup> In 2009, Rhode Island implemented expanded categorical eligibility, an option

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.<sup>6,7</sup> The gross income limit for Rhode Island is now 185% of the federal poverty level (\$36,612 per year for a family of three in 2014).<sup>8,9</sup> 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.<sup>10</sup>

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.<sup>11</sup> On October 1, 2013, three-fourths (74%) of Rhode Island families receiving SNAP benefits had incomes below 100% of the federal poverty level (\$19,790 for a family of three in 2014).<sup>12,13</sup> In 2013, the average monthly SNAP benefit for a family of three in Rhode Island was \$356.<sup>14</sup>

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.<sup>15</sup> SNAP also is a quick and effective form of economic stimulus because it moves money directly into the local economy.<sup>16</sup>

Participation in the Supplemental Nutrition Assistance Program, Children and Adults, Rhode Island, 2004-2013



Source: Rhode Island Department of Human Services, InRhodes Database, 2004-2013. Data represent children under age 18 and adults who participated in SNAP during the month of October.

◆ Of the 170,555 Rhode Islanders enrolled in SNAP in October 2013, 62% were adults and 38% were children. More than one-third (36%) of the children enrolled in SNAP were under the age of six.<sup>17</sup>

◆ Since the recession began, the number of Rhode Islanders receiving SNAP benefits has increased steadily. However, the number of children and adults receiving SNAP benefits decreased from 2012 to 2013, the first decline in several years.<sup>18</sup> SNAP is designed to respond quickly to economic changes; enrollment expands when the economy is weak and shrinks when the economy begins to recover.<sup>19</sup>

## Food Insecurity in Rhode Island

◆ The USDA defines food insecurity as not always having access to enough food for an active, healthy life. Between 2010 and 2012, 15.4% of Rhode Island households and 14.7% of U.S. households were food insecure. In 2012, 20% of all U.S. households with children were food insecure, while 45% of U.S. households with children with incomes below the poverty level experienced food insecurity.<sup>20</sup>

◆ Five federal nutrition programs provide nutrition assistance to children and families, including SNAP, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the National School Lunch Program, the National School Breakfast Program, and the Summer Food Service Program. In 2013, food pantries and soup kitchens provided emergency food assistance to an average of 68,000 Rhode Islanders who needed additional help to meet their nutritional needs each month.<sup>21</sup>

Table 12. Children Under Age 18 Receiving SNAP Benefits, Rhode Island, October 1, 2008, 2012, and 2013

CITY/TOWN	NUMBER PARTICIPATING IN 2008	NUMBER PARTICIPATING IN 2012	NUMBER PARTICIPATING IN 2013	% CHANGE IN NUMBER PARTICIPATING FROM 2008 TO 2013
Barrington	46	109	144	213%
Bristol	246	470	458	86%
Burrillville	302	553	562	86%
Central Falls	2,328	3,459	3,502	50%
Charlestown	102	188	220	116%
Coventry	577	1,188	1,187	106%
Cranston	2,037	3,898	3,728	83%
Cumberland	471	915	891	89%
East Greenwich	134	198	192	43%
East Providence	1,146	2,188	2,201	92%
Exeter	49	127	113	131%
Foster	45	100	109	142%
Glocester	91	162	138	52%
Hopkinton	125	268	234	87%
Jamestown	21	47	36	71%
Johnston	639	1,129	1,148	80%
Lincoln	391	703	668	71%
Little Compton	17	52	46	171%
Middletown	243	451	421	73%
Narragansett	130	302	299	130%
New Shoreham	5	6	11	120%
Newport	1,050	1,409	1,315	25%
North Kingstown	532	814	841	58%
North Providence	618	1,311	1,401	127%
North Smithfield	109	240	266	144%
Pawtucket	4,578	7,366	7,414	62%
Portsmouth	130	249	257	98%
Providence	17,431	24,034	23,238	33%
Richmond	99	154	152	54%
Scituate	107	165	174	63%
Smithfield	300	262	315	5%
South Kingstown	129	585	621	381%
Tiverton	195	407	380	95%
Warren	229	484	482	110%
Warwick	1,619	2,627	2,742	69%
West Greenwich	34	92	106	212%
West Warwick	1,157	1,780	1,771	53%
Westerly	480	962	1,019	112%
Woonsocket	3,479	5,117	5,064	46%
Unknown	NA	295	105	NA
Four Core Cities	27,816	39,976	39,218	41%
Remainder of State	13,605	24,595	24,648	81%
Rhode Island	41,421	64,866	63,971	54%

## SNAP Participation in Rhode Island

◆ Between October 1, 2008 and October 1, 2013, the number of Rhode Island children receiving SNAP benefits increased by 54%, from 41,421 to 63,971. SNAP participation rates among children increased by 41% in the four core cities and 81% in the remainder of the state.<sup>22</sup>

◆ In recent years, 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 when possible.<sup>23,24,25</sup>

◆ 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.<sup>26</sup>

### 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, 2008, 2012, and 2013.

The data in the city/town table may differ from the data elsewhere in this indicator 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 (FPL) are now eligible for SNAP. For this reason, Census data on the number of children in families with incomes below 130% FPL 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 2008 is presented as a baseline and data for 2012 and 2013 are presented for comparison. Due to this change in methodology, *Children Receiving SNAP Benefits* cannot be compared with prior Factbooks.

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

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# Women and Children Participating in WIC

## DEFINITION

Women and children participating in WIC is the percentage of eligible women, infants, and children 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.<sup>1,2</sup>

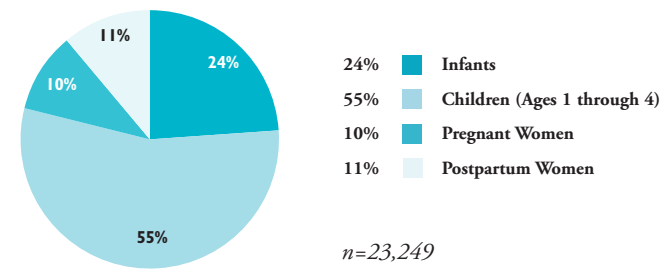
Compared to children who receive WIC benefits, young children who are eligible for WIC but not participating

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).<sup>3</sup> Food insecurity in early childhood can lead to impaired cognitive, behavioral, and psychosocial development, and can limit academic achievement.<sup>4</sup> Pregnant women also have special nutritional needs that influence pregnancy outcomes and the health of their children.<sup>5</sup>

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.<sup>6,7</sup>

Recent enhancements to the WIC food package have increased access to a wider variety of nutritious foods and strengthened incentives for continued breastfeeding.<sup>8</sup> WIC consistently promotes breastfeeding as the optimal method of infant feeding.<sup>9</sup> In Rhode Island, 19% of infants participating in WIC were breastfed in Federal Fiscal Year (FFY) 2013. The breastfeeding rate has stayed stable at one-fifth of infants participating in WIC in Rhode Island for the past five years.<sup>10</sup>

Women, Infants, and Children Enrolled in WIC, Rhode Island, September 2013



Source: Rhode Island Department of Health, WIC Program, September 2013.

- ◆ **Infants and children ages one through four comprised more than three-quarters (78%) of the population being served by WIC in September 2013 in Rhode Island. Women accounted for over one-fifth (10% pregnant and 11% postpartum) of the population being served.**<sup>11</sup>
- ◆ **In September 2013, 70% of WIC participants in Rhode Island were White, 17% were Black or African-American, 3% were Asian, and 10% identified as other races or more than one race. Forty-two percent of WIC participants identified as Hispanic or Latino. Hispanics are included in the racial groups above.**<sup>12</sup>
- ◆ **The four core cities - Central Falls (79%), Pawtucket (72%), Providence (76%), and Woonsocket (71%) - had WIC participation rates exceeding the statewide enrollment rate of 66% in 2012.**<sup>13</sup>
- ◆ **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.**<sup>14,15</sup> Rhode Island received \$25.4 million in federal funding for WIC during FFY 2013.<sup>16</sup>
- ◆ **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.**<sup>17</sup> In Rhode Island, 30 farmers' markets provided fresh produce to 12,384 WIC participants during the Farmers' Market Nutrition Program in FFY 2013.<sup>18</sup>

# Women and Children Participating in WIC

Table 13. Women, Infants, and Children Enrolled in WIC, Rhode Island, September 2013

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER PARTICIPATING	% OF ELIGIBLE PARTICIPATING
Barrington	130	51	39%
Bristol	382	221	58%
Burrillville	380	216	57%
Central Falls	1,901	1,511	79%
Charlestown	141	61	43%
Coventry	784	415	53%
Cranston	2,391	1,585	66%
Cumberland	622	316	51%
East Greenwich	188	75	40%
East Providence	1,544	945	61%
Exeter	103	46	45%
Foster	95	35	37%
Glocester	144	44	31%
Hopkinton	215	96	45%
Jamestown	36	8	22%
Johnston	817	569	70%
Lincoln	818	235	29%
Little Compton	31	10	32%
Middletown	465	274	59%
Narragansett	193	87	45%
New Shoreham	19	5	26%
Newport	952	670	70%
North Kingstown	541	253	47%
North Providence	944	544	58%
North Smithfield	235	119	51%
Pawtucket	4,470	3,223	72%
Portsmouth	260	140	54%
Providence	12,829	9,694	76%
Richmond	115	61	53%
Scituate	149	63	42%
Smithfield	259	108	42%
South Kingstown	449	232	52%
Tiverton	367	190	52%
Warren	291	173	59%
Warwick	2,110	1,138	54%
West Greenwich	120	51	43%
West Warwick	1,320	731	55%
Westerly	679	384	57%
Woonsocket	2,903	2,054	71%
Four Core Cities	22,103	16,482	75%
Remainder of State	18,287	10,151	56%
Rhode Island	40,390	26,633	66%

## Source of Data for Table/Methodology

Rhode Island Department of Health, WIC Program, September 30, 2013.

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).

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# 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 helps ensure that the nation's most vulnerable children start their day off with a healthy meal. During the 2012-2013 school year, 10.8 million low-income children in the U.S. participating in the School Breakfast Program ate breakfast at school each day, an increase of nearly 311,000 children from the previous school year and an increase of 4 million over the past decade.<sup>1</sup> 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.<sup>2</sup> The School Breakfast Program helps schools support academic success and improved attendance, behavior and health, including reduced obesity rates.<sup>3</sup>

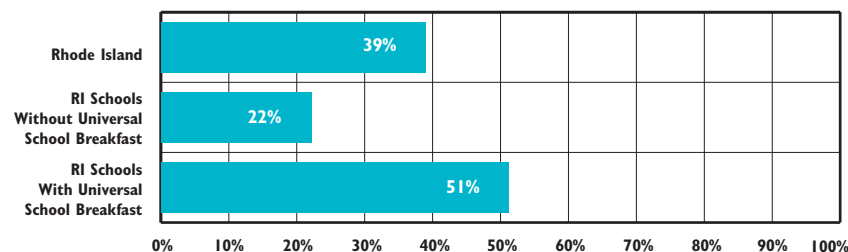
Food-insecure families often do not have sufficient food to provide nutritious breakfasts every morning, and children in these families are at risk of falling behind their peers physically, cognitively, academically, emotionally and socially.

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.<sup>4,5</sup> Nationally, kindergartners in households experiencing food insecurity are more likely to be chronically absent than their peers in food-secure households.<sup>6</sup>

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.<sup>7</sup>

During the 2012-2013 school year in Rhode Island, 50 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 25th in the U.S. for participation in the School Breakfast Program, down from 21st last year. If Rhode Island increased low-income student participation in the School Breakfast Program from 50% to 70% of School Lunch Program participation, the state would receive \$2.8 million in additional federal funds to support the School Breakfast Program.<sup>8</sup>

**Low-Income Children Participating in the School Breakfast Program, Rhode Island, October 2013**



Source: Rhode Island Department of Education, Office of School Food Services, Office of Finance and Office of Network & Information Systems, October 2013.

- ◆ **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.<sup>9,10</sup> During the 2013-2014 school year, all schools in Central Falls, Cranston, Pawtucket, Providence, and Woonsocket; selected schools in two other districts; and 10 charter schools offered universal school breakfast. In Rhode Island, 51% 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.<sup>11</sup>**
- ◆ **During the 2013-2014 school year, 17 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.<sup>12</sup>**
- ◆ **Offering breakfast in the classroom at the start of the school day is the most effective way to increase breakfast participation.<sup>13</sup> During the 2013-2014 school year, Central Falls, Cranston, Providence, and Woonsocket all offered breakfast in the classroom at some schools, primarily elementary schools.<sup>14</sup>**
- ◆ **During the summer, millions of low-income children lose access to the free and reduced-price meals they rely on during the school year. In Rhode Island, less than 14% of the children who participated in the School Lunch Program during the 2011-2012 school year participated in Summer 2012 nutrition programs.<sup>15</sup>**

# Children Participating in School Breakfast

Table 14.

## Children Participating in School Breakfast, Rhode Island, October 2013

SCHOOL DISTRICT	OCTOBER 2013 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	3,334	7	<1%	208	5	2%
Bristol Warren	3,429	146	4%	1,246	137	11%
Burrillville	2,401	234	10%	830	183	22%
Central Falls*	2,694	1,596	59%	2,191	1,416	65%
Charlho	3,427	735	21%	888	279	31%
Coventry	4,992	488	10%	1,456	388	27%
Cranston*	10,552	2,768	26%	3,957	1,620	41%
Cumberland	4,531	480	11%	1,110	361	33%
East Greenwich	2,410	38	2%	178	24	13%
East Providence	5,321	503	9%	2,763	419	15%
Exeter-West Greenwich	1,648	73	4%	247	46	19%
Foster	272	9	3%	45	7	15%
Foster-Glocester	1,153	36	3%	209	28	13%
Glocester	529	64	12%	95	58	61%
Jamestown	507	7	1%	53	3	5%
Johnston	3,095	286	9%	1,396	240	17%
Lincoln	3,182	288	9%	851	253	30%
Little Compton	260	4	2%	40	4	11%
Middletown	2,267	163	7%	650	128	20%
Narragansett	1,396	84	6%	289	77	27%
New Shoreham	114	10	8%	12	6	48%
Newport	1,996	311	16%	1,266	283	22%
North Kingstown	4,056	234	6%	820	184	22%
North Providence	3,498	504	14%	1,615	360	22%
North Smithfield	1,729	67	4%	284	44	16%
Pawtucket*	8,953	2,210	25%	7,009	1,761	25%
Portsmouth	2,647	83	3%	384	62	16%
Providence*	23,827	13,766	58%	19,171	11,992	63%
Scituate	1,448	29	2%	249	24	10%
Smithfield	2,396	124	5%	393	73	19%
South Kingstown	3,397	161	5%	640	135	21%
Tiverton	1,873	111	6%	512	92	18%
Warwick	9,393	708	8%	3,152	581	18%
West Warwick	3,421	504	15%	1,763	453	26%
Westerly	3,016	392	13%	1,073	331	31%
Woonsocket*	5,920	2,318	39%	4,433	1,887	43%
<i>Charter Schools</i>	<i>4,974</i>	<i>2,004</i>	<i>40%</i>	<i>3,319</i>	<i>1,684</i>	<i>51%</i>
<i>State-Operated Schools</i>	<i>1,813</i>	<i>357</i>	<i>20%</i>	<i>1,252</i>	<i>333</i>	<i>27%</i>
<i>UCAP</i>	<i>137</i>	<i>NA</i>	<i>NA</i>	<i>123</i>	<i>NA</i>	<i>NA</i>
<i>Four Core Cities</i>	<i>41,394</i>	<i>19,890</i>	<i>48%</i>	<i>32,804</i>	<i>17,055</i>	<i>52%</i>
<i>Remainder of State</i>	<i>93,690</i>	<i>9,653</i>	<i>10%</i>	<i>28,674</i>	<i>6,886</i>	<i>24%</i>
<i>Rhode Island</i>	<i>142,008</i>	<i>31,903</i>	<i>22%</i>	<i>66,172</i>	<i>25,958</i>	<i>39%</i>

### Source of Data for Table/Methodology

Rhode Island Department of Education, October 2013.

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

Charter schools include Achievement First, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, RI Nurses Institute Middle College Charter School, Segue Institute for Learning, Sheila Skip Nowell Leadership Academy, Trinity Academy for the Performing Arts, and Village Green Virtual Charter School. State-operated schools include William M. Davies Jr. Career & Technical High School the Rhode Island Training School operated by DCYF, Metropolitan Regional Career and Technical Center, and the Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

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

The October 2013 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 2013.

"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 2013.

Children are counted as low-income if they are eligible for a Free or Reduced-Price Lunch Program. 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 SNAP Benefits and households participating in the Rhode Island Works Program are automatically eligible for free meals.

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# 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 2012, the median family income for Rhode Island families with their own children was \$67,985.<sup>1</sup> Rhode Island had the 10th highest median family income nationally and the 4th highest in New England.<sup>2</sup>

Between 2010 and 2012, Rhode Island's median income for families with their own children differed significantly by family type. The median family income for married two-parent families (\$94,393) was more than two and a half times that of male-headed single-parent families (\$36,825) and more than three and a half times that of female-headed single-parent families (\$25,929).<sup>3</sup>

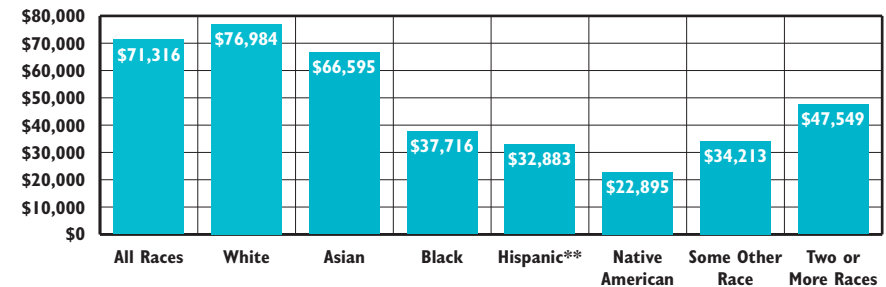
Despite significant increases in worker productivity in the U.S. during the 2000s, the real incomes of most families

remained stagnant or decreased.<sup>4</sup> It was the first business cycle (a predictable long-term pattern of alternating periods of economic growth and decline) during which the median family income did not rise.<sup>5</sup> Median incomes for working-age households (headed by someone under age 65) decreased by 10.2% between 2000 and 2010.<sup>6</sup>

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.<sup>7</sup> 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.<sup>8</sup>

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. Rhode Island is among the top ten states with the fastest growing income inequality.<sup>9</sup>

**Median Family Income by Race and Ethnicity, Rhode Island, 2010-2012\***



Source: U.S. Census Bureau, American Community Survey, 2010-2012. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E, 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.<sup>10</sup>
- ◆ 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. 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.<sup>11</sup>
- ◆ 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, health care, child care, transportation, and other miscellaneous items. This family would need an annual income of \$57,540 to meet this budget without government subsidies.<sup>12</sup>
- ◆ 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.<sup>13</sup>

Table 6. Median Family Income, Rhode Island, 2008-2012

CITY/TOWN	1999 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18 (ADJUSTED TO 2012 DOLLARS*)	2008-2012 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	
		ESTIMATES WITH HIGH MARGINS OF ERROR**	ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR
Barrington	\$122,359		\$132,153
Bristol	\$73,487		\$106,272
Burrillville	\$75,908		\$74,421
Central Falls	\$30,327		\$29,396
Charlestown	\$75,901	\$73,000	
Coventry	\$84,548		\$82,250
Cranston	\$78,415		\$77,132
Cumberland	\$94,106		\$100,556
East Greenwich	\$149,590		\$151,549
East Providence	\$67,350		\$60,794
Exeter	\$100,924		\$113,542
Foster	\$87,345	\$102,361	
Glocester	\$83,973		\$85,865
Hopkinton	\$81,398		\$82,907
Jamestown	\$109,654	\$102,500	
Johnston	\$78,052		\$76,884
Lincoln	\$88,841		\$99,013
Little Compton	\$78,104		\$146,827
Middletown	\$76,206		\$84,213
Narragansett	\$94,049		\$99,840
New Shoreham	\$75,576	\$104,125	
Newport	\$59,427		\$53,921
North Kingstown	\$92,031		\$110,880
North Providence	\$69,580		\$65,895
North Smithfield	\$97,930		\$105,368
Pawtucket	\$46,249		\$40,602
Portsmouth	\$92,844		\$113,413
Providence	\$33,825		\$35,375
Richmond	\$87,465		\$107,533
Scituate	\$95,269		\$95,446
Smithfield	\$92,396		\$98,154
South Kingstown	\$94,070		\$102,768
Tiverton	\$87,945		\$87,410
Warren	\$73,782		\$72,500
Warwick	\$78,599		\$78,559
West Greenwich	\$96,668		\$100,150
West Warwick	\$57,642	\$54,416	
Westerly	\$71,621	\$62,404	
Woonsocket	\$47,493		\$34,017
Four Core Cities	NA		NA
Remainder of State	NA		NA
Rhode Island	\$69,668		\$68,326

### 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 2012 constant dollars by multiplying 1999 dollar values by 1.37801389 as recommended by the U.S. Census Bureau.

The 2008-2012 data come from a Population Reference Bureau analysis of 2008-2012 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.<sup>1</sup> 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.<sup>2,3</sup>

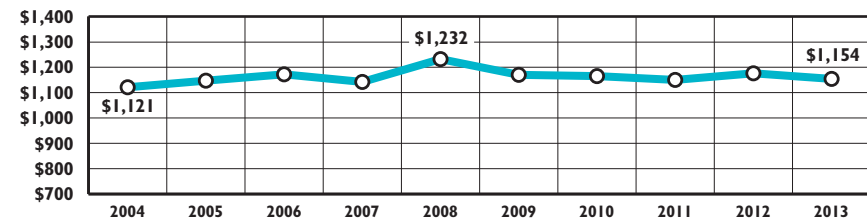
The growth in families' housing expenses has outpaced income growth, both nationally and in Rhode Island.<sup>4,5</sup> In 2011, 25% of Rhode Island's 154,360 working households spent more than half their income on housing costs, making Rhode Island the most housing cost-burdened state in New England.<sup>6</sup> In 2013, the area median income for families in Rhode Island was \$72,651.<sup>7</sup> Families with this income can afford a

median-priced, single-family home in 22 of the 39 communities in the state.<sup>8</sup> In 2012, the median cost of a single-family home in Rhode Island was \$190,000, 22% higher than in 2001 but 33% lower than in 2006.<sup>9,10</sup> 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.<sup>11</sup>

In 2013, a worker would have to earn \$22.19 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 nearly three times the state's 2013 minimum wage of \$7.75 per hour.<sup>12</sup> In 2012, Rhode Island required the 16th highest hourly wage to afford a two-bedroom home of any state.<sup>13</sup>

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.<sup>14</sup> 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.<sup>15,16</sup> Rhode Island is one of only nine states that does not have a dedicated funding source for affordable housing.<sup>17</sup>

Average Rent, Two-Bedroom Apartment, Rhode Island, 2004-2013



Source: Rhode Island Housing, Annual Rent Surveys, 2004-2013. Rents include adjustments for the cost of heat, cooking fuel, electricity, and hot water. Adjustments for utilities for each year vary according to HUD annual utility allowances. The HUD utility allowance decreased in 2013, so average rents which include this allowance also decreased.

- ◆ Between 2004 and 2013, the average cost of rent in Rhode Island remained fairly stable, increasing from \$1,121 to \$1,154 and continuing a trend of high rents that have not decreased since the beginning of the housing crisis.<sup>18</sup> The percentage of renters in Rhode Island who spent 30% or more of their household income on rent increased from 40% in 2002 to 51% in 2012. The percentage of homeowners who had a cost burden due to their mortgages also increased between 2002 and 2012, from 30% to 38%.<sup>19,20</sup>
- ◆ 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.<sup>21</sup> Rhode Island state law prohibits utility shutoffs for protected customers (such as the unemployed and low-income families with children under age two) and all customers facing financial hardships during the moratorium period from November 1 through April 15.<sup>22</sup> The federally-funded Low Income Home Energy Assistance Program (LIHEAP) provides financial assistance to Rhode Island's low-income households to meet home heating and energy costs.<sup>23</sup>

## 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.<sup>24</sup> 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.<sup>25</sup>

Table 7.

## Cost of Housing for Very Low-Income Families, Rhode Island, 2013

CITY/TOWN	FAMILY INCOME		HOMEOWNERSHIP COSTS		RENTAL COSTS		
	2013 POVERTY LEVEL FAMILY OF THREE	2013 VERY LOW- INCOME FAMILY	TYPICAL MONTHLY HOUSING PAYMENT	% INCOME NEEDED FOR HOUSING PAYMENT, VERY LOW-INCOME FAMILY	AVERAGE RENT 2-BEDROOM APARTMENT	% INCOME NEEDED FOR RENT POVERTY LEVEL FAMILY OF THREE	% INCOME NEEDED FOR RENT VERY LOW- INCOME FAMILY
Barrington	\$19,530	\$32,400	\$2,445	91%	\$1,273	78%	47%
Bristol	\$19,530	\$32,400	\$1,818	67%	\$1,132	70%	42%
Burrillville	\$19,530	\$32,400	\$1,401	52%	\$1,211	74%	45%
Central Falls	\$19,530	\$32,400	\$668	25%	\$876	54%	32%
Charlestown	\$19,530	\$32,400	\$1,941	72%	\$1,653	102%	61%
Coventry	\$19,530	\$32,400	\$1,259	47%	\$1,089	67%	40%
Cranston	\$19,530	\$32,400	\$1,340	50%	\$1,129	69%	42%
Cumberland	\$19,530	\$32,400	\$1,597	59%	\$1,131	69%	42%
East Greenwich	\$19,530	\$32,400	\$3,044	113%	\$1,340	82%	50%
East Providence	\$19,530	\$32,400	\$1,242	46%	\$1,146	70%	42%
Exeter	\$19,530	\$32,400	\$1,974	73%	\$1,081	66%	40%
Foster	\$19,530	\$32,400	\$1,954	72%	\$1,204	74%	45%
Glocester*	\$19,530	\$32,400	\$1,464	54%	\$930	57%	34%
Hopkinton	\$19,530	\$38,150	\$1,429	45%	\$1,186	73%	37%
Jamestown*	\$19,530	\$32,400	\$3,073	114%	\$930	57%	34%
Johnston	\$19,530	\$32,400	\$1,279	47%	\$1,205	74%	45%
Lincoln	\$19,530	\$32,400	\$1,858	69%	\$1,120	69%	41%
Little Compton	\$19,530	\$32,400	\$2,893	107%	\$1,372	84%	51%
Middletown	\$19,530	\$40,450	\$1,998	59%	\$1,390	85%	41%
Narragansett	\$19,530	\$32,400	\$2,438	90%	\$1,219	75%	45%
New Shoreham*	\$19,530	\$38,150	\$8,677	273%	\$989	61%	31%
Newport	\$19,530	\$40,450	\$2,460	73%	\$1,341	82%	40%
North Kingstown	\$19,530	\$32,400	\$2,082	77%	\$1,204	74%	45%
North Providence	\$19,530	\$32,400	\$1,229	46%	\$1,097	67%	41%
North Smithfield	\$19,530	\$32,400	\$1,560	58%	\$1,162	71%	43%
Pawtucket	\$19,530	\$32,400	\$1,030	38%	\$1,018	63%	38%
Portsmouth	\$19,530	\$40,450	\$2,062	61%	\$1,344	83%	40%
Providence	\$19,530	\$32,400	\$836	31%**	\$1,136	70%	42%
Richmond*	\$19,530	\$32,400	\$1,620	60%	\$930	57%	34%
Scituate	\$19,530	\$32,400	\$1,597	59%	\$1,308	80%	48%
Smithfield	\$19,530	\$32,400	\$1,708	63%	\$1,149	71%	43%
South Kingstown	\$19,530	\$32,400	\$2,119	78%	\$1,296	80%	48%
Tiverton	\$19,530	\$32,400	\$1,396	52%	\$1,156	71%	43%
Warren	\$19,530	\$32,400	\$1,526	57%	\$1,054	65%	39%
Warwick	\$19,530	\$32,400	\$1,141	42%	\$1,272	78%	47%
West Greenwich*	\$19,530	\$32,400	\$1,769	66%	\$930	57%	34%
West Warwick	\$19,530	\$32,400	\$1,093	40%	\$1,080	66%	40%
Westerly	\$19,530	\$38,150	\$1,905	60%	\$1,100	68%	35%
Woonsocket	\$19,530	\$32,400	\$1,117	41%	\$955	59%	35%
Four Core Cities	\$19,530	\$32,400	\$913	34%	\$996	61%	37%
Remainder of State	\$19,530	\$33,583	\$2,011	72%	\$1,176	72%	42%
Rhode Island	\$19,530	\$33,462	\$1,434	51%	\$1,154	71%	41%

### Source of Data for Table/Methodology

2013 poverty level for a family of three as reported in: *Federal Register*, 78(16), January 24, 2013, pages 5182-5183.

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\*Rhode Island Housing 2013 *Rent Survey* data are not available. Average rent used for these communities is the HUD 2013 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 four core cities do not include communities for which data from the *Rent Survey* were not available.

Statewide average rent is calculated by taking an average of all listings statewide. Rent averages for the four core cities and the remainder of state are calculated using unweighted community data.

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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.<sup>1</sup> Families can become homeless due to lack of affordable housing, unemployment, low-paying jobs, extreme poverty and decreasing government supports. Other causes include domestic violence, mental illness, substance abuse, and frayed social support networks.<sup>2,3,4</sup>

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.<sup>5</sup>

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.<sup>6</sup>

In Rhode Island, 1,117 children in homeless families made up 25% of the people who used emergency homeless shelters, domestic violence shelters, and transitional housing in 2013. More than half (53%) of these children were under age six and 53% lived in one of the four core cities as their last permanent residence.<sup>7</sup>

In 2013, 631 families with children stayed at an emergency homeless shelter, domestic violence shelter, or transitional housing facility in Rhode Island. The primary reasons cited for homelessness were inability to afford housing costs and unemployment.<sup>8</sup>

In December 2013, Rhode Island had the highest unemployment rate (9.3%) in the U.S. and Rhode Island continues to have a high foreclosure rate.<sup>9,10</sup> In 2013, the average rent for a two-bedroom apartment in Rhode Island was \$1,154 or 86% of the monthly earnings of a full-time worker earning the minimum wage.<sup>11,12</sup>

## 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*.<sup>13</sup>
- ◆ Rhode Island's plan includes a focus 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.<sup>14</sup>

## 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.<sup>15</sup>
- ◆ 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.<sup>16</sup>
- ◆ The *McKinney-Vento Act* defines a child as homeless if he or she does not have a "fixed, regular and adequate nighttime residence."<sup>17</sup> During the 2012-2013 school year, Rhode Island public school personnel identified 923 children as homeless. Of these children, 59% (549) lived with other families ("doubled up"), 34% (312) lived in shelters, 6% (52) lived in hotels or motels, and 1% (10) were unsheltered.<sup>18</sup>
- ◆ 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.<sup>19</sup>

Table 8.

### Homeless Children Identified by Public Schools, Rhode Island, 2012-2013 School Year

SCHOOL DISTRICT	TOTAL ENROLLMENT	# OF CHILDREN IDENTIFIED AS HOMELESS BY PUBLIC SCHOOL PERSONNEL
Barrington	3,370	0
Bristol Warren	3,437	15
Burrillville	2,409	35
Central Falls	2,732	38
Charlho	3,403	25
Coventry	5,103	23
Cranston	10,664	21
Cumberland	4,648	7
East Greenwich	2,391	1
East Providence	5,364	5
Exeter-West Greenwich	1,712	3
Foster	275	0
Foster-Glocester	1,193	3
Glocester	560	0
Jamestown	490	0
Johnston	3,029	7
Lincoln	3,238	15
Little Compton	278	1
Middletown*	2,423	82
Narragansett	1,452	5
New Shoreham	112	1
Newport*	2,102	25
North Kingstown*	4,138	44
North Providence	3,450	0
North Smithfield	1,750	4
Pawtucket	8,733	27
Portsmouth	2,658	14
Providence	23,872	169
Scituate	1,511	0
Smithfield	2,410	26
South Kingstown	3,412	15
Tiverton	1,895	0
Warwick*	9,675	72
West Warwick	3,421	18
Westerly	3,067	97
Woonsocket*	6,024	105
<i>Charter Schools</i>	<i>4,097</i>	<i>16</i>
<i>State-Operated Schools</i>	<i>1,838</i>	<i>4</i>
<i>UCAP</i>	<i>145</i>	<i>0</i>
<i>Four Core Cities</i>	<i>41,361</i>	<i>339</i>
<i>Remainder of State</i>	<i>95,040</i>	<i>564</i>
<i>Rhode Island</i>	<i>142,481</i>	<i>923</i>

Table 9.

### Sheltered Homeless Children, Rhode Island, 2013

CITY/TOWN	2010 POPULATION UNDER AGE 18	ESTIMATED # OF HOMELESS CHILDREN BY LAST PERMANENT RESIDENCE**
Barrington	4,597	0
Bristol	3,623	2
Burrillville	3,576	0
Central Falls	5,644	47
Charlestown	1,506	0
Coventry	7,770	26
Cranston	16,414	39
Cumberland	7,535	5
East Greenwich	3,436	0
East Providence	9,177	23
Exeter	1,334	5
Foster	986	0
Glocester	2,098	0
Hopkinton	1,845	0
Jamestown	1,043	2
Johnston	5,480	4
Lincoln	4,751	0
Little Compton	654	0
Middletown	3,652	14
Narragansett	2,269	5
New Shoreham	163	0
Newport	4,083	28
North Kingstown	6,322	28
North Providence	5,514	21
North Smithfield	2,456	0
Pawtucket	16,575	49
Portsmouth	3,996	2
Providence	41,634	457
Richmond	1,849	4
Scituate	2,272	5
Smithfield	3,625	0
South Kingstown	5,416	2
Tiverton	2,998	5
Warren	1,940	11
Warwick	15,825	37
West Greenwich	1,477	0
West Warwick	5,746	25
Westerly	4,787	21
Woonsocket	9,888	104
<i>Out of State</i>	<i>NA</i>	<i>148</i>
<i>Four Core Cities</i>	<i>73,741</i>	<i>657</i>
<i>Remainder of State</i>	<i>150,215</i>	<i>313</i>
<i>Rhode Island</i>	<i>223,956</i>	<i>1,117</i>

## Homeless Children

#### Source of Data for Table/Methodology

#### Table 8.

Rhode Island Department of Education, Public School Enrollment in grades preschool to 12 on October 1, 2012.

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, The Learning Community, Segue Institute for Learning, and Trinity Academy for the Performing Arts. 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 9.

U.S. Census Bureau, Census 2010.

Rhode Island Emergency Shelter Information Project, 2013.

\*\*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 2013. 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 can be found in the Methodology Section.

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# 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

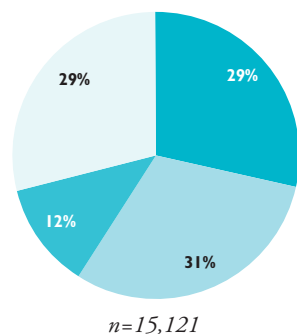
Children who have health insurance coverage are healthier and have fewer preventable hospitalizations. They are more likely to receive preventive care, be screened for the achievement of developmental milestones, miss fewer days of school, have access to prescription medications, and get treatment for 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.<sup>1,2,3</sup> 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.<sup>4,5</sup>

Medicaid and the Children's Health Insurance Program (CHIP) provide low-income children with affordable, comprehensive health benefits.<sup>6</sup> 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, 2013, 73% (85,627) of RItE Care members who qualified based on family income were children under age 19.<sup>7</sup> There were 42,318 low-income parents with RItE Care coverage on December 31, 2013.<sup>8</sup> RItE Care enrollment rose from 117,885 in December 2012 to 117,963 in December 2013, but remains below the peak of 120,049 in December 2004.<sup>9,10,11</sup>

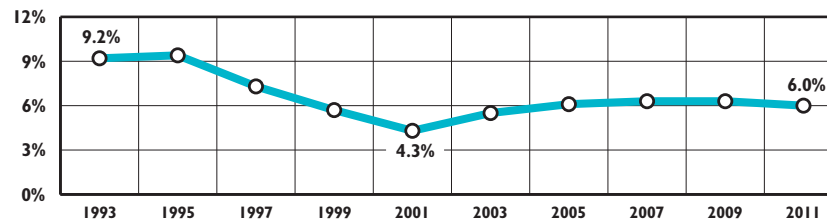
## Children Under Age 19 Without Health Insurance, by Poverty Level, Rhode Island, 2010-2012\*

- 29% ■ Income Less Than 100% of Poverty (4,411)
- 31% ■ Income 100% to 174% of Poverty (4,639)
- 12% ■ Income 175% to 249% of Poverty (1,742)
- 29% ■ Income at or Above 250% of Poverty (4,329)



Source: Population Reference Bureau analysis of U.S. Census Bureau, Current Population Survey data, 2010-2012. \*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. Total may not sum to 100 due to rounding.

## Children Without Health Insurance, Rhode Island, 1992-2012



Source: U.S. Census Bureau, Current Population Survey, 1992-2012, 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 2010 and 2012, 6.0% of Rhode Island's children under age 18 were uninsured, compared with 9.4% of children in the U.S. Rhode Island ranks 10th best in the U.S., with 94.0% of children with health insurance. Two-thirds (66%) of children in Rhode Island are covered by private health insurance, most of which is obtained through their parents' employers.<sup>12</sup>
- ◆ Approximately 71% (10,792) of the estimated 15,121 uninsured children in Rhode Island between 2010 and 2012 were eligible for RItE Care coverage based on their family incomes, but were not enrolled. An estimated 4,329 uninsured children lived in families with incomes above 250% of the federal poverty level (\$49,475 for a family of three in 2014), the limit for RItE Care eligibility, during this time period.<sup>13,14</sup>
- ◆ Employer-sponsored health insurance (ESI) has eroded in Rhode Island over the past decade. Between 2010 and 2012, 61.8% of children were covered by ESI, down from 73.1% for the three-year period from 1999 and 2001, a decrease of 15%.<sup>15</sup>
- ◆ The RItE Share premium assistance program helps low-income families afford the cost of employer-sponsored coverage. As of December 31, 2013, 7,834 children and 3,065 parents (10,899 total) were enrolled in RItE Share.<sup>16</sup>
- ◆ Children and families in need of health insurance can enroll in coverage through HealthSource RI, Rhode Island's health insurance marketplace under the federal *Affordable Care Act*. Eligible children and families can enroll in RItE Care/Medicaid or commercial health insurance, depending on family income. Financial assistance for commercial premiums (federal and state) and out-of-pocket costs (federal) are available to eligible families to make coverage more affordable.<sup>17,18,19,20</sup>

Table 15. Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2013

CITY/TOWN	RITE CARE RI WORKS	RITE CARE NOT RI WORKS	SSI	KATIE BECKETT PROVISION	ADOPTION SUBSIDY	FOSTER CARE	TOTAL
Barrington	20	240	17	40	19	12	348
Bristol	76	727	26	19	38	16	902
Burrillville	88	755	55	21	62	55	1,036
Central Falls	899	3,458	273	2	35	28	4,695
Charlestown	23	337	10	9	16	4	399
Coventry	163	1,508	73	50	109	64	1,967
Cranston	698	4,901	245	98	166	141	6,249
Cumberland	170	1,137	86	56	51	29	1,529
East Greenwich	39	276	19	37	19	13	403
East Providence	430	2,681	172	43	83	71	3,480
Exeter	17	190	5	6	17	8	243
Foster	17	189	12	3	11	8	240
Glocester	20	243	18	10	44	30	365
Hopkinton	37	391	17	4	23	9	481
Jamestown	9	63	2	7	4	5	90
Johnston	214	1,575	83	30	43	45	1,990
Lincoln	122	953	58	37	51	23	1,244
Little Compton	5	94	0	5	1	1	106
Middletown	103	674	54	27	28	38	924
Narragansett	56	375	20	21	22	42	536
New Shoreham	1	23	0	4	0	0	28
Newport	400	1,397	118	8	24	58	2,005
North Kingstown	151	1,070	61	39	35	27	1,383
North Providence	289	1,657	129	26	54	54	2,209
North Smithfield	77	356	39	13	35	33	553
Pawtucket	1,761	7,825	563	31	120	136	10,436
Portsmouth	41	467	22	23	16	47	616
Providence	6,045	22,591	2,009	51	557	534	31,787
Richmond	16	247	10	14	26	25	338
Scituate	25	322	9	28	26	16	426
Smithfield	58	444	23	20	22	33	600
South Kingstown	96	797	54	39	36	23	1,045
Tiverton	64	626	36	14	17	14	771
Warren	94	555	35	13	28	23	748
Warwick	504	3,590	204	127	175	149	4,749
West Greenwich	15	174	10	8	12	11	230
West Warwick	334	2,003	119	19	67	56	2,598
Westerly	156	1,339	71	24	27	17	1,634
Woonsocket	1,578	4,318	525	30	98	108	6,657
Other	36	112	25	1	0	1	175
Four Core Cities	10,283	38,192	3,370	114	810	806	53,575
Remainder of State	4,628	32,376	1,912	942	1,407	1,200	42,465
Rhode Island	14,947	70,680	5,307	1,057	2,217	2,007	96,215

### Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, MMIS Database, December 31, 2013.

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

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, 2013.

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.

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# 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 2012, the complete series included 4 doses of diphtheria, tetanus and pertussis (DTaP); 3 doses of polio; 1 dose of measles, mumps, rubella (MMR); 3-4 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

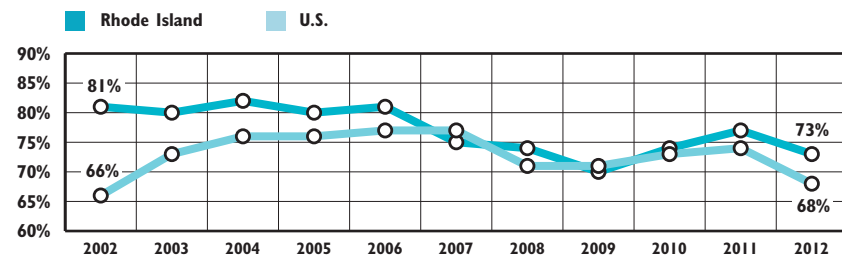
Timely and complete immunization protects children against a number of infectious diseases that were once common and resulted in death or disability. Vaccines interact with the immune system to produce antibodies that protect the body if it is later exposed to disease. The benefits of immunization include improved quality of life and productivity, reduced health spending, and prevention of illness and death.<sup>1,2</sup> 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 eradicated.<sup>3,4</sup>

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.<sup>5</sup> Due to the the federal *Affordable Care Act (ACA)*, children and individuals enrolled in new health insurance plans now have access to recommended vaccines without deductibles or copays, when delivered by an in-network provider. This will help make immunizations more affordable and accessible.<sup>6,7</sup>

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.<sup>8</sup> 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.<sup>9</sup>

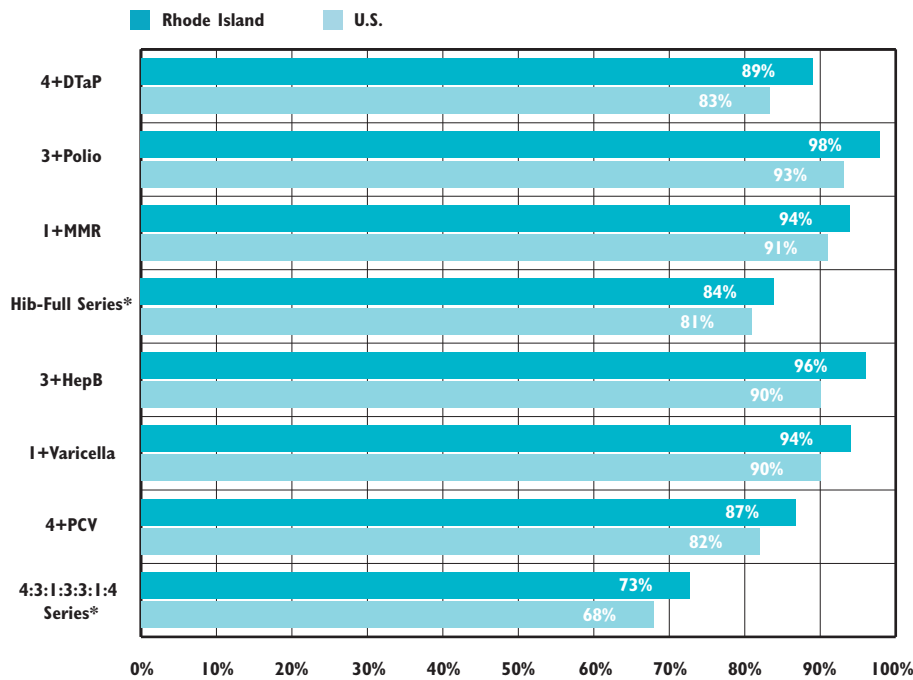
Fully Immunized Children\*, Ages 19 Months to 35 Months, Rhode Island and United States, 2002-2012



Source: Centers for Disease Control and Prevention, National Immunization Survey, 2002-2012. \*Fully immunized children received the 4:3:1:3:3:1 series from 2002 to 2007; the 4:3:1:0:3:1:4 series from 2008 to 2010; and the 4:3:1:3:3:1:4 series from 2011 to 2012.

- ◆ In 2012, Rhode Island's rate (73%) of children ages 19 months to 35 months that were fully immunized was higher than the U.S. rate of 68%.<sup>10</sup>
- ◆ 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 were 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.<sup>11,12</sup>
- ◆ In 2012, the U.S. rate for fully immunized children ages 19 months to 35 months ranged from 63% for children living below the federal poverty level to 72% for children living at or above the federal poverty level. The 2012 U.S. rate was 72% for Asian children, 69% for White, non-Hispanic children, 68% for Hispanic children, and 65% for Black, non-Hispanic children.<sup>13</sup>
- ◆ Concerns about vaccine safety have resulted in some parents refusing to have their children immunized and some requesting alternative vaccination schedules, both of which contribute to under-immunization.<sup>14</sup> As required by the federal *National Childhood Vaccine Injury Act*, families must be provided with information about each vaccine and given the opportunity to clarify concerns with their healthcare provider.<sup>15</sup> In Rhode Island, children may be exempt from receiving one or more required vaccines for medical or religious reasons.<sup>16</sup> In the 2012-13 school year, 1.1% (104) of kindergarten students and 0.6% (61) of seventh grade students received exemptions. Of the 165 exemptions, 67% (110) were for religious reasons and 33% (55) were for medical reasons.<sup>17</sup>

## Vaccination Coverage Among Children, Ages 19 Months to 35 Months, Rhode Island and United States, 2012



Source: Rhode Island Department of Health analysis of data from the *National Immunization Survey-Children*, 2012.

\* Depending on the product type received, 3+ or 4+ doses of Hib vaccine is a full dose.

◆ In 2012, Rhode Island ranked first in the U.S. for the 3+Polio and 3+HepB vaccines, third highest for the rotavirus vaccines, fourth highest for the 4+DTaP vaccine, and fifth for the 1+MMR and 4+PCV vaccines. Rhode Island ranked 16th best in the U.S. for completion of the 4:3:1:3:3:1:4 series.<sup>18</sup>

## Immunizations for Elementary and Middle School Students

◆ The 2012-2013 *Rhode Island School Immunization Assessment* analyzed student immunization status reports through a web-based survey of all kindergarten and seventh grade school nurse teachers. The immunization statuses of 75% of kindergarten students and 87% of seventh grade students were reported. Of the five immunizations needed for school entry, entering kindergarteners had coverage rates between 94% and 98%, while entering middle school students had rates between 73% and 99%.<sup>19</sup>

## 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.<sup>20</sup>

◆ According to the 2012 *National Immunization Survey-Teen*, Rhode Island adolescents ranked best in the U.S. for 1+MCV and all four HPV vaccines (1+HPV and 3+HPV for males and females), second for 2+Varicella and 2+MMR, fourth for 1+Tdap, and 20th for 3+HepB. In 2012, 97% of Rhode Island adolescents had received 2+MMR vaccine and 94% had received the 1+MCV, 1+Tdap, and 3+HepB vaccines.<sup>21</sup>

◆ 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 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.<sup>22,23,24</sup>

◆ During the 2012-2013 school year, 86 schools participated in VBYG. In total, 8,180 vaccine doses were administered to 6,147 students. The two most administered vaccines were influenza (5,375 doses) and HPV (768 doses). Other vaccines administered included hepatitis A and B, measles, mumps, rubella (MMR), polio (IPV), tetanus, diphtheria (Td), tetanus, diphtheria, pertussis (Tdap), meningitis, and varicella (chicken pox).<sup>25</sup>

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# 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.<sup>1,2,3</sup>

Insurance is a strong predictor of access to care. More than one in five (21%) uninsured children in the U.S. have unmet dental needs, compared with 5% of those with Medicaid and 4% of those with private health insurance.<sup>4</sup> In 2012, 89% of children under age 18 in Rhode Island had dental insurance that paid for routine dental care, up from 73% in 2001.<sup>5,6</sup>

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

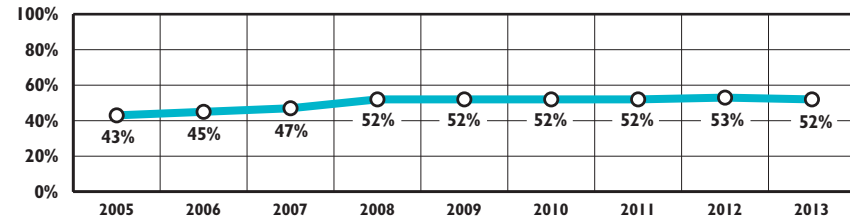
in access to dental care. Children who have continuous enrollment in public health insurance programs have greater access to dental and medical care than those who have no insurance or are covered for only part of the year.<sup>7,8,9</sup>

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.<sup>10,11,12</sup>

Poor oral health during pregnancy has been shown to be a potential risk factor contributing to pregnancy complications and poor birth outcomes, including preterm birth and low birthweight infants.<sup>13,14</sup> 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 least likely to see a dentist.<sup>15</sup>

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.<sup>16,17</sup>

## Children Enrolled in Medical Assistance\* Programs Who Received Any Dental Service, Rhode Island, SFY 2005-2013



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years (SFY) 2005-2013.

\*Medical Assistance includes RItE Care, RItE Share, and Medicaid fee-for-service.

◆ Half (52%) of the children who were enrolled in RItE Care, RItE Share, or Medicaid fee-for-service on June 30, 2013 received a dental service during State Fiscal Year 2013, up from 43% in SFY 2005 and down from 53% in SFY 2012.<sup>18</sup> Rhode Island's rate is higher than the national average of 44% of children enrolled in Medicaid with a dental visit.<sup>19</sup>

## 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.<sup>20,21</sup>

◆ When RItE Smiles (Rhode Island's managed care oral health program) started in 2006, reimbursement rates were raised for participating dental providers.<sup>22</sup> The number of dentists accepting qualifying children increased from 27 before RItE Smiles began to 90 at the launch of RItE Smiles. In September 2013, there were 283 dentists in 587 locations (67% more providers and 118% more locations than September 2009).<sup>23</sup>

◆ General dentists and dental specialists who provide dental care to older children (born since May 1, 2000) who do not qualify for enrollment in the RItE Smiles program continue to be reimbursed at the Medicaid fee-for-service reimbursement rate.<sup>24</sup> In the U.S. and in Rhode Island, Medicaid reimbursement rates are much lower than fees charged by dentists and commercial reimbursement rates, which reduces incentives for providers to treat children with Medicaid coverage.<sup>25</sup>

## Dental Coverage Improves Access to Care

◆ 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.<sup>26,27,28,29</sup> As of December 31, 2013, there were 67,381 children enrolled in RIte Smiles, nearly double 34,000 children enrolled at launch in 2006.<sup>30,31</sup>

◆ 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.<sup>32</sup>

◆ In 2012, 89% of Rhode Island children had some form of dental coverage (public or private), and 83% of children ages 0-17 had a preventive visit within the last year.<sup>33</sup> States are required to provide comprehensive dental benefits to children with Medicaid coverage.<sup>34</sup> Starting in 2014, the federal *Affordable Care Act (ACA)* made essential dental benefits mandatory for most children with private coverage. It is projected that 28,100 more children in Rhode Island will have access to dental coverage by 2018 as a result of the *ACA*, a 15% increase from 2010.<sup>35,36</sup>

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## Consequences of Untreated Dental Disease

◆ Between 2008 and 2012, an average of 794 children under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments annually. Of these children, 51% had public insurance (Medicaid/RIte Care) and 21% had private health or dental insurance. One-quarter (25%) were self-pay patients, which could mean that their insurance did not cover the cost of the visit or that they were uninsured.<sup>37</sup>

◆ Each year between 2008 and 2012 in Rhode Island, an average of 60 children under age 19 were hospitalized with a diagnosis that included an oral health condition. During this time period, an average of 17 children per year under age 19 were hospitalized with an oral health condition as the primary reason for the hospitalization.<sup>38</sup>

## Importance of Oral Health Care for Very Young Children

◆ Clinical recommendations are that children first visit the dentist before age one.<sup>39</sup> 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.<sup>40,41</sup>

◆ In Rhode Island, children under age six (63%) are less likely to have received a dental check-up or cleaning in past 12 months than children over age five (93% of 6-11 year olds and 90% of 12-17 year olds).<sup>42</sup> In 2012, 25% of children ages three to five at a sample of Rhode Island Head Start programs were found to have untreated dental decay. More minority children had untreated decay than non-Hispanic children.<sup>43</sup>

◆ 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.<sup>44,45</sup> 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.<sup>46,47,48</sup>

◆ 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.<sup>49</sup>

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# Children's Mental Health

## DEFINITION

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

## SIGNIFICANCE

Mental health in childhood and adolescence is defined as the achievement of expected developmental, cognitive, social, and emotional milestones and the ability to have effective coping skills. Mental health status influences children's health and behavior at home, in child care or school, and in the community. Mental health conditions can impair academic achievement, increase involvement with the juvenile justice and child welfare systems, result in high treatment costs, diminish family incomes, and increase the risk for suicide. Children with mental health issues are also likely to have other chronic health conditions.<sup>1,2,3,4</sup>

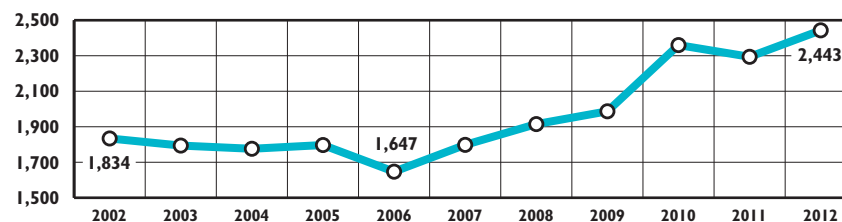
Behavioral health problems affect children of all backgrounds. In Rhode Island, one in five (19.0%) children ages six to 17 has a diagnosable mental health problem; one in ten (9.8%) has significant functional impairment.<sup>5</sup>

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.<sup>6,7</sup> Young people in the juvenile justice and child welfare systems experience mental health problems at higher rates than their peers.<sup>8</sup>

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.<sup>9</sup> An estimated 34% of Rhode Island children who needed mental health treatment or counseling in the past 12 months did not receive it.<sup>10</sup>

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.<sup>11,12,13,14</sup> Over the past two decades, Rhode Island has worked to build a preventive and home- and community-based system of care, but more progress is still needed.<sup>15,16,17,18,19</sup>

Hospitalizations with Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2002-2012\*



Source: Rhode Island Department of Health, Hospital Discharge Database (HDD), 2002-2012. \*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 comparable to Factbooks since 2012. Data for 2010 (2,398) and 2011 (2,317) differ from previous Factbooks because of updated hospital records.

◆ In 2012, there were 2,443 hospitalizations of children with a primary diagnosis of mental disorder at Bradley, Butler, Hasbro Children's Hospital, Newport, and Memorial hospitals. This represents a 33% increase from 2002. 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."<sup>20,21</sup>

◆ 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.<sup>22,23</sup> In Federal Fiscal Year (FFY) 2013, 282 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 slight decrease from FFY 2012 (291), and a 27% reduction from FFY 2011, when there were 388 boarders.<sup>24</sup>

◆ 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 2013, the same as in FFY 2012.<sup>25</sup>

## Psychiatric Hospitals

### Children Under Age 19 Treated at Rhode Island Psychiatric Hospitals, October 1, 2012-September 30, 2013 (FFY 2013)

	BRADLEY HOSPITAL GENERAL PSYCHIATRIC SERVICES		BRADLEY HOSPITAL DEVELOPMENTAL DISABILITIES PROGRAM		BUTLER HOSPITAL ADOLESCENT PSYCHIATRIC SERVICES	
	# TREATED	AVERAGE LENGTH OF STAY	# TREATED	AVERAGE LENGTH OF STAY	# TREATED	AVERAGE LENGTH OF STAY
Inpatient	1,125	10 days	105	28 days	465*	9 days
Residential	25	154 days	8	110 days	--	--
Partial Hospitalization	792	16 days	4	13 days	75	5 visits
Home-Based	--	--	21	95 visits	--	--
Outpatient	2,101	5 visits	116	3 visits	30	NA

Source: Lifespan, 2014 and Butler Hospital, 2014. 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 2013). The average length of stay is based on discharges. \*An additional 44 youth were treated in adult programs.

-- = 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. In October 2012, Butler Hospital transferred its child and adolescent intensive treatment inpatient beds to adult inpatient beds. Children and adolescents needing this level of care are now referred to other inpatient providers.

◆ 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 2013 in an inpatient setting were depressive disorders (40%), bipolar disorders (38%), anxiety disorders (13%), and adjustment disorders (5%).<sup>26,27</sup>

◆ 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 399 students in FFY 2013.<sup>28</sup>

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## Rhode Island's Community Mental Health Centers

◆ The seven Community Mental Health Centers (CMHCs) in Rhode Island are the primary source of public mental health treatment services available in the state for children and adults. During 2013, 7,186 children under age 18 were receiving treatment at Community Mental Health Centers (data for children being served in Newport is from 2012 due to technical reporting issues).<sup>29</sup>

◆ Among the children who received services through Rhode Island CMHCs in 2013, 25% had a primary diagnosis of depressive-related disorders, 21% had attention deficit disorders, 14% had anxiety disorders, and 13% had conduct disorders.<sup>30</sup>

## 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.<sup>31</sup>

◆ In State Fiscal Year 2013 (July 1, 2012-June 30, 2013), 1,695 children and youth received services from ten CAITS provider agencies. About half (56%) of the youth served by CAITS were over age 12, while 38% were ages six to 11, and 6% were age five or younger.<sup>32</sup>

## Suicide Among Rhode Island Children and Youth

◆ Children and youth with mental health conditions are at increased risk for suicide.<sup>33,34</sup> In 2013, 14% of Rhode Island high school students reported attempting suicide one or more times during the past year, up from 10% in 1997.<sup>35</sup> In Rhode Island between 2008 and 2012, there were 943 emergency department visits and 396 hospitalizations of youth ages 13-19 due to suicide attempts.<sup>36</sup> Twenty-five children under age 20 died due to suicide in Rhode Island between 2008 and 2012.<sup>37</sup>

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# Children with Special Needs

## DEFINITION

*Children with special needs* are those who have a chronic disease or disability that requires educational services, health care, and/or related services of a type or amount beyond that required 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

An estimated 20% of children in the U.S. and 21% of children in Rhode Island have at least one special health care need.<sup>1</sup> Children with special health care needs (CSHCN) can have impairments of varying degrees in physical, developmental, emotional, and/or behavioral functioning.<sup>2</sup> Parental reports of developmental screening for young children during health care visits in Rhode Island increased from 15% in 2007 to 32% in 2012.<sup>3</sup> Nationally, 41% of CSHCN have two or more special health needs, such as Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, learning disabilities, speech problems, developmental delay, and/or mental health disorders.<sup>4</sup>

Children with mild or severe

disabling conditions have special needs related to physical health, mental health, education, family support, housing, child care, and recreation.<sup>5</sup> Health-related needs are best met via a comprehensive, coordinated, continuous, accessible, and family-centered medical home.<sup>6</sup>

In 2013, 21% of Rhode Island public high school students reported having a disability. These students with disabilities reported experiencing physical fights, being electronically bullied and being bullied at school, and acute depression more frequently than their non-disabled peers. They also had higher rates of inactivity, poor academic achievement, and risky behaviors, including being sexually active, smoking tobacco, drinking, riding with a driver who drank alcohol, and using marijuana, when compared to students without disabilities.<sup>7</sup>

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

## 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.<sup>16</sup>
- ◆ In Rhode Island in 2013, 11 certified Early Intervention (EI) provider agencies served 4,168 children. As of June 30, 2013, there were 2,140 children enrolled in EI. Nearly two-thirds (64%) of children receiving EI services during Calendar Year 2013 were male and just over one-third (36%) were female. EI enrollment during Calendar Year 2013 was nearly evenly distributed among children by age, with 30% less than one year old, 36% between ages one and two, and 35% between ages two and three.<sup>17</sup>

## 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.<sup>18</sup>
- ◆ In Rhode Island during the 2012-2013 school year, 17% (23,985) of children enrolled in public schools received special education services. Thirty-four percent of students receiving special education services in Rhode Island had a learning disability.<sup>19</sup>
- ◆ 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 2013, 36% of the 2,059 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 6% 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, died, or were otherwise unreachable for follow-up.<sup>20</sup>
- ◆ During the 2012-2013 school year in Rhode Island, there were 2,565 preschool-age children who received special education services.<sup>21</sup>

## Medical Assistance for Children With Special Health Care Needs

- ◆ As of December 31, 2013, there were 5,307 Rhode Island children and youth under age 19 receiving Medical Assistance benefits through their enrollment in the federal Supplemental Security Income (SSI) program.<sup>22,23</sup>
- ◆ 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.<sup>24</sup> As of December 31, 2013, there were 1,057 Rhode Island children enrolled through the Katie Beckett provision, a decline of 40% from the peak enrollment of 1,770 in 2007.<sup>25,26</sup>
- ◆ 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.<sup>27,28</sup>

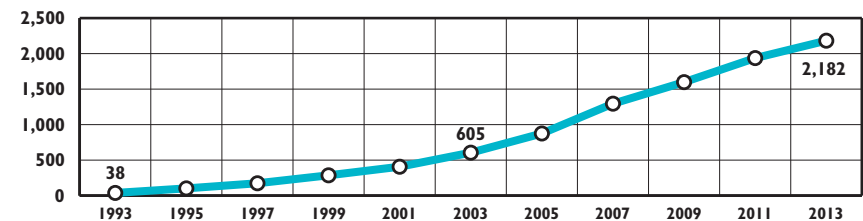
## Children With Special Needs in the Child Welfare System

- ◆ 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.<sup>29,30</sup>
- ◆ As of December 31, 2013, 2,040 children in Rhode Island were enrolled in Medical Assistance through the child welfare system.<sup>31</sup> Per provisions of the federal *Affordable Care Act (ACA)*, starting on January 1, 2014, all youth who turned age 18 while in foster care between 2007 and 2013 are eligible for Medicaid coverage until they reach age 26.<sup>32,33</sup> This extension of Medicaid eligibility under the *ACA* will provide health coverage to an estimated 916 former foster youth ages 21-25 in Rhode Island in 2014.<sup>34</sup>
- ◆ 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, 2013, 2,217 children were enrolled in Medical Assistance because of special needs adoptions.<sup>35</sup>

## 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.<sup>36,37</sup>

### Children Ages Three to 21 With Autism Spectrum Disorders (ASDs), Rhode Island, December 1993-June 2013



Source: Rhode Island Department of Education, Office of Student, Community and Academic Supports, December 1993-June 2013. All data in years prior to 2000 are a December point-in-time run, and since 2000 are a June point-in-time run.

- ◆ 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).<sup>38</sup> In June 2013, there were 2,182 Rhode Island children ages three to 21 with an ASD who received special education services.<sup>39</sup> The increase in the number of children with ASDs has been attributed, in part, to improved awareness, better screening and evaluation tools with which to make a diagnosis, as well as a broadening of the educational definition of autism to include other ASDs.<sup>40,41,42</sup>
- ◆ 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.<sup>43,44,45</sup>

References are on page 174.

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# Infants Born at Highest Risk

## DEFINITION

*Infants born at highest risk* is the percentage of babies born to Rhode Island women who were under age 20, unmarried, and had fewer than 12 years of education.

## SIGNIFICANCE

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.<sup>1,2,3</sup>

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 poverty, maternal depression, family chaos, exposure to violence, child maltreatment, and unsafe, low-quality child care.<sup>4,5</sup>

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.<sup>6</sup> Most children facing these three economic and social risk factors at birth continue to face great challenges throughout childhood. In 2013 in Rhode Island, 290 babies (3% of all babies) were born to unmarried teen mothers without high school diplomas.<sup>7</sup>

Providing early and intensive support to families with multiple risk factors can help parents develop critical nurturing skills.<sup>8</sup> 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.<sup>9</sup> 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.<sup>10</sup>

**Births by Risk Factor, Rhode Island, 2013**

CITY/TOWN	BIRTHS	% TO MOTHERS WITHOUT A HSD/GED	% TO SINGLE MOTHERS	% TO MOTHERS YOUNGER THAN 20	% TO MOTHERS WITH ALL 3 RISK FACTORS
Central Falls	311	34%	71%	15%	8%
Pawtucket	915	16%	60%	6%	2%
Providence	2,471	20%	63%	10%	5%
Woonsocket	579	18%	69%	13%	6%
Four Core Cities	4,276	20%	64%	10%	5%
Remainder of State	6,156	5%	35%	4%	1%
Rhode Island	10,432	11%	47%	6%	3%

Source: Rhode Island Department of Health, KIDSNET Database, 2013.

- ◆ The U.S. birth rate has been declining in recent years, and in 2012, reached another historic low. The most recent decline began in 2007 coinciding with the national economic recession.<sup>11,12</sup> Rhode Island has the fifth lowest birth rate in the U.S.<sup>13</sup>
- ◆ The total number of babies born to Rhode Island women has declined 11% between 2008 and 2013. The number of infants born at highest risk (babies born to unmarried teen mothers without a high school diploma) has fallen 52% in the same time period.<sup>14</sup>
- ◆ Between 2008 and 2013 in Rhode Island, the proportion of births to single mothers remained steady around 47%, while the proportion of births to mothers without a high school diploma fell from 17% to 11% and the proportion of births to teen mothers fell from 10% to 6% of all births.<sup>15</sup>
- ◆ All babies born in Rhode Island are screened through the Rhode Island Department of Health's Newborn Risk Assessment Program. In 2013, there were 6,558 babies born (63% of all babies born) who "screened positive," indicating the presence of one or more risk factors associated with poor developmental outcomes.<sup>16</sup>

Table 16.

## Infants Born at Highest Risk, Rhode Island, 2013

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	97	1	17	2	1	1%
Bristol	141	1	48	3	1	1%
Burrillville	119	6	41	3	1	1%
Central Falls	311	106	221	46	24	8%
Charlestown	38	3	13	6	3	8%
Coventry	266	17	92	13	5	2%
Cranston	766	46	289	28	13	2%
Cumberland	277	12	67	2	2	1%
East Greenwich	121	2	22	2	1	1%
East Providence	472	31	186	15	6	1%
Exeter	48	5	12	3	2	4%
Foster	25	0	4	1	0	0%
Glocester	68	2	17	3	1	1%
Hopkinton	67	1	24	2	0	0%
Jamestown	22	0	2	0	0	0%
Johnston	300	13	113	9	3	1%
Lincoln	187	13	73	9	5	3%
Little Compton	8	0	3	0	0	0%
Middletown	139	4	36	0	0	0%
Narragansett	85	0	27	0	0	0%
New Shoreham	17	0	4	1	0	0%
Newport	247	31	108	13	5	2%
North Kingstown	207	9	68	7	2	1%
North Providence	330	15	141	8	4	1%
North Smithfield	86	3	30	1	1	1%
Pawtucket	915	147	546	54	22	2%
Portsmouth	98	4	24	4	3	3%
Providence	2,471	501	1,561	259	119	5%
Richmond	70	2	19	3	1	1%
Scituate	66	1	16	1	0	0%
Smithfield	120	2	31	2	0	0%
South Kingstown	187	4	60	1	0	0%
Tiverton	73	3	27	1	0	0%
Warren	90	4	35	4	2	2%
Warwick	780	38	242	28	12	2%
West Greenwich	44	1	19	2	0	0%
West Warwick	343	45	171	28	11	3%
Westerly	152	15	71	13	6	4%
Woonsocket	579	102	401	73	34	6%
Four Core Cities	4,276	856	2,729	432	199	5%
Remainder of State	6,156	334	2,152	218	91	1%
Rhode Island	10,432	1,190	4,881	650	290	3%

### Source of Data for Table/Methodology

Rhode Island Department of Health, KIDSNET Database, 2013. 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.

Caution should be used with small numbers in numerators and denominators.

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

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# Evidence-Based Home Visiting

## DEFINITION

*Evidence-based home visiting* is the number of families enrolled in evidence-based home visiting programs managed by the Rhode Island Department of Health.

## SIGNIFICANCE

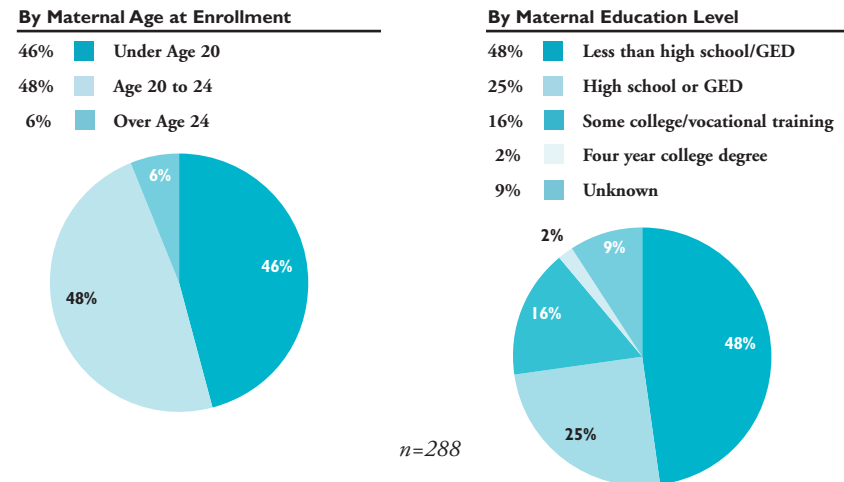
Parents are the most important individuals in a child's life, particularly during infancy and early childhood. Infants and toddlers who receive responsive, nurturing care and are provided with opportunities to learn have a strong foundation for success. When parents lack the knowledge or resources to meet the needs of their babies, the child's health, development, and learning trajectory is threatened.<sup>1,2</sup>

Home visiting programs are designed to reach young children and their families at home. Each program is different, but all provide parenting education to foster healthy, safe, and stimulating environments for young children. Children in at-risk families who participate in high-quality home visiting programs have improved language, cognitive, and social-emotional development and are less likely to experience child abuse and neglect. Families who participate are more likely to provide an enriching home environment, use appropriate discipline strategies, and become more

economically secure through education and employment. Some home visiting programs can also improve maternal and child health, reducing long-term health care costs.<sup>3,4,5</sup>

In 2010, federal legislation established the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to expand and improve state-administered home visiting programs for at-risk families with young children. The majority of funding must be spent by states on approved models that meet rigorous evidentiary standards.<sup>6</sup> As of September 2013, there are 14 home visiting models that have been identified as effective, evidence-based programs for families during the prenatal period and early childhood years, with evidence showing they produce statistically significant improvements in outcomes for children and families.<sup>7</sup> Rhode Island uses MIECHV funding to support implementation of three of these evidence-based models: Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.<sup>8</sup> In order to achieve improved outcomes for children, evidence-based programs must follow national program guidelines, use professional staff trained in the model, be implemented in the appropriate timeframes, and have fidelity to their theoretical models.<sup>9</sup>

## Families Enrolled in Evidence-Based Home Visiting Programs, Rhode Island, October 2013



Source: Rhode Island Department of Health, October 2013.

- ◆ As of October 2013, there were 288 families enrolled in one of the three MIECHV-funded evidence-based home visiting programs in Rhode Island. Ninety-two percent of the families lived in one of the four core cities and 8% lived in the remainder of the state.<sup>10</sup>
- ◆ Home-based Early Head Start is also recognized as an evidence-based home visiting program that improves child outcomes.<sup>11</sup> As of October 2013 in Rhode Island, there were 363 children enrolled in home-based Early Head Start.<sup>12</sup>
- ◆ Early Intervention (EI) programs serve infants and toddlers with developmental delays and disabilities in Rhode Island and deliver the majority of their services (93%) through home visits. As of June 2013, there were 2,140 children enrolled in EI in Rhode Island.<sup>13</sup>

## First Connections

- ◆ Rhode Island also operates First Connections, a statewide, short-term home visiting program designed to help families get connected to needed resources.<sup>14</sup> In Calendar Year 2013 in Rhode Island, 3,598 children received at least one First Connections home visit. Fifty-six percent of the children lived in one of the four core cities and 44% lived in the remainder of the state.<sup>15</sup>

**Evidence-Based Home Visiting, Rhode Island, 2013**

Table 17.

CITY/TOWN	COMMUNITY CONTEXT			# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2013				
	TOTAL # OF BIRTHS	% OF BIRTHS WITH 1 OR MORE RISK FACTORS	% OF BIRTHS WITH 3 KEY RISK FACTORS	# CHILDREN RECEIVED FIRST CONNECTIONS VISIT	HEALTHY FAMILIES AMERICA	NURSE-FAMILY PARTNERSHIP	PARENTS AS TEACHERS*	TOTAL
Barrington	97	26%	1%	6	0	0	0	0
Bristol	141	52%	1%	35	0	0	0	0
Burrillville	119	58%	1%	18	0	0	0	0
Central Falls	311	88%	8%	204	10	22	6	38
Charlestown	38	45%	8%	8	0	0	0	0
Coventry	266	47%	2%	82	0	0	0	0
Cranston	766	55%	2%	204	0	1	0	1
Cumberland	277	42%	1%	57	2	0	0	2
East Greenwich	121	36%	1%	34	0	0	0	0
East Providence	472	58%	1%	96	0	1	0	1
Exeter	48	50%	4%	10	0	0	0	0
Foster	25	44%	0%	4	0	0	0	0
Glocester	68	53%	1%	18	0	0	0	0
Hopkinton	68	54%	0%	17	0	0	0	0
Jamestown	22	36%	0%	2	0	0	0	0
Johnston	300	56%	1%	56	0	0	0	0
Lincoln	187	51%	3%	42	0	1	0	1
Little Compton	8	63%	0%	1	0	0	0	0
Middletown	139	43%	0%	28	0	0	0	0
Narragansett	85	53%	0%	28	0	0	0	0
New Shoreham	17	35%	0%	4	0	0	0	0
Newport	247	58%	2%	64	9	4	0	13
North Kingstown	207	47%	1%	53	1	0	0	1
North Providence	330	57%	1%	71	0	0	0	0
North Smithfield	86	52%	1%	10	0	0	0	0
Pawtucket	915	75%	2%	468	7	36	15	58
Portsmouth	98	38%	3%	15	0	0	0	0
Providence	2,471	78%	5%	1,178	60	63	1	124
Richmond	69	45%	1%	14	0	0	0	0
Scituate	66	52%	0%	16	0	0	0	0
Smithfield	120	43%	0%	22	0	0	0	0
South Kingstown	187	51%	0%	45	0	0	0	0
Tiverton	73	51%	0%	18	1	0	0	1
Warren	90	57%	2%	16	0	0	0	0
Warwick	780	50%	2%	242	0	1	0	1
West Greenwich	44	64%	0%	12	0	0	0	0
West Warwick	343	66%	3%	166	0	1	0	1
Westerly	152	62%	4%	53	0	0	0	0
Woonsocket	579	80%	6%	180	22	6	18	46
Unknown	0	NA	NA	1	0	0	0	0
Four Core Cities	4,276	78%	5%	2,030	99	127	40	266
Remainder of State	6,156	52%	1%	1,567	13	9	0	22
Rhode Island	10,432	63%	3%	3,598	112	136	40	288

**Source of Data for Table/Methodology**

The number of births, the percentage of births by risk factor, the number of families that received a First Connections visit, and the number of families enrolled in an evidence-based home visiting program are from the Rhode Island Department of Health. Percentage of births with one or more risk factor is the “risk positive” definition from Rhode Island’s Newborn Developmental Risk Assessment. Percentage of births with three key risk factors are births to unmarried mothers under age 20 without a high school diploma.

\*The city/town table only includes families enrolled in MIECHV-funded Parents as Teachers programs. There are other Parents as Teachers programs in Rhode Island.

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

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# Women with Delayed Prenatal Care

## DEFINITION

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

## SIGNIFICANCE

Early prenatal care is 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.<sup>1</sup>

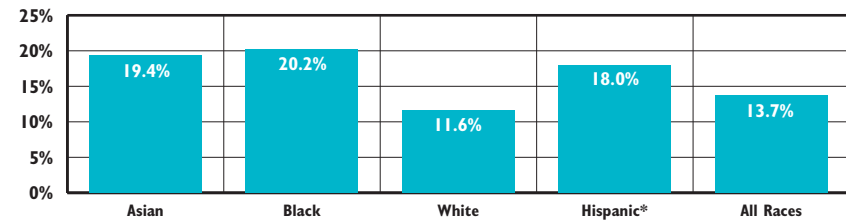
Prenatal care offers the opportunity to screen for and treat conditions that increase the risk for poor birth outcomes and to educate parents on caring for newborns. Effective prenatal care also screens for and intervenes with a range of maternal needs including nutritional, social support, mental health, smoking cessation, substance use, domestic violence, and unmet needs for food and shelter.<sup>2,3,4</sup> A prenatal visit is the first step in establishing an infant's medical home and can provide valuable links to other health services.<sup>5,6</sup>

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.<sup>7</sup>

Barriers to prenatal care include not knowing one is pregnant, not being able to get an appointment or start care when desired, lack of transportation or child care, inability to get time off work, and/or financial constraints, including lack of insurance and/or money to pay for care.<sup>8,9</sup>

In Rhode Island between 2008 and 2012, 13.7% of women who gave birth either received no prenatal care or did not begin care until the second or third trimester.<sup>10</sup> Pregnant adolescents in Rhode Island are the most likely to delay prenatal care. Between 2008 and 2012, one-quarter (25.0%) of teens ages 19 and under received delayed prenatal care, compared with 12.7% of women ages 20 and over.<sup>11</sup>

**Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2008-2012**



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Database, 2008-2012. Data for 2012 are provisional. \*Hispanic may be included in any racial category.

◆ Between 2008 and 2012 in Rhode Island, Black women (20.2%), Asian women (19.4%), and Hispanic\* women (18.0%) were more likely to receive delayed prenatal care than White women (11.6%).<sup>12</sup>

◆ Between 2008 and 2012 in Rhode Island, the rate of delayed prenatal care among pregnant women in the four core cities (18.0%) was higher than the rate among pregnant women in the remainder of the state (10.7%).<sup>13</sup>

## 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.<sup>14,15</sup>

◆ Between 2008 and 2012, pregnant women with health coverage through RIte Care coverage (Rhode Island's Medicaid managed care health program) were much less likely (19.3%) to receive delayed prenatal care than women who were uninsured (35.8%). Pregnant women with private insurance coverage were the least likely to receive delayed prenatal care (8.3%) during this time period.<sup>16</sup>

◆ 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 90th percentile in member access to timely prenatal care when compared to other Medicaid health plans in the nation.<sup>17</sup>

Table 18.

## Delayed Prenatal Care, Rhode Island, 2008-2012

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	512	46	9.0%
Bristol	825	99	12.0%
Burrillville	672	69	10.3%
Central Falls	1,736	306	17.6%
Charlestown	293	14	NA
Coventry	1,492	164	11.0%
Cranston	3,980	533	13.4%
Cumberland	1,613	143	8.9%
East Greenwich	511	53	10.4%
East Providence	2,569	261	10.2%
Exeter	261	22	NA
Foster	167	25	NA
Glocester	366	38	NA
Hopkinton	390	27	NA
Jamestown	124	11	NA
Johnston	1,313	168	12.8%
Lincoln	889	90	10.1%
Little Compton	104	6	NA
Middletown	880	78	8.9%
Narragansett	396	25	NA
New Shoreham	51	2	NA
Newport	1,362	117	8.6%
North Kingstown	1,024	102	10.0%
North Providence	1,535	177	11.5%
North Smithfield	418	34	NA
Pawtucket	5,134	833	16.2%
Portsmouth	612	39	6.4%
Providence	13,571	2,604	19.2%
Richmond	369	32	NA
Scituate	304	38	NA
Smithfield	618	45	7.3%
South Kingstown	988	81	8.2%
Tiverton	560	52	9.3%
Warren	470	79	NA
Warwick	3,916	450	11.5%
West Greenwich	247	30	NA
West Warwick	1,881	276	14.7%
Westerly	1,145	78	6.8%
Woonsocket	3,107	499	16.1%
Unknown	7	1	NA
Four Core Cities	23,548	4,242	18.0%
Remainder of State	32,857	3,504	10.7%
Rhode Island	56,412	7,747	13.7%

### Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2008-2012. Data for 2012 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.

The denominator is the total number of live births to Rhode Island residents from 2008-2012.

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

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

Caution should be used with small numbers in numerators and denominators.

\*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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- <sup>9</sup> *2012 Rhode Island Pregnancy Risk Assessment Monitoring System Data Book: 2004-2009 data to guide evidence-based decision making*. (2012). Providence, RI: Rhode Island Department of Health.
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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.<sup>1,2,3</sup>

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, stress, and maternal use of tobacco, alcohol, and other drugs.<sup>4,5</sup>

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.<sup>6,7</sup> Preventive interventions can improve outcomes for very preterm infants and their caregivers.<sup>8,9</sup>

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.<sup>10</sup> Preterm birth is a major contributor to infant mortality in the U.S., particularly among non-Hispanic Black, Native American/Alaska Native, and Puerto Rican infants.<sup>11,12</sup>

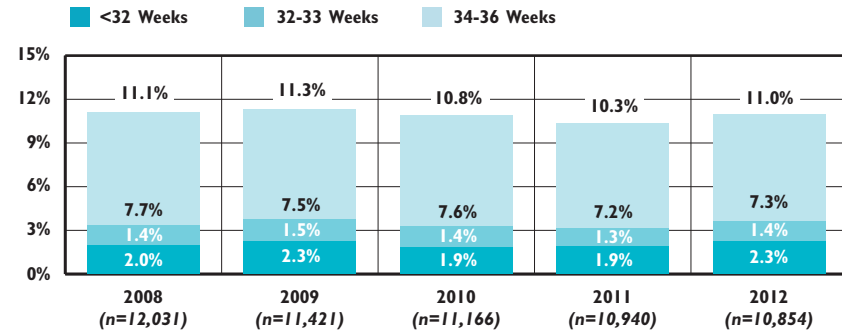
Preterm Births		
	2001	2011
RI	11%	10%
US	12%	12%
National Rank*		13th
New England Rank**		2nd

\*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](http://datacenter.kidscount.org)

## Preterm Births by Gestational Age, Rhode Island, 2008-2012



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2008-2012. 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 increased 7% from 2011 to 2012 (10.3% to 11.0%), after decreasing for the past two years. In the five year period between 2008 and 2012, two-thirds (68.3%) of all preterm births in Rhode Island were late preterm births (34-36 weeks gestation) and 18.9% of all preterm births were very preterm (<32 weeks gestation).<sup>13</sup>
- ◆ Between 2008 and 2012, 14.6% of births of Black infants in Rhode Island were preterm, compared with 11.6% of Asian and 10.0% of White infants. During this same time period, 12.3% of births to Hispanic women in Rhode Island were preterm (Hispanic women can be of any race).<sup>14</sup>
- ◆ Multiple births are more likely to be born preterm than singletons. In Rhode Island between 2008 and 2012, 56.0% of multiple births were preterm, compared with 9.2% of singleton births.<sup>15</sup>
- ◆ The rate of preterm births among teen girls under age 20 between 2008 and 2012 in Rhode Island was 12.1%, which is higher than the state's overall preterm birth rate (10.9%).<sup>16</sup>
- ◆ Among women with private health insurance coverage in Rhode Island between 2008 and 2012, 9.7% of births were preterm, compared with 12.0% of those with public insurance coverage (RIte Care or Medicaid) and 21.8% of births to women with no health insurance.<sup>17</sup>

Table 19.

## Preterm Births, Rhode Island, 2008-2012

CITY/TOWN	# BIRTHS	# PRETERM BIRTHS	% PRETERM BIRTHS
Barrington	512	42	8.2%
Bristol	825	83	10.1%
Burrillville	672	70	10.4%
Central Falls	1,736	199	11.5%
Charlestown	293	33	NA
Coventry	1,492	162	10.9%
Cranston	3,980	443	11.1%
Cumberland	1,613	139	8.6%
East Greenwich	511	55	10.8%
East Providence	2,569	243	9.5%
Exeter	261	18	NA
Foster	167	17	NA
Glocester	366	37	NA
Hopkinton	390	33	NA
Jamestown	124	9	NA
Johnston	1,313	134	10.2%
Lincoln	889	91	10.2%
Little Compton	104	13	NA
Middletown	880	75	8.5%
Narragansett	396	44	NA
New Shoreham	51	6	NA
Newport	1,362	153	11.2%
North Kingstown	1,024	71	6.9%
North Providence	1,535	156	10.2%
North Smithfield	418	40	NA
Pawtucket	5,134	617	12.0%
Portsmouth	612	50	8.2%
Providence	13,571	1,740	12.8%
Richmond	369	31	NA
Scituate	304	29	NA
Smithfield	618	51	8.3%
South Kingstown	988	81	8.2%
Tiverton	560	44	7.9%
Warren	470	62	NA
Warwick	3,916	386	9.9%
West Greenwich	247	26	NA
West Warwick	1,881	181	9.6%
Westerly	1,145	109	9.5%
Woonsocket	3,107	389	12.5%
Unknown	7	1	NA
Four Core Cities	23,548	2,945	12.5%
Remainder Of State	32,857	3,217	9.8%
Rhode Island	56,412	6,163	10.9%

### Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2008-2012.

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 2008-2012.

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

Caution should be used with small numbers in numerators and denominators.

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. Factors that influence infant birthweight include maternal smoking, poverty, periodontal health, level of educational attainment, violence, stress, prenatal nutrition, and environmental hazards.<sup>1,2,3</sup>

Low birthweight often is a result of a premature birth but also can occur after a full-term pregnancy. In 2011 in the U.S., 45.3% 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.<sup>4</sup>

Cigarette smoking during pregnancy is a leading cause of low birthweight, with smokers nearly twice as likely to deliver a low birthweight baby as women who do not smoke.<sup>5</sup> In Rhode Island, 8.7% of babies born between 2008 and 2012 had mothers who smoked during their pregnancy.<sup>6</sup>

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.<sup>7,8,9</sup> 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.<sup>10</sup>

In the U.S. in 2011, 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 7.4% in 2011, a 19% increase.<sup>11</sup> *The Healthy People 2020* national target is 7.8%.<sup>12</sup>

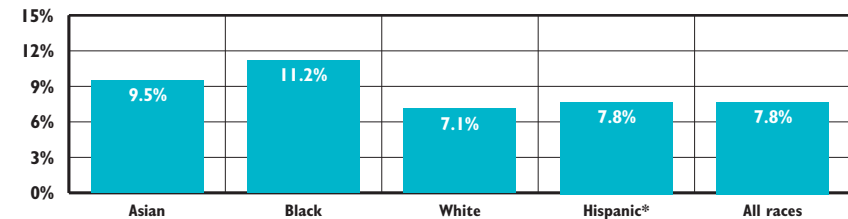
Low Birthweight Infants		
	2001	2011
RI	7.3%	7.4%
US	7.3%	8.1%
National Rank*	19th	
New England Rank**	4th	

\*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, 2008-2012



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2008-2012. Data for 2012 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.<sup>13,14</sup>

◆ There are racial and ethnic disparities in rates of low birthweight.<sup>15</sup> In Rhode Island between 2008 and 2012, 11.2% of Black infants, 9.5% of Asian infants, and 7.8% of Hispanic infants were born at low birthweight, compared to 7.1% of White infants.<sup>16</sup>

◆ 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. Between 2008 and 2012 in Rhode Island, the percentage of low birthweight infants born to women under the age of 20 was 8.9%, compared to 7.7% for women age 20 and older.<sup>17,18</sup>

◆ Rhode Island women who deliver a low birthweight infant are more likely to report smoking while pregnant, delayed or no prenatal care, a depression diagnosis, and intimate partner violence than those with a normal weight baby, as well as health issues during their pregnancy, such as high blood pressure, hypertension, preeclampsia, or toxemia.<sup>19</sup>

◆ Between 2008 and 2012 in Rhode Island, 1.6% of all live births were born at very low birthweight (less than 1,500 grams).<sup>20</sup>

Table 20. Low Birthweight Infants, Rhode Island, 2008-2012

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	512	24	4.7%
Bristol	825	57	6.9%
Burrillville	672	55	8.2%
Central Falls	1,736	128	7.4%
Charlestown	293	18	NA
Coventry	1,492	116	7.8%
Cranston	3,980	335	8.4%
Cumberland	1,613	95	5.9%
East Greenwich	511	35	6.8%
East Providence	2,569	167	6.5%
Exeter	261	13	NA
Foster	167	14	NA
Glocester	366	21	NA
Hopkinton	390	21	NA
Jamestown	124	7	NA
Johnston	1,313	91	6.9%
Lincoln	889	62	7.0%
Little Compton	104	8	NA
Middletown	880	56	6.4%
Narragansett	396	23	NA
New Shoreham	51	4	NA
Newport	1,362	111	8.1%
North Kingstown	1,024	57	5.6%
North Providence	1,535	120	7.8%
North Smithfield	418	30	NA
Pawtucket	5,134	448	8.7%
Portsmouth	612	34	5.6%
Providence	13,571	1,230	9.1%
Richmond	369	19	NA
Scituate	304	13	NA
Smithfield	618	37	6.0%
South Kingstown	988	72	7.3%
Tiverton	560	31	5.5%
Warren	470	39	NA
Warwick	3,916	280	7.2%
West Greenwich	247	14	NA
West Warwick	1,881	146	7.8%
Westerly	1,145	81	7.1%
Woonsocket	3,107	312	10.0%
Unknown	7	0	NA
Four Core Cities	23,548	2,118	9.0%
Remainder of State	32,857	2,306	7.0%
Rhode Island	56,412	4,424	7.8%

### Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2008-2012. Data for 2012 are provisional.

The denominator is the total number of live births to Rhode Island residents between 2008 and 2012.

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

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

Caution should be used with small numbers in numerators and denominators.

\*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."

### References

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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.<sup>1</sup> Communities with high poverty and disadvantaged social conditions tend to have higher infant mortality rates than more advantaged neighborhoods.<sup>2</sup>

The five main causes of infant death – congenital malformations, low birthweight, Sudden Infant Death Syndrome (SIDS), maternal complications, and unintentional injuries – account for 57% of all infant deaths in the U.S. Congenital malformations are the leading cause of infant death in the U.S. for all groups, except for non-Hispanic black and Puerto Rican women, for whom low birthweight was the leading cause. These two ethnic groups also experienced high rates of infant deaths due to preterm-related causes.<sup>3</sup>

The U.S. infant mortality rate has fallen 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 persistent and wide disparities for different racial and ethnic groups.<sup>4,5</sup> In 2010, Black women had more than twice the infant mortality rate of non-Hispanic white women in the U.S. and in Rhode Island.<sup>6</sup>

The overall infant mortality rate in Rhode Island between 2008 and 2012 was 6.4 deaths per 1,000 live births. The infant mortality rate was 8.0 per 1,000 live births in the four core cities, compared with 5.3 per 1,000 births in the remainder of the state.<sup>7</sup>

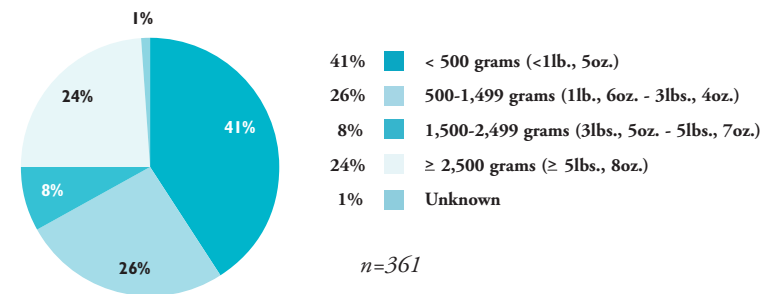
Infant Mortality Rate (rate per 1,000 live births)		
	2000	2010
RI	6.3	7.1
US	6.9	6.1
National Rank*		37th
New England Rank**		6th

\*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, 2008-2012



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2008-2012. Data for births in 2012 are provisional.

- ◆ Between 2008 and 2012, 361 infants died in Rhode Island before their first birthday. Seventy-five percent of infants who died during this time period were low birthweight, 24% were born at normal weights, and 1% had unknown birthweights.<sup>8</sup>
- ◆ Of the 361 infant deaths between 2008 and 2012 in Rhode Island, 75% (270) occurred in the neonatal period (during the first 27 days of life).<sup>9</sup> 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.<sup>10</sup>
- ◆ Between 2008 and 2012, 25% (91) of the 361 infant deaths in Rhode Island occurred in the post-neonatal period (between 28 days and one year after delivery).<sup>11</sup> Nationally, most of the progress in reducing the rate of infant mortality has resulted from improving outcomes during the post-neonatal period.<sup>12</sup>
- ◆ In Rhode Island between 2008 and 2012, 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 13.3 deaths per 1,000 live births and the Asian infant mortality rate was 11.2 per 1,000 live births. The Hispanic infant mortality rate was 5.7 per 1,000 live births, compared with 7.0 deaths per 1,000 live births among non-Hispanics in Rhode Island.<sup>13</sup>
- ◆ Preterm birth is the leading cause of infant death in Rhode Island.<sup>14</sup> Between 2008 and 2012, there were 6,163 preterm births (10.9% of all births).<sup>15</sup>

Table 21. Infant Mortality, Rhode Island, 2008-2012

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 BIRTHS
Barrington	512	0	0.0
Bristol	825	2	2.4
Burrillville	672	4	6.0
Central Falls	1,736	8	4.6
Charlestown	293	1	NA
Coventry	1,492	14	9.4
Cranston	3,980	22	5.5
Cumberland	1,613	9	5.6
East Greenwich	511	3	5.9
East Providence	2,569	9	3.5
Exeter	261	1	NA
Foster	167	1	NA
Glocester	366	4	NA
Hopkinton	390	0	NA
Jamestown	124	0	NA
Johnston	1,313	5	3.8
Lincoln	889	6	6.7
Little Compton	104	0	NA
Middletown	880	2	2.3
Narragansett	396	1	NA
New Shoreham	51	1	NA
Newport	1,362	10	7.3
North Kingstown	1,024	6	5.9
North Providence	1,535	10	6.5
North Smithfield	418	4	NA
Pawtucket	5,134	35	6.8
Portsmouth	612	3	4.9
Providence	13,571	121	8.9
Richmond	369	2	NA
Scituate	304	2	NA
Smithfield	618	1	1.6
South Kingstown	988	2	2.0
Tiverton	560	2	3.6
Warren	470	3	NA
Warwick	3,916	27	6.9
West Greenwich	247	1	NA
West Warwick	1,881	9	4.8
Westerly	1,145	6	5.2
Woonsocket	3,107	24	7.7
<i>Unknown</i>	7	NA	NA
<i>Four Core Cities</i>	23,548	188	8.0
<i>Remainder of State</i>	32,857	173	5.3
<i>Rhode Island</i>	56,412	361	6.4

### Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2008-2012. Data for births in 2012 are provisional.

The denominator is the total number of live births to residents between 2008 and 2012.

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

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

Caution should be used with small numbers in numerators and denominators.

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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- <sup>10</sup> Maternal and Child Health Bureau. (2013). *Child health USA 2013*. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration.
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# 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.<sup>1,2</sup> National health experts recommend exclusive breastfeeding for six months after birth, continuous breastfeeding for at least 12 months after birth, and thereafter as long as mutually desired.<sup>3</sup>

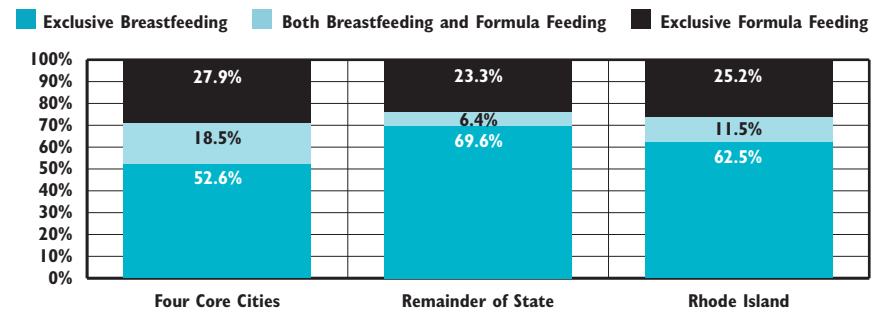
Breastfeeding decreases infant mortality and morbidity. Benefits for infants include optimal nutrition, and reduced risk for Sudden Infant Death Syndrome as well as reduced risk for chronic conditions such as childhood obesity, type 1 and 2 diabetes, and childhood leukemia. Additionally, breastfeeding 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.<sup>4,5</sup>

Breastfeeding can be effectively promoted by practices that take place before, during, and after labor and delivery. 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 supporting and promoting breastfeeding.<sup>6,7</sup> Rhode Island hospitals rank among the best in the U.S for breastfeeding support.<sup>8</sup> Without adequate support, women are more likely to stop breastfeeding earlier.<sup>9</sup>

Breastfeeding rates generally increase with maternal age, higher educational achievement, and higher income levels.<sup>10</sup> Mothers who have unintended pregnancies are less likely to breastfeed. In the U.S. between 2006-2010, 26% of babies from intended births were not breastfed at all, compared with 39% of babies from unintended births.<sup>11</sup>

*Healthy People 2020* sets target goals of 81.9% of infants ever having been breastfed, 60.6% breastfeeding at six months of age, and 34.1% breastfeeding at one year.<sup>12</sup> Rhode Island reports 70.7% of infants ever having been breastfed, 50.2% breastfeeding at six months, and 24.1% breastfeeding at one year. Comparable national averages were 76.5% ever breastfed, 49.0% at six months, and 27.0% at one year.<sup>13</sup>

**Breastfeeding and Formula Feeding, Rhode Island, 2008-2012**



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Newborn Developmental Risk Screening Program, 2008-2012. 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 2008 and 2012, 62.5% of new mothers in Rhode Island indicated that they intended to exclusively breastfeed when discharged from the hospital. One in four new mothers (25.2%) intended to exclusively formula feed and 11.5% intended to use a combination of both breast and formula feeding.<sup>14</sup>
- ◆ More than three-quarters (78.6%) of new mothers in Rhode Island who were surveyed approximately three months after giving birth between 2007-2011 reported having ever breastfed. Just over half (53.1%) reported continued breastfeeding at the time of the survey.<sup>15</sup>
- ◆ Breastfeeding initiation has increased over the past decade among all racial and ethnic populations in the U.S. Non-Hispanic Black infants have the lowest prevalence of initiation as well as duration.<sup>16,17</sup> 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.<sup>18</sup>
- ◆ Rhode Island is one of 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 states.<sup>19</sup>
- ◆ Rhode Island was the first state to eliminate the automatic distribution of free infant formula that is not medically necessary to postpartum women at hospital discharge, in 2011.<sup>20</sup>

Table 22.

## Breastfeeding, Rhode Island, 2008-2012

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER BREAST AND FORMULA FEEDING	NUMBER EXCLUSIVELY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING	PERCENT EXCLUSIVELY BREASTFEEDING
Barrington	495	14	421	88%	85%
Bristol	775	42	561	78%	72%
Burrillville	611	32	416	73%	68%
Central Falls	1,708	434	822	74%	48%
Charlestown	283	8	227	83%	80%
Coventry	1,470	67	1,006	73%	68%
Cranston	3,933	405	2,505	74%	64%
Cumberland	1,446	105	1,020	78%	71%
East Greenwich	500	14	400	83%	80%
East Providence	2,503	211	1,637	74%	65%
Exeter	257	18	194	82%	75%
Foster	161	13	119	82%	74%
Glocester	350	12	258	77%	74%
Hopkinton	380	13	291	80%	77%
Jamestown	118	2	104	90%	88%
Johnston	1,297	101	787	68%	61%
Lincoln	849	39	614	77%	72%
Little Compton	79	3	61	81%	77%
Middletown	854	40	679	84%	80%
Narragansett	388	24	296	82%	76%
New Shoreham	51	7	42	96%	82%
Newport	1,317	90	941	78%	71%
North Kingstown	1,009	48	741	78%	73%
North Providence	1,493	105	982	73%	66%
North Smithfield	385	13	296	80%	77%
Pawtucket	4,866	782	2,677	71%	55%
Portsmouth	562	18	458	85%	81%
Providence	13,327	2,648	7,047	73%	53%
Richmond	363	16	292	85%	80%
Scituate	300	19	215	78%	72%
Smithfield	602	25	445	78%	74%
South Kingstown	975	55	755	83%	77%
Tiverton	369	15	277	79%	75%
Warren	445	19	303	72%	68%
Warwick	3,870	244	2,568	73%	66%
West Greenwich	246	10	180	77%	73%
West Warwick	1,841	119	1,094	66%	59%
Westerly	1,077	49	831	82%	77%
Woonsocket	2,907	362	1,452	62%	50%
Four Core Cities	22,808	4,226	11,998	71%	53%
Remainder of State	31,654	2,015	22,016	76%	70%
Rhode Island	54,462	6,241	34,014	74%	62%

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Breastfeeding is defined as "breastfeeding as intended feeding method at hospital discharge." "Percent With Any Breastfeeding" includes infants fed breast milk in combination with formula and those exclusively breastfed.

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. Births to Rhode Island women that occurred outside Rhode Island are not included.

Caution should be used with small numbers in numerators and denominators.

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

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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,  $\geq 5$   $\mu\text{g}/\text{dL}$ ) at any time prior to December 31, 2013.<sup>1,2</sup> These data are for children eligible to enter kindergarten in the fall of 2015 (i.e., children born between September 1, 2009 and August 31, 2010).

## 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.<sup>3</sup> 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, decreased cognitive abilities, and lower academic performance. Though rare, acute poisoning can result in severe illness and death.<sup>4,5</sup> The societal costs of childhood lead poisoning include the loss of future earnings due to decreased cognition, and increased medical and special education costs.<sup>6,7</sup>

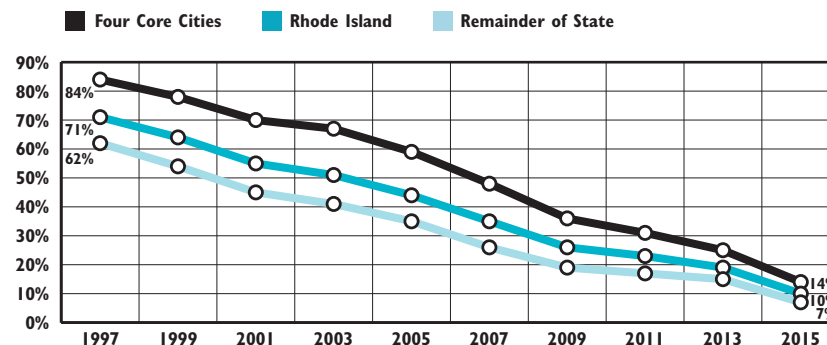
The Centers for Disease Control and

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 to the dangers of any 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  $\mu\text{g}/\text{dL}$  to 5  $\mu\text{g}/\text{dL}$ . This new lower reference value will result in more children being identified as having elevated blood lead levels, which will allow parents and health officials to take corrective actions sooner.<sup>8,9</sup>

Although the percentage of children with elevated blood lead levels has declined nationally and locally, low-income and minority children remain the most likely to be lead poisoned.<sup>10,11,12</sup> 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.<sup>13</sup>

In 2013, 1,462 (5.5%) of the 26,534 Rhode Island children under age six who were screened had confirmed elevated blood lead levels of  $\geq 5$   $\mu\text{g}/\text{dL}$ . Children under age six who were living in the four core cities (7.9%) were twice as likely as children in the remainder of the state (3.6%) to have confirmed EBLLs  $\geq 5$   $\mu\text{g}/\text{dL}$ .<sup>14</sup>

## Children Entering Kindergarten with History of Elevated\* Blood Lead Level Screening ( $\geq 5$ $\mu\text{g}/\text{dL}$ ), Rhode Island, Four Core Cities, and Remainder of State, 1997-2015



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 1997 and 2015. \*Elevated blood lead level of  $\geq 5$   $\mu\text{g}/\text{dL}$ .

◆ The number of children with elevated blood lead levels has been steadily declining in all areas of Rhode Island over the past decade and a half. Compared to the remainder of the state, children living in the four core cities are at an increased risk for lead exposure.<sup>15</sup>

## Academic Performance

◆ Exposure to lead has been shown to negatively impact academic performance in early childhood. Rhode Island children with a history of lead exposure, even at low levels, have been shown to have decreased reading readiness at kindergarten entry and diminished reading and math proficiency in the third grade. While decreases in academic performance were seen among all Rhode Island children with exposure to lead, the most significant declines in academic performance occurred among children with the highest blood level levels and those living in the four core cities.<sup>16,17,18</sup>

◆ In an effort to better inform school administrators about the prevalence of lead exposure within their community, the Rhode Island Department of Health and the Rhode Island Department of Education provided superintendents and heads of private schools with detailed reports on the rates of lead exposure, immunization, and asthma among students within their respective district. Information regarding relevant regulations, associated risks, and parent communication were also included.<sup>19,20,21</sup>

Table 23. Lead Poisoning in Children Entering Kindergarten in the Fall of 2015, Rhode Island

CITY/TOWN	NUMBER TESTED FOR LEAD POISONING	CONFIRMED WITH BLOOD LEAD LEVEL $\geq 5$ $\mu\text{g/dL}$	
		NUMBER	PERCENT
Barrington	138	7	5.1%
Bristol	176	12	6.8%
Burrillville	137	12	8.8%
Central Falls	312	34	10.9%
Charlestown	50	1	2.0%
Coventry	266	12	4.5%
Cranston	699	59	8.4%
Cumberland	292	10	3.4%
East Greenwich	113	3	2.7%
East Providence	530	62	11.7%
Exeter	49	2	4.1%
Foster	37	1	2.7%
Glocester	69	5	7.2%
Hopkinton	68	11	16.2%
Jamestown	30	1	3.3%
Johnston	259	13	5.0%
Lincoln	178	10	5.6%
Little Compton	21	3	14.3%
Middletown	192	8	4.2%
Narragansett	71	1	1.4%
New Shoreham	10	1	10.0%
Newport	302	27	8.9%
North Kingstown	212	11	5.2%
North Providence	250	13	5.2%
North Smithfield	87	3	3.4%
Pawtucket	942	98	10.4%
Portsmouth	131	4	3.1%
Providence	2,765	452	16.3%
Richmond	34	0	0.0%
Scituate	85	4	4.7%
Smithfield	118	1	0.8%
South Kingstown	225	14	6.2%
Tiverton	130	15	11.5%
Warren	105	13	12.4%
Warwick	729	31	4.3%
West Greenwich	61	1	1.6%
West Warwick	349	21	6.0%
Westerly	195	11	5.6%
Woonsocket	589	59	10.0%
Unknown Residence	9	0	NA
Four Core Cities	4,608	643	14.0%
Remainder of State	6,398	403	6.3%
Rhode Island	11,015	1,046	9.5%

## Significantly Lead Poisoned Children Under Age Six

◆ In Rhode Island, a child is considered to be “significantly lead poisoned” if she or he has a single venous blood test result of  $\geq 20$   $\mu\text{g/dL}$  or two venous tests of 15-19  $\mu\text{g/dL}$  that are 90-365 days apart. The number of children under age six who were significantly lead poisoned has decreased by 83% over the past nine years, from 212 in 2005 to 37 in 2013.<sup>22,23</sup>

◆ 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, they work with property owners to make the property lead-safe. In 2013, 35 environmental inspections were offered, of which 19 were performed, in eight instances the child moved, seven refused, and one was pending.<sup>24,25</sup>

### Source of Data for Table/Methodology

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

Data reported in this year’s Factbook is not comparable to editions prior to 2012, due to a change in definition and data improvements within the Healthy Homes and Childhood Lead Poisoning Prevention Program.

Data for children entering kindergarten in the fall of 2015 reflect the number of Rhode Island children eligible to enter school in the fall of 2015 (i.e., born between 9/1/09 and 8/31/10).

Children confirmed positive for lead poisoning (blood lead level  $\geq 5$   $\mu\text{g/dL}$ ) 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 2013. The Rhode Island Healthy Homes and Childhood Lead Poisoning Prevention Program recommends that children under age six with a capillary blood lead level of  $\geq 5$   $\mu\text{g/dL}$  receive a confirmatory venous test.

The denominator for percent confirmed is the number of children entering kindergarten in the fall of 2015 who were tested for lead poisoning. Data include both venous and confirmed capillary tests.

Of the 1,081 children entering kindergarten in 2015 who had an initial blood lead screen of  $\geq 5$   $\mu\text{g/dL}$ , 12 (1%) did not receive a confirmatory second test. Their lead poisoning status is unknown.

Caution should be used with small numbers in numerators and denominators.

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

See Methodology Section for more information.

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# 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. Attacks can be triggered by respiratory infections, cigarette smoke, air pollutants, allergic reactions, stress, and exposure to cold air or sudden temperature change. While the exact cause of asthma is unknown, various genetic, environmental, birth, and health status factors have been linked to an increased risk for asthma.<sup>1,2,3</sup>

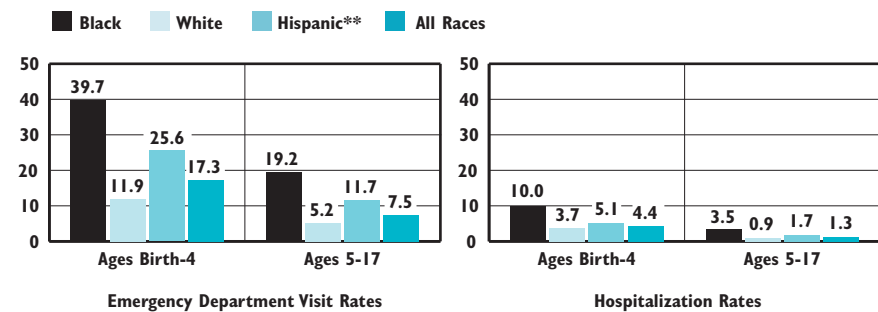
Nationally, asthma is the most common chronic condition among children.<sup>4</sup> In 2012, nearly one in ten (9.3%) U.S. children had asthma, with the highest rates being among Black and Native American/Alaska Native children, boys, children living in poverty, and children with fair or poor health.<sup>5</sup> Racial and ethnic differences in asthma prevalence are believed to be correlated with poverty, exposure to

indoor and outdoor air pollution at home and school, stress, acute exposure to violence, lack of access to medical care, and genetic factors.<sup>6,7</sup> Childhood asthma in the U.S. increased between 2002 and 2012, from 8.3% to 9.3%.<sup>8,9</sup>

Compared with adults, children have higher rates for asthma primary care and emergency department visits, similar hospitalization rates, and lower death rates.<sup>10</sup> Asthma remains the third-ranked cause of hospitalization for children under age 15, and one of the leading causes of school absence.<sup>11</sup>

Proper asthma management requires continued assessment and monitoring, patient education, environmental control, and appropriate medication. 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. An asthma action plan, if adhered to and supported by enhanced care (including home visits and nurse case management) and community-based interventions, can improve health outcomes and reduce costly asthma hospitalizations.<sup>12,13,14,15,16</sup> In Rhode Island between 2008-2012, the average charge of an asthma hospitalization for a child was \$9,424.<sup>17</sup>

**Asthma\* Emergency Department and Hospitalization Rates, by Age and Race/Ethnicity, Rhode Island Children, 2008-2012**



Source: Rhode Island Department of Health, Hospital Discharge Database, 2008-2012; U.S. Census Bureau, Census 2010.

\*Rates are for primary diagnosis of asthma and are per 1,000 children per age category. \*\*Hispanic children can be of any race.

◆ In Rhode Island between 2008 and 2012, non-Hispanic Black children, Hispanic children, and children under age five had the highest rates of emergency department and hospitalizations as a result of asthma. During that time period, children of all ages were more likely to visit the emergency department for asthma than to be hospitalized for asthma.<sup>18</sup>

◆ In Rhode Island between 2008 and 2012, boys under age 18 had higher asthma emergency department (12.3 per 1,000 boys) and hospitalization (2.6 per 1,000 boys) rates than girls under age 18 (7.7 and 1.6 per 1,000 girls respectively).<sup>19</sup>

◆ Among all children who had an emergency department visit for a primary diagnosis of asthma in Rhode Island between 2008 and 2012, 57% had RIte Care/Medicaid coverage, 37% had private health insurance, and 5% were self-pay (which could mean their insurance did not cover the cost of care or that they were uninsured). Among hospital admissions during that time, 49% had RIte Care/Medicaid coverage, 47% had private health insurance, and 5% were self-pay.<sup>20</sup>

◆ Between 2008 and 2012, 16% (1,848) of all emergency department visits primarily for asthma among Rhode Island children under age 18 resulted in a hospitalization.<sup>21</sup>

Table 24.

## Asthma Emergency Department (ED) Visits and Hospitalizations for Children Under Age 18, Rhode Island, 2008-2012

CITY/TOWN	ESTIMATED ANNUAL # OF CHILDREN UNDER AGE 18*	# OF CHILD ED VISITS WITH PRIMARY ASTHMA DIAGNOSIS	RATE OF CHILD ED VISITS WITH PRIMARY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN	# OF CHILD HOSPITALIZATIONS WITH PRIMARY ASTHMA DIAGNOSIS	RATE OF CHILD HOSPITALIZATIONS WITH PRIMARY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN
Barrington	4,597	97	4.2	35	1.5
Bristol	3,623	89	4.9	25	1.4
Burrillville	3,576	100	5.6	28	1.6
Central Falls	5,644	409	14.5	77	2.7
Charlestown	1,506	49	6.5	7	0.9
Coventry	7,770	196	5.0	56	1.4
Cranston	16,414	739	9.0	179	2.2
Cumberland	7,535	177	4.7	46	1.2
East Greenwich	3,436	56	3.3	15	0.9
East Providence	9,177	430	9.4	144	3.1
Exeter	1,334	28	4.2	6	0.9
Foster	986	27	5.5	5	1.0
Glocester	2,098	23	2.2	10	1.0
Hopkinton	1,845	61	6.6	15	1.6
Jamestown	1,043	17	3.3	NA	NA
Johnston	5,480	230	8.4	54	2.0
Lincoln	4,751	159	6.7	39	1.6
Little Compton	654	5	1.5	NA	NA
Middletown	3,652	139	7.6	26	1.4
Narragansett	2,269	32	2.8	NA	NA
New Shoreham	163	NA	NA	0	0.0
Newport	4,083	272	13.3	22	1.1
North Kingstown	6,322	178	5.6	46	1.5
North Providence	5,514	267	9.7	66	2.4
North Smithfield	2,456	48	3.9	16	1.3
Pawtucket	16,575	1,055	12.7	208	2.5
Portsmouth	3,996	96	4.8	21	1.1
Providence	41,634	3,997	19.2	775	3.7
Richmond	1,849	30	3.2	8	0.9
Scituate	2,272	60	5.3	18	1.6
Smithfield	3,625	68	3.8	23	1.3
South Kingstown	5,416	117	4.3	15	0.6
Tiverton	2,998	32	2.1	14	0.9
Warren	1,940	63	6.5	17	1.8
Warwick	15,825	561	7.1	134	1.7
West Greenwich	1,477	31	4.2	6	0.8
West Warwick	5,746	298	10.4	52	1.8
Westerly	4,787	203	8.5	25	1.0
Woonsocket	9,888	798	16.1	96	1.9
<i>Four Core Cities</i>	<i>73,741</i>	<i>6,259</i>	<i>17.0</i>	<i>1,156</i>	<i>3.1</i>
<i>Remainder of State</i>	<i>150,215</i>	<i>4,979</i>	<i>6.6</i>	<i>1,181</i>	<i>1.6</i>
<i>Rhode Island</i>	<i>223,956</i>	<i>11,238</i>	<i>10.0</i>	<i>2,337</i>	<i>2.1</i>

### Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2008-2012.

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.

\*The denominator used to compute the 2008-2012 rate of hospitalizations is the number of children according to the 2010 U.S. Census, multiplied by five. Census data for rates by age, race, and ethnicity were provided by the Rhode Island Department of Health.

NA: Indicates that the number of visits were too few to analyze.

Caution should be used with small numbers in numerators and denominators.

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

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# Housing and Health

## DEFINITION

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

## SIGNIFICANCE

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.<sup>1,2</sup>

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

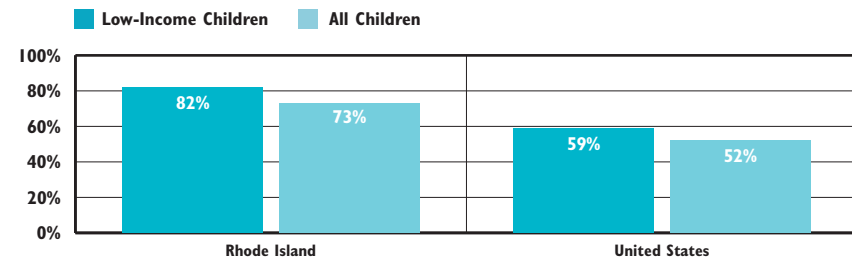
Adopting a comprehensive “healthy homes” approach that addresses multiple housing deficiencies simultaneously can help prevent housing-related injuries and illnesses, reduce health costs and improve children’s quality of life.

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 address multiple asthma triggers by keeping water and pests from entering the house. Similarly, addressing a roof leak and any related deteriorating lead paint simultaneously is the most effective way to remove lead and mold growth hazards.<sup>6,7,8</sup>

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.<sup>9</sup>

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.<sup>10,11</sup>

Children Living in Older Housing\*, 2010-2012, Rhode Island and the United States



Source: Population Reference Bureau analysis of 2010-2012 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 2010 and 2012, 82% of low-income children in Rhode Island lived in older housing, compared to 59% 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.<sup>12</sup>
- ◆ 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.<sup>13</sup>
- ◆ Rhode Island’s older housing stock poses health risks for children because lead paint was commonly used in the interior and exterior of homes before 1978. 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.<sup>14,15,16</sup>
- ◆ 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.<sup>17</sup>

## 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 March 3, 2014, from [www.nchh.org](http://www.nchh.org)

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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.<sup>18,19</sup>
- ◆ One in ten (9.5%) Rhode Island children due to start kindergarten in the fall of 2015 has had a confirmed blood lead level of  $\geq 5$   $\mu\text{g/dL}$ , indicating exposure to an environmental lead hazard.<sup>20</sup> 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.<sup>21,22</sup>

### Asthma

- ◆ The presence of dust mites, cockroaches, mold, pet dander, and rodents all can trigger or exacerbate respiratory problems, including asthma.<sup>23</sup> Asthma is the most common chronic condition in children, the third leading cause of hospitalization for children under age 15, and a leading cause of school absences in the U.S.<sup>24</sup>
- ◆ Between 2008 and 2012, there were 2,337 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.<sup>25,26</sup> 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.<sup>27</sup>

### Unintentional Injuries

- ◆ Falls are the leading cause of unintentional injuries among children under age 14 in the U.S. 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.<sup>28,29,30</sup>
- ◆ In 2012, housing-related falls resulted in 4,362 emergency room visits by Rhode Island children. More than half (51%) of these visits were for children under age six.<sup>31</sup>

# Adolescent Obesity

## DEFINITION

*Adolescent obesity* is the percentage of high school students who report having a body mass index (BMI) at or above the 95th percentile for gender and age. Adolescents with a BMI at or above the 95th percentile are considered to be obese. Adolescents with a BMI between the 85th and 95th percentiles are considered to be overweight or at risk for obesity.<sup>1</sup>

## SIGNIFICANCE

Children and adolescents who are overweight or obese are at immediate and/or long-term risk of high blood pressure, type 2 diabetes, asthma, joint pain, sleep apnea, and other chronic health problems. They may also experience social and psychological problems, including depression, bullying, low self-esteem, and social marginalization. Obese children and youth are also more likely to repeat a grade and be absent from school than their peers. While the prevalence of obesity in the U.S. has doubled in children and tripled in adolescents over the past 30 years, recent national data show significant declines in obesity among children ages two to five.<sup>2,3,4,5</sup>

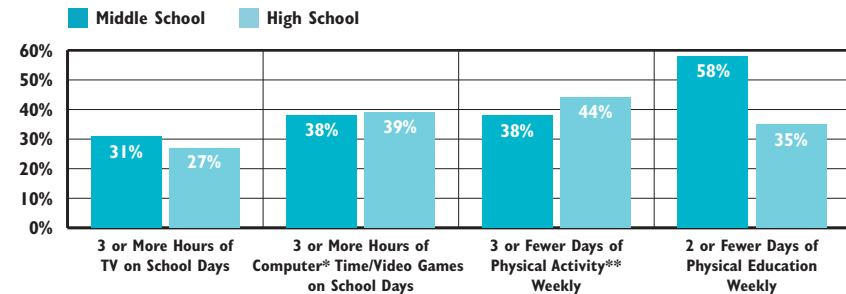
Weight gain occurs when more calories are consumed than expended. Genetic, metabolism, behavior,

environmental, and cultural factors also play a role in childhood overweight and obesity. 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” are all associated with obesity.<sup>6,7</sup> Policy strategies to reduce obesity include improving access to affordable and nutritious foods and beverages in schools and communities, increasing options for physical activity, and improving access to walkable neighborhoods and safe recreation areas.<sup>8,9,10,11</sup>

The health risks of being overweight and obese can be long-lasting. Overweight kindergartners are four times as likely as their healthy-weight peers to become obese by the eighth-grade and teenagers who are obese have a greater than 70% risk of being obese as an adult.<sup>12,13,14,15</sup> Prevention and intervention for at-risk, overweight, and obese children should occur early and at all ages.<sup>16</sup>

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 over 10 years.<sup>17</sup>

## Sedentary Behavior and Physical Activity, Rhode Island Middle School and High School Students, 2013



Source: 2013 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis. \*Non-school related. \*\*Defined as at least 60 minutes per day.

◆ In Rhode Island in 2013, 31% of middle and 27% of high school students reported watching three or more hours of TV a day during the school week. Additionally, 38% of middle school and 39% of high school students reported spending three or more hours a day on non-school-related computers or playing video games during the school week. Middle school students reported less physical inactivity than their high school peers, but fewer Physical Education classes.<sup>18</sup>

◆ The American Academy of Pediatrics recommends that children and adolescents limit their total entertainment screen time to less than two hours per day and be physically active for at least 60 minutes per day.<sup>19,20</sup>

## Adolescent Obesity

◆ In 2013, 16% of Rhode Island high school students were overweight and 11% were obese. Hispanic (17%), non-Hispanic Black (16%), and male (13%) high school students were more likely to be obese than their non-Hispanic White (8%) and female (8%) high school peers.<sup>21</sup>

◆ In 2013, 25% of Rhode Island middle school students described themselves as slightly or very overweight.<sup>22</sup> Forty-six percent of middle and high school students were trying to lose weight in 2013, with nearly twice as many girls reporting doing so as boys in both age groups.<sup>23</sup>

## Sedentary Behavior and Physical Activity, Rhode Island High School Students by Race and Ethnicity, 2013

	BLACK, NON-HISPANIC	WHITE NON-HISPANIC	HISPANIC***	ALL RACES
3 or More Hours of TV on School Days	37%	23%	37%	27%
3 or More Hours of Computer* Time/Video Games on School Days	45%	36%	42%	39%
3 or Fewer Days of Physical Activity** Weekly	53%	39%	56%	44%
2 or Fewer days of Physical Education Weekly	49%	30%	45%	35%

Source: 2013 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis. \*Non-school related. \*\*Defined as at least 60 minutes per day. \*\*\*Hispanic can be of any race.

- ◆ In 2013 in Rhode Island, a third of all high school students reported engaging in sedentary behaviors and/or physical activity levels that are associated with overweight and obesity. Black, Non-Hispanic and Hispanic high school students reported higher levels of inactivity than their non-Hispanic White peers.<sup>24</sup>
- ◆ Technological advances have increased children's overall "screen time," contributing to sedentary lifestyles and increasing risk for obesity.<sup>25</sup> In Rhode Island, the percentage of high school students who report watching three or more hours of television on a school day decreased from 34% in 2001 to 27% in 2013, while time spent on video games and/or computers that is not school-related has increased from 26% in 2007 to 39% in 2013.<sup>26</sup> Parents can help prevent and reduce child and adolescent obesity by encouraging physical activity and limiting "screen time" and other sedentary behavior.<sup>27</sup>
- ◆ Physical Education (PE) provides students with the knowledge and skills needed to be physically active throughout their lifetimes. In Rhode Island, students are required to receive an average of 100 minutes per week of health and PE instruction.<sup>28</sup> Nationally, the weekly recommended amount of PE is 150 minutes in elementary school and 225 minutes in middle school and high school.<sup>29</sup>

## Eating Habits, Rhode Island High School Students by Race and Ethnicity, 2013

	BLACK, NON-HISPANIC	WHITE NON-HISPANIC	HISPANIC***	ALL RACES
1 or More Cans of Soda Daily	19%	16%	21%	17%
Less Than 5 Servings of Fruits/Vegetables Daily	75%	80%	81%	79%

Source: 2013 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis. \*\*\*Hispanic can be of any race.

- ◆ In Rhode Island in 2013, 17% of high school students reported consuming one or more cans of soda daily and 79% of high school students reported eating less than the daily recommended amount of fruits and vegetables.<sup>30</sup>
- ◆ Important physical growth and development occurs during adolescence. Optimal nutrition is needed to promote growth, maximize bone density, and prevent chronic disease later in life.<sup>31</sup>
- ◆ Strengthening school nutrition policies can help prevent and reduce child and adolescent obesity.<sup>32</sup> In 2012 in Rhode Island, 73% of school principals reported banning advertising of soda, candy, or fast food retailers in all school locations (e.g., in the building, on school grounds, on school buses, and in school publications); 71% provided information to students or families on the nutrition and caloric content of foods available, 65% collected suggestions from students, parents, and staff on nutritious food preferences and strategies to promote healthy eating. Fifty-one percent of principals reported that their schools taught all 14 key nutrition and dietary behavior topics in a required course; and 19% always offered fruits or non-fried vegetables in vending machines, school stores, and during events when foods and beverages are offered.<sup>33</sup>

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<sup>4</sup> Singh, G. K. (2010). *Child mortality in the United States, 1935-2007: Large racial and socioeconomic disparities have persisted over time*. Rockville, MD: U.S. Department of Health and Human Services.

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<sup>6</sup> U.S. Census Bureau, Population Estimates, 2008-2012.

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# Births to Teens

## DEFINITION

*Births to teens* is the number of births to teen girls ages 15 to 19 per 1,000 teen girls. Data are reported by the mother's place of residence, not the place of the infant's birth.

## SIGNIFICANCE

Teen pregnancy and parenting threaten the development of teen parents as well as their children. Teen mothers, particularly younger teen mothers, have difficulty finishing high school and continuing on to college. A recent study found that 38% of mothers who give birth before age 18 had a high school diploma or GED by age 22, compared with 89% of young women who had not given birth as a teen. Less than 2% of teen mothers who give birth before age 18 finish college by age 30.<sup>1</sup>

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.<sup>2</sup> 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.<sup>3,4</sup>

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

The U.S. teen birth rate reached an historic low in 2012.<sup>8</sup> Nationally and in Rhode Island, fewer teens are having sex and those that are sexually active are more likely to use contraception.<sup>9,10</sup>

In 2012 in Rhode Island, 764 babies were born to mothers under age 20, accounting for 7% of all babies born.<sup>11</sup>

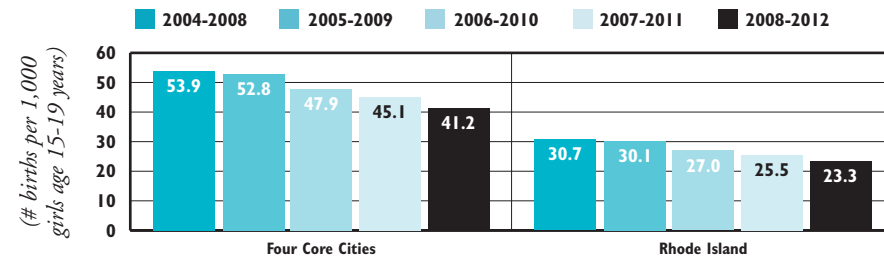
Teen Birth Rates (rate per 1,000 girls ages 15-19)		
	1991	2012
RI	44.7	19.9
US	61.8	29.4
National Rank*		9th
New England Rank**		6th

\*1st is best; 50th is worst

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

Sources: For 2012: Martin, J. A., et al. (2013). Births: Final data for 2012. *NVSR*, 62(9). For 1991: Martin, J.A., et al. (2011). Births: Final data for 2009. *NVSR*, 62(1).

## Teen Birth Rates, Rhode Island, Five-Year Averages, 2004-2012



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2004-2012. Data for 2012 are provisional.

- ◆ The five-year average teen birth rate in Rhode Island declined 24%, from 30.7 births per 1,000 teen girls between 2004-2008 to 23.3 births per 1,000 teen girls between 2008-2012. The teen birth rate in the four core cities also declined by 24% during this time period.<sup>12</sup>
- ◆ In 2012, the birth rate for U.S. teens fell to 29.4 births per 1,000 teen girls, the lowest level ever recorded.<sup>13</sup>
- ◆ In Rhode Island between 2007 and 2011, the birth rate for Hispanic teens fell by 30% and the birth rate for Black teens fell by 41%. However, birth rates for both Hispanic and Black teens continue to be much higher than for White teens.<sup>14</sup>

## Repeat Births to Teens, Rhode Island, 2008-2012

AGE	TOTAL NUMBER OF BIRTHS	NUMBER OF REPEAT BIRTHS	PERCENT REPEAT BIRTHS
15-17	1,473	102	6.9%
18-19	3,179	652	20.5%
Total	4,652	754	16.2%

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2008-2012. Data for 2012 are provisional.

- ◆ Nationally, 18.3% of all births to teens ages 15-19 were repeat births. In the U.S. fewer than one out of four teen mothers report using highly effective contraceptive methods. To reduce repeat teen births it is important to connect pregnant and parenting teens with evidence-based home visiting programs that address a broad range of needs and routinely offer effective postpartum contraception.<sup>15</sup>

Table 25.

## Births to Teens, Ages 15-19, Rhode Island, 2008-2012

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	8	12.0	9	3.0
Bristol	9	5.8	29	7.2	38	6.8
Burrillville	6	3.6	27	35.5	33	13.7
Central Falls	94	42.7	191	131.7	285	78.1
Charlestown	3	4.1	11	NA	14	12.2
Coventry	23	6.0	57	30.0	80	13.9
Cranston	70	9.0	154	31.1	224	17.6
Cumberland	13	3.6	46	27.6	59	11.1
East Greenwich	0	0.0	12	20.9	12	5.0
East Providence	43	10.3	120	48.0	163	24.4
Exeter	6	6.9	10	18.9	16	11.4
Foster	0	0.0	3	NA	3	3.9
Glocester	5	4.5	9	14.9	14	8.2
Hopkinton	7	8.6	19	NA	26	21.4
Jamestown	0	0.0	2	NA	2	2.8
Johnston	19	7.5	52	34.6	71	17.5
Lincoln	11	4.7	22	19.4	33	9.5
Little Compton	0	NA	2	NA	2	NA
Middletown	11	6.9	33	52.4	44	19.8
Narragansett	3	2.4	7	5.3	10	3.9
New Shoreham	0	NA	1	NA	1	NA
Newport	33	19.2	80	23.4	113	22.0
North Kingstown	10	3.0	38	34.1	48	10.9
North Providence	23	8.1	60	38.1	83	18.8
North Smithfield	7	5.4	6	10.8	13	7.0
Pawtucket	166	23.2	350	77.3	516	44.2
Portsmouth	4	2.0	7	6.5	11	3.6
Providence	623	34.1	1,125	34.8	1,748	34.6
Richmond	9	11.3	12	NA	21	19.5
Scituate	1	0.8	6	12.6	7	4.1
Smithfield	4	2.1	11	3.4	15	2.9
South Kingstown	8	2.8	37	3.3	45	3.2
Tiverton	5	3.6	14	18.4	19	8.8
Warren	6	7.1	18	35.0	24	17.7
Warwick	57	7.8	131	34.2	188	16.9
West Greenwich	1	1.3	7	NA	8	7.2
West Warwick	47	21.2	114	69.1	161	41.7
Westerly	13	6.0	55	61.1	68	22.2
Woonsocket	132	34.7	292	116.8	424	67.3
Unknown	0	NA	1	NA	1	NA
Four Core Cities	1,015	28.7	1,958	42.7	2,973	41.2
Remainder of State	458	6.7	1,220	24.3	1,678	13.2
Rhode Island	1,473	14.2	3,179	33.1	4,652	23.3

### Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, 2008-2012. Data for 2012 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.

In the 2012 Factbook, the denominators for the city/town table were updated with population data from Census 2010. Factbooks published before 2012 used 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.

Caution should be used with small numbers in numerators and denominators.

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# Alcohol, Drug, and Tobacco Use by Teens

## DEFINITION

*Alcohol, drug, and tobacco use by teens* is the percentage of middle school and high school students who, on the *SurveyWorks!* student survey, report having used alcohol, illegal drugs, or cigarettes.

## SIGNIFICANCE

The use and/or abuse of substances such as alcohol, tobacco, and other drugs by youth poses health and safety risks to them, their families, their schools, and their communities.<sup>1,2,3</sup> Rhode Island ranks among the states with the highest percentages of adolescents reporting use of alcohol and many types of illicit drugs.<sup>4</sup>

Key risk periods for alcohol, tobacco, and other drug abuse occur during major life transitions, including the shifts to middle and high school, when young people experience new academic, social, and emotional challenges.<sup>5</sup> Adolescents are especially vulnerable to developing substance abuse disorders because their brains are still developing; the prefrontal cortex, responsible for decision-making and risk-assessment, is not mature until the mid-20s.<sup>6</sup>

Pathways for becoming a substance user involve the relationship between risk and protective factors, which vary in their effect on different people. Risk factors are associated with increased

drug use and include early aggressive behavior, lack of parental supervision, peer substance abuse, and poverty. Protective factors lessen the risk of drug use, and include a strong parent-child bond, healthy school environment, academic competence, and a strong neighborhood attachment.<sup>7,8</sup> For over three decades, Hispanic and Black high school seniors in the U.S. have had lower rates of substance use than their White peers.<sup>9</sup>

Effective early family and school interventions strengthen protective factors and reduce risk factors to help prevent substance use among young people.<sup>10</sup> If implemented nationwide, effective school-based substance abuse prevention programs are estimated to save \$18 for every \$1 invested.<sup>11</sup> Adolescent substance use should be identified and addressed as soon as possible. Treatment in adolescence can prevent more serious addiction later in life.<sup>12</sup>

In Rhode Island in 2011-2012, 4% of youth ages 12-17 needed but did not receive specialty treatment for their alcohol use problem, which is the 14th highest rate 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 19th highest percentage among all states on this measure.<sup>13</sup>

## Substance Use and Related Behaviors, Rhode Island Middle School and High School Students, 2013

	MIDDLE SCHOOL	HIGH SCHOOL
Ever had a drink of alcohol in their life	22%	NA
Ever rode in vehicle driven by someone who had been drinking alcohol	19%	NA
Ever used marijuana in their life	9%	40%
Ever taken a prescription drug without a doctor's prescription	6%	14%
Ever used any form of cocaine	3%	5%

Source: 2013 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 2013, 31% reported drinking alcohol, 15% reported binge drinking (consuming five or more drinks within a couple of hours), and 20% rode in a vehicle driven by someone who had been drinking alcohol one or more times in the past 30 days. About one in four (24%) high school students reported using marijuana one or more times within the past month.<sup>14</sup>

## Tobacco Use Among Rhode Island Youth

◆ Cigarette smoking among U.S. adolescents has reached record low levels.<sup>15,16,17</sup> In 2013, 8% of Rhode Island high school students reported smoking cigarettes in the past 30 days, a 77% decrease statewide since 1997.<sup>18</sup>

◆ In 2013, over half (52%) of Rhode Island high school students who reported current cigarette use also reported trying to quit smoking in the past year.<sup>19</sup>

◆ The use of smokeless tobacco and cigars is growing among U.S. adolescents.<sup>20,21</sup> In 2013 in Rhode Island, 7% of high school students reported using smokeless tobacco and 9% reported smoking cigars in the previous month.<sup>22</sup> Nationally, the percentage of middle and high school students using electronic cigarettes (e-cigarettes) more than doubled from 2011 to 2012.<sup>23</sup>

# Alcohol, Drug, and Tobacco Use by Teens

Table 26. Alcohol, Marijuana, Prescription Drug, and Cigarette Use by Student Grade Level, Rhode Island, 2012-2013

SCHOOL DISTRICT	ALCOHOL USE (CURRENT)		MARIJUANA USE (EVER)		PRESCRIPTION DRUG USE (EVER)		CIGARETTE USE (CURRENT)	
	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL
Barrington	5%	26%	6%	31%	4%	12%	3%	8%
Bristol Warren	11%	35%	10%	43%	7%	22%	6%	17%
Burrillville	4%	32%	5%	40%	4%	17%	2%	14%
Central Falls	11%	27%	10%	30%	4%	6%	2%	5%
Chariho	6%	27%	6%	35%	5%	16%	4%	14%
Coventry	5%	24%	5%	37%	3%	17%	2%	14%
Cranston	6%	31%	5%	40%	3%	16%	2%	12%
Cumberland	4%	31%	6%	39%	2%	13%	3%	9%
East Greenwich	3%	31%	1%	28%	1%	10%	1%	10%
East Providence	9%	30%	10%	41%	5%	13%	4%	9%
Exeter-West Greenwich	8%	20%	7%	18%	4%	7%	4%	4%
Foster-Glocester	6%	27%	7%	32%	4%	14%	3%	12%
Jamestown	3%	NA	2%	NA	1%	NA	--	NA
Johnston	8%	27%	8%	36%	4%	14%	3%	16%
Lincoln	5%	26%	5%	35%	2%	16%	1%	9%
Little Compton	1%	NA	0%	NA	0%	NA	--	NA
Middletown	6%	29%	7%	40%	3%	15%	4%	9%
Narragansett	5%	29%	6%	34%	6%	13%	3%	8%
New Shoreham	--	--	4%	22%	0%	11%	--	--
Newport	8%	34%	11%	46%	2%	16%	3%	9%
North Kingstown	2%	22%	2%	32%	2%	12%	1%	7%
North Providence	7%	30%	7%	41%	3%	14%	2%	12%
North Smithfield	2%	21%	2%	24%	0%	8%	1%	5%
Pawtucket	10%	29%	10%	38%	3%	9%	3%	6%
Portsmouth	6%	25%	6%	30%	3%	10%	2%	9%
Providence	12%	26%	11%	33%	4%	9%	3%	5%
Scituate	6%	19%	3%	30%	2%	11%	3%	6%
Smithfield	3%	33%	3%	40%	2%	17%	1%	10%
South Kingstown	6%	25%	6%	34%	5%	13%	2%	9%
Tiverton	8%	33%	11%	43%	4%	10%	5%	16%
Warwick	5%	26%	6%	36%	3%	15%	3%	13%
West Warwick	5%	19%	8%	32%	4%	11%	3%	11%
Westerly	5%	25%	8%	35%	2%	15%	2%	10%
Woonsocket	8%	29%	9%	41%	4%	13%	3%	9%
Four Core Cities	--	--	--	--	--	--	--	--
Remainder of State	--	--	--	--	--	--	--	--
Rhode Island	7%	28%	7%	36%	3%	13%	3%	10%

## Sources of Data for Table/Methodology

Data are from the *SurveyWorks!* student survey tool that was administered during the 2012-2013 school year.

Due to adoption of a new survey tool by the Rhode Island Department of 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)” and those who answered yes that they “have tried prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor’s permission.” 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.

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

See Methodology section for additional information about *SurveyWorks!*

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# 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, access to and use of safety devices and practices (e.g., bicycle helmets and smoke alarms) and the level of adult supervision children receive. Recent declines in the U.S. child death rate are due to increased parental education about the effective use of safety products (e.g., seat belts and car seats), child safety laws (e.g., residential smoke detector and window guard requirements), and better product safety labeling.<sup>1,2</sup>

Nationally, child injuries and deaths disproportionately affect poor children, children under age five, males, and minorities. Among U.S. children under age 15, Native American and Black children have the highest child death rates.<sup>3,4</sup>

In Rhode Island between 2008 and 2012, there were 108 deaths of children ages one to 14 (a rate of 11.9 per 100,000 children). Forty-six of these children lived in the four core cities and 62 lived in the remainder of the state.

Of the 108 deaths, 63 were due to disease, 21 were due to unintentional injuries, 12 were due to intentional injuries, and 12 were due to unknown causes.<sup>5,6</sup> Unintentional injury mortality has declined over the past two decades, but remains a leading cause of death for children ages one to 14 in Rhode Island and in the U.S., after disease.<sup>7,8</sup> In Rhode Island between 2008 and 2012, six children under age 15 died due to suicide and six due to homicide.<sup>9</sup>

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).<sup>10</sup>

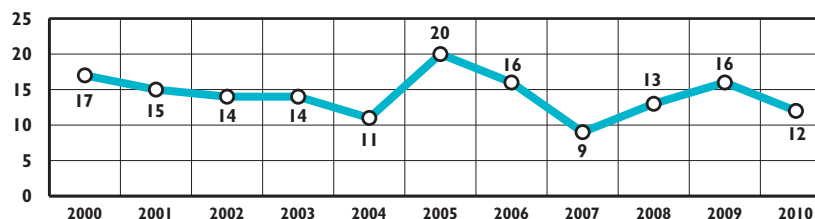
Child Death Rate (per 100,000 Children Ages 1-14)		
	2000	2010
RI	17	12
US	22	17
National Rank*		3rd
New England Rank**		3rd

\*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](http://datacenter.kidscount.org)

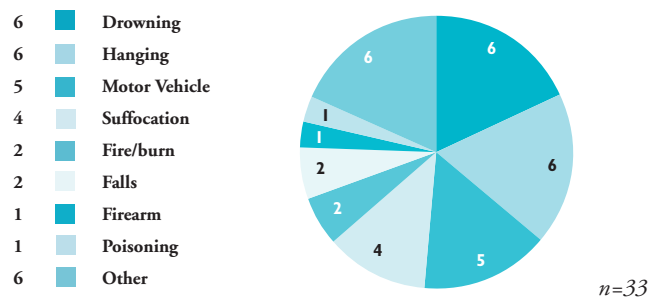
Child Death Rate per 100,000 Children Ages One to 14, Rhode Island, 2000-2010



Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, [datacenter.kidscount.org](http://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.<sup>11</sup>

Child Deaths Due to Injury, by Cause, Rhode Island, 2008-2012



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2008-2012.

◆ Between 2008 and 2012, 33 Rhode Island children ages one to 14 died as a result of injury. Drowning and hanging were the leading causes of child deaths due to injury in Rhode Island during this time period, closely followed by motor vehicle accidents.<sup>12</sup>

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## 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.<sup>1,2,3,4,5</sup>

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.<sup>6,7,8</sup>

Between 2008 and 2012, there were 122 deaths of teens ages 15 to 19 in Rhode Island, a rate of 31.1 per 100,000 teens.<sup>9,10</sup> Thirty-four percent (42) of these teens lived in the four core cities and sixty-six percent (80) lived in the remainder of the state.<sup>11</sup>

Of the teen deaths between 2008 and 2012, 48 (39%) were due to unintentional injuries, 38 (31%) were due to intentional injuries, 30 (25%) were due to disease, and six (5%) were of unknown causes. Of the intentional injuries, half were homicides and half were suicides.<sup>12</sup>

According to the *2013 Rhode Island Youth Risk Behavior Survey*, 14% of Rhode Island high school students reported attempting suicide one or more times during the past 12 months, up from 10% in 1997.<sup>13</sup> Nineteen youth ages 15 to 19 died from suicide between 2008 and 2012 in Rhode Island.<sup>14</sup> Mental health problems, such as depression and bipolar disorder, as well as substance abuse are associated with an increased risk of suicide among youth.<sup>15</sup>

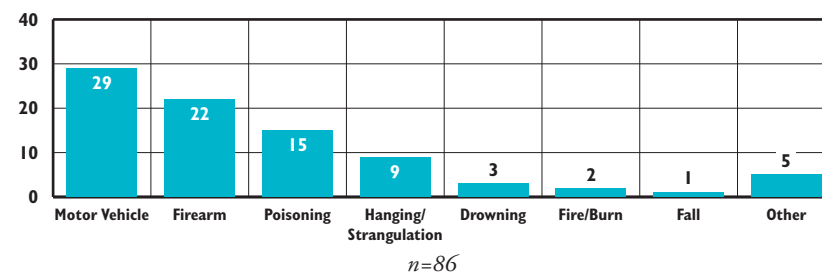
Teen Deaths (Deaths per 100,000 Youth Ages 15-19)		
	2000	2010
RI	52	29
US	67	49
National Rank*		1st
New England Rank**		1st

\*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, 2008-2012



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2008-2012. Data from 2012 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 2008 and 2012 in Rhode Island, 56% of the 86 teen deaths caused by injury were unintentional. One-third (34%) of all injury deaths involved motor vehicles.<sup>16</sup>
- ◆ Among the 31 teens ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2008 and 2012, 14 were driving, 14 were passengers in vehicles driven by others (including two teen drivers and three adult drivers who had been drinking), two were pedestrians, and one was a skateboarder.<sup>17</sup>
- ◆ Six (43%) of the teen drivers who died in motor vehicle crashes in Rhode Island between 2008 and 2012 had been drinking and eleven (79%) of the teen passengers who died during that time period had been drinking.<sup>18</sup>
- ◆ According to the *2013 Rhode Island Youth Risk Behavior Survey*, 20% 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 6% reported that they never or rarely wore a seatbelt while riding in a car driven by someone else.<sup>19</sup>

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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.<sup>1,2</sup>

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.<sup>3</sup> 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.<sup>4</sup>

Adolescents engage in risk-taking behaviors and are victims of violence at higher rates than young children or adults.<sup>5</sup> 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.<sup>6,7,8</sup>

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.<sup>9</sup>

The number of juveniles arrested for violent crimes in the U.S. hit an over 30-year low in 2010, with juveniles making up 14% of all violent crime arrests. The Rhode Island juvenile arrest rate for serious violent crimes was 198 per 100,000 youth ages 10 to 17, compared to the U.S. rate of 225 per 100,000 youth ages 10 to 17.<sup>10</sup> In 2012 in Rhode Island, there were 608 juvenile arrests for assault offenses and 131 juvenile arrests for weapons offenses.<sup>11</sup> In 2013, violent crimes made up 5% (260) of the 4,964 juvenile offenses referred to Rhode Island Family Court.<sup>12</sup>

## Violent Behavior and Victimization, Rhode Island Public High School Students, 2013

	FEMALES	MALES	TOTAL
Been bullied on school property during the past 12 months	21%	16%	18%
Carried a weapon on school property at least once in the past 30 days	2%	7%	5%
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	7%	7%	7%
Were in a physical fight at least once in the past 12 months	14%	23%	19%
Were physically hurt on purpose by someone they were dating or going out with during the past 12 months	9%	7%	8%
Were ever physically forced to have sexual intercourse when they did not want to	10%	7%	9%

Source: 2013 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.<sup>13</sup> In Rhode Island in 2013, 7% of high school students reported not going to school due to safety concerns and 18% had been bullied at school in the past year.<sup>14</sup>

◆ 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.<sup>15,16,17</sup>

◆ Cyberbullying is willful and repeated cruelty inflicted through computers, cell phones, and other electronic devices.<sup>18</sup> In 2013 in Rhode Island, 10% of middle school students reported having embarrassing pictures or rumors spread about them on the internet or through text message, and 12% were harassed or bullied on a social networking site.<sup>19</sup>

## 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.<sup>20</sup> In Rhode Island between 2008 and 2012, there were 65 gun-related hospitalizations of youth ages 15 to 19 and 22 deaths of youth ages 15 to 19 attributed to firearms.<sup>21</sup>

Table 27.

## Youth Violence, Rhode Island

## Youth Violence

CITY/TOWN	COMMUNITY CONTEXT		VIOLENCE IN HIGH SCHOOLS, 2013		JUVENILE ARRESTS FOR VIOLENCE, 2012		
	VIOLENT CRIME OFFENSES (ALL AGES) 2012	TOTAL POPULATION AGES 11-17 2010	% OF STUDENTS SAW ANOTHER STUDENT WITH A WEAPON AT 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	6	2,186	8%	5%	4	2	6
Bristol	15	1,545	16%	10%	8	0	8
Burrillville	8	1,526	18%	8%	2	0	2
Central Falls	142	2,089	16%	11%	15	3	18
Charlestown	5	659	23%	9%	5	1	6
Coventry	25	3,509	28%	11%	11	1	12
Cranston	130	6,984	19%	11%	21	4	25
Cumberland	18	3,271	23%	8%	8	0	8
East Greenwich	1	1,671	16%	8%	4	2	6
East Providence	71	3,730	22%	9%	22	0	22
Exeter	NA	673	7%	4%	NA	NA	NA
Foster	4	467	19%	9%	4	0	4
Glocester	6	1,000	19%	9%	3	0	3
Hopkinton	4	826	23%	9%	1	0	1
Jamestown	2	528	19%	8%	2	0	2
Johnston	38	2,376	23%	11%	16	1	17
Lincoln	18	2,189	19%	9%	4	2	6
Little Compton	0	284	12%	5%	0	0	0
Middletown	6	1,504	15%	8%	13	3	16
Narragansett	6	1,052	14%	9%	4	0	4
New Shoreham	2	64	28%	21%	0	0	0
Newport	104	1,484	25%	11%	19	2	21
North Kingstown	9	2,917	19%	8%	10	3	13
North Providence	53	2,303	18%	9%	26	1	27
North Smithfield	10	1,132	12%	9%	2	0	2
Pawtucket	288	6,268	16%	10%	70	14	84
Portsmouth	5	1,881	12%	5%	3	0	3
Providence	1,133	16,024	19%	11%	141	67	208
Richmond	0	759	23%	9%	3	1	4
Scituate	4	1,143	11%	7%	2	0	2
Smithfield	13	1,729	15%	11%	19	0	19
South Kingstown	26	2,498	15%	7%	10	2	12
Tiverton	22	1,318	18%	7%	5	0	5
Warren	19	777	16%	10%	0	0	0
Warwick	102	6,781	20%	13%	36	3	39
West Greenwich	NA	678	7%	4%	2	1	3
West Warwick	67	2,139	15%	8%	50	3	53
Westerly	17	2,003	13%	8%	8	1	9
Woonsocket	220	3,649	23%	10%	48	14	62
State Police/Other	NA	NA	NA	NA	7	0	7
Four Core Cities	1,783	28,030	NA	NA	274	98	372
Remainder of State	816	65,586	NA	NA	327	33	360
Rhode Island	2,599	93,616	18%	9%	608	131	739

**Note to Table**

Due to a change in the *SurveyWorks!* question format, the weapons data in Violence in High Schools cannot be compared to previous Factbooks. In earlier years, *SurveyWorks!* asked students if they had brought a weapon to school in the past year; the 2012-13 survey asked students if they had seen another student with a weapon at school in the past year.

**Sources of Data for Table/Methodology**

Total violent crime offense data are from U.S. Department of Justice, Federal Bureau of Investigation. (2013). *Crime in the United States 2012: Rhode Island offenses known to law enforcement*. Retrieved on February 12, 2014, from [www.fbi.gov](http://www.fbi.gov)

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

High school students experiencing violence at school data are from *SurveyWorks!* student survey, Rhode Island Department of Education, 2013. Percentages reflect students answering yes to the questions of whether "they saw a student with a weapon like a gun, knife, or club at this school" and "they were in a physical fight at school" in the 12 months prior to the survey. *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. & Gilheeny, E. (2013). *2012 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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# 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.<sup>1</sup> 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.<sup>2,3,4</sup>

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.<sup>5</sup>

While the number of children and youth killed by guns has decreased since peaking in the early 1990s, firearms remain one of the leading causes of deaths for youth ages 15 to 19 in the United States.<sup>6,7</sup> 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.<sup>8</sup>

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.<sup>9</sup>

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. Possessing a gun also 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.<sup>10,11</sup>

## Gun Deaths and Hospitalizations Among Children and Youth, Rhode Island, 2008-2012

AGE	NUMBER OF DEATHS	NUMBER OF HOSPITALIZATIONS
0 to 14	1	7
15 to 17	8	24
18 to 19	14	41
<b>TOTAL</b>	<b>23</b>	<b>72</b>

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2008-2012. Data for 2012 are provisional.

◆ **Between 2008 and 2012 in Rhode Island, 10% (23) of the 230 deaths of children under age 20 were the result of firearms. Of these, 61% (14) were among youth ages 18 to 19, 35% (8) were among youth ages 15 to 17, and 4% (1) were among children ages 14 or younger. Between 2008 and 2012 in Rhode Island, there were four youth ages 15 to 19 and one child age 14 or younger who committed suicide using a firearm.<sup>12</sup>**

◆ **In Rhode Island between 2008 and 2012, there were 72 hospitalizations of children and youth for gun-related injuries. Nearly two-thirds (44) of the hospitalizations were youth who lived in Providence.<sup>13</sup>**

## Weapon Carrying Among Rhode Island Public High School Students, 2013

	FEMALES	MALES	TOTAL
Carried a gun at least once in the past 30 days	2%	9%	6%
Carried a weapon on school property at least once in the past 30 days	2%	7%	5%

Source: 2013 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Office of Health Statistics.

◆ **In Rhode Island, male students report higher rates of weapon carrying on school property and gun carrying than females. Rhode Island rates are consistent with national figures.<sup>14,15,16</sup>**

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## 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.<sup>1,2</sup>

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.<sup>3</sup> Homeless youth with foster care histories often become homeless at an earlier age and remain homeless longer than their peers.<sup>4</sup> 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.<sup>5,6</sup>

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.<sup>7,8,9</sup> LGBTQ homeless youth experience greater levels of violence and physical and sexual exploitation while living on the streets than their heterosexual peers.<sup>10</sup>

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.<sup>11,12</sup>

Homeless youth often are disconnected from education, employment, and health care.<sup>13,14</sup> They can have difficulty enrolling in school and are more likely than their peers to be suspended, expelled, repeat grades, and drop out.<sup>15,16,17</sup> 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.<sup>18,19</sup> Homeless youth also have trouble accessing physical and mental health services. They 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.<sup>20,21</sup>

## Homeless Youth in Rhode Island

- ◆ There is one emergency shelter program in Rhode Island tailored to the needs of homeless and runaway youth.<sup>22</sup> During Federal Fiscal Year (FFY) 2013, 58 unaccompanied youth age 18 and under received Basic Center Services, up from 46 in FFY 2012. Basic Center Services include up to 21 days of emergency shelter, food, clothing, counseling, and health care referrals. Six 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 2013, up from five in FFY 2012.<sup>23,24,25</sup>
- ◆ Fifty single youth ages 18 to 20 and 179 young adults ages 21 to 24 received emergency shelter services through the adult emergency shelter system in Rhode Island in 2013, compared to 126 18 to 20 year-olds and 383 21 to 24 year-olds in 2012.<sup>26,27</sup>
- ◆ 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.<sup>28</sup>
- ◆ On December 31, 2013, there were 44 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), 26 of whom were male and 18 of whom were female. These youth were AWOL from either foster care or juvenile justice placements.<sup>29</sup>
- ◆ There were an additional 142 youth ages 13 to 17 who received emergency shelter services with their families in Rhode Island in 2013.<sup>30</sup> These youth are vulnerable to being separated from their families due to shelter or child welfare policies.<sup>31</sup>

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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, cognitive impairments, academic and learning difficulties, poor parenting, child maltreatment, and high levels of community disorganization and violence.<sup>1</sup>

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.<sup>2</sup> During 2013 in Rhode Island, 2,926 youth (3% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court for 4,964 wayward and delinquent offenses, down from 3,246 youth and 5,780 offenses in 2012, and continuing a downward trend over the last five years. Of the juvenile offenses in 2013, 260 (5%) involved violent offenses (57% of which occurred in the four core cities). An additional 623 probation violations also came before the Family Court in 2013.<sup>3,4,5</sup>

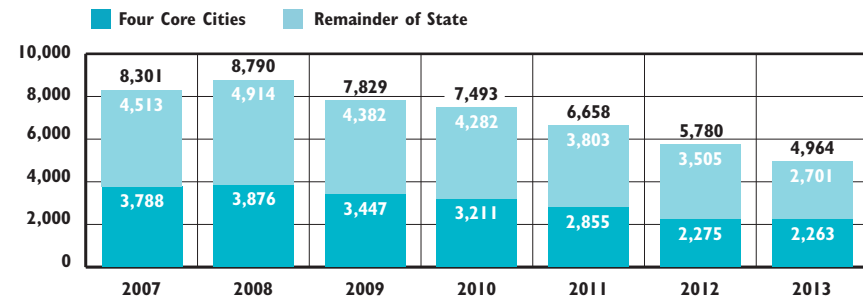
Youth in the four core cities are more likely to be referred for wayward or delinquent offenses; however, the majority of youth referred to Family Court live in the remainder of the state. In 2013 in Rhode Island, 26% of juvenile offenses referred to Family Court were committed by youth from Providence, 19% were committed by youth from the other three core cities and 54% were committed by youth living in the remainder of the state.<sup>6,7</sup>

Assessing the risk of re-arrest and intervention needs of each youth is necessary for providing appropriate supports to prevent recidivism.<sup>8</sup> Nineteen percent of juveniles referred to the Family Court in 2013 had been referred once before and 22% had been referred at least twice before.<sup>9</sup>

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.<sup>10,11</sup>

Key components of successful community-based programs to prevent juvenile recidivism are the provision of family therapy and an acknowledgment of the critical role that families, homes, and communities play in resolving delinquency. They also work with youths' strengths and provide a wide range of services and resources tailored to the needs of youth and their families.<sup>12</sup>

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2007-2013



◆ The number of youth referred to Family Court for wayward and delinquent offenses declined 45% between 2007 and 2013, from 5,275 to 2,926. During the same period, the number of juvenile offenses declined by 40%, from 8,301 to 4,964. After several years of decline, juvenile offenses committed by youth in the four core cities leveled off between 2012 and 2013, while offenses committed by youth in the remainder of the state fell by 23%.

◆ In 2013, 72% of juveniles referred to the Family Court were male and 28% were female. Forty-nine percent of these youth were White, 19% were Black, 18% were Hispanic, 1% was Asian, and 13% were some other race or an unknown race. In 2013, 15% of juveniles referred to Family Court were age 13 or younger, 35% were age 14 to 15, 49% were age 16 to 17, and 1% had an unknown age.

### BY TYPE OF OFFENSE

24%	Status Offenses*	5%	Alcohol and Drug Offenses
22%	Property Crimes	5%	Violent Crimes
20%	Disorderly Conduct	4%	Motor Vehicle Offenses
11%	Simple Assault	3%	Weapons Offenses
		6%	Other**

n=4,964

\*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, 2007-2013 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.<sup>13</sup> In 2013 in Rhode Island, 17% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing.<sup>14</sup>
- ◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2013, 1,071 juveniles were referred to the Truancy Court by schools. In 2013, 129 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication.<sup>15</sup> 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.<sup>16</sup>
- ◆ In 2012, 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 464 cases were heard before Rhode Island Juvenile Hearing Boards in 2012 (the most recent year for which data are available).<sup>17,18</sup>

## 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.<sup>19</sup>

## 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.<sup>20,21</sup>
- ◆ Behavioral research shows that most youth offenders will stop breaking the law as part of normal development 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.<sup>22,23</sup>
- ◆ When a juvenile has committed a 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.<sup>24</sup>
- ◆ In 2013, the Attorney General's Office filed 10 (four discretionary and six mandatory) motions to waive jurisdiction to try juveniles as adults. Five youth were waived after a hearing, one was waived voluntarily, one waiver motion was withdrawn, and three were pending before the Family Court at the end of 2013. Two additional waiver motions that were filed during 2012 were decided in 2013 (both were voluntarily waived).<sup>25</sup>
- ◆ 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 three youth certified during 2013. 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.<sup>26,27</sup>

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# Juveniles at the Training School

## DEFINITION

*Juveniles at the Training School* is the number of juveniles age 18 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 by promoting the positive development of youth in its care while recognizing that children have different developmental needs than adults.<sup>1</sup>

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 judgment and decision making skills continue to grow into the mid-twenties.<sup>2</sup> Compared to adults, adolescents often show poor self-control, are easily influenced by peers, and less likely to think through the consequences of their actions. Most youth involved in delinquency in adolescence will cease engaging in law-breaking behavior when they become adults as part of the normal maturation process.<sup>3</sup>

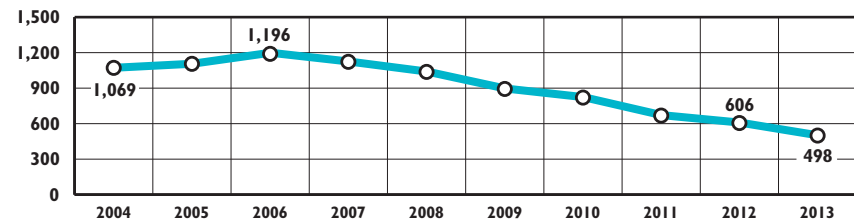
Juvenile justice systems have a range

of options for monitoring and rehabilitating youth in addition to incarceration, including probation, restorative justice programs, and evidence-based treatment programs such as Functional Family Therapy and Multi-Systemic Therapy.<sup>4</sup> Alternatives to incarceration have been shown to be more effective in preventing recidivism and more cost-effective than incarceration. The most successful programs involve family members in treatment and promote healthy development at the individual, family, school, and peer levels.<sup>5,6</sup>

The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School, the state's secure facility for adjudicated youth and youth in detention awaiting trial. A total of 498 youth (85% male and 15% female) were in the care or custody of the Training School at some point during 2013, down from 606 in 2012. On December 31, 2013, there were 144 youth in the care or custody of the Training School, 90 of whom were physically at the Training School.<sup>7</sup>

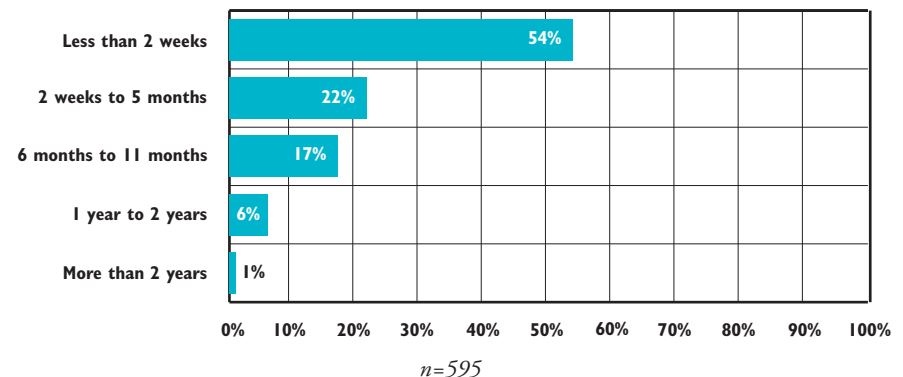
In 2008, the Rhode Island General Assembly instituted a cap on the number of detained and adjudicated youth at the Training School. On any given day, the limit is 148 boys and 12 girls.<sup>8</sup>

**Juveniles in the Care and Custody of the Rhode Island Training School, Calendar Years 2004-2013**



◆ Between 2004 and 2013, the annual total number of youth in the care and custody of the Training School declined from 1,069 to 498. Some 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 44% between 2009 and 2013.

**Discharges From the Rhode Island Training School, by Length of Time in Custody, Calendar Year 2013**



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2004-2013. Total discharges (595) are higher than the total number of youth who passed through the Training School (498) due to some youth being discharged from the Training School more than once in 2013. Percentages may not sum to 100% due to rounding.

## Promoting Rehabilitation and Preventing Recidivism

- ◆ 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.<sup>9</sup>
- ◆ 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, a growing body of research shows that incarceration can increase recidivism among youth with less-serious offense histories and may exacerbate criminal behavior. Research also suggests that increasing the length of time a youth is held in secure confinement has no impact on future offending and that sentencing youth to long stays in correctional facilities is an ineffective rehabilitation strategy.<sup>10,11</sup>
- ◆ Jurisdictions throughout the country have used objective admissions screening tools to limit the use of secure detention to serious offenders. The Rhode Island General Assembly passed a law in 2008 mandating the use of a Risk Assessment Instrument for Rhode Island youth being considered for secure detention.<sup>12,13</sup>
- ◆ Of the 498 youth who were in the care or custody of the Training School at some point during 2013, 18% (89) were admitted at least twice in 2013, and 4% (19) were admitted to the Training School three or more times.<sup>14</sup>

## Alternatives to Secure Confinement

- ◆ Several evidence-based interventions have been demonstrated to more effectively prevent recidivism than secure confinement including Multi-Systemic Therapy, Functional Family Therapy, and Multidimensional Treatment Foster Care.<sup>15</sup> Shared characteristics of these programs and other research-supported interventions is that they involve parents and family in treatment and have clear guidelines that have been developed over successive trials.<sup>16</sup>
- ◆ For youthful offenders who are not a threat to public safety, high-quality community-based programs can provide them with supervision, accountability, and therapeutic services while avoiding some of the negative outcomes associated with incarceration. Evidence-based programs, career preparation and vocational training, mentoring programs, skills training, mental health, and substance abuse treatment are examples of alternatives to secure confinement.<sup>17</sup>

## 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.<sup>18</sup>
- ◆ On January 1, 2014, there were 495 youth on the DCYF probation caseload (432 males, 61 females, and two youth of unknown gender). Twenty-eight percent (137) of youth on probation were ages 13 to 15, 54% (267) were ages 16 to 17, 18% (87) were age 18, and 1% (4) was age 19.<sup>19</sup>
- ◆ Almost half (45%) of youth on probation on January 1, 2014 were White, 21% were Black, 1% were Asian or Pacific Islander, 1% were American Indian, 5% were multiracial, and 26% were of unknown race. Twenty-nine percent of youth were identified as Hispanic. Hispanic youth may be of any race.<sup>20</sup>

## 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.<sup>21</sup>
- ◆ In 2009, Rhode Island juvenile justice stakeholders joined in partnership with the Annie E. Casey Foundation to become a statewide 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.<sup>22</sup>

# Juveniles at the Training School

## Disproportionate Minority Contact in Juvenile Justice Systems

◆ Minority youth, especially Black youth, are disproportionately represented at every stage of the juvenile justice system. Youth of color are more likely to be arrested, formally charged in court, placed in secure detention, and receive harsher treatment than White youth.<sup>23</sup> The federal *Juvenile Justice and Delinquency Prevention Act* (JJDPA) requires states to collect data and implement strategies to reduce disproportionate minority contact with the juvenile justice system.<sup>24</sup>

### Disproportionate Minority Contact in Rhode Island

	% OF TOTAL CHILD POPULATION 2010	PRE-ADJUDICATED YOUTH AT THE TRAINING SCHOOL, DECEMBER 31, 2013	ADJUDICATED YOUTH* AT THE TRAINING SCHOOL, DECEMBER 31, 2013
White	64%	29%	25%
Hispanic	21%	36%	37%
Black	6%	18%	26%
Asian	3%	7%	3%
Multi-Racial	5%	9%	4%
Other**	2%	0%	2%
Unknown	NA	2%	2%
<i>n</i> =	223,956	45	99

◆ Youth of color are disproportionately more likely than White youth to be detained or sentenced to the Training School. On December 31, 2013, Black youth made up 26% 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.<sup>25</sup>

## Risk Factors for Rhode Island Youth at the Training School

### History of Child Abuse and Neglect

◆ Twenty-nine (6%) of the 498 youth in the care or custody of the Training School during 2013 had at some point in their childhood been victims of documented child abuse or neglect.<sup>26</sup>

◆ 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.<sup>27</sup>

### Behavioral Health Needs

◆ In 2013, 65 adjudicated youth (59 males and 6 females) were prescribed psychiatric medications for psychiatric diagnoses other than conduct disorders and substance abuse disorders. During 2013, 188 residents (175 males and 13 females) received either outpatient or residential substance abuse services while serving sentences at the Training School. Of these, 79 (all males) received residential substance abuse treatment.<sup>28</sup>

### Educational Attainment

◆ In 2013, 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 551 youth in 7th through 12th grade who received educational services at the Training School during 2013, 41% received special education services and had Individualized Education Programs (IEPs).

◆ During 2013, 71 youth graduated from high school while serving a sentence at the Training School (52 earned a GED and 19 graduated with a high school diploma). An additional 65 youth received post-secondary education services at the Training School in 2013.<sup>29</sup>

### 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).<sup>30</sup>

Table 28. Youth in the Care or Custody of the Rhode Island Training School, Calendar Year 2013

CITY/TOWN	TOTAL POPULATION AGES 13-18	# OF ADJUDICATED YOUTH	TOTAL # OF YOUTH AT TRAINING SCHOOL
Barrington	1,802	0	0
Bristol	1,780	2	3
Burrillville	1,319	2	6
Central Falls	1,859	5	12
Charlestown	554	1	2
Coventry	3,010	6	15
Cranston	6,184	20	29
Cumberland	2,746	8	8
East Greenwich	1,362	0	1
East Providence	3,243	5	12
Exeter	642	0	0
Foster	430	0	2
Glocester	878	1	3
Hopkinton	693	0	1
Jamestown	436	0	0
Johnston	2,025	3	8
Lincoln	1,851	3	6
Little Compton	228	0	0
Middletown	1,229	3	10
Narragansett	948	0	3
New Shoreham	50	0	0
Newport	1,604	9	18
North Kingstown	2,407	4	7
North Providence	2,027	3	6
North Smithfield	970	0	1
Pawtucket	5,514	33	58
Portsmouth	1,596	1	3
Providence	16,515	115	183
Richmond	637	0	0
Scituate	963	1	0
Smithfield	1,856	3	6
South Kingstown	3,540	6	5
Tiverton	1,115	3	4
Warren	675	2	3
Warwick	5,883	8	17
West Greenwich	568	0	0
West Warwick	1,891	7	15
Westerly	1,705	1	2
Woonsocket	3,112	18	28
Unknown	NA	0	1
Out of State	NA	11	17
Four Core Cities	27,000	171	281
Remainder of State	58,847	102	201
Rhode Island	85,847	284	482

## 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.<sup>31,32</sup>

◆ In 2013, there were 597 admissions to detention at the Training School, down from 699 in 2012. Of these, 25% resulted in stays of two days or less, 29% resulted in stays of three days to two weeks, and 46% resulted in stays of more than two weeks.<sup>33</sup>

◆ Nineteen of the 45 pre-adjudicated youth in detention on December 31, 2013 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.<sup>34</sup>

### Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children’s Information System (RICHIST), 2013 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 2013 (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, four 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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# 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 and do not include Rhode Island children who have parents incarcerated at other locations.

## 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.<sup>1</sup>

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.<sup>2</sup> 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.<sup>3</sup>

Nationally, most children of incarcerated parents live with their other parent (84%), a grandparent (15%), and/or other relatives (6%).<sup>4</sup> 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).<sup>5</sup>

Children of incarcerated parents are more likely than other children to be involved with the child welfare system.<sup>6</sup> 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.<sup>7</sup> These children often represent complex cases for child welfare agencies that involve balancing parental rights with the safety and well-being of the child.<sup>8</sup>

Programs and policies targeted at the unique needs of incarcerated pregnant women and mothers can improve outcomes for them and their families.<sup>9</sup> Keeping siblings together, providing family counseling and access to mental health care, mentoring, peer support services, and prison transition supports can alleviate the worst effects of parents' imprisonment on their children and improve the family reunification process.<sup>10</sup>

Of the 1,724 Rhode Island parents incarcerated on September 30, 2013 (including those awaiting trial), 44% were White, 30% were Black, 24% were Hispanic, and 2% were of an other or unknown race. Sixty-one percent of sentenced parents with a known in-state residence identified one of the four core cities as their last place of residence.<sup>11</sup>

## Parents at the Rhode Island Adult Correctional Institutions, September 30, 2013

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	806	440	55%	892
Serving a Sentence	2,458	1,284	52%	2,931
<b>TOTAL</b>	<b>3,264</b>	<b>1,724</b>	<b>53%</b>	<b>3,823</b>

Source: Rhode Island Department of Corrections, September 30, 2013. \*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 3,264 Rhode Island inmates awaiting trial or serving a sentence who were surveyed as of September 30, 2013 and answered the question on number of children, 1,724 inmates reported having 3,823 children. Thirty-three percent of sentenced mothers had one to five year sentences and 32% of sentenced fathers were serving a sentence of more than ten years.<sup>12</sup>
- ◆ Of the 79 sentenced mothers on September 30, 2013, 52% were serving a sentence for a nonviolent offense, 34% for a violent offense, 8% for a drug-related offense, and 4% for breaking and entering. Of the 1,205 sentenced fathers, 18% were serving sentences for a nonviolent offense, 47% for a violent offense, 11% for a drug-related offense, 9% for breaking and entering, and 15% for a sex-related offense.<sup>13</sup>
- ◆ Almost half (48%) of incarcerated parents awaiting trial or serving a sentence on September 30, 2013 had less than a high school diploma, 41% had a high school diploma or a GED, and 10% had at least some college education.<sup>14</sup>
- ◆ A supportive family, 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.<sup>15,16</sup>
- ◆ 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.<sup>17</sup>

# Children of Incarcerated Parents

Table 29.

## Children of Incarcerated Parents, Rhode Island, September 30, 2013

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	6	10	3,623	2.8
Burrillville	6	13	3,576	3.6
Central Falls	48	97	5,644	17.2
Charlestown	3	3	1,506	2.0
Coventry	22	43	7,770	5.5
Cranston	67	125	16,414	7.6
Cumberland	22	53	7,535	7.0
East Greenwich	4	11	3,436	3.2
East Providence	25	53	9,177	5.8
Exeter	5	8	1,334	6.0
Foster	2	4	986	4.1
Glocester	4	6	2,098	2.9
Hopkinton	3	6	1,845	3.3
Jamestown	2	8	1,043	7.7
Johnston	24	60	5,480	10.9
Lincoln	6	15	4,751	3.2
Little Compton	2	9	654	13.8
Middletown	3	3	3,652	0.8
Narragansett	7	13	2,269	5.7
New Shoreham	0	0	163	0.0
Newport	25	59	4,083	14.5
North Kingstown	10	25	6,322	4.0
North Providence	22	39	5,514	7.1
North Smithfield	9	15	2,456	6.1
Pawtucket	117	360	16,575	21.7
Portsmouth	1	1	3,996	0.3
Providence	411	924	41,634	22.2
Richmond	0	0	1,849	0.0
Scituate	5	11	2,272	4.8
Smithfield	10	16	3,625	4.4
South Kingstown	8	23	5,416	4.2
Tiverton	6	13	2,998	4.3
Warren	5	8	1,940	4.1
Warwick	55	94	15,825	5.9
West Greenwich	1	2	1,477	1.4
West Warwick	47	101	5,746	17.6
Westerly	14	25	4,787	5.2
Woonsocket	107	254	9,888	25.7
Unknown Residence	106	251	NA	NA
Out-of-State Residence**	64	170	NA	NA
Four Core Cities	683	1,635	73,741	22.2
Remainder of State	431	875	150,215	5.8
Rhode Island	1,114	2,510	223,956	11.2

### Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2013. 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.

Since the 2007 Factbook, data are reported as of September 30th, while previous Factbooks 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.

\*\*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, four core cities, or remainder of state rates.

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

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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

An estimated 10 million 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.<sup>1,2</sup> In Rhode Island in 2012, police reports indicate that children were present at 31% of domestic violence incidents resulting in arrests.<sup>3</sup>

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), 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.<sup>4</sup> Children who are exposed to domestic violence are more likely to be

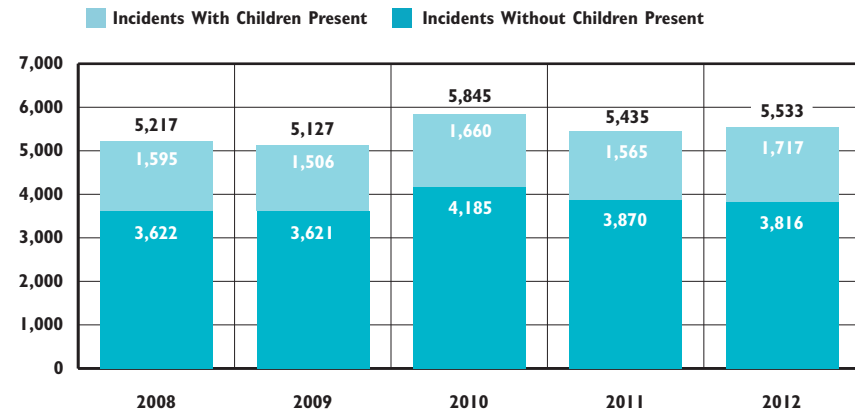
victims of child abuse and neglect than those who are not.<sup>5</sup>

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.<sup>6</sup> 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.<sup>7,8</sup>

While many children who have witnessed domestic violence show resilience, exposure to violence may impair a child's capacity for partnering and parenting later in life.<sup>9</sup> There is a strong association between witnessing domestic violence as a child and becoming a perpetrator of domestic violence as an adult.<sup>10</sup>

Incidents of domestic violence are historically under-reported. Nationally, it is estimated that 41% of family violence incidents are not reported to police.<sup>11</sup> 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.<sup>12</sup>

## Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2008-2012



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2008-2012. Includes domestic violence reports resulting from an arrest by local police and Rhode Island State Police.

◆ In Rhode Island in 2012, there were 5,533 domestic violence incidents that resulted in arrests, up 2% from 5,435 incidents in 2011. Children were reported present in 31% (1,717) of incidents in 2012.<sup>13</sup> 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.<sup>14</sup>

◆ Rhode Island police reported that children saw the domestic violence incident in 1,204 arrests and children heard the incident in 1,324 arrests during 2012. These incidents were not mutually exclusive and more than one child may have witnessed the incident.<sup>15</sup>

◆ Rhode Island's statewide network of six domestic violence shelters and advocacy programs provides services to victims, including shelter, transitional housing, advocacy, individual and group counseling, and education.<sup>16</sup> During 2013, the network provided services to 9,733 individuals, including 781 children. In 2013, 282 children and 295 adults spent a total of 22,112 nights in domestic violence shelters. Sixty-four children and 53 adults lived in domestic violence transitional housing (longer-term private apartments for victims of domestic violence) for a total of 21,840 nights.<sup>17</sup>

# Children Witnessing Domestic Violence

Table 30. Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2012

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # OF INCIDENTS WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	24	6	25%
Bristol	88	28	32%
Burrillville	59	17	29%
Central Falls	182	67	37%
Charlestown	25	7	28%
Coventry	144	53	37%
Cranston	315	109	35%
Cumberland	117	52	44%
East Greenwich	38	9	24%
East Providence	220	81	37%
Exeter*	NA	NA	NA
Foster	10	3	30%
Glocester	21	7	33%
Hopkinton	24	10	42%
Jamestown	9	3	33%
Johnston	126	33	26%
Lincoln	51	16	31%
Little Compton	9	1	11%
Middletown	95	25	26%
Narragansett	71	31	44%
New Shoreham	5	1	20%
Newport	193	51	26%
North Kingstown	114	35	31%
North Providence	211	45	21%
North Smithfield	53	9	17%
Pawtucket	629	147	23%
Portsmouth	78	14	18%
Providence	901	323	36%
Richmond	20	3	15%
Scituate	25	6	24%
Smithfield	65	12	18%
South Kingstown	89	34	38%
Tiverton	50	20	40%
Warren	66	18	27%
Warwick	353	92	26%
West Greenwich	10	4	40%
West Warwick	299	74	25%
Westerly	129	44	34%
Woonsocket	508	205	40%
Rhode Island State Police	107	22	21%
Four Core Cities	2,220	742	33%
Remainder of State	3,313	975	29%
Rhode Island	5,533	1,717	31%

## Support for Children Witnessing Domestic Violence

◆ With the help of caring adults, children who have witnessed domestic violence can develop resilience and thrive. Effective therapeutic interventions often focus on supporting parents, and can include teaching parenting skills, assisting parents in addressing mental health issues, and supporting parents' efforts to live in safe environments. Other strategies include connecting children to adult mentors, identifying and nurturing areas of strength, and encouraging children to contribute to their families or communities in a positive way.<sup>18</sup>

◆ Rhode Island children often witness domestic violence before or during custody and visitation exchanges.<sup>19</sup> 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.<sup>20</sup>

### 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, 2012 and December 31, 2012.

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.

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# 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

Children need love, affection, and nurturing from their parents or caregivers for healthy physical and emotional development. Experiencing child abuse or neglect can have lifelong consequences for a child's health, well-being, and relationships with others. Parents or caregivers are at increased risk for maltreatment if they are overwhelmed by multiple risk factors such as poverty, divorce, substance abuse, or mental health problems.<sup>1</sup> The immediate effects of child abuse and neglect include isolation, fear, injury and even death. Children who have been maltreated are at increased risk for delinquency, substance abuse, mental health problems, teen pregnancy, impaired cognition, and low academic achievement in adolescence.<sup>2,3</sup>

Responding to reports of child abuse and neglect and ensuring child safety are important functions of child protection systems. Maintaining the

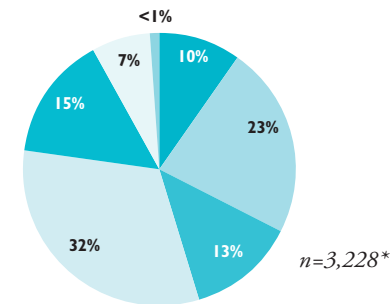
capacity to focus on prevention is equally critical and more cost-effective. In Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors are identified, Child Protective Services (CPS) refers families to community-based support services to reduce the risk of 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 Care Community Partnerships (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).<sup>4</sup>

In 2013 in Rhode Island, there were 2,294 indicated investigations of child abuse and neglect involving 3,228 children. The child abuse and neglect rate per 1,000 children under age 18 was over two times higher in the four core cities (22 victims per 1,000 children) compared to the remainder of the state (10 victims per 1,000 children). Almost half (46%) of the victims of child abuse and neglect in 2013 were young children under age six and one-third (33%) were age three and younger.<sup>5</sup>

## Child Abuse and Neglect, Rhode Island, 2013

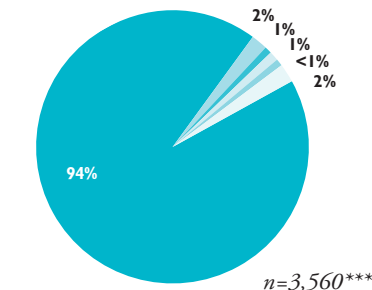
By Age of Victim\*

10% (329)	Under Age 1
23% (734)	Ages 1 to 3
13% (413)	Ages 4 to 5
32% (1,035)	Ages 6 to 11
15% (496)	Ages 12 to 15
7% (216)	Ages 16 and Older
<1% (5)	Unknown



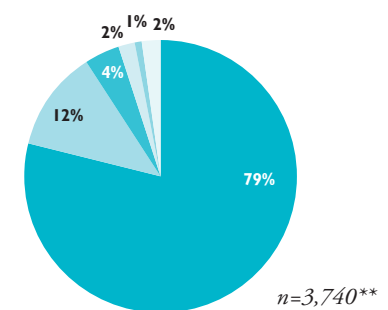
By Relationship of Perpetrator to Victims\*\*\*

94%	Parents
2%	Relatives/Household Members
1%	Child Care Providers
1%	Foster Parents
<1%	Residential Facility Staff
2%	Other or Unknown



By Type of Neglect/Abuse\*\*

79%	Neglect
12%	Physical Abuse
4%	Sexual Abuse
2%	Medical Neglect
1%	Emotional Abuse
2%	Other



### 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.

Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), 2013. Percentages may not sum to 100% due to rounding.

## DCYF Child Protective Services (CPS) Hotline Calls for Reports of Abuse and/or Neglect, Investigations,\* and Indicated Investigations, Rhode Island, 2004-2013

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
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
2013	13,905	50% (6,975)	2,294

Source: Rhode Island Department of Children, Youth and Families, RIC HIST, 2004-2013.

\*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 2013. Between 2010 and 2013, the number of unduplicated child maltreatment reports to the CPS Hotline increased by 6% from 13,069 to 13,905. In 2013, there were 2,294 indicated investigations, 33% of all completed child maltreatment investigations. The percentage of completed investigations that were indicated has remained fairly stable over the past decade.<sup>6</sup> An indicated investigation is one in which there is a preponderance of evidence that child abuse and/or neglect occurred.<sup>7</sup>

◆ Of the 13,905 maltreatment reports in 2013, 5,665 were classified as “information/referrals” (formerly “early warnings”).<sup>8</sup> 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).<sup>9</sup>

## Rhode Island Child Hospitalizations and Child Deaths Due to Child Abuse and/or Neglect

YEAR	# OF HOSPITALIZATIONS	# OF DEATHS**
2008	34	5
2009	26	6
2010	31	0
2011	38	2
2012	25	1
<b>TOTAL</b>	<b>154</b>	<b>14</b>

Source: Rhode Island Department of Health, 2008-2012. Data for 2011 and 2012 are provisional.

\*\*Due to a change in data source, data for child deaths due to child abuse and/or neglect are only comparable with Factbooks since 2013.

◆ Between 2008 and 2012, there were 154 hospitalizations and 14 deaths of Rhode Island children under age 18 due to child abuse and/or neglect.<sup>10</sup> 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).<sup>11</sup>

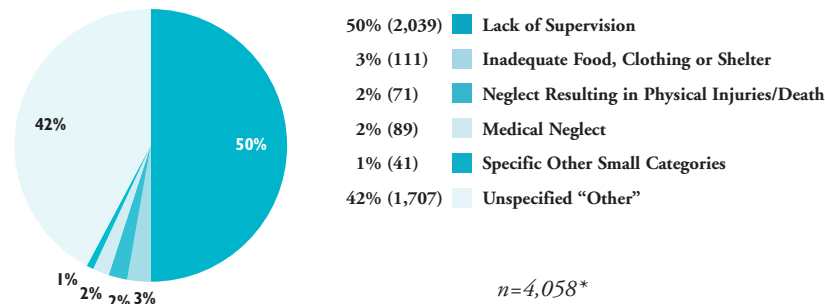
## Child Abuse and Neglect in Rhode Island Communities

◆ 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.<sup>12</sup> In addition, providing access to child care, early childhood learning programs, and 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.<sup>13,14,15</sup>

◆ In 2013, Rhode Island had 14 child victims of abuse and neglect per 1,000 children. With a rate of 35.3 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 Central Falls (30.8), Newport (28.4), Pawtucket (21.8), and West Warwick (21.6).<sup>16</sup>

# Child Abuse and Neglect

**Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2013**



◆ The importance of adequate capacity, affordability, and quality of child care, preschool, other early childhood programs and quality after-school opportunities is highlighted by the fact that of the 4,058 indicated allegations (confirmed claims) of neglect to children under age 18 in Rhode Island in 2013, 50% involved lack of supervision.

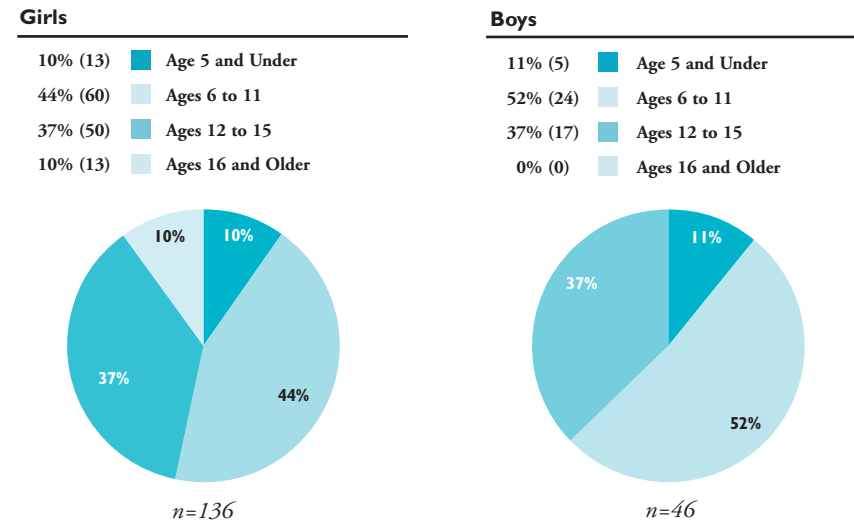
◆ The second largest category of neglect (42%) is “unspecified other neglect.” These are instances of neglect that do not fit into the other specified categories.

◆ The “specific other small categories” include: drug and alcohol abuse (17), emotional neglect (10), abandonment (6), excessive/inappropriate discipline (3), failure to thrive (3), educational neglect (1), and tying/close confinement (1).

*\*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, 2013.

**Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2013**



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2013.

◆ In Rhode Island in 2013, there were 182 indicated allegations (confirmed claims) of child sexual abuse. Some children were victims of sexual abuse more than once. The victim was a female in 75% (136) of the 182 indicated allegations of sexual abuse. Fifty-four percent of the female victims were known to be under age 12 while 63% of the male victims were under age 12.<sup>17</sup>

◆ 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.<sup>18</sup>

Table 31.

Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2013

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	6	1.3	8	1.7
Bristol	3,623	27	7.5	36	9.9
Burrillville	3,576	29	8.1	38	10.6
Central Falls	5,644	93	16.5	174	30.8
Charlestown	1,506	10	6.6	14	9.3
Coventry	7,770	58	7.5	87	11.2
Cranston	16,414	118	7.2	142	8.7
Cumberland	7,535	43	5.7	68	9.0
East Greenwich	3,436	15	4.4	20	5.8
East Providence	9,177	80	8.7	106	11.6
Exeter	1,334	7	5.2	6	4.5
Foster	986	13	13.2	13	13.2
Glocester	2,098	9	4.3	9	4.3
Hopkinton	1,845	9	4.9	10	5.4
Jamestown	1,043	3	2.9	5	4.8
Johnston	5,480	55	10.0	59	10.8
Lincoln	4,751	37	7.8	48	10.1
Little Compton	654	0	0.0	1	1.5
Middletown	3,652	24	6.6	26	7.1
Narragansett	2,269	20	8.8	35	15.4
New Shoreham	163	1	6.1	0	0.0
Newport	4,083	70	17.1	116	28.4
North Kingstown	6,322	42	6.6	54	8.5
North Providence	5,514	88	16.0	99	18.0
North Smithfield	2,456	13	5.3	14	5.7
Pawtucket	16,575	261	15.7	362	21.8
Portsmouth	3,996	9	2.3	10	2.5
Providence	41,634	547	13.1	749	18.0
Richmond	1,849	6	3.2	11	5.9
Scituate	2,272	8	3.5	10	4.4
Smithfield	3,625	19	5.2	29	8.0
South Kingstown	5,416	32	5.9	45	8.3
Tiverton	2,998	28	9.3	21	7.0
Warren	1,940	24	12.4	36	18.6
Warwick	15,825	99	6.3	120	7.6
West Greenwich	1,477	6	4.1	6	4.1
West Warwick	5,746	100	17.4	124	21.6
Westerly	4,787	52	10.9	74	15.5
Woonsocket	9,888	236	23.9	349	35.3
Unknown	0	0	NA	0	NA
Four Core Cities	3,741	1,137	15.4	1,634	22.2
Remainder of State	150,215	1,160	7.7	1,500	10.0
Rhode Island	223,956	2,297	10.3	3,134	14.0

### 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 2013.

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.

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.

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

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<sup>10</sup> Roberts, A. L., Gilman, S. E., Fitzmaurice, G., Decker, M. R., & Koenena, K. C. (2010). Witness of intimate partner violence in childhood and perpetration of intimate partner violence in adulthood. *Epidemiology*, 21(6), 809-818.

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<sup>16</sup> Rhode Island Coalition Against Domestic Violence. (2013). *2012 annual report*. Warwick, RI: Rhode Island Coalition Against Domestic Violence.

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<sup>4</sup> Rhode Island Department of Children, Youth and Families, Child Protective Services, 2009.

<sup>5,6,8,16,17</sup> Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2004-2013.

<sup>7</sup> Rhode Island Department of Children, Youth and Families. (n.d.). *Child welfare*. Retrieved January 24, 2014, from [www.dcyf.ri.gov/child\\_welfare](http://www.dcyf.ri.gov/child_welfare)

<sup>9</sup> Rhode Island Department of Children, Youth and Families. (2011). *Criteria for a child protective services investigation (Policy 500.0010)*. Retrieved January 24, 2014, from [www.sos.ri.gov](http://www.sos.ri.gov)

<sup>10</sup> Rhode Island Department of Health, 2008-2012. Data on child deaths are from Vital Records and data on child hospitalizations are from the Center for Health Data and Analysis, Hospital Discharge Database.

<sup>11</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). *Child maltreatment 2011*. Washington, DC: Government Printing Office.

<sup>14</sup> U.S. Department of Health and Human Services, Administration for Children and Families. (2010). *Information memorandum (DHHS Publication No. ACF-IM-HS-10-04)*. Washington, DC: U.S. Government Printing Office.

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<sup>4</sup> *Final report: Rhode Island child and family services review*. (2010). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

<sup>5</sup> Lewis, C., Beckwith, J., Fortin, K. & Goldberg, A. (2011). Fostering health: Health care for children and youth in foster care. *Medicine & Health/Rhode Island*, 94(7), 200-202.

<sup>6</sup> Healthy Foster Care America. (n.d.). *10 things every pediatrician should know about children in foster care*. Retrieved January 21, 2014, from [www.2.aap.org](http://www.2.aap.org)

<sup>8</sup> National Working Group on Foster Care and Education. (2011). *Education is the lifeline for youth in foster care*. Retrieved February 8, 2012, from [www.casey.org](http://www.casey.org)

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(continued from page 111)

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# Children in Out-of-Home Placement

## DEFINITION

*Children in out-of-home placement* is the number of children who have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families (DCYF) while awaiting 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

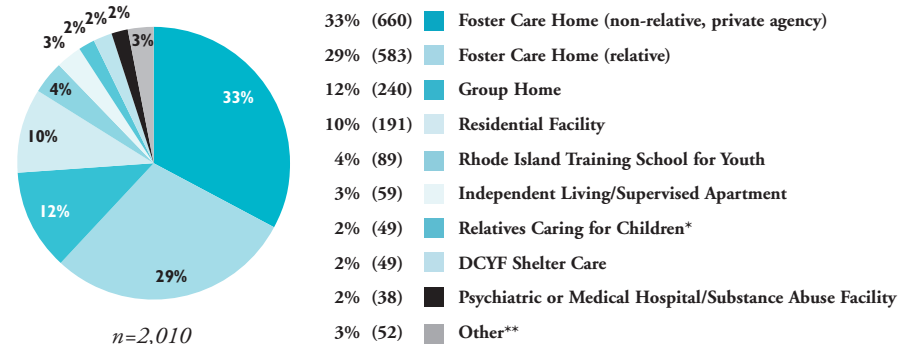
Children need stability, permanency, and safety for healthy development. Removal from the home may be necessary for the child's safety and well-being; however, critical connections and a sense of permanency may be lost when a child is placed out-of-home.<sup>1</sup> Permanency planning efforts should begin as soon as a child enters the child welfare system so that a permanent living situation can be achieved as quickly as possible.<sup>2</sup> 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.<sup>3</sup>

Rhode Island children in out-of-home care often experience multiple placements, lose contact with family

members, and may have overlooked educational, physical, and mental health needs.<sup>4</sup> Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.<sup>5,6</sup> Long-term stays in care can cause emotional, behavioral, or educational problems that can negatively impact children's long-term well-being and success.<sup>7</sup> 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.<sup>8</sup> Appropriate supports and services can help youth in care maximize their potential and ensure that they are prepared for higher education and work.<sup>9</sup>

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.<sup>10</sup>

**Children in Out-of-Home Placement, Rhode Island, December 31, 2013**



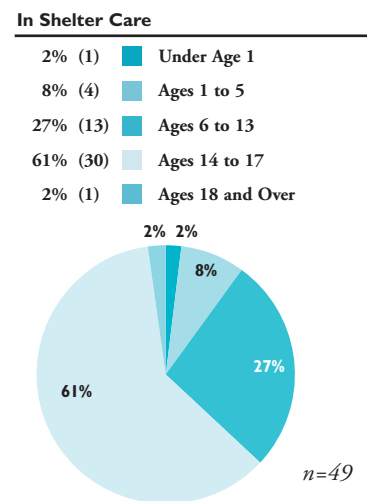
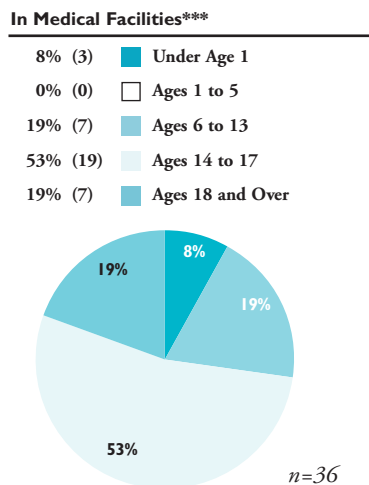
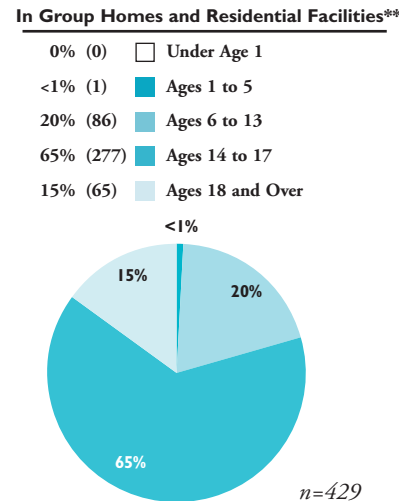
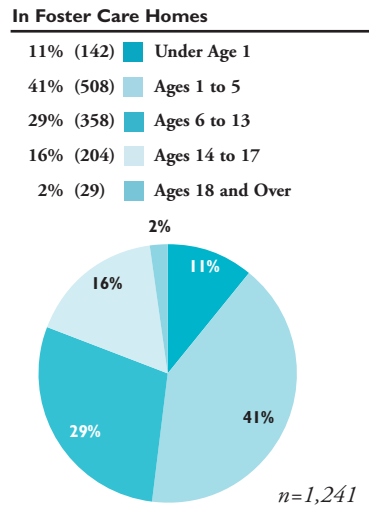
\*Relatives caring for children are classified as an out-of-home placement by DCYF, despite the fact that these relatives did not receive monetary payments from DCYF to care for the children and the children were never removed and never needed to be removed from the relatives' homes. In these cases, 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 (45), pre-adoptive homes (1), minors with mother in shelter/group home/residential facility (3), and step-parents (3).

- ◆ As of December 31, 2013, there were 2,010 children under age 21 in the care of DCYF who were in out-of-home placements. After several years of decline, this total represents an increase from 1,947 in 2012.
- ◆ The total caseload of DCYF on December 31, 2013 was 7,004, including 2,417 children living in their homes under DCYF supervision and 2,520 children living in adoption settings. This total caseload also represents an increase after years of decline, increasing from 6,795 in 2012.
- ◆ The total DCYF caseload also includes 43 children in out-of-state placements/other agency custody; five children receiving respite care services; two youth in a prison other than the Rhode Island Training School; and six children in other placement.
- ◆ On December 31, 2013, there were 59 youth in an independent living arrangement or supervised apartment setting, a decline of 71% 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: Rhode Island Department of Children, Youth and Families, RICHIST, 2006-2013.

# Children in Out-of-Home Placement

## Children and Youth in Out-of-Home Placement by Type of Setting and Age, Rhode Island\*



\*Pie charts show data for a single point-in-time (Foster Care Homes-January 2, 2014; Other Pie Charts-December 31, 2013.)  
 \*\*Residential facilities do not include psychiatric hospitals, medical hospitals, or the RI Training School.  
 \*\*\*Medical facilities data includes medical hospitals (13), psychiatric hospitals (39), and substance abuse treatment facilities (4).

Source: RI Department of Children, Youth and Families, RI Children's Information System (RICHIST), January 2014.  
 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.<sup>11</sup> 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.<sup>12</sup>

### Placement Stability

◆ In Federal Fiscal Year (FFY) 2013, 11.7% of the 1,450 children who had been in out-of-home care for less than one year had experienced three or more placements, down from 12.3% in FFY 2012. The national standard is 13.3%. Three or more placements were experienced by 31.9% of the 658 children who were in care between 12 and 24 months, down from 35.6% in FFY 2012. Sixty-two percent of the 740 children who had been in care for 24 months or more experienced three or more placements.<sup>13</sup>

### Recurrence of Abuse and Neglect

◆ Of the 1,592 Rhode Island children who were victims of abuse or neglect during FFY 2013 (whether or not they were removed from the home), 8.2% experienced one or more recurrences of abuse or neglect within six months, up from 6.9% in FFY 2012. The national standard is 6.1% or fewer.<sup>14</sup>

### 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 32% between January 2012 and January 2013 (from 37 to 50) and remained at 49 in January 2014. Five of these children in shelter care were under age six; 13 were ages six to 13; and 31 were age 14 and older.<sup>15</sup>

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(continued on page 179)

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# 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, which have an impact on behavior, academic achievement, and the formation of secure relationships.<sup>1,2</sup> Particular attention must be paid to populations of children for whom permanency may be more difficult to achieve, including older children, minority children, sibling groups, and children with mental, emotional, or behavioral health needs.<sup>3,4,5</sup> 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.<sup>6,7,8</sup>

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.<sup>9,10</sup>

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.<sup>11</sup>

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 positive outcomes in the areas of independent-living, employment skills, financial literacy, self-determination, and self-advocacy.<sup>12</sup> 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.<sup>13,14</sup>

## Exits from Foster Care\*, Rhode Island, FFY 2013

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	15%	16%	1%
Guardianship	10%	7%	3%
Reunification	62%	58%	70%
Aged Out	7%	NA**	14%
Other	6%	20%	13%
<b>TOTAL</b>	<b>1,067</b>	<b>327</b>	<b>422</b>

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual report for FY 2013*. (2014). 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) 2013, 1,067 children in out-of-home placement in Rhode Island exited care. Of the children who exited care, 87% exited to permanency (adoption, guardianship, or reunification). Children who were over age 12 when they entered foster care were more likely to age out of care without achieving permanency.<sup>15</sup>

◆ In FFY 2013, 15.4% of children in Rhode Island who entered out-of-home placement re-entered care within 12 months of a prior episode. While this represents a decline from previous years (19% in FFY 2012 and 17% in FFY 2011), Rhode Island's re-entry rate is nearly twice the national standard of 8.6%.<sup>16</sup>

## 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 72.5% in FFY 2012 to 77.8% in FFY 2013. The national standard is 76.2% of reunifications occurring within 12 months of the child's removal.<sup>17</sup>

◆ In FFY 2013, the vast majority (86.5%) of child maltreatment cases in Rhode Island involved neglect.<sup>18</sup> Poverty, parental substance abuse, and 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.<sup>19</sup>

## Permanency for Children in DCYF Care

### Subsidized Guardianship, FFY 2013

◆ 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.<sup>20</sup> Rates of children exiting foster care to guardianship in Rhode Island increased from 5.5% in FFY 2009 to 11.5% in FFY 2012, but fell to 9.9% in FFY 2013.<sup>21</sup>

### Adoptions of Children in DCYF Care, 2013

◆ During Calendar Year 2013, 156 children in the care of DCYF were adopted in Rhode Island. Of these children, 60% were White, 24% were multiracial, 12% were Black, 2% were American Indian, 2% were Asian, and 1% was of unknown race. Twenty-six percent of children adopted in 2013 were Hispanic (belonging to any race category).<sup>22</sup>

◆ Of the children adopted, 62% were under age six, 30% were ages six to 13, and 8% were ages 14 to 17.<sup>23</sup>

### Rhode Island Children Waiting to be Adopted, September 30, 2013

◆ On September 30, 2013, there were 248 Rhode Island children in the care of DCYF who were waiting to be adopted. One percent of waiting children was under age one, 34% were ages one to five, 22% were ages six to 10, 30% were ages 11 to 15, 10% were ages 16 and older, and 3% were of unknown age.<sup>24</sup>

◆ Of all waiting children, 46% were White, non-Hispanic, 26% were Hispanic (of any race), 14% were Black, non-Hispanic, 11% were Two or more races, 2% were Asian, 1% were Native American, and <1% were of unknown race/ethnicity.<sup>25</sup>

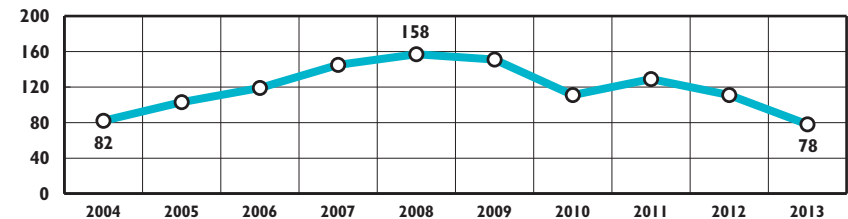
◆ Of the 248 children waiting to be adopted, 119 (48%) were children of parents whose parental rights had been legally terminated.<sup>26</sup>

◆ In FFY 2013, 34% of children in the Rhode Island child welfare system were adopted within 24 months from the time of removal from their home, down from 46% in FFY 2012. Rhode Island exceeds the national standard of 32% of adoptions occurring within 24 months of the child's removal.<sup>27</sup>

### 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.<sup>28</sup>

### Rhode Island Youth Aging Out of Foster Care, FFYs 2004-2013



Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual reports for FY 2004-2013*. 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.

◆ The annual number of Rhode Island youth who exited foster care never having gained permanency through reunification, adoption, or guardianship fell from a peak of 158 in FFY 2008 to 78 during FFY 2013, a 50% decrease.<sup>29,30</sup>

◆ Beginning January 1, 2014, the federal *Affordable Care Act (ACA)* allows youth who have aged out of foster care to have Medicaid coverage until age 26, regardless of their income. This provides former foster youth the same access to health coverage as other young adults, who are allowed to remain on their parents' commercial health coverage until age 26.<sup>31</sup>

◆ 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.<sup>32</sup>

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<sup>12</sup> *On the edges: Child care assistance policies that affect parents, providers, and children*. (2012). Washington, DC: National Women's Law Center.

<sup>13,15,16</sup> Rhode Island Department of Human Services, InRhodes Database, 2001-2013.

(continued from page 123)

## References for Early Learning Programs Participating in BrightStars

<sup>8</sup> Center on the Developing Child at Harvard University. (n.d.). *In brief: Early childhood program effectiveness*. Retrieved February 8, 2011, from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)

<sup>9</sup> Quality rating and improvement systems for early care and education. (2010). *Child Trends: Early Childhood Highlights, 1(1)*, 1-4.

<sup>10</sup> Mitchell, A. (n.d.). *Quality Rating and Improvement Systems as the framework for early care and education system reform*. Retrieved February 8, 2011, from [www.buildinitiative.org](http://www.buildinitiative.org)

<sup>11</sup> Mitchell, A. (2012). *Financial incentives in Quality Rating and Improvement Systems: Approaches and effects (for the QRIS National Learning Network)*. Retrieved February 11, 2014, from [www.qrisnetwork.org](http://www.qrisnetwork.org)

<sup>12</sup> Rhode Island Association for the Education of Young Children. (2013). *Information and policies for the BrightStars Quality Rating and Improvement System*. Retrieved February 11, 2014, from [www.brightstars.org](http://www.brightstars.org)

<sup>13</sup> Rhode Island Department of Human Services. (2013). Letter to Child Care Assistance Program providers.

<sup>14,16</sup> Rhode Island Association for the Education of Young Children, programs with a BrightStars rating as of January 1, 2014.

<sup>15</sup> Rhode Island Department of Human Services, programs with a Starting Star as of January 2014.

<sup>17</sup> National Association for the Education of Young Children, NAEYC accredited programs, January 2014.

<sup>18</sup> Rhode Island Department of Education, classrooms with Comprehensive Early Childhood Education approval as of January 2014.

<sup>19</sup> *Race to the Top – Early Learning Challenge Grantee Abstract: Office of the Governor, State of Rhode Island*. Retrieved February 4, 2013, from [www.ed.gov/programs/racetothetop-earlylearningchallenge/awards-phase-1.html](http://www.ed.gov/programs/racetothetop-earlylearningchallenge/awards-phase-1.html)

(continued from page 125)

## References for Children Enrolled in Head Start

<sup>10,13,14,15</sup> Rhode Island Head Start Program reports to Rhode Island KIDS COUNT, October 2013.

<sup>11</sup> Rhode Island Head Start Program reports to Rhode Island KIDS COUNT, October 2012.

<sup>12</sup> Doggett, L. & Smith, L. K. (2014, January 21). *Early learning at Ed: Working to improve outcomes for all children from birth through third grade*. Washington, DC: U.S. Department of Education.

(continued from page 127)

## References for Children Enrolled in State Pre-K

<sup>14</sup> The Education Adequacy Act, Rhode Island General Laws, § 16-7.2-6 (2010).

<sup>15</sup> *A funding formula for Rhode Island: Child centered, equitable, accountable*. Retrieved February 21, 2014, from [www.ride.ri.gov](http://www.ride.ri.gov)

<sup>18,19</sup> *Request for proposal (RFP) – Bid# 7535368: Evaluate quality of Rhode Island Pre-Kindergarten Program*. (2013). Providence, RI: State of Rhode Island Department of Administration, Division of Purchases.

<sup>20</sup> Guernsey, L., Bornfreund, L., McCann, C., & Williams, C. (2014). *Subprime learning: Early education in America since the Great Recession*. Washington, DC: New America Foundation.

<sup>21</sup> Dropkin, E. (2013). *Partners for success: Case studies of collaboration between Head Start and Pre-K*. Alexandria, VA: National Head Start Association.

# Children Enrolled in Early Intervention

## DEFINITION

*Children enrolled in Early Intervention* is the number and 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. Early and effective intervention for vulnerable young children yields improved long-term outcomes.<sup>1</sup>

In 1986, Congress established Early Intervention (EI) services for infants and toddlers under the *Individuals with Disabilities Education Act (IDEA)*. Part C of IDEA requires states to identify and provide appropriate EI 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.<sup>2</sup>

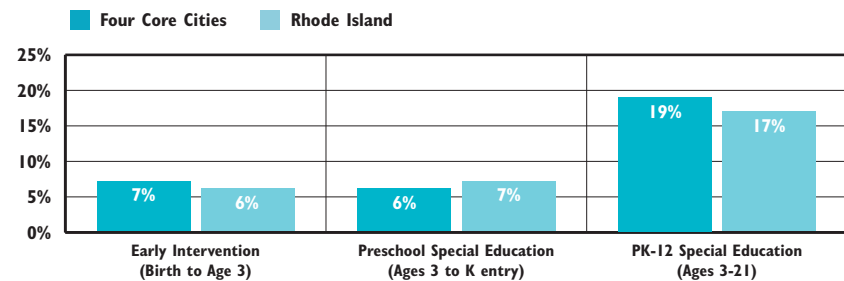
In Rhode Island, children are eligible for EI if they have a diagnosed medical disorder bearing relatively well-known expectancy for developmental delay (single established condition) or if they have a developmental delay in one or

more areas of development (cognitive, physical, communication, social-emotional, and adaptive). Until November 2013, children were also eligible under a “multiple established conditions” category.<sup>3</sup> Current eligibility criteria allow children with significant circumstances (including significant trauma/losses, history of abuse/neglect, family lacking basic resources, parental substance abuse, significant parental health/mental health issues, or intellectual disability of caretaker) to qualify through informed clinical opinion if the circumstances impact child or family functioning.<sup>4</sup>

Approximately 15% of U.S. children 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 due to increased survival rates among preterm infants, children with birth defects/genetic disorders, and improved awareness and diagnosis of many conditions.<sup>5</sup>

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.<sup>6</sup>

Percentage of Children Receiving Special Education Services by Age/Grade Span, Rhode Island, June 2013



Source: Rhode Island KIDS COUNT calculations using RI Executive Office of Health and Human Services, June 30, 2013 Early Intervention enrollment; Census 2010, Summary File 1; RI Department of Education, June 30, 2013 Special Education Census, population of children ages 3-5 from KIDS NET, and Resident Average Daily Membership.

◆ As of June 30, 2013 there were 2,140 infants and toddlers receiving Early Intervention (EI) services, 6% of the population under age three. Seventeen percent were under age one, 31% were age one, and 51% were age two.<sup>7</sup>

◆ In Calendar Year 2013 in Rhode Island, 4,168 children received EI services, a 5% increase from 2012. Of these, 81% were eligible under the developmental delay category, 13% under the single established condition category, and 6% under the multiple established conditions category.<sup>8,9</sup> In 2013, 1,110 children were discharged from EI upon reaching age three. Of these, 64% were eligible and 21% were not eligible for preschool special education. Eleven percent were in the process of eligibility determination and 4% left the program.<sup>10</sup>

◆ Because maltreated infants and toddlers are six times more likely to have a developmental delay, federal legislation requires states to refer children under age three who have been involved in a substantiated case of child abuse or neglect to EI for an eligibility assessment.<sup>11,12</sup> In 2013 in Rhode Island, there were 838 infants and toddlers under age three who were maltreated. Of these, 50% were referred to EI for an eligibility assessment, 26% were referred to First Connections for screening, 9% were already enrolled in EI, and 16% were not referred due to case closure or family consent refusal. Of the 560 families referred to EI in 2013 (including both substantiated and nonsubstantiated cases), 49% were found eligible, 26% were found not eligible, 11% were not evaluated, and 14% were in determination process.<sup>13,14</sup>

# Children Enrolled in Early Intervention

Table 32. Infants and Toddlers Enrolled in Early Intervention (EI) by Eligibility Type, Rhode Island, 2013

CITY/TOWN	CALENDAR YEAR 2013 ENROLLMENT					JUNE 30, 2013 ENROLLMENT		
	# OF CHILDREN UNDER AGE 3	SINGLE ESTABLISHED CONDITION	DEVELOPMENTAL DELAY	MULTIPLE ESTABLISHED CONDITIONS	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN ENROLLED IN EI	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN ENROLLED IN EI
Barrington	366	5	35	2	42	11%	20	5%
Bristol	507	13	55	2	70	14%	31	6%
Burrillville	460	4	51	0	55	12%	31	7%
Central Falls	1,028	24	118	10	152	15%	74	7%
Charlestown	186	7	20	1	28	15%	19	10%
Coventry	940	15	102	7	124	13%	80	9%
Cranston	2,318	41	206	19	266	11%	162	7%
Cumberland	970	8	100	2	110	11%	61	6%
East Greenwich	299	9	33	2	44	15%	25	8%
East Providence	1,560	26	131	6	163	10%	78	5%
Exeter	166	0	12	1	13	8%	5	3%
Foster	113	0	12	0	12	11%	7	6%
Glocester	247	5	18	1	24	10%	11	4%
Hopkinton	258	3	22	2	27	10%	17	7%
Jamestown	85	2	6	0	8	9%	5	6%
Johnston	816	7	81	6	94	12%	41	5%
Lincoln	587	9	53	3	65	11%	36	6%
Little Compton	68	0	0	0	0	0%	0	0%
Middletown	502	10	52	8	70	14%	29	6%
Narragansett	271	3	16	3	22	8%	8	3%
New Shoreham	21	0	0	0	0	0%	0	0%
Newport	820	13	75	7	95	12%	36	4%
North Kingstown	728	4	74	12	90	12%	34	5%
North Providence	851	15	82	4	101	12%	51	6%
North Smithfield	290	5	34	0	39	13%	26	9%
Pawtucket	2,959	52	268	11	331	11%	171	6%
Portsmouth	429	6	41	4	51	12%	24	6%
Providence	7,609	150	780	71	1,001	13%	513	7%
Richmond	235	0	5	1	6	3%	5	2%
Scituate	193	2	18	1	21	11%	11	6%
Smithfield	402	5	39	2	46	11%	20	5%
South Kingstown	640	4	55	7	66	10%	30	5%
Tiverton	398	2	44	7	53	13%	28	7%
Warren	296	11	23	0	34	11%	13	4%
Warwick	2,322	46	260	15	321	14%	161	7%
West Greenwich	178	5	14	2	21	12%	16	9%
West Warwick	1,044	19	113	9	141	14%	69	7%
Westerly	726	13	67	9	89	12%	41	6%
Woonsocket	1,900	19	246	8	273	14%	151	8%
Four Core Cities	13,496	245	1,412	100	1,757	13%	909	7%
Remainder of State	20,292	317	1,949	145	2,411	12%	1,231	6%
Rhode Island	33,788	562	3,361	245	4,168	12%	2,140	6%

### 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 2013 and June 30, 2013 enrollment (point-in-time).

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.

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- Rhode Island Executive Office of Health and Human Services, 2013.
- Rhode Island Executive Office of Health and Human Services, 2012.

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<sup>20</sup> Fostering Connections Resource Center. (n.d.). *Rhode Island's guardianship assistance program: Rhode Island's state plan amendment for guardianship approved*. Retrieved January 10, 2013, from [www.fosteringconnections.org](http://www.fosteringconnections.org)

<sup>22,23</sup> Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), Calendar Year 2013.

<sup>28</sup> *Services to youth ages 18-21: Q and A*. (2007). Providence, RI: Rhode Island Department of Children, Youth and Families.

<sup>30</sup> *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual report for FY 2008*. (2009). 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.

<sup>31</sup> ChildFocus, Inc. (2013). *Medicaid to 26 for youth in foster care: Key steps for advocates*. Washington, DC: State Policy Advocacy and Reform Center.

<sup>32</sup> *Foster care to 21: Doing it right*. (2011). St. Louis, MO: Jim Casey Youth Opportunities Initiative.

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### Children Enrolled in Early Intervention

<sup>12</sup> 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.

<sup>13</sup> Rhode Island Department of Children, Youth and Families, 2013.

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### Children Enrolled in Early Head Start

<sup>10</sup> Early Head Start: Research Findings. (2010). *Child Trends: Early Childhood Highlights, 1(2)*. Washington, DC: Child Trends.

<sup>11</sup> Love, J. M., Chazan-Cohen, R., Raikes, H., & Brooks-Gunn, J. (2013). What makes a difference: Early Head Start evaluation findings in a developmental context. *Monographs of the Society for Research in Child Development, 78(1)*, vii-viii, 1-173.

<sup>17</sup> *Research to practice: Children with disabilities in Early Head Start*. (2006). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

<sup>19</sup> *Head Start Program Performance Standards*. (2009). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start.

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## References for

### Licensed Capacity of Early Learning Programs

<sup>7,8,9</sup> 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, 2007-2014.

<sup>10</sup> Schmit, S. & Matthews, H. (2013). *Better for babies: A study of state infant and toddler child care policies*. Washington, DC: Center for Law and Social Policy.

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### Children Receiving Child Care Subsidies

<sup>4</sup> Rhode Island KIDS COUNT calculations based on average weekly rates from Bodah, M. M. (2013). *Statewide survey of child care rates in Rhode Island*. Kingston, RI: University of Rhode Island, Charles T. Schmidt, Jr. Labor Research Center.

<sup>5</sup> *Child care is essential to economic recovery*. (2009). Washington, DC: National Women's Law Center.

<sup>6</sup> *Child care: A core support to children and families*. (2013). Washington, DC: National Women's Law Center.

<sup>7</sup> Mitchell, A. W. (2005). *Success stories: State investment in early care and education in Illinois, North Carolina and Rhode Island*. Raleigh, NC: Smart Start's National Technical Assistance Center.

<sup>8,14</sup> House Fiscal Advisory Staff. (2007). *Budget as enacted: Fiscal Year 2008*. Providence RI: Rhode Island House of Representatives.

<sup>9</sup> U.S. Department of Health and Human Services. (2014). Annual update of the HHS poverty guidelines. *Federal Register, 79(14)*, 3593-3594.

<sup>10</sup> House Fiscal Advisory Staff. (2008). *Budget as enacted: Fiscal Year 2009*. Providence RI: Rhode Island House of Representatives.

<sup>11</sup> Adams, G. & Compton, J. (2011). *Client-friendly strategies: What can CCDF learn from research on other systems?* Washington, DC: Urban Institute.

<sup>12</sup> *On the edges: Child care assistance policies that affect parents, providers, and children*. (2012). Washington, DC: National Women's Law Center.

<sup>13,15,16</sup> Rhode Island Department of Human Services, InRhodes Database, 2001-2013.

(continued from page 123)

## References for Early Learning Programs Participating in BrightStars

<sup>8</sup> Center on the Developing Child at Harvard University. (n.d.). *In brief: Early childhood program effectiveness*. Retrieved February 8, 2011, from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)

<sup>9</sup> Quality rating and improvement systems for early care and education. (2010). *Child Trends: Early Childhood Highlights, 1(1)*, 1-4.

<sup>10</sup> Mitchell, A. (n.d.). *Quality Rating and Improvement Systems as the framework for early care and education system reform*. Retrieved February 8, 2011, from [www.buildinitiative.org](http://www.buildinitiative.org)

<sup>11</sup> Mitchell, A. (2012). *Financial incentives in Quality Rating and Improvement Systems: Approaches and effects (for the QRIS National Learning Network)*. Retrieved February 11, 2014, from [www.qrisnetwork.org](http://www.qrisnetwork.org)

<sup>12</sup> Rhode Island Association for the Education of Young Children. (2013). *Information and policies for the BrightStars Quality Rating and Improvement System*. Retrieved February 11, 2014, from [www.brightstars.org](http://www.brightstars.org)

<sup>13</sup> Rhode Island Department of Human Services. (2013). Letter to Child Care Assistance Program providers.

<sup>14,16</sup> Rhode Island Association for the Education of Young Children, programs with a BrightStars rating as of January 1, 2014.

<sup>15</sup> Rhode Island Department of Human Services, programs with a Starting Star as of January 2014.

<sup>17</sup> National Association for the Education of Young Children, NAEYC accredited programs, January 2014.

<sup>18</sup> Rhode Island Department of Education, classrooms with Comprehensive Early Childhood Education approval as of January 2014.

<sup>19</sup> *Race to the Top – Early Learning Challenge Grantee Abstract: Office of the Governor, State of Rhode Island*. Retrieved February 4, 2013, from [www.ed.gov/programs/racetothetop-earlylearningchallenge/awards-phase-1.html](http://www.ed.gov/programs/racetothetop-earlylearningchallenge/awards-phase-1.html)

(continued from page 125)

## References for Children Enrolled in Head Start

<sup>10,13,14,15</sup> Rhode Island Head Start Program reports to Rhode Island KIDS COUNT, October 2013.

<sup>11</sup> Rhode Island Head Start Program reports to Rhode Island KIDS COUNT, October 2012.

<sup>12</sup> Doggett, L. & Smith, L. K. (2014, January 21). *Early learning at Ed: Working to improve outcomes for all children from birth through third grade*. Washington, DC: U.S. Department of Education.

(continued from page 127)

## References for Children Enrolled in State Pre-K

<sup>14</sup> The Education Adequacy Act, Rhode Island General Laws, § 16-7.2-6 (2010).

<sup>15</sup> *A funding formula for Rhode Island: Child centered, equitable, accountable*. Retrieved February 21, 2014, from [www.ride.ri.gov](http://www.ride.ri.gov)

<sup>18,19</sup> *Request for proposal (RFP) – Bid# 7535368: Evaluate quality of Rhode Island Pre-Kindergarten Program*. (2013). Providence, RI: State of Rhode Island Department of Administration, Division of Purchases.

<sup>20</sup> Guernsey, L., Bornfreund, L., McCann, C., & Williams, C. (2014). *Subprime learning: Early education in America since the Great Recession*. Washington, DC: New America Foundation.

<sup>21</sup> Dropkin, E. (2013). *Partners for success: Case studies of collaboration between Head Start and Pre-K*. Alexandria, VA: National Head Start Association.

# Children Enrolled in Early Head Start

## DEFINITION

*Children enrolled in Early Head Start* is the number and percentage of children and pregnant women 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 (\$25,727 for a family of three in 2014). Children in families with incomes below the federal poverty line have priority enrollment.<sup>1,2,3</sup> 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 screenings and referrals, and fostering the development of healthy family relationships.<sup>4</sup>

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.<sup>5</sup> After the baby is born, families enroll in either a center-based or a home-based program. Home-based programs use weekly home visits to

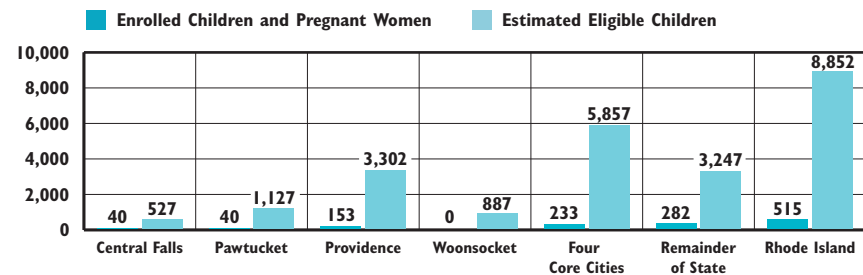
support child development and twice monthly group meetings. Children in center-based models attend a center-based early care and education program and families receive at least two home visits per year. Some Early Head Start programs provide a combination of home-based and center-based services for families.<sup>6</sup>

In Rhode Island in 2013, there were 521 federally-funded Early Head Start slots. Of these, 29% were center-based and 71% were home-based.<sup>7</sup> There are 12 fewer Early Head Start slots in Rhode Island than in 2012, and some center-based slots were converted to home-based slots due to federal sequester cuts.<sup>8</sup>

Early Head Start has been shown to produce significant cognitive, language, and social-emotional gains in participating children and more positive interactions with their parents. Early Head Start parents provide more emotional support, more opportunities for language and learning to their children, and are more likely to pursue education and job-training activities and to be employed.<sup>9,10</sup> Children who enroll in preschool after Early Head Start have better outcomes in early reading skills.<sup>11</sup>

As of October 2013, 503 infants and toddlers and 12 pregnant women were receiving Early Head Start services in Rhode Island, 6% of the estimated eligible population.<sup>12</sup>

**Access to Early Head Start for Low-Income Children and Pregnant Women, Rhode Island, 2013**



Source: Rhode Island Early Head Start program enrollment data compiled by Rhode Island KIDS COUNT, October 2013. Estimated eligible children is the number of children under age three according to Census 2010 multiplied by the % of children under age six living in families with incomes below 125% of the federal poverty level (FPL) according to the Population Reference Bureau's analysis of U.S. Census 2008-2012 American Community Survey, 5-year estimates. Estimates for children living in families between 125% and 129% FPL are not available.

- ◆ In 2013 in Rhode Island, federal funding enabled 233 children and pregnant women to participate in Early Head Start from the four core cities (4% of the estimated income-eligible population) and 282 children from the remainder of the state (9% of the estimated income-eligible population). The estimated percentage of the eligible population enrolled in Early Head Start for each core city is: Central Falls – 8%, Pawtucket – 4%, Providence – 5%, and Woonsocket – 0%.<sup>13</sup>
- ◆ There were 256 eligible children and pregnant women on waiting lists for Early Head Start Services in Rhode Island in October 2013. No Early Head Start services were available in Woonsocket, Cumberland, Lincoln, or any towns in Washington County.<sup>14</sup>
- ◆ As of October 2013, of the total population served by Early Head Start programs in Rhode Island, 2% were pregnant women, 15% were infants under age one, 31% were one-year-olds, 46% were two-year-olds, and 6% were three-year-olds.<sup>15</sup> As of October 2013 in Rhode Island, 16% of the children enrolled in Early Head Start had a developmental delay or disability and were receiving Early Intervention services.<sup>16</sup> Early Head Start is required to prioritize enrollment for children with special needs and to screen all enrolled children to identify developmental delays and disabilities.<sup>17</sup>
- ◆ As of October 2013 in Rhode Island, 19% of children enrolled in Early Head Start were also participating in the Child Care Assistance Program.<sup>18</sup> Center-based Early Head Start programs are not full-day or full-year.<sup>19</sup>

# Children Enrolled in Early Head Start

Table 33.

Children and Pregnant Women Enrolled in Early Head Start, Rhode Island, 2013

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	0	0%
Bristol	507	1	4	1%
Burrillville	460	0	11	2%
Central Falls	1,028	0	40	4%
Charlestown	186	0	0	0%
Coventry	940	0	17	2%
Cranston	2,318	0	20	1%
Cumberland	970	0	0	0%
East Greenwich	299	0	3	1%
East Providence	1,560	1	24	2%
Exeter	166	0	0	0%
Foster	113	0	1	1%
Glocester	247	0	1	0%
Hopkinton	258	0	0	0%
Jamestown	85	0	0	0%
Johnston	816	1	19	2%
Lincoln	587	0	0	0%
Little Compton	68	0	0	0%
Middletown	502	0	12	2%
Narragansett	271	0	0	0%
New Shoreham	21	0	0	0%
Newport	820	2	46	6%
North Kingstown	728	0	0	0%
North Providence	851	0	21	2%
North Smithfield	290	0	1	0%
Pawtucket	2,959	0	40	1%
Portsmouth	429	0	1	0%
Providence	7,609	4	149	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	1	0%
Warren	296	2	6	2%
Warwick	2,322	0	50	2%
West Greenwich	178	0	2	1%
West Warwick	1,044	1	31	3%
Westerly	726	0	0	0%
Woonsocket	1,900	0	0	0%
Four Core Cities	13,496	4	229	2%
Remainder of State	20,292	8	274	1%
Rhode Island	33,788	12	503	1%

## Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2013.

Children enrolled are listed by residence of child, not location of the Early 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

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# 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.<sup>1</sup>

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

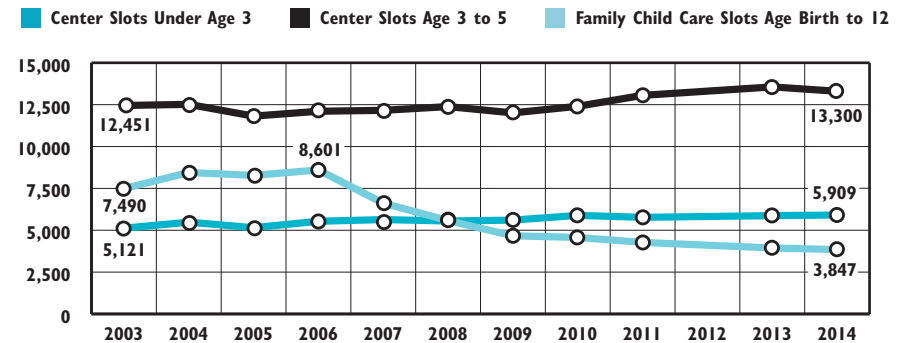
while 78% of preschoolers (children ages three to five) are enrolled in a center. Children with disabilities can have great difficulty accessing child care and early learning programs despite a federal law requiring that community-based child care and preschool settings include children with disabilities.<sup>2</sup>

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.<sup>3</sup> Between 2010 and 2012, 73% of Rhode Island children under age six had all parents in the workforce, higher than the U.S. rate of 65%.<sup>4</sup>

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.<sup>5</sup>

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.<sup>6</sup>

## Early Learning Program Capacity, Rhode Island, 2003-2014



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, 2007-2014.

\*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 twelve years, growing from 5,121 in 2003 to 5,909 in 2014.<sup>7</sup>
- ◆ The number of licensed slots for preschoolers (children ages three to five) has grown 7% between 2003 and 2014, from 12,451 to 13,300.<sup>8</sup>
- ◆ The number of licensed family child care slots has declined 55% from a peak high of 8,601 in 2006 to 3,847 in 2014.<sup>9</sup>

## Quality Child Care for Infants and Toddlers

- ◆ Infants and toddlers benefit from low child-to-provider ratios and small group sizes where they can form nurturing, responsive and continuous relationships with adults. Specific infant-toddler training along with regular on-site coaching and monitoring helps providers meet key health and safety standards particular to babies and learn how to provide sensitive and enriching care in a group setting.<sup>10</sup>

# Licensed Capacity of Early Learning Programs

Table 34.

Capacity of Licensed Early Learning Programs, Rhode Island, January 2014

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	143	391	5	32	566
Bristol	6	64	130	3	17	211
Burrillville	3	28	114	14	14	156
Central Falls	3	101	217	21	136	454
Charlestown	4	13	74	1	6	93
Coventry	6	89	267	8	52	408
Cranston	29	483	1,159	51	346	1,988
Cumberland	8	122	350	8	66	538
East Greenwich	11	299	600	0	0	899
East Providence	16	158	607	9	62	827
Exeter	2	28	63	1	8	99
Foster	1	17	25	0	0	42
Glocester	3	46	86	1	6	138
Hopkinton	2	0	44	2	16	60
Jamestown	1	31	33	1	8	72
Johnston	15	270	392	9	67	729
Lincoln	5	162	281	3	18	461
Little Compton	1	0	20	0	0	20
Middletown	10	201	445	5	36	682
Narragansett	2	17	58	0	0	75
New Shoreham	1	12	22	0	0	34
Newport	4	63	206	4	38	307
North Kingstown	9	173	384	3	22	579
North Providence	8	130	227	9	58	415
North Smithfield	1	78	81	3	32	191
Pawtucket	16	336	742	40	257	1,335
Portsmouth	5	90	134	0	0	224
Providence	46	903	1,917	335	2,229	5,049
Richmond	0	0	0	3	28	28
Scituate	1	12	44	5	39	95
Smithfield	9	297	580	0	0	877
South Kingstown	11	216	482	6	46	744
Tiverton	3	25	135	3	20	180
Warren	4	55	197	2	14	266
Warwick	27	756	1,495	14	97	2,348
West Greenwich	2	7	39	0	0	46
West Warwick	5	170	323	3	20	513
Westerly	7	152	322	2	11	485
Woonsocket	11	162	614	7	46	822
Four Core Cities	76	1,502	3,490	403	2,668	7,660
Remainder of State	233	4,407	9,810	178	1,179	15,396
Rhode Island	309	5,909	13,300	581	3,847	23,056

## 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 2014. 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.

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# 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.<sup>1</sup>

In Rhode Island, the average cost of full-time child care for an infant in a child care center consumes 48% of the median single-mother 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 almost twice the state's median annual rent.<sup>2</sup> 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

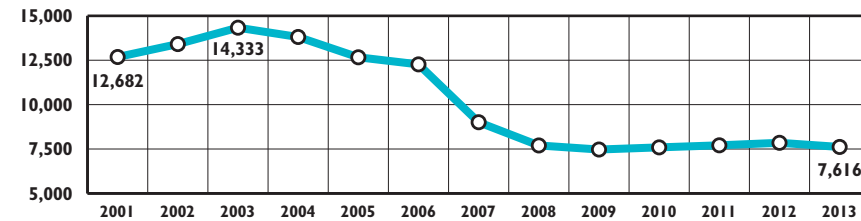
annually to afford the average yearly cost for a three-year-old at a licensed center (\$9,587).<sup>3,4</sup>

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 parental employment, more stable employment and more income than poor families who do not use them.<sup>5,6</sup>

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, legislation was passed to expand eligibility for families with incomes up to 225% FPL and to adjust rates paid to child care providers biennially in order to improve access to high-quality child care.<sup>7</sup> In 2007, eligibility for child care subsidies was reduced to 180% FPL (\$35,622 for a family of three in 2014).<sup>8,9</sup> In 2008, the requirement to adjust rates biennially was eliminated.<sup>10</sup>

Nationally, many families lose access to child care subsidies after a short period of time and then return to the subsidy program. Access and continuity of care can be improved by simplifying application and renewal processes, and expanding eligibility periods.<sup>11,12</sup>

Child Care Subsidies, Rhode Island, 2001-2013



Source: Rhode Island Department of Human Services, December 2001-December 2013.

- ◆ In December 2013, there were 7,616 child care subsidies in Rhode Island, down from 7,849 in December 2012. Since peaking in 2003, there has been a 47% decrease in the number of child care subsidies.<sup>13</sup> 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.<sup>14</sup>
- ◆ In 2013 in Rhode Island, 75% of child care subsidies were for care in a licensed child care center, 24% 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.<sup>15</sup>
- ◆ In December 2013, 79% of all child care subsidies in Rhode Island were used by low-income working families not receiving cash assistance and 12% were used by families enrolled in the Rhode Island Works Program who were engaged in employment activities. Another 9% of child care subsidies were used for children in the care of the Rhode Island Department of Children, Youth and Families.<sup>16</sup>

Average Annual Cost for Full-Time Child Care, Rhode Island, 2013

PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	\$12,097
Child Care Center (preschool care)	\$9,587
Family Child Care Home (preschool care)	\$8,715
School-Age Center-Based Program (child age 6 - 12)	\$6,786

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Bodah, M. M. (2013). *Statewide survey of child care rates in Rhode Island*. Kingston, RI: University of Rhode Island.

# Children Receiving Child Care Subsidies

Table 35.

Child Care Subsidies, Rhode Island, December 2013

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE			SUBSIDY USE BY PROGRAM LOCATION			
	ENROLLED IN RI WORKS	NOT ENROLLED IN RI WORKS	TOTAL CHILD CARE SUBSIDIES	UNDER AGE 3	AGES 3-5	AGES 6-12	TOTAL CHILD CARE SUBSIDIES
Barrington	1	14	15	6	8	10	24
Bristol	0	41	41	4	7	12	23
Burrillville	5	21	26	3	7	8	18
Central Falls	57	283	340	67	98	111	276
Charlestown	0	8	8	0	3	5	8
Coventry	17	105	122	20	49	53	122
Cranston	52	413	465	126	200	178	504
Cumberland	6	94	100	13	26	22	61
East Greenwich	5	17	22	11	21	17	49
East Providence	22	228	250	53	122	143	318
Exeter	2	7	9	5	3	0	8
Foster	1	6	7	4	5	2	11
Glocester	0	9	9	7	4	0	11
Hopkinton	1	5	6	4	2	2	8
Jamestown	0	1	1	4	2	0	6
Johnston	14	128	142	62	96	64	222
Lincoln	3	76	79	14	58	71	143
Little Compton	0	1	1	0	0	0	0
Middletown	19	48	67	43	46	27	116
Narragansett	1	24	25	0	0	5	5
New Shoreham	0	0	0	0	0	0	0
Newport	42	162	204	42	93	62	197
North Kingstown	9	101	110	31	47	36	114
North Providence	16	128	144	45	40	57	142
North Smithfield	7	18	25	15	26	15	56
Pawtucket	113	684	797	158	326	337	821
Portsmouth	1	20	21	10	12	8	30
Providence	397	2,448	2,845	685	945	1,260	2,890
Richmond	1	7	8	0	0	3	3
Scituate	5	14	19	0	2	3	5
Smithfield	6	18	24	35	53	24	112
South Kingstown	1	42	43	17	38	14	69
Tiverton	1	28	29	4	10	7	21
Warren	2	43	45	17	28	20	65
Warwick	19	221	240	119	167	127	413
West Greenwich	0	7	7	3	5	0	8
West Warwick	5	152	157	49	71	57	177
Westerly	4	55	59	21	33	17	71
Woonsocket	101	415	516	89	161	214	464
DCYF	NA	NA	668	NA	NA	NA	NA
Out-Of-State	NA	NA	NA	10	12	3	25
Four Core Cities	668	3,830	4,498	999	1,530	1,922	4,451
Remainder of State	268	2,262	2,530	787	1,284	1,069	3,140
Rhode Island	936	6,092	7,696	1,796	2,826	2,994	7,616

### Source of Data for Table/Methodology

Rhode Island Department of Human Services, InRhodes Database, December 2013.

*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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### Licensed Capacity of Early Learning Programs

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<sup>18</sup> Rhode Island Department of Education, classrooms with Comprehensive Early Childhood Education approval as of January 2014.

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# 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.<sup>1,2,3</sup> Programs across the U.S. and in Rhode Island vary markedly in quality and can range from rich learning experiences to mediocre, custodial care.<sup>4,5,6</sup>

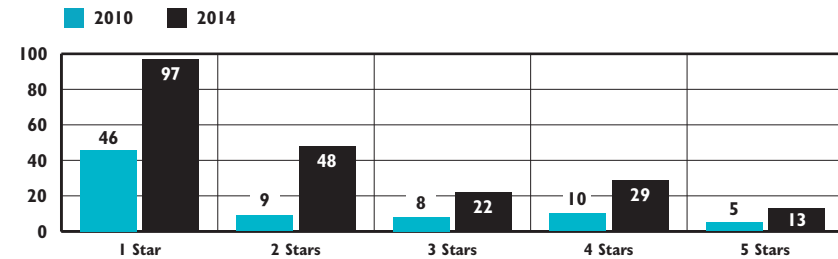
High-quality early care and education is characterized by smaller numbers of children in a classroom or group, fewer children per adult, skilled staff, a language-rich environment with stimulating curricula, warm, nurturing and dependable relationships between staff and children, and a safe environment.<sup>7</sup> The development and retention of a highly qualified and appropriately compensated workforce

for early childhood programs is critical to improve program quality.<sup>8</sup>

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.<sup>9,10</sup> Many states provide financial incentives to encourage and support achievement of quality standards. Incentives include offering tiered child care subsidy payments with higher rates for higher quality care and providing program improvement grants.<sup>11</sup>

BrightStars was launched in 2009 with quality ratings for licensed child care centers, Head Start centers, preschools, and family child care homes. As of November 2013, public schools that operate early childhood programs can also participate. Programs participating in BrightStars receive a star rating and develop a quality improvement plan across six quality domains.<sup>12</sup>

**Quality Ratings of Early Learning Programs Participating in BrightStars, Rhode Island, 2010 and 2014**



Source: Rhode Island Association for the Education of Young Children, 2010 and 2014.

- ◆ In November 2013, all programs serving children participating in the Child Care Assistance Program that had not yet received a BrightStars rating were assigned a “Starting Star” with the expectation that they would apply for a rating by April 2014.<sup>13</sup>
- ◆ As of January 2014, there were 209 active early care and education programs with a BrightStars quality rating, including 58 early learning centers and 151 family child care homes. There were 501 programs with a “Starting Star.” Sixty percent of the early learning centers with a BrightStars rating 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.<sup>14,15</sup> In 2013, BrightStars awarded star rating increases to 17 programs that made significant quality improvements; this represents 11% of all eligible programs.<sup>16</sup>
- ◆ As of January 2014, there were 28 state-licensed centers, two public schools, and one other center accredited by the NAEYC.<sup>17</sup>
- ◆ The Rhode Island Department of Education awards CECE approval to preschool classrooms that meet state-defined quality benchmarks. As of January 2014, there were eight State Pre-K classrooms and 20 community preschool classrooms that met approval standards, representing 23 licensed centers and one public school.<sup>18</sup>

## Race to the Top – Early Learning Challenge

- ◆ Rhode Island's four-year, \$50 million Race to the Top-Early Learning Challenge grant is focused on increasing participation in BrightStars and providing intensive support to programs to meet high-quality benchmarks.<sup>19</sup>

# Early Learning Programs Participating in BrightStars

## Early Learning Programs Participating in the BrightStars Quality Rating and Improvement System, Rhode Island, January 2014

Table 36.

CITY/TOWN	CHILD CARE CENTERS AND PRESCHOOLS					FAMILY CHILD CARE HOMES				
	LICENSED PROGRAMS	PROGRAMS WITH A STARTING STAR	PROGRAMS WITH A BRIGHTSTARS QUALITY RATING	% IN BRIGHTSTARS	% WITH QUALITY RATING	LICENSED PROGRAMS	PROGRAMS WITH A STARTING STAR	PROGRAMS WITH A BRIGHTSTARS QUALITY RATING	% IN BRIGHTSTARS	% WITH QUALITY RATING
Barrington	11	4	2	55%	18%	5	0	0	0%	0%
Bristol	6	4	0	67%	0%	3	2	0	67%	0%
Burrillville	3	2	1	100%	33%	2	1	0	50%	0%
Central Falls	3	2	1	100%	33%	21	14	6	95%	29%
Charlestown	4	2	1	75%	25%	1	1	0	100%	0%
Coventry	6	3	2	83%	33%	8	4	0	50%	0%
Cranston	29	21	1	76%	3%	51	26	16	82%	31%
Cumberland	8	3	2	63%	25%	8	1	1	25%	13%
East Greenwich	11	7	1	73%	9%	0	NA	NA	NA	NA
East Providence	16	9	3	75%	19%	9	7	1	89%	11%
Exeter	2	1	0	50%	0%	1	1	0	100%	0%
Foster	1	1	0	100%	0%	0	NA	NA	NA	NA
Glocester	3	3	0	100%	0%	1	1	0	100%	0%
Hopkinton	2	0	0	0%	0%	2	0	1	50%	50%
Jamestown	1	1	0	100%	0%	1	1	0	100%	0%
Johnston	15	11	2	87%	13%	9	4	2	67%	22%
Lincoln	5	4	0	80%	0%	3	1	0	33%	0%
Little Compton	1	0	0	0%	0%	0	NA	NA	NA	NA
Middletown	10	6	1	70%	10%	5	1	0	20%	0%
Narragansett	2	0	0	0%	0%	0	NA	NA	NA	NA
New Shoreham	1	1	0	100%	0%	0	NA	NA	NA	NA
Newport	4	3	0	75%	0%	4	1	0	25%	0%
North Kingstown	9	5	3	89%	33%	3	1	1	67%	33%
North Providence	8	3	3	75%	38%	9	5	2	78%	22%
North Smithfield	1	1	0	100%	0%	3	1	1	67%	33%
Pawtucket	16	10	4	88%	25%	40	20	14	85%	35%
Portsmouth	5	3	0	60%	0%	0	NA	NA	NA	NA
Providence	46	22	16	83%	35%	335	202	102	91%	30%
Richmond	0	NA	NA	NA	NA	3	3	0	100%	0%
Scituate	1	1	0	100%	0%	5	2	0	40%	0%
Smithfield	9	9	0	100%	0%	0	NA	NA	NA	NA
South Kingstown	11	4	3	64%	27%	6	2	0	33%	0%
Tiverton	3	1	0	33%	0%	3	2	0	67%	0%
Warren	4	3	1	100%	25%	2	0	1	50%	50%
Warwick	27	18	4	81%	15%	14	7	0	50%	0%
West Greenwich	2	1	0	50%	0%	0	NA	NA	NA	NA
West Warwick	5	4	1	100%	20%	3	1	0	33%	0%
Westerly	7	4	1	71%	14%	2	2	0	100%	0%
Woonsocket	11	6	5	100%	45%	7	4	3	100%	43%
Four Core Cities	76	40	26	87%	34%	403	240	125	91%	31%
Remainder of State	233	143	32	75%	14%	166	78	26	63%	16%
Rhode Island	309	183	58	78%	19%	569	318	151	82%	27%

### 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 2014. Data on BrightStars quality ratings is from the Rhode Island Association for the Education of Young Children, January 2014. Starting Star program information was provided by the Rhode Island Department of Human Services, January 2014.

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<sup>14,16</sup> Rhode Island Association for the Education of Young Children, programs with a BrightStars rating as of January 1, 2014.

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<sup>10,13,14,15</sup> Rhode Island Head Start Program reports to Rhode Island KIDS COUNT, October 2013.

<sup>11</sup> Rhode Island Head Start Program reports to Rhode Island KIDS COUNT, October 2012.

<sup>12</sup> Doggett, L. & Smith, L. K. (2014, January 21). *Early learning at Ed: Working to improve outcomes for all children from birth through third grade*. Washington, DC: U.S. Department of Education.

(continued from page 127)

## References for Children Enrolled in State Pre-K

<sup>14</sup> The Education Adequacy Act, Rhode Island General Laws, § 16-7.2-6 (2010).

<sup>15</sup> *A funding formula for Rhode Island: Child centered, equitable, accountable*. Retrieved February 21, 2014, from [www.ride.ri.gov](http://www.ride.ri.gov)

<sup>18,19</sup> *Request for proposal (RFP) – Bid# 7535368: Evaluate quality of Rhode Island Pre-Kindergarten Program*. (2013). Providence, RI: State of Rhode Island Department of Administration, Division of Purchases.

<sup>20</sup> Guernsey, L., Bornfreund, L., McCann, C., & Williams, C. (2014). *Subprime learning: Early education in America since the Great Recession*. Washington, DC: New America Foundation.

<sup>21</sup> Dropkin, E. (2013). *Partners for success: Case studies of collaboration between Head Start and Pre-K*. Alexandria, VA: National Head Start Association.

# 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.<sup>1</sup> Head Start programs deliver early education, medical and dental screenings and referrals, nutrition services, mental health services, family engagement activities, and social service referrals for the whole family.<sup>2</sup>

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 living in poor families are typically 18 months behind their peers at age four.<sup>3</sup>

On average, Head Start centers are higher quality than most other early care and education programs.<sup>4</sup> Head Start also has been found to be more effective than many other early learning programs.<sup>5</sup>

Children who participate in Head Start show improvements in language and literacy skills.<sup>6,7</sup> Lasting impacts for children who participate in Head Start have been found in reduced grade retention and special education placement and increased high school graduation rates.<sup>8</sup> 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.<sup>9</sup>

For the 2013-2014 school year there were 2,040 Head Start slots in Rhode Island (1,910 federally-funded slots and 130 state-funded slots).<sup>10</sup> This is 387 fewer federally-funded slots than in 2012-2013 due to federal sequester cuts (16% reduction).<sup>11</sup> As of January 2014, the federal budget restored the funding cuts to Head Start and Early Head Start.<sup>12</sup>

As of October 2013, there were 2,040 children enrolled in Head Start and 699 eligible children on the waiting list. Twelve percent (252) of children served by Rhode Island Head Start providers had developmental delays or disabilities. Thirteen percent (274) of children enrolled in Rhode Island Head Start programs also were participating in the Child Care Assistance Program because Head Start does not provide full-day or full-year programming.<sup>13</sup>

## Access to Head Start for Low-Income Children, Rhode Island, 2013

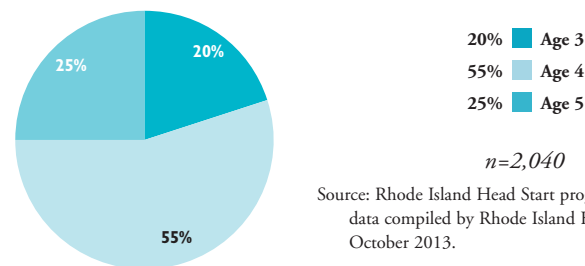


Source: Rhode Island Head Start program enrollment data compiled by Rhode Island KIDS COUNT, October 2013. Estimated eligible children is the number of children ages three and four according to Census 2010 multiplied by the % of children under age six living in families with incomes below 125% of the federal poverty level (FPL) according to the Population Reference Bureau's analysis of U.S. Census 2008-2012 American Community Survey, five-year estimates. Estimates for children living in families between 125% and 129% FPL are not available.

◆ **Head Start is not funded at a level to serve all eligible children and all Rhode Island Head Start programs maintain active waiting lists of eligible children. In October 2013, Rhode Island Head Start programs served 2,040 children, 33% of the estimated 6,199 income-eligible three- and four-year old children and 9% of all children ages three and four.<sup>14</sup>**

◆ **In the four core cities, 28% of the estimated eligible children were enrolled in Head Start, compared with 41% in the remainder of the state. The estimated percentage of eligible children enrolled in Head Start for each core city is: Central Falls – 23%, Pawtucket – 24%, Providence – 31%, and Woonsocket – 28%.<sup>15</sup>**

## Children Enrolled in Head Start by Age, Rhode Island, 2013



Source: Rhode Island Head Start program enrollment data compiled by Rhode Island KIDS COUNT, October 2013.

# Children Enrolled in Head Start

Table 37.

Children Enrolled in Head Start, Rhode Island, 2013

CITY/TOWN	# OF CHILDREN AGES 3 & 4	# OF CHILDREN ENROLLED IN HEAD START	ESTIMATED % OF CHILDREN ENROLLED IN HEAD START
Barrington	369	3	1%
Bristol	401	23	6%
Burrillville	321	14	4%
Central Falls	699	81	12%
Charlestown	153	6	4%
Coventry	734	37	5%
Cranston	1,684	146	9%
Cumberland	810	13	2%
East Greenwich	277	3	1%
East Providence	982	102	10%
Exeter	105	4	4%
Foster	99	2	2%
Glocester	191	3	2%
Hopkinton	167	8	5%
Jamestown	102	0	0%
Johnston	528	35	7%
Lincoln	412	2	<1%
Little Compton	49	0	0%
Middletown	431	34	8%
Narragansett	210	4	2%
New Shoreham	15	0	0%
Newport	514	84	16%
North Kingstown	593	29	5%
North Providence	575	52	9%
North Smithfield	218	5	2%
Pawtucket	2,053	189	9%
Portsmouth	359	9	3%
Providence	4,743	641	14%
Richmond	190	7	4%
Scituate	197	0	0%
Smithfield	343	5	1%
South Kingstown	504	18	4%
Tiverton	287	13	5%
Warren	240	34	14%
Warwick	1,579	100	6%
West Greenwich	115	3	3%
West Warwick	703	123	17%
Westerly	490	48	10%
Woonsocket	1,218	160	13%
<i>Four Core Cities</i>	<i>8,713</i>	<i>1,071</i>	<i>12%</i>
<i>Remainder of State</i>	<i>14,947</i>	<i>969</i>	<i>6%</i>
<i>Rhode Island</i>	<i>23,660</i>	<i>2,040</i>	<i>9%</i>

## Source of Data for Table/Methodology

Rhode Island Head Start Programs, all children enrolled (ages three to five) as of October 2013. 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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<sup>22,23</sup> Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), Calendar Year 2013.

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<sup>5</sup> *Child care is essential to economic recovery*. (2009). Washington, DC: National Women's Law Center.

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<sup>12</sup> *On the edges: Child care assistance policies that affect parents, providers, and children*. (2012). Washington, DC: National Women's Law Center.

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<sup>10</sup> Mitchell, A. (n.d.). *Quality Rating and Improvement Systems as the framework for early care and education system reform*. Retrieved February 8, 2011, from [www.buildinitiative.org](http://www.buildinitiative.org)

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<sup>14,16</sup> Rhode Island Association for the Education of Young Children, programs with a BrightStars rating as of January 1, 2014.

<sup>15</sup> Rhode Island Department of Human Services, programs with a Starting Star as of January 2014.

<sup>17</sup> National Association for the Education of Young Children, NAEYC accredited programs, January 2014.

<sup>18</sup> Rhode Island Department of Education, classrooms with Comprehensive Early Childhood Education approval as of January 2014.

<sup>19</sup> *Race to the Top – Early Learning Challenge Grantee Abstract: Office of the Governor, State of Rhode Island*. Retrieved February 4, 2013, from [www.ed.gov/programs/racetothetop-earlylearningchallenge/awards-phase-1.html](http://www.ed.gov/programs/racetothetop-earlylearningchallenge/awards-phase-1.html)

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<sup>10,13,14,15</sup> Rhode Island Head Start Program reports to Rhode Island KIDS COUNT, October 2013.

<sup>11</sup> Rhode Island Head Start Program reports to Rhode Island KIDS COUNT, October 2012.

<sup>12</sup> Doggett, L. & Smith, L. K. (2014, January 21). *Early learning at Ed: Working to improve outcomes for all children from birth through third grade*. Washington, DC: U.S. Department of Education.

(continued from page 127)

## References for Children Enrolled in State Pre-K

<sup>14</sup> The Education Adequacy Act, Rhode Island General Laws, § 16-7.2-6 (2010).

<sup>15</sup> *A funding formula for Rhode Island: Child centered, equitable, accountable*. Retrieved February 21, 2014, from [www.ride.ri.gov](http://www.ride.ri.gov)

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<sup>20</sup> Guernsey, L., Bornfreund, L., McCann, C., & Williams, C. (2014). *Subprime learning: Early education in America since the Great Recession*. Washington, DC: New America Foundation.

<sup>21</sup> Dropkin, E. (2013). *Partners for success: Case studies of collaboration between Head Start and Pre-K*. Alexandria, VA: National Head Start Association.

# Children Enrolled in State Pre-K

## DEFINITION

*Children enrolled in State Pre-K* is the number and percentage of children enrolled in the State Pre-Kindergarten (Pre-K) program managed by the Rhode Island Department of Education. The State Pre-K program is operated by child care programs, Head Start programs, and public schools.

## SIGNIFICANCE

State-funded Pre-K programs for children ages three and four are available in 40 states, with 28% of four-year-olds and 4% of three-year-olds enrolled nationwide. Eight states and the District of Columbia have more than half of their four-year-olds enrolled in State Pre-K.<sup>1</sup> Children who attend high-quality preschool make substantive developmental, academic, language, and social gains that can persist well into later school years, and are less likely to be retained a grade or enrolled in special education.<sup>2,3,4</sup> In states without large public Pre-K programs, children of high-income and highly educated families are much more likely to be enrolled in preschool than children from low- to moderate-income families.<sup>5</sup>

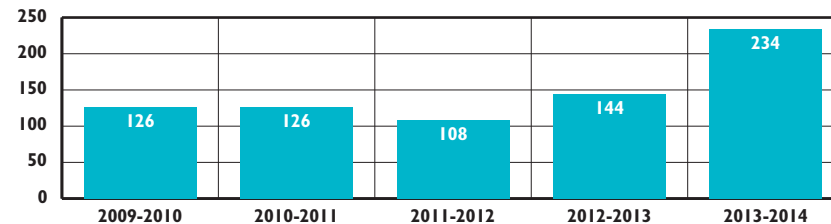
High-quality preschool programs have shown strong economic returns, with benefits to children and the public far exceeding the original investment. Small class sizes, low child-teacher ratios, and teachers who are well-educated,

emotionally supportive, and use curricula effectively produce the biggest gains among children.<sup>6,7,8</sup>

In 2008, the General Assembly passed *The Rhode Island Prekindergarten Education Act*, acknowledging the need to adequately prepare all children to succeed in school by providing access to publicly-funded high quality Pre-K and requiring the Rhode Island Department of Education to plan for the development of a State Pre-K program that meets high-quality standards, builds on the existing early childhood education infrastructure, and serves children ages three and four.<sup>9</sup> Rhode Island began offering the State Pre-K program for four-year-olds in the 2009-2010 school year. The state's program is one of only four in the U.S. to meet all recommended NIEER quality benchmarks.<sup>10</sup> Rhode Island's State Pre-K program has been found to improve children's language and literacy skills and close the achievement gap between low-income children and their more affluent peers by three-quarters.<sup>11</sup>

Currently, there are 234 children enrolled in State Pre-K (2% of four-year-olds in the state), placing Rhode Island at the bottom of the 40 states that offer State Pre-K in terms of access to the program.<sup>12,13</sup> Expansion of the State Pre-K program is included in the state's education funding formula, with a \$1 million increase in funding planned each year for 10 years.<sup>14,15</sup>

Rhode Island State Pre-K Funded Slots, 2009-2010 through 2013-2014



Sources: National Institute for Early Education Research (NIEER), *The state of preschool 2010, 2011, 2012*. Rhode Island Department of Education, State Pre-K programs 2012-2013 and 2013-2014 school years.

- ◆ As of the 2013-2014 school year, there are 13 State Pre-K classrooms in Rhode Island with a total of 234 children enrolled. Twenty-nine percent of children enrolled in State Pre-K speak a language other than English at home and 6% have a developmental delay or disability.<sup>16</sup>
- ◆ Of the 13 State Pre-K classrooms, seven are operated by a child care center/preschool, five are operated by a Head Start agency, and one is operated by a public school district.<sup>17</sup>
- ◆ State Pre-K funds are targeted to communities with a high proportion of low-income families, using the percentage of children participating in the local school district's free and reduced-price lunch program as a guideline.<sup>18</sup>
- ◆ Children are selected to participate in State Pre-K through a lottery with children from families at or below 185% of the federal poverty level (FPL) prioritized for enrollment based on the proportion of low-income children in the local school district.<sup>19</sup>

## State Pre-K and the Early Learning System

- ◆ State Pre-K is an important part of a strong state early learning system that starts at birth and continues through third grade, including nurturing, language rich environments in child care, Head Start, full-day kindergarten, and the early elementary grades.<sup>20</sup> Head Start programs collaborate with State Pre-K in many states to serve more children in high-quality early childhood education programs and provide more extensive services to the most vulnerable children.<sup>21</sup>

# Children Enrolled in State Pre-K

Table 38.

Children Enrolled in State Pre-K, Rhode Island, 2013-2014

CITY/TOWN	% LOW-INCOME STUDENTS	# OF CHILDREN AGE 4	# OF CHILDREN ENROLLED IN STATE PRE-K	% OF CHILDREN ENROLLED IN STATE PRE-K
Barrington	6%	199	0	0%
Bristol	36%	206	0	0%
Burrillville	35%	173	0	0%
Central Falls	81%	345	18	5%
Charlestown	26%	81	0	0%
Coventry	29%	366	0	0%
Cranston	38%	862	0	0%
Cumberland	24%	426	0	0%
East Greenwich	7%	158	0	0%
East Providence	52%	469	0	0%
Exeter	15%	55	0	0%
Foster	17%	53	0	0%
Glocester	18%	106	0	0%
Hopkinton	26%	87	0	0%
Jamestown	10%	50	0	0%
Johnston	45%	278	0	0%
Lincoln	27%	211	0	0%
Little Compton	15%	28	0	0%
Middletown	29%	226	0	0%
Narragansett	21%	117	0	0%
New Shoreham	11%	7	0	0%
Newport	63%	232	18	8%
North Kingstown	20%	318	0	0%
North Providence	46%	282	0	0%
North Smithfield	16%	108	0	0%
Pawtucket	78%	1,006	18	2%
Portsmouth	15%	196	0	0%
Providence	80%	2,382	72	3%
Richmond	26%	102	0	0%
Scituate	17%	94	0	0%
Smithfield	16%	169	0	0%
South Kingstown	19%	273	0	0%
Tiverton	27%	143	0	0%
Warren	36%	127	0	0%
Warwick	34%	850	36	4%
West Greenwich	15%	53	0	0%
West Warwick	52%	354	36	10%
Westerly	36%	244	0	0%
Woonsocket	75%	584	36	6%
Four Core Cities	79%	4,317	144	3%
Remainder of State	31%	7,703	90	1%
Rhode Island	47%	12,020	234	2%

### Source of Data for Table/Methodology

The number children enrolled in State Pre-K and percentage of low-income students (eligible for free and reduced price lunch) is from the Rhode Island Department of Education. The number of four-year-olds is from Census 2010, Summary File 1.

% of low-income students is the percentage of students enrolled in free and reduced price lunch. Data for regional school districts (Chariho, Bristol Warren, Exeter-West Greenwich) is not separated by community.

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

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<sup>32</sup> *Foster care to 21: Doing it right*. (2011). St. Louis, MO: Jim Casey Youth Opportunities Initiative.

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### Children Enrolled in Early Intervention

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# Children Enrolled in Preschool Special Education

## DEFINITION

*Children enrolled in preschool special education* is the percentage of children ages three to kindergarten entry who have an Individualized Education Program (IEP) and are receiving special education services in Rhode Island.

## SIGNIFICANCE

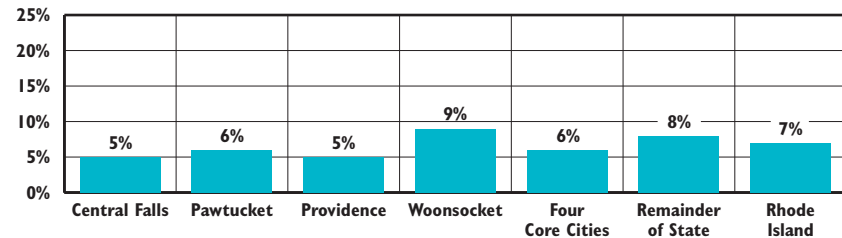
Preschool special education is an important component of the early care and education system, providing access to early learning opportunities for hundreds of thousands of preschool-age children across the U.S.<sup>1</sup> The federal *Individuals with Disabilities Education Act (IDEA)* specifies that, 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.<sup>2</sup> Children under age three are eligible for special education services through Early Intervention providers.<sup>3</sup>

Developmental delays are identified when a child does not reach developmental milestones at the same time as other children his or her age. Some young children with developmental delays are eventually diagnosed with a disability while others catch up to their peers when therapy or intervention is provided.<sup>4,5</sup>

In Rhode Island, children are eligible for special education services under the “developmental delay” category up to age eight.<sup>6</sup> As of June 2013, 36% of children enrolled in preschool special education in Rhode Island qualified under the developmental delay category, while more than half (53%) had an identified speech/language disability, 6% were diagnosed with autism, and 5% had another diagnosed disability.<sup>7</sup>

Under *IDEA*, states are required to identify, locate and evaluate all children ages birth to 21 with disabilities in the state.<sup>8</sup> 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.<sup>9</sup> 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.<sup>10</sup> In the 2012-2013 school year in Rhode Island, districts completed developmental screenings for 49% of three-year-olds, 61% of four-year-olds, and 56% of five-year-olds.<sup>11</sup>

**Preschool Special Education Enrollment, Four Core Cities and Rhode Island, June 2013**



Source: Rhode Island Department of Education, June 2013 Special Education Census.

- ◆ In June 2013 there were 2,565 children enrolled in preschool special education, 7% of all preschool-age children in the state. Children in the four core cities are less likely to be enrolled in preschool special education (6%) than children in the remainder of the state (8%).<sup>12</sup>
- ◆ In June 2013 in Rhode Island, 39% of children in preschool special education received special education services within a regular early childhood program along with their typically developing peers, while 22% were enrolled in a separate special education class, school or residential facility and 38% received services through "walk-in" visits to a service provider and less than 1% received services at home.<sup>13</sup>
- ◆ Children in the four core cities are less likely to receive preschool special education services in an inclusive early childhood setting and more likely to receive services in a separate setting or through walk-in visits than children in the remainder of the state.<sup>14</sup> Inclusion in high-quality early learning programs benefits children with and without disabilities.<sup>15</sup>
- ◆ In June 2013 in Rhode Island, there were 2,807 children ages three through five receiving special education services with 24% age three, 35% age four, and 41% age five. Seventy-two percent were boys, and 28% were girls.<sup>16</sup>

# Children Enrolled in Preschool Special Education

Table 39.

Children Enrolled in Preschool Special Education, Rhode Island, 2013

SCHOOL DISTRICT	# OF 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	317	102%	106%	89%	29	0	5	0	34	11%
Bristol Warren	806	49%	63%	31%	28	0	30	0	58	7%
Burrillville	422	88%	83%	95%	26	0	14	0	40	9%
Central Falls	961	44%	66%	67%	24	14	11	0	49	5%
Chariho	673	59%	90%	52%	18	10	38	1	67	10%
Coventry	897	80%	84%	89%	58	5	24	2	89	10%
Cranston	2,397	33%	60%	34%	30	30	57	1	118	5%
Cumberland	963	69%	75%	53%	40	5	29	1	75	8%
East Greenwich	295	57%	75%	92%	3	15	14	1	33	11%
East Providence	1,578	27%	35%	10%	12	65	52	1	130	8%
Exeter-West Greenwich	317	68%	92%	22%	15	1	16	0	32	10%
Foster*	100	94%	97%	79%	3	3	5	0	11	11%
Glocester*	219	94%	97%	79%	3	6	13	0	22	10%
Jamestown	69	174%	75%	112%	5	0	0	0	5	7%
Johnston	805	65%	78%	44%	16	39	24	0	79	10%
Lincoln	547	83%	83%	59%	48	3	17	0	68	12%
Little Compton	70	21%	63%	80%	3	0	1	0	4	6%
Middletown	526	63%	69%	66%	30	2	10	0	42	8%
Narragansett	249	90%	88%	38%	24	1	4	0	29	12%
New Shoreham	35	43%	75%	31%	4	0	1	0	5	14%
Newport	828	57%	58%	99%	43	5	29	0	77	9%
North Kingstown	643	67%	95%	52%	18	23	23	1	65	10%
North Providence	930	43%	60%	49%	46	14	34	0	94	10%
North Smithfield	258	115%	81%	91%	16	1	15	0	32	12%
Pawtucket	3,098	40%	50%	31%	15	94	91	0	200	6%
Portsmouth	375	64%	91%	116%	28	2	5	1	36	10%
Providence	8,395	36%	51%	76%	192	45	203	1	441	5%
Scituate*	165	94%	97%	79%	8	6	8	0	22	13%
Smithfield	373	83%	84%	40%	12	3	15	1	31	8%
South Kingstown	604	105%	93%	34%	37	0	20	0	57	9%
Tiverton	347	43%	66%	101%	17	0	8	0	25	7%
Warwick	2,403	35%	46%	55%	45	60	56	0	161	7%
West Warwick	1,159	51%	58%	50%	11	46	46	0	103	9%
Westerly	738	108%	115%	29%	35	0	15	0	50	7%
Woonsocket	1,911	24%	38%	41%	61	72	45	0	178	9%
Charter Schools	NA	NA	NA	NA	0	0	0	0	0	NA
RI School for the Deaf	NA	NA	NA	NA	0	2	1	0	3	NA
Four Core Cities	14,365	35%	50%	60%	292	225	350	1	868	6%
Remainder of State	20,108	58%	69%	54%	711	345	628	10	1,694	8%
Rhode Island	34,473	49%	61%	56%	1,003	572	979	11	2,565	7%

## Sources of Data for Table/Methodology

Rhode Island Department of Education (RIDE), June 2013 Special Education Census.

The denominator is the estimated number of children ages three to five residing in each district during the 2012-2013 school year from the Rhode Island Department of Health's KIDSNET database shared with RIDE.

2012-2013 Child Outreach screening data is from the Office of Student, Community, and Academic Supports, Rhode Island Department of 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 children who are district-placed and who are parentally-placed.

Separate settings include separate special education classrooms, schools, and residential settings.

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

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- <sup>13</sup> Rhode Island Department of Elementary and Secondary Education, October 1999
- <sup>16</sup> Rhode Island Department of Elementary and Secondary Education, October 2009.
- <sup>17</sup> Rhode Island Department of Education, December 2013.
- <sup>18</sup> Walston, J. & West, J. (2004). *Full-day and half-day kindergarten in the United States: Findings from the Early Childhood Longitudinal Study, kindergarten class of 1998-99*. (NCES 2004-078). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics.

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#### References for Out-of-School Time

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- <sup>11</sup> Rhode Island Department of Education, 21st Century Community Learning Center programs, 2012 summer and 2012-2013 school year.
- <sup>12</sup> Rhode Island Department of Children, Youth and Families, licensed school-age child care programs and slots, January 2014.
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- <sup>18,19</sup> Rhode Island Department of Education, *New England Common Assessment Program (NECAP)*, October 2008-2013.
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- <sup>11</sup> Rhode Island Department of Education, *New England Common Assessment Program (NECAP)*, October 2013.

- <sup>12</sup> Cortiella, C. (2006). *NCLB and IDEA: What parents of students with disabilities need to know and do*. Minneapolis, MN: University of Minnesota, National Center on Educational Outcomes.

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# 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).<sup>1</sup>

On October 1, 2013, there were 142,008 students enrolled in Rhode Island public schools in preschool through grade 12, a decrease of 11% from 159,375 on October 1, 2003. Of the 142,008 Rhode Island public school students in October 2013, 29% (41,394) were attending schools in the four core cities (communities with the highest child poverty rates according to the 2008-2012 American Community Survey conducted by the Census), 66% (93,690) were attending schools in the remaining districts, and the remaining 6,924 attended charter schools, state-

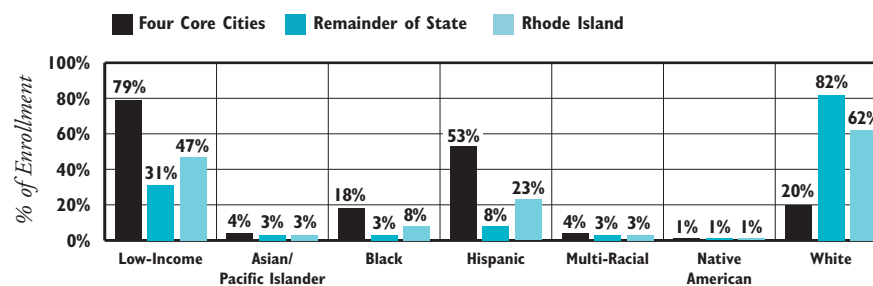
operated schools or the Urban Collaborative Accelerated Program (UCAP). There were an additional 19,922 Rhode Island students attending private and parochial schools (including out-of-state schools) and 1,444 students were home-schooled.<sup>2</sup>

In October 2013, there were 64,474 students in grades K-5, 32,022 in grades 6-8 and 43,270 in grades 9-12. There were 2,242 children enrolled in preschool in Rhode Island public schools.<sup>3</sup> The Rhode Island State Pre-K program serves 234 children in 2013-2014, including 18 in a public school classroom and the remainder in community based centers.<sup>4</sup>

In October 2013, 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 2013, 47% of students in Rhode Island were low-income (students who were eligible for the free or reduced-price lunch program).<sup>5</sup>

Rhode Island schools are also diverse in terms of students with disabilities and students who are English Language Learners. During the 2012-2013 school year, 17% of Rhode Island public school students were receiving special education services and 7% were receiving English as a Second Language (ESL) or bilingual education services.<sup>6</sup>

## Rhode Island Public School Enrollment by Low-Income Status, Race and Ethnicity, October 1, 2013



Source: Rhode Island Department of Education, October 1, 2013.

◆ In October 2013, 20% of students enrolled in the four core cities were White, compared with 82% in the remainder of the state, and 79% of students enrolled in the four core cities were low-income compared with 31% in the remainder of the state.<sup>7</sup>

## Projecting School Engagement

◆ Nationally, projections indicate there will be a 7% increase in public school enrollment from Fall 2008 to Fall 2020. While increases are expected for the Midwest, South, and West, a decrease is expected for the Northeast.<sup>8</sup>

◆ In Rhode Island, public school enrollment has fallen due to a decrease in the number of school-age children living in these communities and an increase in the number of children attending charter schools, career and technical schools, and private schools. Public school enrollment is declining most in urban ring and suburban communities.<sup>9</sup>

◆ With falling enrollment, more districts may consider closing or consolidating schools, regionalization, or reconfiguring schools (e.g., by putting fifth graders in middle schools). Districts that are considering closing schools should be mindful of future needs, including potential expansion to full-day kindergarten and future enrollment increases. Regionalization may help address declines in enrollment and reduce costs, allowing for more electives and Advanced Placement (AP) courses, providing opportunities to better serve students with special needs, driving more dollars into the classroom, and encouraging stronger academic performance.<sup>10</sup>

# Public School Enrollment and Demographics

Table 40. Rhode Island Public School Enrollment by Grade and Demographic Groups, October 1, 2013

SCHOOL DISTRICT	ENROLLMENT BY GRADE LEVEL*				ENROLLMENT BY DEMOGRAPHIC GROUPS							TOTAL ENROLLMENT
	PRE-SCHOOL	ELEMEN-TARY	MIDDLE	HIGH	% LOW-INCOME	% ASIAN PACIFIC ISLANDER	% BLACK	% HISPANIC**	% NATIVE AMERICAN	% MULTI-RACIAL	% WHITE	
Barrington	14	1,416	857	1,047	6%	5%	1%	2%	<1%	2%	89%	3,334
Bristol Warren	44	1,630	742	1,013	36%	1%	2%	5%	1%	3%	88%	3,429
Burrillville	48	1,033	624	696	35%	1%	2%	3%	<1%	2%	93%	2,401
Central Falls	141	1,412	407	734	81%	<1%	11%	75%	<1%	5%	9%	2,694
Chariho	69	1,376	747	1,235	26%	1%	1%	3%	2%	2%	91%	3,427
Coventry	121	2,081	1,175	1,615	29%	1%	1%	3%	<1%	1%	94%	4,992
Cranston	62	4,695	2,493	3,302	38%	7%	4%	23%	<1%	4%	61%	10,552
Cumberland	80	2,021	1,071	1,359	24%	2%	3%	9%	<1%	3%	83%	4,531
East Greenwich	33	1,047	593	737	7%	5%	1%	5%	<1%	3%	86%	2,410
East Providence	60	2,504	1,181	1,576	52%	1%	11%	9%	1%	6%	72%	5,321
Exeter-West Greenwich	38	657	404	549	15%	1%	1%	4%	0%	<1%	94%	1,648
Foster	0	272	0	0	17%	0%	1%	2%	0%	2%	96%	272
Foster-Glocester	0	0	469	684	18%	1%	<1%	1%	<1%	1%	97%	1,153
Glocester	4	525	0	0	18%	1%	1%	2%	0%	1%	96%	529
Jamestown	32	310	160	5	10%	3%	1%	1%	<1%	3%	92%	507
Johnston	44	1,410	735	906	45%	3%	4%	13%	<1%	<1%	79%	3,095
Lincoln	76	1,341	747	1,018	27%	1%	3%	5%	<1%	1%	90%	3,182
Little Compton	0	162	98	0	15%	3%	2%	1%	0%	1%	94%	260
Middletown	20	1,016	534	697	29%	4%	6%	10%	<1%	6%	73%	2,267
Narragansett	54	585	322	435	21%	1%	2%	2%	2%	3%	90%	1,396
New Shoreham	0	50	30	34	11%	1%	0%	6%	0%	2%	91%	114
Newport	40	967	434	555	63%	2%	18%	22%	2%	11%	46%	1,996
North Kingstown	61	1,621	968	1,406	20%	2%	1%	3%	1%	2%	91%	4,056
North Providence	96	1,635	775	992	46%	3%	8%	18%	<1%	3%	68%	3,498
North Smithfield	41	750	410	528	16%	2%	1%	6%	<1%	2%	89%	1,729
Pawtucket	138	4,775	1,912	2,128	78%	1%	25%	32%	1%	6%	34%	8,953
Portsmouth	33	1,029	604	981	15%	2%	2%	4%	<1%	1%	91%	2,647
Providence	333	11,798	5,180	6,516	80%	5%	18%	65%	1%	3%	9%	23,827
Scituate	14	587	378	469	17%	1%	1%	1%	0%	<1%	97%	1,448
Smithfield	40	1,027	574	755	16%	1%	1%	5%	<1%	2%	90%	2,396
South Kingstown	106	1,418	789	1,084	19%	2%	2%	4%	2%	4%	86%	3,397
Tiverton	29	833	453	558	27%	1%	1%	1%	<1%	1%	96%	1,873
Warwick	158	4,093	2,231	2,911	34%	3%	2%	6%	<1%	2%	86%	9,393
West Warwick	67	1,639	761	954	52%	2%	5%	11%	1%	2%	79%	3,421
Westerly	78	1,326	674	938	36%	3%	1%	7%	1%	4%	83%	3,016
Woonsocket	53	2,968	1,280	1,619	75%	6%	10%	30%	1%	4%	49%	5,920
Charter Schools	12	2,442	1,077	1,443	67%	2%	15%	51%	1%	3%	28%	4,974
State-Operated Schools	3	23	9	1,778	69%	4%	14%	42%	1%	5%	34%	1,813
UCAP	0	0	124	13	90%	1%	19%	70%	0%	2%	7%	137
Four Core Cities	665	20,953	8,779	10,997	79%	4%	18%	53%	1%	4%	20%	41,394
Remainder of State	1,574	41,056	22,033	29,039	31%	3%	3%	8%	1%	3%	82%	93,690
Rhode Island	2,242	64,474	32,022	43,270	47%	3%	8%	23%	1%	3%	62%	142,008

## Source of Data for Table/Methodology

Rhode Island Department of Education, Public School Enrollment in preschool through grade 12 as of October 1, 2013.

\*Preschool includes students enrolled in half-day or full-day preschool through the public school district (primarily preschool special education classrooms). The Rhode Island State Pre-K program serves 234 children in 2013-2014, including 18 in a public school classroom and the remainder in community-based centers.

\*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: Achievement First Providence Mayoral Academy, Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Rhode Island Nurses Institute Middle College, Segue Institute for Learning, Sheila C. "Skip" Nowell Leadership Academy, Trinity Academy for the Performing Arts, and The Village Green Virtual Public 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 four core cities or for the remainder of the state, but they are included in the Rhode Island state totals.

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# Children Enrolled in Full-Day Kindergarten

## DEFINITION

*Children enrolled in 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.<sup>1,2</sup>

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.<sup>3</sup> Over the past decade, many countries have expanded access to early childhood education as a strategy to address social and economic inequalities

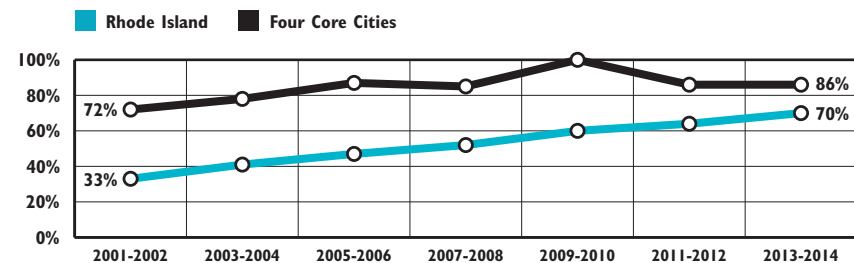
and to promote better student outcomes overall. However, the U.S. is ranked in the bottom 12 of developed countries with the lowest preschool enrollment, while a dozen other countries offer nearly universal access to early childhood education for four-year-olds.<sup>4</sup>

The majority of parents favor full-day kindergarten as it provides continuity for children who already are accustomed to full-day preschool experiences and reduces the number of transitions and disruptions their child experiences each day.<sup>5</sup> Also, full-day kindergarten teachers have more time to provide meaningful learning opportunities that encourage cognitive, physical, and social-emotional development.<sup>6,7</sup>

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 76% in 2012.<sup>8,9</sup> 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.<sup>10</sup>

In the 2013-2014 school year, 70% 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 59% of students in the remainder of the state attending full-day kindergarten.<sup>11</sup>

Children in Full-Day Public Kindergarten Programs, Rhode Island, 2001-2002 through 2013-2014 School Years



Source: Rhode Island Department of Education, kindergarten enrollment October 1, 2001-October 1, 2013.

◆ In the 2013-2014 school year, 70% 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 kindergarten is lower than the U.S. rate of 76%.<sup>12,13,14</sup> During the 2013-2014 school year, 22 school districts offered universal access to full-day kindergarten programs. The Portsmouth School Department began operating universal full-day kindergarten during the 2013-2014 school year.<sup>15</sup>

◆ In the 2013-2014 school year, 86% of public school kindergarten students in the four core cities were enrolled in full-day programs (all except Woonsocket). This is down from 100% participation in full-day kindergarten among students in the four core cities in the 2009-2010 school year.<sup>16</sup>

◆ Through the *Full-Day Kindergarten Accessibility Act*, the Rhode Island Department of Education awarded one-time, start-up funding to four school districts transitioning from offering part-day kindergarten to providing full-day kindergarten: Cranston, Exeter-West Greenwich, Glocester, and Woonsocket.<sup>17</sup>

## 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. Children in full-day kindergarten classes make greater academic gains in both reading and mathematics compared to those in half-day classes.<sup>18</sup>

# Children Enrolled in Full-Day Kindergarten

Table 41. Children Enrolled in Full-Day Kindergarten Programs, Rhode Island, 1999-2000 and 2013-2014

SCHOOL DISTRICT	1999-2000 SCHOOL YEAR			2013-2014 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%	161	0	0%
Bristol Warren*	255	0	0%	279	279	100%
Burrillville*	164	0	0%	157	157	100%
Central Falls*	250	44	18%	237	237	100%
Chariho*	292	0	0%	469	469	100%
Coventry	381	0	0%	279	0	0%
Cranston	737	0	0%	677	0	0%
Cumberland*	373	0	0%	277	277	100%
East Greenwich*	165	0	0%	121	25	21%
East Providence*	443	0	0%	437	437	100%
Exeter-West Greenwich	129	0	0%	91	0	0%
Foster*	55	0	0%	44	44	100%
Glocester	124	0	0%	72	0	0%
Jamestown*	59	0	0%	43	43	100%
Johnston	241	0	0%	204	0	0%
Lincoln*	232	0	0%	219	219	100%
Little Compton*	38	0	0%	23	23	100%
Middletown*	258	211	82%	144	144	100%
Narragansett*	125	0	0%	79	79	100%
New Shoreham*	8	8	100%	7	7	100%
Newport*	225	206	92%	172	172	100%
North Kingstown*	313	0	0%	211	63	30%
North Providence*	211	0	0%	259	259	100%
North Smithfield*	122	55	45%	106	106	100%
Pawtucket*	788	0	0%	800	800	100%
Portsmouth*	214	0	0%	153	153	100%
Providence*	2,117	1,431	68%	2,035	2,035	100%
Scituate	107	0	0%	147	0	0%
Smithfield*	177	0	0%	130	11	8%
South Kingstown*	278	0	0%	200	200	100%
Tiverton	144	0	0%	115	0	0%
Warwick*	766	29	4%	607	66	11%
West Warwick*	260	0	0%	295	295	100%
Westerly*	282	10	4%	220	220	100%
Woonsocket*	522	0	0%	512	17	3%
Charter Schools	NA	NA	NA	504	504	100%
State-Operated Schools	NA	NA	NA	4	4	100%
Four Core Cities	3,677	1,475	40%	3,584	3,089	86%
Remainder of State	7,392	519	7%	6,398	3,748	59%
Rhode Island	11,069	1,994	18%	10,490	7,345	70%

## Source of Data for Table/Methodology

Rhode Island Department of Education, October 1, 1999 and October 1, 2013.

\*District operated at least one full-day kindergarten classroom during the 2013-2014 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 Achievement First Providence Mayoral Academy, Blackstone Valley Prep Mayoral Academy, 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.

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- <sup>22</sup> Espinosa, L.M. (2013). *Early education for dual language learners: Promoting school readiness and early school success*. Washington, DC: Migration Policy Institute.
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- <sup>9,10,15</sup> Rhode Island Department of Education, Office for Diverse Learners, 2012-2013 school year, June 30, 2013 Special Education Census.

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- <sup>14</sup> Rhode Island Department of Education, Class of 2013 four-year cohort graduation rate.

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### References for Student Mobility

- <sup>17,18,24</sup> Providence Plan analysis of 2007-2008 school year data from the Rhode Island Department of Education.

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### References for Fourth-Grade Reading Skills

- <sup>1,8</sup> Hernandez, D. J. (2012). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation*. Baltimore, MD: The Annie E. Casey Foundation.
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# 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

Organized programs for school-age children offered during the hours and days when school is not in session have become increasingly popular over the past 50 years. Growth has been driven by the expansion of mothers' labor force participation, concerns over negative consequences associated with children being home alone, passage of the 1990 Child Care Development and Block Grant Act which provided the first major funding stream for school-age child care, and federal funding for 21st Century Community Learning Centers which began in 1998. Over time, policymakers have increasingly recognized that out-of-school time programs can contribute significantly to children's development and learning.<sup>1</sup>

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. Children who are from low-income families and those in need of social and academic supports are most likely to benefit.<sup>2,3,4</sup>

In many communities, there are not enough high-quality, affordable after-school and summer programs to serve all the children who could benefit from them. Resources are needed both to improve the quality of current programs and to expand access.<sup>5</sup> In Rhode Island, the Providence After School Alliance and the Rhode Island After School Plus Alliance act as intermediaries to address access issues and support program quality improvement through the use of the Rhode Island Program Quality Assessment (RIPQA) tool.<sup>6</sup>

Between 2010 and 2012, 76% of Rhode Island children ages six to 17 had all parents in the workforce, higher than the U.S. rate of 71%.<sup>7</sup> Nationally, 56% of children ages five to 14 with employed mothers stay with a relative when they are not in school, while 19% regularly participate in enrichment activities, 7% are in a child care center, and 7% are in home-based child care. Fourteen percent of children regularly stay at home by themselves.<sup>8</sup>

## Students Served by 21st Century Community Learning Centers by Grade Span, Rhode Island, 2012-2013

SCHOOL DISTRICT	GRADES PK-5	GRADES 6-8	GRADES 9-12	TOTAL
Central Falls	404	304	72	780
Cranston	227	247	4	478
Newport	975	281	327	1,583
North Kingstown	255	470	0	725
Pawtucket	1,124	576	293	1,993
Providence	879	1,905	1,466	4,250
West Warwick	120	204	0	324
Woonsocket	407	436	939	1,782
Charter Schools	516	304	16	836
State-Operated Schools	0	0	540	540
UCAP	0	276	0	276
Four Core Cities	2,814	3,221	2,770	8,805
Remainder of State	1,577	1,202	331	3,110
Rhode Island	4,907	5,003	3,657	13,567

Source: RI Department of Education, Office of Student, Community and Academic Supports, Summer 2012 and 2012-2013 school year. Students participating in summer programs are reported in the grade level they are entering in the fall. Data are not unduplicated as students can be served by more than one grantee and in more than one community. Charter schools are: Highlander Charter School, Paul Cuffee Charter School, and The Learning Community. State operated schools are: Metropolitan Regional Career and Technical Center and the Rhode Island Training School. UCAP is the Urban Collaborative Accelerated Program.

## Expanded Learning Opportunities

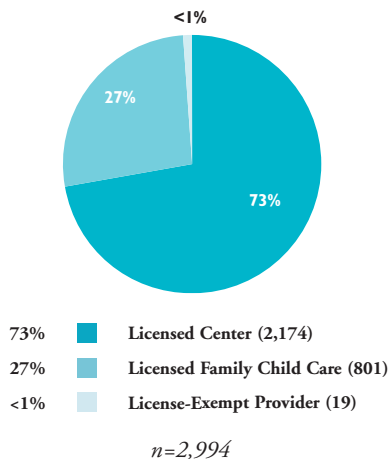
◆ Expanded learning opportunities provide safe, structured learning environments for school-age children beyond the traditional school day and include after-school, before-school, evening, weekend, and summer learning programs. They can be delivered by schools, licensed child care programs, and community-based organizations. High-quality expanded learning programs offer a variety of content-rich programming that engages students and builds both academic and non-academic skills.<sup>9</sup>

◆ 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.<sup>10</sup> During the summer of 2012 and the 2012-2013 school year, 21st Century programs in Rhode Island served 13,567 students from 55 schools, including students in pre-kindergarten through grade 12.<sup>11</sup>

Table 42. Licensed School-Age Child Care for Children Ages Six to 12, Rhode Island, January 2014

CITY/TOWN	NUMBER OF CHILDREN AGES 6 TO 12	NUMBER OF LICENSED PROGRAMS		TOTAL NUMBER OF SLOTS
		OPERATED AS PART OF AN EARLY CHILDHOOD CENTER	OPERATED INDEPENDENTLY	
Barrington	2,038	4	1	218
Bristol	1,421	1	3	162
Burrillville	1,456	1	2	213
Central Falls	2,045	2	1	304
Charlestown	616	0	1	60
Coventry	3,142	3	4	275
Cranston	6,331	11	5	575
Cumberland	2,976	0	7	480
East Greenwich	1,482	3	1	165
East Providence	3,395	5	7	525
Exeter	480	2	1	74
Foster	369	1	0	18
Glocester	809	1	0	34
Hopkinton	741	0	1	52
Jamestown	429	0	1	51
Johnston	2,119	4	0	53
Lincoln	1,900	1	6	441
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	2	191
North Kingstown	2,581	4	2	181
North Providence	2,073	2	3	269
North Smithfield	1,002	1	1	170
Pawtucket	6,015	7	3	777
Portsmouth	1,622	3	1	154
Providence	15,342	17	19	3,202
Richmond	777	1	1	88
Scituate	935	1	0	29
Smithfield	1,445	6	1	263
South Kingstown	2,199	0	1	50
Tiverton	1,201	1	1	95
Warren	770	1	1	102
Warwick	6,195	8	5	678
West Greenwich	624	0	0	0
West Warwick	2,155	3	4	343
Westerly	1,850	2	1	131
Woonsocket	3,653	3	6	511
Four Core Cities	27,055	29	29	4,794
Remainder of State	59,202	75	69	6,575
Rhode Island	86,257	104	98	11,369

### School-Age Child Care Subsidies by Type of Setting, Rhode Island, 2013



Source: Rhode Island Department of Human Services, InRhodes Database, December 2013. Totals may not sum to 100% due to rounding.

◆ In January 2014, there were 11,369 school-age child care slots in 202 licensed centers (104 were operated as part of a licensed early childhood center and 98 were operated under an independent license, serving only school-age children).<sup>12</sup>

◆ In January 2014 in Rhode Island, there were four independent school-age child care programs participating in BrightStars, Rhode Island's Quality Rating and Improvement System (4% of licensed independent school-age child care programs). One program had a two-star rating, one program had a four-star rating, and two programs had achieved a five-star rating.<sup>13</sup>

#### 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 2014. 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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<sup>8</sup> National Early Childhood Technical Assistance Center. (n.d.). *Early identification: Public awareness*. Retrieved February 21, 2013, from <http://nectacenter.org>

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<sup>11,12,15</sup> Rhode Island Department of Education, October 2013.

<sup>13</sup> Rhode Island Department of Elementary and Secondary Education, October 1999

<sup>16</sup> Rhode Island Department of Elementary and Secondary Education, October 2009.

<sup>17</sup> Rhode Island Department of Education, December 2013.

<sup>18</sup> Walston, J. & West, J. (2004). *Full-day and half-day kindergarten in the United States: Findings from the Early Childhood Longitudinal Study, kindergarten class of 1998-99*. (NCES 2004-078). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics.

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<sup>10</sup> *21st Century Community Learning Centers providing afterschool and summer learning supports to communities nationwide*. (2012). Washington, DC: Afterschool Alliance. Retrieved January 31, 2013, from [www.afterschoolalliance.org](http://www.afterschoolalliance.org)

<sup>11</sup> Rhode Island Department of Education, 21st Century Community Learning Center programs, 2012 summer and 2012-2013 school year.

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<sup>20</sup> Rhode Island Department of Health, KIDSNET, 2014.

<sup>22</sup> Espinosa, L.M. (2013). *Early education for dual language learners: Promoting school readiness and early school success*. Washington, DC: Migration Policy Institute.

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<sup>2</sup> O'Day, B. & Stapleton, D. (2009). *Transforming disability policy for youth and young adults with disabilities*. Washington, DC: Center for Studying Disability Policy.

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<sup>7</sup> National Center for Learning Disabilities. (n.d.). *Section 504 and IDEA comparison chart*. Retrieved March 3, 2014, from [www.nclld.org](http://www.nclld.org)

<sup>8</sup> ED Data Express. (n.d.). *Percent children with disabilities: 2010-2011*. Retrieved March 6, 2014, from [www.eddataexpress.ed.gov](http://www.eddataexpress.ed.gov)

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<sup>14</sup> Rhode Island Department of Education, Class of 2013 four-year cohort graduation rate.

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#### References for Student Mobility

<sup>17,18,24</sup> Providence Plan analysis of 2007-2008 school year data from the Rhode Island Department of Education.

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#### References for Fourth-Grade Reading Skills

<sup>1,8</sup> Hernandez, D. J. (2012). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation*. Baltimore, MD: The Annie E. Casey Foundation.

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# 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.<sup>1</sup> Nationally and in Rhode Island, there are large achievement gaps between ELL and non-ELL students showing lower rates of math and reading achievement than non-ELL students.<sup>2</sup> Many children of immigrants face challenges to succeeding in school, including poverty, limited access to health care, and low parental education levels, that may contribute to these achievement gaps.<sup>3</sup>

ELL students must simultaneously learn English and succeed academically.<sup>4</sup> They face diverse challenges based on their country of origin, family situation, and age at immigration.<sup>5,6</sup> ELL students vary widely in language proficiency and academic content knowledge.<sup>7</sup> Successful ELL programs strategically use ongoing assessments of student progress, provide educators with high quality professional development, and are tailored to student needs.<sup>8,9</sup> 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).<sup>10</sup>

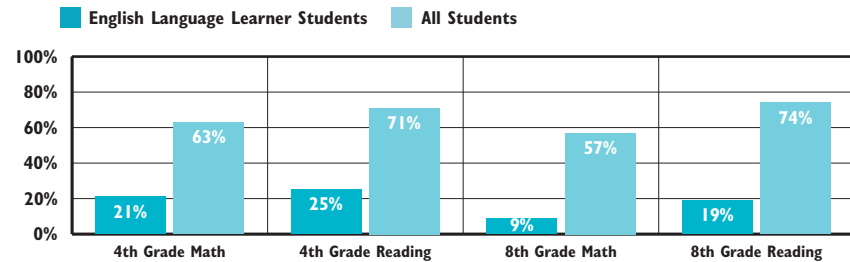
ELL students and children in immigrant families are more likely to attend schools that are under-resourced, urban, large, serve high proportions of minority students, and located in high-poverty communities.<sup>11,12</sup> In the 2012-2013 school year in Rhode Island, ELL students were 7% of total students (9,771). Of these, 88% were enrolled in free or reduced-price lunch programs and 75% lived in the four core cities.<sup>13</sup>

Children of immigrants believe that school prepares them to get ahead and that most hope to go to college. Schools that foster relationships and offer personalized instruction by effective teachers can help ELL students succeed.<sup>14,15</sup>

In the 2012-2013 school year, ELL students in Rhode Island public schools spoke 92 different languages. The majority (76%) spoke Spanish, 7% spoke Asian languages, 7% spoke Creole or Patois, 3% spoke Portuguese, 2% spoke African languages, and 6% spoke other or multiple languages.<sup>16</sup>

During the 2012-2013 school year, 16% percent of ELL students were enrolled in a bilingual program and 84% 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.<sup>17</sup>

## Current English Language Learners' Mathematics and Reading Proficiency, Rhode Island, 2013



Source: Rhode Island Department of Education, *New England Common Assessment Program (NECAP)*, October 2013.

- ◆ In 2013 in Rhode Island, 25% of fourth-grade ELL students scored at or above proficiency in reading on the *NECAP*, compared to 71% of fourth graders statewide.<sup>18</sup>
- ◆ 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 2013, 25% of fourth-grade ELL students scored at or above proficiency in reading on the *NECAP* compared to 74% of non-ELL students. In 2005, 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 46% in 2013.<sup>19</sup>

## Early English Language Learning

- ◆ As of September 1, 2013, there were 4,513 children under age five born to a mother who did not speak English in Rhode Island.<sup>20</sup> In the 2012-2013 school year, 48% of all ELL students in Rhode Island were in grades preschool to grade three.<sup>21</sup>
- ◆ For young children growing up in homes where English is not the first language, the quality, type, and amount of early childhood education can help boost English language development and kindergarten readiness of ELL students.<sup>22</sup> A consistent approach to language development, common curriculum, and aligned assessment from preschool to third grade can help young ELL students gain English skills and reading proficiency and set the stage for future academic success.<sup>23</sup>

Table 43.

English Language Learner Students, Rhode Island, 2012-2013

SCHOOL DISTRICT	NUMBER OF ENGLISH LANGUAGE LEARNER STUDENTS					% OF TOTAL DISTRICT
	TOTAL # OF STUDENTS	ELEMENTARY (GRADES PRE-K-5)	MIDDLE (GRADES 6-8)	HIGH (GRADES 9-12)	TOTAL # OF ELL STUDENTS	
Barrington	3,262	38	NA	NA	45	1%
Bristol Warren	3,424	69	23	NA	94	3%
Burrillville	2,400	0	0	NA	NA	<1%
Central Falls	2,711	407	112	218	737	27%
Chariho	3,387	10	NA	NA	13	<1%
Coventry	4,865	NA	NA	NA	11	<1%
Cranston	10,282	398	105	79	582	6%
Cumberland	4,599	65	15	20	100	2%
East Greenwich	2,319	10	NA	NA	17	1%
East Providence	5,347	156	49	26	231	4%
Exeter-West Greenwich	1,651	NA	NA	NA	15	1%
Foster	275	0	0	0	0	0%
Foster-Glocester	1,175	0	0	0	0	0%
Glocester	529	0	0	0	0	0%
Jamestown	484	NA	NA	0	NA	<1%
Johnston	2,963	55	17	16	88	3%
Lincoln	3,191	24	NA	NA	33	1%
Little Compton	279	0	0	0	0	0%
Middletown	2,387	59	31	23	113	5%
Narragansett	1,417	NA	NA	0	NA	<1%
New Shoreham	111	NA	NA	0	NA	4%
Newport	2,048	36	NA	23	66	3%
North Kingstown	3,999	30	15	13	58	1%
North Providence	3,371	49	NA	18	76	2%
North Smithfield	1,745	NA	0	0	NA	<1%
Pawtucket	8,674	605	215	269	1,089	13%
Portsmouth	2,576	NA	0	0	NA	<1%
Providence	23,860	3,260	841	971	5,072	21%
Scituate	1,450	0	0	0	0	0%
Smithfield	2,327	12	0	0	12	1%
South Kingstown	3,356	22	NA	0	26	1%
Tiverton	1,837	NA	0	0	NA	<1%
Warwick	9,267	62	NA	NA	75	1%
West Warwick	3,370	59	10	10	79	2%
Westerly	3,072	35	NA	NA	52	2%
Woonsocket	5,654	255	108	114	477	8%
Charter Schools	4,063	459	109	12	580	14%
State-Operated Schools	1,820	0	0	NA	NA	<1%
UCAP	143	0	0	0	0	0%
Four Core Cities	40,899	4,527	1,276	1,572	7,375	18%
Remainder of State	92,765	1,221	317	270	1,808	2%
Rhode Island	139,690	6,207	1,702	1,862	9,771	7%

### Sources of Data for Table/Methodology

Rhode Island Department Education, 2012-2013 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 2012-2013 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 September 27, 2013 are Blackstone Academy, Blackstone Valley Prep, Paul Cuffee Charter School, Highlander Charter School, International Charter School, The Learning Community, Segue Institute for Learning, and Trinity Academy for the Performing Arts. State-operated schools with ELL students are William M. Davies Career & Technical High School and DCYF Schools. UCAP is the Urban Collaborative Accelerated Program.

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

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- <sup>14</sup> Rhode Island Department of Education, Class of 2013 four-year cohort graduation rate.

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- <sup>17,18,24</sup> Providence Plan analysis of 2007-2008 school year data from the Rhode Island Department of Education.

- <sup>19</sup> Rennie Center for Education Research & Policy. (2011). *A revolving door: Challenges and solutions to educating mobile students*. Cambridge, MA: Rennie Center for Education Research & Policy.

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- <sup>1,8</sup> Hernandez, D. J. (2012). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation*. Baltimore, MD: The Annie E. Casey Foundation.
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# 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.<sup>1,2</sup> Students with disabilities are more likely than their peers to report discrimination.<sup>3</sup>

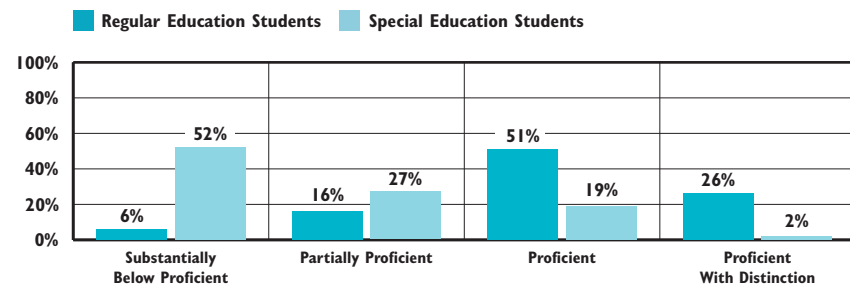
The federal *Individuals with Disabilities Education Act (IDEA) Part B* mandates that local school districts identify and evaluate students ages three to 21 who have disabilities. Once found eligible for special education, a student must be provided with an Individualized Education Program (IEP) laying 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).<sup>4,5,6</sup> Students with disabilities who do not require individualized instruction are eligible for a 504 Plan which requires a school to ensure that students with disabilities receive equal access to public education by providing accommodations, supports, and auxiliary aides to allow the student to participate in general curriculum.<sup>7</sup>

In the 2010-2011 school year, Rhode Island was tied with Massachusetts for the highest percentage of public school students with IEPs (18%), compared with 13% in the U.S.<sup>8</sup>

During the 2012-2013 school year in Rhode Island, there were 23,985 children (17% of all preschool through grade 12 students) enrolled in special education. Thirty-four percent of these students had a learning disability, 18% had a speech disorder, 15% had a health impairment, 9% were developmentally delayed, 9% had an autism spectrum disorder, 8% had an emotional disturbance, 3% had an intellectual disability, and 3% had other disabilities.<sup>9</sup> Seven percent were ages three to four; 35% were ages five to 10; 27% were ages 11 to 14; 28% were ages 15 to 18; and 4% were ages 19 to 21.<sup>10</sup>

4th-Grade Reading Proficiency Rates, by Special Education Status, Rhode Island, 2013



Source: Rhode Island Department of Elementary Education, *New England Common Assessment Program (NECAP)*, October 2013.

- ◆ In Rhode Island, students with disabilities achieve at lower levels on the state assessments than non-disabled students. In 2013, 52% of special education students in fourth grade were substantially below proficient in reading, compared with 6% of regular education students.<sup>11</sup>
- ◆ 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.<sup>12</sup>
- ◆ 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.<sup>13</sup> The four-year graduation rate among students receiving special education services in Rhode Island's Class of 2013 was 59%, compared to 85% for students not receiving these services. Some students enrolled in special education may take additional time to graduate.<sup>14</sup>
- ◆ Of Rhode Island students ages six to 21 receiving special education services during the 2012-2013 school year, 71% 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.<sup>15</sup>

# Children Enrolled in Special Education

Table 44.

## Preschool Through 12th-Grade Students in Special Education by Primary Disability, Rhode Island, 2012-2013

SCHOOL DISTRICT OF RESIDENCE	TOTAL # OF STUDENTS	AUTISM SPECTRUM DISORDER	DEVELOPMENTAL DELAY	EMOTIONAL DISTURBANCE	HEALTH IMPAIRMENT	LEARNING DISABILITY	INTELLECTUAL DISABILITY	SPEECH/LANGUAGE IMPAIRMENT	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS IN SPECIAL EDUCATION
Barrington	3,262	50	24	48	53	111	NA	81	15	391	12%
Bristol Warren	3,431	61	38	23	33	128	23	118	14	438	13%
Burrillville	2,406	42	37	25	25	123	16	105	11	384	16%
Central Falls	2,724	32	63	39	87	301	28	60	17	627	23%
Chariho	3,315	59	44	12	60	110	20	69	18	392	12%
Coventry	4,820	45	88	50	77	303	26	70	28	687	14%
Cranston	10,149	169	114	123	317	519	42	160	31	1,475	15%
Cumberland	4,624	92	58	68	135	217	27	174	23	794	17%
East Greenwich	2,326	52	32	18	50	67	10	47	11	287	12%
East Providence	5,346	90	82	101	200	312	29	183	41	1,038	19%
Exeter-West Greenwich	1,659	30	NA	12	39	57	12	66	NA	233	14%
Foster	283	NA	NA	NA	NA	NA	NA	27	NA	44	16%
Foster-Glocester	1,175	15	0	NA	23	40	NA	NA	NA	106	9%
Glocester	529	NA	NA	NA	NA	14	NA	42	NA	79	15%
Jamestown	653	13	NA	NA	19	27	NA	17	NA	90	14%
Johnston	3,032	66	76	34	147	331	13	88	17	772	25%
Lincoln	3,192	52	55	37	63	148	15	119	19	508	16%
Little Compton	404	NA	NA	NA	12	32	NA	10	NA	62	15%
Middletown	2,390	36	NA	45	72	155	17	80	10	423	18%
Narragansett	1,423	21	30	19	43	78	NA	55	NA	254	18%
New Shoreham	111	NA	NA	0	NA	NA	NA	NA	NA	24	22%
Newport	2,039	34	43	42	28	146	16	104	NA	421	21%
North Kingstown	3,850	52	57	48	55	143	22	120	15	512	13%
North Providence	3,377	50	114	41	102	166	11	129	17	630	19%
North Smithfield	1,767	23	29	18	55	87	10	76	NA	303	17%
Pawtucket	8,668	128	191	120	134	527	59	277	23	1,459	17%
Portsmouth	2,445	47	17	43	81	157	NA	58	17	429	18%
Providence	23,976	206	380	471	390	1,709	165	934	125	4,380	18%
Scituate	1,483	21	NA	NA	20	65	NA	54	NA	177	12%
Smithfield	2,328	31	28	24	34	99	14	42	NA	279	12%
South Kingstown	3,373	53	46	40	99	111	16	58	28	451	13%
Tiverton	1,850	37	23	33	27	180	12	62	12	386	21%
Warwick	9,279	211	146	149	349	689	42	252	58	1,896	20%
West Warwick	3,377	82	100	85	89	194	16	86	15	667	20%
Westerly	3,121	55	60	46	97	159	17	75	20	529	17%
Woonsocket	5,608	136	164	109	266	327	87	267	41	1,397	25%
Charter Schools	4,063	43	14	21	109	272	NA	103	NA	570	14%
State-Operated Schools	1,816	11	0	65	115	137	NA	0	61	391	22%
Four Core Cities	40,975	502	798	739	877	2,864	339	1,538	206	7,863	19%
Remainder of State	92,815	1,602	1,386	1,201	2,423	4,970	460	2,639	480	15,161	16%
Rhode Island	139,669	2,158	2,198	2,026	3,524	8,243	802	4,280	754	23,985	17%

### Source of Data for Table/Methodology

Rhode Island Department of Education (RIDE), Office for Diverse Learners, Special Education Census June 30, 2013. The denominator (number of students) is the "resident average daily membership" for the 2012-2013 school year provided by RIDE.

*Children Enrolled in Special Education* 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 four 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, Paul Cuffee Charter School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, 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, Metropolitan Regional Career and Technical Center and Rhode Island School for the Deaf. It does not include the Rhode Island Department of Corrections. As of June 30, 2013, there were an additional 59 individuals at the Department of Corrections enrolled in special education who are not included in the city/town table.

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- <sup>2</sup> O'Day, B. & Stapleton, D. (2009). *Transforming disability policy for youth and young adults with disabilities*. Washington, DC: Center for Studying Disability Policy.
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- <sup>9,10,15</sup> Rhode Island Department of Education, Office for Diverse Learners, 2012-2013 school year, June 30, 2013 Special Education Census.

- <sup>11</sup> Rhode Island Department of Education, *New England Common Assessment Program (NECAP)*, October 2013.

- <sup>12</sup> Cortiella, C. (2006). *NCLB and IDEA: What parents of students with disabilities need to know and do*. Minneapolis, MN: University of Minnesota, National Center on Educational Outcomes.

- <sup>14</sup> Rhode Island Department of Education, Class of 2013 four-year cohort graduation rate.

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### References for Fourth-Grade Reading Skills

- <sup>1,8</sup> Hernandez, D. J. (2012). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation*. Baltimore, MD: The Annie E. Casey Foundation.
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# Student Mobility

## DEFINITION

*Student mobility* is the number of students who enrolled in school after September 30th or withdrew from school before June 1st divided by the total enrollment for that school district.

## 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.<sup>1</sup> 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.<sup>2,3</sup>

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.<sup>4,5</sup>

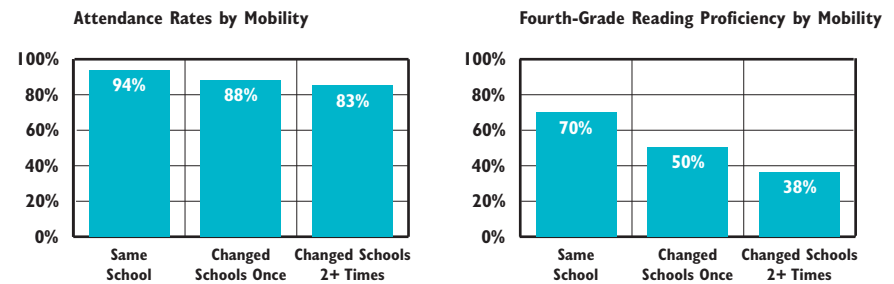
Low-income and minority children are more likely to be mobile than higher-income and White students. School mobility has a greater negative impact on the academic achievement of low-income students than it does on higher-income students. Students receiving special education services also are likely to be negatively impacted by changing schools.<sup>6</sup>

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.<sup>7,8</sup>

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.<sup>9</sup> 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 Black families are more likely to change schools due to family reasons than mobile students in higher-income and White families.<sup>10,11</sup>

Between 2010 and 2012 in Rhode Island, 11% of children ages five to 17 changed residence at least once during the previous year, 82% of whom moved within Rhode Island and 18% of whom moved from another state or abroad.<sup>12</sup> Nationally and in Rhode Island, people with incomes below the poverty line are more likely to move than higher-income residents. Between 2010 and 2012, 26% of Rhode Islanders with incomes below the poverty line moved, compared with 10% of higher-income residents.<sup>13,14</sup>

## School Mobility and Education Outcomes in Rhode Island, 2012-2013 School Year



Source: Rhode Island Department of Education, 2012-2013 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 2012-2013 school year.<sup>15</sup>
- ◆ Children who change schools mid-year also perform worse on standardized tests than children who have not experienced school mobility. During the 2012-2013 school year in Rhode Island, 70% of fourth-grade children who did not experience mobility were proficient in reading on the state assessments, compared with 50% of students who moved once and 38% of students who moved two or more times.<sup>16</sup> Rhode Island students who change schools mid-year are suspended more often than students who do not change schools.<sup>17</sup>
- ◆ 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.<sup>18</sup>
- ◆ 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.<sup>19</sup>

Table 45. Student Mobility and Stability Rates by District, Rhode Island, 2012-2013 School Year

SCHOOL DISTRICT	CUMULATIVE ENROLLMENT FOR 2012-2013	# ENROLLED THE WHOLE YEAR	# ENROLLED AFTER SEPT. 30	# EXITED BEFORE JUNE 1	STABILITY RATE	MOBILITY RATE
Barrington	3,456	3,319	68	76	96%	4%
Bristol Warren	3,602	3,318	140	159	92%	8%
Burrillville	2,551	2,324	124	124	91%	10%
Central Falls	3,170	2,471	373	379	78%	24%
Charlho	3,645	3,262	195	209	89%	11%
Coventry	5,311	4,910	197	227	92%	8%
Cranston	11,351	10,147	582	699	89%	11%
Cumberland	4,876	4,465	206	233	92%	9%
East Greenwich	2,471	2,332	86	58	94%	6%
East Providence	5,717	5,136	281	340	90%	11%
Exeter-West Greenwich	1,787	1,663	61	72	93%	7%
Foster	292	267	7	18	91%	9%
Foster-Glocester	1,231	1,147	29	62	93%	7%
Glocester	591	552	21	21	93%	7%
Jamestown	524	474	34	16	90%	10%
Johnston	3,329	2,946	193	221	88%	12%
Lincoln	3,434	3,100	176	191	90%	11%
Little Compton	286	274	9	4	96%	5%
Middletown	2,589	2,228	157	230	86%	15%
Narragansett	1,503	1,397	51	65	93%	8%
New Shoreham	118	107	5	6	91%	9%
Newport	2,302	1,891	189	250	82%	19%
North Kingstown	4,307	4,009	145	171	93%	7%
North Providence	3,623	3,255	187	200	90%	11%
North Smithfield	1,875	1,687	122	95	90%	12%
Pawtucket	9,855	8,107	863	1,012	82%	19%
Portsmouth	2,816	2,547	138	150	90%	10%
Providence	27,050	21,920	2,547	3,091	81%	21%
Scituate	1,546	1,471	36	47	95%	5%
Smithfield	2,509	2,349	91	84	94%	7%
South Kingstown	3,547	3,312	140	113	93%	7%
Tiverton	2,015	1,838	89	97	91%	9%
Warwick	10,268	9,126	506	715	89%	12%
West Warwick	3,746	3,179	255	355	85%	16%
Westerly	3,231	2,942	146	164	91%	10%
Woonsocket	6,808	5,372	618	936	79%	23%
Charter Schools	4,191	4,001	66	129	95%	5%
State-Operated Schools	2,141	1,702	250	276	79%	25%
UCAP	155	136	4	15	88%	12%
Four Core Cities	46,883	37,870	4,401	5,418	81%	21%
Remainder of State	100,449	90,974	4,666	5,472	91%	10%
Rhode Island	153,819	134,683	9,387	11,310	88%	13%

## Student Mobility and Stability Rates

◆ Mobility rates are calculated by adding all children who enrolled after September 30th to all those who withdrew before June 1st and dividing the total by the total enrollment for that school district.<sup>20</sup>

◆ 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.<sup>21</sup>

◆ Total enrollment for each district is cumulative over the course of the school year.<sup>22</sup>

◆ The overall Rhode Island student mobility rate was 13% in the 2012-2013 school year. The four core cities had a higher mobility rate (21%) than districts in the remainder of the state (10%).<sup>23</sup>

◆ 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.<sup>24</sup>

### Source of Data for Table/Methodology

Rhode Island Department of Education, 2012-2013 school year.

Charter Schools include: Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, 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.

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# 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, when children begin to shift from learning to read to reading to learn. Students who do not read proficiently by then struggle in later grades and are four times more likely to drop out of high school than their proficient peers.<sup>1</sup>

Literacy begins long before children encounter formal school instruction in writing and reading. Supportive, literacy-rich home learning environments (including reading and telling stories to children) and parents who invest in early cognitive development activities contribute to advanced literacy development, reading achievement, and success in school.<sup>2,3</sup>

High-quality preschool and Pre-K programs can boost language and literacy skills, and have the greatest impact on children living in or near poverty.<sup>4</sup> Programs targeting the development of social-emotional and behavioral skills improve children's school readiness and academic

achievement. Children who participate in high-quality Pre-K programs score higher on future reading and math assessments, are more likely to become proficient readers in the primary grades, and have higher graduation rates.<sup>5,6</sup>

Students that have difficulty reading beyond third grade often need intensive interventions in order to read proficiently. While interventions implemented before third grade have high rates of success, those after third grade are much less effective. Once they fall behind, most children never catch up to their peers.<sup>7,8</sup>

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.<sup>9</sup>

4th-Grade NAEP Reading Proficiency		
	2003	2013
RI	29%	38%
US	30%	34%
National Rank*		13th
New England Rank**		5th

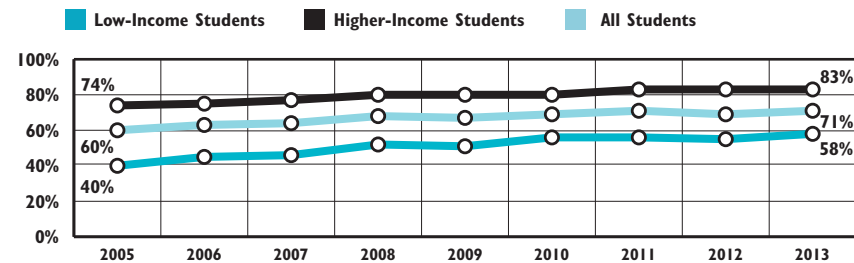
\*1st is best; 50th is worst

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

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, [datacenter.kidscount.org](http://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, 2005-2013



Source: Rhode Island Department of Education, *New England Common Assessment Program (NECAP)*, October 2005-October 2013. Low-income status is determined by eligibility for the free or reduced-price lunch program.

- ◆ In October 2013, 71% 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.<sup>10</sup>
- ◆ In Rhode Island between 2005 and 2013, 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 2013, 58% of low-income fourth graders scored at or above the proficient level, compared with 83% of higher-income fourth graders.<sup>11</sup>
- ◆ In Rhode Island in 2013, 21% of fourth graders with disabilities achieved reading proficiency on the *NECAP*, compared with 78% of fourth graders without disabilities.<sup>12</sup>
- ◆ National data indicate a significant achievement gap between the reading skills of English Language Learners (ELLs) and their native English-speaking peers.<sup>13</sup> On the October 2013 *NECAP*, 25% of Rhode Island's fourth-grade ELLs scored at or above proficiency in reading, compared to 74% of non-ELL students.<sup>14</sup>
- ◆ Seventy-nine percent of White fourth graders in Rhode Island were proficient on the October 2013 *NECAP*, compared with 78% of Asian students, 56% of Black students, 55% of Hispanic students, 49% of Native American students, and 64% of students of Two or more races.<sup>15</sup>

# Fourth-Grade Reading Skills

Table 46.

**Fourth-Grade Reading Proficiency, Rhode Island, 2005 and 2013**

SCHOOL DISTRICT	COMMUNITY CONTEXT			OCTOBER 2005		OCTOBER 2013	
	% 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	95%	6%	1%	248	89%	253	88%
Bristol Warren	89%	36%	3%	268	69%	244	68%
Burrillville	87%	35%	<1%	164	63%	175	70%
Central Falls	53%	81%	27%	253	40%	227	44%
Chariho	89%	26%	<1%	269	73%	236	92%
Coventry	87%	29%	<1%	405	68%	377	78%
Cranston	85%	38%	6%	801	71%	811	79%
Cumberland	88%	24%	2%	410	74%	369	85%
East Greenwich	94%	7%	1%	201	86%	198	87%
East Providence	85%	52%	4%	415	59%	402	62%
Exeter-West Greenwich	90%	15%	1%	162	74%	123	89%
Foster	89%	17%	0%	66	68%	52	94%
Glocester	88%	18%	0%	124	77%	80	90%
Jamestown	87%	10%	<1%	42	83%	52	79%
Johnston	87%	45%	3%	276	58%	224	76%
Lincoln	88%	27%	1%	267	72%	253	81%
Little Compton	93%	15%	0%	37	73%	30	87%
Middletown	88%	29%	5%	195	68%	174	78%
Narragansett	89%	21%	<1%	122	81%	106	86%
New Shoreham	90%	11%	4%	14	100%	10	90%
Newport	79%	63%	3%	178	46%	145	61%
North Kingstown	88%	20%	1%	337	79%	304	83%
North Providence	87%	46%	2%	250	64%	273	70%
North Smithfield	90%	16%	<1%	128	77%	140	77%
Pawtucket	72%	78%	13%	703	48%	764	62%
Portsmouth	93%	15%	<1%	236	75%	184	78%
Providence	65%	80%	21%	1,887	31%	1,888	52%
Scituate	93%	17%	0%	141	72%	113	82%
Smithfield	93%	16%	1%	219	79%	170	88%
South Kingstown	89%	19%	1%	249	76%	253	82%
Tiverton	88%	27%	<1%	154	77%	149	87%
Warwick	87%	34%	1%	853	71%	741	78%
West Warwick	80%	52%	2%	295	55%	243	71%
Westerly	90%	36%	2%	255	69%	220	77%
Woonsocket	67%	75%	8%	489	46%	453	53%
Charter Schools	NA	67%	14%	159	43%	272	71%
Four Core Cities	66%	79%	18%	3,332	37%	3,332	54%
Remainder of State	87%	31%	2%	7,781	71%	7,104	79%
Rhode Island	78%	47%	7%	11,272	60%	10,816	71%

**Source of Data for Table/Methodology**

Data are from the Rhode Island Department of Education (RIDE), *New England Common Assessment Program (NECAP)*, October 2005 and October 2013.

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 the percentage of births to mothers with at least a high school diploma and is from the Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2008-2012. Data for 2012 are provisional. Data are self-reported and reported by the mother's place of residence, not the place of the infant's birth. Between 2008 and 2012, maternal education levels were unknown for 3,949 births (7%).

% of low-income students is the percentage of students eligible for the free or reduced-price lunch program on October 1, 2013, 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.

2013 *NECAP* data for independent charter schools include The Compass School, The Paul Cuffee Charter School, Highlander Charter School, International Charter School, Kingston Hill Academy, and The Learning Community. 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.

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(continued from page 129)

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# 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.<sup>1</sup> Reading skills also are a powerful indicator of a student's ability to contribute to, participate in, and succeed in the workforce and the community.<sup>2</sup> 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.<sup>3</sup>

Reading difficulties can persist over time with long-term consequences for youth. Adolescents who are poor readers are more likely to drop out of high school, to have lower wages, and to rely on public assistance than their peers with higher levels of literacy.<sup>4</sup> These problems are exacerbated for English Language Learners and low-income students, who are more likely to have low literacy skills.<sup>5</sup>

There has been limited progress in improving literacy skills among secondary students.<sup>6</sup> 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.<sup>7</sup> These supplementary programs are generally insufficient for dealing with the pervasive low levels of adolescent literacy in many schools and communities.<sup>8</sup>

Intensive individualized instruction can help improve adolescent literacy among struggling readers.<sup>9</sup> Successful adolescent literacy programs include comprehensive professional development for teachers and principals in literacy instruction strategies, incorporating literacy instruction in content area classes, providing opportunities for student discussion, and using student assessments effectively.<sup>10,11</sup>

8th Grade NAEP Reading Proficiency		
	2002	2013
RI	30%	36%
US	31%	34%
National Rank*		21st
New England Rank**		6th

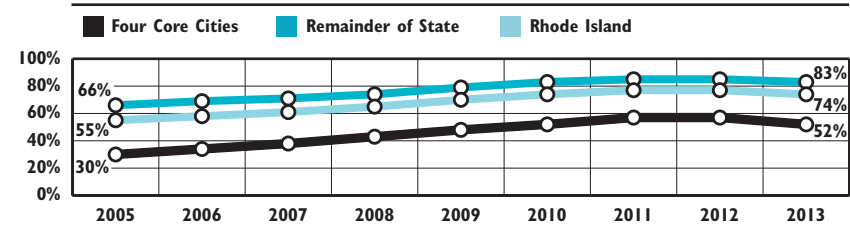
\*1st is best; 50th is worst

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

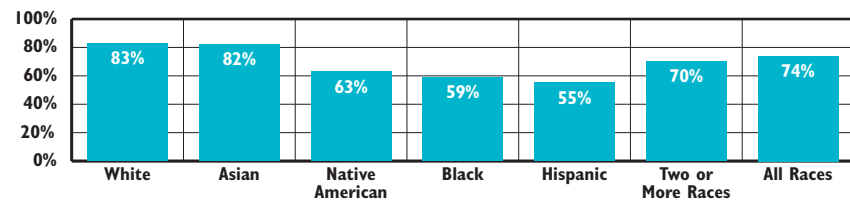
Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org)

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, 2005-2013



By Race/Ethnicity, 2013



Source: Rhode Island Department of Education, *New England Common Assessment Program (NECAP)*, October 2005-October 2013. Trend data for Four Core Cities and Remainder of State was calculated by Rhode Island KIDS COUNT.

◆ In October 2013, 74% of Rhode Island eighth graders scored at or above proficiency in reading on the *NECAP*, a decrease from last year's peak (77%) and an increase from 55% in 2005. Proficiency levels increased between 2005 and 2013 for students across the state. The greatest gains were made in the four core cities, where proficiency rates increased from 30% to 52% between 2005 and 2013.<sup>12</sup>

◆ Nineteen percent of eighth-grade English Language Learners (ELLs) in Rhode Island scored at or above proficiency in reading in 2013, compared to 77% of non-ELL students.<sup>13</sup>

◆ Black, Hispanic, and Native American eighth-grade students were less likely to score at or above proficiency than White and Asian students.<sup>14</sup>

◆ Sixty-one percent of low-income eighth-grade students (determined by eligibility for the free or reduced-price lunch program) were proficient in reading in 2013, compared with 86% of higher-income eighth graders.<sup>15</sup>

◆ In Rhode Island in 2013, 32% of eighth-grade students receiving special education services were proficient in reading, compared with 81% of eighth graders in regular education programs.<sup>16</sup>

Table 47.

## Eighth-Grade Reading Proficiency, Rhode Island, 2005 and 2013

SCHOOL DISTRICT	COMMUNITY CONTEXT			OCTOBER 2005		OCTOBER 2013	
	% MOTHERS COMPLETING HIGH SCHOOL	% LOW-INCOME CHILDREN	% ENGLISH LANGUAGE LEARNERS	# OF 8TH-GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL	# OF 8TH-GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	95%	6%	1%	275	92%	295	94%
Bristol Warren	88%	36%	3%	291	63%	245	84%
Burrillville	87%	35%	<1%	230	67%	201	75%
Central Falls	53%	81%	27%	279	27%	122	39%
Chariho	89%	26%	<1%	302	58%	229	94%
Coventry	87%	29%	<1%	479	66%	394	83%
Cranston	85%	38%	6%	926	57%	763	83%
Cumberland	88%	24%	2%	409	72%	302	83%
East Greenwich	94%	7%	1%	214	87%	203	94%
East Providence	85%	52%	4%	499	57%	380	74%
Exeter-West Greenwich	90%	15%	1%	161	72%	141	86%
Foster-Glocester	89%	18%	0%	217	57%	145	87%
Jamestown	87%	10%	<1%	74	86%	57	95%
Johnston	87%	45%	3%	288	58%	222	82%
Lincoln	88%	27%	1%	261	74%	205	86%
Little Compton	93%	15%	0%	41	83%	35	97%
Middletown	88%	29%	5%	185	64%	152	76%
Narragansett	89%	21%	<1%	123	81%	118	86%
New Shoreham	90%	11%	4%	NA	NA	NA	NA
Newport	79%	63%	3%	177	50%	154	86%
North Kingstown	88%	20%	1%	349	73%	308	91%
North Providence	87%	46%	2%	307	70%	249	82%
North Smithfield	90%	16%	<1%	161	72%	115	90%
Pawtucket	72%	78%	13%	795	44%	612	62%
Portsmouth	93%	15%	<1%	223	81%	199	89%
Providence	65%	80%	21%	1,935	25%	1,511	49%
Scituate	93%	17%	0%	156	89%	131	89%
Smithfield	93%	16%	1%	227	78%	172	92%
South Kingstown	89%	19%	1%	348	76%	268	83%
Tiverton	88%	27%	<1%	203	67%	156	73%
Warwick	87%	34%	1%	955	59%	713	75%
West Warwick	80%	52%	2%	319	56%	251	72%
Westerly	90%	36%	2%	266	59%	219	78%
Woonsocket	67%	75%	8%	494	28%	368	55%
<i>Charter Schools</i>	<i>NA</i>	<i>67%</i>	<i>14%</i>	<i>22</i>	<i>55%</i>	<i>359</i>	<i>69%</i>
<i>UCAP</i>	<i>NA</i>	<i>90%</i>	<i>0%</i>	<i>67</i>	<i>6%</i>	<i>83</i>	<i>46%</i>
<i>Four Core Cities</i>	<i>66%</i>	<i>79%</i>	<i>18%</i>	<i>3,503</i>	<i>30%</i>	<i>2,613</i>	<i>52%</i>
<i>Remainder of State</i>	<i>87%</i>	<i>31%</i>	<i>2%</i>	<i>8,666</i>	<i>66%</i>	<i>7,022</i>	<i>83%</i>
<i>Rhode Island</i>	<i>78%</i>	<i>47%</i>	<i>7%</i>	<i>12,305</i>	<i>55%</i>	<i>10,102</i>	<i>74%</i>

### Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education (RIDE), *New England Common Assessment Program (NECAP)*, October 2005 and October 2013.

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, 2008-2012. Data for 2012 are provisional. Data are self-reported and reported by the mother's place of residence, not the place of the infant's birth. Between 2008-2012, maternal education levels were unknown for 3,949 births (7%).

% low-income children is the percentage of students eligible for the free and reduced-price lunch program on October 1, 2013, 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.

2013 *NECAP* 8th-grade reading data for independent charter schools include: Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, Highlander Charter School, The Learning Community, Segue Institute for Learning, and Trinity Academy for the Performing Arts. UCAP is the Urban Collaborative Accelerated Program. Four 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 182.

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- <sup>6</sup> Leithwood, K. (2008). *Characteristics of high performing school districts: A review of empirical evidence*. Toronto, Canada: Ontario Institute for Studies in Education, University of Toronto.
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# 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 perform everyday activities, advance their education, and navigate today's technological world. Strong math skills predict higher college attendance and success rates, and increase students' employability.<sup>1,2</sup> Improving education in the STEM disciplines (science, technology, engineering, and math) can spur national innovation and competitiveness and ensure that we have qualified workers for our growing STEM industries.<sup>3</sup>

State, national, and international assessments show that U.S. students fare well when asked to perform straight-forward 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.<sup>4,5,6</sup>

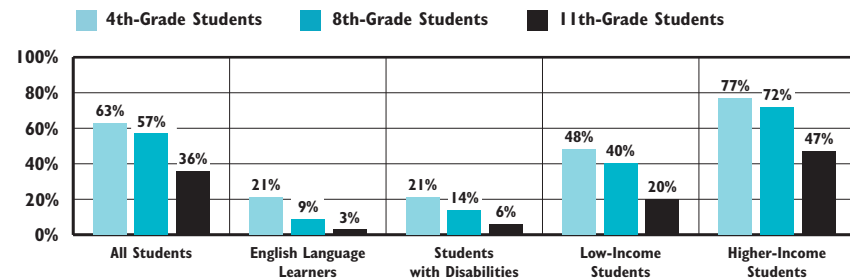
Family risk factors such as poverty and low parental education levels are associated with low student achievement

in mathematics. Disparities in math achievement related to race and family income persist in the U.S.<sup>7</sup> 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.<sup>8</sup>

Achieving math proficiency for all students requires that improvements be made in curriculum, instructional materials, assessments, classroom practice, teacher preparation, and professional development.<sup>9,10</sup> Early warning and intervention systems that identify students struggling with math can provide personalized and timely academic support.<sup>11</sup>

The *National Assessment of Educational Progress (NAEP)* measures proficiency in math and other subjects nationally and across states every other year.<sup>12</sup> In 2013, 83% of Rhode Island and U.S. fourth graders performed at or above the Basic level in math on the *NAEP*, and 74% of Rhode Island and U.S. eighth graders performed at or above the Basic level in math on the *NAEP*.<sup>13,14</sup> Unlike in the previous two testing periods, the performance of Rhode Island fourth and eighth graders did not improve between the 2011 and 2013 *NAEP* math tests.<sup>15,16</sup>

4th-Grade, 8th-Grade, and 11th-Grade Math Proficiency Levels by Student Subgroup Rhode Island Public Schools, October 2013



Source: Rhode Island Department of Education, *New England Common Assessment Program (NECAP)*, October 2013.

- ◆ As students progress in school, math proficiency drops. In October 2013, 63% of Rhode Island fourth graders scored at or above proficiency on the *NECAP*, compared to 57% of eighth graders, and 36% of eleventh graders.<sup>17</sup>
- ◆ Nationally and in Rhode Island, there are math achievement gaps between subgroups of students. Across all tested grade levels, English Language Learners and students with disabilities were the least proficient in math in Rhode Island in 2013.<sup>18,19</sup>
- ◆ In 2013, Black, Hispanic, and Native American students scored significantly lower in math than their White and Asian counterparts in Rhode Island.<sup>20</sup>
- ◆ 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 2013, 62% of male and 63% of female fourth-grade students scored at or above proficiency in math, 56% of male eighth-grade students and 59% of female students scored at or above proficiency in math, while 37% of male and 35% of female eleventh-grade students scored at or above proficiency in math.<sup>21,22</sup>
- ◆ Starting with the class of 2014, *NECAP* scores will be one of several criteria used to determine eligibility for high school graduation.<sup>23,24</sup> In 2013, 36% of Rhode Island eleventh-grade students scored “substantially below proficient” in math, not meeting the graduation requirement.<sup>25</sup> Rhode Island school districts are required to identify students who are not making progress in mathematics and provide them with specialized support.<sup>26</sup>

Table 48.

Fourth-, Eighth-, and Eleventh-Grade Math Proficiency, Rhode Island, 2005 and 2013

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, 2013	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2005	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2013	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2007*	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2013
Barrington	85%	79%	87%	90%	63%	78%
Bristol Warren	62%	66%	57%	68%	28%	41%
Burrillville	55%	57%	52%	55%	20%	41%
Central Falls	28%	42%	16%	14%	3%	13%
Chariho	66%	86%	55%	74%	29%	50%
Coventry	63%	72%	62%	62%	26%	36%
Cranston	55%	63%	41%	61%	18%	28%
Cumberland	58%	75%	56%	72%	20%	46%
East Greenwich	83%	85%	84%	85%	54%	70%
East Providence	59%	54%	46%	58%	14%	30%
Exeter-West Greenwich	68%	85%	64%	74%	30%	58%
Foster	66%	75%	NA	NA	NA	NA
Foster-Glocester	NA	NA	61%	74%	18%	53%
Glocester	62%	86%	NA	NA	NA	NA
Jamestown	65%	85%	77%	86%	NA	NA
Johnston	45%	67%	41%	63%	17%	23%
Lincoln	72%	79%	62%	69%	35%	52%
Little Compton	59%	87%	76%	86%	NA	NA
Middletown	68%	78%	70%	66%	33%	59%
Narragansett	66%	79%	75%	69%	36%	66%
New Shoreham	57%	90%	NA	NA	27%	64%
Newport	34%	50%	39%	55%	24%	24%
North Kingstown	71%	84%	61%	80%	43%	58%
North Providence	39%	63%	38%	42%	19%	38%
North Smithfield	80%	70%	66%	77%	29%	52%
Pawtucket	42%	50%	37%	37%	12%	18%
Portsmouth	67%	83%	72%	78%	37%	63%
Providence	25%	39%	20%	34%	10%	14%
Scituate	62%	81%	79%	80%	27%	55%
Smithfield	72%	82%	64%	74%	31%	47%
South Kingstown	71%	79%	72%	79%	42%	59%
Tiverton	75%	80%	62%	67%	29%	27%
Warwick	63%	66%	52%	61%	18%	33%
West Warwick	42%	61%	51%	48%	21%	31%
Westerly	56%	78%	47%	58%	28%	54%
Woonsocket	41%	50%	29%	33%	11%	20%
Charter Schools	36%	69%	39%	59%	7%	20%
State-Operated Schools	NA	NA	NA	NA	6%	26%
UCAP	NA	NA	5%	18%	NA	NA
Four Core Cities	31%	43%	25%	34%	10%	16%
Remainder of State	62%	71%	57%	67%	27%	45%
Rhode Island	52%	63%	47%	57%	22%	36%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Education, *New England Common Assessment Program (NECAP)*, October 2005, October 2007, and October 2013.

Due to the adoption of a new assessment tool by the Rhode Island Department of 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.

2013 *NECAP* data for independent charter schools include Beacon Charter School for the Arts, Blackstone Valley Prep Mayoral Academy, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Segue Institute for Learning, Sheila Skip Nowell Leadership Academy, and Trinity Academy for the Performing Arts. 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. Charter schools, state-operated schools, and the Urban Collaborative Accelerated Program (UCAP) are not included in the four core cities 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 was too small to report.

References are on page 182.

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# Schools Identified for Intervention

## DEFINITION

*Schools identified for intervention* is the percentage of Rhode Island public schools that are identified for intervention by the Rhode Island Department of 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

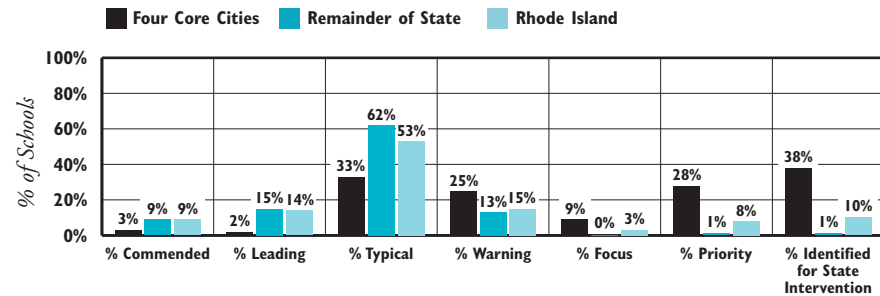
Since its passage in 2001, the federal *No Child Left Behind Act (NCLB)* has focused on closing achievement gaps and improving public schools. In 2012, Rhode Island replaced the previous system of classifying schools, which was based on whether schools made “Adequate Yearly Progress (AYP),” with a new 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.<sup>1,2</sup>

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.<sup>3</sup>

Students who have attained proficiency in reading and math are more likely to graduate from high school, attend college, earn more and access stable employment than students with lower test scores.<sup>4,5</sup> 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.<sup>6</sup>

## Rhode Island School Performance Classifications, 2012-2013 School Year



Source: Rhode Island Department of Education, 2012-2013 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 2013, 24 schools (9%) were classified as “Commended,” 39 schools (14%) were classified as “Leading,” 147 schools (53%) were classified as “Typical,” 41 schools (15%) were classified as “Warning,” seven schools (3%) were classified as “Focus,” and 21 schools (8%) were classified as “Priority.” Schools designated as “Priority” or “Focus” schools (10% of schools in Rhode Island in 2013) were identified for intervention, and 19 of these 28 schools were located in Providence.<sup>8,9</sup>

## Interventions Designed to Improve Schools

◆ In Rhode Island, intervention in low-achieving schools has led to some 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.<sup>10</sup>

◆ 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.<sup>11,12</sup>

◆ All public schools in Rhode Island, regardless of classification, are included in the accountability system and are expected to strive toward continued improvement.<sup>13</sup>

# Schools Identified for Intervention

Table 49.

Schools Identified for Intervention, 2012-2013 School Year

SCHOOL DISTRICT	TOTAL # OF SCHOOLS	# COMMENDED	# LEADING	# TYPICAL	# WARNING	# FOCUS	# PRIORITY	# IDENTIFIED FOR INTERVENTION	% IDENTIFIED FOR INTERVENTION
Barrington	6	0	3	3	0	0	0	0	0%
Bristol Warren	6	1	1	4	0	0	0	0	0%
Burrillville	4	0	0	4	0	0	0	0	0%
Central Falls	4	0	0	0	1	1	2	3	75%
Chariho	7	1	2	3	1	0	0	0	0%
Coventry	7	0	0	6	1	0	0	0	0%
Cranston	23	2	1	17	3	0	0	0	0%
Cumberland	8	1	2	4	1	0	0	0	0%
East Greenwich	6	0	2	2	2	0	0	0	0%
East Providence	11	0	1	5	4	0	1	1	9%
Exeter-West Greenwich	3	1	0	2	0	0	0	0	0%
Foster	1	1	0	0	0	0	0	0	0%
Foster-Glocester	2	0	2	0	0	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	1	0	5	0	0	0	0	0%
Lincoln	6	0	0	6	0	0	0	0	0%
Little Compton	1	0	1	0	0	0	0	0	0%
Middletown	5	0	0	4	1	0	0	0	0%
Narragansett	3	0	0	3	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	2	2	4	0	0	0	0	0%
North Providence	9	1	1	3	4	0	0	0	0%
North Smithfield	4	1	1	2	0	0	0	0	0%
Pawtucket	16	1	0	9	4	0	2	2	13%
Portsmouth	4	0	2	2	0	0	0	0	0%
Providence	35	1	1	9	5	5	14	19	54%
Scituate	5	2	1	2	0	0	0	0	0%
Smithfield	6	2	1	3	0	0	0	0	0%
South Kingstown	7	0	2	5	0	0	0	0	0%
Tiverton	5	1	1	3	0	0	0	0	0%
Warwick	22	0	1	19	2	0	0	0	0%
West Warwick	5	0	0	1	4	0	0	0	0%
Westerly	6	0	1	4	1	0	0	0	0%
Woonsocket	9	0	0	3	6	0	0	0	0%
Charter Schools	14	4	7	2	0	1	0	1	7%
State-Operated Schools	3	0	1	1	0	0	1	1	33%
UCAP	1	0	0	1	0	0	0	0	0%
Four Core Cities	64	2	1	21	16	6	18	24	38%
Remainder of State	197	18	30	122	25	0	2	2	1%
Rhode Island	279	24	39	147	41	7	21	28	10%

## Source of Data for Table/Methodology

All data are from the Rhode Island Department of Education, 2012-2013 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 Charter School, Blackstone Valley Prep, The Compass School, Paul Cuffee Charter School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Rhode Island Nurses Institute Middle College Charter School, Segue Institute for Learning, and Trinity Academy for the Performing Arts.

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 four schools were not classified because they did not have sufficient years of data or had new school designations.

See the Methodology Section for more information.

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Assault offenses in this indicator include simple assault, robbery, assault, felony assault, assault with a dangerous weapon, domestic assault, assault on a police officer, threats, assault on a school teacher, strong-arm robbery, kidnapping, attempted murder, extortion, fighting, intimidating witness, stalking, attempted robbery, cyber-stalking, carjacking, harassment, and murder.

Weapons offenses in this indicator include possession of an unspecified weapon, possession of a knife, possession of a firearm, possession of a weapon at school, possession of a bb gun, discharging a firearm, possession of ammunition, possession of a dangerous weapon, carrying a concealed weapon, and discharging a bb gun.

### **Methodology for Child Deaths due to Child Abuse and Neglect**

Beginning with 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 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 20 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 growth in reading and math performance (elementary and middle schools only), the graduation rate (high schools only), and improvement in math and reading state assessment scores (high schools only).

Many metrics are disaggregated into subgroups: a consolidated group of minority and economically disadvantaged students which includes African-American, Hispanic, Asian, Pacific Islander, and Native American students as well as students receiving free or reduced-price lunch and a consolidated program subgroup which includes special needs students with Individualized Education Programs (IEPs) and English Language Learner (ELL) students. Each subgroup is only measured if there are at least 20 students in that subgroup.

The individual scores for each metric are then added to arrive at the total CIS score. 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 and graduation rate target, are also considered.

### **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 Factbook 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.

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# Chronic Early Absence

## DEFINITION

*Chronic early absence* is the percentage of children in kindergarten through third grade (K-3) who were enrolled for at least 90 days and missed 18 days or more of school, including excused and unexcused absences (10% or more of the school year for a 180-day school year).

## 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.<sup>1,2</sup> 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 kindergartners have lower reading achievement than their chronically absent peers of other ethnicities.<sup>3,4</sup>

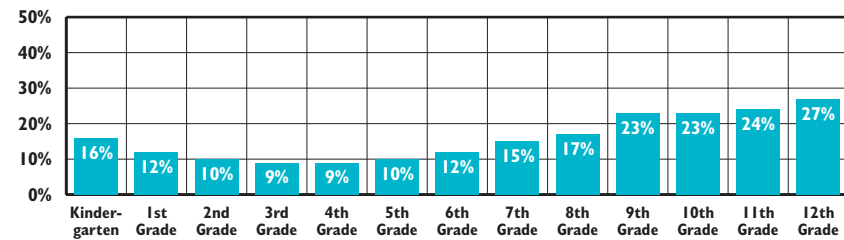
Chronic early absence affects one out of 10 children in the U.S. during their first two years of school.<sup>5</sup> Children from poor families are much more likely to

have high rates of chronic absenteeism in the early grades than higher-income children. In the U.S., 21% of poor kindergartners were chronically absent, compared to 8% of their higher-income peers.<sup>6</sup> Children who are homeless or formerly homeless experience poor educational outcomes related to school absenteeism and mobility.<sup>7</sup> Chronic health issues, such as asthma, and lack of access to health care can lead to absenteeism.<sup>8</sup>

Chronic early absence is most often a result of a combination of school, family, and community factors.<sup>9</sup> While illness is a leading factor in chronic early absence, poverty, teenage parenting, single parenting, large family size, 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.<sup>10,11</sup>

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.<sup>12</sup> Unreliable or insufficient transportation, 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 are factors that can lead to chronic absence.<sup>13</sup>

**Chronic Absence Rates in Rhode Island by Grade, 2012-2013 School Year**



Source: Rhode Island Department of Education, 2012-2013 school year.

- ◆ Chronic absence rates are high in kindergarten and then decline before increasing again in middle and high school. During the 2012-2013 school year, 16% of Rhode Island kindergarten students, 12% of first graders, 10% of second graders, and 9% of third graders were chronically absent (i.e., absent 18 days or more).<sup>14</sup>
- ◆ During the 2012-2013 school year, 12% of Rhode Island children in grades K-3 were chronically absent, and one-quarter (26%) missed 12 or more days of school.<sup>15</sup> 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.<sup>16</sup>
- ◆ Averages for school-wide attendance can mask the large numbers of chronically absent individual students.<sup>17</sup> During the 2012-2013 school year, the average daily attendance rate for K-3 students in Rhode Island's four core cities was 94%, but 19% of students were chronically absent.<sup>18</sup>
- ◆ Most schools monitor average daily attendance or unexcused absences, but few actively track chronic absenteeism. Rhode Island is one of the few states that makes school-level data on chronic absence available on a state website.<sup>19</sup>
- ◆ Chronic absenteeism can be reduced through school-family-community partnerships that monitor attendance and contact parents as soon as absence patterns appear.<sup>20</sup> 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.<sup>21</sup>

Table 50.

**Chronic Early Absence Rates, Grades K-3, Rhode Island, 2012-2013 School Year**

SCHOOL DISTRICT	K-3 STUDENTS ENROLLED LESS THAN 90 DAYS	K-3 STUDENTS ENROLLED 90 DAYS OR MORE	K-3 ATTENDANCE RATE	% OF K-3 STUDENTS ABSENT 12-17 DAYS	% OF K-3 STUDENTS ABSENT 18+ DAYS
Barrington	23	904	96%	11%	4%
Bristol Warren	44	1,065	95%	15%	10%
Burrillville	29	673	95%	15%	9%
Central Falls	168	957	93%	21%	24%
Chariho	59	863	96%	13%	3%
Coventry	74	1,361	95%	14%	9%
Cranston	209	3,167	95%	15%	11%
Cumberland	61	1,364	96%	13%	4%
East Greenwich	22	649	96%	8%	4%
East Providence	93	1,684	95%	15%	13%
Exeter-West Greenwich	21	402	96%	12%	5%
Foster	10	194	98%	7%	4%
Glocester	15	357	98%	6%	3%
Jamestown	NA	195	96%	14%	4%
Johnston	70	954	95%	15%	11%
Lincoln	70	859	96%	14%	6%
Little Compton	NA	102	96%	13%	4%
Middletown	56	757	96%	13%	7%
Narragansett	17	389	96%	15%	6%
New Shoreham	NA	31	100%	0%	0%
Newport	60	729	94%	17%	17%
North Kingstown	52	1,085	96%	12%	5%
North Providence	88	1,074	96%	14%	9%
North Smithfield	20	485	96%	16%	6%
Pawtucket	385	3,201	96%	9%	10%
Portsmouth	44	644	96%	14%	4%
Providence	1,049	8,104	94%	18%	19%
Scituate	13	395	96%	12%	7%
Smithfield	23	677	97%	9%	3%
South Kingstown	26	940	96%	13%	6%
Tiverton	33	548	94%	16%	14%
Warwick	234	2,701	96%	13%	8%
West Warwick	120	1,104	95%	13%	11%
Westerly	68	894	95%	13%	8%
Woonsocket	438	2,011	91%	20%	34%
Charter Schools	29	1,513	97%	7%	4%
Rhode Island School for the Deaf	NA	15	100%	0%	0%
Four Core Cities	2,040	14,273	94%	16%	19%
Remainder of State	1,668	27,246	96%	13%	8%
Rhode Island	3,737	43,047	95%	14%	12%

**Source of Data for Table/Methodology**

Rhode Island Department of Education, 2012-2013 school year.

Attendance rates are calculated by dividing the state-calculated "average days of attendance" by the "average days of membership."

Due to changes in methodology, *Chronic Early Absence* in this Factbook cannot be compared with previous Factbooks. Chronic absence rates are based on attendance patterns for students who were enrolled in a district for at least 90 days. A total of 3,737 Rhode Island students in grades K-3 were not included in this analysis because they were only enrolled for a short period. The Rhode Island Department of Education excludes these students so that chronic absence issues can be examined separate from student mobility issues. It is likely that more students were excluded from districts with higher student mobility rates.

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

Charter schools include Blackstone Valley Prep, The Compass School, the Paul Cuffee Charter School, Highlander Charter School, International Charter School, Kingston Hill Academy, and Learning Community.

NA indicates that the number of students was too small to report or that data from the district were not available.

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- <sup>8</sup> Basch, C. E. (2010). *Healthier students are better learners: A missing link in school reforms to close the achievement gap*. New York, NY: Teachers College, Columbia University.
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- <sup>13,19</sup> Balfanz, R. & Byrnes, V. (2012). *The importance of being in school: A report on absenteeism in the nation's public schools*. Baltimore, MD: The Johns Hopkins University, Center for Social Organization of Schools.
- <sup>14,15,18</sup> Rhode Island Department of Education, 2012-2013 school year.
- <sup>16</sup> Chang, H. (2010, June 13). *Missing out on reading*. The American Prospect. Retrieved January 10, 2012, from <http://prospect.org>
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# Chronic Absence, Middle School and High School

## DEFINITION

*Chronic absence, middle school and high school* is the percentage of children in middle and high school who were enrolled for at least 90 days and missed 18 days or more of school, including excused and unexcused absences (10% or more of the school year for a 180-day school year).

## 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.<sup>1</sup> Studies in large cities have shown strong relationships between chronic absence in middle and high school and the likelihood of dropping out.<sup>2</sup> Chronic absence in sixth grade is one of three early warning signs that a student is likely to drop out of high school, and by ninth grade, a student's attendance is a better predictor of dropout risk than eighth-grade achievement test scores.<sup>3</sup>

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. School factors contributing to chronic absence include school climate, school size, attitudes of school staff, and discipline policies.<sup>4,5,6</sup>

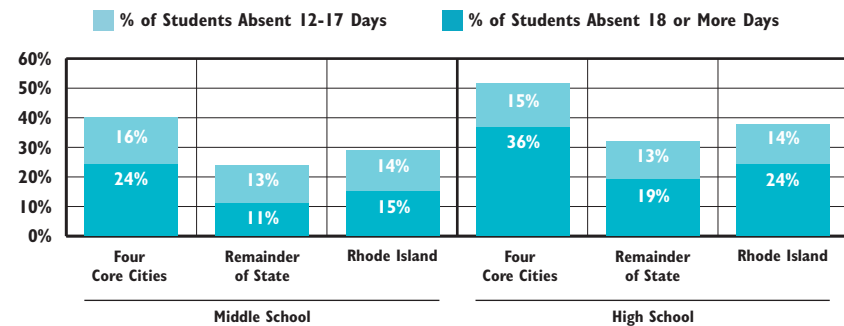
Student-reported reasons for not attending school include repeated suspensions, disruptive learning environments, irrelevant or unchallenging courses, poor achievement, concerns for safety, difficulty with peer and adult relationships, conflicts between school and work, family responsibilities, and negative perceptions of school.<sup>7,8</sup>

The U.S. Department of Education and the Rhode Island Department of Education (RIDE) define truancy as ten or more unexcused absences in a school year.<sup>9,10</sup> During the 2012-2013 school year in Rhode Island, 22% of middle school students and 30% of high school students were considered truant by RIDE.<sup>11</sup> Truant students in Rhode Island may be referred to the Family Court's Truancy Calendar, a community and school-based intervention program.<sup>12</sup>

More than one-third (39%) of Rhode Island's low-income students missed 12 or more days of school in 2012-2013, compared with less than a quarter (21%) of higher-income students. There was little difference in absence patterns for English Language Learners (ELL) and non-ELL students; 32% of ELL students missed 12 or more days of school, compared with 30% of non-ELL students.

More than two-thirds (70%) of all absences by middle and high school students were unexcused absences.<sup>13</sup>

**School Attendance in Rhode Island by Number of School Days Missed, Middle School and High School, 2012-2013 School Year**



Source: Rhode Island Department of Education, 2012-2013 school year.

- ◆ The chronic absence rate among middle and high school students is about twice as high in the four core cities as in the remainder of the state.<sup>14</sup>
- ◆ 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.<sup>15</sup>

## Reducing Chronic Absence

- ◆ 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.<sup>16</sup>
- ◆ States can reduce chronic absence by raising awareness about the problem; producing chronic absence reports with data available by district, grade, and subgroup; requiring that district and school improvement plans include chronic absence data and strategies for improving; and allocating resources to address barriers to attendance.<sup>17</sup>

# Chronic Absence, Middle School and High School

Table 51.

**Chronic Absence and Attendance Rates, Middle School and High School,  
Rhode Island, 2012-2013 School Year**

SCHOOL DISTRICT	MIDDLE SCHOOL					HIGH SCHOOL				
	# ENROLLED LESS THAN 90 DAYS	# ENROLLED 90 DAYS OR MORE	ATTENDANCE RATE	% ABSENT 12-17 DAYS	% ABSENT 18+ DAYS	# ENROLLED LESS THAN 90 DAYS	# ENROLLED 90 DAYS OR MORE	ATTENDANCE RATE	% ABSENT 12-17 DAYS	% ABSENT 18+ DAYS
Barrington	10	819	96%	10%	5%	26	1,058	95%	14%	8%
Bristol Warren	29	737	95%	15%	9%	59	1,052	92%	18%	19%
Burrillville	25	572	95%	15%	10%	65	712	94%	15%	17%
Central Falls	89	599	93%	18%	24%	110	844	83%	16%	47%
Chariho	62	1,047	96%	8%	4%	83	1,175	94%	13%	17%
Coventry	24	1,147	94%	17%	13%	93	1,675	90%	17%	34%
Cranston	68	1,523	94%	16%	18%	250	3,394	90%	16%	35%
Cumberland	36	1,058	95%	13%	12%	98	1,405	93%	12%	19%
East Greenwich	10	559	97%	9%	3%	33	773	99%	0%	1%
East Providence	52	1,197	93%	15%	20%	124	1,618	97%	5%	5%
Exeter-West Greenwich	11	293	96%	13%	6%	15	568	95%	13%	8%
Foster-Glocester	22	469	97%	10%	6%	33	707	97%	8%	7%
Jamestown	NA	214	96%	9%	5%	NA	NA	NA	NA	NA
Johnston	48	685	95%	15%	13%	64	918	92%	16%	28%
Lincoln	28	751	95%	12%	11%	57	1,058	93%	12%	20%
Little Compton	NA	102	96%	15%	6%	NA	NA	NA	NA	NA
Middletown	45	719	95%	15%	9%	57	734	96%	10%	7%
Narragansett	24	420	95%	12%	10%	16	467	94%	14%	16%
New Shoreham	NA	25	100%	0%	0%	0	31	100%	0%	0%
Newport	41	562	94%	13%	20%	107	576	87%	18%	38%
North Kingstown	23	937	96%	10%	8%	53	1,453	95%	10%	13%
North Providence	37	715	95%	16%	17%	57	988	92%	17%	26%
North Smithfield	28	393	96%	8%	5%	44	554	95%	13%	7%
Pawtucket	139	1,297	96%	10%	13%	330	2,113	94%	10%	20%
Portsmouth	48	979	96%	11%	9%	50	989	94%	15%	13%
Providence	629	4,840	93%	17%	23%	1,105	6,784	89%	16%	37%
Scituate	NA	378	96%	16%	7%	12	488	95%	9%	11%
Smithfield	15	564	96%	7%	8%	40	765	95%	13%	8%
South Kingstown	33	1,048	96%	11%	6%	55	1,084	94%	12%	13%
Tiverton	25	611	92%	18%	27%	31	591	85%	14%	48%
Warwick	84	1,446	94%	16%	15%	236	3,029	92%	17%	21%
West Warwick	85	974	95%	15%	12%	110	964	91%	16%	24%
Westerly	27	900	95%	15%	10%	40	971	95%	15%	11%
Woonsocket	136	1,215	89%	18%	40%	186	1,709	85%	15%	46%
<i>Charter Schools</i>	30	936	98%	7%	3%	63	933	92%	19%	26%
<i>State-Operated Schools</i>	13	17	99%	0%	0%	294	1,792	92%	15%	26%
<i>UCAP</i>	11	144	89%	16%	45%	NA	NA	NA	NA	NA
<i>Four Core Cities</i>	993	7,951	93%	16%	24%	1,731	11,450	89%	15%	36%
<i>Remainder of State</i>	959	21,844	95%	13%	11%	1,908	29,802	93%	13%	19%
<i>Rhode Island</i>	2,006	30,892	94%	14%	15%	3,996	43,977	92%	14%	24%

## Source of Data for Table/Methodology

Rhode Island Department of Education, 2012-2013 school year.

Attendance rates are calculated by dividing the state-calculated "average days of attendance" by the "average days of membership."

Due to changes in methodology, *Chronic Absence, Middle School and High School* (formerly *School Attendance*) in this Factbook cannot be compared with previous Factbooks. Chronic absence rates are based on attendance patterns for students who were enrolled in a district for at least 90 days. A total of 2,006 Rhode Island middle school students and 3,996 high school students were not included in this analysis because they were only enrolled for a short period. The Rhode Island Department of Education excludes these students so that chronic absence issues can be examined separate from student mobility issues. It is likely that more students were excluded from districts with higher student mobility rates.

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

Little Compton students attend high school in Portsmouth and Jamestown students attend high school in North Kingstown.

Charter middle schools include Blackstone Valley Prep, The Compass School, Paul Cuffee Charter School, Highlander 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, Paul Cuffee Charter School, The Greene 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 are on page 183.

(continued from page 153)

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<sup>10,11,13,14</sup> Rhode Island Department of Education, 2012-2013 school year.

<sup>12</sup> Rhode Island Judiciary. (n.d.). *About the Family Court*. Retrieved February 15, 2013, from [www.courts.ri.gov](http://www.courts.ri.gov)

(continued from page 155)

#### References for Suspensions

<sup>7</sup> U.S. Department of Education. (2014). *Guiding principles: A resource guide for improving school climate and discipline*. Retrieved January 21, 2014, from [www.ed.gov/school-discipline](http://www.ed.gov/school-discipline)

<sup>13</sup> Rhode Island General Law 16-19-1. Enacted by the General Assembly as H-7287 SubA in 2012.

<sup>16</sup> Rhode Island Department of Education, General guidance for reporting discipline data, 2012-13 collection.

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#### References for High School Graduation Rate

<sup>4</sup> Robert Wood Johnson Foundation, Commission to Build a Healthier America. (2009). *Education matters for health*. Retrieved February 6, 2014, from [www.commissiononhealth.org](http://www.commissiononhealth.org)

<sup>5,10</sup> Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Reducing the high school dropout rate*. Baltimore, MD: The Annie E. Casey Foundation.

<sup>6,7</sup> Balfanz, R., Bridgeland, J. M., Bruce, M., & Fox, J. H. (2013). *Building a grad nation: Progress and challenge in ending the high school dropout epidemic*. Baltimore, MD: Civic Enterprises Everyone Graduates Center at Johns Hopkins University, America's Promise Alliance and Alliance for Excellent Education.

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<sup>9,11</sup> Rhode Island Department of Education, Class of 2013 four-year cohort graduation rates.

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(continued from page 159)

#### References for College Preparation and Access

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<sup>3</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table S2301.

<sup>4</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B2004.

<sup>5</sup> Rhode Island Department of Education, *SurveyWorks!*, 2012-2013 school year.

<sup>6</sup> Chait, R. & Venezia, A. (2009). *Improving academic preparation for college: What we know and how state and federal policy can help*. Washington, DC: Center for American Progress.

<sup>7,13,18</sup> Roderick, M., et al. (2008). *From high school to the future: Potholes on the road to college*. Chicago, IL: Consortium on Chicago School Research, University of Chicago.

<sup>8</sup> Rhode Island Department of Education, 2007 & 2013.

<sup>9</sup> Wyatt, J., Kobrin, J., Wiley, A., Camara, W. J., & Proestler, N. (2011). *SAT benchmarks: Development of a college readiness benchmark and its relationship to secondary and postsecondary school performance*. New York, NY: The College Board.

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<sup>11</sup> *The 10th annual AP report to the nation*. (2014). New York, NY: The College Board.

<sup>12</sup> Sherwin, J. (2012). *Make me a match: Helping low-income and first-generation students make good college choices*. New York, NY: MDRC.

<sup>14</sup> Engle, J. & Lynch, M. (2009). *Charting a necessary path: The baseline report of public higher education systems in the Access to Success Initiative*. Washington, DC: The National Association of System Heads and The Education Trust.

<sup>15</sup> *Increasing college success: A road map for governors*. (2009). Washington, DC: NGA Center for Best Practices.

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<sup>17</sup> Rhode Island Department of Education, 2014.

<sup>19</sup> Haskins, R., Holzer, H., & Lerman, R. (2009). *Promoting economic mobility by increasing postsecondary education*. Washington, DC: Economic Mobility Project.

<sup>20</sup> Hoffman, N., Vargas, J., & Santos, J. (2008). *On ramp to college: A state policymaker's guide to dual enrollment*. Boston, MA: Jobs for the Future.

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# Suspensions

## DEFINITION

*Suspensions* is the number of 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, support learning, and address the causes of student misbehavior. Punitive disciplinary practices, including “zero tolerance” policies, are largely ineffective and even counterproductive.<sup>1,2</sup> 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.<sup>3,4</sup>

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 system involvement, disengagement from school, isolation from teachers and peers, and dropping out of school.<sup>5,6</sup>

Schools and districts can improve

school climate and discipline by using evidence-based practices to better manage student behavior, providing professional development focused on engaging instruction and promoting positive behavior, and developing and enforcing disciplinary policies that ensure the equitable, appropriate, and limited use of suspensions.<sup>7</sup>

During the 2012-2013 school year in Rhode Island, 32,296 disciplinary actions were attributed to 12,487 students. The total number of disciplinary actions is two and a half times the number of students disciplined because some students were disciplined multiple times.<sup>8</sup>

Low-income and minority students are overrepresented in school suspensions and receive disproportionately severe disciplinary actions compared with their higher-income and White peers.<sup>9</sup> In Rhode Island during the 2012-2013 school year, minority students made up 38% of the student population, but received 52% (16,865) 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 46% of the disciplinary actions.<sup>10</sup>

While 17% of Rhode Island students were in special education in 2012-2013, they accounted for 32% (10,307) of the disciplinary actions and 28% (3,540) of all students disciplined.<sup>11</sup>

## Disciplinary Actions, Rhode Island Public Schools, 2012-2013

BYTYPE OF INFRACTION*	#	%	BYTYPE OF INFRACTION	#	%
Insubordination/Disrespect	8,891	28%	Assault of Student or Teacher	1,498	5%
Attendance Offenses	7,628	24%	Alcohol/Drug/Tobacco Offenses	889	3%
Disorderly Conduct	5,459	17%	Arson/Larceny/Robbery/Vandalism	600	2%
Fighting	2,527	8%	Communications/Electronic Devices	505	2%
Obscene/Abusive Language	1,841	6%	Weapon Possession	284	1%
Harassment/Intimidation/Threat	1,628	5%	Other Offenses	546	2%
			<b>TOTAL</b>	<b>32,296</b>	

\*Harassment offenses include hazing and hate crimes. Assault offenses include sexual assault. Other offenses include cheating/plagiarism, fire regulation violations, sexual misconduct, trespassing, forgery, as well as disciplinary actions where the infraction is missing or not specified.

Source: Rhode Island Department of Education, 2012-2013 school year. Percentages may not sum to 100% due to rounding.

- ◆ In Rhode Island during the 2012-2013 school year, 9% of the student population was suspended at least once. The most common reasons for suspension were insubordination or disrespect (28%), attendance offenses (24%), and disorderly conduct (17%), all non-violent offenses.<sup>12</sup>
- ◆ In 2012, the Rhode Island General Assembly passed a law that prohibits schools from using a student’s absenteeism as the sole basis for an out-of-school suspension.<sup>13</sup> During the 2012-2013 school year, there were 7,628 disciplinary actions in Rhode Island public schools for attendance-related infractions, and all but two resulted in in-school suspensions (with the remaining resulting in alternative program placements).<sup>14</sup>
- ◆ Out-of-school suspensions accounted for 50% of disciplinary actions in Rhode Island during the 2012-2013 school year, followed by in-school suspensions at 49% and alternate program placements at less than 1%. Since the 2011-2012 school year, the number of out-of-school suspensions has decreased by 29%, while the number of in-school suspensions has increased by 14%. Only 79 alternative program placements were reported because new guidance from the Rhode Island Department of Education defined in-school suspensions more broadly than in the past.<sup>16</sup>
- ◆ Of all disciplinary actions during the 2012-2013 school year, 9% involved elementary school students (preschool through 5th grade), 36% involved middle school students (6th-8th grades), and 56% involved high school students (9th-12th grades).<sup>17</sup>

Table 52.

## Disciplinary Actions, Rhode Island School Districts, 2012-2013

SCHOOL DISTRICT	TOTAL # OF STUDENTS ENROLLED	TYPE OF DISCIPLINARY ACTION			TOTAL DISCIPLINARY ACTIONS	ACTIONS PER 100 STUDENTS
		SUSPENDED OUT-OF-SCHOOL	SUSPENDED IN-SCHOOL	ALTERNATE PROGRAM PLACEMENTS		
Barrington	3,262	119	16	0	135	4
Bristol Warren	3,424	431	750	0	1,181	34
Burrillville	2,400	240	115	0	355	15
Central Falls	2,711	57	421	0	478	18
Charlho	3,387	241	258	0	499	15
Coventry	4,865	259	840	0	1,099	23
Cranston	10,282	1,237	1,941	0	3,178	31
Cumberland	4,599	162	24	0	186	4
East Greenwich	2,319	72	94	0	166	7
East Providence	5,347	774	NA	0	775	14
Exeter-West Greenwich	1,651	158	NA	0	162	10
Foster	275	0	0	0	0	0
Foster-Glocester	1,175	113	163	0	276	23
Glocester	529	0	0	0	0	0
Jamestown	484	23	NA	0	24	5
Johnston	2,963	179	145	0	324	11
Lincoln	3,191	338	13	0	351	11
Little Compton	279	0	NA	0	NA	1
Middletown	2,387	159	539	0	698	29
Narragansett	1,417	131	62	0	193	14
New Shoreham	111	NA	0	0	NA	5
Newport	2,048	327	3	0	330	16
North Kingstown	3,999	193	547	0	740	19
North Providence	3,371	486	775	0	1,261	37
North Smithfield	1,745	85	NA	0	86	5
Pawtucket	8,674	1,147	102	0	1,249	14
Portsmouth	2,576	181	427	0	608	24
Providence	23,860	6,162	2,094	56	8,312	35
Scituate	1,450	NA	42	0	45	3
Smithfield	2,327	130	83	0	213	9
South Kingstown	3,356	173	352	0	525	16
Tiverton	1,837	180	63	0	243	13
Warwick	9,267	984	745	0	1,729	19
West Warwick	3,370	287	430	6	723	21
Westerly	3,072	202	51	0	253	8
Woonsocket	5,654	674	4,268	0	4,942	87
<i>Charter Schools</i>	<i>4,063</i>	<i>358</i>	<i>179</i>	<i>0</i>	<i>537</i>	<i>13</i>
<i>State-Operated Schools</i>	<i>1,820</i>	<i>22</i>	<i>356</i>	<i>17</i>	<i>395</i>	<i>22</i>
<i>UCAP</i>	<i>143</i>	<i>15</i>	<i>NA</i>	<i>0</i>	<i>17</i>	<i>12</i>
<i>Four Core Cities</i>	<i>40,899</i>	<i>8,040</i>	<i>6,885</i>	<i>56</i>	<i>14,981</i>	<i>37</i>
<i>Remainder of State</i>	<i>92,765</i>	<i>7,872</i>	<i>8,488</i>	<i>NA</i>	<i>16,366</i>	<i>18</i>
<i>Rhode Island</i>	<i>139,690</i>	<i>16,307</i>	<i>15,910</i>	<i>79</i>	<i>32,296</i>	<i>23</i>

### Source of Data for Table/Methodology

Rhode Island Department of Education, 2012-2013 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").

Schools and districts only report suspensions of one day or longer. If an incident involves more than one infraction, schools and districts are asked to code the incident as the most serious type of infraction (i.e., violent offenses and offenses involving weapons, drugs, and alcohol are considered more serious than other offenses). 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.

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, Paul Cuffee Charter School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Rhode Island Nurses Institute Middle College Charter School, Segue Institute for Learning, and Trinity Academy for the Performing Arts. State-operated schools include: William M. Davies Jr. Career & Technical High School, DCYF Schools, Metropolitan Regional Career and Technical Center, and Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

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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 almost four times as likely to be unemployed as those with bachelor's degrees or more.<sup>1</sup> Between 2010 and 2012 in Rhode Island, the median income of adults without high school diplomas or GEDs was \$22,260, compared to \$29,839 for adults with high school degrees, and \$52,365 for adults with bachelor's degrees.<sup>2</sup> In 2012, 13% of Rhode Island children lived in households headed by a non-high school graduate, compared to 15% nationally.<sup>3</sup>

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.<sup>4</sup>

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.<sup>5</sup> 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.<sup>6</sup>

Other strategies for improving graduation rates include improving third grade reading proficiency; reducing chronic absence; creating eighth to ninth grade transition programs; supporting personalized learning and meaningful student connections with adults at school; implementing rigorous, engaging and relevant curricula, including expanded learning opportunities that give credit for individualized learning outside the classroom; providing clear pathways from high school to college/career training; and offering dropout recovery programs.<sup>7,8</sup>

High School Graduation Rates	
	2010
RI	72%
US	75%
National Rank*	37th
New England Rank**	6th

\*1st is best; 50th is worst

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

Source: Editorial Projects in Education Research Center. (2013). *Diplomas Count 2013 – National and state graduation rates 2010*.

## Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2013

	COHORT SIZE	DROPOUT RATE	% COMPLETED GED	% OF STUDENTS STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Females	5,591	7%	2%	7%	84%
Males	5,877	11%	4%	10%	76%
English Language Learners	921	14%	1%	12%	73%
Non-English Language Learners	10,547	9%	3%	8%	80%
Students With Disabilities	2,484	17%	4%	20%	59%
Students Without Disabilities	8,984	7%	3%	5%	85%
Low-Income Students	6,146	14%	4%	12%	69%
Higher-Income Students	5,322	3%	2%	4%	92%
White	7,594	7%	3%	6%	84%
Asian	314	8%	1%	5%	86%
Black	981	12%	3%	13%	72%
Hispanic	2,310	15%	3%	13%	69%
Native American	46	9%	4%	13%	74%
ALL STUDENTS	11,468	9%	3%	8%	80%

Source: Rhode Island Department of Education, Class of 2013. Percentages may not sum to 100% due to rounding.

◆ The Rhode Island four-year graduation rate for the Class of 2013 was 80%, up from 70% for the Class of 2007 (the first class for which the Rhode Island Department of Education (RIDE) began calculating graduation rates using a cohort formula).<sup>9</sup>

◆ Poverty is strongly linked to the likelihood of dropping out.<sup>10</sup> Students in Rhode Island's four core cities (15% drop out) are about twice as likely to drop out of high school as students in the remainder of the state (7% drop out).<sup>11</sup>

## 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 11,997 Rhode Island students who enrolled in ninth grade in 2007, 9,291 (77.4%) graduated in four years in 2011, 408 (3.4%) graduated in five years in 2012, and 57 (0.5%) graduated in six years in 2013.<sup>12</sup>

◆ Of the 408 students who graduated in five years in 2012, 43% were students with disabilities. Of the 57 students who graduated in six years in 2013, 65% were students with disabilities.<sup>13</sup>

# High School Graduation Rate

Table 53.

## High School Graduation Rates, Rhode Island, Class of 2013

SCHOOL DISTRICT	FOUR-YEAR COHORT RATES				
	# OF STUDENTS IN COHORT	DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Barrington	253	2%	<1%	3%	95%
Bristol Warren	259	3%	1%	7%	90%
Burrillville	179	9%	3%	3%	85%
Central Falls	213	15%	2%	9%	74%
Chariho	313	6%	3%	4%	87%
Coventry	402	7%	<1%	3%	89%
Cranston	895	7%	3%	7%	83%
Cumberland	357	7%	2%	6%	85%
East Greenwich	177	1%	1%	6%	92%
East Providence	449	14%	4%	8%	73%
Exeter-West Greenwich	147	1%	2%	4%	93%
Foster-Glocester	190	4%	2%	1%	93%
Johnston	220	8%	5%	2%	86%
Lincoln	239	5%	2%	3%	90%
Middletown	180	5%	1%	7%	88%
Narragansett	120	4%	3%	2%	91%
Newport	175	22%	4%	7%	67%
North Kingstown	386	6%	2%	2%	90%
North Providence	240	6%	3%	3%	88%
North Smithfield	153	7%	1%	7%	86%
Pawtucket	567	13%	5%	7%	75%
Portsmouth	249	8%	1%	3%	88%
Providence	1,848	15%	2%	11%	71%
Scituate	127	5%	1%	6%	88%
Smithfield	195	2%	2%	7%	89%
South Kingstown	265	4%	2%	5%	89%
Tiverton	159	1%	3%	11%	86%
Warwick	820	10%	5%	8%	77%
West Warwick	257	14%	6%	5%	74%
Westerly	248	4%	5%	2%	88%
Woonsocket	445	21%	4%	14%	61%
<i>Beacon Charter High School for the Arts</i>	58	0%	0%	5%	95%
<i>Blackstone Academy</i>	40	0%	3%	10%	88%
<i>The Greene School</i>	37	5%	0%	5%	89%
<i>William M. Davies Jr. Career &amp; Technical High School</i>	166	5%	2%	12%	81%
<i>DCYF Schools</i>	104	5%	34%	54%	8%
<i>Metropolitan Regional Career and Technical Center</i>	239	7%	1%	14%	78%
<i>Four Core Cities</i>	3,073	15%	3%	11%	71%
<i>Remainder of State</i>	7,663	7%	3%	5%	85%
<i>Rhode Island</i>	11,468	9%	3%	8%	80%

### Source of Data for Table/Methodology

Rhode Island Department of Education, Class of 2013.

The 2013 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 2009-2010 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 or for Rhode Island Nurses Institute Middle College Charter School. There are 97 students in this cohort included in the four core cities, remainder of the state, and Rhode Island totals that come from districts and schools not reported.

Rhode Island Nurses Institute Middle College Charter High School is not reported because students complete their course of study in five years instead of four.

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# 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

By 2020, 71% of jobs in Rhode Island will require post-secondary education beyond high school.<sup>1,2</sup> Between 2010 and 2012 in Rhode Island, adults with high school diplomas were almost three times more likely to be unemployed as those with bachelor's degrees or higher.<sup>3</sup> During that same period, the median annual income for adults with high school diplomas was \$29,839, compared to \$52,365 for adults with bachelor's degrees.<sup>4</sup>

During the 2012-2013 school year, 87% of Rhode Island high school seniors reported planning to attend a two- or four-year college.<sup>5</sup> However, many students face barriers, including insufficient academic preparation, difficulty navigating the application and financial aid process, and the high cost of college.<sup>6,7</sup>

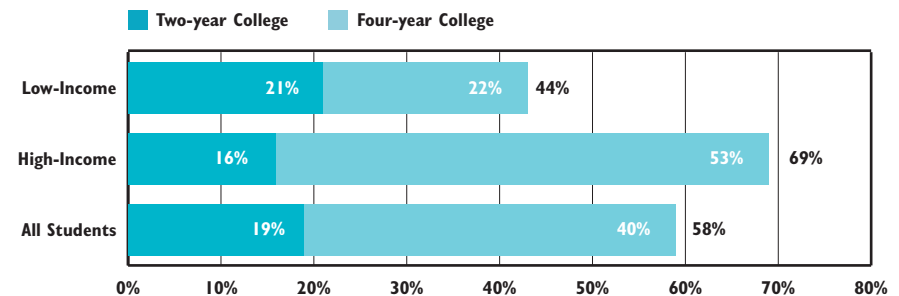
Many students arrive at college unprepared for the work. In 2013, 60% of Rhode Island public school seniors took the SATs. Average scores were 478

in critical reading, 479 in math, and 473 in writing.<sup>8</sup> Students with scores of 500 or better are more likely to enroll in and succeed in college.<sup>9</sup> Students who participate in upper-level honors and Advanced Placement (AP) courses are most likely to attend and succeed in college.<sup>10</sup> Among Rhode Island's 2013 high school graduates, 26% took at least one AP exam, compared with 33% nationally.<sup>11</sup>

Students also need information, support, and encouragement to plan, prepare for, and attend college. Without such support, low-income and first-generation college students may "undermatch" or enroll in a college for which they are academically overqualified or not enroll at all.<sup>12</sup> Helping students apply for financial aid can also help remove a major barrier. Students who have completed a Free Application for Federal Financial Aid (FAFSA) by May of their senior year and been accepted to a four-year college are 50% more likely to enroll than students who have not completed their FAFSA.<sup>13</sup>

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 increase college enrollment and completion rates, especially among these groups.<sup>14,15,16</sup>

**Immediate College Enrollment by Income and Type of College, Class of 2011, Rhode Island**



Source: Rhode Island Department of Education, Class of 2011.

- ◆ Fifty-eight percent of Rhode Island students who graduated from high school in the Class of 2011 immediately enrolled in college. However, there are large gaps in college access between low- and high-income students. Among Rhode Island students who graduated from high school in 2011, 53% of higher-income students immediately enrolled in a four-year college, compared to 22% of low-income students.<sup>17</sup>
- ◆ 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.<sup>18,19,20</sup>
- ◆ 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.<sup>21</sup>

Table 54.

## College Preparation and Access, Rhode Island

SCHOOL DISTRICT	TOTAL 12TH GRADE ENROLLMENT OCT. 2013	% OF 11TH GRADERS PROFICIENT IN READING, 2013	% OF 11TH GRADERS PROFICIENT IN MATH, 2013	% OF 12TH GRADERS WHO PLANNED TO ATTEND COLLEGE, 2013	4-YEAR HIGH SCHOOL GRADUATION RATE, 2013	% OF 12TH GRADERS WHO FILLED OUT THE FAFSA, 2013	% OF 12TH GRADERS TAKING THE SATS, 2013
Barrington	278	97%	78%	97%	95%	59%	81%
Bristol Warren	236	95%	41%	82%	90%	56%	60%
Burrillville	158	86%	41%	85%	85%	52%	61%
Central Falls	192	53%	13%	90%	74%	34%	34%
Chariho	291	93%	50%	83%	87%	51%	65%
Coventry	409	93%	36%	80%	89%	52%	55%
Cranston	859	85%	28%	88%	83%	56%	52%
Cumberland	331	89%	46%	86%	85%	56%	67%
East Greenwich	196	95%	70%	94%	92%	50%	77%
East Providence	369	80%	30%	85%	73%	50%	54%
Exeter-West Greenwich	143	88%	58%	89%	93%	61%	71%
Foster-Glocester	186	90%	53%	83%	93%	53%	58%
Johnston	232	81%	23%	86%	86%	54%	50%
Lincoln	255	93%	52%	90%	90%	61%	61%
Middletown	164	90%	59%	90%	88%	56%	74%
Narragansett	120	96%	66%	95%	91%	61%	73%
New Shoreham	7	100%	64%	NA	NA	0%	57%
Newport	109	78%	24%	81%	67%	53%	72%
North Kingstown	367	93%	58%	90%	90%	61%	76%
North Providence	255	90%	38%	90%	88%	55%	52%
North Smithfield	117	96%	52%	89%	86%	73%	81%
Pawtucket	462	70%	18%	83%	75%	50%	57%
Portsmouth	274	93%	63%	93%	88%	61%	61%
Providence	1,387	61%	14%	89%	71%	66%	74%
Scituate	119	94%	55%	92%	88%	69%	74%
Smithfield	204	91%	47%	83%	89%	56%	67%
South Kingstown	276	88%	59%	87%	89%	51%	68%
Tiverton	137	88%	27%	87%	86%	57%	72%
Warwick	718	86%	33%	84%	77%	50%	53%
West Warwick	228	80%	31%	88%	74%	54%	51%
Westerly	214	91%	54%	88%	88%	54%	78%
Woonsocket	350	70%	20%	76%	61%	41%	38%
<i>Beacon Charter High School for the Arts</i>	56	96%	24%	88%	95%	55%	71%
<i>Blackstone Academy</i>	40	90%	35%	92%	88%	68%	88%
<i>The Greene School</i>	35	88%	44%	85%	89%	NA	77%
<i>Rhode Island Nurses Institute Middle College</i>	123	86%	23%	96%	NA	NA	27%
<i>William M. Davies Jr. Career &amp; Technical High School</i>	169	93%	35%	81%	81%	29%	29%
<i>DCYF Schools</i>	6	NA	NA	NA	8%	NA	NA
<i>Metropolitan Regional Career and Technical Center</i>	237	67%	16%	87%	78%	44%	6%
<i>Rhode Island School for the Deaf</i>	7	NA	NA	NA	NA	NA	NA
<i>Four Core Cities</i>	2,391	63%	16%	NA	71%	56%	62%
<i>Remainder of State</i>	7,252	89%	45%	NA	85%	55%	62%
<i>Rhode Island</i>	10,403	82%	36%	87%	80%	54%	60%

### Source of Data for Table/Methodology

12th grade enrollment data (October 1, 2013), 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 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 2013 *NECAP*.

% of 12th graders who planned to attend college is from the 2012-2013 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 Section 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 2009-2010, adjusted for transfers in and transfers out.

% of 12th graders who filled out the FAFSA is from U.S. Department of Education, Federal Student Aid. (2013). *FAFSA completion by high school*. Retrieved June 13, 2013, from studentaid.ed.gov.

% of 12th graders taking the SATs is the number of students who took the SATs in 2013 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.

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# 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.<sup>1</sup> 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.<sup>2</sup>

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, lack health insurance, experience difficulties maintaining employment, and earn low wages.<sup>3,4,5</sup>

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.<sup>6,7,8</sup> 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.<sup>9</sup>

Between 2010 and 2012, an estimated 3,903 (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, 42% were females and 58% were males. Fifty percent of these youth were high school graduates and 50% had not graduated from high school.<sup>10</sup>

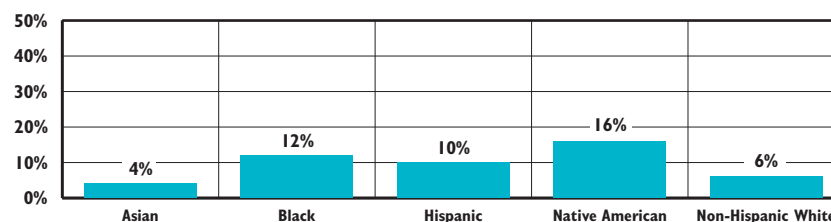
Teens Not in School and Not Working		
	2008	2012
RI	7%	6%
US	8%	8%
National Rank*	8 <sup>th</sup>	
New England Rank**	4 <sup>th</sup>	

\*1<sup>st</sup> is best; 50<sup>th</sup> is worst

\*\*1<sup>st</sup> is best; 6<sup>th</sup> 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, 2012



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.<sup>11,12</sup> In 2012 among youth ages 16 to 19 in the U.S., 16% of Native American youth, 12% of Black youth, and 10% of Hispanic youth were not in school and not working, compared to 6% of non-Hispanic White youth and 4% of Asian youth.<sup>13</sup>

◆ The economic recession had a negative impact on the job market for youth and young adults. In 2011, youth employment in the U.S. reached its lowest level since World War II, with 26% of teens ages 16 to 19 employed.<sup>14</sup>

## 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.<sup>15</sup>

◆ As of July 2012, 21 states had set compulsory attendance to age 18, 11 states required attendance to age 17, and the remaining 18 states required school attendance to age 16.<sup>16</sup>

## Connecting Youth to School and Work

◆ Education has a positive impact on the likelihood of finding and maintaining employment. Between 2010 and 2012, the unemployment rate for Rhode Island adults ages 25 to 64 with a bachelor's degree or higher was 5%, compared with 15% for those with less than a high school diploma.<sup>17</sup>

◆ Successful strategies to connect youth to work and school include identifying and providing enhanced supports for disconnected youth populations, targeted workforce development programs, and multiple pathways to high school graduation and employment.<sup>18,19</sup>

◆ 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.<sup>20</sup>

## 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.<sup>21</sup>

◆ Investment in summer work programs helps keep adolescents attached to constructive youth development activities and can help prevent youth violence.<sup>22</sup>

◆ Expanding work experience opportunities, internships, 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.<sup>23,24</sup>

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# Rhode Island KIDS COUNT Committees

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*Neighborhood Health Plan of Rhode Island*

# Acknowledgements

The *2014 Rhode Island Kids Count Factbook* was made possible by the efforts of many dedicated individuals. Rhode Island KIDS COUNT gratefully acknowledges their assistance. Special thanks to: Laura Beavers Speer, Jann Jackson, Flo Gutierrez, and Jessica Donaldson of The Annie E. Casey Foundation for their support and technical assistance.

The Rhode Island state agency directors for their ongoing support of Rhode Island KIDS COUNT and for the work of their data and policy staff as we produce the Factbook each year. Members of the Rhode Island Kids Count Factbook Advisory Committee and the State Agency Data Liaisons for their assistance in shaping the format and content of the Factbook.

Samara Viner-Brown, Chief, Center for Health Data and Analysis, for coordination and analyses of data from the RI Department of Health; Fred Sneesby, Communications Officer, for coordination and analysis of data from the RI Department of Human Services; Kenneth Gu, Senior Data Systems Administrator, for coordination and analysis of data from the RI Department of Education; and David Allenson, Systems Administrator, for coordination and analysis of data from the RI Department of Children, Youth and Families.

Emily Conner-Simons and Cindy Lung for research, writing, editing, and fact checking.

Greenwood Associates for the design and layout, Gail Greenwood for the illustrations, and DES Printing for the printing of the Factbook.

The Rhode Island KIDS COUNT Board of Directors for their support.

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## For their technical assistance with the following sections of the Factbook:

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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 Education; Pablo Rodriguez, Women and Infants Hospital; Jean D'Amico, Mark Mather, Population Reference Bureau.

#### Grandparents Caring for Grandchildren:

David Allenson, Brian Renzi, Kevin Savage, RI Department of Children, Youth and Families; Darlene Allen, Adoption Rhode Island; Lisa Guillette, Kat Keenan, Foster Forward; Jennifer Miller, Child Focus; Jaia Peterson Lent, Generations United.

**Mother's Education Level:** Samara Viner-Brown, RI Department of Health; Laura Beavers Speer, The Annie E. Casey Foundation.

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### Economic Well-Being

**Median Family Income:** Laura Beavers Speer, The Annie E. Casey Foundation; Linda Katz, The Economic Progress Institute.

**Cost of Housing:** Amy Rainone, Rick Rollins, Rhode Island Housing; Jessica Cigna, Nicole Lagace, HousingWorks RI; 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, Eileen Botelho, RI Department of Education; Amy Rainone, Rick Rollins, Rhode Island Housing; Karen Jeffreys, Jim Ryzek, 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; 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.

**Children in Families Receiving Cash Assistance:** Deborah Anthes, George Bowen, Deborah Buffi, Diane Cook, Sally McGrath, Fred Sneesby, Peter Squatrito, Joshua Morgan, Mary Tramonti, RI Department of Human Services; Rachel Flum, Linda Katz, The Economic Progress

Institute; Denise Szymczuk, Community College of RI; Sharon Santilli, Office of Child Support Services; Kim Chouinard, RI Department of Education.

**Children Receiving SNAP Benefits:** George Bowen, Sally McGrath, Christine Ruggieri, Fred Sneesby, Peter Squatrito, Joshua Morgan, RI Department of Human Services; Maria Cimini, Kathleen Gorman, University of Rhode Island Feinstein Center for a Hunger Free America; Linda Katz, The Economic Progress Institute; Andrew Schiff, RI Community Food Bank; Cristina Amedeo, Anthony Maione, United Way of RI.

### Women and Children Participating in

**WIC:** Ann Barone, Samara Viner-Brown, Charles White, RI Department of Health.

### Children Participating in School

**Breakfast:** Kathleen Gorman, University of Rhode Island Feinstein Center for a Hunger Free America; Becky Bessette, Kenneth Gu, RI Department of Education; Henry Shelton, George Wiley Center; Andrew Schiff, RI Community Food Bank.

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## Health

**Children's Health Insurance:** John A.Y. Andrews, Alison Croke, Lissa DiMauro, Deborah Florio, Sharon Kernan, Amy Lapierre, Jie Yang, 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.

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**Access to Dental Care:** John A.Y. Andrews, Deborah Florio, Kenneth Stewart, Jie Yang, RI Executive Office of Health and Human Services; Rachel Cain, Laurie Leonard, Junhie Oh, Kathy Taylor, Samara Viner-Brown, Safiya Yearwood, RI Department of Health; Jane Griffin, Evaluation, Inc.; Kate Lewandowski, Eva Stahl, Community Catalyst; Colin Reusch, Children's Dental Health Project.

**Children's Mental Health:** John Peterson, Henry Sachs, Rachel Schwartz, Susan Thompson, Daniel Wall, Lifespan; Charles Alexandre, Mark Gloria, Butler Hospital; Rachel Cain, Kathy Taylor, Samara Viner-Brown, RI Department of Health; Gregory Fritz, Hasbro Children's Hospital; John A.Y. Andrews, Lissa DiMauro, Deborah Florio, Sharon Kernan, Christine Robin, Jie Yang, RI Executive Office of Health and Human Services; Gail Meisner, Corinna Roy, Noelle Wood, RI Department of Behavioral Health, Developmental Disabilities and Hospitals.

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Dickstein, Ronald Seifer, Bradley/Hasbro Children's Research Center.

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**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 Bettogowda, Joann Pettrini, 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.

**Breastfeeding:** Ellen Amore, Rachel Cain, Samara Viner-Brown, RI Department of Health.

**Children with Lead Poisoning:** Michelle Kollett Almeida, 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; Alyssa Sylvaria, The Providence Plan.

**Children with Asthma:** Rachel Cain, Deborah Pearlman, Nancy Sutton, Kathy Taylor, Meghan Towle, Samara Viner-Brown, RI Department of Health; Chris Camillo, Providence Community Health Centers; Robert Klein, Rhode Island Hospital; Myra Edens, Hasbro Children's Hospital; Alyssa Sylvaria, The Providence Plan.

**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; Michelle Kollett Almeida, Rachel Cain, Peter Simon, Nancy Sutton, Kathy Taylor, Meghan Towle, Robert Vanderslice, Samara Viner-Brown, RI Department of Health; James Celenza, RI Committee on Occupational Safety and Health; Amy Rainone, Rhode Island Housing; Nellie Gorbea, HousingWorks RI; Simon Kue, RI Housing Resources Commission; Julie A. Capobianco, RI Office of Energy Resources; Alyssa Sylvaria, The Providence Plan; Ruth Ann Norton, Green and Healthy Homes Initiative.

**Childhood Obesity:** Rachel Cain, Bruce Cryan, Dora Dumont, Hanna Kim, Eliza Lawson, Samara Viner-Brown, RI Department of Health; Kathleen Gorman, University of Rhode Island Feinstein Center for a Hunger Free America; Patricia Risica, Brown University.

**Births to Teens:** Rachel Cain, Kimberly Harris, 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; Beata Nelken, Thundermist Health Center.

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**Gun Violence:** Rachel Cain, Bruce Cryan, Kathy Taylor, Samara Viner-Brown, RI Department of Health.

**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 Ryzczek, Rhode Island Coalition for the Homeless; 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

# Acknowledgements

Court; Elizabeth Gilheeny, Gina Tocco, RI Department of Public Safety; John Moreira, Cynthia Limoges, RI Office of the Attorney General; Brother Michael Reis, Tides Family Services.

**Juveniles at the Training School:** David Allenson, Susan Bowler, Colleen Caron, William Cauley, Charles Golembeske, Brian Renzi, RI Department of Children, Youth and Families; Brother Michael Reis, Tides Family Services; John Moreira, RI Office of the Attorney General; Lauren D’Ambra, RI Family Court; Elizabeth Gilheeny, Gina Tocco, RI Department of Public Safety; A.T. Wall, RI Department of Corrections.

**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 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; Lauren 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.

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## Education

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**Children Enrolled in Early Head Start and Head Start:** Larry Pucciarelli, RI Department of Human Services; Toni Enright, Cranston Child Development Center; Lynda Dickinson, Michelle Mathiesen, CHILD, Inc.; Aimee Mitchell, Dana Mullen, Children’s Friend; Michael Carbone, East Bay Community Action Program; Eunice Lydon, Meeting Street; Lori Ann 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:** Brenda Almeida, Pam Hall, Indira Prado, RI Department of Children, Youth and Families; Karen Beese, Lissa DiMauro, Annette Bourne, Jael Lopes, Larry Pucciarelli, RI Department of Human Services; Michele Palermo, Melissa Emidy, RI Department of Education; 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, Lisa Hildebrand, Kelly Whaley, RIAEYC/BrightStars, Joseph Morra, Alexis Stern, United Way of Rhode Island.

**Children Receiving Child Care Subsidies:** Karen Beese, Lissa DiMauro, Larry Pucciarelli, Sally McGrath, Fred Sneesby, George Bowen, Peter Squatrito, Joshua Morgan, RI Department of Human Services; Rachel Flum, The Economic Progress Institute; Helen Blank, National Women’s Law Center; Lisa Hildebrand, 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.

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**Children Enrolled in Full-Day Kindergarten:** Kenneth Gu, Elliot Krieger, RI Department of Education.

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**English Language Learners:** Kenneth Gu, Elliot Krieger, Robert Measel, RI Department of Education; Cynthia Garcia-Coll, Brown University; Julie Nora, International Charter School.

**Children Enrolled in Special Education:** Kenneth Gu, Emily Klein, Elliot Krieger, Elizabeth Landry, Patricia Strauss, RI Department of 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, Peg Votta, RI Department of Education.

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**Math Skills:** Kenneth Gu, Elliot Krieger, RI Department of Education; Darcy Sawatzki, Hager Sharp; Julia Steiny; Linda Tilly, Voices for Alabama's Children.

**Schools Identified for State Intervention:**

David Abbott, Andrea Castaneda, Kenneth Gu, Elliot Krieger, RI Department of 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 Education; Christine Arouth, Samantha Brinz, Newport Family and Child Opportunity Zone; Ralph Smith, Laura Beavers Speer, The Annie E. Casey Foundation.

**Chronic Absence, Middle School and High School:**

Kenneth Gu, Elliot Krieger, RI Department of Education; Patrick McGuigan, The Providence Plan; Steven Nardelli, Rhode Island League of Charter Schools.

**Suspensions:** Kenneth Gu, Elliot Krieger, Elizabeth Landry, RI Department of Education.

**High School Graduation Rate:** Cynthia Garcia-Coll, Brown University; Kenneth Gu, Elliot Krieger, Elizabeth Landry, RI Department of 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 Education; Solanchi Fernandez, College Planning Center; 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**

Alarcon, F. (2005). *Poems to dream together / Poemas para soñar juntos* "Dreaming Up The Future" / "Para Soñar El Futuro" by Francisco X. Alarcon. New York, NY: Lee & Low Books, Inc.

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Prelutsky, J. (1999). *The 20th century children's poetry treasury*. "Running Song" by Marci Ridlon. New York, NY: Alfred A. Knopf, Inc.

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# Methodology

The *2014 Rhode Island Kids Count Factbook* examines 70 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 four 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 2008-2012 American Community Survey conducted by the U.S. Census Bureau. They are 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 2014 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 2008 and 2012. 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. Caution should be used with small numbers in numerators and denominators.

## 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 respective indicator (the denominator) is also noted within the Source of Data/Methodology section. Rates and

percentages are not calculated for cities and towns with small denominators (less than 500 for delayed prenatal care, low birthweight infants, and infant mortality rates; and less than 100 for births to teens). Rates and percentages for small denominators are statistically unreliable. "NA" is used in the indicator table when this occurs. In the indicator for child deaths and teen deaths, and other indicators in which the 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 is used in the denominator, caution should be taken

## Margins of Error, Median Family Income, Rhode Island, 2008-2012

CITY/TOWN	2008-2012 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18		MARGIN OF ERROR
Barrington	\$132,153	\$11,777	
Bristol	\$106,272	\$12,062	
Burrillville	\$74,421	\$14,884	
Central Falls	\$29,396	\$4,616	
Charlestown	\$73,000	\$33,094	
Coventry	\$82,250	\$6,223	
Cranston	\$77,132	\$4,931	
Cumberland	\$100,556	\$8,437	
East Greenwich	\$151,549	\$14,419	
East Providence	\$60,794	\$5,542	
Exeter	\$113,542	\$15,576	
Foster	\$102,361	\$37,072	
Glocester	\$85,865	\$7,804	
Hopkinton	\$82,907	\$18,132	
Jamestown	\$102,500	\$41,478	
Johnston	\$76,884	\$6,653	
Lincoln	\$99,013	\$9,064	
Little Compton	\$146,827	\$27,327	
Middletown	\$84,213	\$6,409	
Narragansett	\$99,840	\$13,595	
New Shoreham	\$104,125	\$26,392	
Newport	\$53,921	\$3,162	
North Kingstown	\$110,880	\$9,849	
North Providence	\$65,895	\$7,517	
North Smithfield	\$105,368	\$6,379	
Pawtucket	\$40,602	\$2,158	
Portsmouth	\$113,413	\$22,547	
Providence	\$35,375	\$2,458	
Richmond	\$107,533	\$16,904	
Scituate	\$95,446	\$10,044	
Smithfield	\$98,154	\$8,510	
South Kingstown	\$102,768	\$13,283	
Tiverton	\$87,410	\$8,288	
Warren	\$72,500	\$11,053	
Warwick	\$78,559	\$5,888	
West Greenwich	\$100,150	\$15,353	
West Warwick	\$54,416	\$19,091	
Westerly	\$62,404	\$25,266	
Woonsocket	\$34,017	\$6,468	
Four Core Cities	NA	NA	
Remainder of State	NA	NA	
Rhode Island	\$68,326	\$1,467	

## Margins of Error, Children Living Below the Federal Poverty Threshold, Rhode Island, 2008-2012

#	CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2008-2012		
	MARGIN OF ERROR	%	MARGIN OF ERROR
113	101	2.5%	2.23%
223	117	6.3%	3.27%
301	183	9.3%	5.50%
2,213	412	41.5%	6.69%
309	239	20.6%	15.43%
1,091	343	13.9%	4.27%
1,856	421	11.8%	2.60%
343	199	4.5%	2.57%
189	126	5.8%	3.84%
1,633	422	17.0%	4.20%
86	75	6.7%	5.66%
55	55	5.5%	5.26%
86	75	4.5%	3.93%
46	71	3.2%	4.83%
324	203	27.8%	16.54%
519	212	9.2%	3.61%
272	166	6.0%	3.60%
8	39	1.3%	6.30%
499	143	13.0%	3.55%
146	89	6.2%	3.68%
15	39	13.0%	33.52%
503	207	13.5%	5.36%
752	284	11.9%	4.40%
739	269	13.0%	4.52%
129	98	5.7%	4.25%
4,293	622	27.4%	3.69%
249	148	6.9%	4.04%
15,151	1,222	37.2%	2.71%
136	163	7.5%	8.84%
67	81	3.1%	3.68%
86	88	2.2%	2.27%
315	188	6.0%	3.56%
137	85	4.7%	2.87%
171	89	8.5%	4.24%
1,283	272	8.4%	1.74%
101	97	7.0%	6.62%
1,314	391	22.4%	6.35%
551	239	11.9%	5.00%
4,013	590	39.0%	5.07%
25,670	941	35.6%	1.18%
14,647	724	9.9%	0.48%
40,317	1,953	18.4%	0.87%

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 2008-2012 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

# Methodology

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. 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 Act* 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 may be higher than the total for Rhode Island if 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  $\geq 10$   $\mu\text{g}/\text{dL}$  to  $\geq 5$   $\mu\text{g}/\text{dL}$ . 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. The 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 level 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](http://www.cdc.gov).

Rhode Island law requires that all children under age six be screened annually for lead. In October 2007, the Rhode Island Department of Health's Healthy Homes 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 age one and two. The guidelines (which were updated in 2012 to reflect the new CDC recommendations) indicate that if either of the blood lead tests done at ages one and two is  $\geq 5$   $\mu\text{g}/\text{dL}$ , annual screening should continue until the age of six. For those children whose blood lead tests

are  $\leq 5$   $\mu\text{g}/\text{dL}$ , 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  $\geq 5$   $\mu\text{g}/\text{dL}$ , the child should be screened annually.

Confirmed lead data at  $\geq 5$   $\mu\text{g}/\text{dL}$  are based on venous tests and confirmed capillary tests only. The highest result (venous or capillary) is used. Complete confirmed lead poisoning trend data at the  $\geq 5$   $\mu\text{g}/\text{dL}$  reference level are only available since 2012, when state blood lead screening protocols were updated to reflect the new lower CDC threshold. Prior to 2012, confirmed lead data at the  $\geq 5$   $\mu\text{g}/\text{dL}$  reference value are available, but is incomplete and is limited to only those children who had a venous test. Children who had an initial capillary test and screened positive for lead between 5  $\mu\text{g}/\text{dL}$  and 10  $\mu\text{g}/\text{dL}$  were not required to have a confirmation test prior to 2012 as their blood lead level did not exceed the old reference value of  $\geq 10$   $\mu\text{g}/\text{dL}$ .

## Indicators Using SurveyWorks! Data

The following indicators use *SurveyWorks!* data: Alcohol, Drug and Tobacco 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 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 2012-2013 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](http://www.rijustice.ri.gov)

Assault offenses in this indicator include simple assault, robbery, assault, felony assault, assault with a dangerous weapon, domestic assault, assault on a police officer, threats, assault on a school teacher, strong-arm robbery, kidnapping, attempted murder, extortion, fighting, intimidating witness, stalking, attempted robbery, cyber-stalking, carjacking, harassment, and murder.

Weapons offenses in this indicator include possession of an unspecified weapon, possession of a knife, possession of a firearm, possession of a weapon at school, possession of a bb gun, discharging a firearm, possession of ammunition, possession of a dangerous weapon, carrying a concealed weapon, and discharging a bb gun.

### **Methodology for Child Deaths due to Child Abuse and Neglect**

Beginning with 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 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 20 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 growth in reading and math performance (elementary and middle schools only), the graduation rate (high schools only), and improvement in math and reading state assessment scores (high schools only).

Many metrics are disaggregated into subgroups: a consolidated group of minority and economically disadvantaged students which includes African-American, Hispanic, Asian, Pacific Islander, and Native American students as well as students receiving free or reduced-price lunch and a consolidated program subgroup which includes special needs students with Individualized Education Programs (IEPs) and English Language Learner (ELL) students. Each subgroup is only measured if there are at least 20 students in that subgroup.

The individual scores for each metric are then added to arrive at the total CIS score. 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 and graduation rate target, are also considered.

### **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 Factbook 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.

# Methodology & References

## Family Income Levels Based on the Federal Poverty Measures

The poverty thresholds are the original version of the federal poverty measure. They are updated each year by the Census Bureau. The thresholds are used mainly for statistical purposes — for instance, estimating the number of children in Rhode Island living in poor families. The poverty threshold is adjusted upward based on family size and whether or not household members are children, adults, or 65 years and over. The 2013 federal poverty threshold for a family of three with two children is \$18,769 and \$23,624 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

2014 FEDERAL POVERTY GUIDELINES	ANNUAL INCOME FAMILY OF THREE	ANNUAL INCOME FAMILY OF FOUR
50%	\$9,895	\$11,925
100%	\$19,790	\$23,850
130%	\$25,727	\$31,005
175%	\$34,633	\$41,738
180%	\$35,622	\$42,930
185%	\$36,612	\$44,123
200%	\$39,580	\$47,700
225%	\$44,528	\$53,663
250%	\$49,475	\$59,625

(continued from page 11)

### References for Children in Single Parent Families

- <sup>13</sup> *Fragile Families and Child Wellbeing Study: Fact sheet.* (n.d.). Retrieved January 31, 2012, from [www.fragilefamilies.princeton.edu](http://www.fragilefamilies.princeton.edu)
- <sup>14</sup> Child Trends Data Bank. (2013). *Births to unmarried women.* Retrieved December 13, 2013, from [www.childtrendsdatabank.org](http://www.childtrendsdatabank.org)

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### References for Grandparents Caring for Grandchildren

- <sup>15</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B10050.
- <sup>16</sup> U.S. Census Bureau, Census 2010.
- <sup>16</sup> Rhode Island Department of Children, Youth and Families. (2009). *Kinship care. (Policy 900.0025).* Retrieved January 3, 2014, from [www.dcyf.ri.gov](http://www.dcyf.ri.gov)
- <sup>17</sup> Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 31, 2013.
- <sup>19</sup> Child Welfare League of America. (2009). Rhode Island approved for kinship guardianship option, more pending. *Children's Monitor Online: A public policy update from CWLA*, 22(29).

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### References for Mother's Education Level

- <sup>9</sup> National Center for Children in Poverty. (2013). *Basic facts about low-income children: Children under 18 years, 2011.* Retrieved January 22, 2014, from [www.nccp.org](http://www.nccp.org)
- <sup>10</sup> U.S. Census Bureau, American Community Survey, 2010-2012. Table B20004.
- <sup>11,13</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2008-2012. Data for 2012 are provisional.
- <sup>12</sup> Livingston, G. & Cohn, D. (2013). *Long-term trend accelerates since recession: Record share of new mothers are college educated.* Washington, DC: Pew Research Center.
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### References for Racial and Ethnic Diversity

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- <sup>16</sup> The Annie E. Casey Foundation KIDS COUNT Data Center. (2013). *Children living below the poverty threshold by children in immigrant families - 2012.* Retrieved December 26, 2013, from [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org)
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- <sup>19</sup> The Annie E. Casey Foundation KIDS COUNT Data Center. (2012). *Children living in linguistically isolated households by children in immigrant families - 2011.* Retrieved December 26, 2013, from [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org)

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### References for Racial and Ethnic Disparities

- <sup>28,29,48,49</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014.
- <sup>30</sup> Rhode Island Department of Health, Hospital Discharge Database, 2014.
- <sup>31</sup> Bloom, B., Jones, L. & Freeman, G. (2013). Summary health statistics for U.S. children: National Health Interview Survey, 2012. *Vital and Health Statistics, 10(258)*. Hyattsville, MD: U.S. Department of Health and Human Services.
- <sup>32</sup> Flores, G. (2009). *Achieving optimal health and healthcare for all children: How we can eliminate racial and ethnic disparities in children's health and healthcare.* Washington, DC: First Focus.
- <sup>33</sup> Mendel, R. A. (2011). *No place for kids: The case for reducing juvenile incarceration.* Baltimore, MD: The Annie E. Casey Foundation.

# Methodology & References

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### References for Children in Single Parent Families

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- <sup>16</sup> U.S. Census Bureau, Census 2010.
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- <sup>11,13</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2008-2012. Data for 2012 are provisional.
- <sup>12</sup> Livingston, G. & Cohn, D. (2013). *Long-term trend accelerates since recession: Record share of new mothers are college educated.* Washington, DC: Pew Research Center.
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### References for Racial and Ethnic Disparities

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- References for Secure Parental Employment**
- <sup>3</sup> Rhode Island Department of Labor and Training. (n.d.). *Rhode Island labor force statistics, seasonally adjusted 1978-present*. Retrieved February 7, 2014, from [www.dlt.ri.gov/lmi/pdf/riadj.pdf](http://www.dlt.ri.gov/lmi/pdf/riadj.pdf)
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